

## BSW CCG Primary Care Commissioning Committee Meeting in Public

Thursday 10 February 2022, 13:30hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
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 December 2021	Chair	Approve	PCCC/21-22/078
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/079
<b>Business items</b>					
13:40	6	Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022	Chair	Ratify	PCCC/21-22/080
		a. Out of Committee Decision Report - Prescribing Incentive Scheme Suspension	Chair	Ratify	PCCC/21-22/081
13:45	7	Operational Items: a. Current Demands and Challenges b. Update on COVID-19 Vaccination Programme c. Surge Planning d. Vaccination as a Condition of Deployment (VCOD)	Jo Cullen	Note	Presentation

Timing	No	Item title	Lead	Action	Paper ref.
13:55	8	Primary Care Operational Group Recommendations for Approval: a. Wiltshire Prescribing Incentive Scheme Payment b. Personal Medical Services to General Medical Services Requests from Hathaway Medical Partnership and Sixpenny Handley Surgery c. Special Allocation Service Contract Extension d. BSW Primary Care Handbook	Tracey Strachan	Approve	PCCC/21-22/082
14:05	9	Primary Care Flexible Staff Pool	Rachel Cooke, Charlie Mostyn (Lantum)	Note	PCCC/21-22/083
14:15	10	Quality Report <i>- Includes evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with severe mental illness in Primary Care</i>	Gill May	Note	PCCC/21-22/084
14:20	11	Finance Report	John Ridler	Note	PCCC/21-22/085
<b>Items for information</b> <i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
14:25	12	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/21-22/086
14:25	13	Primary Care Risk Register	Jo Cullen	Note	PCCC/21-22/087
<b>Closing Business</b>					
14:30	14	Any other business	Chair		

**Next Meeting of the Primary Care Commissioning Committee in public:**  
Thursday 14 April 2022 – 13:00hrs

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

**Thursday 9 December 2021, 13:30hrs**

*Virtual meeting held via Zoom*

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### **Present**

#### **Voting Members**

Lay Member Primary Care Commissioning (Chair), Suzannah Power (SP)  
Lay Member Patient and Public Engagement (Vice Chair), Julian Kirby (JK) *(from 13:38hrs)*  
Chief Executive, Tracey Cox (TC)  
Registered Nurse, Maggie Arnold (MA) *(from 13:46hrs)*  
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 (BaNES), Dr Bryn Bird (BB)  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER) *(from 14:00hrs)*  
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Director of Nursing and Quality, Gill May (GM)  
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 HealthWatch Swindon, Steve Barnes (SB)  
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)  
Acting Chief Executive, Wessex LMC, Dr Gareth Bryant (GB)  
Clinical Liaison & Engagement Specialist - Communications & Engagement, Helen Robertson (HE)  
Patient Safety and Quality Lead, Claire Spiers (CS)  
BSW Assistant Director of Primary Care – Swindon Locality, Louise Tapper (LT)  
Board Secretary, Sharon Woolley (SW)  
Communications Team, Gill Kirk-Burgess (GKB)

#### **Apologies**

Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Clinical Lead Swindon, Dr Amanda Webb (AW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)  
Chief Financial Officer, Caroline Gregory (CG)  
Representative from HealthWatch Swindon, Harry Dale (HD)  
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)

### **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 once the Lay Member PPE joined the meeting from 13:38hrs.
- 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 the meeting.

## **4 Minutes from the meeting held on 14 October 2021**

- 4.1 The minutes of the meeting held on 14 October 2021 were **approved** as an accurate record of the meeting.

## **5 Action Tracker and Themes to Watch**

- 5.1 Eight actions were noted on the tracker. Four were marked as CLOSED or COMPLETED, 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.

## **6 Summary of Decisions made at the PCCC Private Meetings**

- 6.1 A report summarising those decisions made at the Primary Care Commissioning Committee meetings held in private on 9 September 2021 and 11 November 2021 had been included in the paper pack. These referenced the GP Flexible Pool and the Primary Care H2 Block Funding decisions.
- 6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meetings on 9 September 2021 and 11 November 2021.

## **7 British Medical Association Ballot Result**

- 7.1 The Acting Chief Executive from Wessex LMC advised that a primary care ballot in response to the recent Government proposal and national letter had been undertaken. The indicative ballot undertaken by the British Medical Association (BMA) concerning GP willingness to engage in industrial action had concluded, with a 35% response rate. From the responses:
  - 80% of those voted in support of withholding appointment data.
  - 84% voted that they would be willing to refuse to comply with COVID certification.
  - 58% would be willing to withdraw from Primary Care Networks (PCNs) at the next opt out period.

- 39% would be willing to disengage with the PCN Directed Enhanced Service (DES) before the opt out period.

7.2 The LMC had discussed the results in its closed conference session to consider the next steps. It was felt that it would not be close to mandate for the BMA to approve taking industrial action.

7.3 It was noted that there was now a new lead for the BMA GP Committee, with appointments to the Executive Team to be made. Recent communications had seen encouraging comments regarding resetting with the government. GPs involved in the ballot would be awaiting the steer from the BMA on next steps, but it was acknowledged that current pressures and demands would have taken the attention from this.

## 8 Operational Items

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

### 8a. Current Demands and Challenges

- Monthly monitoring of GP appointments continued, with 535,700 in October 2021, compared to 449,000 in September 2020. This was partly due to the high volume of additional flu clinics. Flu vaccination appointment accounted for 17% of GP appointments in BaNES, Swindon and Wiltshire (BSW) for October 2021. The detail behind the appointment data was available should members wish to receive this.  
[ACTION: PCCC Chair to talk through CCG reporting with Healthwatch representatives to seek possible improvements and aid understanding of how data is presented.](#)
- 66.3% of appointments were face to face in October 2021.

### 8b. Update on COVID-19 Vaccination Programme

- The UK marked one year since deploying the first COVID-19 vaccine on 8 December 2021.
- At the time of reporting, 1.8m vaccines had been delivered in BSW thanks to the significant efforts of all involved in delivery of the vaccination programme.
- The national announcement made on 29 November 2021 came with updated advice following the emergence of the Omicron variant. A number of temporary GP Contract changes were being made to support the vaccination programme; including changes to the Quality Outcome Framework and Minor Surgery DES.
- Those PCN sites that had planned to exit the programme at Christmas were now being asked to continue their efforts during this challenging period to support the required increased in vaccine effort. Assurance was given to the Committee that BSW was maintaining sufficient capacity across the patch to meet the demands of the programme, picking up housebound and care homes as required. It had been clear nationally that vaccine delivery was to be at PCN level via a PCN led site, it was not possible for individual practices to run these.
- The Committee recognised the additional work for primary care, regardless of the additional monies being made available. A sustainable vaccination programme was needed going forwards that was not dependent on primary care to enable it to continue to meet the capacity and demand requirements, and the requirement to continue a vaccination campaign.

### 8c. Winter Planning

- Continuing to improve access to primary care and supporting general practice formed part of the winter planning and the submission against the Winter Access Fund.
- BSW had submitted a plan to NHS England, focussing on working across practices, PCNs and local systems to support primary care in the difficult months ahead
- A number of locality plans had been supported with funding received, expanding the Community Pharmacy Consultation Service and supporting the Clinical Assessment Service.

- As a late addition to the presentation - in line with National Temporary Changes to GP Contracts – a proposal was made to suspend the CCG’s Prescribing Incentive Scheme for this financial year given the pressures in primary care. This would remain at £1 per patient. Practices would continue to work with the Meds Optimisation Team on schemes where possible. Funding for this had been identified within the existing budget. The Committee recognised the extraordinary work across primary care over the last few months - the achievements in delivering the vaccination programme in the timeframe, alongside the need to increase access to primary care. The Committee further recognised the costs on the individuals providing that level of service, which was not sustainable. The proposal would be in line with the BSW Covid-19 Response Primary Care offer. The Committee did support this proposal in principle, but requested a supporting paper to ensure appropriate review and scrutiny before confirming a decision. [ACTION: Supporting paper to be prepared and shared with the Committee to propose the suspension of the CCG’s Prescribing Incentive Scheme for the remainder of this financial year.](#)

#### **8d. Phlebotomy Collections**

- Following good collaborative working with transport providers, pathology laboratories and the CCG acute and primary care teams, additional later specimen collections were being put into place from December and January.

### **9 BSW Integrated Care Alliances Update and Developments**

9.1 The Chair invited the Locality Clinical Leads to update the Committee on the development work underway in support of the establishment of the BSW Integrated Care Alliances (ICAs) for each locality.

9.2 The Committee noted the following from the update provided by the BaNES Locality Clinical Lead:

- Two-way discussions were being held with primary care colleagues concerning the integrated care arrangements for place level, system and ICA, with consideration to be given to the Integrated Care Board nomination.
- Primary Care Alliance (PCA) (looking to rename) – involves BaNES Enhanced Medical Services (BEMS), PCN Clinical Directors, practice managers, Allied Health Professionals and the LMC. This was to give the balance of voice and representation of primary care, broader than just GPs. One PCA representative would then sit upon the BaNES ICA.
- Primary care forums in BaNES were to continue with system colleague involvement, with arrangements and co-ordination to be finalised.
- Availability and use of population health analytics and data was improving, providing neighbourhood and place level information of benefit to practices.

9.3 The Committee noted the following from the update provided by the Wiltshire Locality Clinical Lead:

- The governance surrounding the Wiltshire ICA was in development, ensuring it remained connected with the three place-based partnerships and the system level. Further discussions were needed about the BSW Integrated Care Partnerships to inform ICA development, and needed to further engage with local authority partners.
- Although keen to engage, capacity amongst partners and primary care remained an ongoing issue and implication on development and representative roles. The unique geography of Wiltshire and three referral routes was leading to a model including three primary care representatives sitting on the Wiltshire joint committee.
- Discussions were being held to explore the structures being used by Dorset, Bristol and BaNES around primary care collaboration to provide a connecting structure between the ICA, Integrated Care System (ICS) and primary care. It was advised that in Bristol, North Somerset and South Gloucestershire (BNSSG), the nominated Chair of the GP Collaborative Board would be the primary care representative upon their ICB Board. The new BSW ICB was to have one clinical member upon the Board. Place discussions were



reflecting upon this change from the current CCG membership arrangements, considering where the natural level of engagement lie.

9.4 In the absence of the Swindon Locality Lead, the following was noted:

- Good engagement with Swindon primary care colleagues remained, with the concept of collaboration or alliance place based structures to connect with the Swindon ICA; governance and principles were moving forward.

## 10 Quality Report

10.1 The Committee **received and noted** the Quality Report. The Director of Nursing and Quality highlighted the following items to the Committee:

- The Primary Care Quality Oversight Assurance Group had now been established to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG to those practices that required improvement following their CQC inspections.
- The Medical Examiner role was already established within 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. This role formed part of the patient safety changes being implemented.
- Complaints regarding access to vaccinations had been logged through PALS. Support was being provided to individuals, acting as a contact point to take this pressure away from practices.
- The ambition remained to implement the incident reporting system (Learn from Patient Safety Events) across BSW to ensure more collaborative working of primary care, but it was acknowledged that it was not currently an appropriate time to implement this. The functionality issue had been resolved, the system would be ready to roll out when appropriate.
- Discussions were to be held with HealthWatch representatives to ensure a link with the Quality Report going forwards. HealthWatch were also to join the Quality Surveillance Group. The results from the HealthWatch GP Survey would be fed through the appropriate routes for discussion.

## 11 Finance Report

11.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month seven of the 2021/22 financial year. The Committee noted:

- The financial position as at the end of October 2021 recorded an underspend in Primary Care by £849k, with a forecast underspend for the remainder of the year of £629k anticipated.
- BSW CCG has received £780k against the bids made to date to the Winter Access Fund.
- Additional Service Development Fund (SDF) non-recurrent funding for primary care was fully committed for H1, and all expected funding confirmed for H2. The Committee was to consider use of the 2021/22 investment monies and the remaining planned commitments for the year in its private session.

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

## 12 Primary Care Operational Groups Update Report

12.1 The Committee **noted** the summary report of the BSW PCOG meeting held on 4 November 2021.

## 13 Primary Care Risk Register

- 13.1 The Risk Register for Primary Care was circulated for information, which details the primary care risks currently upon the CCG's corporate risk register.
- 13.2 The Committee **noted** the report and the progress made to date on actions in place to mitigate risk.

**14 Any Other Business**

- 14.1 There being no other business, the Chair closed the meeting at 14:29hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 10 February 2022:

**Name:**

**Role:**

**Signature:**

**Date:**



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

Updated following meeting on **09/12/2021**

**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. <b>Update 10/06/2021:</b> 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. <b>Update 28/09/2021:</b> Due to IG/DPIA process delays, final report expected in December - to be shared with PCCC in Jan/Feb if required. <b>Update 21/01/2022:</b> Learning Disabilities Health Check pilot evaluation report to be appended to February Quality Report.	CLOSED
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	<b>Update 24/01/2022:</b> A significant amount of activity has taken place across the Winter to inform the public on how to access their GP and is ongoing via the CCG website, press and social media. This is ongoing activity that is being optimised in response to feedback and engagement rates and current requirements.	CLOSED
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 Gill Kirk-Burgess (CCG Comms Team)	<b>Update 20/09/2021:</b> 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. <b>Update 29/10/21:</b> 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. <b>Update 24/01/2022:</b> Awaiting results from Healthwatch Wiltshire audit into GP phone messages, websites and communications (due to report Spring 2022). Looking into scope to replicate this work across Swindon and BaNES. This report may shape any further requirements of the Citizens Panel. Simultaneously CCG Comms is coordinating a project with Primary Care across the area to provide a best practice messaging toolkit.	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	<b>Update 30/11/2021:</b> 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
09/12/2021	8a. Current Demands and Challenges	PCCC Chair to talk through CCG reporting with Healthwatch representatives to seek possible improvements and aid understanding of how data is presented.	Suzannah Power	<b>Update 30/12/2021:</b> Meeting organised for 06/01/2022 with Healthwatch Representatives - Suzannah Power and Dr Francis Campbell to lead. <b>Update 06/01/2022:</b> Meeting cancelled due to number of apologies. To be rearranged for later in January. <b>Update 21/01/2022:</b> Meeting rescheduled for 27/01/2022. <b>Update 26/01/2022:</b> Meeting on 27/01/2022 cancelled, to be rearranged.	ONGOING
09/12/2021	8c. Winter Planning - CCG's Prescribing Incentive Scheme	Supporting paper to be prepared and shared with the Committee to propose the suspension of the CCG's Prescribing Incentive Scheme for the remainder of this financial year.	Jo Cullen	<b>Update 14/12/2021:</b> Out of Committee decision concluded - proposal to suspend the prescribing incentive scheme for the financial year 2021/22 was approved. Out of committee decision report to be presented to February meeting.	CLOSED

## BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: 09/12/2021

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

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022						<b>Agenda item</b>	6
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve	X	Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>	N/A							
<b>Author</b>	Tracey Strachan, Deputy Director of Primary Care							
<b>Appendices</b>	N/A							
<b>This report concerns</b>	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
<b>This report was reviewed by</b>	N/A							
<b>Executive summary</b>	<p>Below is a summary of the decisions made at the BSW CCGs Primary Care Commissioning Committee meetings held in private on 9 December 2021 and 13 January 2022:</p> <p><b>Somerton House Surgery Temporary List Closure</b> The Primary Care Commissioning Committee <b>approved</b> the recommendation to temporarily close their list for three months with the option to extend this for a further three months should it be required.</p> <p><b>The Pulteney Practice Temporary List Closure</b> The Primary Care Commissioning Committee <b>approved</b> the recommendation to temporarily close their list for six months.</p> <p><b>Primary Care Funding</b> The Primary Care Commissioning Committee <b>approved</b> the recommendation to fund practices £1.50 per head following review of brought forward and in year primary care investment monies at locality and system level.</p> <p><b>Funding for Atypical Populations (BaNES locality)</b> The Committee <b>approved</b> the recommendations to extend the funding arrangements for a further 12 months (effective from 1 April 2022):</p> <ul style="list-style-type: none"> <li>• St Michaels premium protection</li> </ul>							

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022	<b>Agenda item</b>	6
	<p>• University Medical Centre's annual resilience payment It was further agreed that there would be no automatic extension roll over of this funding arrangement. It would be made clear that review work was to be undertaken and options to be considered. This further highlighted the need to prioritise integrated working amongst practices</p> <p><b>Secondary Care Bloods</b> The Committee <b>approved</b> the recommendation to align the BaNES locality payment with that of the Wiltshire locality and to appropriately fund general practice in BaNES for secondary care-initiated phlebotomy services.</p>		
<b>Recommendation(s)</b>	The Committee is asked to <b>note and ratify</b> the decisions made in the PCCC Private meetings on 9 December 2021 and 13 January 2022.		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	<i>BSW11 – Primary Care Capacity</i>		
<b>Risk (associated with the proposal / recommendation)</b>	High	Medium	Low
<b>Key risks</b>	Risks and mitigations were detailed in papers		
<b>Impact on quality</b>	Detailed in papers		
<b>Impact on finance</b>	Existing budgets cover funding. No additional costs to the CCG		
	<b>Finance sign-off:</b> Caroline Gregory, Chief Financial Officer		X
<b>Conflicts of interest</b>	None to note		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<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		
<b>This report supports the delivery of the following BSW System Priorities:</b>	<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 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 Primary Care Commissioning Committee Report Summary Sheet

<b>Report Title</b>	Out of Committee Decision Report						<b>Agenda item</b>	6a
<b>Date</b>	10 February 2022							
<b>Purpose</b>	Ratify	X	Discuss		Inform	X	Assure	
<b>Executive lead</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>	N/A							
<b>Author</b>	Sharon Woolley, Board Secretary							
<b>Appendices</b>	N/A							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	<p>Suzannah Power, Lay Member and Chair of the CCG Primary Care Commissioning Committee Jo Cullen, Director of Primary Care Tracey Strachan, Deputy Director of Primary Care</p> <p>An urgent decision regarding the suspension of the Prescribing Incentive Scheme for 2021-22 was required ahead of the next meeting of the BSW CCG Primary Care Commissioning Committee. In accordance with the Committee's terms of reference and in line with the Delegated Financial Limits, a supporting paper and recommendation were circulated to Committee members on 10 December 2021, with confirmation of approval of the agreed approach requested from voting members by 13 December 2021.</p>							
<b>Executive summary</b>	<p>Below is a summary of the proposal and decision made out of committee.</p> <p>In line with National Temporary Changes to the GP Contract, it was proposed to suspend the CCG's Prescribing Incentive Scheme for this financial year. This would remain at £1 per patient, with practices still required to participate in the annual prescribing review meeting to achieve the full £1 per patient. Practices unable to accommodate the practice meeting would forfeit the 10p per patient payment for this component of the scheme.</p>							

<b>Report Title</b>	Out of Committee Decision Report	<b>Agenda item</b>	6a
	<p>This suspension would have the tangible benefit of releasing capacity, specifically the Clinical Pharmacists resource, to support the expanded vaccination delivery programme.</p> <p>The proposal to suspend the prescribing incentive scheme for 2021/22 was supported by voting members of the BSW CCG Primary Care Commissioning Committee, additionally, supported by the Local Medical Committee.</p>		
<b>Recommendation(s)</b>	The Committee is asked to <b>note and ratify</b> the decision made outside of committee – to suspend the prescribing incentive scheme for 2021/22		
<b>Risk (associated with the proposal / recommendation)</b>	High	Medium	Low
<b>Key risks</b>	Continuing with the current incentive scheme during this challenging and demand time, risks disengaging GP practices in current and future CCG initiatives.		
<b>Impact on quality</b>	The incentive is intended to encourage practices to improve the quality, safety and cost-effectiveness of prescribing locally based on the current medicines optimisation priorities.		
<b>Impact on finance</b>	The incentive scheme is budgeted for, but suspending the scheme will have higher costs than letting the scheme continue, as not all practices would normally achieve 100%. It is the first year this scheme has run, but it was anticipated that practices would achieve 80-90% of the funds available.		
	<b>Finance sign-off:</b> John Ridler		X
<b>Conflicts of interest</b>	GP Practice partners and staff, including PCCC attendees, may have a conflict of interest in funding or commissioning decisions related to their practices or localities, but it is noted that GPs upon the Committee are non-voters.		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input checked="" 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		
<b>This report supports the delivery of the following BSW System Priorities:</b>	<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 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

