

## BSW CCG Primary Care Commissioning Committee Meeting in Public

Thursday 14 April 2022, 13:00hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
13:00	1	Welcome and Apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the public	Chair	Note	
	4	Minutes from the meeting held on 10 February 2022	Chair	Approve	PCCC/22-23/006
	5	Action Tracker	Chair	Note	PCCC/22-23/007
<b>Business items</b>					
13:10	6	Summary of Decisions made at the PCCC Private Meeting held on and 10 March 2022	Chair	Ratify	PCCC/22-23/008
13:15	7	Operational Items: a. Current Demands and Challenges b. Update on COVID-19 Vaccination Programme c. Updates on Contracts from April d. Flexible Staff Pool	Jo Cullen	Note	Presentation in meeting
13:25	8	Primary Care Operational Group Recommendations for Discussion and Approval:			PCCC/22-23/009
		a. Additional General Medical Service Space in Priory Road Surgery, Swindon	Jo Cullen	Approve	
		b. Kingswood and Carfax Merger Update	Jo Cullen	Note	
13:35	9	Quality Report	Gill May	Note	PCCC/22-23/010
13:45	10	Finance Report	John Ridler	Note	PCCC/22-23/011

Timing	No	Item title	Lead	Action	Paper ref.
13:55	11	Primary Care Work Programme 2022-23	Jo Cullen	Note	PCCC/22-23/012
<b>Items for information</b>					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
14:05	12	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/22-23/013
14:05	13	Primary Care Risk Register	Jo Cullen	Note	PCCC/22-23/014
<b>Closing Business</b>					
14:05	14	Any other business	Chair		

**Next Meeting of the Primary Care Commissioning Committee in public:**  
Thursday 16 June 2022 – 13:00hrs

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

**Thursday 10 February 2022, 13:30hrs**

*Virtual meeting held via Zoom*

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### **Present**

#### **Voting Members**

Lay Member PCCC (Chair), Suzannah Power (SP)  
Lay Member PPE (Vice Chair), Julian Kirby (JK) – *until 14:00hrs*  
Registered Nurse, Maggie Arnold (MA)  
Chief Financial Officer, Caroline Gregory (CG)  
Medical Director, Dr Ruth Grabham (RG)  
Director of Strategy and Transformation, Richard Smale (RS)  
Director of Primary Care, Jo Cullen (JC)

#### **Attendees**

Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER) – *from 14:12hrs*  
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)  
Director of Nursing and Quality, Gill May (GM)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)  
Acting Chief Executive, Wessex Local Medical Committees Ltd, Dr Gareth Bryant (GB)  
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)  
Patient Safety and Quality Lead, Claire Spiers (CS)  
Communications and Engagement, Sheena Hobbs (SHo)  
Integrated Care Board Chief Executive Designate, Sue Harriman (SH)  
Project Lead - Primary Care Flexible Staff Pool, Rachel Cooke (RC) – *for item 9*  
Lantum, Charlie Mostyn – *for item 9*

#### **Apologies**

Representative from HealthWatch Wiltshire, Joanna Wittels (JW)  
Representative from HealthWatch Swindon, Steve Barnes (SB)  
Locality Clinical Lead (Swindon, Dr Amanda Webb (AW)  
Chief Executive, Tracey Cox (TC)  
Communications and Engagement, Gill Kirk-Burgess (GKB)

### **1 Welcome and Apologies**

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

- 1.2 The meeting was declared quorate.
- 1.3 To enable Primary Care Commissioning Committee (PCCC) meetings to continue as much as possible during these unprecedented times, Zoom and Microsoft Teams were being utilised where possible. The Standing Orders allow for this provision. Consideration is being given to future Committee meetings and some moving back to face to face. Further details would be shared with members in due course.
- 1.4 Only those questions raised through the normal submission process of three working days in advance of the meeting would be acknowledged during the meeting.

## **2 Declaration of Interests**

- 2.1 The CCG holds a register of interests for all staff, Governing Body and Committee Members.
- 2.2 The following conflict of interest was noted:
  - Item 8a – Wiltshire Prescribing Incentive Scheme Payments - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore has a direct conflict of interest in item 8a. As this was a meeting held in public, it was proposed and agreed that Dr Dominey remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision making.
- 2.3 There were no other interests declared regarding items on the meeting agenda.
- 2.4 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee are non-voters.

## **3 Questions from the Public**

- 3.1 No questions had been received ahead of the meeting.

## **4 Minutes from the meeting held on 9 December 2021**

- 4.1 The minutes of the meeting held on 9 December 2021 were **approved** as an accurate record of the meeting, with one amendment noted:
  - Page 4, item 9.2 – replace *site* with *sit* on the second bullet.

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

- 5.1 Six actions were noted on the tracker. Four were marked as CLOSED, with updates provided for the Committee to note.
- 5.2 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. The Communications Team were working with practices and Healthwatch to review practice websites and the information shared. The CCG continued to share information also via its own website and social media channels. ONGOING
- 5.3 The Chair advised that efforts had been made to schedule a 'Primary Care Data and the IT Interface' meeting to talk through CCG reporting with Healthwatch, unfortunately dates had not been able to accommodate all. New dates would be shared shortly. ONGOING
- 5.4 The Committee reviewed the Themes to Watch list. The Chair suggested that the three items noted on the themes to watch be removed. Primary care communications and primary care wellbeing were constantly considered as part of the ongoing support. Similarly,

the transition to the BSW Integrated Care System was moving at pace in time for 1 July establishment. There had been a stall on the transfer and delegation of additional primary care functions from NHS England due to the pandemic pressures. These discussions were now to restart, agenda items would be raised as required.

5.5 The themes to watch list would be updated and items removed as suggested.

## **6 Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022**

6.1 A report summarising those decisions made at the Primary Care Commissioning Committee meetings held in private on 9 December 2021 and 13 January 2022 had been included in the paper pack. This referenced the decisions taken on Somerton House Surgery Temporary List Closure, Pulteney Practice Temporary List Closure, Primary Care Funding, Funding for Atypical Populations (BaNES) and Secondary Care Bloods.

6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meetings on 9 December 2021 and 13 January 2022.

### **6a. Out of Committee Decision Report - Prescribing Incentive Scheme Suspension**

6.3 The report documented the urgent out of committee decision made regarding the suspension of the Prescribing Incentive Scheme for 2021-22. In accordance with the Committee's terms of reference and in line with the Delegated Financial Limits, a supporting paper and recommendation were circulated to Committee members on 10 December 2021, with confirmation of approval of the agreed approach requested from voting members by 13 December 2021.

6.4 The Committee **noted and ratified** the decision made outside of committee – to suspend the prescribing incentive scheme for 2021/22.

## **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**

- The trend data was now available back to April 2019.
- Appointment data indicated 443,100 appointments were held in December 2021, compared to 359,400 in December 2020, a 23% increase in activity.
- Face to face appointments were 61.9% of the total appointments, compared to 58% in December 2020.
- The national data had now been included in the graph comparison, as available up to November 2021. BSW was following similar activity levels to the national records.

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

- The national letter received on 27 January 2022 covered the period until 31 March 2022, and listed the key priorities for practices and Primary Care Networks (PCNs) - continued delivery of general practice services, management of symptomatic COVID-19 patients in the community and support to the roll out of new services and treatments, and ongoing delivery of the COVID-19 vaccination programme, particularly to the most vulnerable people, to minimise health inequalities, to care home residents and staff, those with underlying health conditions and carers, housebound, eligible 12-15 year olds, and at risk 5-11 year olds.
- Over 2.1m vaccines had been delivered in BSW – an amazing effort by all involved, including the military. PCNs were maintaining delivery where possible. Pop up clinics and the bus were being used to increase uptake and to reach those hard-to-reach communities and groups, particularly in those unvaccinated areas.

## **7c. Surge Planning**

- System pressures had worsened with staff shortages and continued demand and challenges.
- 100% of practices were now reporting every day upon the SHREWD system, ensuring practices reported their workforce and demand challenges to feed into the overall BSW picture. The Committee welcomed this positive step for practices. Practices needed to see the consequences of their input, and the added value and support of reporting into system level.
- Practice and PCN plans continued to be developed, personalised and localised – incorporating action cards and surge plans.
- Mutual aid and closer working between practices was enabling tangible solutions to continue core service delivery.
- The TeamNet page was being developed to share all schemes, training offers, IT and digital support, communication materials, complaints support and Hot Hub arrangements.
- There was a continued system response and focus on the flow of patients through the acutes to community settings, and the provision of extra bed capacity in the community and out of hospital – with wrap around primary care support.

## **7d. Vaccination as a Condition of Deployment (VCOD)**

- The Secretary of State for Health and Social Care announced on 31 January 2022 that the Government was looking to revoke the regulations requiring vaccination as a condition of deployment for healthcare workers from 1 April 2022. Further guidance was awaited.

7.2 The Medical Director advised that Community Development Medicinal Units (CDMUs) were being established in localities to support the new set of treatments prescribed and delivered by the acutes for those vulnerable COVID-19 positive patients. The complexity around the new treatments, which were stepped up before Christmas following the identified Omicron variant, was to make contact with patients within 5-7 days of them testing positive. This required urgent contact, assessment of the suitability of the treatment, and then delivery of the treatment – all within a short timescale. A unique service being offered, with support of primary care colleagues to identify eligible patients who qualify for treatment. Those patients who had not yet received the letter are asked to contact their GP or out of hours 111 to keep to the timescales. GPs could not prescribe treatment, but can email a referral into the service for triage. It was noted that this service was for those patients who had tested positive for Omicron and were feeling unwell with worsening symptoms.

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

### **8a. Wiltshire Prescribing Incentive Scheme Payment**

- 8.1 It was noted that Dr Sam Dominey would not be involved in this item discussion due to the recorded conflict of interest.
- 8.2 The historic Wiltshire Prescribing Incentive Scheme was based on practice participation and performance. 2020-21 was intended to be the transition year where performance elements were phased out to align to the schemes in BaNES and Swindon. However, during 2020-21, all incentive schemes had been frozen nationally.
- 8.3 There had been a noted misunderstanding between some of the practices and the Medicines Management Team as to whether it was the full scheme suspended with block payment, or the performance element was still payable on actual performance.
- 8.4 Two practices, Ramsbury Surgery and Three Chequers Medical Practice, had been close to meeting the target and had assumed payment due to the protection. The budget to cover these reasonable payments had been identified. Although only Three Chequers had

appealed, it felt equitable to make payment to both practices, based upon the historic performance suggesting that they would have achieved the target. Assurance was given to the Committee that the achievements of all practices in Wiltshire had been reviewed, with no repercussions expected from BaNES, Swindon or Wiltshire practices. There had been a significant difference in the achievements of the third practice. Wiltshire Primary Care Operational Group (PCOG) had discussed this thoroughly and had acknowledged the clear gap from these top two practices and the next tranche, supporting the request and recommending approval by the Committee

- 8.5 This would not be an ongoing issue across BSW, as the incentive schemes were now aligned, with the performance element removed.
- 8.6 The Committee **approved** payment of the 2021 Prescribing Incentive Scheme Performance achievement to Three Chequers Medical Practice (£16,462) and Ramsbury Surgery (£1,847).
- 8b. Personal Medical Services to General Medical Services Requests from Hathaway Medical Partnership and Sixpenny Handley Surgery**
- 8.7 The CCG had received requests from Hathaway Medical Partnership and Sixpenny Handley Surgery to move from a Personal Medical Services (PMS) to General Medical Services (GMS) contracts. This decision is presented to the Committee as part of due process, acknowledging that the practices have the right to request this move. The required three months notice had been provided. There was a minimal difference in contracts or financial impact. These requests had been supported by the Wiltshire PCOG, and were recommended for approval by the Committee.
- 8.8 The Committee **approved** the transfer to GMS contracts for Hathaway Medical Partnership and Sixpenny Handley Surgery.
- 8c. Special Allocation Service Contract Extension**
- 8.9 The current Special Allocation Service (SAS) contract with Courtyard Surgery was to expire on 31 March 2022. The request was to extend this, on a revised service specification, for 12 months to 31 March 2023.
- 8.10 The review of the existing service was underway, to bring a more resilient and sustainable service for the whole of BSW, but due to the pandemic, it had not been possible to roll out the complete process by year end. It was proposed that the 12 month extension contract terms would also be applied to Kingswood Surgery for the Swindon contract from April 2022. This alignment of contract terms would see a slight difference in payment, levelling up for the Swindon provider, but would remain within budget. The payment was based on activity levels.
- 8.11 The full tender and BSW procurement process would be undertaken, commencing April 2022. The shortage of SAS providers previously was recognised, but may encourage other providers if the specification was revised. The team were liaising with other CCGs to seek other potential providers. The tender may look to include mental health and complex patient intensive support elements, or those similar to that of the High Intensive User project. This would be assessed as the tender developed in collaboration with colleagues, to move towards a more integrated service that included other non-medical factors – bringing benefit to both patients and GPs with a shared services approach. The patient pathways would be a focus, to ensure options of support were offered to enable patients to exit the pathway via other routes. Regular updates would be shared with the Committee as appropriate.
- 8.12 The Committee **approved** the extension of the current Special Allocation Service contracts (on revised service specification) for twelve months to 31 March 2023.

## 8d. BSW Primary Care Handbook

- 8.13 The Committee **approved** the adoption of the BSW Primary Care Handbook and **noted** that it was now being rolled out across BSW. This did not change legal and national policies, instead provided guidance on BSW processes.

## 9 Primary Care Flexible Staff Pool

- 9.1 The CCG's Project Lead for the Primary Care Flexible Staff Pool and the Regional Activation Manager for Lantum were in attendance to present an update on the implementation of the primary care flexible staff pool. The Committee had supported the creation of a staff pool across BSW at its meeting in September.
- 9.2 The Committee **received and noted** the update. The following was highlighted to members:
- Since the paper was circulated, three more practices had signed up to the Lantum platform, the total uptake was noted as follows:
    - 42/90 practices (47%) plus 6 branch sites
    - 36 GPs (an increase of 3 in the last week)
    - 9 Practice Nurses (an increase of 2 in the last week)
    - 4 Advanced Nurse Practitioners (ANPs) (increase of 1)
    - 1 Advanced Clinical Practitioner (ACP) (increase of 1)
  - 5 shifts had been filled across two practices by two different clinicians in February. There was also one pending application for a GP shift in March at a practice in Bath.
  - With regards to the Information Governance risk highlighted in the paper – Lantum had since submitted their Data Security and Protection Toolkit application, NHS England had confirmed that evidence of compliance for all mandatory assertions in the Toolkit for their organisation type requirement was fully met.
- 9.3 The Committee agreed that good progress had been made, particularly as this was a new platform launch. The launch had initially been across an area of low clinician density, but had seen significant movement. This would now be fully activated for shifts to be promoted and to allow full engagement in the platform and governance documents, and fulfilment of shifts.
- 9.4 The lessons from across the other 18 Integrated Care System platforms co-ordinated by Lantum would be shared to improve the platform and service. As the BSW platform grew, the engagement and promotion and shift conversion rates would increase, acknowledging that not all shifts would always be filled.
- 9.5 Staff, practice and patient satisfaction should be gathered to assess its success. Case studies and feedback would be gathered throughout the project to further encourage engagement from practices. The platform had a built-in support feature for staff and practices, but consideration would be given to how best gather patient feedback.
- 9.6 NHS England funding was in place for two years. The platform success would highlight this as an invaluable service. Future, longer term funding would need to be sought. The Integrated Care Board (ICB) would need to assess value for money.  
[ACTION: Consideration to be given to longer term funding, succession planning, review of conversion rates and methods to gather patient feedback. A further update would be brought to the Committee in June 2022.](#)

## 10 Quality Report

- 10.1 The Committee **received and noted** the Quality Report, which included the evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with severe mental illness in Primary Care as an appendix.



- 10.2 The Director of Nursing and Quality highlighted the following items to the Committee:
- The Quality Team continued to support those practices rated as 'requires improvement'. The Primary Care Advisory Oversight Group was reviewing detail and monitoring improvement plans. This Group would remain in place whilst support to those practices was required. The Group would extract the learning and identify actions of governance and leadership to ensure a level of assurance was in place. The continuation of this Group would be considered for future ICB arrangements.
  - The Quality Surveillance Group was working with Healthwatch, CQC and CCG colleagues to develop the quality dashboard to include primary care metrics, particularly surrounding infection, prevention and control.
  - The Annual Healthchecks target was set at 40% - BSW had surpassed that at 45% ahead of the March deadline. A deep dive of annual health checks was to be undertaken to report to the Quality and Performance Assurance Committee (QPAC). A number of practices were still to upload their reports, the Team were working with GPs to consider purpose and level of detail, to support this next step.
  - The evaluation report of the First Option Pilot had been included – work was still ongoing to understand the future model and to further exceed the national targets.
  - The Learn from Patient Safety Events (LFPSE) reporting system was to now be rolled out further to increase reporting, following initial functionality issues. This was being rolled out in line with the Patient Safety Strategy. The Patient Safety and Quality Lead was now a member of the national working group, which would support further development and engagement.

