

**BSW ICB Primary Care Commissioning Committee Meeting in Public**  
**Wednesday 17 August 2022, 11:00 – 12:15 hrs**

*Virtual meeting via Zoom*

**Agenda**

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
11:00	1	Welcome and apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the Public <i>Pre-submitted questions and answers</i>	Chair	Note	
	4	Minutes of previous meeting	Chair	Approve	PCCC/22-23/09
	5	Actions and matters arising –	Chair	Approve	PCCC/22-23/10
<b>Business Items</b>					
11:05	6	Summary of Decisions made at the PCCC Private Meeting held on 15 July 2022	Chair	Ratify	PCCC/22-23/11
11:10	7	Director of Primary Care Report: a. Calne Primary Care Network b. Delegated Functions	Jo Cullen	Note	Presentation in meeting
11:20	8	Primary Care Operational Group Update	Tracey Strachan	Note	PCCC/22-23/12
11:25	9	Enhanced Access Plans	Jo Cullen	Agree, to recommend to ICB Board	PCCC/22-23/13
11:40	10	Quality Report	Jacqui Kell	Note	PCCC/22-23/14
11:50	11	COVID-19 vaccination programme update	Alex Goddard	Note	Presentation in meeting

12:00	12	Finance Report	John Ridler	Note	Verbal
12:05	13	Healthwatch Reports a. BaNES & Swindon b. Wiltshire	Leads	Note	Verbal
<b>Items for information</b>					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
12:15	14	Primary Care Risk Register	Jo Cullen	Note	PCCC/22-23/014
<b>Closing Business</b>					
12:15	15	Any other business			

**Next meeting of the Primary Care Commissioning Committee in public:**  
Wednesday 19 October 2022

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

**Thursday 16 June 2022, 13:00hrs**

*Virtual meeting held via Zoom*

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### **Present**

#### **Voting Members**

Lay Member PPE, Julian Kirby (JK) (Chair)  
Lay Member PCC, Suzannah Power (SP)  
Registered Nurse, Maggie Arnold (MA)  
Chief Financial Officer, Caroline Gregory (CG)  
Director of Primary Care, Jo Cullen (JC)

#### **Attendees**

Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)  
Director of Nursing and Quality, Gill May (GM)  
Representative from HealthWatch Swindon, Steve Barnes (SB)  
Wessex Local Medical Committees Medical Director, Dr Edward Rendell (ER)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Associate Director of Finance – BaNES, John Ridler (JR)  
Board Secretary, Sharon Woolley (SW)  
BSW Assistant Director of Primary Care – Swindon Locality, Louise Tapper (LT)  
Senior Commissioning Manager for Primary Care, Louise Sturgess, (LS)  
Communications and Engagement, Gill Kirk-Burgess (GKB)  
Patient Safety and Quality Lead, Claire Spiers (CS)  
Project lead – Primary Care Flexible Staff Pool, Rachel Cooke (RC) – *for item 8*  
Lantum, Luke Smith (LS) – *for item 8*  
Senior Primary Care Commissioning Manager, Victoria Stanley (VS)

#### **Apologies**

Chief Executive / BSW ICB Chief Executive Designate, Sue Harriman (SH)  
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)  
Director of Strategy and Transformation, Richard Smale (RS)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)  
Representative from HealthWatch Swindon, Harry Dale (HD)

### **1 Welcome and Apologies**

- 1.1 Although the PCCC Chair, Suzannah Power was in attendance, she was unwell and not able to Chair the meeting. It was agreed that Vice Chair Julian Kirby would Chair the meeting.

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

1.3 The meeting was declared quorate.

## **2 Declaration of Interests**

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

2.2 The following conflicts were noted:

- Item 9b - Closure of Wilton Health Centre to GMS Services – Dr Edward Rendell had a direct conflict of interest as he currently worked as a GP at the other practice within Wilton. As this was a meeting in public, and Dr Rendell is a non-voter of the Committee – it was proposed and agreed that Dr Rendell remain in the meeting for this item, but not be involved in the discussion.
- Item 9d – Patford House Partnership Business Case – Dr Nick Ware had an indirect conflict of interest in this item as a GP Partner at Northlands Surgery in Calne, a neighbouring surgery to Patford. It was noted that Dr Ware had given apologies for this meeting, therefore there was no conflict to manage.

2.3 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee are non-voters.

2.4 There were no other interests declared regarding items on the meeting agenda.

## **3 Questions from the Public**

3.1 No questions had been received ahead of the meeting.

## **4 Minutes from the meeting held on 14 April 2022**

4.1 The minutes of the meeting held on 14 April 2022 were **approved** as an accurate record of the meeting.

## **5 Action Tracker**

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

5.2 The Committee reviewed the remaining ONGOING actions and noted:

- Patient Communication – GKB advised that this remained on the priority list for the Communications Team, however there was a current lack of resource in the engagement team, with roles and responsibilities being reallocated. This would be followed up ahead of the next meeting. ONGOING
- Primary Care Quality Report and the inclusion of Healthwatch Information – It was suggested that a regular Healthwatch agenda item be considered by the Committee, to enable Healthwatch to share patient feedback, local primary care data and project updates. This would be implemented as part of the Integrated Care Board (ICB) Committee arrangements. CLOSED

## 6 Summary of Decisions made at the PCCC Private Meetings held on 14 April 2022 and 12 May 2022

- 6.1 A report summarising those decisions made at the PCCC meetings held in private on 14 April 2022 and 12 May 2022 had been included in the paper pack. This referenced the decisions taken on Kingswood and Carfax Merger Section 96 for Transition, CCG Practice List Closure Principles, Lansdowne Practice Boundary Change Application, Hindon Surgery Premises, International Normalised Ratio Provision in BaNES, and Quality and Outcomes Framework (QOF) Indicators Payment Protection.
- 6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meetings held on 14 April 2022 and 12 May 2022.

## 7 Operational Items

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

### 7a. Current Demands and Challenges

- Appointments had increased by 17% in May from the previous month. 63% of appointments were face to face. The team continued to track the data, with a breakdown by locality available.
- 3% of appointments were not attended. This data could be drilled down further to establish if these were remote or face to face appointments.

### 7b. Update on COVID-19 Vaccination Programme

- Delivery of the vaccination programme continued through the two large vaccination sites, primary care networks (PCNs) and community pharmacies.
- 2.3m vaccines had been delivered across BSW.
- Planning for delivery of the autumn vaccination programme was underway with further guidance expected.

### 7c. Digi Locum Update

- Following the concerns raised at the April PCCC meeting regarding the proposed roll out of the remote consultation initiative, a clinically led meeting was held on 31 May 2022 to consider the short and longer term implications, and to share the learning from the Devon pilot.
- A Clinical Safety Workshop was held on 9 June 2022 to review the GPintheCloud system and hazard log, with no further concerns raised.
- NHSE are keen to roll this out at pace, with BSW to be the second area to roll this out.
- The system integrated with existing IT systems in practices to ensure patient records were easily shared.

**ACTION:** GPintheCloud programme proposal to be brought to the July Committee meeting for consideration.

### 7d. Enhanced Access Plans Update

- From October 2022, the extended hours and extended access programmes would combine to become the Enhanced Access programme. Until then, locality arrangements would continue.
- Network hours would be in place from October.

- PCNs can choose how they manage and deliver this programme. A Panel had been established to review the draft plans against the national specification. ICB assurance and sign off was needed.
- Any subcontractor arrangements needed to be in place by August. As PCNs are not legal entities, due diligence would be undertaken to ensure subcontractors arrangements were sufficient with lead providers.
- The PCN template, tools and resources released by NHSE had been shared with PCN's.
- It was acknowledged that this Enhanced Access programme and network hours had not landed well with practices whilst under continued demand and pressure. Hybrid model options were being considered, recognising that although it was part of the PCN contract, different hours would suit different areas to meet patient need. Plans were expected to be equitable, not identical – enabling that flexible and local variation.

## 8 Primary Care Flexible Staff Pool Update

- 8.1 Rachel Cooke and Luke Smith were in attendance to provide an update to the Committee on the flexible staff pool project. The Committee noted the following:
- Since the paper was written, there had been an increase of GP's signed up and approved on Lantum, bringing the total number in the flexible staff pool to 56.
  - 27 of the 56 were now approved to work (48%) following upload of their three core documents (CV, Passport, Enhanced DBS) to have their profile verified by Lantum's Clinical Governance Team. This then enables them to be able to apply for and book shifts.
  - Lantum were encouraging more clinicians to upload their documents onto the platform and were offering some free incentives, including free Rocketpay (paid the next working day) when working shifts through Lantum during June and July 2022, and covering the cost of clinicians' new DBS (if older than three years), if they sign up and start working shifts.
  - A further two practice nurses had since been approved to work, bringing the total to 4 out of 17 nurses approved to work (23%). More nurses in the pool were required to open this staff type up for all practices. Individuals were currently being matched to those shifts requiring cover. The same was being actioned for admin staff.
  - The first Practice Nurse shifts have been filled at a practice in BaNES, a total of nine shifts filled for August.
  - The funding and contract were up at the end of 2023; as part of succession planning a review of value for money would be undertaken later this year to decide whether to continue with the project.
- [ACTION: A paper to consider the extension of the Primary Care Flexible Staff Pool project to be brought to the Committee in November/December 2022.](#)
- 8.2 It was acknowledged that there was a chance of staff registering for both these flexible staff pool shifts, and the, soon to be rolled out, GPintheCloud shifts. This would be monitored. Those registered for GPintheCloud would also be registered for Lantum, with locums providing an extension to the system and giving access to the wider market place. GPintheCloud had the advantage of access to national resources wishing to work remotely. It was felt that these systems were of benefit to primary care, supporting an increase in workforce with remote and flexible working options, removing the expensive agency staff alternative.

8.3 The Committee **noted** the report and the progress made to date on implementing the Primary Care Flexible Staff Pool.

## **9 Primary Care Operational Group Recommendations for Discussion and Approval:**

### **9a. CCG Discretionary Funding Guidelines**

9.1 The guidelines, based upon the Statement of Financial Entitlements, Section 96 guidance and the BSW resilience guidance adopted from the BSW predecessor organisations, had been developed to ensure consistency when considering discretionary funding. The Primary Care Operational Group (PCOG) recognised that some guidance was now quite dated, therefore these guidelines may need to be updated to reflect any new guidance issued.