<b>Report Title</b>	Primary Care Operational Group Recommendations for Approval						<b>Agenda item</b>	8
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve	X	Discuss		Inform		Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>								
<b>Author</b>	Tracey Strachan, Deputy Director of Primary Care							
<b>Appendices</b>	<p><b>1 Wiltshire Prescribing Incentive Scheme Payments</b></p> <p><b>2 PMS to GMS requests</b></p> <p><b>3 Special Allocation Service Contract Extension</b></p>							
<b>This report concerns</b>	BSW CCG		BaNES locality		Swindon locality		Wiltshire locality	X
<b>This report was reviewed by</b>	Wiltshire Primary Care Operational Group							
<b>Executive summary</b>	<p><b>1 Wiltshire Prescribing Incentive Scheme Payments:</b> The historic Wiltshire Prescribing Incentive Scheme paid practices based on participation and performance. During Covid incentive schemes were frozen nationally. The Medicines Management Team understood this to apply to the participation element but the performance element to still be payable only if achieved. Some practices believed the full scheme to be payment protected.</p> <p>Three Chequers Medical Practice has historically achieved maximum payment and were still very close to achievement of this in 2020/21 (0.26% or £7,733 over budget). They have requested payment of the achievement element due to the misunderstanding and their belief that this was payable.</p>							



Report Title	Primary Care Operational Group Recommendations for Approval	Agenda item	8
	<p>Ramsbury Surgery have not appealed but are in an identical position.</p> <p><b>2 PMS to GMS transfers:</b> All PMS contractors have the right to move to a GMS Contract. The CCG has received two practice requests. Hathaway Medical Partnership and Sixpenny Handley Surgery have provided the required three months written notice, confirming that they wish to cease provision of their PMS agreement and commence a GMS contract.</p> <p><b>3 Special Allocation Service Contract Extension:</b> The current SAS contract with Courtyard Surgery expires on 31 March 2022. Commissioners continue to make progress to develop a consistent, more resilient and sustainable BSW service, however this will not be in a position to be rolled out before year-end.</p> <p>A twelve-month extension to this contract is proposed – and these contract terms to also be applied to the remaining Swindon provider (Kingswood Surgery). This will ensure both providers are following the agreed new specification. The extension will allow further development of the proposals, including enhanced links with other current services (such as Mental Health and High Intensity User pilots) as well as a full tender process.</p> <p><b>4 BSW Primary Care Handbook</b> The BSW Primary Care Handbook has now been adopted and rolled out across BSW.</p>		
<b>Recommendation(s)</b>	<p>The Committee is asked to <b>approve:</b></p> <ol style="list-style-type: none"> <li>1. Payment of 2021 Prescribing Incentive Scheme Performance achievement to Three Chequers Medical Practice and Ramsbury Surgery</li> <li>2. Transfer to GMS contracts for Hathaway Medical Partnership and Sixpenny Handley Surgery</li> <li>3. Extend current Special Allocation Service contracts (on revised service specification) for twelve months to 31 March 2023</li> <li>4. Adoption of the BSW Primary Care Handbook and note that it was now being rolled out across BSW.</li> </ol>		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	Details within appended papers		

<b>Report Title</b>	Primary Care Operational Group Recommendations for Approval					<b>Agenda item</b>		8
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low	X	N/A	
<b>Key risks</b>	Details within appended papers							
<b>Impact on quality</b>	Details within appended papers							
<b>Impact on finance</b>	Details within appended papers							
	<b>Finance sign-off:</b> John Ridler							X
<b>Conflicts of interest</b>	<p>1. Governing Body GP Member and PCCC Attendee, Dr Sam Dominey, is a partner in Three Chequers Medical Practice.</p> <p>As this is an item to be discussed in the meeting held in public and the supporting paper will be readily available, the paper will not be redacted from Dr Dominey.</p> <p>Dr Dominey will not be involved in the item discussion, and as a non-voter, would not be involved in decision making.</p>							
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<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							
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" 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							

## Appendix One

### Wiltshire Locality Prescribing Incentive Payments 20/21 - Appeals

#### Background

The historic Wiltshire prescribing incentive scheme rewarded practices financially based on their performance vs budget via a tier system ranging from £0 to £2pp per year.

This is over and above the £1pp payment tied up with the primary care offer payments - £1 in Banes and Wiltshire, 60p in Swindon.

The financial year 2020/21 was considered a transition year for BSW and this particularity (neither BaNES or Swindon operated such system) was maintained with a view to being terminated in 2021/22

- During COVID, **Incentive Schemes were frozen nationally**
  - Meds Op considered that the part of the incentive scheme that was equal across BSW was protected and would be paid regardless as practices were focused on the COVID Pandemic (£1pp) This £1pp was **paid monthly throughout the year irrespective of achievement**.
  - Meds Op understood that the additional payment based on performance vs budget would remain to be paid **only if achieved**, since these moneys are obtained from the drugs budget (in other words, Meds Op can pay the incentive if the practices have saved the money on drugs)
  - It is clear that this is an incentive scheme that must not be considered as regular income by practices. This has been stated throughout numerous meetings between CCG and practices (eg PCCC) and LMC agrees.

#### Three Chequers Medical Practice

Three Chequers Medical Practice historically achieved maximum payment through consistently prescribing below budget and was only 0.26% over budget in 2020/21. They overspent by £7,733 on a budget of £2.9 million and have already received £24,195 from the incentive scheme.

Ramsbury, although they have not submitted a formal appeal, would be in an identical situation

	£ over budget	% over budget
Ramsbury	2,767	0.25%
3 Chequers	7,733	0.26%

#### Request for consideration

- Given the practice's assumption that this payment was protected and the extremely close they were to meet the target, Three Chequers would like to be considered for payment at the top range of £2pp
- Albeit Ramsbury has not formally appealed, it would be fair to consider their circumstances to maintain equality

## Appendix One

- No other practice is in a similar range of spend vs budget (The next being Bradford -on-Avon and Melksham £23,179, or 0.95% overspent)
- If the communication to the practices had clearly stated that the performance against budget component of the scheme was still in place it is reasonable to assume that both practices could have made savings that would have enabled them to achieve their allocated prescribing budgets.
- Given the unique performance vs target of these two practices, we consider it would be reasonable to award these practices with £2 minus the excess that they were over budget.
- This methodology would yield the following payments
  - Three Chequers: £24,195 - £7,733 = £16,462
  - Ramsbury: £4,614 -£2,767= £1,847

**PCCC is asked to uphold the appeal by Three Chequers and supported by the Wiltshire Primary Care Operational Group.**

## Appendix 2

# Personal Medical Services (PMS) to General Medical Services (GMS) Requests



## 1. Background

All PMS contractors have the right to move to a GMS Contract (Part 7, Right to a general medical services contract).

### 1.1 PMS Regulations 2015

PMS Regulations (2015) confirm that

*'Where a contractor is providing essential services under the agreement and would like to enter into a general medical services contract by virtue of this regulation, the contractor must give notice in writing to the Board to that effect at least three months before the date on which the contractor would like to enter into the general medical services contract.'*

## 2. Requests Received

The CCG has received two practice requests; both Hathaway Medical Partnership and Sixpenny Handley Surgery have both provided three months written notice, confirming that they wish to cease provision of their PMS agreement and commence a GMS contract.

The CCG has confirmed there are no changes in the Partnership to either of these requests and no other substantial changes.

## 3. Financial Impact

There are very few financial differences between the CCG's PMS contract and a GMS contract due to the decision made prior to Delegation that PMS contract payments would mirror those of GMS contract arrangements.

The only differences believed to still exist are:

1. PMS contractors receive payment on the 15<sup>th</sup> of every month, GMS contractors receive payment on the last Friday of the month
2. PMS Prescribing practices receive a fixed value PMS professional fee whereas GMS Prescribing practices receive a fee based on actual GP practice prescribing
  - **Hathaway Medical Partnership** currently receives £0 PMS Prescribing Professional Fee. GMS Professional fee could be circa £15-18k pa based on similar sized practices (Giffords/Malmesbury)
  - **Sixpenny Handley Surgery** is a dispensing practice and there will therefore be no change to payments for this practice
3. Some BSW CCG PMS practices receive separate GP Appraisal Fees. Wiltshire CCG removed these payments in 2019 as they are believed to be a duplication of payments already made within the GMS Global Sum contract payments to PMS contractors. No impact.

## Appendix 3

<b>Title</b>	Special Allocation Service (SAS) BSW Commissioning Update and proposal for contract extension							
<b>Date</b>	01 February 2022							
<b>Purpose</b>	Advise		Alert		Action	X	Assure	
<b>Contact for enquiries</b>	Tracey Strachan, Deputy Director for Primary Care							
<b>Author</b>	Victoria Stanley, Senior Commissioning Manager, Primary Care							
<b>Further Information Available</b>	<i>NHS England/Improvement, Policy and Guidance Manual for Primary Care</i>							
<b>Key Message(s)</b>	<p>BSW Primary Care Commissioners continue to work together with GP Providers to agree a consistent, robust and sustainable future SAS. To date we have:</p> <ul style="list-style-type: none"> <li>• Agreed a standardised specification;</li> <li>• Agreed a standardised referral in and discharge out process;</li> <li>• Encouraged collaborative providers arrangements across BSW, supporting closer working arrangements and offers of mutual support;</li> <li>• Agreed one clinical system for SAS patients, allowing clarity for integrated working with other NHS partners to interact with the SAS.</li> </ul> <p>The proposed tender process for services from April 2022 has not been possible due to the impact of Covid and the ongoing work to develop the service specification. Whilst this work has progressed significantly it is apparent that there is an increase in numbers of patients and capacity concerns in current services. Further work is required to explore the potential for expanding the High Impact User pilot project to engage with some of the patients and also to strengthen the links with Mental Health Services.</p>							
<b>Issue</b>	Current contract with Courtyard Surgery expires 31 March 2022. Commissioners continue to make progress to develop a more resilient and sustainable BSW service, however this will not be in a position to be rolled out before year-end.							
<b>Key risks</b>	Expiry of the current contract and no service provision in place.							
<b>Next Steps / Actions</b>	To agree a twelve month extension and safe transition to a new BSW service/services.							



## Meeting of the BSW CCG Primary Care Commissioning Committee

### Report Summary Sheet


<b>Report Title</b>	Primary Care Flexible Staff Pool						<b>Agenda item</b>	9
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve		Discuss		Inform	✓	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care, BSW CCG							
<b>Clinical lead</b>								
<b>Author</b>	Rachel Cooke, Project Lead – Primary Care Flexible Staff Pool, BSW CCG							
<b>Appendices</b>	Appendix 1 – Primary Care Flexible Staff Pool Presentation Appendix 2 – BSW-Lantum Launch Plan Appendix 3 – BSW Launch Review 22.12.2021							
<b>This report concerns</b>	BSW CCG	✓	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	Caroline Gregory, Chief Financial Officer, BSW CCG Jo Cullen, Director of Primary Care, BSW CCG Tracey Strachan, Deputy Director of Primary Care, BSW CCG Yvonne Knight, Head of Risk and Information Governance / Deputy DPO, BSW CCG							
<b>Executive summary</b>	<p>In September 2021, the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group's (BSW CCG) Primary Care Commissioning Committee approved the recommendation to draw down the specific NHS England and NHS Improvement (NHSEI) funding to direct award the approved digital supplier Lantum for a 24-month contract to support primary care workforce by creating a primary care flexible staff pool across BSW CCG at no cost to the practices.</p> <p>This paper is written to provide the Primary Care Commissioning Committee with an update on progress made to date on implementing the primary care flexible staff pool.</p>							

Report Title	Primary Care Flexible Staff Pool	Agenda item	9
<p>The initial primary care flexible staff pool launch phase took place between 02 November – 22 December 2021. The launch plan included extensive communications and the announcement to all BSW practice and Primary Care Network (PCN) managers took place during November 2021. Introductory Webinars were also hosted by BSW CGG and Lantum to promote to practice managers and clinicians during November and December 2021.</p> <p>‘Appendix 1 – Primary Care Flexible Staff Pool Presentation’ shows an example of the presentations held for practice managers and clinicians.</p> <p>Key milestones achieved throughout the launch included:</p> <ul style="list-style-type: none"> <li>• Reporting suite live</li> <li>• Staff bank live for clinicians</li> <li>• Extensive staff bank announcements / communications</li> <li>• Introductory webinar(s) completed and hosted by the CCG</li> <li>• Practice Manager and Clinician training sessions completed</li> <li>• Primary Care Monitoring Survey (PCMS) Data Collection commenced</li> <li>• Awareness / promotional meetings held with: <ul style="list-style-type: none"> <li>➢ BSW Deputy Chief Operating Officers</li> <li>➢ PCN Clinical Directors Meeting (Swindon Locality)</li> <li>➢ Wiltshire Practice Manager’s Meeting</li> <li>➢ Bath GP Education and Research Trust (BGPRT)</li> </ul> </li> </ul> <p>Sign-ups to the Lantum Platform (as of 01 February 2022):</p> <ul style="list-style-type: none"> <li>• 39/90 practices (43%) plus 6 branch sites</li> <li>• 33 GPs</li> <li>• 7 Practice Nurses</li> <li>• 3 Advanced Nurse Practitioners (ANPs)</li> <li>• 1 Clinical Pharmacist</li> <li>• 3 Admin</li> </ul> <p>Continued promotion throughout January focused on:</p> <ul style="list-style-type: none"> <li>• Student Nurse Event - 12 January 2022</li> <li>• BaNES Primary Care Forum – 13 January 2022</li> <li>• Primary Care Forum (Practice Nurses) 26 January 2022</li> <li>• Continued Practice Manager / Clinician communications</li> <li>• Engaging with PCN Managers / Clinical Directors</li> <li>• Clinician engagement via appropriate channels</li> <li>• Engaging with new practice and clinician sign ups</li> <li>• Clinician onboarding</li> <li>• Training and follow up</li> <li>• PCN outreach</li> </ul>			

<b>Report Title</b>	Primary Care Flexible Staff Pool					<b>Agenda item</b>	9
	<ul style="list-style-type: none"> <li>Development of surveys to clinicians in the pool for Primary Care Monitoring Survey (PCMS) data reporting to NHSEI</li> </ul>						
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report and the progress made to date on implementing the primary care flexible staff pool.						
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	This paper supports management of risk BSW11 – Primary Care Capacity.						
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low	✓	N/A
<b>Key risks</b>	<p><b>Information Governance</b></p> <p>If information governance (IG) issues that have been identified by the CCG are not rectified by Lantum then there is a risk that the project will have to halt until these issues are satisfactorily resolved.</p> <p>Lantum's use of Dropbox was deemed not to be secure from a UK Government perspective. Lantum have confirmed they have removed the use of Dropbox and set up SharePoint to go ahead from 04 January 2022 (resolved).</p> <p>The outstanding IG issues remain as follows:</p> <p>Lantum's information security ISO 27001 certificate expired on 22 November 2021 / external annual audit delayed due to Covid interruptions.</p> <p>These issues have also been escalated to NHSEI, as Lantum are listed as an approved digital supplier on the NHSEI 'Framework for digital solutions for the deployment of sessional clinical capacity in Primary Care'.</p> <p>The CCG's SIRO and Head of Risk and Information Governance / Deputy DPO met with Lantum on 20 January 2022 for assurance that active measures are being put in place.</p> <p>Lantum have confirmed the actions they are taking in relation to data protection and security, and are currently processing an application to be part of the Data Security and Protection Toolkit (DSPT). The application will be submitted by 16 February 2022 in line with the deadline from NHSEI.</p>						

Report Title	Primary Care Flexible Staff Pool	Agenda item	9
<p>Lantum confirmed they are in the process of recertifying for ISO 27001. The timeline for accreditation is:</p> <ul style="list-style-type: none"> <li>➤ Stage 1 at the end of March 2022</li> <li>➤ Stage 2 usually commencing within 3-4 weeks of stage 1 - aiming for the end of April 2022</li> <li>➤ Certification is then accredited within 2 weeks of stage 2 - aiming for the beginning of May 2022.</li> </ul> <p><b>Engagement from Practice to Practice</b>  The flexible pool's success depends largely on the level of engagement from practice to practice. It is essential that BSW identify appropriate grassroots champions, for instance PCN Managers or Clinical Directors, to help lead engagement at practice level and champion the flexible pool. Without the engagement of the PCN Leads and Practice Managers, the flexible pool will not be successful across BSW.</p> <p><b>Practices may have concerns about onboarding their clinicians and letting staff join the flexible pool</b>  A key risk could be that practices may have concerns about onboarding their clinicians and letting staff join the flexible pool. However, this is mitigated in that Lantum's mission is to be a workforce management solution that allows practices to gain resources, not lose staff. As a result, they work closely with the CCG to craft the right messaging through marketing and communications so that practices across the system understand the longer-term strategic vision to create better workforce resilience across the whole patch and not just within a certain area. Lantum will work with BSW to build up momentum for the bank and this can be done in a number of ways. They can begin by launching our most engaged practices and then build out case studies as well as hosting local workshops and webinars to reiterate the benefits of sharing staff within our network.</p> <p><b>Clinician Sign Up / Number of Nurses</b>  If not enough clinicians (GPs, Practice Nurses, ACPs and ANPs initially) sign up this could be a challenge / blocker as there won't be enough clinicians within the flexible pool to fill the vacant shifts.</p> <p><b>Potential issue if not enough staff are willing to sign up to Lantum as self-employed</b>  If we cannot attract our primary care staff / GP Locums to sign up to Lantum as self-employed, a formal staff bank may be required (this would be over and above the remit of this project brief and</p>			

<b>Report Title</b>	Primary Care Flexible Staff Pool	<b>Agenda item</b>	9
	designated specific NHSEI funding) to develop around the employment law issue (annual leave entitlement).		
<b>Impact on quality</b>	<p>Expected benefits of using a digital supplier (Lantum) include:</p> <ul style="list-style-type: none"> <li>• Increased CCG confidence in the management of increased primary care demand</li> <li>• Improved service to manage demand in the system.</li> <li>• Improved health and wellbeing of staff and increasing resilience of general practice</li> <li>• Increased public confidence and enhanced health and wellbeing of patients resulting from sustainability of services and improved access</li> <li>• System: reduced pressure on spend and improved access to a knowledgeable group of GPs, deployable to wherever the need is greatest</li> <li>• Practices and PCNs: reduced burden in accessing temporary staff, and potential to build better relationships with pool members</li> </ul> <p><b>Benefits to Practices:</b></p> <p><b>Builds resilience</b>  Having access to a primary care flexible staff pool will make it easier for practices to fill more shifts by accessing a larger pool of staff and share resources across the patch. Practices can also negotiate shift rates directly, saving time and staffing costs. This will help to deliver services effectively, and takes some pressure off existing staff. It will also make it easier to collaborate with nearby practices and PCNs, and share unused resources.</p> <p><b>Saves money – it is completely free for practices</b>  Saving money by removing recruitment agencies – instead practices can book trusted staff from the flexible pool, or wider Lantum marketplace, with no commissioning fees. The CCG have already covered these costs.</p> <p><b>Reduces time spent on admin</b>  Having one platform to manage all bookings reduces administration time significantly with e-pensions and online invoices. A couple of case studies, for example, show that:</p> <ul style="list-style-type: none"> <li>• Connexus Healthcare in Wakefield saved 6 hours a week on workforce management by utilising Lantum's platform.</li> <li>• Sutton GP Services (a GP Federation) have saved 75% in rota personnel costs through payment, automated timesheets and rotas being managed through Lantum.</li> </ul>		