## 11 Finance Report

- 11.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month nine of the 2021/22 financial year. The Committee noted:
- Month 9 was reporting an underspend position of £2.1, and also forecasting a £2.1m underspend.
  - The primary care delegated fund risk had been mitigated with the £800k as agreed from the 2020-21 brought forward monies and non-recurrent funding.
  - Overall the primary care budget was low risk
  - Spend was being assessed against recent Service Development Funding guidance to ensure funds were utilised and not clawed back.
  - BSW had received £780k against Winter Access Fund bids made to date. This would be managed over the year end position.
- 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 Wiltshire PCOG meeting held on 27 January 2022. No other PCOG meetings had been held since the last meeting of the Committee.

## 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 14:43hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 14 April 2022:

**Name:**

**Role:**

**Signature:**

**Date:**

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

Updated following meeting on **10/02/2022**

**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.	Shaun Dix Helen Robertson Gill Kirk Burgess Sheena Hobbs (CCG Comms Team)	<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>	ONGOING
09/09/2021	9. Quality Report	Consideration to be given to the development of the Primary Care Quality Report, to include Healthwatch information.	Quality Team	<p><b>Update 30/11/2021:</b> Engagement with HealthWatch has commenced. A meeting has taken place with Healthwatch BaNES PCCC member and a further meeting with the Project Portfolio Manager Healthwatch Swindon &amp; Healthwatch BaNES is scheduled for 8 Dec 2021.</p>	ONGOING
09/12/2021	8a. Current Demands and Challenges	PCCC Chair to talk through CCG reporting with Healthwatch representatives to seek possible improvements and aid understanding of how data is presented.	Suzannah Power	<p><b>Update 30/12/2021:</b> Meeting organised for 06/01/2022 with Healthwatch Representatives - Suzannah Power and Dr Francis Campbell to lead. <b>Update 06/01/2022:</b> Meeting cancelled due to number of apologies. To be rearranged for later in January. <b>Update 21/01/2022:</b> Meeting rescheduled for 27/01/2022. <b>Update 26/01/2022:</b> Meeting on 27/01/2022 cancelled, to be rearranged.</p> <p><b>Update 10/02/2022:</b> Efforts had been made to schedule a 'Primary Care Data and the IT Interface' meeting to talk through CCG reporting with Healthwatch, unfortunately dates had not been able to accommodate all. New dates would be shared shortly.</p> <p><b>Update 29/03/2022:</b> Questions raised by Healthwatch representatives responded to directly.</p>	CLOSED
10/02/2022	9. Primary Care Flexible Staff Pool	Consideration to be given to longer term funding, succession planning, review of conversion rates and methods to gather patient feedback. A further update would be brought to the Committee in June 2022.	Rachel Cooke	Noted on the PCCC planner for June 2022.	CLOSED

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

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meetings held on 10 March 2022						<b>Agenda item</b>	6
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve	X	Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>	N/A							
<b>Author</b>	Tracey Strachan, Deputy Director of Primary Care							
<b>Appendices</b>	N/A							
<b>This report concerns</b>	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
<b>This report was reviewed by</b>	N/A							
<b>Executive summary</b>	<p>Below is a summary of the decisions made at the BSW CCGs Primary Care Commissioning Committee meeting held in private on 10 March 2022:</p> <p><b>New Lease Arrangements for Rent Reimbursement – Ramsbury Surgery</b> The Primary Care Commissioning Committee <b>approved</b> the recommendations to:</p> <ol style="list-style-type: none"> <li><b>approve</b> the CCG's District Valuer recommendations for a reversionary lease of 15 years, with practice improvements funded by the landlord and,</li> <li><b>agree</b> the rent reimbursement increase</li> </ol> <p><b>New Lease Arrangements for Rent Reimbursement – Kennet &amp; Avon Medical Partnership (KAMP)</b> The Primary Care Commissioning Committee <b>approved</b> the recommendation to:</p> <ol style="list-style-type: none"> <li><b>Agree</b> to the six-month lease extension with a view to agreeing a more formal longer-term arrangement from 01 October 2022.</li> <li><b>Agree</b> to continue the rent reimbursement at current levels</li> </ol>							

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meetings held on 10 March 2022	<b>Agenda item</b>	6
	<p><b>Changes to Swindon Primary Care Networks (PCNs) for 2022-23</b>  The Primary Care Commissioning Committee <b>approved</b> the recommendation to realign two PCNs in Swindon and establish a new PCN – Sparcells PCN from April 2022</p>		
<b>Recommendation(s)</b>	The Committee is asked to <b>note and ratify</b> the decisions made in the PCCC Private meeting held on 10 March 2022.		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	<i>BSW11 – Primary Care Capacity</i>		
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium
			Low
<b>Key risks</b>	Risks and mitigations were detailed in papers		
<b>Impact on quality</b>	Detailed in papers		
<b>Impact on finance</b>	Detailed in papers		
	<b>Finance sign-off:</b> Caroline Gregory, Chief Financial Officer		<b>X</b>
<b>Conflicts of interest</b>	None to note		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input 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 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		

# Meeting of the BSW CCG Primary Care Commissioning Committee

## Report Summary Sheet

<b>Report Title</b>	Primary Care Operational Group Recommendation for Approval						<b>Agenda item</b>	8
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve	X	Discuss		Inform		Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>								
<b>Author</b>	Tracey Strachan							
<b>Appendices</b>	1 Additional GMS space allowance for Priory Road Surgery 2 Carfax and Kingswood merger update							
<b>This report concerns</b>	BSW CCG		BaNES locality		Swindon locality	X	Wiltshire locality	
<b>This report was reviewed by</b>	Swindon Primary Care Operational Group							
<b>Executive summary</b>	<p><b>1 Additional GMS space allowance for Priory Road Surgery:</b>            Priory Road Surgery in Swindon has requested additional GMS funded space within their current building. This will be used to accommodate the growing PCN pharmacy team for its clinical work (both in seeing patients virtually and face to face), and once Great Western Community Services have finished temporarily using one of the rooms, will also enable further PCN development. The additional space will:</p> <ul style="list-style-type: none"> <li>• Free up clinical capacity at Merchiston as the pharmacy lead based at Merchiston would move to Priory Road</li> <li>• Provide the PCN pharmacy team with a base</li> <li>• Support the PCN team development as the PCN Manager is also based at Priory Road</li> </ul> <p>The practice is below their allowable GMS space for their current list size.</p>							

<b>Report Title</b>	Primary Care Operational Group Recommendation for Approval					<b>Agenda item</b>	8
	<p>As the CCG is currently paying void costs (Rent and Rates) of the proposed space, converting the space to GMS creates a net saving to the CCG</p> <p><b>2. Carfax and Kingswood merger update</b> A paper went to PCOG, further discussion took place in order to continue with the merger. The press release for the merger is in paper 8b of this committee meeting pack.</p>						
<b>Recommendation(s)</b>	<p>The Committee is asked to <b>approve</b>:</p> <p><b>1. Additional GMS space allowance for Priory Road Surgery:</b> Both options are approved, subject to the lease currently held by NHSPS for the space is ceased by NHSPS, allowing the current practice lease to be extended for each option: <b>Option 1</b> The therapy and admin room for conversion to GMS space. <b>Option 2</b> In addition to option 1, the multi-purpose room to be converted to GMS space once the existing service has vacated.</p> <p><b>2. Carfax and Kingswood merger update</b> To continue with the Kingswood and Carfax merger.</p>						
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	Details within appended papers						
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low	X	N/A
<b>Key risks</b>	Details within appended papers						
<b>Impact on quality</b>	Details within appended papers						
<b>Impact on finance</b>							
	<b>Finance sign-off:</b> Matthew Hawkins						X
<b>Conflicts of interest</b>	None						
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner						
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan						

# Swindon Primary Care Operational Group Report

8<sup>th</sup> March 2022

## Additional GMS Space Request

## Priory Road Medical Centre



## GMS Services Expansion within existing Priory Road Medical Centre

### Purpose of Paper

The purpose of this paper is to consider a request from Priory Road Medical Centre, to expand their GMS Space within Priory Road Medical Centre.

### Supporting Information

#### 1. Current Position of Practice

Priory Road Medical Centre is based in the Parks area of Swindon with a registered list of 8,725 patients as of February 2022. It is in the most deprived ward within BSW CCG (Index of Multiple deprivation).

#### 2. PCN details

Priory Road Medical Centre is one of five practices which formed the Super Partnership known as Wyvern Health Partnership (WHP) in 2020. The PCN Population is shown in Table 1 below, WHP is the largest PCN ins Swindon.

**Table 1- WHP PCN Population**

Wyvern PCN		Feb-22
J83001	Merchiston Surgery	13,892
J83022	Old Town Surgery	9,015
J83024	Priory Road Surgery	8,725
J83027	Hawthorn Medical Centre	12,938
J83059	The Lawn Medical Centre	8,264
	Total	<b>52,834</b>

Please list ALL PCN roles

**Table 2 – WHP PCN Roles**

Role	WTE	Hosted by (please state what Practice)
Lead Pharmacist & Clinical Support	0.73	Merchiston
Pharmacists	4.36	All 5 WHP practices
Pharmacy Technicians	4.72	All 5 WHP practices
Pharmacy Apprentice Technicians	2.0	All 5 WHP practices
Physiotherapists	1.25	Merchiston, Old Town, Hawthorn, Merchiston
Social Prescribers	3.04	All 5 WHP practices
Mental Health Practitioners	1.0	Old Town & Priory Road
WHP PCN Manager	1.0	Priory Road

### **3. Current Rent Arrangements**

Priory Road Medical Centre GP Practice operates out of Priory Road Medical Centre. At present Priory Road Medical Centre GP practice is the Superior Leaseholder (69%) from Assura property management company.

The remaining 31% sub lease is held by NHS Property Services, with the following services also operating from Priory Road Medical Centre:

- a) Up until Dec '21 SCWCSU Patient Advice and Complaints Team (PACT) operated from Priory Road Medical Centre in the Therapy room and Office Area, the (PACT) team has moved out and is now based in the BSW CCG Pierre Simonet Building free of charge, with the SWCCSU reflecting this change with a reduction in service cost.
- b) The CCG rents a ground floor multipurpose room. This room was used by Wyvern Health Partnership as its covid clinic during the pandemic and is now about to temporarily to be used by Great Western Healthcare Community Services wheelchair service.
- c) A dental practice on the 1<sup>st</sup> floor also sub-leases from NHS Property Services. (Note: It's estimated this lease has 5+ years remaining).

### **4. Proposal**

#### **Option 1**

The proposal for the two additional rooms is for Priory Road Medical Centre to be used to accommodate the growing PCN pharmacy team for its clinical work, both in seeing patients virtually and face to face. There are three reasons for this:

- The pharmacy lead based at Merchiston would move to Priory Road, thereby freeing up clinical capacity at Merchiston which has a current -249 square metres shortfall based on BSW CCG Estates modelling, see Table 3 below.
- The PCN pharmacy team would have a base.
- The PCN Manager is also based at Priory Road and would support the PCN team development.

#### **Option 2**

In addition to Option 1 above, agreement could be made within this paper for the principle of the multipurpose room to also be converted to GMS space, once Great Western Community Services have finished temporarily using this room.

This would enable the PCN to further support the WHP practices which have a gap in current provision of space, plus would enable the PCN to develop services across its PCN, for example WHP are keen to develop a leg ulcer and wound care clinic.

In addition, the PCN is able to recruit further ARRS (Additional Roles) staff in the 4<sup>th</sup> and 5<sup>th</sup> year of the ARRS scheme. Given that three WHP have a gap in current provision of space, this additional request will support the WHP to accommodate its ARRS staff.

#### **Post PCOG meeting note for PCCC**

For both option 1 and 2, this would be conditional on the CCG and the practice agreeing with NHSPS that NHSPS surrenders its existing lease with Assura for the current CCG space, and Assura extends the existing practice's lease to include the new space.

**Table 3 - Capacity gap of current premises (606m2):**

Practice Name	Actual Population (Nr) - current patient list size based upon CCG March 2021 data	Total Gross Internal Area (DV) - current m2	PCN	Size allowance (m2) - the GIFA needed for the population now assumed based upon NHS calculator	Gap/Provision in current provision (m2) - current short-fall in GIFA for the volume of patients at the surgery
Merchiston Surgery	13,841	751	Wyvern	1,000	-249
Old Town Surgery	8,953	667		667	0
Priory Road Medical Centre	8,834	730		667	63
Hawthorn Medical Practice	12,682	568		916	-348
Lawn Medical Centre	8,010	595		667	-72

## 5.Additional Cost

The current rent and rates charges for the different spaces within Priory Road Medical Centre is outlined in Table 4 below:

**Table 4 - Priory Road Medical Centre additional GMS space request - current charges**

	Current Priory Road GP practice	Option 1& 2		Total
		Multi-purpose room	Option 1 Proposed Expansion of Therapy Room & Office Area	
Based on Current Payments				
SQM	645.63	<b>32.24</b>	<b>52.13</b>	730.00
Rates	£17,129.42	<b>£2,940.78</b>	<b>£4,755.05</b>	£24,825.25
Tenant Rent including 2.5% repairing liability	£126,400.00	<b>£21,704.78</b>	<b>£35,095.22</b>	£183,200.00
Water Rates	£1,529.28	<b>£262.55</b>	<b>£424.52</b>	£2,216.35
Total	£145,058.70	<b>£24,908.10</b>	<b>£40,274.79</b>	£210,241.60

### Option 1

The approximate cost of the additional space 52.13 m<sup>2</sup> per annum is £40,274.79. Conversion to GMS space would allow the rent to be reimbursed to the practice in line with GMS space rent reimbursement processes.

### Option 2

The approximate cost of the additional space 84.37 m<sup>2</sup> per annum is £65,182.89. Conversion to GMS space would allow the rent to be reimbursed to the practice in line with GMS space rent reimbursement processes.

**Cost Saving to the CCG**

The CCG is currently paying void costs (Rent and Rates) of the Therapy Room, Office Area and the Multi-purpose Room, therefore converting the space to GMS enables a saving to the CCG.

**Table 5 – Current Utilisation of Priory Road Medical Centre**

Partners	WTE
Dr Martin Strong	1
Dr Bryan Tougher	1
Dr Lydia Scott	0.75
Dr Philip Wall	0.75
Dr Heather Weir	0.75
WTE	4.25
Regular Locum GPs	Sessions
As required	
Total Sessions	

**Other Clinical Staff**

Nurses WTE	3.72
WTE= 37 hrs per week	
HCA's WTE	1.0

**6.Additional IT Equipment needed? please list**

Appropriate IT Equipment in line with the usual recruitment of the Additional Roles ARRS staff will be required.

**Actions requested**

The Primary Care Operational Group is requested to approve the application from Priory Medical Centre for an increase in GMS space.

**Press Release**

**Merger of two Swindon GP practices from 1.4.2022**

We are pleased to inform you that Kingswood Surgery and Carfax Medical Centre will officially merge from the beginning of next month, as part of a move that will bring two clinical teams together, as well as provide patients with additional services.

The merger, which will see Carfax Medical Centre become a branch site of Kingswood Surgery, will not change how patients interact with their respective surgery, and there will be no need for patients to re-register, nor will there be a change to how appointments are booked.

Among the benefits of merging will be an increase in the availability of more-specialised staff at each site, such as mental health nurses and physiotherapists.

Staff at Kingswood Surgery, which will manage both practices, are reassuring patients that the merger will not have a detrimental impact on the way advice, care and treatment is accessed.

Dr Philip Mayes, Senior GP Partner, Kingswood Surgery, said: "The merging of the GP practices is a very positive move, and ensures that the thousands of patients registered with both practices will continue to receive an equally high standard of care".

"Patients will not notice a difference in how their healthcare is provided, and we will not be expecting patients of one surgery to travel to a new site for their appointments.

"The impact of the merger will be mostly visible behind the scenes, where the team will begin to work in a more joined-up way and share resources, expertise and ongoing learning across geographical boundaries."

Kingswood Surgery and Carfax Medical Centre are part of the Brunel Health Group primary care network, which brings together more than a dozen Swindon-based GP practices under a single parent organisation.

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group, which oversees the provision of GP services in the local area, approved the merger at a public meeting on Thursday 9 December 2021.

Patients can find out more about the merger by visiting the website of their respective GP practice.

An open morning is being planned for a Saturday in April for patients to come and meet the new team, further information will be through the practice websites.

Any person with questions is encouraged to send an email or contact the Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group Patient Advice and Liaison Team via [scwcsu.palscomplaints@nhs.net](mailto:scwcsu.palscomplaints@nhs.net) or Telephone 0300 561 0250

More information about local health and care services can be found online at [www.bswccg.nhs.uk](http://www.bswccg.nhs.uk).