9.2 The Committee **approved** the adoption of the Discretionary Funding Guidelines for implementation across BSW.

### **9b. Closure of Wilton Health Centre to GMS Services**

9.3 A proposal from the Salisbury Medical Practice had been received concerning the ceasing of primary care services from the Wilton Health Centre. Primary care services had not been provided from this branch since before COVID. Clinical services had been consolidated into the two remaining sites. Wilton had been used in the interim by Wiltshire Health and Care and to relocate some SFT services.

9.4 Concerns raised by local Councillors about the impact on local patients and loss of local services were discussed by PCOG. It had been felt the reiteration of the business case addressed these concerns sufficiently, with surrounding practices having capacity to serve the population.

9.5 The PCN needed to fully apply the PCN Estates Toolkit, although it was recognised that the proposal that the proposal was in line with the strategy of consolidating services to relieve the increase in costs and resource intensity of working across multiple sites.

9.6 The Committee **approved** the closure of Wilton Health Centre to GMS Services.

### **9c. Harptree Temporary Closure**

9.7 A request had been received from Harptree Surgery to temporarily close its list for six months due to the challenges it was facing with a loss of clinical sessions, and gaps in the admin, reception and dispensing teams.

9.8 Neighbouring practices were consulted and were supportive of this temporary list closure, confirming capacity to pick up new resident registrations for the area. The list closure principles had been applied with due process followed.

9.9 The Committee **approved** the request from Harptree Surgery to temporarily stop registering new patients for a period of six months (effective from 16 June 2022).

### **9d. Patford House Partnership Business Case**

- 9.10 A revised business case from Patford House Partnership (PHP) for new premises had been received and discussed by BSW PCOG following rejection of the previous case. It was noted that since the PCCC paper pack was prepared, a request had been received from the PHP to pull the item from the agenda. As papers had already been published, it was agreed this could not be removed and that the discussion on this item would be beneficial.
- 9.11 The case demonstrated the application of the Primary Care Network Toolkit, although gaps in the information remained a concern. The revised case reflected the changes in financial circumstances, with a request for an additional £30,450 for rent. This would bring it above the level of funding previously considered and approved.
- 9.12 PCOG members had also considered other factors and risks surrounding the case and practice, including the need for the practice to embed and sustain its improvement programme and maintain a 12 month period of clinical sustainability following its recent CQC inspection. It was felt that support of the business case and development of a new site may deflect from this, although it was recognised that the new premises would aid some of the improvements required.
- 9.13 The BSW PCOG therefore recommended that the revised business case was not supported, and recommended that the support for the original business case was also reconsidered. The service delivery changes that have been implemented across primary care over the last two years needed to be further embedded by the practice and reflected within the case. It was suggested therefore that PHP review the whole business case, considering and incorporating the feedback received to date from PCOG and this Committee. The additional party involved in the business case also needed to be considered. As circumstances and the primary care environment had significantly changed, the CCG should not be held to the business case approved two years ago.
- 9.14 The effort and support from the CCG and the LMC to PHP on this case and impacting factors was recognised, as well as the limited pool of money available to support practices with such requests. LMC continued to support PHP on this matter and wished to clarify the position going forwards.
- 9.15 The Chair advised that as a constituted PCOG had received and discussed the business case, the process was to run to bring it forward to this Committee. The Extraordinary Wiltshire PCOG held on 9 June 2022 had further considered the additional case information, with real robust discussion on the issues, appreciating the complexity. The CCG was required to follow its processes and procedures to ensure due process was followed, with the presented actions and papers considered.
- 9.16 The Committee **rejected** the bid for additional funding for the Patford House Partnership new premises. On a further vote of the Committee, it was clarified that the entirety of the business case previously approved at PCCC in 2019 was no longer supported due to the changed circumstances in relation to working at scale, financial impact and consolidation of the improvement programme.
- 9.17 Appropriate communications would now be shared PHP to inform them of this revised decision.



## 9e. Tadpole Surgery Boundary

- 9.18 A boundary request had been submitted for the new Tadpole Surgery branch site of Westrop Medical Practice. The proposed boundary was logical to fit with the surrounding practices. Due process and engagement had been followed, with no concerns raised by neighbouring practices.
- 9.19 The Committee **approved** the boundary for Tadpole Surgery.

## 9f. Pulteney List Closure Extension

- 9.20 The Pulteney Practice list closure extension request had been further reviewed following the discussion at the May Committee meeting. The change to practice circumstances were recognised. PCOG had reviewed the case, alongside the workforce data and exceptions circumstances. The Pulteney Practice would have the third highest number of patients per whole time equivalent GP across all 88 practices in BSW. This wider impact on the practice needed further discussion to ensure resilience support was in place.
- 9.21 The Committee **approved** the extension of the Pulteney Practice temporary list closure to 30 September 2022.

## 10 Quality Report

- 10.1 The Committee **received and noted** the Quality Report.
- 10.2 The Director of Nursing and Quality highlighted the following items to the Committee:
- The Primary Care Quality Oversight Assurance Group would continue to support those four practices that needed that additional oversight and direct support.
  - Primary care would remain an important element of the Integrated Care System (ICS) quality agenda.
  - The development of the primary care and quality metrics dashboard continued, initial implementation was anticipated of quarter one / two of 2022-23.

## 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. The Committee noted there were no items of exception to raise. The ICB operational and financial plans were to be resubmitted on 20 June 2022. The draft budget indicated the pressures of the BSW wide financial challenge, with opportunities for closing the gap being considered. The Service Development Fund (SDF) investments were being reviewed and scrutinised in light of the challenge.
- 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 Swindon PCOG meeting held on 10 May 2022, and the BSW PCOG meeting held on 26 May 2022.

## 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 14:20hrs

Signed as a true record and as approved by the **BSW CCG Primary Care Commissioning Committee** at the meeting held on **16 June 2022:**

**Name:**

**Role:**

**Signature:**

**Date:**

BSW CCG Primary Care Commissioning Committee - Public Session Action Log - 2022-23

Updated following meeting on 16/06/2022

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
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.	<p><del>Shaun Dix</del>  <del>Helen Robertson</del>  <del>Sheena Hobbs</del>                      Gill Kirk-Burgess</p> <p>(CCG Comms Team)</p>	<p><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.</p> <p><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.</p> <p><b>Update 10/02/2022:</b> The Committee requested the reopening of the 'patient communication' action due to the further work still to do regarding GP access, and the results from the Healthwatch Wiltshire audit were still awaited.</p> <p><b>Update 14/04/2022:</b> SH advised that this action remained ongoing. Healthwatch Wiltshire had completed their Wiltshire GP access audit, the report would be released after the local elections. BaNES Healthwatch were considering a similar survey. Extended Access plans were to be submitted in October. The Primary Care team committed to working with Healthwatch to ensure plans met patient needs.</p> <p><b>Update 16/06/2022:</b> GKB advised that this remained on the priority list for the Communications Team, however there was a current lack of resource in the engagement team, with roles and responsibilities being reallocated. This would be followed up ahead of the next meeting</p>	ONGOING

## Meeting of the BSW ICB Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meeting held on 18 July 2022				<b>Agenda item</b>	6
<b>Date of meeting</b>	17 August 2022					
<b>Purpose</b>	<b>Approve</b>	X	<b>Discuss</b>		<b>Inform</b>	<b>Assure</b>
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care					
<b>This report concerns</b>	<b>BSW ICB</b>		<b>BaNES locality</b>		<b>Swindon locality</b>	<b>Wiltshire locality</b>
<b>This report was reviewed by</b>	Primary Care Commissioning Committee in private					
<b>Executive summary</b>	<p>Below is a summary of the decision made at the BSW ICBs Primary Care Commissioning Committee meeting held in private on 18 July 2022:</p> <p><b>Clinical Waste</b> The Committee <b>approved</b> the participation of BSW ICB in the NHSE/I national Clinical Waste Procurement The Committee <b>recommended</b> the decision on the option of Commissioning a Managing Agent to manage the operational day to day aspects of the contract for 1 year (at a cost circa 20k) be taken outside of the meeting after clarifying the position with Southwest regional colleagues</p>					

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meeting held on 18 July 2022	<b>Agenda item</b>	6
<b>Equality Impact Assessment</b>	Detailed in papers		
<b>Public and patient engagement</b>	Detailed in papers		
<b>Recommendation(s)</b>	The Committee is asked to note and ratify the decisions made in the PCCC Private meeting on 18 July 2022.		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	Supports the operational delivery of primary care services. BSW11 – Primary Care Capacity		
<b>Risk (associated with the proposal / recommendation)</b>	High	Medium	Low X N/A
<b>Key risks</b>	If the decision is made to not opt into the National Procurement Process, the ICB will be required to run its own tendering and procurement process to commence at the end of the current service in April 2023.		
<b>Impact on quality</b>	Using the National Team expertise in a marketplace which is historically fragile due to complex market conditions. Appointing a Managing Agent would give expertise and resource to support the operational functions dealing with concerns, incidents, and complaints, particularly with the increased impact of delegation of Community Pharmacy in April 2023.		
<b>Impact on finance</b>	<ul style="list-style-type: none"> <li>• There is an expected inflation increase to clinical waste services as the existing contracts have not been reviewed for several years and most contracts have been extended by direct award. Market testing shows anything between 30-70% increase, dependant on service provision in certain areas. The assumption is that there will be better pricing with economies of scale. BSW spend in 2021/2022 was £245K.</li> <li>• There will also be Additional costs for the Managing Agent circa 20K per annum, but it is hoped that this will pay for itself by improved management and oversight of the clinical waste services which is currently unmanaged due to lack of capacity and capability within Primary Care Commissioning Team</li> </ul>		
	<b>Finance sign-off:</b> [insert name]	John Ridler	

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meeting held on 18 July 2022	<b>Agenda item</b>	6
<b>Conflicts of interest</b>	None noted		
<b>This report supports the delivery of the following ICB 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 checked="" 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 checked="" 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 ICB Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Clinical Waste – Primary Care						<b>Agenda item</b>	
<b>Date of meeting</b>								
<b>Purpose</b>	Approve	<b>x</b>	Discuss		Inform		Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>	n/a							
<b>Author</b>	Wendy Bruno, Primary Care Manager							
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Appendix A – NHSE/I Clinical Waste Procurement Strategy versions 9 (Official: Sensitive – Commercial)</li> <li>Appendix B – NHSE Managing Agent Briefing Paper</li> </ul>							
<b>This report concerns</b>	BSW ICB	<b>x</b>	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	BSW PCOG							
<b>Executive summary</b>	<p>Clinical waste is a major, but largely hidden problem in primary care currently.</p> <p>The BSW - GP Practices (138 Sites) receive clinical waste services from Stericycle, through a national contract procured pre-Primary Care Delegation in 2015. The Clinical Waste Contract was due to be re-procured in 2020 but this was delayed due to the Covid pandemic. NHSE/I are now looking to begin this national procurement process including at a minimum primary care general practices and community pharmacies within the scope of system-based service provision, as well as enabling</p>							