Report Title	Primary Care Flexible Staff Pool	Agenda item	9
	<p><b>Benefits to Clinicians:</b></p> <p><b>Book Work Instantly</b> Clinicians can:</p> <ul style="list-style-type: none"> <li>• Update their profile, set their availability and immediately apply for shifts.</li> <li>• Use job search filters to see sessions that suit their location and availability.</li> <li>• Receive session notifications that match their skills and preferences.</li> </ul> <p><b>Build Trusted Relationships with Practices</b> It is easy for clinicians to see sessions from their favourite practices, by following them on the app. Practices can request clinicians for specific shifts, based on the clinicians' availability. Clinicians can communicate with practices directly via Lantum's messaging centre.</p> <p><b>Digitise their diary and get paid the next day</b> Clinicians can:</p> <ul style="list-style-type: none"> <li>• View their booked jobs and availability, anytime, anywhere.</li> <li>• Save time chasing payments using Lantum's next-day payment feature, Rocketpay.</li> <li>• Have their timesheets approved and stored online.</li> </ul>		
<b>Impact on finance</b>	Systems could receive up to £120,000 from NHSE/I to support the development and running costs of a flexible staff pool to engage and deploy local GPs flexibly in an ongoing way, to support local primary care. There are no additional costs during the 24 month contract period.		
	<b>Finance sign-off:</b> Caroline Gregory, Chief Financial Officer, BSW CCG.		
<b>Conflicts of interest</b>	N/A		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
<b>This report supports the delivery of the</b>	<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		

<b>Report Title</b>	Primary Care Flexible Staff Pool	<b>Agenda item</b>	9
<b>following BSW System Priorities:</b>	<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 Flexible Staff Pool

### 1. Executive Summary

- 1.1 The purpose of this paper is to provide the Primary Care Commissioning Committee with an update on progress made to date on implementing the primary care flexible staff pool.
- 1.2 Lantum is a healthcare workforce digital platform that aims to unite all clinicians with healthcare organisations, to deliver the best patient care. Lantum's end-to-end digital workforce solution provides substantive staff scheduling and gap fulfilment by flexible staff. Lantum support over 1000 GP practices nationwide and over 70 federations and have already been working at ICS level across Greater Manchester and Dorset for a number of years. Lantum have now partnered with 18 ICS / CCGs nationwide.
- 1.3 The initial primary care flexible staff pool launch phase took place between 02 November – 22 December 2021. The launch plan included extensive communications and the announcement to all BSW practice and PCN managers took place during November 2021. Introductory Webinars were also hosted by BSW CCG and Lantum to promote to practice managers and clinicians during November and December 2021.
- 1.4 Key milestones also achieved throughout the launch included:
- Reporting suite live
  - Staff bank live for clinicians
  - Extensive staff bank announcements / communications sent
  - Introductory webinar(s) completed and hosted by the CCG
  - Practice Manager and Clinician training sessions completed
  - Primary Care Monitoring Survey (PCMS) Data Collection commenced
  - Awareness / promotional meetings held with:
    - BSW Deputy Chief Operating Officers
    - PCN Clinical Directors
    - Practice Managers
    - Bath GP Education and Research Trust (BGPRT) and Sulisdoc Team
- 1.5 Sign-ups to the Lantum Platform (as of 01 February 2022):
- 39/90 practices (43%) plus 6 branch sites
  - 33 GPs
  - 7 Practice Nurses
  - 3 Advanced Nurse Practitioners (ANPs)
  - 1 Clinical Pharmacist
  - 3 Admin

1.6 Continued promotion and key developments throughout January included:

- Student Nurse Event 12 January 2022
- BaNES Primary Care Forum 13 January 2022
- BSW Primary Care Forum (Nurses) 26 January 2022
- Continued Practice Manager / Clinician communications
- Engaging with PCN Managers / Clinical Directors
- Clinician engagement via appropriate channels
- Engaging with new practice and clinician sign ups
- Clinician onboarding
- Training and follow up
- PCN outreach
- Development of a survey to clinicians in the pool for Primary Care Monitoring Survey (PCMS) data reporting to NHSEI

1.7 In order for the CCG to ensure that the implementation has been successful, the BSW CCG Primary Care Flexible Staff Pool Project Lead works closely with the assigned Launch Manager at Lantum who, in the launch phase, identified the CCG's identified outcomes, key metrics and key performance indicators (KPIs). Lantum worked with the CCG to establish what KPIs are required to track on, and Lantum's Business Intelligence (BI) Analyst set up a customisable dashboard and reports within a Tableau account. The CCG are given access to this Tableau account, allowing the BSW CCG Primary Care Flexible Staff Pool Project Lead to log in and get real time insight from the reporting suite to ensure the CCG are tracking on their objectives. 'Appendix 2 – BSW-Lantum Launch Plan' shows the KPIs and goals BSW and Lantum set out during the launch phase. 'Appendix 3 – BSW Launch Review 22.12.2021' also outlines the launch metrics and success, key events and new goals / actions.

1.8 Lantum also recognise that as part of this flexible pool funding, NHSEI has set some reporting requirements to ensure the CCG are relaying how the bank is delivering. As Lantum have already launched with 17 other systems nationwide to deliver these flexible pools, their BI Analyst has these reports already set up, so the CCG can track on their own KPIs as well as reporting back the necessary data to NHSEI.

1.9 Beyond this, the BSW CCG Primary Care Flexible Staff Pool Project Lead will have Quarterly Business Reviews with Lantum's dedicated Regional Activation Manager to ensure the KPIs are reflected and to take action if the flexible pool was not hitting some of the objectives and KPIs.

## 2. Recommendation(s)

2.1 The Committee is asked to **note** the report and the progress made to date on implementing the primary care flexible staff pool.

## 3. Background / Statutory Considerations and Basis for Proposal

3.1 In 2021/22 each integrated care system (ICS) can receive up to £120,000 via NHS England and NHS Improvement (NHSEI) regions to implement an approved digital

solution to support the creation of a primary care flexible staff pool. BSW's vision is to establish a staff pool for practices / Primary Care Networks (PCNs) not only for GP Locums, but to facilitate a fully multidisciplinary flexible pool to include practice nurses, Advanced Nurse Practitioners (ANPs), Advanced Clinical Practitioners (ACPs), receptionists and admin staff, as well as other primary care roles. Having access to a primary care flexible staff pool will make it easier for practices to fill more shifts by accessing a larger pool of staff, share resources across the patch and enable clinicians to book locum work in our local area.

- 3.2 In September 2021, the CCG's Primary Care Commissioning Committee approved the recommendation to draw down the specific NHSEI funding to direct award the approved digital supplier Lantum for a 24-month contract to support primary care workforce across BSW CCG at no cost to the practices, subject to further information and assurances which were shared with committee members on 14 September 2021.
- 3.3 The Waiver of Tender Business Case was signed off by the CCG's Chief Financial Officer on 17 September 2021 and presented to note by the Audit Committee on 04 November 2021.
- 3.4 Lantum is a healthcare workforce digital platform that aims to unite all clinicians with healthcare organisations, to deliver the best patient care. Lantum's end-to-end digital workforce solution provides substantive staff scheduling and gap fulfilment by flexible staff. Lantum already support over 1000 GP practices nationwide and over 70 federations and have been working at ICS level across Greater Manchester and Dorset for a number of years. Lantum have now also partnered with:
  - Birmingham and Solihull ICS
  - Black Country and West Birmingham CCG
  - Bath and North East Somerset, Swindon and Wiltshire CCG
  - Cambridge and Peterborough CCG
  - Chorley and South Ribble CCG
  - Cornwall and the Isles of Scilly Health and Social Care Partnership
  - Coventry and Warwickshire CCG
  - Greater Manchester ICS
  - Humber Coast and Vale CCG
  - Kent and Medway CCG
  - Lincolnshire ICS
  - Morecambe Bay CCG
  - Norfolk and Waveney CCG
  - Northamptonshire Health and Care Partnership
  - Our Dorset ICS
  - Shropshire Telford and Wrekin CCG
  - Somerset Integrated Urgent Care
  - Surrey Heartlands Health and Care Partnership

## 4. Other Options Considered

4.1 Not applicable.

## 5. Resource Implications

5.1 The Primary Care Flexible Pool digital solution is funded from the existing specific budget and there will be no additional costs for the duration of the two year agreement.

## 6. Consultation

6.1 Caroline Gregory, Chief Financial Officer, BSW CCG  
Jo Cullen, Director of Primary Care, BSW CCG  
Tracey Strachan, Deputy Director of Primary Care, BSW CCG  
Yvonne Knight, Head of Risk and Information Governance / Deputy DPO, BSW CCG

## 7. Risk Management

7.1 This paper supports management of risk BSW11 – Primary Care Capacity.

## 8. Next Steps

8.1 Further actions in February / March will consist of:

- Targeted sign up communications for those practices not yet signed up
- Targeted activation to increase the number of clinicians in the staff bank
- Attendance at BSW Primary Care Operational Group (PCOG) to provide an update on progress.

### 8.2 Training Hub Vacancies

Targeting those practices who are advertising job vacancies on the Training Hub website <https://bswgeneralpracticejobs.nhs.uk/current-vacancies/> that are not yet signed up to Lantum to encourage them to do so and actively post out shifts.

### 8.3 **SHREWD (a product portfolio of real-time operational management tools, designed for all tiers of complexity that can span across the entirety of the NHS and wider system partners)**

Reaching out to practices who are reporting as red and amber to check if they have registered / are posting shifts on Lantum and if not, encourage them to do so to build resilience. This is picked up as part of the contact programme in primary care – the Primary Care Team are contacting all level 3 and 4 practices already and raising this with them regarding joining Lantum.

#### 8.4 Clinician and Practice Density

The work will be a locality focused, targeted approach to encourage practices to post shifts on the platform. This may include ringing / emailing practices, or sending notifications to encourage practices to post more shifts.

#### 8.5 Posting Activity and Shift Fulfilment

There are currently eight practices that are actively posting shifts, however, no shifts have yet been filled. Lantum are building a small team of Shift Fulfilment Associate(s) / Manager whose specific role will be to ensure that the shifts that are posted on the Lantum platform are filled by the BSW pool of clinicians or the wider Lantum Marketplace.

#### 8.6 Increase the number of Approved Clinicians

There are currently 15/44 clinicians that are approved to work. 'Approved' refers to whether the clinician has uploaded their three core documents (CV, Passport, Enhanced DBS) to have their profile verified by Lantum's Clinical Governance Team. Steps will be taken to encourage those that are unapproved to upload their documents onto the platform in order for them to be verified so that they can book into vacant shifts.

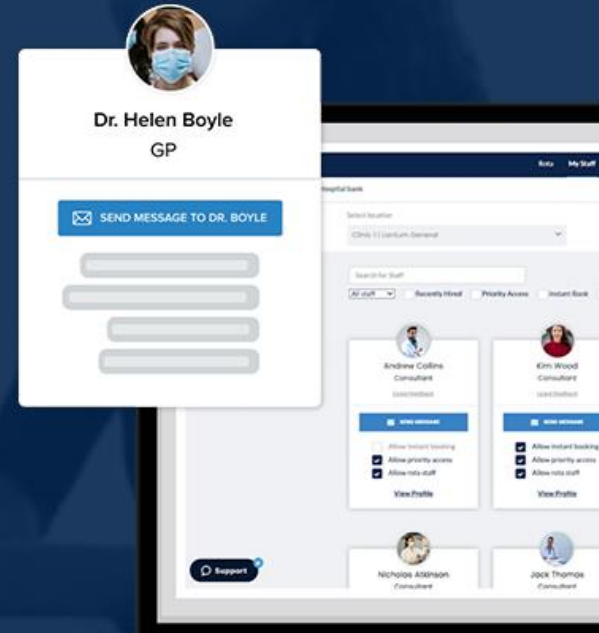
<b>Equality and Diversity</b>	Applicable		Not applicable	✓

<b>Health Inequalities Assessment</b>	Applicable		Not applicable	✓

<b>Public and Patient Engagement</b>	Applicable		Not applicable	✓

**Bath and North East Somerset, Swindon and Wiltshire CCG has partnered with Lantum to deliver a multidisciplinary, system-wide staff pool.**

**90 practices**  
**25 PCNs**



## Background

For this financial year each ICS can receive funding via NHSE/I to implement an approved digital solution to support the creation of a primary care flexible staff pool.

In September 2021, the CCG's Primary Care Commissioning Committee approved the recommendation to draw down the specific NHSE/I funding to direct award the approved digital supplier Lantum for a 24-month contract to support the creation of a primary care flexible staff pool across BSW CCG at no cost to the practices.

## Benefits to Practices

Build resilience and fill more shifts by accessing a larger pool of staff.

Negotiate shift rates directly, saving time and staffing costs.

Save money by removing recruitment agencies – using Lantum is completely free.

Reduce time spent on admin with e-pensions and online invoices.





## What is Lantum?

Lantum is a healthcare workforce management platform that aims to unite all clinicians with their healthcare organisations, so that they can deliver the best patient care.

*18 CCG/ICS staff banks -  
[Dorset case study & video](#)*

*1120 practices signed up  
+2500 GP bank staff  
approved on the platform*



**Dr Ruth Grabham**  
Medical Director,  
BSW CCG



“ Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) are pleased to announce our partnership with Lantum to create a multidisciplinary primary care flexible staff pool to support our practices and PCNs.

BSW's vision is to establish a primary care flexible staff pool for practices / PCNs not only for GP Locums, but to facilitate a fully multidisciplinary primary care bank to include but not limited to, practice nurses, ANPs, ACPs, receptionists and admin staff, as well as other roles. We are excited to really see how far we can go with this partnership.



\* Lantum



# Launch Progress: (BSW CCG / Lantum)

Week 1 - Kick off

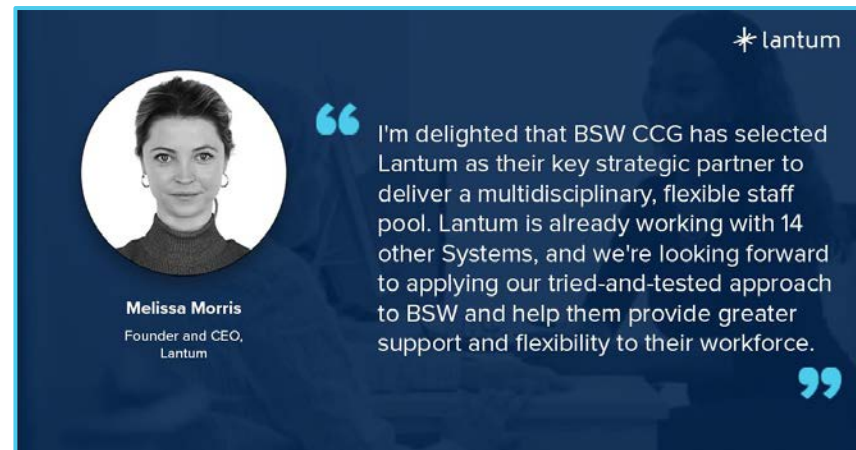
Week 2 - Initial comms distributed.

Week 3 - Webinars - 70+ responses, 45 attendees


Week 4-8 - Training & Onboarding

Data accurate as of 24/01/2022:

- 38/90 practices (42%) plus 5 branch sites
- 39 clinicians signed up
- Staff types: GPs, Practice Nurses, ANPs, ACPs



\* lantum



**“** I'm delighted that BSW CCG has selected Lantum as their key strategic partner to deliver a multidisciplinary, flexible staff pool. Lantum is already working with 14 other Systems, and we're looking forward to applying our tried-and-tested approach to BSW and help them provide greater support and flexibility to their workforce. **”**

**Melissa Morris**  
Founder and CEO,  
Lantum

# Clinician Benefits

## Book work instantly

Update your profile, set your availability and immediately apply for shifts.

Use job search filters to see sessions that suit your location and availability.

Receive sessions notifications that match your skills and preferences.

## Build trusted relationships with practices

Make it easy to see sessions from your favourite practices, by following them on the app.

Practices can request you for specific shifts, based on your availability.

Communicate with practices directly via Lantum's messaging centre.

## Digitise your diary and get paid the next day

View your booked jobs and availability, anytime, anywhere.

Save time chasing payments using Lantum's next-day payment feature, Rocketpay.

Have your timesheets approved and stored online.



# Book Work Instantly

The screenshot displays the Lantum app interface. At the top, there is a navigation bar with the Lantum logo, user profile, and navigation links: My Diary, Find Work, Billing, Pensions, My Account, and Logout. A notification bell shows 99+ alerts, and an envelope icon shows 1 message. Below the navigation bar, the page title is "Practices I follow" and the session count is "156 sessions · Page 1 of 8".

The main content area is divided into a sidebar and a main list. The sidebar on the left has a "SEARCH BY" section with "LOCATION" and "PRACTICE" tabs, and a text input field "Enter practice name". Below this is a "FILTER BY" section with "SELECT DAYS" and "ALL SESSIONS" tabs, and a calendar for November 2021. The calendar shows the 4th, 5th, 6th, and 7th as selected days. A "Support" button is visible at the bottom of the sidebar.

The main content area displays a list of sessions for three dates: Thursday, 25th November 2021; Friday, 26th November 2021; and Tuesday, 30th November 2021. Each session entry includes a session ID, practice name, session ID, time slot, duration, fee, and action buttons. The "WITHDRAW" button is red, and the "APPLY" button is blue. A "Negotiate Session" link is also present for some sessions.

Date	Session ID	Practice Name	Session ID	Time Slot	Duration	Fee	Action
Thursday, 25th November 2021	4011345975	Oak Village Practice	BS10 5NP	14:00 - 18:00	No break	£85.00	<a href="#">DETAILS</a> <a href="#">WITHDRAW</a> 1 applicant
	4011346001	Oak Village Practice	BS10 5NP	09:00 - 12:00	No break	£85.00	<a href="#">DETAILS</a> <a href="#">WITHDRAW</a> 1 applicant
Friday, 26th November 2021	4011346030	Oak Village Practice	BS10 5NP	14:00 - 18:00	No break	£85.00	<a href="#">DETAILS</a> <a href="#">APPLY</a> 0 applicants • <a href="#">Negotiate Session</a>
	4011346057	Oak Village Practice	BS10 5NP	09:00 - 12:00	No break	£85.00	<a href="#">DETAILS</a> <a href="#">APPLY</a> 0 applicants • <a href="#">Negotiate Session</a>
Tuesday, 30th November 2021	4011345875	Oak Village Practice	BS10 5NP	09:00 - 12:00	No break	£85.00	<a href="#">DETAILS</a> <a href="#">APPLY</a> 0 applicants • <a href="#">Negotiate Session</a>

The Lantum App

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# How to sign up

**01**

**SIGN UP**

Connect your account, if you're already using Lantum

**02**

**UPLOAD DOCUMENTS**

Have all your documents checked and verified

**03**

**SEARCH AND APPLY**

Search for your favourite practices

**04**

**INVOICE DIGITALLY**

Store your timesheets online



## Sign up / create your account – Practice Managers:

**PMs - JOIN LANTUM**

## Sign up / create your account - staff:

To sign up to Lantum, or to connect your existing account, please click below:

**STAFF - JOIN LANTUM**

### Need help?

If you have any questions, or need help getting set up, please send an email to [support@lantum.com](mailto:support@lantum.com) and our dedicated team will help.