## Meeting of the BSW CCG Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Quality in Primary Care						<b>Agenda item</b>	9
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve		Discuss	x	Inform	x	Assure	x
<b>Executive lead, contact for enquiries</b>	Gill May							
<b>This report concerns</b>	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	Sarah-Jane Peffers, Associate Director of Patient Safety and Quality							
<b>Executive summary</b>	<p>Quality summary / assurance for primary care</p> <ul style="list-style-type: none"> <li>• 5 Learn from Patient Safety Events (LFPSE) incidents have been reported in December 2021. Incident reporting remains low. All incidents are reviewed by the Quality Team and questions and concerns are discussed with the practice to improve processes and patient outcomes to prevent any reoccurrence.</li> <li>• In December 2021 there has been an increase in complaints, where 7 have been received, against a total of 1 in November 2021. Of the 227 PALS contacts for December 2021, 160 of these contacts were categorised under Public Health Service of which accessing boosters and the housebound related to the Covid-19 Vaccination Programme were the themes.</li> <li>• In total 7 complaints have been received relating to Primary Care - 1 from Bath and North East Somerset, 3 from Swindon and 3 from Wiltshire however all cases have been closed. There were no themes identified and all complaints received were related to different practices. During December there were 19 PALS contacts relating to Primary Care.</li> <li>• There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. One practice previously rated as Requires improvement has been</li> </ul>							

Report Title	Quality in Primary Care	Agenda item	9
	<p>rated as good overall following their reinspection. All practices with Requires Improvement and Inadequate rating have been given Regulation 17 (good governance) notices by CQC. The quality team are commencing engagement with Practices and will carry out scoping work to understand shared learning.</p> <ul style="list-style-type: none"> <li>• Due to the current arrangements in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices and provide early warning indicators across BSW Primary care. The quality team has delivered presentations via PCOG where it has been agreed a task and finish group is to be established to support the development and roll out of a Quality Metrics Dashboard. Themes and trends for investigations from healthcare associated infections reported in the BSW system have been identified and are being fed back into the improvement working groups for each area. Priorities going forward include support to report patient safety incidents and developing a process to capture and analyse emerging themes and trends. To support and monitor progress of CQC improvement plans, and to progress flu vaccination plans.</li> <li>• Following the Evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with SMI in Primary Care actions have been identified for the CCG, GP's and for First Option. Actions for the CCG include clarify GP's use of QOF codes, so that AHCs are correctly identified by monitoring and reporting systems, the CCG to lead discussion with GPs around purpose &amp; level of detail for AHCs to ensure balance between tick box and holistic reviews. GP's actions include to offer AHCs in GP surgeries where possible, to implement mechanisms to update eligible patients list and contact details and to ensure correct QOF codes are used for AHC to maximize income. Lessons learned include identification of external staff to reception to enable surgery staff to direct patients appropriately and for GP surgeries to consider providing patients with an opt-out option before passing on contact details to external agencies, e.g., by an opt-out text.</li> </ul>		
<b>Equality Impact Assessment</b>	N/A		
<b>Public and patient engagement</b>	N/A,		
<b>Recommendation(s)</b>	The committee is asked to <b>note</b> the report.		
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	NA		

<b>Report Title</b>	Quality in Primary Care					<b>Agenda item</b>	9
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low	N/A	<b>x</b>
<b>Key risks</b>	<p>Quality summary / assurance for primary care</p> <ul style="list-style-type: none"> <li>6 new LFPSE incidents were by a BSW practice during February 2022 which is an increase on 1 reported in January 2022. 2021. Incident reporting remains low Incident reporting remains low across Primary Care. 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.</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 February there were 9 new complaints of which 1 related to Primary Care and has now been closed. Of the 9 complaints, 3 related to BaNES, 4 for Swindon and 2 for Wiltshire. During February there were 29 PALS contacts relating to Primary Care.</li> <li>There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. 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. To support and monitor progress of CQC improvement plans, and to progress flu vaccination plans.</li> </ul>						
<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>	9
<b>Impact on finance</b>	No finance impact		
	<b>Finance sign-off:</b> N/A		
<b>Conflicts of interest</b>	No conflicts of interests		
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

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

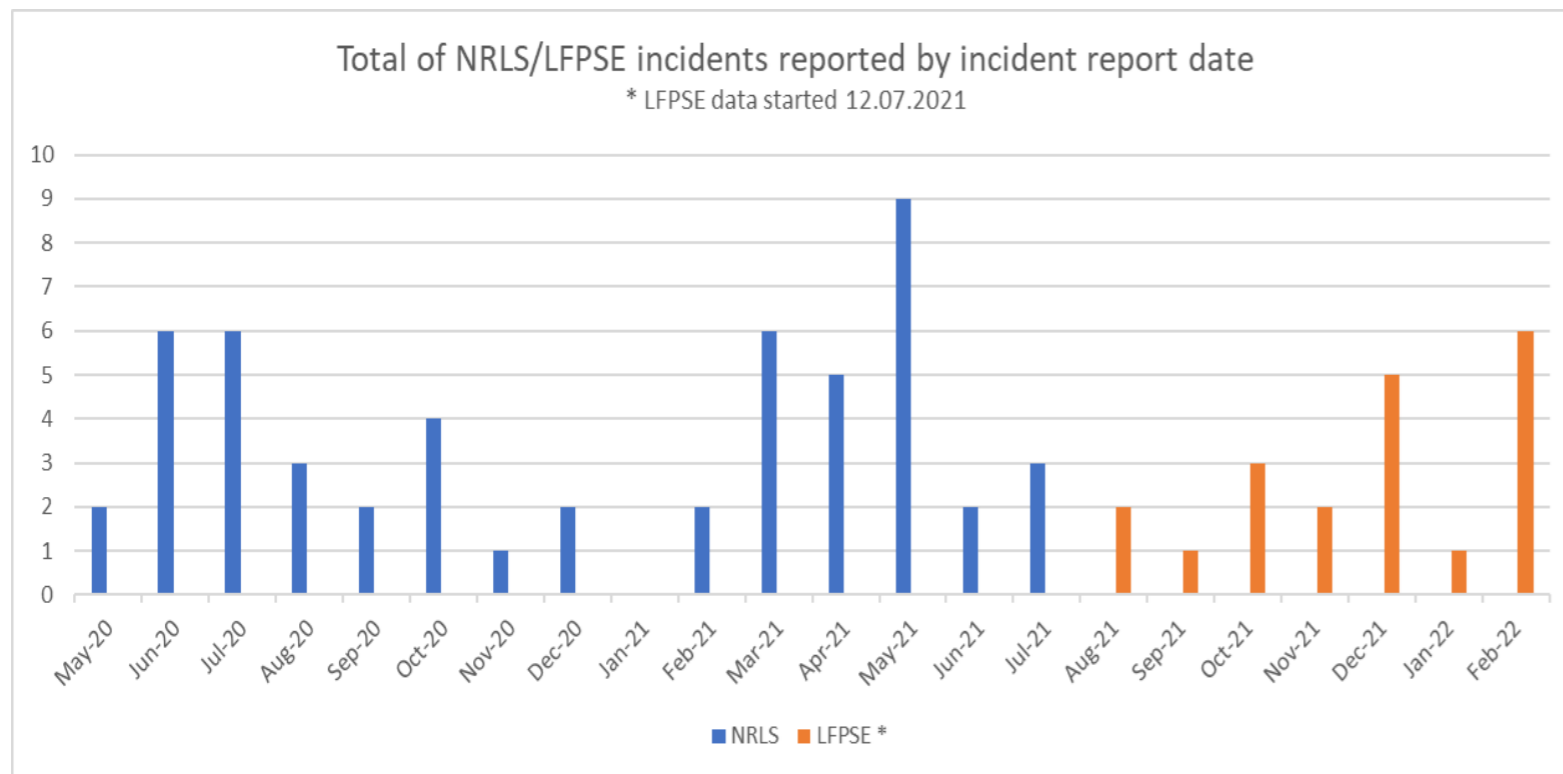
- Patient Safety Incidents
- Patient Experience
- CQC Inspection Ratings
- Infection Prevention and Control
- Flu vaccination programme 20/21

PCCC Report - April 2022



# Patient Safety Incidents Reported by Primary Care

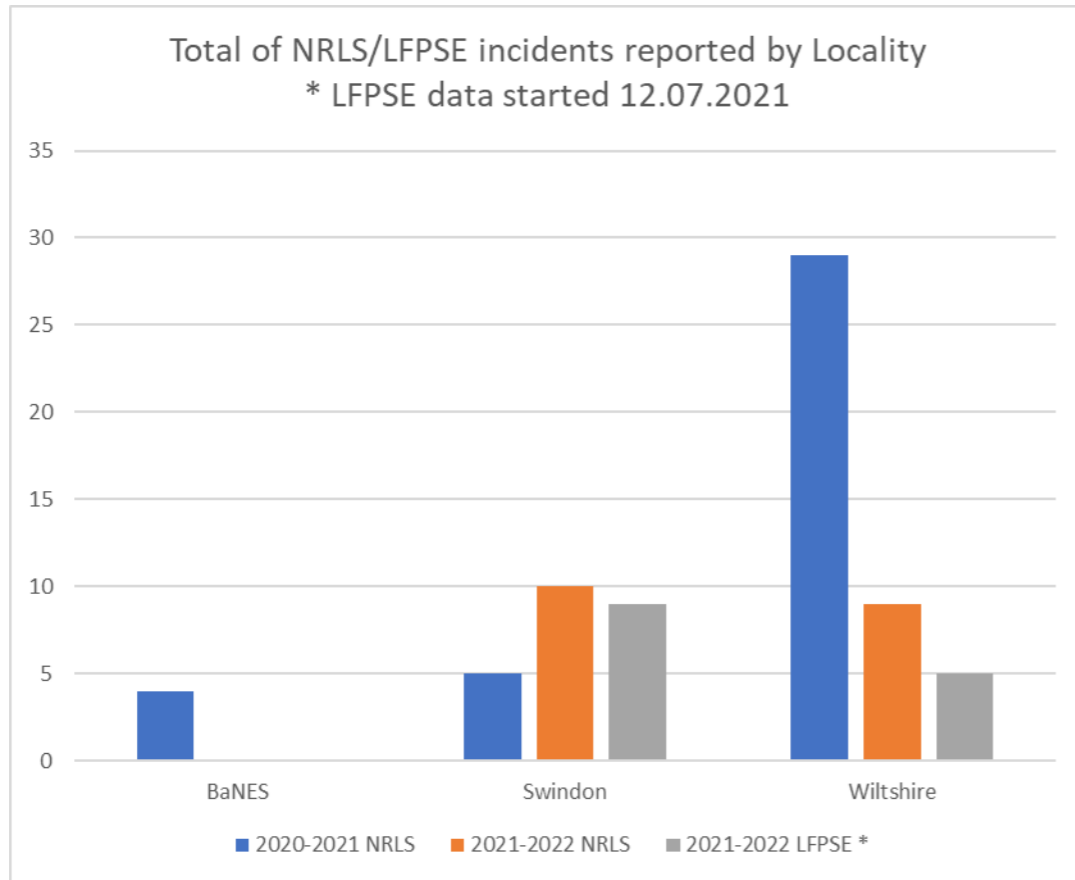
This chart shows the incidents reported by BSW practices from the beginning of 2020-21 and 2021-22 to end of February 2022.



- 6 new LFPSE's were logged by a BSW practice during February 2022; this is an increase on 1 reported in January. One was reported within the Wiltshire Locality and 5 within Swindon.
- The 5 Swindon LFPSE's were logged by 2 practices and were all relating to discharges from the local Acute Trust. All incidents have been shared with the Clinical Risk Team and the Trust's Discharge Improvement Lead for investigation. The Quality team have set up monthly meetings with the Clinical Risk Team to review all open LFPSE's incidents, to monitor progress and provide support where required.
- The Quality team continue to support practices to investigate incidents and will review themes and lessons learned following the completion of the review by the practice
- There was an LFPSE incident reported by a Swindon practice in September 2021 which involved the local Acute Trust. Preliminary investigations are still underway at the Acute Trust to ascertain whether the incident meets the SI Threshold.

- Incident reporting remains low across Primary Care. 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. The Patient Safety Incident Response Framework (PSIRF) is a key part of the NHS Patient Safety Strategy published in July 2019. The final PSIRF for providers will be published spring 2022 reflecting NHSEI work with early adopters with a staged roll out over 12 months. The roll out within Primary care has been delayed.
- Learn from Patient Safety Events (LFPSE) has been rolled out across BSW Primary care as the successor to the previous National Reporting System (NRLS). The CCG now has full functionality. However, there is an issue with regards to incidents which are raised as not occurring within the organisation raising the incident, as the CCG are not currently able to review the incident. NHSE/I have agreed that permissions to view these incidents will be added to this system, with this functionality expected to be developed by NHSE/I in the next 1-2 months. The Quality Team continues to be in discussion with NHSE/I to ensure full operating capability is reached. As an interim measure, practices have been asked to forward a PDF summary via email to the generic Incidents mailbox. Significant effort and support will be required to implement the patient safety strategy to improve the learning from incidents within Primary Care.

# Totals of Incidents Reported by Locality



- Since the introduction and additional viewability of incidents within LFPSE, Swindon are currently the highest reporting area with 9 incidents.
- Overall primary care incident reporting remains low. Of the incidents reported the majority are assessed as no or low harm.
- The CCG's aim is to support more practices to report incidents through LFPSE.

# BSW Serious Incidents reported by Primary Care

Number	Locality	Date Reported To SteIS	Reason for Reporting	Type of Incident	Actions Identified
2020/8902	Wiltshire	15/05/2022	Unexpected/Avoidable injury requiring treatment to prevent death or serious harm	Treatment Delay	Review in progress.
2021/21455	Wiltshire	20/10/2021	Unexpected/Avoidable Death	Treatment Delay	Review in progress
2022/1970	Wiltshire	28/01/2022	Unexpected/Avoidable Death	Treatment Delay	Review 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.

# Patient Experience – PALS and Complaints

**COMPLAINTS:** During February there were 9 new complaints of which 1 related to Primary Care and has now been closed. Of the 9 complaints, 3 related to BaNES, 4 for Swindon and 2 for Wiltshire.

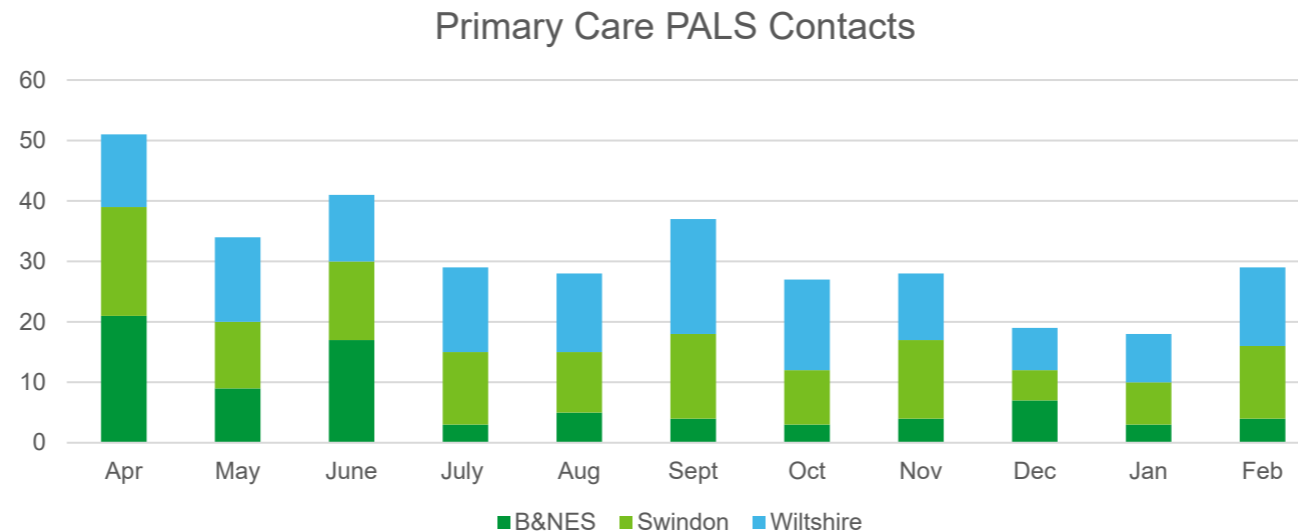
**PALS:**

During February SCW PACT PALS activity across all providers within BSW has slightly increased this month with 114 PALS enquiries, of which 29 PALS contacts related to GP Primary Care compared to 11 for Jan 2022 and 10 for December 2021. Of the 29, 4 were for BaNES, 12 for Swindon and 13 for Wiltshire. In addition, of the 114 PALS enquiries, 1 related to Medicine Management, and 41 related to Public Health which was mainly related to the Covid-19 vaccination programme.

The theme for February within Primary Care is as follows:-

Process for clinically extremely vulnerable 5-11 year olds to access the COVID-19 vaccine. Some practices were directing parents to 119 when it is not possible to book via this route.

**Outcome:** CCG Vaccine Clinical Lead has developed a crib sheet for practices to ensure receptionists are clear on those who cannot currently book via 119 or online, and that the practice is clear on the agreed process. PACT has been listed with 119 as the contact for any queries, and ensures children are booked through the correct process. Children are now being booked and vaccinated at local clinics.



# Medical Examiner Roll out

**Introduction:** Medical examiners are senior doctors who provide independent scrutiny of deaths not taken at the outset for coroner investigation. By giving families and next of kin an opportunity to ask questions and raise concerns, they put the bereaved at the centre of processes after the death of a patient. Medical examiners carry out a proportionate review of medical records and speak with doctors, as necessary, completing the Medical Certificate of Cause of Death.

Medical examiner offices have been established at all acute trusts in England, creating a national network to provide independent scrutiny of non-coronial deaths occurring in acute hospitals. The role of these offices is now being extended to also cover deaths occurring in the community, including at NHS mental health and community trusts.