<b>Report Title</b>	Clinical Waste – Primary Care	<b>Agenda item</b>	
	flexibilities for other similar requirements within these systems such as property services hosted sites and home patient waste managed by local authorities, to commence in April 2023		
<b>Recommendation(s)</b>	<p>Action or decision required by the Board/Committee – put here clearly what you ask the Board /Committee to do, e.g.</p> <ol style="list-style-type: none"> <li>1. The Committee is asked to <b>approve</b> the participation in the NHSE/I national Clinical Waste Procurement.</li> <li>2. The Committee is asked to <b>approve</b> the option of commissioning the Managing Agent to manage the operational day to day aspects of the contract for 1 year at a cost circa 20k. (138 GP Surgeries)</li> </ol>		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	Supports resilience of General Practice.		
<b>Risk</b> (associated with the proposal / recommendation)	High		Medium
			Low
			x
			N/A
<b>Key risks</b>	If the Board does not opt into the National Procurement Process, the ICB will be required to run its own tendering and procurement process to commence at the end of the current service in April 2023		
<b>Impact on quality</b>	<p>Using the National Team expertise in a marketplace which is historically contumacious and fragile due to complex market conditions and failed providers.</p> <p>Appointing a Managing Agent would give expertise and resource to support the operational functions dealing with concerns, incidents and complaints, particularly with the increased impact of delegation of Community Pharmacy in April 2023.</p>		
<b>Impact on finance</b>	<ul style="list-style-type: none"> <li>• There is an expected inflation increase to clinical waste services as the existing contracts have not been reviewed for a number of years and most contracts extended by direct award. Market testing is anything between 30-70% dependant on service provision in certain areas. The assumption is that better pricing on economies of scale.</li> </ul>		



<b>Report Title</b>	Clinical Waste – Primary Care	<b>Agenda item</b>	
	<ul style="list-style-type: none"> <li>There will also be Additional costs for the Managing Agent circa 20K per annum, but it is hoped that this will pay for itself by improved management and oversight of the clinical waste services which is currently unmanaged due to lack of capacity and capability within Primary Care Commissioning Team</li> </ul>		
	<b>Finance sign-off:</b> [insert name]		
<b>Conflicts of interest</b>	State any conflicts of interest: None noted.		
<b>This report supports the delivery of the following ICB 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 checked="" 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 checked="" 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 ICB Primary Care Commissioning Committee

## Report Summary Sheet

<b>Report Title</b>	Primary Care Operational Group Update Report						<b>Agenda item</b>	8
<b>Date of meeting</b>	17 August 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	X
<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>	None							
<b>This report concerns</b>	BSW ICB	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	Bath and North East Somerset, Swindon and Wiltshire Primary Care Operational Group							
<b>Executive summary</b>	<ul style="list-style-type: none"> <li>This summary report provides an update of the locality PCOG meetings held since the last meeting of the Primary Care Commissioning Committee.</li> </ul>							
<b>Recommendation(s)</b>	The Committee is asked to note the report.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	BSW 11 Capacity of Primary Care							

<b>Report Title</b>	Primary Care Operational Group Update Report					<b>Agenda item</b>		8
<b>Risk</b> (associated with the proposal / recommendation)	High		Medium		Low		N/A	<b>X</b>
<b>Key risks</b>	N/A							
<b>Impact on quality</b>	N/A							
<b>Impact on finance</b>	N/A							
	<b>Finance sign-off:</b> [insert name]					N/A		
<b>Conflicts of interest</b>	1. None noted							
<b>This report supports the delivery of the following ICB 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							

## Report Title

### 1. Executive Summary

- 1.1 This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meeting held since the last meeting of the Primary Care Commissioning Committee. Items covered elsewhere on the agenda are not covered.

### 2. Recommendation(s)

- 2.1 The Committee is asked to note the report

### 3. Agenda Items

#### 3.1 Prescribing Incentive Scheme

General support for the scheme but some concerns around the saving not being reinvested into primary care. The financial position of the ICB was recognised and the work that had taken place to familiarise practices with the proposal.

#### 3.2 Enhanced Access

Update on PCN progress on plans to provide Enhanced Access from 01 October 2022, meeting the new standardised criteria. PCNs are on track for delivery.

Concerns raised about expectations of additional capacity being available for a shift from secondary care; workforce shortages; and potential for appointments to not be used or not used appropriately.

#### 3.3 Operational Update

- Phase 5 Autumn / Winter vaccinations
- Future vaccination Model
- Asylum, ARAP and Ukrainian Refugees
- Delegation of Pharmacy, Optom and Dental preparation
- Risk Register

#### 3.4 KAMP lease

Update on progress of lease extension discussions.

#### 3.5 Quality Update

Key areas highlighted

#### 3.6 Finance Update

High level budgets loaded no detailed reporting for this month

#### 3.7 Discrete population reporting

New ethnicity coding available for Gypsy, Romany and Traveller population which will allow better health profiling.

#### 4. Other Options Considered

4.1 Detailed within papers where necessary.

#### 5. Resource Implications

5.1 Detailed within papers where necessary.

#### 6. Consultation

6.1 Detailed within papers where necessary.

#### 7. Risk Management

7.1 Detailed within papers where necessary.

#### 8. Next Steps

8.1 None

Equality and Diversity	Applicable		Not applicable	
Further information if required - Please ensure that an Equality Impact Assessment has been carried out for all submissions if applicable. If it is not applicable please explain why. Refer to Equality & Diversity pages on our website.				

Health Inequalities Assessment	Applicable		Not applicable	X
Detailed within papers where necessary				

Public and Patient Engagement	Applicable		Not applicable	X
Detailed within papers where necessary				



## Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Primary Care Enhanced Access				<b>Agenda item</b>	9
<b>Date of meeting</b>	17 <sup>th</sup> August 2022					
<b>Purpose</b>	Approve	√	Discuss		Inform	Assure
<b>Executive lead, contact for enquiries</b>	Jo Cullen – Director Primary Care, BSW ICB					
<b>Clinical lead</b>						
<b>Author</b>	Louise Tapper Assistant Director Primary Care, BSW ICB					
<b>Appendices</b>	None					
<b>This report concerns</b>	BSW ICB	√	BaNES locality		Swindon locality	Wiltshire locality
<b>This report was reviewed by</b>	<ul style="list-style-type: none"> <li>• A preliminary report has been shared with BSW PCOG, 28<sup>th</sup> July 2022.</li> <li>• The content of this report has been shared with: <ul style="list-style-type: none"> <li>○ The Enhanced Access Panels which included representation from ICB Quality and IT, as well as Wessex Local Medical Committee and Healthwatch for BaNES and Swindon, and Wiltshire.</li> <li>○ Swindon and Wiltshire Place Directors</li> <li>○ BaNES Alliance Delivery Operational Group</li> </ul> </li> </ul>					

Report Title	Primary Care Enhanced Access	Agenda item	10
Executive summary	<ul style="list-style-type: none"> <li>• In March 2022, as part of the Primary Care Network Directed Enhanced Service (PCN DES), NHS England published the new model of 'Enhanced Access for General Practice'. The new service brings together the existing extended hours (£1.44 per head) and the improved access services (£6 per head) and sets out to offer a more standardised consistent approach to patients across the country, with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the 'network standard hours'.</li> <li>• Primary Care Networks (PCNs) have developed their Enhanced Access Plans with support from representatives from the ICB ready to operationalise their services within BSW by 1<sup>st</sup> October 2022.</li> <li>• PCNs are required to submit their plans to the ICB by the 31<sup>st</sup> July, and the plans need to be signed off by commissioners by 31<sup>st</sup> August.</li> </ul> <p><b>2 PCN Plan Criteria</b></p> <ul style="list-style-type: none"> <li>• The PCN Plans must meet certain NHSE criteria, the main three being: <ul style="list-style-type: none"> <li>• Plans cover the Network Standard Hours</li> <li>• Plans can demonstrate patient engagement</li> <li>• A range of appointments are offered (face to face, digital, telephone)</li> </ul> </li> </ul> <p><b>3 Sign – off Process</b></p> <ul style="list-style-type: none"> <li>• A BSW Enhanced Access Panel has been established with primary care, IT and quality representatives from the ICB, Healthwatch and Wessex LMC to review the Enhanced Access plans.</li> <li>• Meetings have also taken place with the Swindon and Wiltshire Place Directors to discuss the final submitted plans. BaNES Alliance Operational Delivery Group have also been informed.</li> </ul> <p><b>4 Primary Care Strategy</b></p> <ul style="list-style-type: none"> <li>• The PCN DES Enhanced Access meets the BSW Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care.</li> </ul>		



<b>Report Title</b>	Primary Care Enhanced Access	<b>Agenda item</b>	10
<b>Recommendation(s)</b>	<p>The recommendations are;</p> <ol style="list-style-type: none"> <li>1. the Primary Care Commissioning Committee is assured by the robust process that the submitted PCN Enhanced Access Plans meet the requirements of the PCN DES.</li> <li>2. The Primary Care Commissioning Committee will recommend these Plans are supported and signed off by the ICB Board (30.08.22).</li> </ol>		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	The PCN DES Enhanced Access meets the BSW Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care.		
<b>Risk</b> (associated with the proposal / recommendation)	High	Medium	Low
<b>Key risks</b>	There are risks relating to recruitment that some PCN's may have difficulties in delivering their full plans.		
<b>Impact on quality</b>	The increase in appointment capacity for patients will improve the patient experience that some patients face in accessing primary care. The quality aspects of service development and delivery have been key to the development of the PCN plans as well as the assurance of the sign-off of the plans.		
<b>Impact on finance</b>	The resource for Enhanced Access is ring-fenced from NHSE for this purpose. BSW ICB Finance have been involved in advising on the allocation and hours requirements of the resource.		
	<b>Finance sign-off:</b> [insert name]	Matthew Hawkins / John Ridler	
<b>Conflicts of interest</b>	None		
<b>This report supports the delivery of the following ICB 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>Report Title</b>	Primary Care Enhanced Access	<b>Agenda item</b>	10
<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 checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

## Report Title

### 1. Executive Summary

- 1.1 In March 2022, as part of the Primary Care Network Designated Enhanced Service (PCN DES), NHS England published the new model of 'Enhanced Access' for General Practice. The new service brings together the existing extended hours (£1.44 per head) and the improved access services (£6 per head) and sets out to offer a more standardised consistent approach to patients across the country, with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the 'network standard hours'.
- 1.3 In preparation for the delivery of the Enhanced Access service, Primary Care Networks (PCNs) have been working collaboratively with the BSW ICB colleagues to produce Enhanced Access Plans which meet the Network Contract DES Specification, and which are ready to operationalise from 1<sup>st</sup> October 2022. PCN's were required to submit their plans to the ICB by the 31<sup>st</sup> of July, and the plans need to be signed off by commissioners by 31<sup>st</sup> August.
- 1.4 An Enhanced Access Panel was established with primary care, IT, and quality representatives from the ICB, Healthwatch and Wessex LMC to review the submitted plans. Meetings have taken place with the Swindon and Wiltshire Place Directors, to discuss the final submitted plans, and as the BaNES Place Director is not in post yet, the BaNES, Alliance Operational Delivery Group has been informed.
- 1.5 The new PCN DES Enhanced Access meets the BSW ICB's Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care.