Thank you







**Launch Plan**

Lantum has deployed over 280 collaborative banks in Primary Care across England with PCNs, Federations, and over 17 CCGs and ICSs. All clients are allocated a dedicated Account Manager who is the primary point of contact and responsible for the launch / implementation process. The recommended launch process is outlined below, but will be customised with BSW CCG prior to commencing Launch activities:

**Key launch milestones & targets**

Project Management Office (PMO) established
Staff bank live for clinicians
Reporting suite Live
Staff bank announcements sent
Comms to all staff sent
4 Training sessions completed
66.6% practices signed up and verified
46 new GPs and Nurses signed up and approved in the bank
30% practices actively posting
70% fill rate achieved
Post-launch meeting held

**Phase 1: Intro & Set up**

Signed contract returned, Client introduced to Lantum Launch Manager (key Lantum contact throughout launch process)
Nominate Programme Manager (ongoing key client contact)
Establish collaborative Project Management Office with Launch Manager & Programme Manager
Organise Intro meeting
Lead and complete Intro meeting
Organise regular ongoing meetings (assumed to be weekly)
<b>Proposed milestone: Project management office established</b>
Complete Statement of Work; reviewed and signed by Programme Manager
Complete Data Request form, and returns to Launch Manager
Share list of all practices, practice codes and practice managers
Complete Kick-off Meeting

Agree KPIs to be tracked throughout launch process and key milestones (suggested above)
Request reporting suite and success targets
Agree onboarding process and milestones for other types of staff
Onboard existing Lantum users that will be included in the system wide staff bank
<b>Proposed milestone: Reporting suite live</b>
Complete all staff bank and rota internal set up
Share reporting
<b>Phase 2: Communicate and Onboard</b>
Staff onboarding communications (driving awareness of partnership and encouraging sign-ups) drafted and approved by Programme Manager
Staff onboarding communications approved by the programme manager
Identify channels of clinician communication to be used throughout the launch (e.g. LMC Newsletter)
Identify opportunities for Launch Manager to give presentations (e.g. GP Forums)
Identify and work with a clinical champion to promote the partnership
<b>Staff bank - new:</b> Create bespoke new bank staff sign-up page
<b>Staff bank - new:</b> Share bank staff sign-up pages and comms to <b>GPs</b>
<b>Staff bank - new:</b> Share bank staff sign-up pages and comms to <b>Nurses</b>
<b>Staff bank - existing:</b> Send email communication to all <b>existing Lantum users</b>
<b>Proposed milestone: Staff bank live for clinicians</b>
<b>Proposed milestone: Comms to All Staff sent</b>
<b>Staff bank - new:</b> Once comms and sign-up pages have been shared, GP bank staff onboarding commences
<b>Staff bank - new:</b> Once comms and sign-up pages have been shared, Nurse bank staff onboarding commences
Share welcome pack to all new bank staff
<b>Staff bank - new:</b> GP bank staff governance checks
<b>Staff bank - new:</b> Nurse bank staff governance checks
<b>Proposed milestone: 46 GPs and Nurses are signed up, and approved, in the bank</b>
Practice onboarding communications (driving awareness of partnership and encouraging sign-ups) drafted
Practice onboarding communications approved by the Programme Manager
Identify channels of practice communication to be used throughout the launch (e.g. CCG Email)
Identify opportunities for Launch Manager to give presentations (e.g. Locality meetings)
<b>Practice onboarding - new:</b> Create bespoke new practice staff sign-up page

<b>Practice onboarding - new:</b> Share practice sign-up pages and Staff Bank Announcement via agreed channels
<b>Practice onboarding - existing:</b> Send email comms to existing Lantum practice managers
<b>Proposed milestone: Staff Bank Announcements Sent</b>
<b>Phase 3: Train &amp; Engage</b>
Identify early adopter (PM) to champion the partnership
Hold webinar training 1-4 for practice managers
Share additional practice engagement collateral
Ongoing support for all trained practices
<b>Proposed milestone: 4 training sessions completed</b>
Once 46 GPs and Nurses are onboarded and approved in the staff bank, send comms to trained Practice Managers encouraging them to start posting shifts
Share additional practice engagement collateral
Drive additional sign-ups via practice outreach
<b>Proposed milestone:</b> [30%] of practices posting sessions
<b>Proposed milestone:</b> [70%] of sessions posted are filled
<b>Phase 4: Review</b>
Carry out Launch review
If Launch metrics have been met, move to BAU
Handover to Network Engagement Manager
<b>Proposed milestone:</b> Post-Launch meeting held
<b>Ongoing: Rota rollout</b>
Identify local Service Managers with biggest need for Lantum's rota tool (e.g., IA / EA / Vaccine hubs)
Service Manager outreach to drive awareness of Lantum partnership and to encourage adoption of Lantum's rota tool
Introduce relevant Service Managers to Launch Manager
Demo rota tool to Service Managers
Complete internal set up of site(s) in close coordination with Service Manager

	Hold webinar training for Service Managers
	Build first rota, with support from Launch Manager
	Start onboarding staff for localised service bank

# Lantum Launch Review –

22 December 2021

BaNES, Swindon and Wiltshire CCG



# Agenda

- **Actions & Comms tracker**
- **Measure launch success**
- **Key events and takeaways**
  - **What was successful? And what was challenging?**
  - **How can we build on success?**
- **What are your goals moving forward?**
- **Next steps**



# Launch Metrics

Success Targets	Baseline Number (pre-launch)	End of Launch Metrics (22/12/2021)
60/90 practices verified (66.6%)	8 practices (8.8%)	36 verified practices (40%) 45 signed up (some duplicates, branches)
>50% of practices onboarded*	N/A (this is in relation to the new staff bank)	37% of practices onboarded*
46 staff are signed up & approved in the bank	8 GPs	33 staff (22 GPs)
>30% practices actively posting	0 practices are active (xx%)	5 practices are active (17%)
70% fill rate	0% fill rate	0% fill rate

\*By onboarded we mean they have attended a training session or had an activation call





# Key events and takeaways

Focusing on:

- What was successful during this launch?
- What were the challenges/blockers?



## Week 1 | Launch kick-off

- Engagement from Project Management Office (PMO)
- Statement of Work agreed
- Comms drafted
- Landing pages drafted
- Internal set up complete

## Week 2 | Clinician Recruitment & Practice Introduction

- Staff bank go-live
- Staff Bank announcement sent
- Training hub comms
- Testimonial from Medical Director
- Nurses working as self-employed



### Week 3 | Clinician Engagement & Practice Outreach

- Reporting suite live
- Webinar 1 & 2

### Week 4 | Continued Clinician & Practice Engagement

- Data security - dropbox
- LMC involvement
- Met with colleagues from each locality
- Training
- Ongoing clinician recruitment
- Wiltshire Practice Manager (PM) meeting
- Practice Based Learning (PBL) group

### Week 5 | Continued Engagement & Embedding Rota

- Data security - dropbox
- Training attendance
- Getting clinicians to upload their core documents onto the platform
- PCN responses
- Clinical Governance checks are not included for Other Types Staff (OTS)
- Webinar 3
- BGPART & Sulisdoc involvement
- Wiltshire Alliance Delivery Group
- Primary Care Forums
- Comms round 2

### Week 6 | Launch Review & Handover to CSM

- Covid-19 vaccine booster rollout / BSW Call to Arms
- Christmas - PM capacity
- BSW Comms Engagement Specialist leaving - ?replacement
- BGPART & Sulisdoc involvement
- BSW Training Hub Educational Facilitator involvement
- Round 3 of comms



# New Goals

To continue the success of the digital staff bank, let's work towards some new goals, below is our suggestions based on our weekly launch check-ins.

- Targeted sign up comms for those sites not signed up
- Continue to grow the staff bank
- Increase number of approved clinicians
  - Make clinicians aware of active sites
- Expand into Nurses, Advanced Nurse Practitioners (ANPs), Advanced Clinical Practitioners (ACPs).
- PCN hub licenses - Additional Roles Reimbursement Scheme (ARRS) / Extended Access (EA).

## **Performance Indicators for Q1?**

- Fill rate
- % of active practices
- % of approved clinicians
- % of active clinicians



# Next Steps

We should agree on our next steps, here are some starting points:

- Review our meeting cadence - **Jan 3 weeks - then move to bi-weekly**
- Wait to hear from Lantum regarding new point of contact
- BSW Project Lead involvement going forward
- Ongoing comms
  - Clinician Engagement
  - Practice Engagement
  - Meetings and presentations
- **Success plan** – Quarterly Business Reviews (QBRs)



# Actions

- Work on comms for January
  - Targeted practice sign up comms in Jan
  - Reach out to non-attendees to training
  - Reach out to webinar attendees who have not signed up
  - Distribute Jan comms according to the comms tracker
- Clinician Engagement Manager to send follow up email to increase % of approved staff
- Send Teams invitation for January meeting



# Thank You



## Meeting of the BSW CCG Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Quality in Primary Care				<b>Agenda item</b>	10		
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve		Discuss	x	Inform	x	Assure	x
<b>Executive lead, contact for enquiries</b>	Gill May							
<b>This report concerns</b>	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	Gill May Director of Nursing and Quality. Sarah-Jane Peffers, Associate Director of Patient Safety and Quality							
<b>Executive summary</b>	<p>Quality summary / assurance for primary care</p> <ul style="list-style-type: none"> <li>• 5 Learn from Patient Safety Events (LFPSE) incidents have been reported in December 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.</li> <li>• In December 2021 there has been an increase in complaints, where 7 have been received, against a total of 1 in November 2021. Of the 227 PALS contacts for December 2021, 160 of these contacts were categorised under Public Health Service of which accessing boosters and the housebound related to the Covid-19 Vaccination Programme were the themes.</li> <li>• In total 7 complaints have been received relating to Primary Care - 1 from Bath and North East Somerset, 3 from Swindon and 3 from Wiltshire however all cases have been closed. There were no themes identified and all complaints received were related to different practices. During December there were 19 PALS contacts relating to Primary Care.</li> <li>• There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. One practice</li> </ul>							



Report Title	Quality in Primary Care	Agenda item	10
	<p>previously rated as Requires improvement has been rated as good overall following their reinspection. All practices with Requires Improvement and Inadequate rating have been given Regulation 17 (good governance) notices by CQC. The quality team are commencing engagement with Practices and will carry out scoping work to understand shared learning.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Following the Evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with SMI in Primary Care actions have been identified for the CCG, GP's and for First Option. Actions for the CCG include clarify GP's use of QOF codes, so that AHCs are correctly identified by monitoring and reporting systems, the CCG to lead discussion with GPs around purpose &amp; level of detail for AHCs to ensure balance between tick box and holistic reviews. GP's actions include to offer AHCs in GP surgeries where possible, to implement mechanisms to update eligible patients list and contact details and to ensure correct QOF codes are used for AHC to maximize income. Lessons learned include identification of external staff to reception to enable surgery staff to direct patients appropriately and for GP surgeries to consider providing patients with an opt-out option before passing on contact details to external agencies, e.g., by an opt-out text.</li> </ul>		
<b>Equality Impact Assessment</b>	N/A		
<b>Public and patient engagement</b>	N/A,		
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report.		

<b>Report Title</b>	Quality in Primary Care					<b>Agenda item</b>	10	
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	NA							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low		N/A	<b>x</b>
<b>Key risks</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Due to the current arrangements in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices.</li> <li>• A theme of engagement with the CCG has been identified with practices rated as requires improvement and inadequate.</li> </ul>							
<b>Impact on quality</b>	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							
<b>Impact on finance</b>	No finance impact							
	<b>Finance sign-off:</b> N/A							
<b>Conflicts of interest</b>	No conflicts of interests							
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<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							
<b>This report supports the delivery of the following BSW System Priorities:</b>	<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
- Infection Prevention and Control
- Flu vaccination programme 20/21

**Primary Care Commissioning Committee  
January 2022**

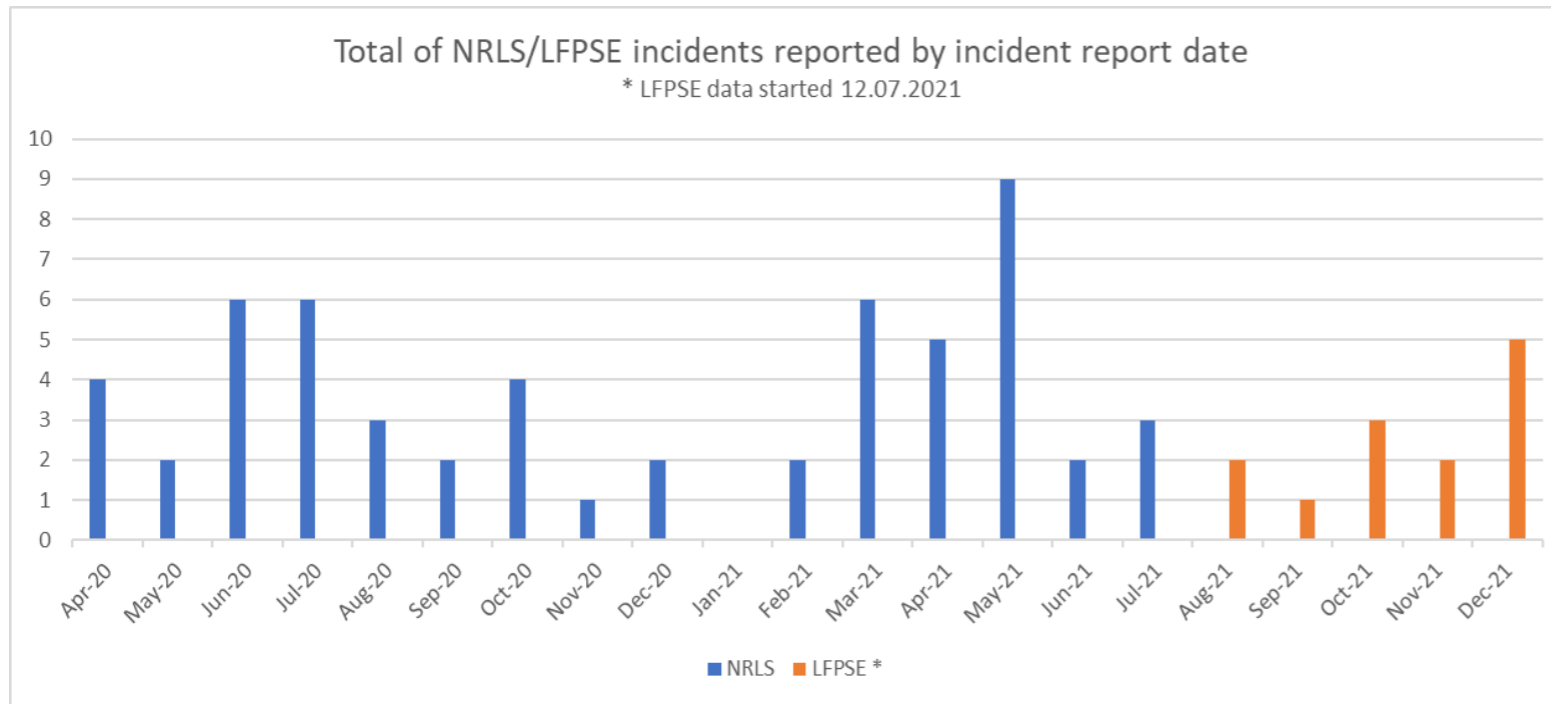


# Key Areas for Primary Care across BSW

Area	Key Issues	Key Actions
<b>CQC ratings</b>	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.
<b>Quality Surveillance</b>	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.
<b>Pals and Complaints</b>	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>
<b>Incident reporting</b>	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>

# BSW 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 December 2021.

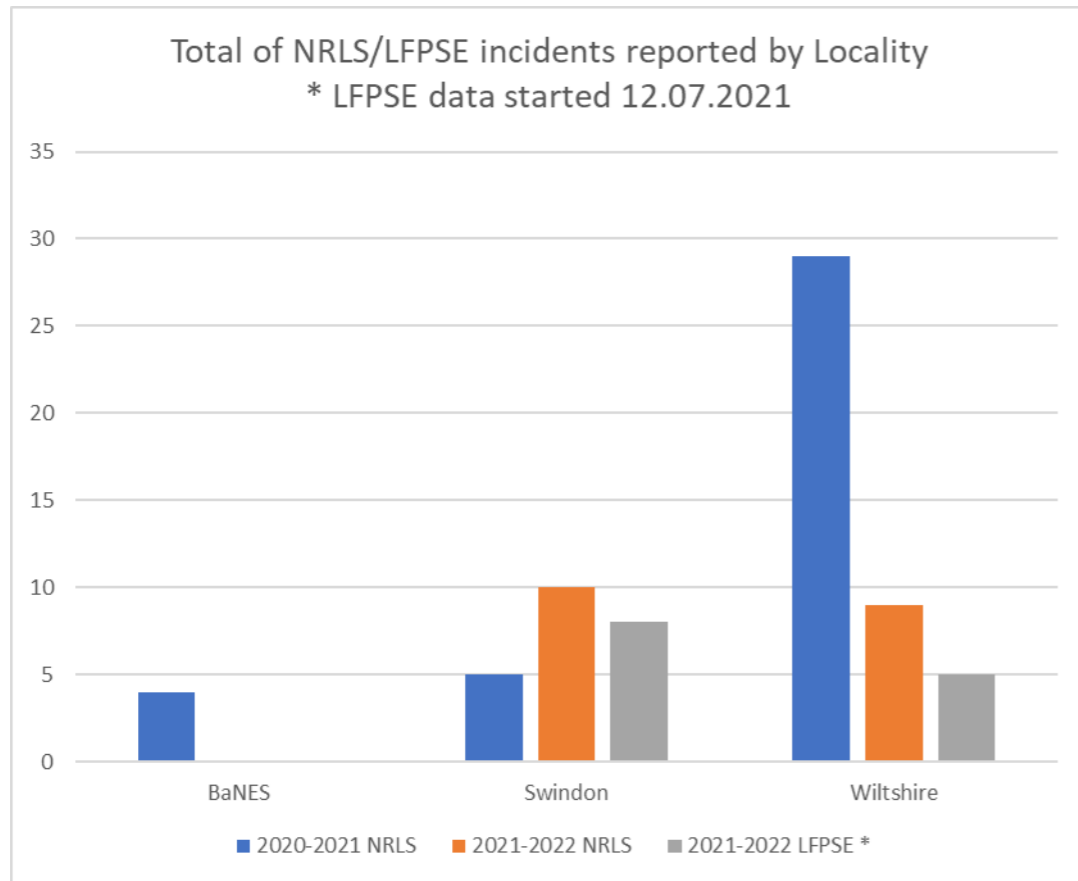


- A Incident multi-agency review has been undertaken for an Serious Incident which was reported in September by a Wiltshire practice. All parties have agreed to share their timelines to enable to Quality Team to compile an incident report and pull out key learning and actions for the system to prevent reoccurrence. Individual provider learning has also been identified and initial actions have been put in place.
- There was an LFPSE incident reported by a Swindon practice in September which involved the local Acute Trust. Preliminary investigations are underway at the Acute Trust to ascertain whether the incident meets the SI Threshold.
- In December 2021, the CCG became able to access/view LFPSE incidents that have been logged by practices since July 2021. These include 1 incident from August, 2 in November and 4 for December which the CCG were not aware of prior to this system upgrade. The Quality team are now reviewing these additional incidents and will contact and support the practices to identify if there are any opportunities for improvement.

- The updated access now provides the CCG with the access to view any incident logged by BSW practices, however some practices are still missing from the viewable list. Therefore the Quality team will continue to be in close discussion with NHSEI about these updates and request further amendments.
- 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 BSW Locality



- Since the introduction and additional viewability of incidents within LFPSE, Swindon are currently the highest reporting area with 5 incidents being logged by 2 practices in December alone.
- 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.





# BSW- 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 have been advertised and the role to be ready for April 2022.
- The roll out is expected to evolve over a period from the 1 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. So far 5 practices have come forward to start the roll out (2 X Swindon (Abbeymeads and Moredon) and 3 X Wiltshire (Ramsbury, Kennet and Avon Medical Partnership and St James Surgery, Devizes))
- Links below provide further information about the roll out and the role of primary care
  - [https://www.youtube.com/watch?v=ClkmdLP7ZB0&ab\\_channel=NHSEnglandandNHSImprovement](https://www.youtube.com/watch?v=ClkmdLP7ZB0&ab_channel=NHSEnglandandNHSImprovement)
  - <https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/non-coronial-deaths-in-the-community/>
- BSW CCG have introduced a project group to support the roll out and this is meeting fortnightly.



# BSW Patient Experience – PALS and Complaints

**COMPLAINTS:** In December 2021 there has been an increase in complaints, where 7 have been received, against a total of 1 in November 2021. In total 7 complaints have been received relating to Primary Care - 1 from Bath and North East Somerset, 3 from Swindon and 3 from Wiltshire however all cases have been closed. There were no themes identified and all complaints received were related to different practices.

**PALS:**

During December there were 19 PALS contacts relating to Primary Care which was a reduction of 9 from the previous month and a reduction of 8 from October. PALS activity has slightly decreased this month with 227 PALS enquiries compared to 246 PALS from the previous month. Of the 227, 160 of these contacts were categorized under public health service of which accessing boosters and the housebound related to the Covid-19 Vaccination Programme were the themes.