***ICSSs and CCGs will be important partners in the implementation of independent scrutiny by medical examiners. They should facilitate partnership working across systems, and respond positively to requests for support from local and regional medical examiners.***

**Achievements to Date:**

- Establishment of a project group chaired by BSW CCG Medical Director meeting fortnightly to secure delivery
- ME offices allocation of GP practices and community hospitals agreed
- Active recruitment by all 3 ME offices (locally agreed salaries- on average 10K per session)
- Agreed Data Protection Impact Assessment (DPIA) to be used across the system
- Early adopters recognised across Swindon and Wiltshire (6 practices in total)
- Process agreed to support the roll out to community hospitals
- Comms and Engagement Plan

**Next Steps:**

- Working with early adopter practices to develop SystemOne to create efficient and effective processes for both primary care and ME offices
- To Commence roll out across Community Hospitals from 11/04/2022
- To send out introductory letter to all GP Practice w/c 11/04/2022- to increase the number of early adopter practices
- To work with AWP to establish the approach required to support deaths in mental health in-patient units (numbers expected to be single figures per quarter)
- National ME digital system- on-boarding expected by end of April
- Expecting date for ME community roll out to be written in statute- Q1/Q2 2022/23

**Benefits:**

- Supporting the bereaved: For GPs, this can reduce workload by taking care of enquiries and follow-ups. This does not replace GPs speaking with families or next of kin and providing the support they wish to give.
- Support with Medical Certificate Cause of Death (MCCD) completion: specialist training and understanding of the MCCD and death certification processes means medical examiners can reduce the burden associated with coroner notifications from GP practices.
- Supporting work with coroners' offices: medical examiners are a source of medical advice for coroners, which should reduce requests from coroners for GPs to discuss cases or to advise on wording.
- Timely completion of scrutiny: medical examiners complete their scrutiny in a timely manner to facilitate registration within five days.
- Examination of the deceased: the Coronavirus Act introduced easements to the process of certifying deaths. There is no new mandatory requirement for examination of the deceased by GPs in the medical examiner system.
- Complex cases: Medical examiners will support the doctor completing the MCCD, drawing on their extensive knowledge gained through training and regular exposure to more complex scenarios to support and advise. This will assist GPs in completing MCCDs accurately in more complex cases.
- Urgent release of the body: medical examiners will develop positive relationships with contacts in faith communities and will be able to support GPs if there are requests for urgent issue of the MCCD.
- Clinical governance: where issues are detected, medical examiners will offer non-judgmental feedback. Their aim is not to find fault or review in unnecessary detail.
- Concerns and learning: a key objective for the medical examiner system is to identify constructive learning to improve care for patients.

# Care Quality Commission GP Ratings

As of the NHS England report for 1<sup>st</sup> February 2022, there are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices. A monthly Primary Care Quality Oversight Assurance Group has commenced to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG

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

National
England

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

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

Region
South West

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

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

STP
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP

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

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

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

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

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

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

Key:

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



# Changes to CQC Ratings across BSW

The following changes have occurred following CQC inspections.

Practice	Previous Rating						Re-inspection Date	Report published	Current Rating						Action
	O	S	E	C	R	W			O	S	E	C	R	W	
Julian House Homeless Health Service	Yellow	Green	Green	Yellow	Green	Yellow	04/08/2021	20/10/2021	Green	Green	Green	Green	Green	Green	N/A
Ashington House Surgery	Yellow	Yellow	Green	Green	Green	Yellow	9 and 11 Aug 2021	11/10/2021	Green	Green	Green	Green	Green	Green	N/A
Patford House Partnership	Red	Yellow	Yellow	Yellow	Red	Red	28 <sup>th</sup> , 29 <sup>th</sup> and 30 <sup>th</sup> March 2022	Not yet published	Grey	Grey	Grey	Grey	Grey	Grey	N/A

- 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.

# Key Areas

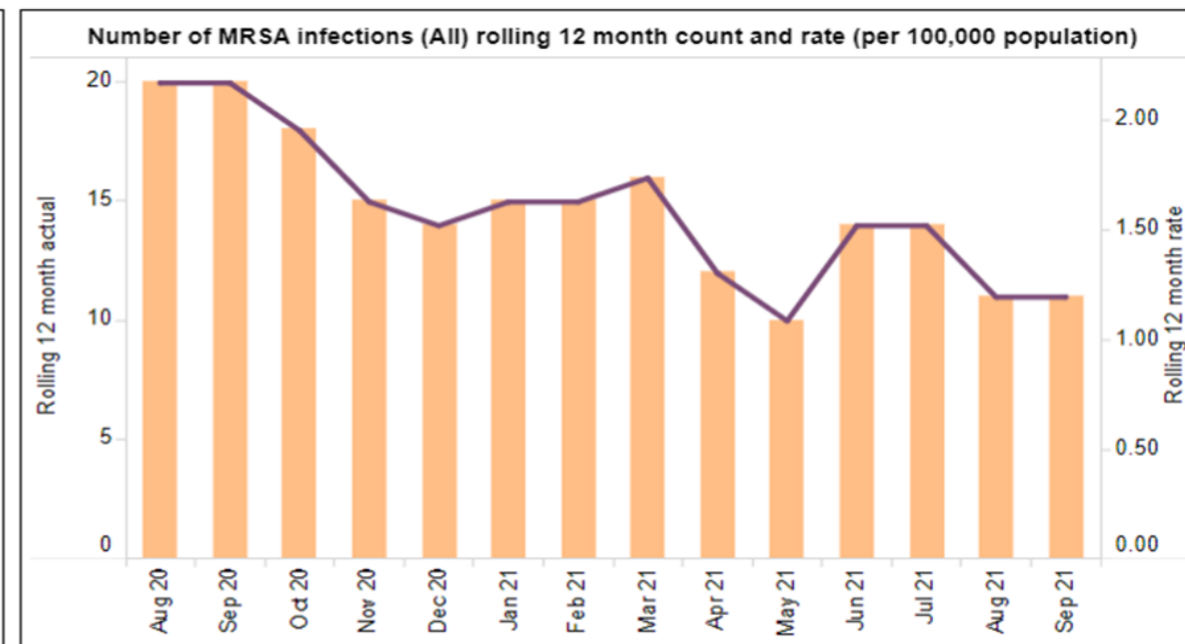
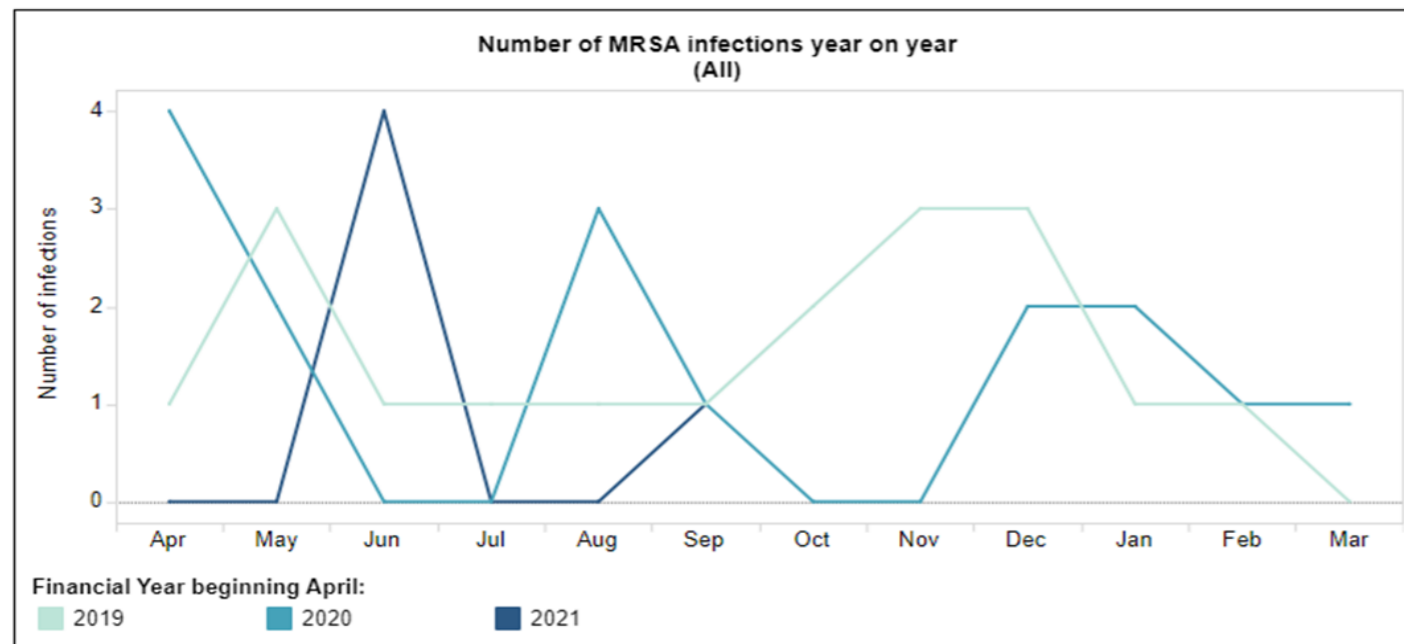
- All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices.
- The Quality Team have commenced engagement with Practices and are scoping work to understand shared learning. Points of specialist support have been identified within the CCG to assist and advise on specific topics identified within each action plan. The CCG is developing its resource capacity and framework to support all practices with an Inadequate or RI rating. A monthly Primary Care Quality Oversight Assurance Group has been implemented to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG.
- Due to the current arrangements in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices and provide early warning indicators across BSW Primary care. The Quality team have commenced engagement and scoping work with Primary Care analytics, Meds Management, Infection, Prevention & Control (IPC), Governing Body GPs and externally with the Care Quality Commission and other CCGs, to develop 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. Presentations have been delivered via PCOG where it has been agreed a task and finish group is to be established to support the development and roll out of a Quality metrics Dashboard.

# MRSA incidence BSW system Q1 & Q2

## MRSA

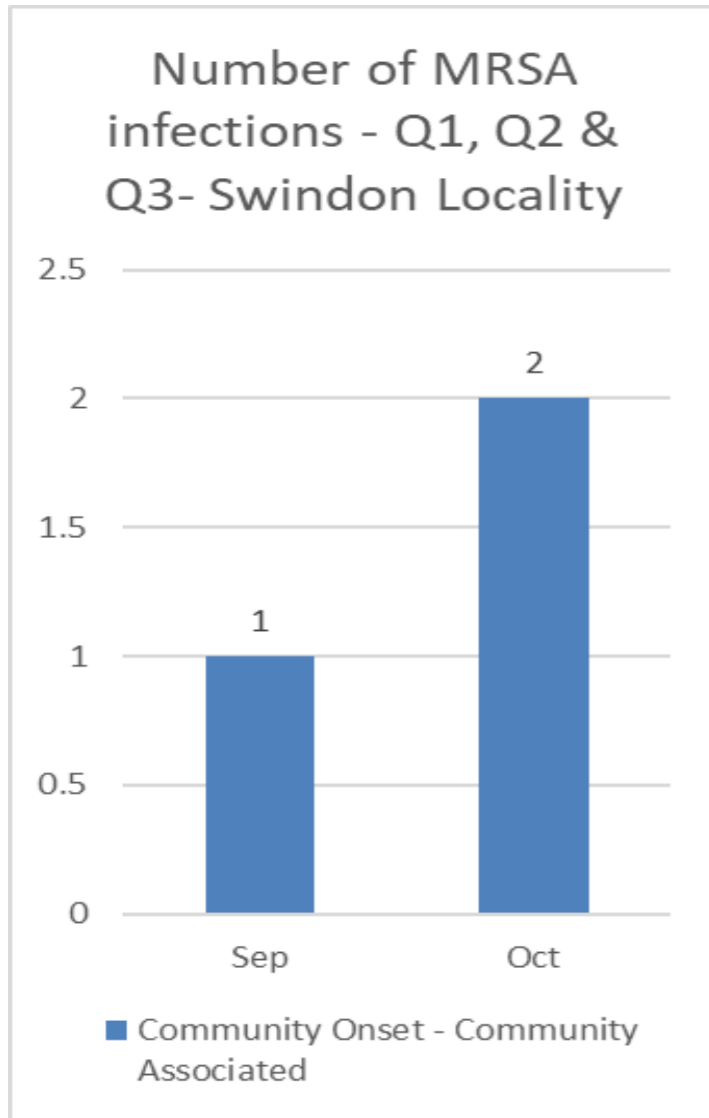
Number of MRSA infections for financial year 2021/22 (All)												
Monthly and year to date position												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Actual	0	0	4	0	0	1						
MRSA Actual YTD	0	0	4	4	4	5						

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



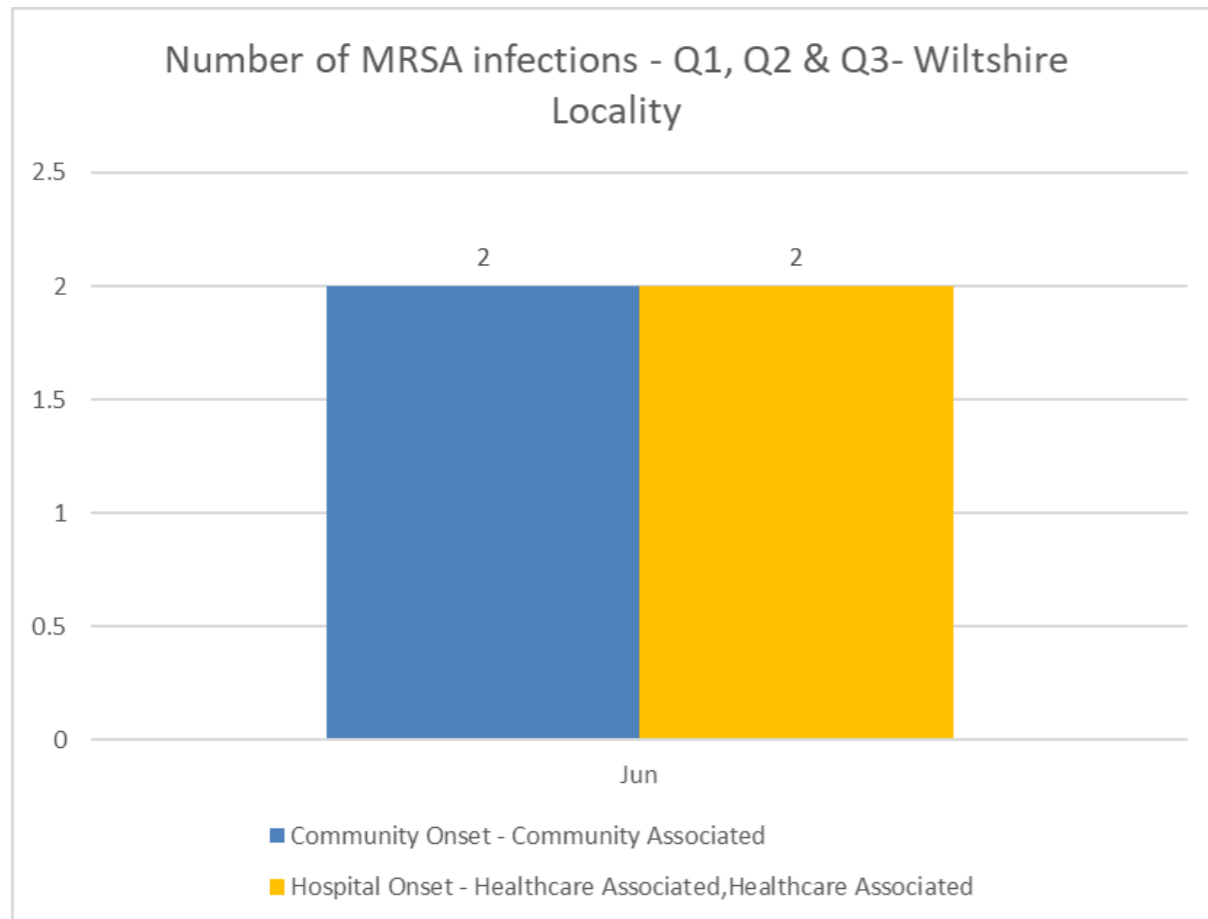
- 5 cases of MRSA in Q1&2
- 4 new onset infections, 1 continuous infection > 14 days
- 3 Community Onset, Community Associated & 1 Hospital Onset, Hospital Associated
- 2 cases identified in Persons Who Inject Drugs (PWID) population
- In the 3 community onset cases, all identified skin and soft tissue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