### 2. Recommendation(s)

- 2.1 The recommendation is;
  - the Primary Care Commissioning Committee is assured by the robust process that the submitted PCN Enhanced Access Plans meet the requirements of the PCN DES.
  - The Primary Care Commissioning Committee will recommend these Plans are supported and signed off by the ICB Board (30.08.22)

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

- 3.1 The new Enhanced Access arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks

(PCNs) to use the Enhanced Access (EA) capacity for delivering routine services. There is opportunity to develop a better blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including, screening and vaccination.

- 3.2 PCNs are required to provide 60 minutes per 1000 PCN adjusted population, across their PCN and within that time a range of primary care appointments are to be provided by the PCN's multi-disciplinary team. The majority of these appointments are planned to be delivered within the network standard hours, but appointments can be delivered within core contract hours and outside of network standard hours to make sensible shift patterns as well as being in line with patient feedback. In addition, within the resource, some PCN's are planning to provide additional hours beyond that of the core contract and network standard hours.
- 3.3 Specific requirements that PCNs need to consider within their EA service plans are:
- A mixture of in-person face-to-face and remote (telephone, video or online) appointments.
  - Delivered by a multi-disciplinary team of healthcare professionals.
  - Emergency and same day or pre-booked appointments to be offered.
  - Any unused appointments to be made available on the day for use by NHS 111.
  - PCNs need to agree with the commissioner the blend of appointment types which would best meet the needs of their patient population, and they should be able to show how recent patient engagement has informed their proposals.
  - PCNs must ensure appropriate senior clinical cover and supervision are always in place for the multi-disciplinary team.
- 3.4 The mode of patient appointment can include the following:
- GP face to face, telephone and online
  - Advanced Nurse Practitioner routine and same day appointments
  - Additional Roles (ARRS, e.g., clinical pharmacist, physiotherapy)
  - Cervical screening
  - Contraceptive services
  - Immunisation services
  - General nursing services
  - Phlebotomy
  - Chronic disease management clinics clinical pharmacy led medication reviews,
  - Health checks including carer health checks,
  - Group consultations
- 3.5 Patient engagement is a key aspect within Enhanced Access. PCNs are required to engage with their population to develop their Enhanced Access Plans through surveys, reports, posters, texts and Practice Participation Group consultation. Some

PCNs have engaged directly with Healthwatch Swindon and BaNES and Healthwatch Wiltshire, plus the ICB has included representatives from both Healthwatch on its assurance panel. Communication with patients about the new services will be key to enable patients' understanding of the options of care available to them and along with the practices and ICB, Healthwatch are planning to support the Enhanced Access messages when they have opportunity to.

- 3.6 The plans being put forward by the PCNs include a range of models including; single PCN working providing all the additional appointments themselves; hybrid models of joint PCN working and hybrid models including some subcontracting arrangements of remote appointments to third party remote Primary Care providers. GP IT interoperability is an important element to ensure the plans can be enacted and NHS England is working with NHSD and suppliers to understand and work through each of these requirements and put into place a roadmap that addresses each.
- 3.7 The role of the commissioner within Enhanced Access includes supporting the development of EA plans; assure and sign off the plans and ensure there is a cohesive Integrated System approach; and monitor and report to NHS England. ICB colleagues have supported PCNs ranging from simple conversations to assuring that PCNs have where appropriate have Data Sharing Agreements, Data Protection Impact Assessments and Equality Impact Assessments in place.
- 3.8 PCNs plan to audit patients accessing the services and will assess to identify any health inequalities which can be improved. This Quality Improvement approach will enable the PCN's to tailor their services to their population need and maximise their patient experience and outcomes. In addition, the ICB responsibilities do include monitoring the delivery of the Enhanced Access services in line with the PCN DES requirements, and there is an NHSE reporting tool to be submitted weekly in the first instance.

#### **4. Requirements within the Enhanced Access Plan**

- 4.1 The roll-out of Enhanced Access within Primary Care is a national requirement of the Network Contract. If there is a GP practice not within a PCN, it is the ICB's responsibility to provide the Enhanced Access service for the population of that practice. There is currently one practice within BSW ICB which is not within a PCN, and that practice has offered to provide the Enhanced Access service to its patients with local arrangements.

#### **5. Other Options**

- 5.1 'None' – this is a national requirement within the PCN DES.

## 6. Resource Implications

- 6.1 The main risk to all the Enhanced Access plans is the recruitment of additional staff into primary care to provide the additional capacity.

## 7. Consultation

- 7.1 Patient engagement and consultation has been a key part in the development of the Enhanced Access plans as outlined in 3.5. above.

## 8. Risk Management

- 8.1 There are risks relating to recruitment that some PCN's may have difficulties in delivering their full plans.

## 9. Next Steps

- 9.1 Once the ICB has approved the assurance process that the Enhanced Access plans meet the requirements of the PCN DES and have been through a process of appropriate service development and quality and data review, the ICB will inform the practices to commence delivery of their Enhanced Access plans from 1<sup>st</sup> October 2022.

<b>Equality and Diversity</b>	Applicable	Y	Not applicable	
Equality impact Assessments have been undertaken and will continue to be undertaken on the Enhanced Access plans which required additional assurance.				

<b>Health Inequalities Assessment</b>	Applicable	Y	Not applicable	
As above.				

<b>Public and Patient Engagement</b>	Applicable	Y	Not applicable	
As per 3.5.				

## Appendix 1 - BSW PCN Enhanced Access Plans

PCN Name	Plan approved in full (meets all contractual requirements)	Plan covers all Network Standard Hours (18.30-20.00 weekdays, 09.00-17.00 Saturdays)	Model of delivery	Appointment Type Offered
<b>BaNES</b>				
<b>Bath Independents</b>	√	√	Practice / PCN Model	F2F, T / V, O
<b>Heart of Bath</b>	√	√	Practice / PCN Model	F2F, T / V
<b>Keynsham</b>	√	√	Practice / PCN Model	F2F, T / V, O
<b>Minerva</b>	√	√	Practice / PCN Model	F2F, T / V, O
<b>Three Valleys</b>	√	√	Practice / PCN Model + subcontract to BEMS	F2F, T / V, O
<b>Unity Medical Group</b>	√	√	Practice / PCN Model + subcontract to BEMS	F2F, T / V, O
<b>Swindon</b>				
<b>Brunel 1</b>	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
<b>Brunel 2</b>	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
<b>Brunel 3</b>	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
<b>Brunel 4</b>	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
<b>Great Western Healthcare</b>				
<b>Sparcells</b>	√	√	Practice / PCN Model + subcontract to Brunel & Livi	F2F, T / V, R
<b>Wyvern</b>	√	√	Practice / PCN Model + subcontract to Brunel & Livi	F2F, T / V, R
<b>Wiltshire</b>				
<b>Calne</b>	√	√	Practice / PCN Model on rotation	F2F, T
<b>CCB</b>	√	√	Practice / PCN Model on rotation	F2F, T / V, O
<b>Devizes</b>	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
<b>East Kennet</b>	√	√	Practice / PCN Model	F2F, T / V, R
<b>Melksham and Bradford on Avon</b>	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V, O
<b>North Wilts Border</b>	√	√	Practice / PCN Model on rotation	F2F, T / V, R
<b>Salisbury Plain</b>	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T / V
<b>Sarum Cathedral</b>	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T
<b>Sarum North</b>	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T
<b>Sarum Trinity</b>	√	√	Practice / PCN Model + subcontract to Mid Hants Health	F2F, T / V, R, O
<b>Sarum West</b>	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T / V, O
<b>Trowbridge</b>	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
<b>Westbury &amp; Warminster</b>	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
<b>Practice</b>				
<b>Patford House Partnership</b>			To be confirmed	

Code for Appointment Type	
Face 2 Face	F2F
Telephone / Video	T / V
Remote	R
Online	O



## Meeting of the BSW ICB Primary Care Commissioning Committee in Public

### Report Summary Sheet

<b>Report Title</b>	Quality in Primary Care						<b>Agenda item</b>	10
<b>Date of meeting</b>	August 2022							
<b>Purpose</b>	<b>Approve</b>		<b>Discuss</b>	X	<b>Inform</b>	X	<b>Assure</b>	X
<b>Executive lead, contact for enquiries</b>	Sarah-Jane Peffers							
<b>This report concerns</b>	<b>BSW ICB</b>	X	<b>BaNES locality</b>		<b>Swindon locality</b>		<b>Wiltshire locality</b>	
<b>This report was reviewed by</b>	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>• There were no LFPSE incidents logged during May 2022; this is a decrease on 1 reported in April.</li> <li>• 3 SI's have reviews in progress. No themes have been identified so far following preliminary reviews of each incident. The Quality team will share themes and lessons learned following the completion of the review.</li> <li>• During May 2022 there were 11 new complaints compared with 18 for April 2022. Of the 11 complaints, 4 were related to B&amp;NES, 2 for Swindon and 5 for Wiltshire. The 1 Primary Care complaint relates to a BaNES practice regarding specialist funding, which has now been closed from the CCG perspective, but is still open to the practice. The Quality Team are linking in with the practice to identify any issues and shared learning. During May there were 22 PALS contacts</li> </ul>							