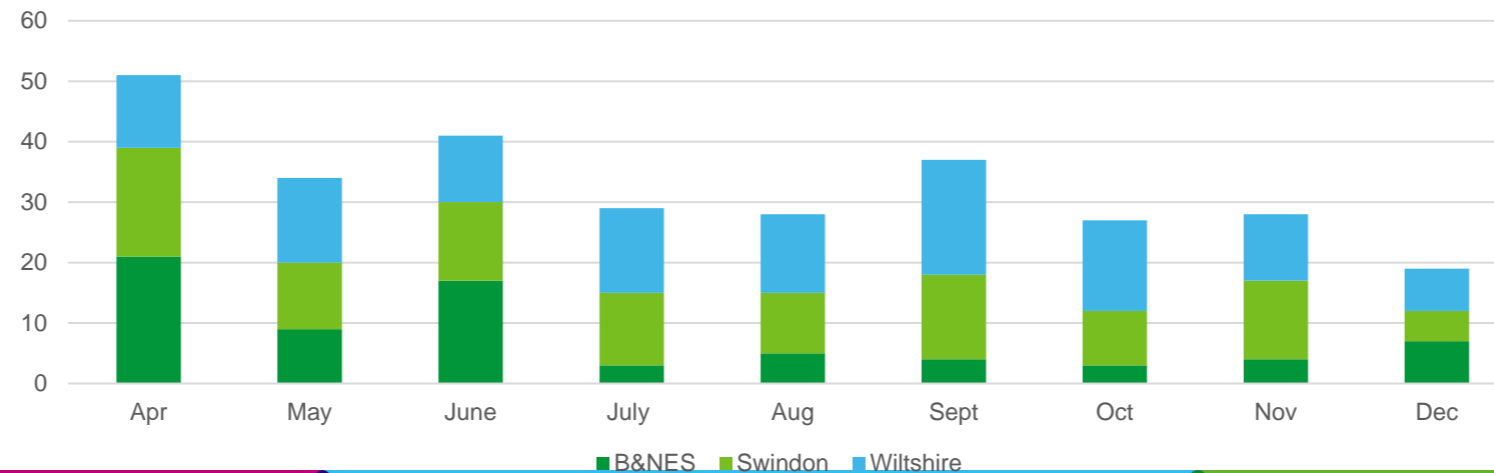
The main theme was as follows:-

- **POD** – waiting times on the telephone line, message on the line stating number in the queue is high.  
**Outcome:** assurance from POD manager that more call handlers are currently being recruited and the queue does go down more quickly than the number suggests. One patient suggests to put the length of wait rather than the number in the queue.  
 Response from POD manager: “Unfortunately we have the choice to either give the patient their queue number or their expected wait time. The majority of patients in our steering group opted they would rather hear their queue number. However, I will feed this back”

**Update on November themes and hotspots:**

- **Hotspot in light of recent acceleration of the booster roll-out: availability of walk-ins and local clinic availability across BSW vaccine sites.**  
 Outcome: now resolved with PCN sites that were due to close staying open, more capacity in larger clinics and availability of walk-ins opened up.
- **Waiting time for a booster vaccine for the housebound in parts of BaNES and Wiltshire.**  
 Outcome: now resolved. Following national directive that all housebound need to be done before Christmas, many GP practices took back their lists from the CCG and completed the remainder of patients.

Primary Care PALS Enquiries





# Care Quality Commission GP Ratings Across BSW

As of the NHS England report for 1 January 2022, there are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG.

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

# Changes to CQC Ratings across BSW

The following changes have occurred following CQC inspections.

Practice	Previous Rating						Re-inspection Date	Report published	Current Rating						Action	
	O	S	E	C	R	W			O	S	E	C	R	W		
Julian House Homeless Health Service							04/08/2021	20/10/2021								N/A
Ashington House Surgery							9 and 11 Aug 2021	11/10/2021								N/A

The Practice rated as inadequate has received a focused CQC visit on the 17th November 2021. This report is pending.

# Care Quality Commission GP Ratings Across BSW

A monthly Primary Care Quality Oversight Assurance Group has been implemented to monitor the progress, and completion, of improvement plans, including mitigations and to ensure the right level of support from the CCG. This group meets on a monthly basis.

## **Purpose**

To provide oversight and scrutiny and gain robust assurance that actions and improvements to address the known requirements of CQC standards and CCG commissioning arrangements are on track, sustainable and resilient. The focus will be on practices that have recently been rated as Inadequate or Requires Improvement by the CQC.

## **Responsibilities/ Duties**

Specifically, in achieving full compliance with CQC minimum standards and in support of the practice delivering its overall quality improvement priorities, the group seeks to:

1. Provide assurance to BSW CCG Primary Care Commissioning Committee (PCCC) through the identification of early warning measures and provide recommendations to PCCC about the status and next steps across the highlighted practices.
2. Monitor assurance and delivery of the practice's action plan to remedy the breach in the case that the CCG, under the Delegation Agreement with NHS England for primary medical services has issued a Remedial or Breach Notice under General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider of Medical Services (APMS) Directions.
3. Monitor assurance and delivery of the practice's action plan to meet the points raised by the CQC within issued requirement notices and enforcement actions.
4. Provide a forum where stakeholders can support the practice and where system wide solutions and support are offered.
5. Develop and monitor the delivery of co-ordinated and timely communications for external stakeholders, patients, and the public.

## **Reporting**

1. The meeting will report into the BSW CCG Primary Care Commissioning Committee (PCCC)
2. The meeting will provide regular updates to BSW CCG Governing Body

# Themes From CQC Reports Across BSW

- 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.
- 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.



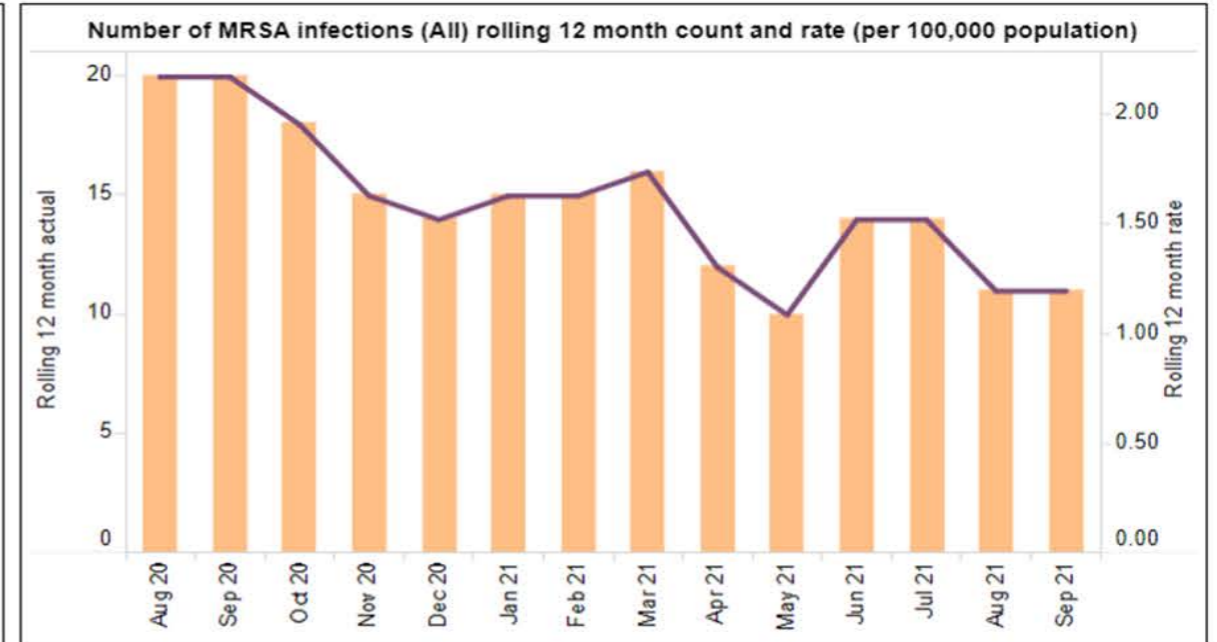
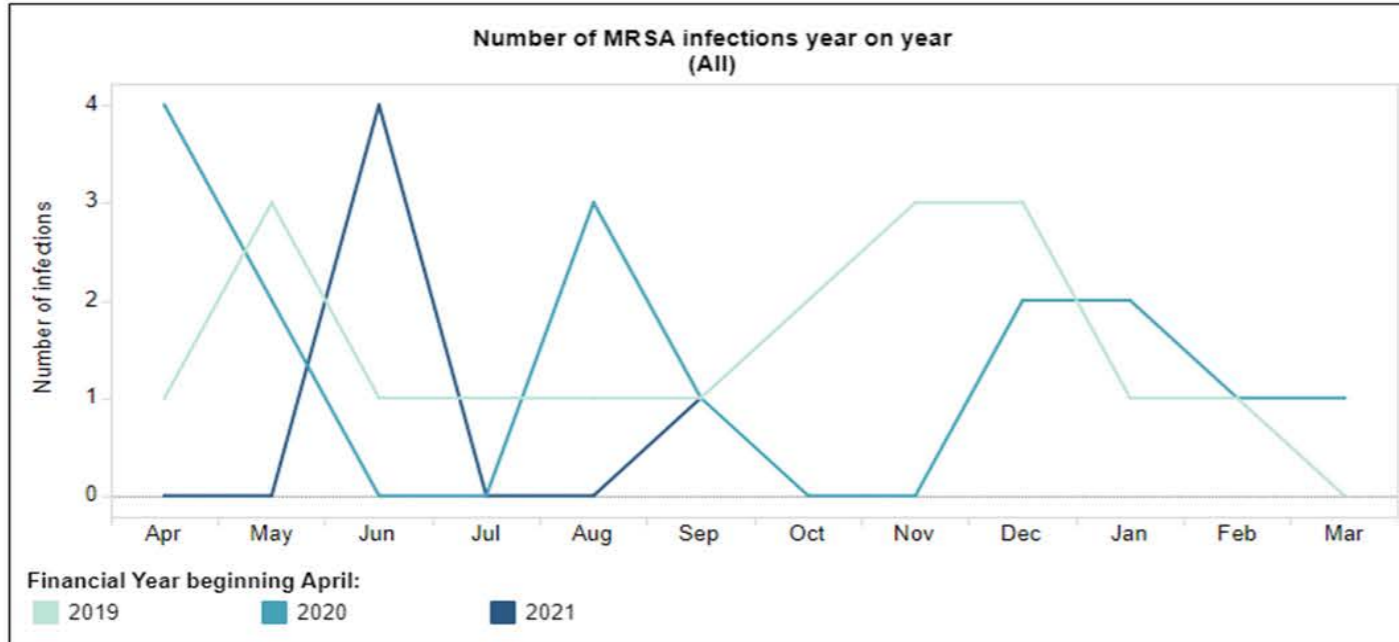
# MRSA incidence BSW system Q1 & Q2



## 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						

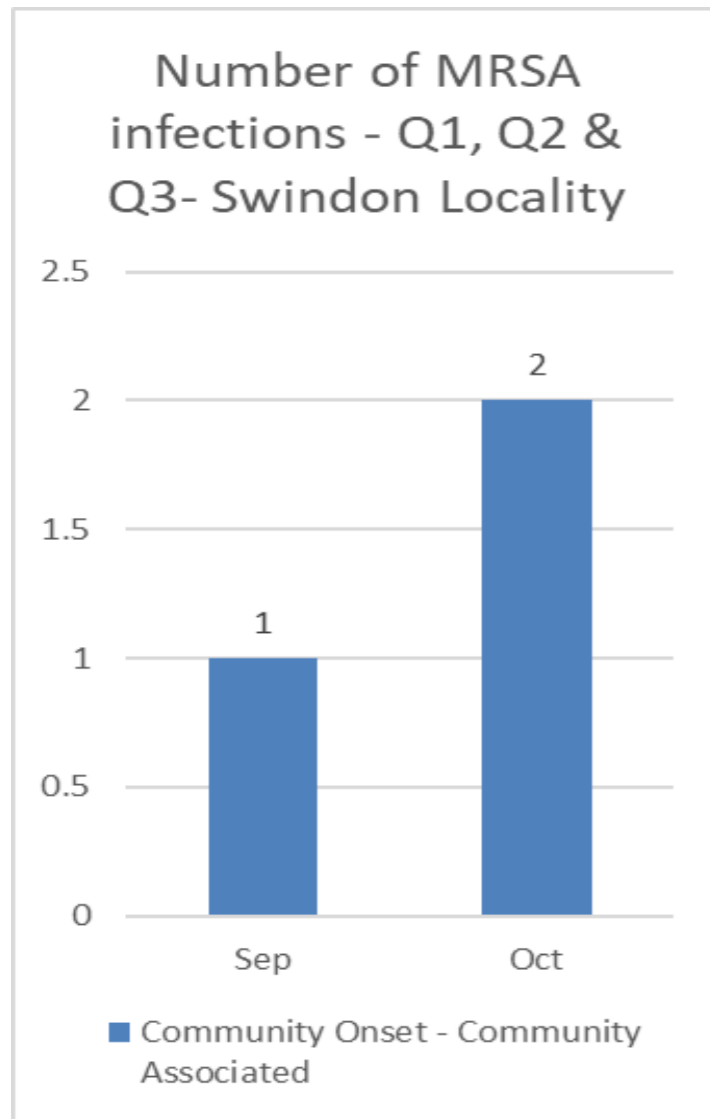


- 5 cases of MRSA in Q1&2
- 4 new onset infections, 1 continuous infection > 14 days
- 3 Community Onset, Community Associated & 1 Hospital Onset, Hospital Associated
- 2 cases identified in Persons Who Inject Drugs (PWID) population
- In the 3 community onset cases, all identified skin and soft tissue 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](#)

# B&NES MRSA incidence Q1,Q2 & Q3

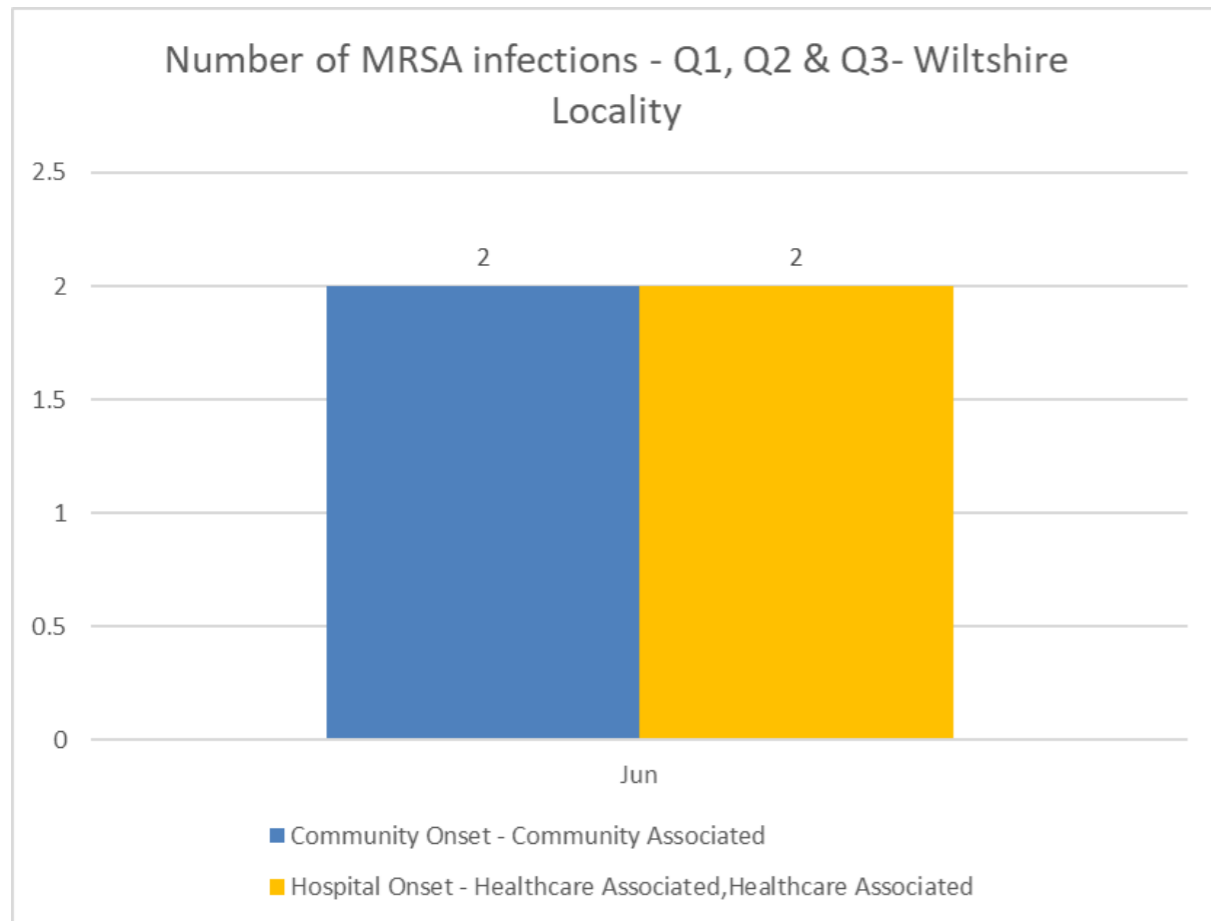
- Zero incidence of MRSA in B&NES during Q1,Q2 & Q3

# Swindon MRSA incidence Q1 & Q2 2021/22



- 3 cases of MRSA reported for Swindon during Q1, Q2 & Q3
- 2 Community onset, community associated
- 1 continuous > 14 days
- 1 case in September Skin and soft tissue identified as primary source of infection, post op abscess. Endogenous infection, patient colonised with MRSA
- 1 case in October the primary source was identified as lower UTI. The 2<sup>nd</sup> October case is the continuous infection > 14 days related to this case.