# Swindon MRSA incidence Q1 & Q2 2021/22



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

# Wiltshire MRSA incidence Q1 & Q2 2021/22



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

# B&NES MRSA incidence Q1,Q2 & Q3

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

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

## C. difficile

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

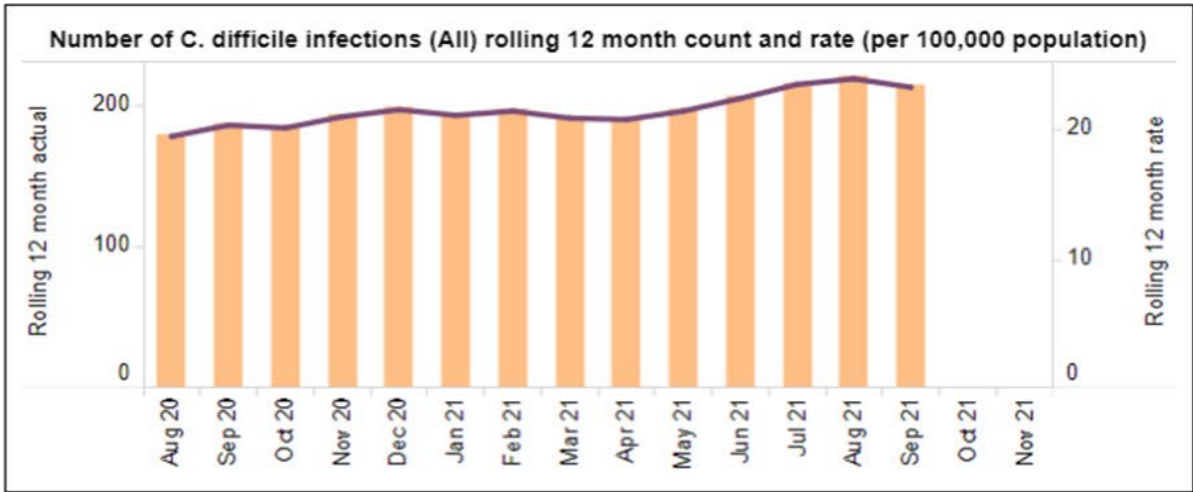
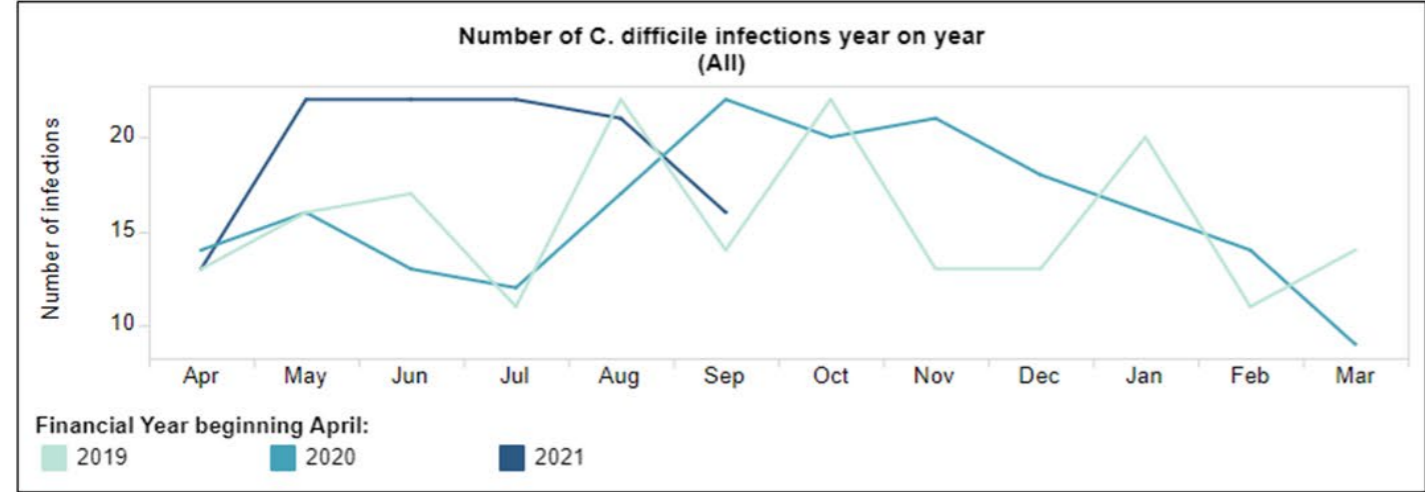
	Monthly position											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C. difficile Actual	13	22	22	22	21	16						
C. difficile Actual v Plan	-1	7	7	7	6	1						
C. difficile Plan	14	15	15	15	15	15						

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

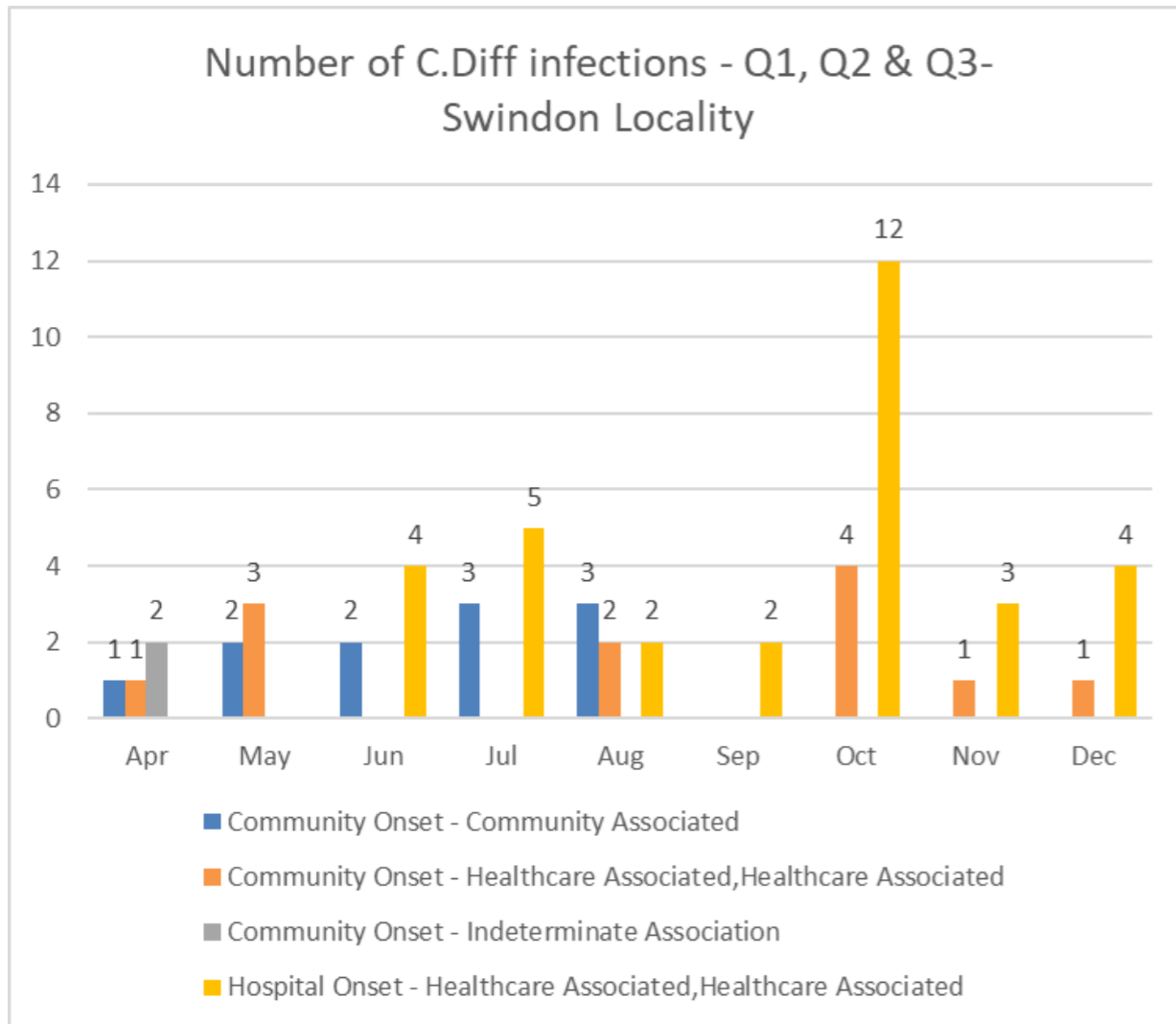
**Number of C. difficile infections by month by onset for All**

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



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

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

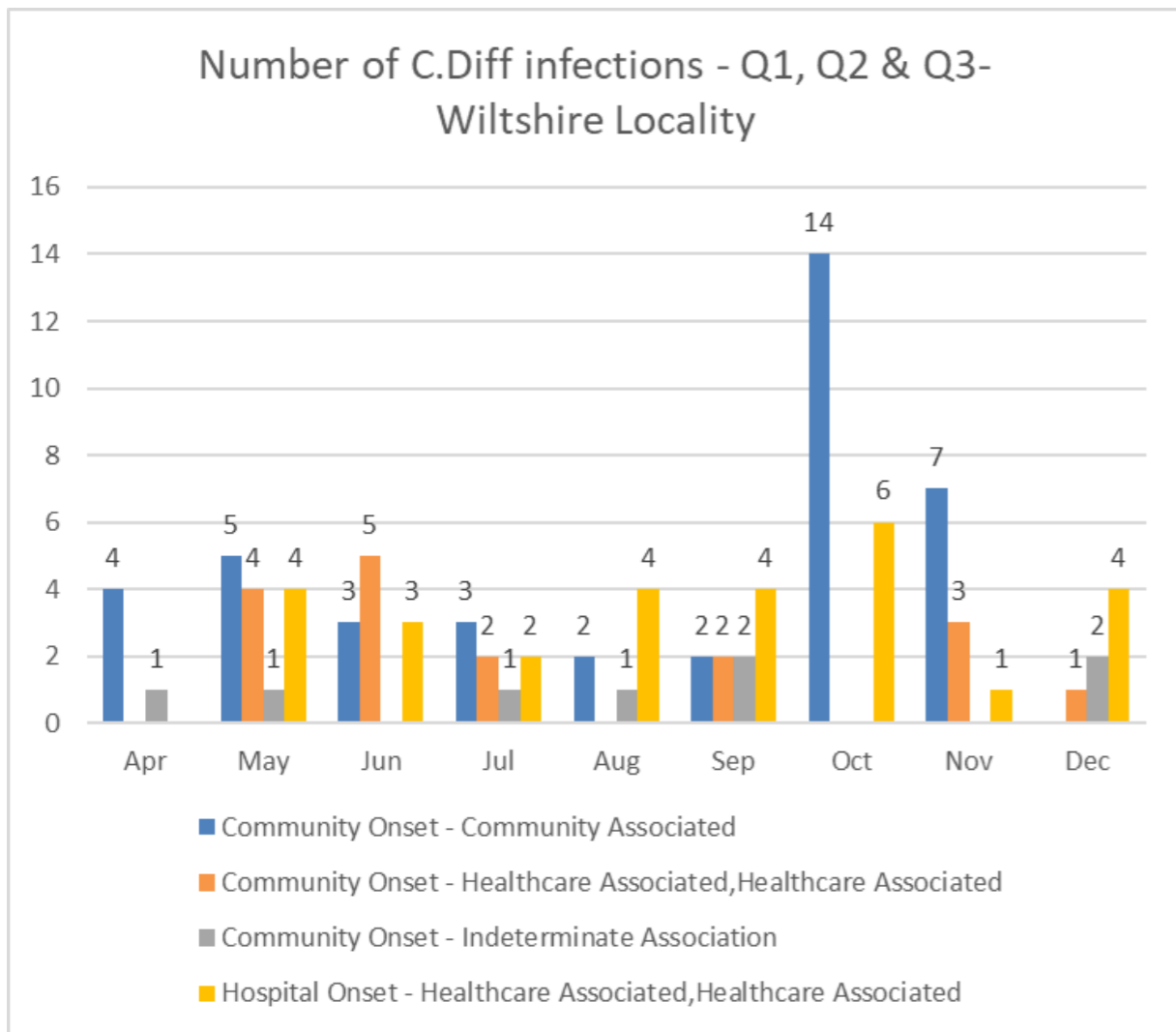


	COCA	COHA	COIA	HOHA
Quarter 1	5	4	2	0
Quarter 2	6	2	0	9
Quarter 3	0	6	0	21

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



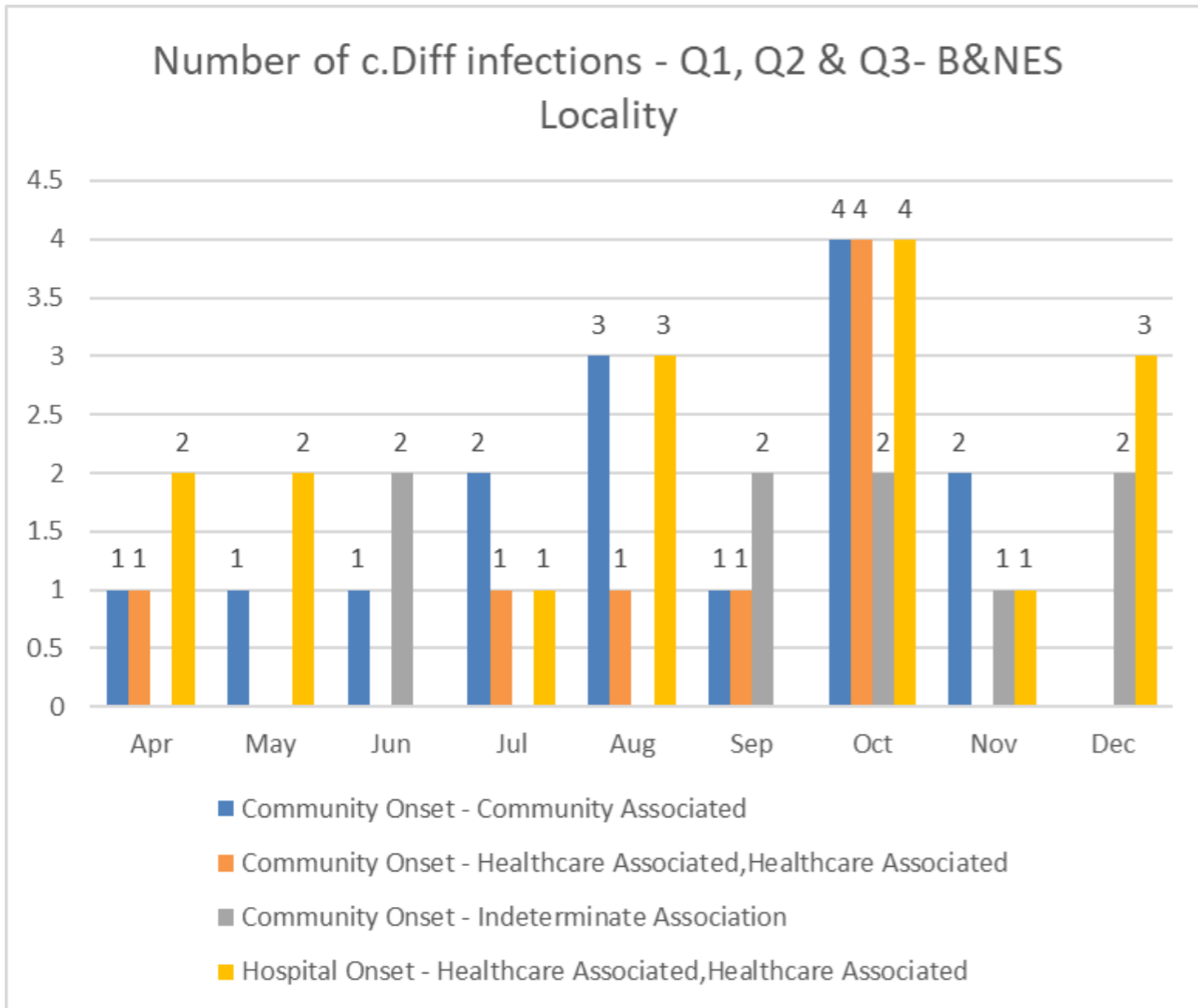
# Wiltshire incidence of Clostridium difficile Q1 & Q2 2021/22