Report Title	Quality in Primary Care	Agenda item	10
	<p>relating to Primary Care which is a decrease of 4 from the previous month and an increase of 1 from March. Of the 13 PALS for Swindon, 2 were related to Carfax Medical Centre and 2 were from Hawthorne Medical Centre. PALS activity has decreased this month with 98 PALS enquiries compared to 108 enquiries from the previous month. Access and Waiting and Communication were the two highest subjects although only 2 concerns were related to wait times to getting through to a practice.</p> <ul style="list-style-type: none"> <li>As of 11 May 2022 the 1 practice previously rated as Inadequate has been awarded an overall rating of good following a recent re inspection. All practices with Requires Improvement and Inadequate rating have been given Regulation 17 (good governance) notices by CQC. 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.</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 and to support and monitor progress of CQC improvement plans.</li> </ul>		
Equality Impact Assessment	N/A		
Public and patient engagement	N/A		
Recommendation(s)	The committee is asked to note 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>	<p>Please indicate here if the report subject links back to the Board Assurance Framework or risks already noted upon the Corporate Risk Register, and list those it references.</p> <p>Please click this link to view the latest BAF and Risk Register - <a href="https://intranet.bswicb.nhs.uk/tools-and-resources/resource-library/governance">https://intranet.bswicb.nhs.uk/tools-and-resources/resource-library/governance</a></p> <p>If the identified risks are not already recorded on the register – should they be escalated to the Risk Panel for consideration?</p>		
<b>Risk (associated with the proposal / recommendation)</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Key risks</b>			<b>N/A</b>
			<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. 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.</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. Metrics development work has commenced.</li> </ul> <p>A theme of good governance noticed (Regulation 17) has been identified with practices rated as requires improvement and inadequate.</p>		
<b>Impact on quality</b>	<p>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</p>		

<b>Report Title</b>	Quality in Primary Care	<b>Agenda item</b>	10
<b>Impact on finance</b>	No finance impact		
	<b>Finance sign-off:</b> [insert name]	N/A	
<b>Conflicts of interest</b>	No conflicts of interests		
<b>This report supports the delivery of the following ICB 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 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		

***Do not embed documents / appendices, submit these separately as individual documents***

# Quality in Primary Care B&NES, Swindon and Wiltshire ICB

- Patient Safety Incidents
- Patient Experience
- CQC Inspection Ratings
- Infection Prevention and Control
- Flu vaccination programme 20/21

**July 2022**

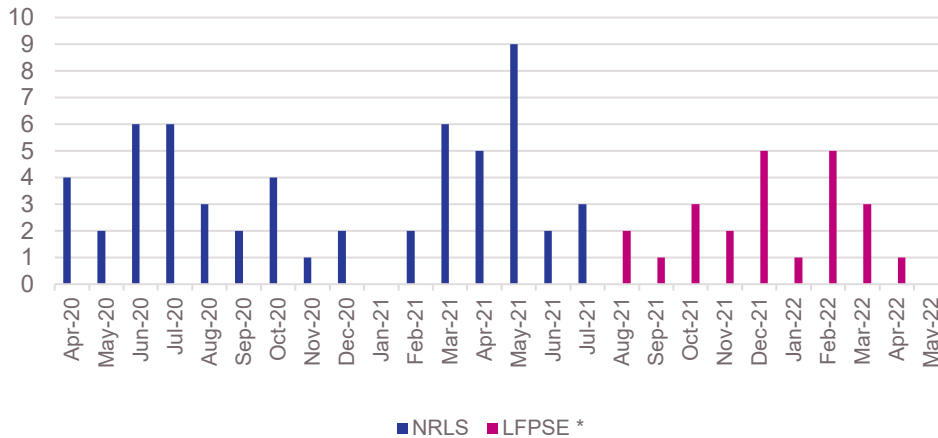
\* All data relates to May 2022 until otherwise stated.



# Patient Safety Incidents Reported by Primary Care

This chart shows the incidents reported by BSW practices from the beginning of 2021-22 to end of May 2022.

Total NRLS/LFPSE reported incidents by month since BSW CCG formed  
1 Apr 2020\* LFPSE data started 12.07.2021



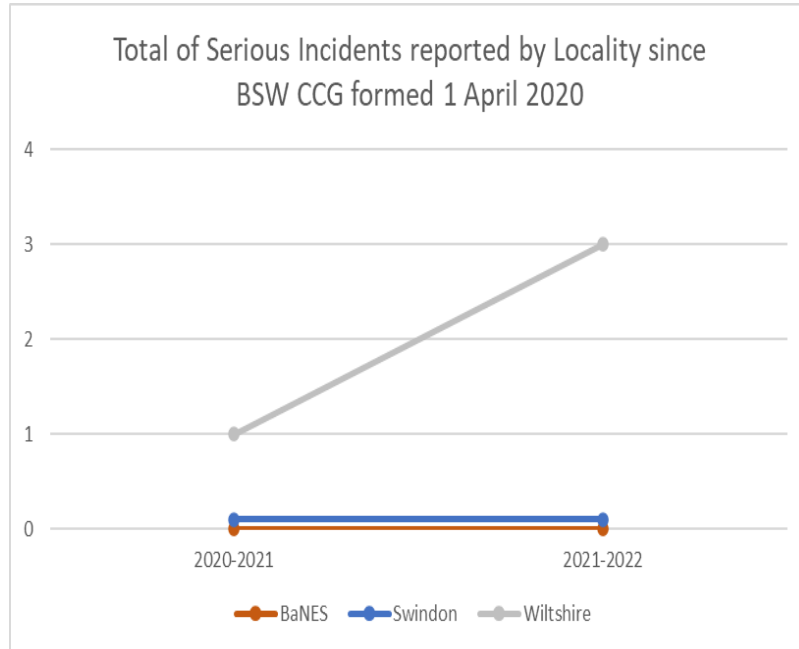
- There were no LFPSE incidents logged during May 2022; this is a decrease on 1 reported in April.
- Incident was reported to LFPSE by a Swindon Practice in September 2021 which involved the local Acute Trust. In June 2022 this incident was reported as an SI and is being investigated jointly between the acute and the practice involved with Quality Team facilitation. Preliminary actions have been identified and will be shared once the investigation is completed.
- There has been an incident raised by the Acute Trust in Swindon concerning another Swindon GP practice. This incident will be reviewed and investigated jointly via a roundtable meeting with Quality Team facilitation, date to be confirmed.
- The Quality team continue to support all practices to investigate incidents and will review themes and lessons learned following the completion of the review by the practice

- Patient Safety Incidents are reported on Learn From Patient Safety Events (LFPSE), the successor to the previous National Reporting System (NRLS). The NHSE/I enhancement to LFPSE, to enable CCGs to view all Primary care providers patient safety events occurring across their AOR has been implemented however full functionality across BSW has yet to be reached. The Quality Team continues to be in discussion with NHSE/I to ensure full operating capability is reached. Until this functionality is reached, practices have been asked to forward a PDF summary via email to the generic Incidents mailbox.
- 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.

# BSW Serious Incidents (SIs) Breakdown –

## May 2022

Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board



- There no new SI's reported by Primary Care during May 2022.
- No themes have been identified so far following preliminary reviews of each incident. Any wider system learning will be shared across all relevant areas following completion of the reviews.
- Reporting of Serious Incidents by Primary Care is historically low and continues to be the case.
- The Quality team continue to engage closely with the practice to provide support and facilitate the SI reviews and learning.

## SCW PACT Complaints

- During May 2022 there were 11 new complaints compared with 18 for April 2022.
- The 1 Primary Care complaint relates to a BaNES practice regarding specialist funding, which has now been closed from the ICB perspective, but is still open to the practice. The Quality Team are linking in with the practice to identify any issues and shared learning.
- No themes have been identified

## PALS

### **PALS:**

During May there were 22 PALS contacts relating to Primary Care which is a decrease of 4 from the previous month and an increase of 1 from March. Of the 13 PALS for Swindon, 2 were related to Carfax Medical Centre and 2 were from Hawthorne Medical Centre.

PALS activity has decreased this month with 98 PALS enquiries compared to 108 enquiries from the previous month. Access and Waiting and Communication were the two highest subjects although only 2 concerns were related to wait times to getting through to a practice.

### **Although there were no specific themes identified for May, a couple of hotspots have been noted:-**

- Ongoing hotspot: extensive waiting list for diagnostic assessment for ADHD - adult. Although just one further enquiry this month, the patient has joined the waiting list in 2021 and is struggling with the wait. This is open for investigation
- Joined-up provision for children with Long-COVID (we have been asked to flag this by the Long Covid lead at Wiltshire Heath and Care).

### Compliments received:-

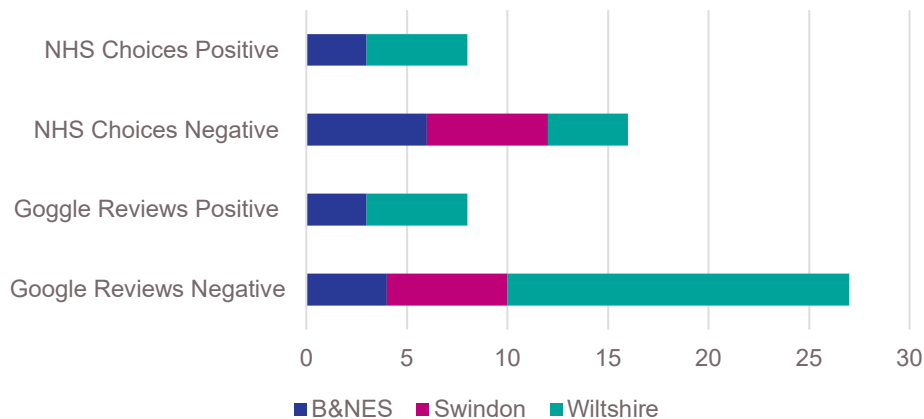
- Enquirer called wishing to compliment a member of the POD Team who she said went 'above and beyond and was helpful and so kind'. The member of staff sorted the issue out and kept the her informed.
- Enquirer called today wishing to compliment a member of the POD Team who assisted with a prescription issue
- "I'm writing to express my sincere thanks for the brilliant CUES service I received recently". Patient found the whole process smooth and quick with accurate diagnosis.