# Wiltshire MRSA incidence Q1 & Q2 2021/22



- 4 cases of MRSA reported in Wiltshire during Q1 & Q2
- 3 new infections, 1 continuous > 14 days
- 2 hospital onset, healthcare associated
- 2 community onset, community associated
- 2 cases identified in persons who inject drugs
- In the 2 cases that were identified in community both were skin and soft tissue and both considered to be endogenous as both patients were MRSA colonised
- Hospital onset identified a respiratory primary source of infection
- One case represented good cross organisational working and excellent example of safety netting by GP practice, OOH and SWAST



# Clostridium difficile incidence BSW system Q1&Q2 2021/22

## C. difficile

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

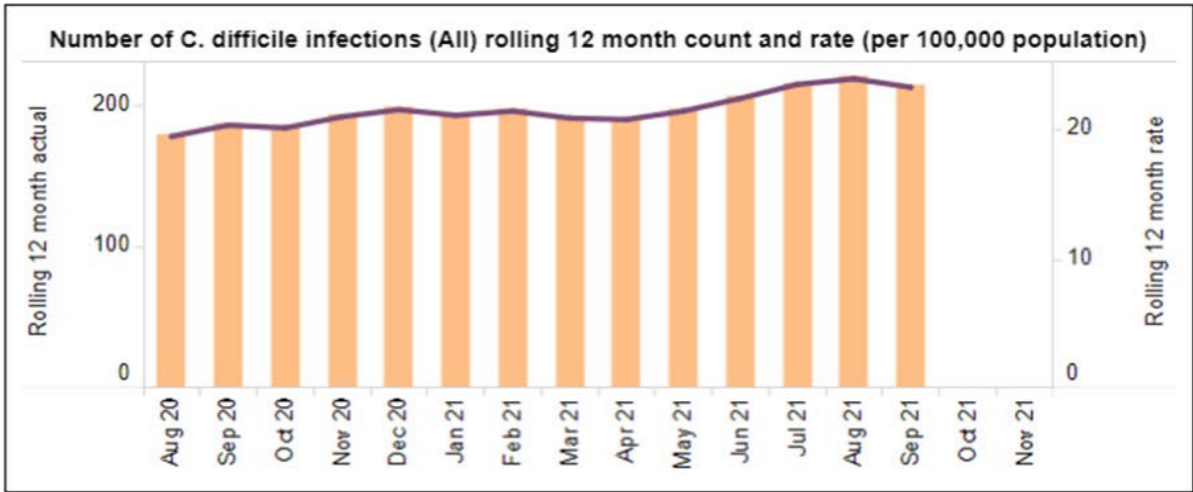
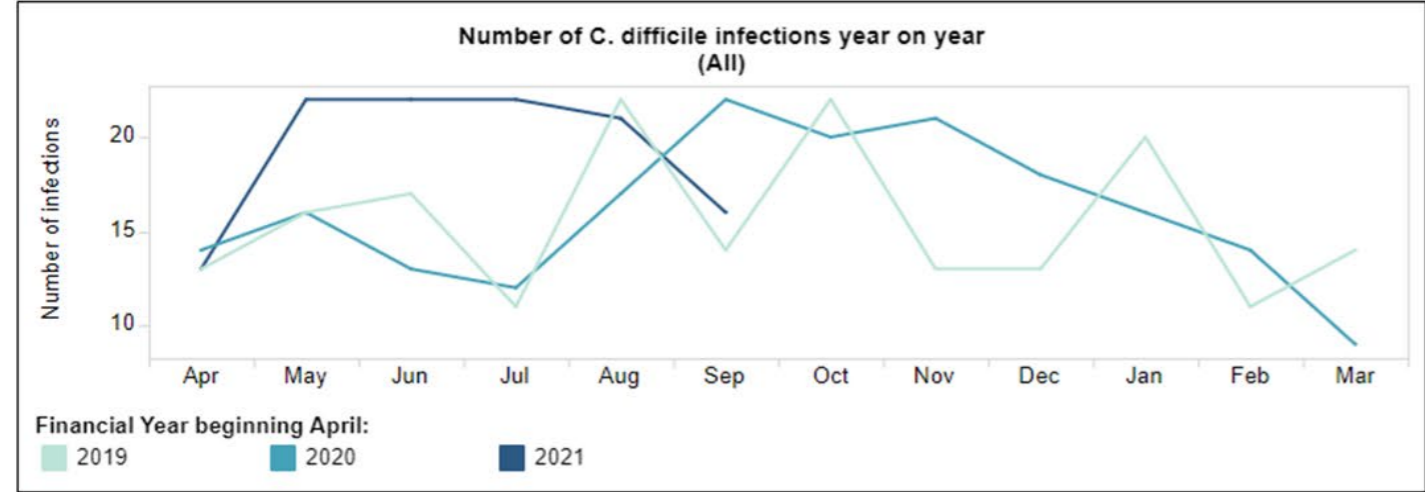
	Monthly position											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C. difficile Actual	13	22	22	22	21	16						
C. difficile Actual v Plan	-1	7	7	7	6	1						
C. difficile Plan	14	15	15	15	15	15						

	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**

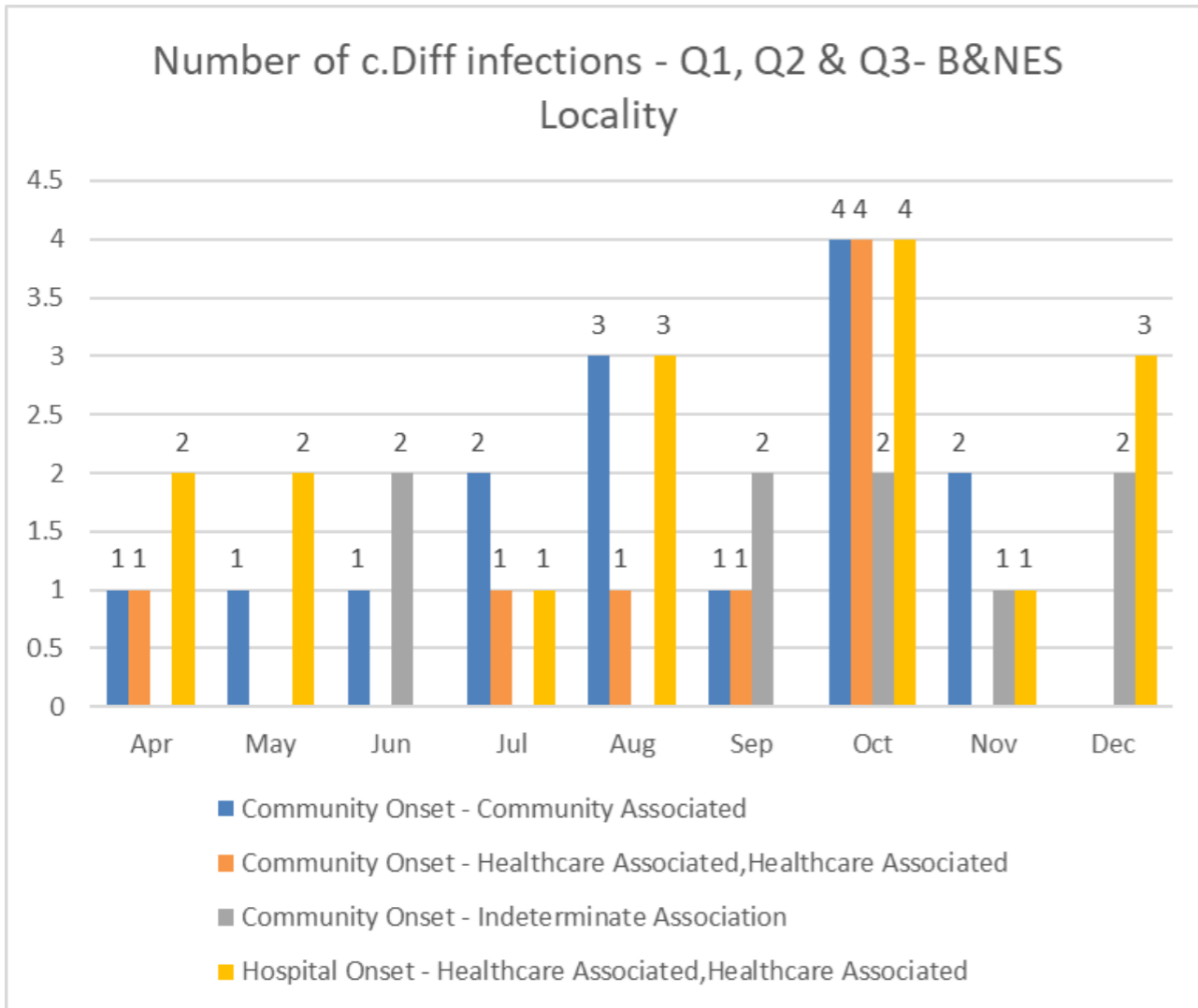
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	2	6	8	9	9	6						
COHA	2	7	5	4	3	3						
COIA	3	1	2	1	1	4						
COCA	6	8	7	8	8	3						
Unknown 3 months	0	0	0	0	0	0						
All	13	22	22	22	21	16						
Plan	14	15	15	15	15	15	15	15	15	15	15	15
No information	0	0	0	0	0	0						



- 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 utilized alongside eth post infection reviews to try and gain further insight into these cases.



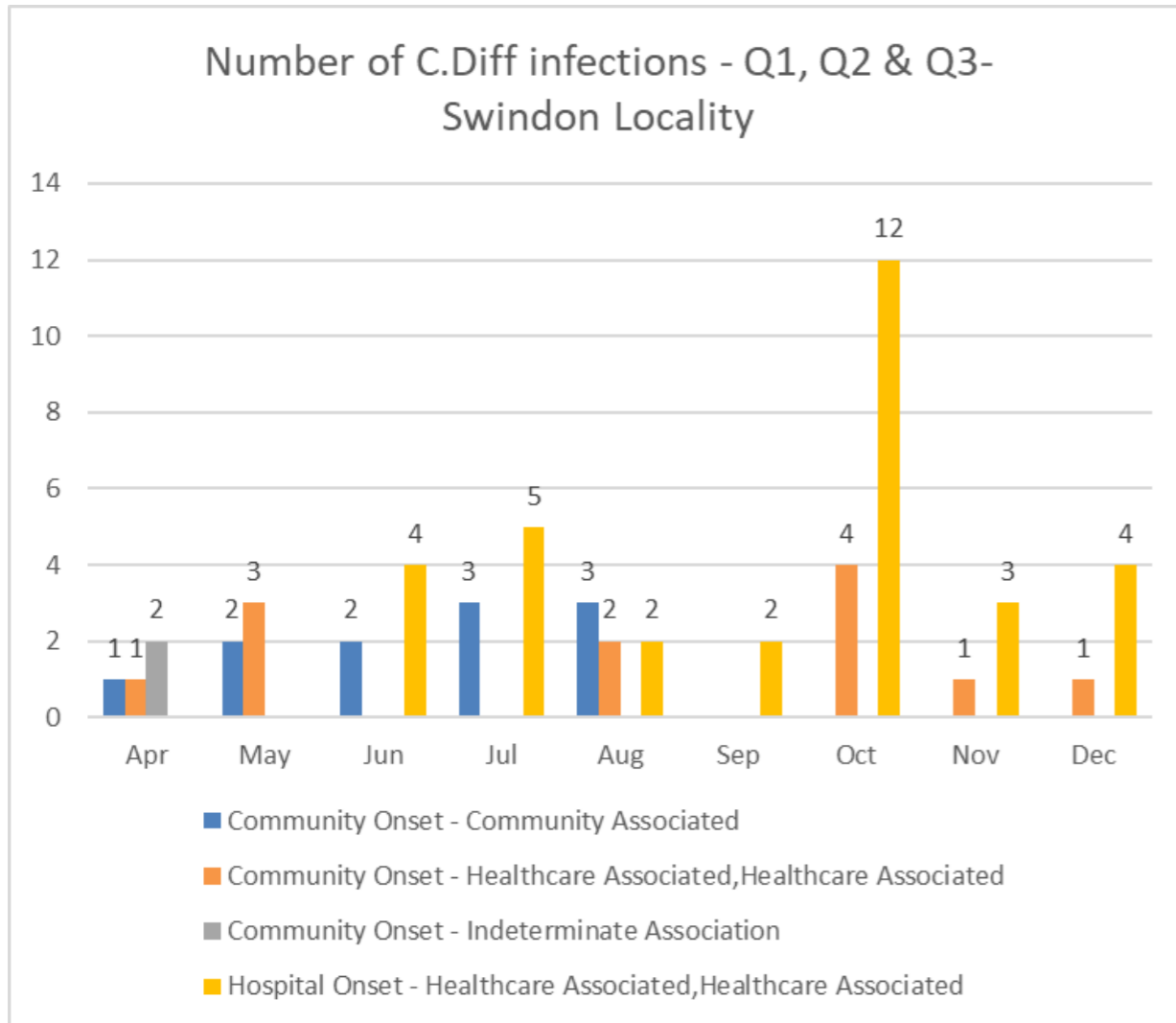
# B&NES Incidence of Clostridium difficile Q1 & Q2 2021/22



	COCA	COHA	COIA	HOHA
Quarter 1	3	1	2	4
Quarter 2	6	3	2	4
Quarter 3	6	4	5	8

- There has been a rise in HOA cases during Q3, investigations are underway to understand this in greater details and this will be fed back via the BSW CDI collaborative.
- The BSW CDI collaborative continues is still learning from the data
- There have been no key themes identified during Q3 from B&NES cases and many cases are multi factorial

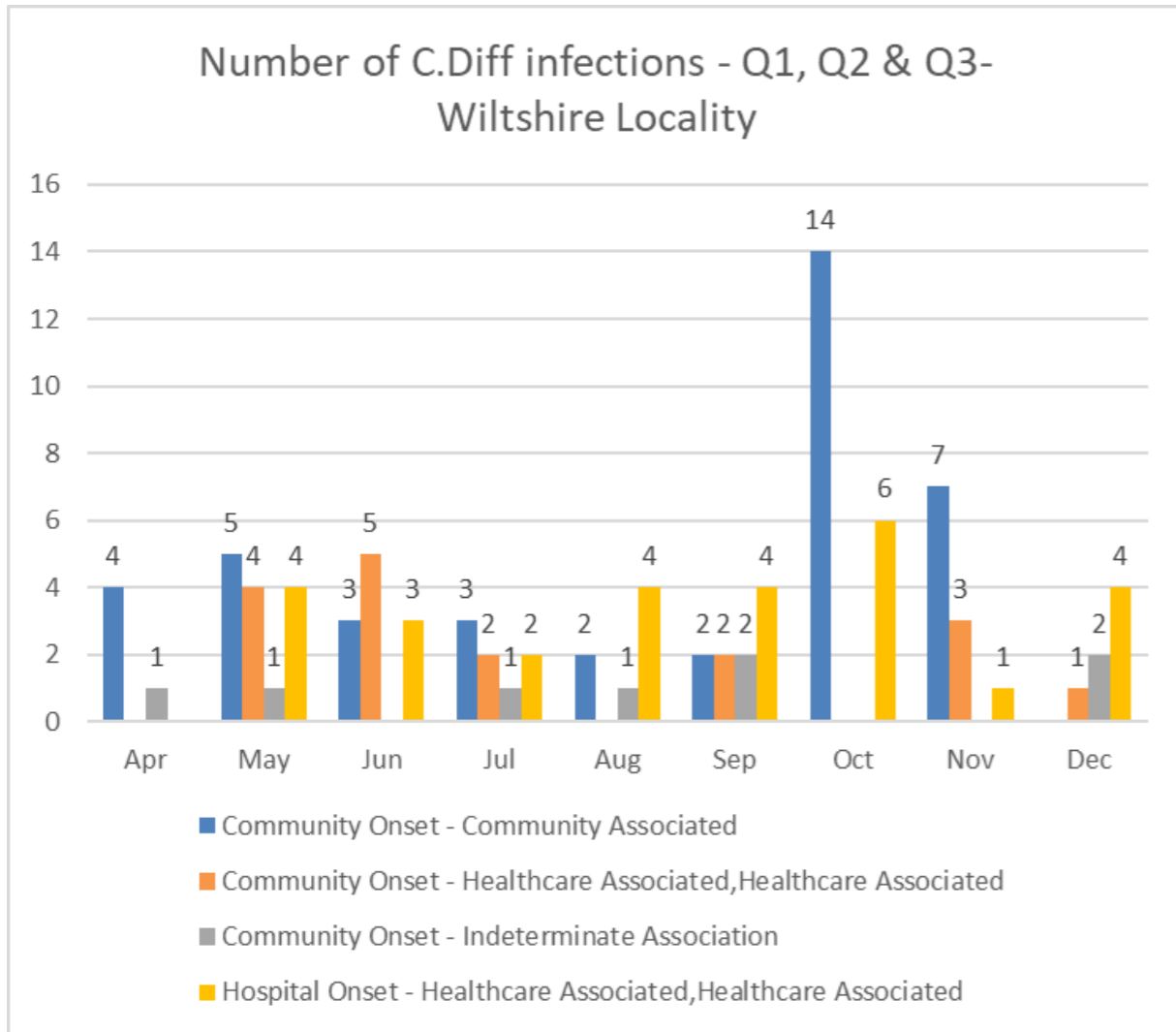
# Swindon incidence of Clostridium difficile Q1 & Q2 2021/22



	COCA	COHA	COIA	HOHA
Quarter 1	5	4	2	0
Quarter 2	6	2	0	9
Quarter 3	0	6	0	21

- There has been a rise in HOA reported during Q3 these are currently being investigated and will be fed back through the BSW CDI collaborative Antibiotic prescribing in relation to these cases continues to be monitored

# Wiltshire incidence of Clostridium difficile Q1 & Q2 2021/22



	COCA	COHA	COIA	HOHA
Quarter 1	12	9	2	7
Quarter 2	7	4	4	10
Quarter 3	21	4	2	11

- COCA cases remain high in the Wiltshire locality, which contrasts with B&NES and Swindon during Q3.
- The BSW CDI collaborative continues is still learning from the data

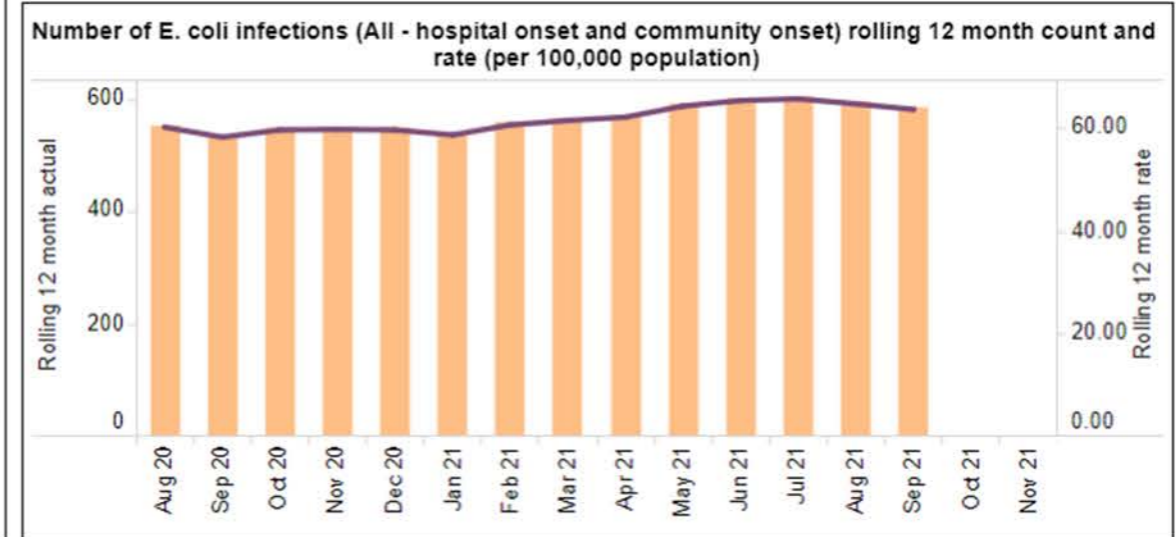
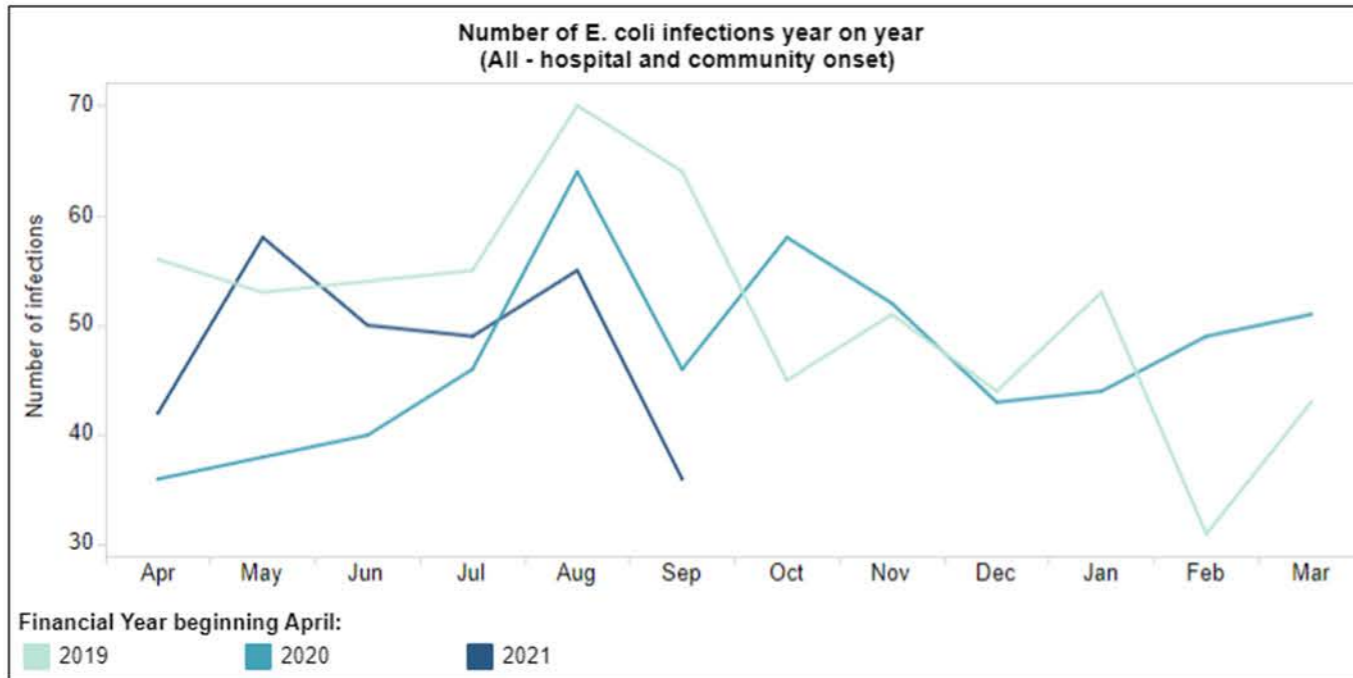
# E-Coli incidence BSW system 2021/22 Q1 & Q2