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

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

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



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

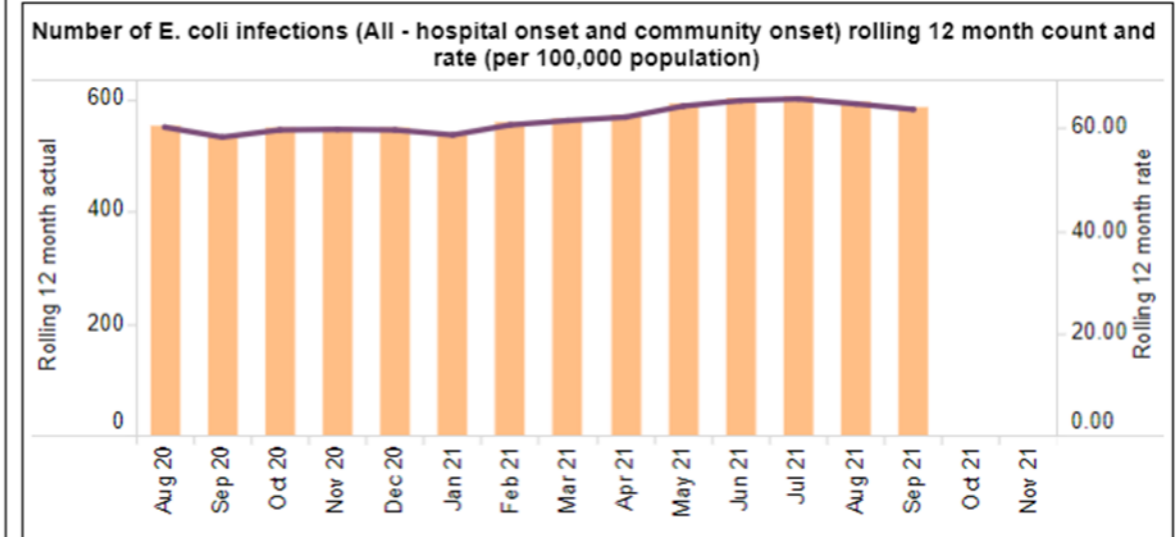
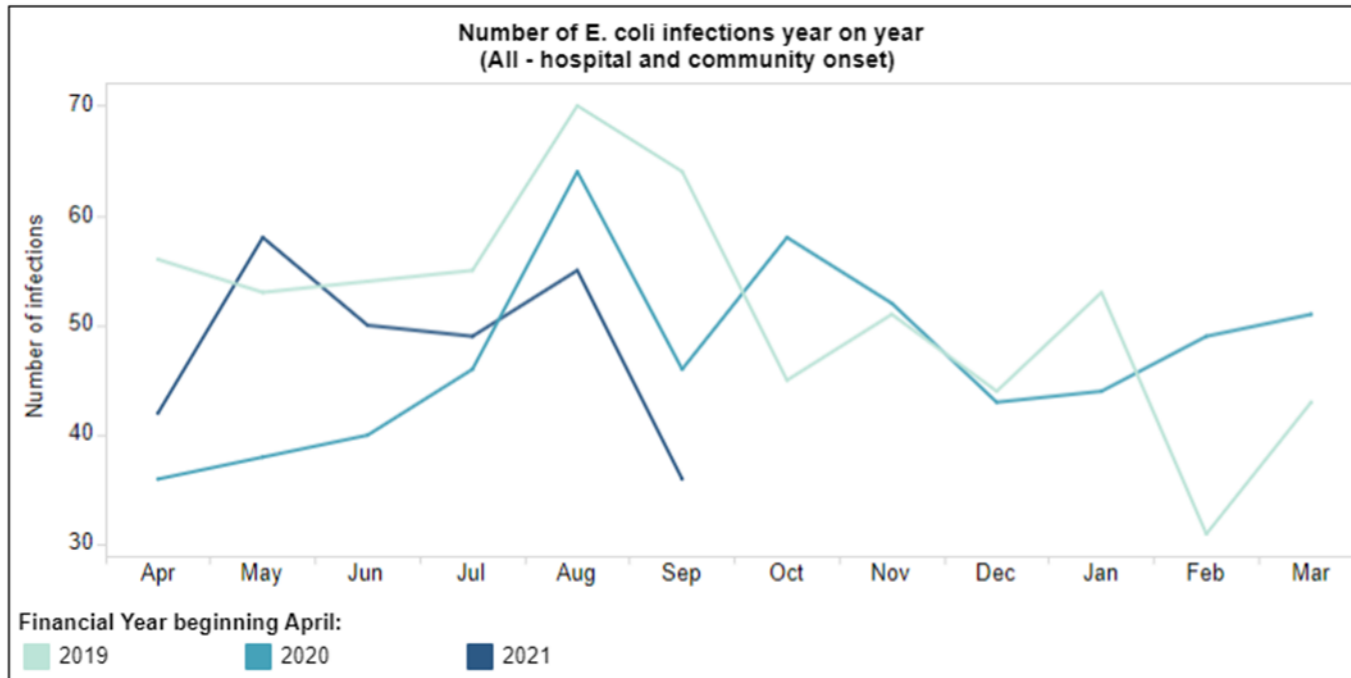
- There has been a rise in HOA cases during Q3, investigations are underway to understand this in greater details and this will be fed back via the BSW CDI collaborative.
- The BSW CDI collaborative continues is still learning from the data
- There have been no key themes identified during Q3 from B&NES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

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

Gram-negative bacteria: E. coli

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

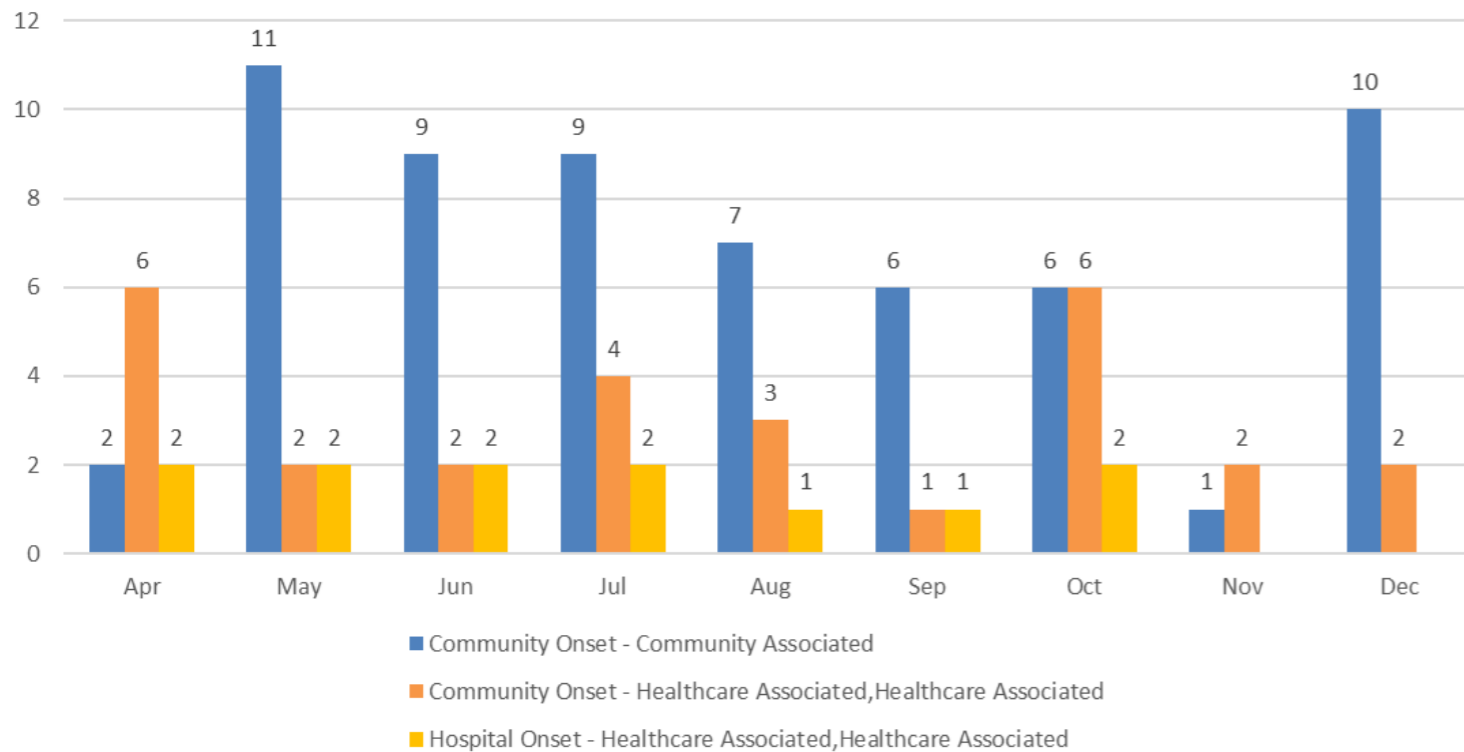
Number of E. coli infections by month by onset for All												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	9	9	11	7	10	7						
COHA	10	6	7	10	8	3						
COCA	23	43	32	32	37	26						
Unknown 3 months	0	0	0	0	0	0						
No information	0	0	0	0	0	0						
All	42	58	50	49	55	36						
Plan												



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

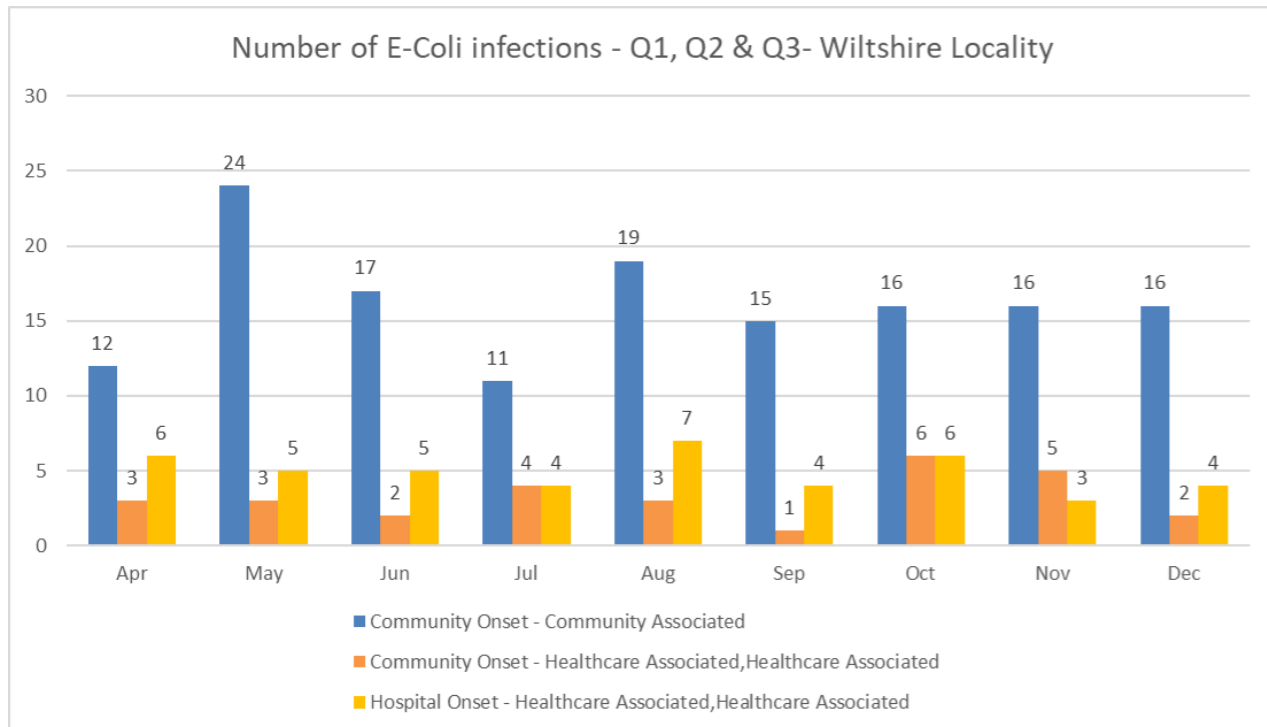
# Swindon Incidence of E-coli Q1&Q2 2021/22

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



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

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



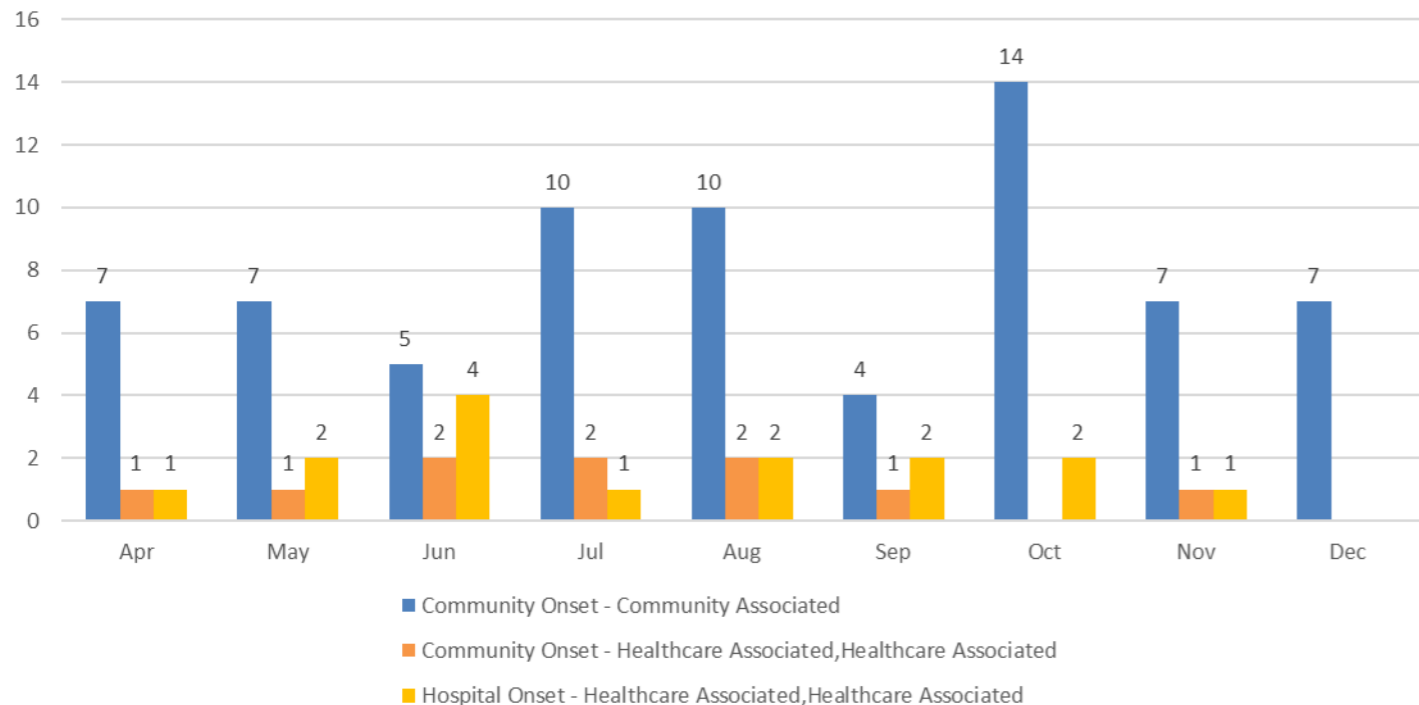
	Community Onset, Community Assoc.	Community Onset, Healthcare Assoc.	Hospital Onset, Healthcare Assoc.
Quarter 1	53	8	16
Quarter 2	45	8	15
Quarter 3	48	13	13

As outlined in all localities, community onset, community associated remains the highest proportion of case assignment for E-Coli blood stream infections across BSW.

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

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

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



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

# BSW system flu vaccination update 2021/22

Eligible Cohort	Uptake rates 2021/22 ( as of week 4 2022)	Uptake Rate 2020/21 (Final uptake rates)
Patients aged 65 and over	86.6%	84.8%
Patients in at risk groups	59.8%	59.4%
Pregnant Women	46.9%	49.7%
Children aged 2years old	59.1%	68.1%
Children aged 3 years old	61.5%	68.1%
Adults aged 50-64	72.2%	N/A

- A continued focus on the 2&3 year olds and under 65 at risk eligible cohorts continues
- The flu programme continues into the new year and vaccinations can continue until March 2022
- Flu cases remain well below base line levels but there have been admissions of individual flu cases across the BSW system

# IP&C education and updates

- **National Standards of Healthcare Cleanliness Webinar**
- 15th March 2022 1pm - 3pm
- **BSW Infection Prevention and Control in Primary care Webinar Series**
- Series of 3 webinars and 4 drop in sessions covering fundamentals of infection prevention and control in primary care aimed at practice managers, partners and practice IPC leads.
- Aims are :
  - Increase knowledge of IP&C across primary care in BSW system Empower and build up competency in primary care IPC leads to lead and manage IPC within practices Increase knowledge of community onset infections across BSW to support a sustainable reduction of HCAI's increase AMS across BSW system to support the national five year action plan on tackling antimicrobial resistance
  - Minimise variation in IPC practices across BSW system
- Topics include:
  - Standard infection prevention and control precautions
  - Transmission based precautions
  - IP&C in the built environment including ventilation and cleaning standards
  - Audits and action planning
  - Policies and procedures
  - IP&C in CQC inspections Outbreaks and communicable disease
  - AMS

IPC webinar series dates are :

- 26 April 2022
- 24 May 2022
- 21 June 2022

Speakers include

- Elizabeth Beech, NHSE/I Regional Antimicrobial Stewardship Lead South West Region,
- Dr. Charlotte Bigland, UKHSA consultant in health protection
- Derren Ready, consultant clinical scientist, UKHSA
- Name TBC, CQC inspector for primary care services

**To book on email**

**[Connie.timmins@nhs.net](mailto:Connie.timmins@nhs.net) or [Bswccg.ipc.covid@nhs.net](mailto:Bswccg.ipc.covid@nhs.net)**



# Summary and Next Steps

## Priorities for Q3 21/22

- The Nursing and Quality team is supporting and monitoring progress against required CQC quality improvement plans.
- The Nursing and Quality team is aiming to improve the engagement and monitoring of GP practices with Inadequate and Requires Improvement CQC ratings.
- The Nursing and Quality team has delivered presentations via PCOG where it has been agreed a task and finish group is to be established to support the development and roll out of a Quality Metrics Dashboard.
- Development of a process for capturing and analysing emerging themes and trends from reported patient safety incidents will be developed over the coming quarters.
- The CCG is actively seeking support from practices to implement Learn from patient safety events (LFPSE) incident reporting to support learning and improvement
- To support Flu vaccination rates in 2&3 year olds and under 65 at risk eligible cohorts
- Continued collaborative working with BSW Medicines management teams from across the system and the Antimicrobial stewardship committee to increase awareness of appropriate antibiotic prescribing.
- Supporting the BSW E-Coli quality improvement collaborative group to understand incidences of E-Coli and unpick the themes and trends to focus reduction efforts