# Patient Experience – NHS.uk feedback/Google Reviews- Themes and Trends May 2022



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

Primary Care Feedback  
NHS Choices/Google Reviews May 2022



- There was a total of 24 reviews across BSW on NHS Choices during May 2022. Of these 24 reviews, 8 were positive and 16 were negative
- There was a total of 35 reviews across BSW on Google during May 2022. Of these 35 reviews, 8 were positive and 27 were negative.
- Wiltshire are currently the highest reporting areas
- Themes continue to be;
  - ❖ Accessibility of appointments
  - ❖ The time taken to get through on the phone
- The Quality Team will be reviewing data relating to 111, A&E and UTC access, in hours and out of hours, to see if there has been an increase in activity in response to the feedback around access issues.

- There is limited Patient Experience information including PALs and Complaints, Patient Stories and FFT, to inform the CCG, PCNs and practices. This means a reduced trends and thematic analysis or sharing of learning across PCNs, localities and CCG can be completed. A reduces transformational discussion and improvement work and a limit on the triangulation of data to provide a richer understanding of key themes and learning and focus of support to better inform the CCG. Reduces the central element to the three core quality 'functions' which is open sharing and learning
- Due to current arrangements in place there is a recognised gap in the CCG receiving complaints learning analysis from NHSEI; SCW PACT 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. The ICB recognises the national decision to delegate primary care complaints management to ICB's in the future but currently there is no confirmed date. The ICB is actively engaged in SW regional meetings set up in preparation for the change in delegation
- Through the development of primary care quality metrics, we are exploring how we can enhance the level of patient experience information that is collated.



# Quality Metrics Dashboard Development and Roll Out

## Update

- The Quality Team has completed initial engagement and scoping work with Primary care analytics, Meds Management, Infection Prevention & Control (IPC), Governing Body GPs and externally with the CQC and other CCGs.
- The Quality Team is leading development of core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture.
- These metrics will be monitored through discussions at PCCC, BSW Primary Care Quality Oversight Assurance Group 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.
- Project group established meets monthly to steer the development and the roll out. Individual workshops will take place for information gathering in the 5 key identified areas. Expected initial roll out during quarter 2 FY 2022/23.
- The Primary Care Quality metrics dashboard will bring together data from various sources, capturing national, in house and practice data in one single reference point on a Power BI platform to incorporate key quality metrics to better inform the CCG, PCNs and Practices and enable triangulation of data to provide a richer understanding and focus of support.
- 111 / UTC / ED usage data by practice / locality / BSW wide is currently being worked through to interpret and triangulate with access and demand as the data alone does not inform of these trends. This is part of the wider work with the primary care metric dashboard and Urgent care and Flow metric dashboard

## Next Steps

- Plan workshops on the 5 key identified areas for data collation
- Agree escalation threshold to highlight/identify areas of risk early (RAG rating)
- This work is planned for initial implementation during Q2 FY 2022/23.

# Care Quality Commission GP Ratings



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

As of the NHS England report for 3 May 2022, there are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG.

However, as of 11 May 2022 the 1 practice previously rated as Inadequate has been awarded an overall rating of good following a recent re inspection.

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

National	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score
England	33	176	5,852	316	159	6,536	0.5%	2.8%	91.8%	5.0%	2.4%	67
Region	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score
South West	1	17	477	46	13	554	0.2%	3.1%	88.2%	8.5%	2.3%	68
STP	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	1	4	73	8	3	89	1.2%	4.7%	84.9%	9.3%	3.4%	68
CCGs	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	1	4	73	8	3	89	1.2%	4.7%	84.9%	9.3%	3.4%	68

## BSW CCG overall ratings:

8	Outstanding
73	Good
4	Requirements improvement
1	Inadequate
3	Not formally rated as yet

## Key:

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

# Changes to CQC Ratings across BSW since May 2022

The following changes have occurred following CQC inspections.

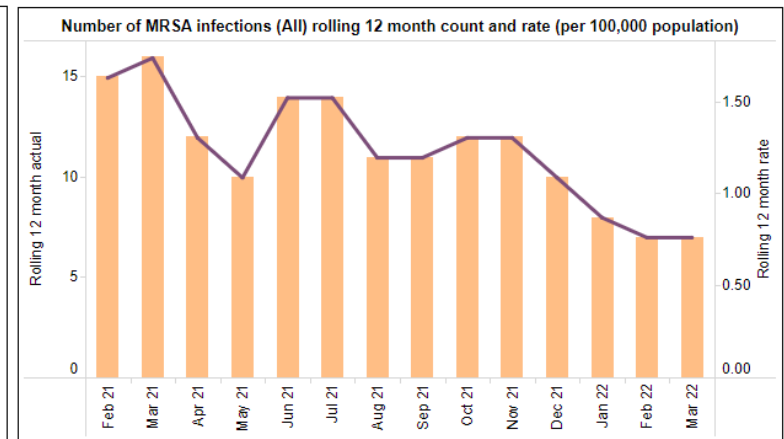
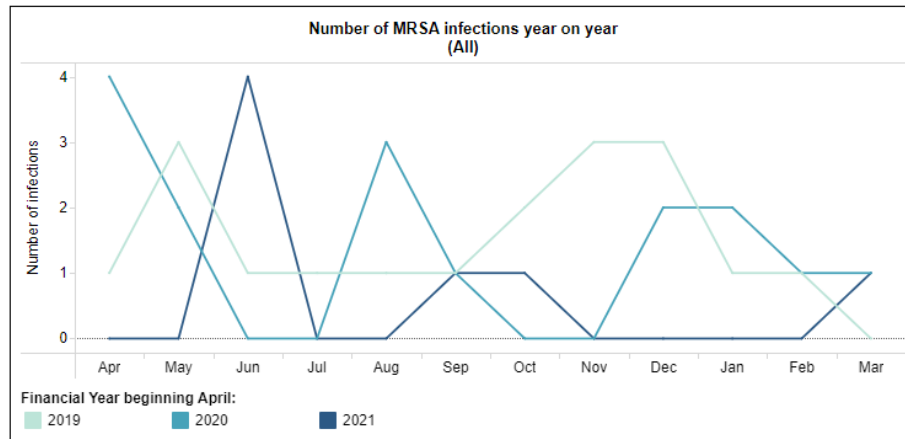
Practice	Previous Rating						Re-inspection Date	Report published	Current Rating					
	O	S	E	C	R	W			O	S	E	C	R	W
Patford House Partnership	Red	Yellow	Yellow	Yellow	Red	Red	28, 29 and 30 March 2022	11 May 2022	Green	Green	Green	Green	Yellow	Green
Cricklade Surgery	Yellow	Yellow	Green	Green	Green	Yellow	4 - 6 May 2022	Not yet published	Grey	Grey	Grey	Grey	Grey	Grey
Moredon and Abbeymeads Surgery	Yellow	Yellow	Green	Green	Green	Yellow	6 - 11 May 2022	Not yet published	Grey	Grey	Grey	Grey	Grey	Grey

- The Quality Team have commenced 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 CQC improvement 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 meets monthly to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG.

## 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	1	0	0	0	0	1
MRSA Actual YTD	0	0	4	4	4	5	6	6	6	6	6	7

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	0	0	0	0	0	0
Community onset	0	0	2	0	0	1	1	0	0	0	0	1
All	0	0	4	0	0	1	1	0	0	0	0	1



## Gram-negative bacteria: E. coli

Number of E. coli infections against plan for financial year 2021/22 (All)												
Monthly position												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E. coli Actual	42	58	50	49	55	36	30	37	42	34	40	45
E. coli Plan	51.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00
E. coli Actual v Plan	-9.00	6.00	-2.00	-3.00	3.00	-16.00	-22.00	-15.00	-10.00	-18.00	-12.00	-7.00
Year to date position												
E. coli Actual YTD	42.0	100.0	150.0	199.0	254.0	290.0	320.0	357.0	399.0	433.0	473.0	518.0
E. coli Plan YTD	51.0	103.0	155.0	207.0	259.0	311.0	363.0	415.0	467.0	519.0	571.0	623.0
E. coli Actual v Plan YTD	-9.0	-3.0	-5.0	-8.0	-5.0	-21.0	-43.0	-58.0	-68.0	-86.0	-98.0	-105.0

Number of E. coli infections by month by onset for 2021/22												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	9	9	11	7	10	8	5	4	4	13	7	9
COHA	10	6	7	10	8	3	7	9	4	5	8	7
COCA	23	43	32	32	37	25	18	24	34	16	25	29
No information	0	0	0	0	0	0	0	0	0	0	0	0
All	42	58	50	49	55	36	30	37	42	34	40	45
Plan	51	52	52	52	52	52	52	52	52	52	52	52
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

# BSW System Clostridium Difficile Q 4

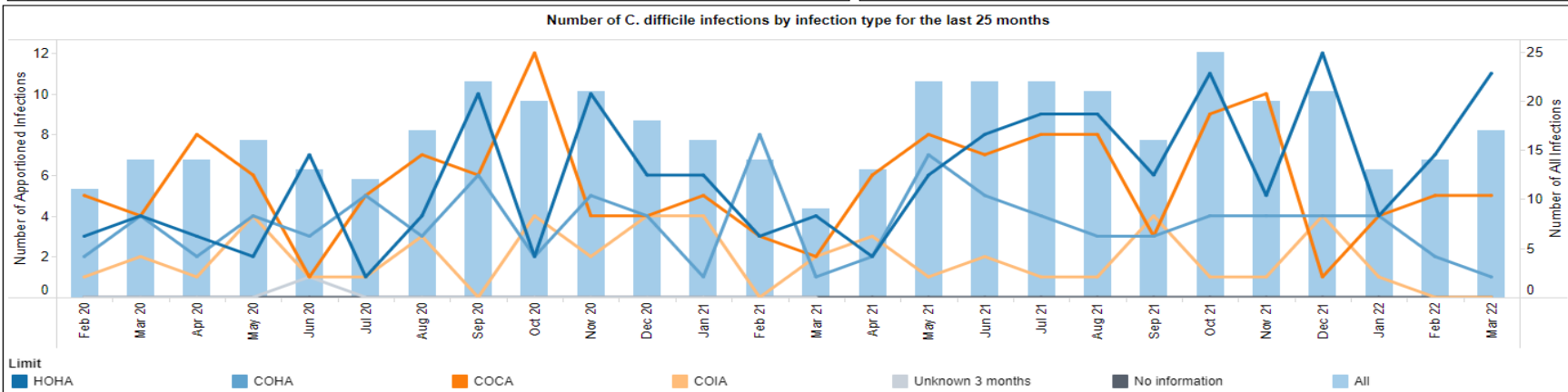
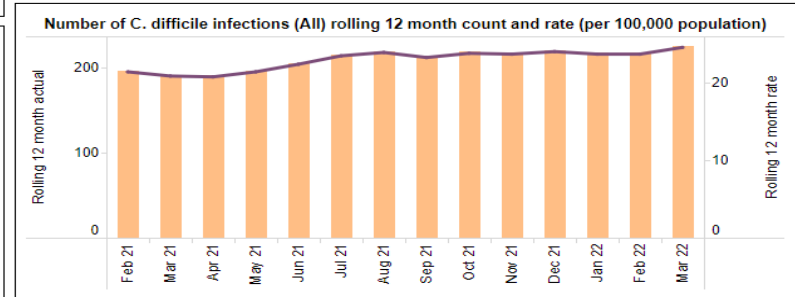
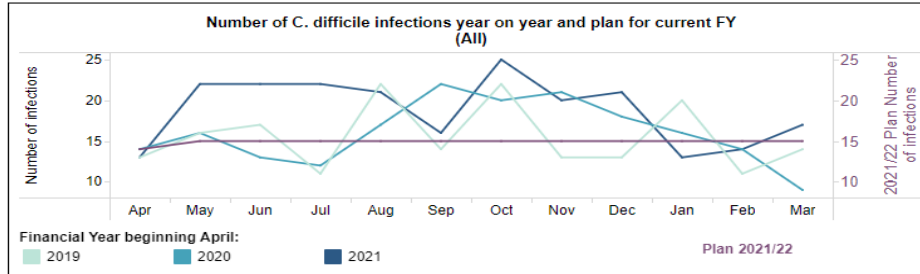