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						

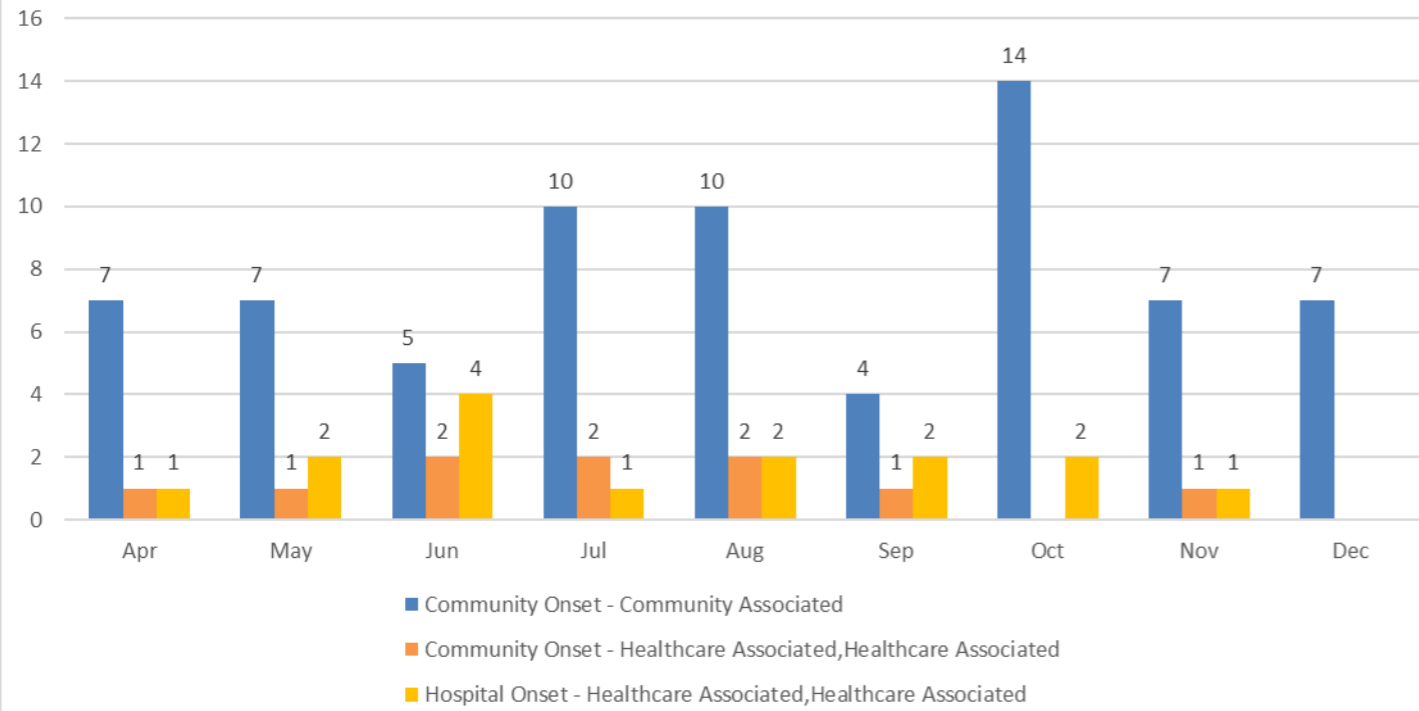
Number of E. coli infections by month by onset for All												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	9	9	11	7	10	7						
COHA	10	6	7	10	8	3						
COCA	23	43	32	32	37	26						
Unknown 3 months	0	0	0	0	0	0						
No information	0	0	0	0	0	0						
All	42	58	50	49	55	36						
Plan												



- 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

# B&NES incidence of E-Coli Q1 & Q2 2021/22

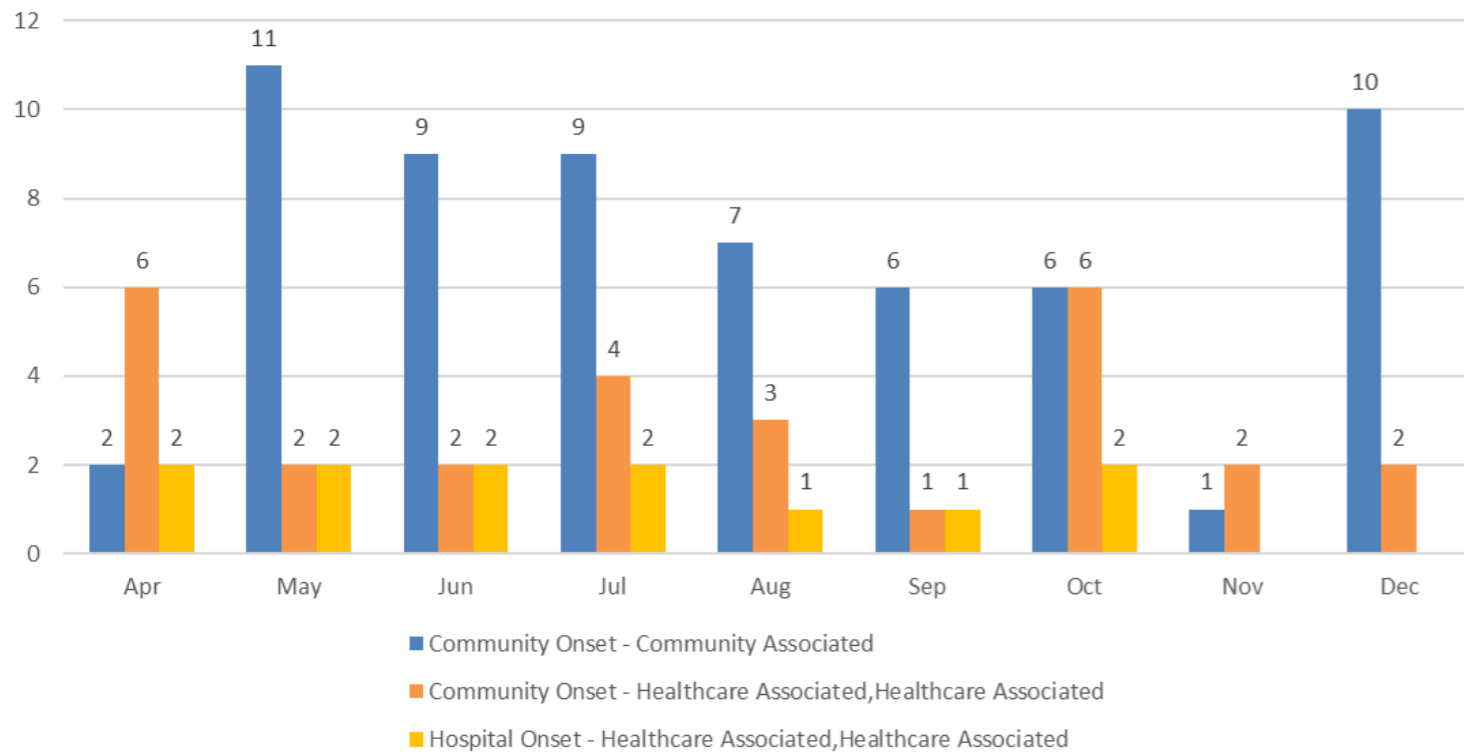
Number of E-Coli infections - Q1, Q2 & Q3- Wiltshire Locality



	Community Onset, Community Assoc.	Community Onset, Healthcare Assoc.	Hospital Onset, Healthcare Assoc.
Quarter 1	19	4	7
Quarter 2	24	5	5
Quarter 3	28	1	3

# Swindon Incidence of E-coli Q1&Q2 2021/22

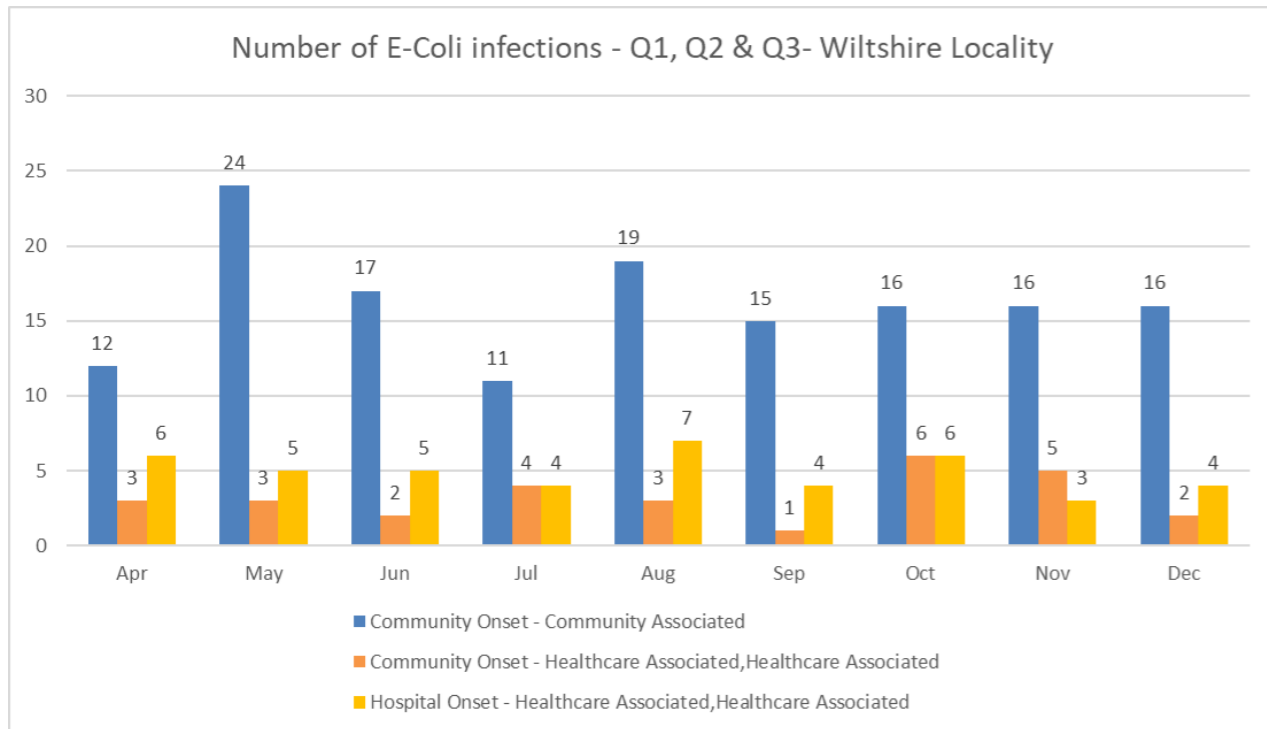
Number of E-Coli infections - Q1, Q2 & Q3- Swindon Locality



	Community Onset, Community Assoc.	Community Onset, Healthcare Assoc.	Hospital Onset, Healthcare Assoc.
Quarter 1	22	10	6
Quarter 2	22	8	4
Quarter 3	17	10	3



# Wiltshire incidence E-Coli Q1&Q2 2021/22



	Community Onset, Community Assoc.	Community Onset, Healthcare Assoc.	Hospital Onset, Healthcare Assoc.
Quarter 1	53	8	16
Quarter 2	45	8	15
Quarter 3	48	13	13

As outlined in all localities, 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 predominately lower urinary tract infections.
- A BSW group has commenced to understand these cases and unpick the themes and trends in order to focus reduction efforts, as part of this group hydration has been outlined as one area to focus on.
- The quality improvement project bid around hydration has been pulled together and we await approval from NHSE/I to progress.



# BSW system flu vaccination update 2021/22

Eligible Cohort	Uptake rates 2021/22 ( as of week 2 2022)	Uptake Rate 2020/21 (Final uptake rates)
Patients aged 65 and over	86.4%	84.8%
Patients in at risk groups	59.3%	59.4%
Pregnant Women	48.1%	49.7%
Children aged 2&3 years old	59.1%	68.1%
Adults aged 50-64	62.5%	N/A

- 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 March 2022
- There have been some late flu outbreaks seen in the USA so ongoing vaccination is strongly encouraged to ensure we prevent any outbreak scenarios from occurring within the south west

# 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.
- To support Flu vaccination rates in 2&3 year olds and under 65 at risk eligible cohorts
- 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 the BSW E-Coli quality improvement collaborative group to understand incidences of E-Coli and unpick the themes and trends to focus reduction efforts

## Evaluation of the First Option pilot service to improve uptake of Physical Health

### Checks for people with SMI in Primary Care



# Evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with SMI in Primary Care

Dr Grace Scrimgeour, Senior Research Associate  
Debbie Johnson, Research Associate

Population Health Sciences,  
Bristol Medical School,  
University of Bristol

**Research Team:**  
*Dr Hannah Family*  
*Dr Grace Scrimgeour*  
*Debbie Johnson*  
*Dr Jonathan Evans*



# Aim & Objectives

## Aim

- Evaluate the impact of the FO pilot services to improve physical health monitoring checks for people with severe mental illness and learning difficulties.

## Objectives

1. Evaluate patient and staff experience of the pilot physical health checks service.
2. Evaluate the impact the pilot service has on patient health and social care outcomes.
3. Evaluate whether the pilot service has improved completion rates of physical health checks.
4. Make recommendations for the optimal future model for the provision of physical health checks for people with learning disabilities and severe mental illness.



# Methods and Data

- ***Qualitative and Quantitative***
- **Staff experience:** Semi-structured interviews with 13 staff from First Option, CCG, 3<sup>rd</sup> Sector organisations, GPs and Practice Managers.
- **Patient Experience:** Feedback surveys from 126 patients (administered by First Option) and 5 in-depth interviews with patients.
- **Service level information:** Data prepared by CCG on number of checks, etc., including comparative information from previous years

# Main findings of evaluation

- Tentative indications that FO has had a positive impact on AHC completion rates compared to the early period of COVID restrictions
- Completion rates approaching pre-COVID testing levels at GP surgeries.
- Greater impact of detailed and holistic health checks by FO and additional support to patients in crisis or with undiagnosed urgent physical health concerns
- FO has continually improved service provision and efficiency
- Patient feedback overwhelmingly positive about kindness, friendliness and efficiency of FO staff.
- Service has identified some existing issues within the system highlighted in recommendations.

# Recommendations



## For CCG

- Clarify GP's use of QOF codes, so that AHCs are correctly identified by monitoring and reporting systems
- Intensive follow-up from CCG colleagues to GP teams about FO service had a big impact on whether GPs engaged with the project
- CCG to lead discussion with GPs around purpose & level of detail for AHCs to ensure balance between tick box and holistic reviews
- CCG should facilitate collaboration with 3rd sector, social prescribers etc. to support signposting and referral for social and mental health needs

# For GPs

- Clear messaging around the importance of physical health checks
- Offer AHCs in GP surgeries where possible
- Ensure external services have prompt access to swipe cards and computer networks to complete their reports
- Implement mechanisms to update eligible patients list and contact details
- Be more proactive, individual and flexible in contacting patients about checks
- Communicate with patients about external agencies via shorter letter or text
- Ensure correct QOF codes are used for AHC to maximize income

# For First Option

- If external venues are used, ensure they are accessible, appropriate and welcoming
- Inform patients about how many staff they will see, and flag up if staff are all male/offer chaperone
- Staff to introduce themselves and tell patients if they have a clinical qualification
- Build effective links with local services, including 3rd Sector, to improve signposting and referrals as outcomes of AHC
- FO nurses suggested nurse prescriber training would be beneficial for carrying out the AHC and helping remove pressure from GPs
- Include a set of clear actions to choose from at the end of the AHC paperwork so GP surgeries know what the next steps are

# To improve impact and take up of AHCs

- Explore with patients what they expect or would like from their AHC
- Use of PPI to take patient views into account to improve uptake
- Patients prefer more holistic checks - health professionals should have more time to allow patients to discuss general health issues
- GPs should consider scheduling of AHCs to see if efficiency benefits can be achieved by block checks, rather than spread over the year

# Lessons for working with outside agencies

- To engage GPs and achieve 'buy-in' to services from external companies, CCG staff should offer them intensive and repeated support from the start.
- Recruitment, local knowledge, previous experience and training of staff from the external healthcare provider is key
- Ensure time to set up data protection agreements, SystemOne access & issuing of smartcards

# Lessons for working with outside agencies

- GP receptionists should be briefed on role of external staff to ensure clear communication with patients.
- External staff should identify themselves at reception, so surgery staff can direct patients appropriately
- Surgeries should produce a fact sheet for external staff on surgery-specific procedures, e.g., how patients can obtain test results.
- GP surgeries should consider giving patients an opt-out option before passing on contact details to external agencies, e.g., by an opt-out text

# Any Questions?



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

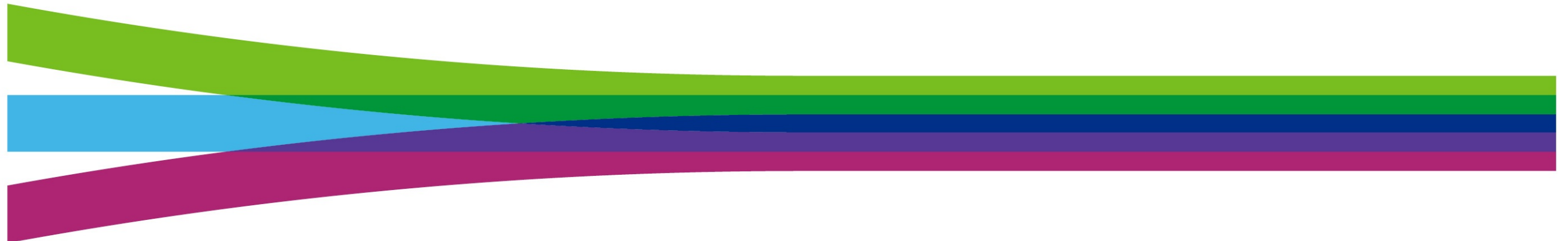
<b>Report Title</b>	Finance Report – Month 9						<b>Agenda item</b>	11
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	X
<b>Executive lead, contact for enquiries</b>	Caroline Gregory, BSW Director of Finance							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	John Ridler, Associate Director of Finance							
<b>Executive summary</b>	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 9 of the 2021/22 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"> <li>• The financial position as at the end of December 2021 is that Primary Care is underspent by £2.1m and is also forecasting an underspend of £2.1m. Explanatory comments for significant variances are given in this report.</li> <li>• 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. The latest position is reported here.</li> <li>• 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. The spend against these schemes is currently being confirmed by leads alongside the review of the effectiveness.</li> </ul>							
<b>Equality Impact Assessment</b>	N/A							
<b>Public and patient engagement</b>	N/A							



<b>Report Title</b>	Finance Report – Month 9	<b>Agenda item</b>	11
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the contents of the report		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	<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>		
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium <b>X</b> Low
<b>Key risks</b>	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system		
<b>Impact on quality</b>	N/A		
<b>Impact on finance</b>	As described in paper		
	<b>Finance sign-off:</b> John Ridler, Associate Director of Finance		X
<b>Conflicts of interest</b>	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.		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<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		
<b>This report supports the delivery of the following BSW System Priorities:</b>	<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 09 2021/22

10<sup>th</sup> February 2022



# Executive Summary

- The financial position as at the end of December 2021 is that Primary Care is underspent by £2.1m and is also forecasting an underspend of £2.1m. Explanatory comments for significant variances are given in this report.
- 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. The latest position is reported here.
- 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. The spend against these schemes is currently being confirmed by leads alongside the review of the effectiveness.