## Meeting of the BSW CCG Primary Care Committee

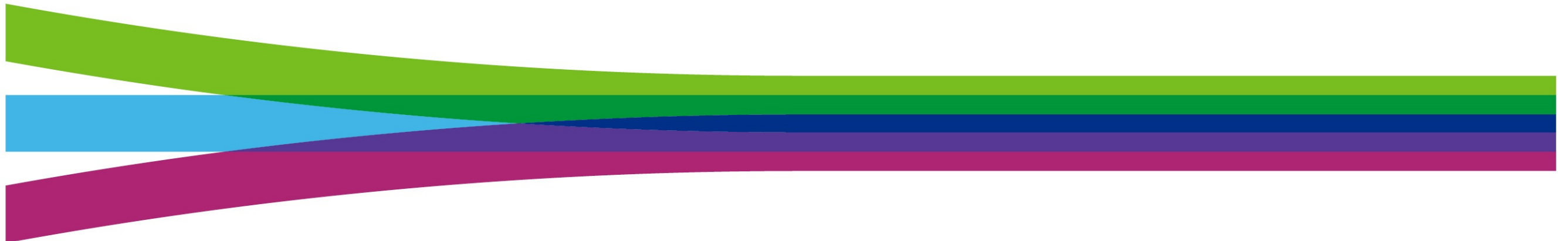
### Report Summary Sheet

<b>Report Title</b>	Finance Report – Month 11						<b>Agenda item</b>	10
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	X
<b>Executive lead, contact for enquiries</b>	Caroline Gregory, BSW Director of Finance							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	John Ridler, Associate Director of Finance							
<b>Executive summary</b>	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 11 of the 2021/22 financial year.</p> <p>The financial report detail is at a summary level for the committee with the BSW and locality Primary Care Operational Groups (PCOGs) providing greater scrutiny of the finances in their meetings.</p> <ul style="list-style-type: none"> <li>The financial position as at the end of February 2022 (Month 11) is that Primary Care is underspent by £3m and is forecasting an underspend of £2.5m. Explanatory comments for significant variances are given in this report.</li> <li>Additional Service Development (SDF) Non-Recurrent funding for primary care has been fully committed for H1 and all expected funding confirmed for H2. The latest position is reported here.</li> <li>Further Winter Access monies in line with the nationally announced £250m back in October has seen BSW CCG receive £1.9m against the bids made to date – the total BSW available share was in the region of £4m. The spend against these schemes is currently being confirmed by leads alongside the review of the effectiveness but forecast to be £3.2m in the latest NHSE return.</li> </ul>							
<b>Equality Impact Assessment</b>	N/A							
<b>Public and patient engagement</b>	N/A							
<b>Recommendation(s)</b>	The Committee is asked to note the contents of the report							

<b>Report Title</b>	Finance Report – Month 11						<b>Agenda item</b>	10
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	<p>Ensuring financial sustainability;  Robust control mechanisms  Embedding the interim financial regime to ensure all organisations costs are being covered  Understanding drivers underpinning systems financial challenge and refreshing sustainability programme  Delivering the efficiency benefits associated with new ways of working</p>							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium	X	Low		N/A	
<b>Key risks</b>	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system							
<b>Impact on quality</b>	N/A							
<b>Impact on finance</b>	As described in paper							
	<b>Finance sign-off:</b> John Ridler, Associate Director of Finance							X
<b>Conflicts of interest</b>	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.							
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

# BSW Primary Care Commissioning Committee Finance Report - Month 11 2021/22

14<sup>th</sup> April 2022



# Executive Summary

- The financial position as at the end of February 2022 (Month 11) is that Primary Care is underspent by £3m and is forecasting an underspend of £2.5m. Explanatory comments for significant variances are given in this report.
- Additional Service Development (SDF) Non Recurrent funding for primary care has been fully committed for H1 and all expected funding confirmed for H2. The latest position is reported here.
- Further Winter Access monies in line with the nationally announced £250m back in October has seen BSW CCG receive £1.9m against the bids made to date – the total BSW available share was in the region of £4m. The spend against these schemes is currently being confirmed by leads alongside the review of the effectiveness but forecast to be £3.2m in the latest NHSE return.

# Primary Care – Month 11



**CENTRAL DRUGS**

**COMMISSIONING SCHEMES**

**LOCAL ENHANCED SERVICES**

**MEDICINES MANAGEMENT - CLINICAL**

**OUT OF HOURS**

**GP FORWARD VIEW**

**OXYGEN**

**PRESCRIBING**

**PRIMARY CARE IT**

**PRIMARY CARE INVESTMENTS**

**PRIMARY CARE DEVELOPMENT**

**PRC DELEGATED CO-COMMISSIONING**

**TOTAL PRIMARY CARE**

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
3,387	3,560	173	5%	3,706	3,914	208	6%
5,097	4,495	(602)	-12%	5,538	5,037	(501)	-9%
10,771	9,659	(1,112)	-10%	11,750	10,584	(1,166)	-10%
1,851	1,733	(118)	-6%	2,023	2,027	4	0%
11,278	11,264	(14)	-0%	12,296	12,403	107	1%
6,687	6,687	(0)	-0%	7,302	7,302	(0)	-0%
1,109	1,137	28	3%	1,213	1,245	32	3%
122,523	122,477	(45)	-1%	134,774	134,576	(198)	-0%
6,726	5,946	(780)	-12%	7,079	6,288	(791)	-11%
1,552	1,420	(131)	-8%	1,698	1,565	(133)	-8%
835	744	(91)	-11%	916	818	(98)	-11%
133,412	133,134	(278)	-0%	145,561	145,556	(5)	-0%
305,227	302,257	(2,970)	-1%	333,856	331,316	(2,540)	-1%

- **Commissioning Schemes - £602k YTD underspend, £501k FOT underspend** – PC b/fwd release of £800k to offset delegated pressure
- **Local Enhanced Services - £1.1m YTD underspend, £1.2m FOT underspend** - Release PIS, Wound Care Reserve and part year wound care contract increase in Wilts
- **Primary Care IT - £780k underspend, £791k FOT underspend** - Digital First & GPIT Capital releasing GPIT BAU Funds. No CSU True-up to be paid in 21-22.
- **Primary Care Delegated Commissioning - £278k FOT underspend** – balance of delegated funding after NR funding mitigations and ARRS income adjusted

# Primary Care Delegated – Month 11



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

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance	
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%	
85,288	84,674	(614)	-1%	93,142	92,560	(582)	-1%	
1,032	1,032	0	0%	1,264	1,264	0	0%	
4,611	3,665	(946)	-21%	5,026	4,020	(1,005)	-20%	
12,287	11,965	(322)	-3%	13,404	13,077	(327)	-2%	
677	600	(77)	-11%	737	658	(79)	-11%	
1,180	1,416	236	20%	1,277	1,649	372	29%	
3,895	3,939	44	1%	4,310	4,370	59	1%	
5,905	5,905	0	0%	6,446	6,446	0	0%	
4,866	4,816	(50)	-1%	5,288	5,279	(10)	-0%	
9,100	8,976	(123)	-1%	9,922	9,807	(115)	-1%	
1,457	1,281	(176)	-12%	1,580	1,415	(165)	-10%	
701	649	(52)	-7%	765	720	(45)	-6%	
2,003	2,007	4	0%	2,029	2,029	0	0%	
1,806	1,806	0	0%	1,819	1,819	0	0%	
(1,396)	403	1,799	-129%	(1,448)	443	1,891	-131%	
<b>TOTAL PRIMARY CARE DELEGATED</b>	<b>133,412</b>	<b>133,134</b>	<b>(278)</b>	<b>-0%</b>	<b>145,561</b>	<b>145,556</b>	<b>(5)</b>	<b>-0%</b>

# Primary Care Delegated

- **G/PMS/APMS Contract £614k underspend YTD, £582k underspend FOT**

Release of Prior year Moredon/Abbey Meads. S96 forecast updates based on YTD

- **Prescribing/Dispensing Prof Fees £946k underspend YTD, £1,005k underspend FOT**

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

- **QOF £322k underspend YTD, £327k underspend FOT**

Prior year benefit in Swindon Locality

- **Locums £236k overspend YTD, £372k overspend FOT**

Increase in locum sickness accruals. Swindon increases in Maternity forecast in line with current locums supported

- **Other - £1,799k overspend YTD, £1,891k overspend FOT**

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



# 2021/22 Service Development Funds

	Q1 £000s	Q2 £000s	Total H1 £000s	Total H2 £000s	TOTAL £000s	Spend to M11 £000s	Objectives for funding
Workforce Training Hubs	47	47	94	94	<b>188</b>	<b>26</b>	Workforce planning, career support and retention and investment in embedding new roles
PCN Development	114	114	228	228	<b>456</b>	<b>317</b>	To recruit, embed and retain new roles. To achieve integration of the 25 PCNs with objectives of ICAs
Practice Resilience Programme	33	33	66	66	<b>132</b>	<b>143</b>	Increasing access to GPs and other skills to be able to improve practice management, recruitment and planning
Online Consultation Software	62	62	124	124	<b>248</b>	<b>119</b>	To increase at scale and wider offering to patients from current contract with Doctorlink
GP IT Infrastructure	51	51	102	101	<b>203</b>	<b>4</b>	To upgrade software and expansion of safe remote working arrangements including associated licenses and frameworks
Improving Access	1,019	1,019	2,038	2,037	<b>4,075</b>	<b>3,729</b>	To support transfer of services 30mins/1,000pts (BEMS, Medvivo and WHC) to PCNs as part of DES in April 2022 and ensure PCN readiness
Primary Care COVID Support	1,249	624	1,873	156	<b>2,029</b>	<b>2,007</b>	To enable expansion of capacity and progress of seven priorities and vaccinations enhanced service
Funding to Support Leadership and Management	0	0	0	654	<b>654</b>	<b>545</b>	Clinical directors to recommend how it is deployed to create new capacity in support of the work of PCNs
<b>Total</b>	<b>2,575</b>	<b>1,950</b>	<b>4,525</b>	<b>3,460</b>	<b>7,985</b>	<b>6,890</b>	

# Other 2021/22 funding received

	Local GP Retention £000s	Fellowships £000s	Supporting Mentors Scheme £000s	Flexible Staff Pools £000s	Total
Quarter 1	47	214	32	30	323
Quarter 2	47	214	62	30	353
Quarter 3	47	60	17	30	154
Quarter 4	47	60	17	30	154
<b>Total</b>	<b>187</b>	<b>548</b>	<b>128</b>	<b>120</b>	<b>983</b>

## Meeting of the BSW CCG Primary Care Commissioning Committee

<b>Report Title</b>	Primary Care Work Programme 2022-23					<b>Agenda item</b>	11	
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care, BSW CCG							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	BSW Primary Care Operational Group BSW System Planning Group							
<b>Executive summary</b>	<p>Primary Care should be recognised as an integral part of solutions to key system challenges that require a whole system response. This work plan has been included as part of the local BSW Operating Plan narrative (as primary care plans were not required as part of the National Operating Plan submission).</p> <p>The national letter (01.03.22) thanked general practice teams for their response and reprioritisation to support the Covid booster programme; and as we look forward the needs of our populations and patients necessitates that the primary focus of general practice returns to addressing non-COVID needs – particularly long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs, and regaining momentum on the wider Long Term Plan prevention agenda.</p> <p><u>The priorities for the work plan for 2022/23:</u></p> <ol style="list-style-type: none"> <li>1. GP contract changes, including Network Contract Directed Enhanced Service (DES)</li> <li>2. Expansion of Primary Care workforce GPs, Additional Role Reimbursement Scheme (ARRS) as part of Primary Care Networks (PCN)</li> <li>3. Revised arrangements for Enhanced Access through PCNs from October 22.</li> <li>4. PCNs to deliver anticipatory care &amp; personalised care and expand focus on Cardiovascular Disease (CVD) diagnosis &amp; prevention from April 22</li> <li>5. Catch up on backlog of care re: ongoing conditions</li> </ol>							

<b>Report Title</b>	Primary Care Work Programme 2022-23	<b>Agenda item</b>	11					
	6. Address health inequalities with communities 7. Catch up on backlog of care for patients with Long Term Conditions 8. Develop plans re delegated commissioning of dental, community pharmacy & optometrist services from 23/24							
<b>Equality Impact Assessment</b>	N/A							
<b>Public and patient engagement</b>	N/A							
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report and the Work Programme for 2022/23.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	Links to Primary Care risks recorded on Corporate Risk Register (BSW 11)							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium	X	Low		N/A	
<b>Key risks</b>	Risks, issues, and mitigations included in the paper.							
<b>Impact on quality</b>	Nationally set programmes for GP Contract elements of Quality Outcomes Framework (QOF) and PCN Investment Impact Fund (IIF).							
<b>Impact on finance</b>	NHS England and NHS Improvement and the Government continue to remain committed to honouring the 5-year settlement that runs to 2023/24, negotiated and agreed with BMA General Practitioners Committee (GPC England) and subsequently enhanced. Through nationally guaranteed entitlements, this provides significant real terms growth in overall investment for general practice.							
	<b>Finance sign-off:</b> John Riddler							X
<b>Conflicts of interest</b>	N/A							
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

## Primary Care Work Plan 2022/23

Primary Care should be recognised as an integral part of solutions to key system challenges that require a whole system response. This work plan has been included as part of the local BSW Operating Plan narrative (as primary care plans were not required as part of the National Operating Plan submission).

The national letter (01.03.22) [Letter template \(england.nhs.uk\)](#) thanked general practice teams for their response and reprioritisation to support the Covid booster programme; and as we look forward the needs of our populations and patients necessitates that the primary focus of general practice returns to addressing non-COVID needs – particularly long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs, and regaining momentum on the wider Long Term Plan prevention agenda.

### The priorities for the work plan for 2022/23:

1. GP contract changes, including Network Contract Directed Enhanced Service (DES)
2. Expansion of Primary Care workforce GPs, Additional Role Reimbursement Scheme (ARRS) as part of Primary Care Networks (PCN)
3. Revised arrangements for Enhanced Access through PCNs from October 22.
4. PCNs to deliver anticipatory care & personalised care and expand focus on cardiovascular disease (CVD) diagnosis & prevention from April 22
5. Catch up on backlog of care re: ongoing conditions
6. Address health inequalities with communities
7. Catch up on backlog of care for patients with Long Term Conditions
8. Develop plans re delegated commissioning of dental, comm pharmacy & optometrist services from 23/24

### **1. GP contract changes including Network Contract Directed Enhanced Service (DES)**

<b>Assumptions</b>	<p>GP Contract Changes have been set out nationally in the letter (01.03.22) and the PCN service specifications and Quality and Outcomes Framework (QOF) for 22/23 were set out in August 2021 <a href="#">NHS England » Primary Care Networks – plans for 2021/22 and 2022/23</a></p> <p>The assumptions for Contractual focus: long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs, and regaining momentum on the wider Long Term Plan prevention agenda.</p> <p>Responding to COVID, including COVID vaccinations, will continue to be an important subset of activity but on a smaller scale than in 2021/22. Plans are in place across BSW for Phase 4 starting the beginning of April for the Spring Booster programme.</p> <p>Delivery of the children's vaccination and immunisation programme recovery. There is an assumption that practices will have sufficient qualified staffing available to deliver recovery programme.</p> <p>Respond to the minor changes to vaccinations and immunisations in 2022/23 which reflect forthcoming changes to the routine vaccination schedule recommended by the Joint Committee on Vaccination and Immunisation.</p> <p>The other contractual focus is early cancer diagnosis, working with Partners, reviewing and improving referral practice, increasing use of tele-dermatology to support skin cancer referrals (possible assumption on wider system for digital impact from increased use, assumption that clinicians are trained and competent in use, interpretation) as well</p>
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	<p>as requesting of FIT tests for suspected colorectal cancer (again possible assumption in understanding pathway and possible additional capacity required in local labs).</p> <p>Move away from target of at least 25% appointments available for online booking to a more targeted requirement (awaiting more guidance).</p> <p>No changes to QOF indicators; Quality Improvement (QI) Modules focus on optimising patients' access to general practice and prescription drug dependency; Investment and Impact Fund (IIF) focus on Direct Oral Anticoagulants prescribing and FIT testing for cancer referrals introduced in 22/23.</p>
<b>Actions</b>	<p>Working through GP Contract updates and changes for 2022/23; and released PCN DES specifications.</p> <p>Annual process of sign up for Locally Enhanced Services across BSW</p> <p>Working closely with Wessex LMC as the representative body for General Practice Engagement and discussions with practices and PCNs across BSW</p>
<b>Risks, issues, and mitigations</b>	<p>Risk that all PCNs may not sign up to deliver the PCN Network Contract 2022/23</p> <p>Planning submitted Phase 4 for Covid Vaccination Programme – not reliant on all PCNs to be actively engaged and delivering; but will include some for local delivery and some practice based for those who are unable to access to the Large Sites.</p> <p>Mitigation – all 89 GP Practices across BSW will be covered by a PCN from 1<sup>st</sup> April 22.</p>
<b>2. Expansion of primary care workforce: GPs, ARRS &amp; PCNs</b>	
<b>Assumptions</b>	<p>Maintaining steady state, with increase where possible but noting that there is additional short-term assistance within the system that will reduce again post pandemic recovery period.</p> <p>Planned increase in funding for ARRS, and PCNs planning for recruitment to the 15 different ARRS roles.</p> <p>PCNs continue to work collaboratively with shared workforce across patch developing aligned / shared operating models.</p> <p>Locality / place working continues at pace thus enabling secondments / shared roles from system partners.</p> <p>Working closely with mental health colleagues with additional flexibility to support recruitment and broadening of the role outline to include non-clinical support for patients and inclusion of Band 4 in eligibility for ARRS.</p> <p>Continuing to increase use of Community Pharmacy Consultation Service and development of services offered (Patient Group Directions, increased independent prescribing).</p>
<b>Actions</b>	<p>Continue to support ARRS practitioners to maximise retention in these posts by offering and facilitating support networks, CPD and opportunities for collaborative learning.</p> <p>Re-advertise named leads within the Training Hub for staff working in ARRS roles.</p> <p>Working with Lead Provider to retain workforce gained through vaccination roles.</p> <p>Work with already identified student supply (next 2 years) to secure posts in GPN workforce.</p> <p>Proactively promote primary care as the first destination for post-registration students and maximise retention through offering newly qualified fellowship programme and preceptorship programme in partnership programme (in partnership with Gloucestershire) for practice nurses.</p> <p>Expand 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.</p>