Bath and North East Somerset,  
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## C. difficile

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	25	20	21	13	14	17	
C. difficile Plan	14	15	15	15	15	15	15	15	15	15	15	15	
C. difficile Actual v Plan	-1	7	7	7	6	1	10	5	6	-2	-1	2	
Year to date position													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
C. difficile Actual YTD	13	35	57	79	100	116	141	161	182	195	209	226	
C. difficile Plan YTD	14	29	44	59	74	89	104	119	134	149	164	179	
C. difficile Actual v Plan YTD	-1	6	13	20	26	27	37	42	48	46	45	47	

Number of C. difficile infections by month by onset for 2021/22													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
HOHA	2	6	8	9	9	6	11	5	12	4	7	11	
COHA	2	7	5	4	3	3	4	4	4	4	2	1	
COIA	3	1	2	1	1	4	1	1	4	1	0	0	
COCA	6	8	7	8	8	3	9	10	1	4	5	5	
No information	0	0	0	0	0	0	0	0	0	0	0	0	
All	13	22	22	22	21	16	25	20	21	13	14	17	
Plan	14	15	15	15	15	15	15	15	15	15	15	15	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	



- A total of 44 cases have been identified during Q 4, 14 Community Onset Community Acquired(COCA), 22 Hospital Onset Healthcare Associated (HOHA) , 7 Community Onset, Healthcare Associated (COHA), 1 Community Onset, Indeterminate Association (COIA)
- C.Diff cases continue to rise, the threshold set by NHSE/I for BSW CCG is 179 cases, we breached this threshold set by NHSE/I, the total numbers of CDI cases across BSW system is 226, 47 over the expected threshold, this is 34 more than 2020/21.
- This is in line with both the regional and national picture, and it is unclear what has driven this rise in cases at this time.
- The BSW CDI collaborative continues, due to current system demands progression towards reduction actions has been stalled. The aim is to reinvigorate the collaborative with support to complete Post Infection Reviews on Community Onset Community Associated (COCA) cases with support from public health and community colleagues.
- The BSW system continues to be part of the wider regional collaborative and alongside the Southwest regional team have created an updated Post Infection Review(PIR) form to include further lines of enquiry aimed at gaining a greater understanding of root causes, themes and trends
- Public health colleagues are also supporting to gain an understating of these cases looking at wider determinates of health and that may be impacting on health care associated infections.

# BSW System E-Coli Q4

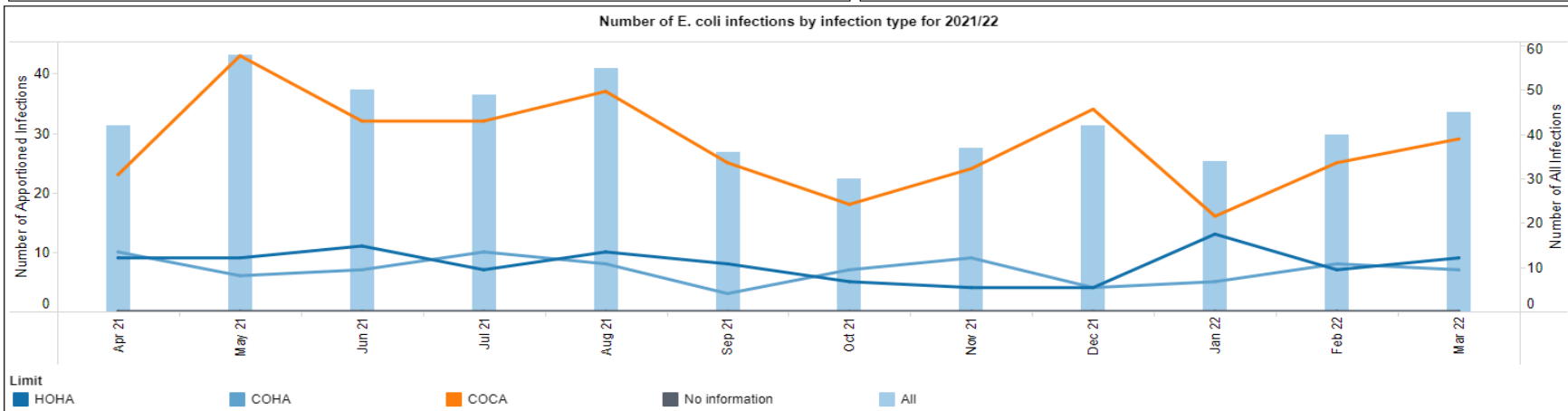
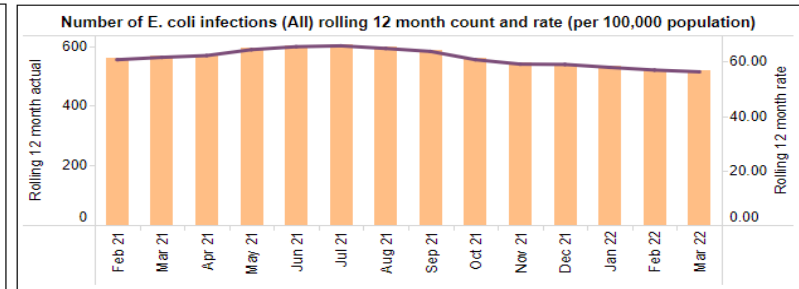
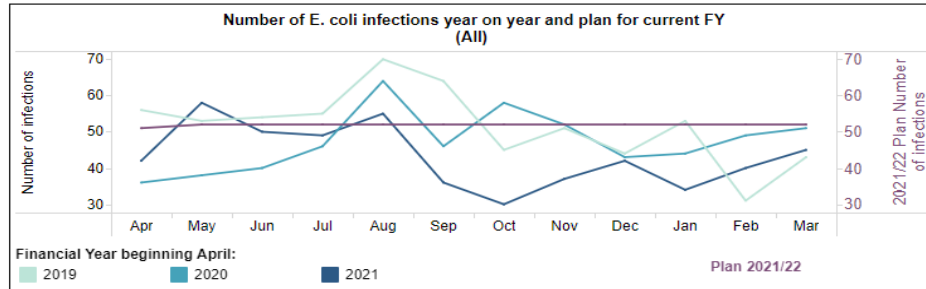


Bath and North East Somerset,  
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## Gram-negative bacteria: E. coli

Number of E. coli infections against plan for financial year 2021/22 (All)													
	Monthly position												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E. coli Actual	42	58	50	49	55	36	30	37	42	34	40	45	
E. coli Plan	51.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	
E. coli Actual v Plan	-9.00	6.00	-2.00	-3.00	3.00	-16.00	-22.00	-15.00	-10.00	-18.00	-12.00	-7.00	
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E. coli Actual v Plan YTD	-9.0	-3.0	-5.0	-8.0	-5.0	-21.0	-43.0	-58.0	-68.0	-86.0	-98.0	-105.0	

Number of E. coli infections by month by onset for 2021/22													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
HOHA	9	9	11	7	10	8	5	4	4	13	7	9	
COHA	10	6	7	10	8	3	7	9	4	5	8	7	
COCA	23	43	32	32	37	25	18	24	34	16	25	29	
No information	0	0	0	0	0	0	0	0	0	0	0	0	
All	42	58	50	49	55	36	30	37	42	34	40	45	
Plan	51	52	52	52	52	52	52	52	52	52	52	52	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	





# Gram Negative blood stream infections – E-Coli



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

- 119 E-coli cases have been identified during Q4, 70 COCA, 29 HOHA, 20 COHA
- BSW CCG incidence of E-coli for 2021/22 is 518, against a threshold of 623, 17% under. It is also 49 less cases compared to 2020/21 which was a total of 567 cases.
- COCA cases remain the highest proportion of all E-coli BSIs. The BSW system have applied to be part of the NHSE/I South West region hydration pilot to support the development of a knowledge base as to which hydration interventions will most effectively increase fluid uptake in the over 65 population to reduce the incidence of urinary tract infections and positively impact the reduction of gram negative blood stream infections, in particular E-coli bacteremia cases.
- Urinary Tract Infections remain the highest primary source of the BSW systems E-coli cases accounting for 67.5% of the cases.
- There remains an element of antimicrobial resistance contributing to these cases, notably in the community onset community associated cases.
- Further work on Antimicrobial stewardship and resistance will form an element of reduction plans during 2022/23



# Summary of IP&C Next Steps

## Priorities for Q2 2022/23

- Further work on Antimicrobial stewardship and resistance to support reduction efforts for Gram Negative Blood Stream infections
- BSW system have applied to be part of the NHSE/I South West region hydration pilot and will drive this forward across BSW
- The Clostridium *Difficile* collaborative is being reinvigorate the collaborative with support to complete Post Infection Reviews on Community Onset Community Associated (COCA) cases with support from public health and community colleagues.
- The BSW system continues to be part of the wider regional collaborative and alongside the Southwest regional team