# Primary Care – Month 09



**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**

**TOTAL PRIMARY CARE**

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
2,750	2,889	139	5%	3,706	3,836	130	4%
4,160	4,407	247	6%	5,481	5,523	42	1%
8,812	7,960	(852)	-10%	11,750	10,680	(1,070)	-9%
1,582	1,485	(97)	-6%	2,119	1,994	(125)	-6%
9,241	8,877	(364)	-4%	12,296	12,147	(149)	-1%
5,256	5,256	(0)	-0%	6,899	6,899	(0)	-0%
900	856	(44)	-5%	1,213	1,181	(31)	-3%
101,110	100,707	(403)	-0%	134,774	134,568	(205)	-0%
4,361	3,945	(416)	-10%	7,061	6,416	(645)	-9%
1,179	1,081	(98)	-8%	1,572	1,517	(54)	-3%
674	598	(76)	-11%	916	817	(98)	-11%
108,150	108,029	(122)	0%	144,597	144,709	111	-1%
248,175	246,090	(2,085)	0%	332,384	330,289	(2,095)	0%

- **Local Enhanced Services** - £852k YTD underspend, £1,070k FOT underspend – Released prescribing incentive scheme, Wound Care Reserve and only part year wound care contract increase in Wilts
- **Out of Hours** - £364k YTD underspend - Accrued credit re Success and Out of Hours in Swindon
- **Prescribing** - £403k YTD underspend , £205k FOT underspend - Prescribing Incentives, Optimise RX, Rebates
- **Primary Care IT** - £416k YTD underspend, £645k FOT underspend - DFPC & GPIT Capital releasing GPIT BAU Funds - Pay (£170k), Software & Licences (£145k), Hardware (£210k), CSU True-up (£100k)

# Primary Care Delegated – Month 09



G/PMS, APMS Contract  
 GWH Onerous Contract  
 Presc/Disp Prof Fees  
 QOF  
 Retainers  
 Locums  
 DES Schemes  
 PCN ARRS  
 PCN Other  
 Premises - Rent  
 Premises - Rates  
 Premises - Other  
 COVID Capacity  
 Winter Access Funds  
 Other

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance	
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%	
69,580	69,401	(179)	-0%	93,142	93,028	(114)	-0%	
570	570	0	0%	1,264	1,264	0	0%	
3,782	3,011	(770)	-20%	5,026	4,075	(950)	-19%	
10,053	9,730	(323)	-3%	13,404	13,077	(327)	-2%	
557	495	(61)	-11%	737	701	(37)	-5%	
985	1,104	119	12%	1,277	1,287	10	1%	
3,065	3,068	4	0%	4,310	4,320	10	0%	
4,824	4,824	0	0%	6,446	6,446	0	0%	
4,022	3,899	(123)	-3%	5,288	5,270	(18)	-0%	
7,455	7,309	(146)	-2%	9,922	9,793	(129)	-1%	
1,212	1,022	(190)	-16%	1,580	1,415	(165)	-10%	
573	523	(50)	-9%	765	709	(56)	-7%	
1,951	2,007	56	3%	2,029	2,029	0	0%	
819	819	0	0%	858	858	0	0%	
(1,295)	247	1,542	-153%	(1,451)	438	1,888	-137%	
<b>TOTAL PRIMARY CARE DELEGATED</b>	108,150	108,029	(122)	0%	144,597	144,709	111	-1%

# Primary Care Delegated

- **Onerous Contract Provision £122k underspend YTD, £111k overspend FOT**

The original cost pressure has been covered by £1.3m of non recurrent NHSE monies in year

- **Prescribing/Dispensing Prof Fees £770k underspend YTD, £950k underspend FOT**

Dispensing Fee rate reduction circa 24% from October, Prior year benefits and lower than expected M1-6 charges

- **QOF £323k underspend YTD, £327k underspend FOT**

Prior year benefit in Swindon Locality

- **Other - £1,542k overspend YTD, £1,888k overspend FOT**

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



# 2021/22 Service Development Funds

	Q1 £000s	Q2 £000s	Total H1 £000s	Total H2 £000s	TOTAL £000s	Spend to M9 £000s	Objectives for funding
Workforce Training Hubs	47	47	94	94	<b>188</b>	<b>1</b>	Workforce planning, career support and retention and investment in embedding new roles
PCN Development	114	114	228	228	<b>456</b>	<b>317</b>	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	<b>132</b>	<b>55</b>	Increasing access to GPs and other skills to be able to improve practice management, recruitment and planning
Online Consultation Software	62	62	124	124	<b>248</b>	<b>97</b>	To increase at scale and wider offering to patients from current contract with Doctorlink
GP IT Infrastructure	51	51	102	101	<b>203</b>	<b>4</b>	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	<b>4,075</b>	<b>2,710</b>	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	<b>2,029</b>	<b>2,007</b>	To enable expansion of capacity and progress of seven priorities and vaccinations enhanced service
Funding to Support Leadership and Management	0	0	0	654	<b>654</b>	<b>327</b>	Clinical directors to recommend how it is deployed to create new capacity in support of the work of PCNs
<b>Total</b>	<b>2,575</b>	<b>1,950</b>	<b>4,525</b>	<b>3,460</b>	<b>7,985</b>	<b>5,518</b>	

# 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	47	60	17	30	154
Quarter 4	47	60	17	30	154
<b>Total</b>	<b>187</b>	<b>548</b>	<b>128</b>	<b>120</b>	<b>983</b>



## Meeting of the BSW CCG Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Primary Care Operational Groups Update Report						<b>Agenda item</b>	12
<b>Date of meeting</b>	10 February 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>								
<b>Author</b>	Tracey Strachan, Deputy Director of Primary Care							
<b>Appendices</b>	None							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	X
<b>This report was reviewed by</b>	Wiltshire Primary Care Operational Group							
<b>Executive summary</b>	This summary report provides an update of the locality PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public. The only meeting held is the Wiltshire PCOG on 27 January 2022.							
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	BSW 11 Capacity of Primary Care							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low		N/A	X
<b>Key risks</b>	N/A							
<b>Impact on quality</b>	N/A							
<b>Impact on finance</b>	•							

<b>Report Title</b>	Primary Care Operational Groups Update Report	<b>Agenda item</b>	12
	<b>Finance sign-off:</b> N/A		
<b>Conflicts of interest</b>	N/A		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<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		
<b>This report supports the delivery of the following BSW System Priorities:</b>	<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 Wiltshire meeting has been held, on 27 January 2022.

### 2. Recommendation(s)

- 2.1 The Committee is asked to note the report

### 3. Agenda Items

#### 3.1 Finance update

- Current financial position and forecast discussed
- Winter Access Funds and practice payments highlighted

#### 3.2 Prescribing Incentive Scheme 2020/21 Appeal

- Appeal upheld and proposal to pay performance element of prescribing incentive scheme to two practices supported

#### 3.3 Second blood run update

- Services have started to the RUH facing practices
- Recruitment has started to replace the driver for the GWH facing practices
- SFT proposal not yet finalised

#### 3.4 PMS to GMS requests

- Two practice requests received, noted and supported
- Noted that Sixpenny Handley Surgery currently access Dorset Community Services (as per their PMS contract) but have expressed an interest in moving to Wiltshire services

#### 3.5 Special Allocation Service Tender

- Currently three providers, will reduce to 2 in April and contracts end 31 March 2022
- Commissioning principles have been drafted - Integrated service with consistency across BSW
- Assessing current costs and services
- Tendering the service before contracts end is not possible, request made to extend the service by twelve months

#### 3.6 BaNES locality funding for Atypical Populations

- No comments or concerns on previously circulated paper

#### 3.7 Weight Management DES Review

- Activity and referral review
- All practices have achieved less than 40% of their referral allocation

### 3.8 Three Chequers Premises Summary

- Further (informal) request for GMS reimbursement for additional leased space – including retrospective reimbursement
- Previous case approved but with clear guidance on requesting permission prior to signing lease
- Practice has been looking for new premises for some years and the lease was not renewed on one of their branch surgeries, resulting in a loss of clinical space. In the absence of a suitable site the practice have made a number of changes to their remaining bases
- Practice to be requested to submit a full case for GMS reimbursement as well as a full position statement and understanding of the practice's estates strategy

### 3.9 SMP proposal to close Wilton Health Centre to GP Services

- Practice case for closure discussed in detail
- Evidence of inefficiencies of running 4 sites and alternative ways of working supporting the reduction stated in the paper but further evidence required
- No GP services there for two years may suggest patients will have already moved if transport is an issue
- Support from community and acute services as space is used for other community services which can no longer be housed in Salisbury Foundation Trust premises
- Support from neighbouring practice who has stated they have capacity – request for detail on this, including planned housing growth
- Previously planned extension at Bemerton Heath premises was not granted planning permission
- Concerns raised about the patient survey and suggestion that an impartial agency could gather evidence or give assurance on the practice survey
- Evidence required on the impact of new ways of working and similarities/differences to other practices
- Impact assessment required on health inequalities of the Wilton population
- Although there is a strong case for closure in terms of a population that is covered by another practice with good transport links to a surgery that is purpose built within 3 miles, concerns have been raised that have not fully been answered. Recommendation to request further detail from the practice with a view to the proposal coming to February PCOG for further discussion.

### 3.10 Ramsbury Lease Extension

- Current lease nearing expiry, proposed practice refurbishment and lease extension – with resulting increase in rent

- Paper withdrawn as further detail required

### 3.11 Tolsey business case for new premises and resulting rent increase

- Practice case discussed in detail
- Current premises are under spaced, not DDA compliant and not fit for purpose
- Recognition that the practice is not sustainable in current premises and a solution is needed
- Good local support for the development (including from the local council who are instrumental in the development)
- Business case has not previously been prioritised – partly due to proximity of Malmesbury Health Centre
- Practice has previously been informed that the CCG does support the development providing it remains broadly within the existing financial envelope
- Proposed rental increase of 178% - reflects the low cost of existing rent and the increased space
- Business case is from 2018 and needs updating – for costs, building regulations and changes to practice (e.g. online consultations) as well as exploration of other options that have been discounted
- Recommendation to work with the practice (and other stakeholders) to develop an updated business case

### 3.12 Quality Update

- Highlights discussed

### 3.13 Primary Care Metrics

- Engagement and scoping work has started to pull together existing data and develop a single source of data that can be used by practices, PCNs and the CCG
- LMC to be included in discussions
- Need to be careful to avoid duplication
- Further detail to come to BSW PCOG

### 3.14 Estates

- PCN Toolkit overview given
- Ongoing lease discussions with a number of practices
- Recognition of financial position – overspend on delegated budgets

## 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

<b>Equality and Diversity</b>	Applicable		Not applicable	X

<b>Health Inequalities Assessment</b>	Applicable		Not applicable	X

<b>Public and Patient Engagement</b>	Applicable		Not applicable	X



Corporate Risk Register

Risk No.	Risk Category (for risk map)	Risk Appraisal	Brief descriptor	Date risk assessed on register	Risk Owner Director/Accountable	Risk Manager/Responsible	Latest review date	Onset/End of risk/Duration of risk/Trigger for action	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 action2	Movement in score from previous update since July 2019 or date of risk away on register)	Current likelihood	Current impact	Current score
BSW 11	Capacity and Capability	Moderate	Delivery of GP Practices	03 Dec 19	Dr Gillian Director of Primary Care	Policy Director	03 Feb 21	14	High	<p>Increased demands on GP practices with impact on the ability to maintain clinical safety and service standards. Delivery of patient primary care activity increasingly affected by a range of factors including staff shortages and loss of time to face increasing demand in patient contact.</p> <p>Strategic workforce capacity and capability in general practice to manage demand and deliver new opportunities.</p> <p>GP practices are unable to meet primary care needs. Risk is increasing across the GP Practices. PCNs and their patients are the first to be affected by primary care in the short to medium term in response to the unprecedented levels of demand.</p> <p>Continued Operating Model in line with updated national IPFC guidance for primary care (18.10.21) as practices are Covid secure with extra distancing, optimal hand hygiene, frequent surface disinfection, ventilation and other measures where appropriate. Face to face consultations can now go ahead where PCNs are safe to do so. Other measures include: GP practices to be able to offer telephone and video consultations to have an impact on the ability to maintain safety.</p> <p>Decision about when to see patients face to face or through video consultation is for clinical judgement based on a number of factors, including patient needs and preferences, configuration of premises, staff capacity, the ability to maintain safety.</p> <p>Since 14.10.20 - delivery of PCN designated sites for Covid vaccination programme through priority groups under national Enhanced Service. 100% app across BSW.</p> <p>2125 PCN called into Phase 3 to Covid Vaccination Booster programme.</p> <p>Delivering programme commencing 12th October with major impact across the system.</p> <p>Preparation for the commencement of the CEV 5-11 vaccination Programme from 31.01.22</p>	<p>Development of BSW Covid-19 Response Primary Care OHA approved by the CCG in summer in last primary care level to best use and maximise potential to providing flexibility and resources to enable practice to deliver their work.</p> <p>Agreement on - continued for full year 2021/22.</p> <p>National issues of increasing access for patients and supporting GP Services 14.10.21) involving to increase the ability to deliver primary care services. Risk is increasing across the GP Practices. PCNs and their patients are the first to be affected by primary care in the short to medium term in response to the unprecedented levels of demand.</p> <p>Continued Operating Model in line with updated national IPFC guidance for primary care (18.10.21) as practices are Covid secure with extra distancing, optimal hand hygiene, frequent surface disinfection, ventilation and other measures where appropriate. Face to face consultations can now go ahead where PCNs are safe to do so. 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Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>1. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>2. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>3. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>4. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>5. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>6. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>7. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>8. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>9. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p> <p>10. Continue to monitor and report through NHS submission. Proceed for use of unimpeded during 21/22 to bring forward recruitment into OHA.</p>	<p>A. Dr Gillian and PC team</p> <p>B. Dr Gillian and Training Hub</p> <p>C. Dr Gillian and Training Hub</p> <p>D. Dr Gillian and Training Hub</p> <p>E. Dr Gillian and Training Hub</p> <p>F. Dr Gillian and Training Hub</p> <p>G. Dr Gillian and Training Hub</p> <p>H. Dr Gillian and Training Hub</p> <p>I. Dr Gillian and Training Hub</p> <p>J. Dr Gillian and Training Hub</p> <p>K. Dr Gillian and Training Hub</p> <p>L. Dr Gillian and Training Hub</p> <p>M. Dr Gillian and Training Hub</p> <p>N. Dr Gillian and Training Hub</p> <p>O. Dr Gillian and Training Hub</p> <p>P. Dr Gillian and Training Hub</p> <p>Q. Dr Gillian and Training Hub</p> <p>R. Dr Gillian and Training Hub</p> <p>S. Dr Gillian and Training Hub</p> <p>T. Dr Gillian and Training Hub</p> <p>U. Dr Gillian and Training Hub</p> <p>V. Dr Gillian and Training Hub</p> <p>W. Dr Gillian and Training Hub</p> <p>X. Dr Gillian and Training Hub</p> <p>Y. Dr Gillian and Training Hub</p> <p>Z. Dr Gillian and Training Hub</p>	<p>Agreement to continue for 21/22 remained from PCO.</p> <p>21/22 Planning Actual Paid submitted. OHA leading approach. EHS PCN linked funding to be confirmed.</p> <p>Search of Practice Post week commencing 25th October 2021 with facilitation and support to work with all Practices to make the best use of the service.</p> <p>The BSW Practice agreement date for April 2022 for the 179 practices shows the number of agreements and the routes in which they were concluded, demonstrating that across BSW practices are already starting work to face their distinctive opportunities. There is a diverse range of routes to the three locations. PC team will be getting in touch with all PCNs and Practices to ensure there is any support for any practice finding it challenging to meet the requirements of the COVID-19 national dashboard non-essential.</p> <p>BSW group working with NHS SVU to develop understanding of reasons driving demand to review alternative solutions and support for further potential savings.</p> <p>Reporting on the Covid Vaccination programme separately.</p> <p>Weekly check to plan.</p> <p>Primary Care Review has now a week and monthly webinars chaired by Locality GP chairs.</p> <p>Continued COO support for practices with funding systems and commitment for high risk, low bandwidth.</p> <p>Ongoing work to include implementing their Access First plan that will support all GP Practices across BSW in providing the most appropriate access for all of patients across BSW.</p> <p>Facilitated work in developing care planning across primary care with daily reporting into SHREVD and practice/PCN care plans.</p> <p>Developing suite of documents and support - IT/digital, communication materials, sharing with relevant partners including community services, community pharmacy.</p>	Amber/Or		4	4	14	
BSW 12	Capacity and Capability	Moderate	Primary Care Workforce	04 Dec 19	Dr Gillian Director of Primary Care	Policy Director	03 Feb 21	13	High	<p>The workforce age profile over the next five years indicates a number of GPs, practice nurses and practice managers will be retiring their professional lives into the next five years. This is compounded by the current workforce pressure as some practitioners are looking to retire early. Review of the national Retention Action Plan with implications for GP, such as reporting savings BSW targeted plan.</p>	<p>BSW Primary Care Strategy</p> <p>BSW Primary Care Network Meeting Forum</p> <p>Primary Care Commissioning Committee (PCCC)</p> <p>Primary Care Operational Group (PCOG)</p> <p>Primary Care Network Meeting Forum</p>	<p>1. Continue to retain up to date workforce data from NHS Digital monthly age profile of all staff registered on the BSW team on a quarterly basis.</p> <p>2. Explore workforce planning or system level working with Strategic Workforce Network for BSW.</p> <p>3. Work with the BSW Strategy, Recruitment, Retention and Supply Group on a 5-yr period looking at ways to retain those reaching retirement age.</p> <p>4. Continue to support the retired schemes in Primary Care by managing the anticipated pressure for work force needs.</p> <p>5. Review of the national Retention Action Plan with implications for GP, such as reporting savings BSW targeted plan.</p> <p>6. Launch of Practice Post - week commencing 25th October 2021 with facilitation and support to work with all Practices to make the best use of this service.</p>	<p>Ongoing development of BSW Primary Care Strategy</p> <p>A. Dr Gillian</p> <p>B. Dr Gillian</p> <p>C. Dr Gillian</p> <p>D. Dr Gillian</p> <p>E. Dr Gillian</p> <p>F. Dr Gillian</p> <p>G. Dr Gillian</p> <p>H. Dr Gillian</p> <p>I. Dr Gillian</p> <p>J. Dr Gillian</p> <p>K. Dr Gillian</p> <p>L. Dr Gillian</p> <p>M. Dr Gillian</p> <p>N. Dr Gillian</p> <p>O. Dr Gillian</p> <p>P. Dr Gillian</p> <p>Q. Dr Gillian</p> <p>R. Dr Gillian</p> <p>S. Dr Gillian</p> <p>T. Dr Gillian</p> <p>U. Dr Gillian</p> <p>V. Dr Gillian</p> <p>W. Dr Gillian</p> <p>X. Dr Gillian</p> <p>Y. Dr Gillian</p> <p>Z. Dr Gillian</p>	<p>Primary Care Workforce team assigned for BSW with plan and draft strategy completed. Alignment of CCG workforce activities across CCG and responses combined as part of operational plan.</p> <p>2) Commissioning Allowance not to be submitted - GP recruitment to be funded from Devon scheme, new proposals submitted for future recruitment rounds.</p> <p>3) Strategic planning in place with Training Hub - report current local workforce needs. Longer term planning requiring further support from NHS/EE/EE. Local funding to support training.</p> <p>4) Local facilitation to support workforce / practice (staff roster and values, PCN/BSW Clinical Director meetings, PCN engagement and development of BSW support offer continues).</p> <p>5) Increasing use of social media to promote primary care recruitment, planned appointment of a Practice Nurse Fellow to lead on Retire to Practice placements, and further explore access to support nurses/Physician Associates into primary care.</p>	Amber/Or		4	3	13	

Last Updated: 09/02/2021