Corporate Risk Register

Risk no.	Risk Category (for risk map)	Risk Appetite	Brief descriptor	Date risk entered on register	Risk Owner Accountable	Risk Manager Responsible	Latest review date	Digital risk score	Target risk score	Risk Treatment	Description of risk including event, cause and consequences	Existing controls and assurances	Proposed action (number each action)	Target delivery date for each action	Person delivering each action	Commentary on progress against action plans	RAG on progress against action	Movement in score (from previous updates since July 2019 or date of risk entry on register)	Current risk level	Current impact	Current risk score								
NEW BSW 09	Capacity and Capability	Moderate	Delegation from NHS to Pharmacy, Dental and Optician Contracts	27.07.22	JL Collin, Director of Primary Care	Tacey Strachan, Deputy Director of Primary Care	27.07.22	1	1	Treat	Delegation Agreement signed by CCB 1st July for NHS to delegate the Delegated Functions to the CCB under section 62(2) of the NHS Act in relation to the Reserved Functions. The DA will be used to underpin the governance mechanism supporting the delegation of primary medical services from 1 July 2022. Subsequent delegation of primary dental services, prescriber dental services, primary optometric services, pharmaceutical services, and local pharmaceutical services from NHS to the delegated care boards (DCBs), followed in April 2022. It will be handled through the same DA in updates to the relevant schedules. A risk alert was attached to the DA covering dispensing services - BSW CCB was responsible for dispensing doctors, how ever, the dispensing services quality scheme (DSQS) has not been completed by the CCB. We in April 2022 the Delegation Assessment Framework has to be completed and submitted, with CCB sign off to NHS by 19.09.22 covering 4 domains: Transformation and Quality, Governance and Leadership, Practice, and Workforce Capacity and Capability. Remaining Project Steering Group covering of necessary teams to report to PCCC in August. The additional resources will transfer from NHS to CCB in resources of staffing.	1. Establish BSW Steering Group to manage the programme and deliver against milestones in 2022 for preparation for April 23 delegation. 2. Completion of the Delegation Assessment Framework requiring CCB sign off by 19.09.22 - working with NHS CCB and NHS colleagues. 3. Share all documents and information with a wide BSW team. 4. Address remaining NHSBSS calls arising through the programme.	First meeting 05.08.22 Event NHSBSS in NHS 19.09.22	Rachel Stride to chair steering group JL Collin link to NHS and lead for PCCF completion	Delegation Agreement signed by CCB 1st July PCCF Steering Group 05.08.22 Ongoing NHSBSS meetings														
BSW 15 Merged with BSW 33	Capacity and Capability	Moderate	Demands on Primary Care GP Practices	03-Dec-10	JL Collin, Director of Primary Care	Tacey Strachan, Deputy Director of Primary Care	26.07.22	16	4	Treat	Continuing demands on GP practices in respect of the ability to maintain clinical safety and service standards. Review and report on the only appointment. Workforce across all the roles in the greatest challenge (recruitment, retention and attrition) ensuring sufficient capacity and capability in general practice to manage demand in existing practices, whilst maintaining safe practice with NHS and delivering services both GP and services. In 2022 delivery of NHS development plan for General Practitioner programme through primary groups - through to Phase 4 ending October 2022. Regularly selected practice to address non-DSQS needs, long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs and the use of Long Term Plan prevention agenda. Preparation underway by Phase 5 Astar/Winter/ Covid and Flu Vaccination.	Primary Care Operational Groups recently reports of operational issues in their practices and reports to Primary Care Commissioning Committee. Primary Care Case Score introduced last autumn (on part of the wider system BSWBSS) risk dashboard both and monitoring of practice status to evidence for practice in the system to all to the wider public. Weekly LMC General Practice Alerts (GPA) reports for BSW in order, where the GPCL status and boosters criteria. 1000 patients. High risk practice in regular contact with CCB LMC to address concerns. Regular updated through meeting and external across BSW, Localities, PCCs and Practices. Practice work in developing surge planning across primary care at all daily reporting into BSWBSS and practice surge plans and developed suite of documents and support - 1) digital communication materials, sharing with its system partners (including community care teams, and Commissioning Plan with message to public focused on GP Practice. Continue to support NHSBSS practitioners to maintain retention in these posts by offering and facilitating support like NHS, CCB opportunities for collaborative learning, the activities aimed to be in the Training Hub for staff working in NHSBSS roles. Working to ensure that retention is maintained through recruitment into work with already identified student supply (next 2 years) to secure posts in GP Practices. Practice's primary primary care as the first destination for post-graduate students and resources retention through offering newly qualified fellow ship programme and retention programme in primary care for practice retention. Shared placement capacity via shared placements. Build on our experience of offering placements through the Collaborative Learning in Practice (CLIP) and Technology-Enhanced Care (TEC) Services projects. Maintain focus on spending in supervision, mentorship and coaching to support supply needs.	1. Additional PCCs have been reviewed and reported through NHSBSS submissions. 2. Modification and development of the GP Practice list with regular updates to PCCs/PPCC. 3. GP retention programme for BSW being further developed through training hubs and other schemes for practice, supervision and CCB's existing and new roles. 4. Reporting weekly on demand and most of development - developing method (local) and across BSW to understand more about what causes for consultation and outcome (not just numbers). To understand demand & solution. Practice work in developing surge planning across primary care at all daily reporting into BSWBSS and practice surge plans. 5. Modification of population analysis and a validation tool for practice. 6. Work with NHSBSS to develop quantitative assessment of demand on primary care, taking into account learning from COVID. 7. Work with Communications Teams to manage patient demands and expectations and launch change of service. 8. Work closely with PCCs to support delivery of vaccination programme (such as additional vaccination and support for additional non-NHS practices) to allow increased return to reactivation of usual business and working in their normal way. General for vaccination. 9. Weekly LMC General Practice Alerts (GPA) reports for BSW now shared with CCB, status and boosters details contact - 1000 patients.	1. Ongoing discussion and re-optimisation of 2. NHSBSS and PCC team 3. Ongoing work 4. Analysis team 5. PCC team 6. Commissioning team 7. Vaccination Programme 8. PCC and largest care team	1. JL Collin and PCC team 2. JL Collin and PCC team 3. Analysis team 4. PCC team 5. Commissioning team 6. Vaccination Programme 7. PCC and largest care team	The BSW Practice agreement data monitors the number of appointments, and the time in which they are completed (face to face or phone). BSW group working with the NHSBSS to develop understanding of reasons driving demand to review alternative solutions and support for other generalist services. Reporting on the CCB Vaccination programme separately. Primary Care Dublin weekly. Focus on modelling for Phase 5 Astar/Winter Programme for Covid and Flu Vaccines. Possible that update - 10.12.22. CCB staff signed up (71 GPs) and 28 reported to work. CCB Practices (70%) signed up to Platform.	Potentially Off Target		3	4	12								
BSW 13	Capacity and Capability	Moderate	Primary Care Workforce	04-Dec-10	JL Collin, Director of Primary Care	D. Walsh, Head of People Programme & CD/Health & Wellbeing Unit and Programme Lead BSW Training Hub	09.08.2022	1	1	Treat	The workforce gap problem over the next five years includes a number of GPs, practice nurses and practice managers if it were during periods when they may threaten the resilience and sustainability of Primary Care. This is compounded by the current workforce pressures as some practitioners are leaving the sector early. Addressing impact of the national temporary Access Plan with implications for GP, such as reporting average BMA reporting plan.	BSW Primary Care Strategy BSW Training Hub has a 3 year contract from 2022 for sustainability in using recruitment and retention plans. Primary Care Commissioning Committee (PCCC) Primary Care Operational Groups (PCCG) Primary Care Note on Meeting / Forum	1) Continue to obtain up to date workforce data from NHSBSS (including age profile of all staff, reported on by the BSW team on a quarterly basis) 2) Explore workforce planning at system level working with Strategic Workforce Planning National for BSW 3) Work with the BSW Strategic Recruitment, Retention and Supply Group on a 5-yr project looking always to retain those reaching retirement age. 4) Continue to support the NHSBSS scheme in Primary Care to manage the workload and prevent early retirements attributed to workload. 5) Increased emphasis on supply of primary care staff through active recruitment strategies, primary care placements, apprenticeships and Return to Practice courses. 6) Launch of Practice Pool - week commencing 25th October 2021 with facilitation and support to work with all Practices to be the best use of this service	Ongoing development of plans	D. Walsh (CCG), BSW Training Hub	1) CCB Workforce has been designed for BSW in overall CCB plan and shall include combined (Primary Care included) Production of CCB gaps provided by the CCB. Production of Primary Care (only) data by the BSW team and shared as the primary governance. Alignment of CCB and evidence across CCB and practices as considered as part of operational plan submission. 2) CCB Lead chair a meeting of Workforce Planning from across the CCB system/Primary Care represented, Commissioning Alliance to include National - use of reported to NHSBSS from Doctor schemes, new practitioners qualified for future recruitment needs. 3) Membership of the NHSBSS group representing Primary Care and primary with any appropriate interests in all matters. GP Activities of level 4 which can provide a portfolio cover as part of flexible retention. Regular meetings in place with Training Hub regarding current issues and future needs. Longer term planning regarding further support from NHSBSS. Local funding to support training, retention, GPWV and GP integrators, along with GP Charities model. 4) Local facilities to support workforce (practice nurse roles and roles). PCCB BSW Clinical Director meeting, PCCB engagement and development of BSW support offer continues. Training Hub has a lead for each professional group, offering advice and guidance, being opportunities to be in the career path way and supervision. 5) Increasing use of social media to promote primary care recruitment, now follow a plan within the Training Hub supporting the message of Primary Care being an attractive place to work. Active recruitment process to place for a Clinical Recruitment Executive role to support placement equipment. Local Lead supports Return to Practice placements, and offers clinical events to attract Return/Practice Associates into primary care are planned. New graduates need to be qualified for support for vacancies for 2022 and 2023. Appropriately lead in place and being comprehensive in the BSW CCB Academy and in the operational group. Apprenticeships have commenced in Primary Care and have a very firm to be able systems. 6) Practice Pool has been launched and 20% of practices have signed up. The project has support for 2 years for provision and expansion of the variety of roles within Primary Care.	Potentially Off Target		4	3	12								

Last Update: 09/08/2022