	<p>Maintain focus on upskilling in supervision, mentorship and coaching to support supply numbers.</p> <p>Development and expansion of the flexible multi-disciplinary system wide staff pool (approved Sept 21). As at 30.03.22, 53/89 practices have signed up to use the platform.</p>
<b>Risks, issues, and mitigation</b>	<p>Capacity for supervision/mentorship/coaching within the system and pressure due to the volume of learners. We are taking every opportunity to upskill and consider new modules of development to address this.</p> <p>Aging workforce and flexible retirements causing estimates rather than knowns in the overall Primary Care system profile. Continue to roll out wellbeing resources and retention offers to retain for as long as possible. Ensure Primary Care are knowledgeable about flexible retirement offers / retire and return to build into their retention strategies.</p> <p>Risk on capacity of estates for increasing teams who work together across PCN for maximum effect (e.g. ARRS staff - not aligned to Premises Costs Directions relating to GMS allowable space as not providing core GMS services). Mitigation anticipated in new Premises Cost Directions.</p> <p>Risk on capacity of estates team to support and progress the Programme Management Office to develop PCN service and estates strategies through the PCN Toolkit, ensuring maximised and shared use of existing premises prior to any new investment.</p>
<b>3. Revised arrangements for enhanced access through PCNs from October 22.</b>	
<b>Assumptions</b>	<p>Assume PCNs will have plans in place for combined (extended hours and improved access) by 1<sup>st</sup> October to meet updated requirements.</p> <p>Not yet received detailed specification.</p> <p>The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations, and health checks, in line with patient preference and need.</p> <p>The PCN Enhanced Access Plans will form part of the ICS/ICA approach.</p> <p>Assumption that PCNs will have sufficient staff with appropriate contractual arrangements in place to deliver new Enhanced Access.</p> <p>Assumption that PCNs have reviewed their demand and capacity and patients' needs, considering variation in appointments being delivered and required i.e., face to face, telephone, video etc. and understand PCN physical environment/estates requirements (linked to PCN estates toolkit).</p>
<b>Actions</b>	<p>Plans underway as currently three separate contractual arrangements in place across BSW to deliver the Enhanced Access from 1 Oct 22.</p> <p>CCG working with PCNs to have draft plans in place by 31<sup>st</sup> July, final version 31 August.</p> <p>Capacity and demand audits</p> <p>PCN estates toolkit action and review</p>
<b>Risks, issues, and mitigations</b>	<p>Ensure consistent and robust plans in place</p> <p>Strong patient / public comms and engagement on plan development.</p> <p>Workforce challenges to provide additional hours outside of core hours - 60 mins per 1000 registered population = approx. <b>960 additional hours per week</b> for BSW).</p> <p>A risk that core hours are impacted</p> <p>Mitigation that capacity and demand and PCN estates toolkit is completed prior to PCN</p>

	commencement of new service offer.
<b>4. PCNs to deliver Anticipatory Care &amp; Personalised Care services and expand focus on CVD diagnosis &amp; prevention from April 22</b>	
<b>Assumptions</b>	Plans for PCN specifications and PCN IIF set out assumptions: <ul style="list-style-type: none"> <li>• Improving prevention and tackling health inequalities</li> <li>• Support better outcomes in the community through proactive care</li> </ul>
<b>Actions</b>	Progress towards the national ambitions for: <ul style="list-style-type: none"> <li>• Learning Disability Health Checks</li> <li>• Flu vaccinations to at-risk groups</li> <li>• Closing the hypertension diagnosis gap</li> <li>• Personalised care interventions by recruiting a lead for Personalised Care within the Training Hub, providing accredited training in personalised care for primary care staff, further developing personalised care approaches within certain groups (e.g., children and young people)</li> <li>• More complete recording of ethnicity in patient records</li> </ul>
<b>Risks, issues, and mitigations</b>	Align to ICA work programme to ensure PCNs are embedded in local / neighbourhood working across all partners
<b>5. Catch up on backlog of care re: ongoing conditions</b>	
<b>Assumptions</b>	Plans for PCN specifications and PCN IIF set out assumptions: <ul style="list-style-type: none"> <li>• Support improved patient access to primary care services - implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic</li> </ul>
<b>Actions</b>	Improved patient experience of accessing general practice <ul style="list-style-type: none"> <li>• Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment</li> <li>• Improved provision of online consultations</li> <li>• Increased utilisation of Specialist Advice services, and community pharmacist consultations</li> </ul>
<b>Risks, issues, and mitigations</b>	Balancing workload demands with all the priorities and workforce challenges (capacity and capabilities) – sharing workforce and aligning operating models (i.e., what can be shared across practices/ PCNs/ neighbourhoods / other providers).
<b>6. Address health inequalities with communities</b>	
<b>Assumptions</b>	Plans for PCN specifications and PCN IIF set out assumptions: <ul style="list-style-type: none"> <li>• Improving prevention and tackling health inequalities</li> <li>• Support better outcomes in the community through proactive care</li> </ul> <p>Learning from work over last 2 years – specifically with Covid Vaccination programmes and outreach work to identify those groups who do not access services.</p>
<b>Actions</b>	Develop the work of the PCNs piloting the Population Health Management work – and share learning and actions.
<b>Risks, issues, and mitigations</b>	Balancing workload demands with all the priorities and workforce challenges (capacity



<b>mitigations</b>	and capabilities) – sharing workforce and aligning operating models (i.e., what can be shared across practices/ PCNs/ neighbourhoods / other providers).
<b>7. Catch up on backlog of care for patients with Long Term Conditions</b>	
<b>Assumptions</b>	Plans for PCN specifications and PCN IIF set out assumptions: <ul style="list-style-type: none"> <li>• Support improved patient access to primary care services - implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic</li> </ul>
<b>Actions</b>	Improved patient experience of accessing general practice <ul style="list-style-type: none"> <li>• Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment</li> <li>• Improved provision of online consultations</li> <li>• Increased utilisation of Specialist Advice services, and community pharmacist consultations</li> </ul>
<b>Risks, issues, and mitigations</b>	Balancing workload demands with all the priorities and workforce challenges (capacity and capabilities) – sharing workforce and aligning operating models (i.e., what can be shared across practices/ PCNs/ neighbourhoods / other providers).
<b>8. Develop plans re: delegated commissioning of dental, community pharmacy &amp; optometrist services from 23/24</b>	
<b>Assumptions</b>	To receive delegation of these services by NHS England from April 2023  Review the establishment of a Primary Care Services Commissioning Group – with responsibilities pulled over from PCCC (currently working under nationally mandated TOR relating to the commissioning of primary medical services under section 83 of the NHS Act) to cover the other primary care contractor groups.
<b>Actions</b>	Engagement in NHSE SW / Systems calls across SW Reviewing of proposal for SW Commissioning Hub and functions to comment in July 22 (2/7 ICS in SW are being delegated from July) Local discussions about structures and governance across ICS/ICA for primary care medical services contracts as well as delegation of POD.
<b>Risks, issues, and mitigations</b>	Maintain Primary Care Operational Group/s to provide assurance to PCCC of the robust systems and processes in place for monitoring, managing, and assuring the quality and safety of primary care medical services and for driving continuous service improvement; and to maintain an operational focus, overseeing and scrutinising operational issues, regarding primary care workforce, estates, quality, planning and finance.

# Meeting of the BSW Primary Care Commissioning Committee

## Report Summary Sheet

<b>Report Title</b>	Primary Care Operational Groups Update Report						<b>Agenda item</b>	12
<b>Date of meeting</b>	14 April 2022							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>								
<b>Author</b>	Tracey Strachan, Deputy Director of Primary Care							
<b>Appendices</b>	None							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	X
<b>This report was reviewed by</b>	Bath and North East Somerset, Swindon and Wiltshire Primary Care Operational Groups							
<b>Executive summary</b>	This summary report provides an update of the locality PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public.							
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	BSW 11 Capacity of Primary Care							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low		N/A	X
<b>Key risks</b>	N/A							
<b>Impact on quality</b>	N/A							
<b>Impact on finance</b>								
	<b>Finance sign-off: N/A</b>							

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

## Primary Care Operational Groups Update Report

### 1. Executive Summary

- 1.1 This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public. Items covered elsewhere on the agenda are not covered.
- 1.2 There has been one BaNES, Swindon and Wiltshire meeting held on 3 March 2022 and one Swindon meeting held on 8 March 2022.

### 2. Recommendation(s)

- 2.1 The Committee is asked to note the report

### 3. Agenda Items

- 3.1 Lantum update
  - Flexible staff pool current uptake and usage discussed
  - Benefits to PCNs, practices and staff highlighted
- 3.2 Interpretation service
  - Current contract with LanguageLine requiring renewal. Direct award against the framework as no other provider with breadth of offer. Reduced cost as document translation now included.
- 3.3 Safeguarding expansion proposal for Wyvern PCN
  - Proposal and wider context across BSW discussed. Proposal withdrawn for further review.
- 3.4 Special Allocation Service Update
  - Review continuing and tying into the national service review. Current service extended for 12 months ensuring consistency across BSW.
- 3.5 QOF and IIF year end approach
  - Process to be refined and shared with practices
- 3.6 Quality update
  - Serious incidents, medical examiner rollout and the Primary Care Oversight and Assurance Group remit discussed.
  - Quality metrics being developed
- 3.7 Finance update
  - Current financial position and forecast discussed
  - Winter Access Funds and System Development Funds highlighted

**4. Other Options Considered**

4.1 Not applicable

**5. Resource Implications**

5.1 None

**6. Consultation**

6.1 None

**7. Risk Management**

7.1 None

**8. Next Steps**

8.1 None

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

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

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

Corporate Risk Register

Risk no.	Risk Category (for risk map)	Risk Appetite	Brief descriptor	Date risk entered on register	Risk Owner Director Accountable	Risk Manager Responsible	Latest review date	Original risk score Target risk score	Risk Treatment	Description of risk including event, cause and consequences	Existing controls and assurances	Proposed action (number each action)	Target delivery date for each action	Person delivering each action	Commentary on progress against action plans	RAG on progress against actions2	Movement in score (from previous updates since July 2018 or date of risk entry on register)	Current likelihood	Current impact	Current risk score
BSW 11 Merged with BSW 12	Capacity and Capability	Moderate	Demands on Primary Care / GP Practices	03-Dec-19	Jo Cullen, Director of Primary Care	Tracey Stachan, Deputy Director of Primary Care	31.03.22	4 1	Treat	Increased demands on GP practices with impact on the ability to maintain clinical safety and service standards. Evidence of recent primary care activity impacted by different ways of working and modes of appointment (drive and face to face) and increasing demand in patient contact. Ensuring sufficient capacity and capability in general practice to manage demand and deliver new operating modes. Continued Operating Model in line with updated national (PCC) guidance for primary care (18.10.21) so practices are Covid secure with social distancing, external hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Face to face consultations can now go ahead where this is safe for patients and staff, whilst recognizing that telephone and video consultations continue to have an important role. The decision about when to see patients face to face or through video consultation is for local clinical leaders based on a number of factors, including patient needs and preferences, configuration of premises, local capacity and the ability to ventilate spaces. Since 14/12/20 - delivery of PCC designated sites for Covid Vaccination programme through priority groups - under national Enhanced Service, 100% sign up across BSW. 22/23 PCC signed and Phase 2 Covid Vaccination Booster programme. Seasonal flu programme commenced for larger number of eligible cohorts. Increasing numbers of paediatric cases including RSV cases with major impact across the system. Preparation for the commencement of the CEV 5-11 vaccination Programme from 31.01.22	Confirmation of BSW Covid-19 Response Primary Care Offer approved by the CCG last summer to treat primary care to most appropriate care - continued for full year 2021/22. National release of improving access for patients and supporting GP Services (14.10.21) intending to increase the ability of patients to access primary care services. Local focus is on working across the GP Practices, PCNs and local systems to this end to best support primary care in the difficult months ahead in response to the unprecedented levels of demand for experience. Our local priority is to develop a list of plans that will support and help all 89 GP Practices across BSW. Delivery of Network Contact DES and Additional Rules Reimbursement Scheme for additional specified roles (87% of 611-686 committed in Aug and increased since then; this represents 191.6 WTE roles as end Q2 with ambition for 27275 by Oct). Primary Care Operational Groups receive monthly reports of operational issues within practices and reports to Primary Commissioning Committee. Primary Care Out Score introduced last autumn (as part of the whole system SHREWD daily dashboard tool) and encouraging all practices to submit status to evidence the pressures to the system as well as to the wider public. Additional reporting being rolled out for RSV cases. Some practices undertaking risk stratification/practice diagnostic work. High risk practices in regular contact with CCG and LMC to address concerns. Regular contact through Teams calls and webinars across BSW, Localities, PCNs and Practices. Ongoing work in Localities implementing Winter Access Fund plans that will support all 89 GP Practices across BSW in providing the most appropriate access for all of our patients across BSW. Focused work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans. Developing suite of documents and support - IT/digital, communication materials, sharing with system partners (including community pharmacy) implementing Communication plan with message to public focused on GP Practices.	1. Development of Covid-19 response primary care offer 2021 will report via PCN dashboard (national) 2. Submission of BSW Improving Access plan for NHSI and £4.5m funding approved for Winter Access Fund 3. Additional roles being monitored and reported through NHSI submissions. Proposal for use of underused staff 4. Planning 21/22 to bring forward recruitment via Q4 from 2023 5. GP retention programme for BSW being further developed through training hubs and other schemes for experience 6. Reporting weekly on demand and mode of appointment - developing method locally and across BSW to monitor, supervise and QPC for existing and new roles 7. Reporting weekly on demand and mode of appointment - developing method locally and across BSW to monitor, supervise and QPC for existing and new roles 8. Mobilisation of population analytics and risk stratification tool for practices 9. Work with Primary Care Networks to develop quantitative assessment of demands on primary care, taking into account learning from Covid 10. Work with Communications Team to manage patient demands and expectations and launch change of services 11. Work closely with PCH to support delivery of vaccination programme (such as additional workforce support for additional non NHS premises) to allow increased return to restoration of usual business and banking whilst meeting new demand for vaccination 12. Focused work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans	1. Ongoing discussions and implementation of dashboard 2. Will report progress through PCCO 3. Ongoing - will report monthly to PCCO and weekly to PCCO 4. Will report to PCCO and PCCO on successful teams 5. Ongoing review quarterly 6. Ongoing 7. Ongoing - some reporting but working to develop full coverage 8. Ongoing 9. Ongoing 10. Ongoing 11. Jo Cullen	1. Jo Cullen and PC team 2. Jo Cullen and PC team 3. PC team and Training Hub 4. D. Walsh and Training Hub 5. D. Walsh and Training Hub 6. Analytica team 7. Upper Care Team 8. Analytica team 9. Jo Cullen, PC team and Quality team 10. Tamsin May 11. Jo Cullen	Approval to continue Primary Care Offer for Q3&4 received from PCCO BSW Improving Access Fund submitted. £4.5m funding approved. Etm PCH (west funding) to be confirmed. Launch of Flexible Pool week commencing 20th October 2021 - as at 30.03.22, 6389 practices have signed up to use the platform. The BSW Practice appointment data monitors the number of appointments and the mode in which they were conducted (face to face or virtual). BSW group working with NHS SW to develop understanding of reasons driving demand to review alternative solutions and support for better potential surge. Reporting on the Covid Vaccination programme separately. Primary Care Rollouts moving to weekly from 1st April 22. Next BSW webinars 05.04.22 Ongoing work in localities implementing Winter Access Fund plans that will support all 89 GP Practices across BSW in providing the most appropriate access for all of our patients across BSW. Focused work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans. Developing suite of documents and support - IT/digital, communication materials, sharing with system partners (including community pharmacy, community pharmacy) National focus for Practices and Primary Care Networks to focus on 3 key priority areas until end March (using professional judgement to clinically prioritise care): continued delivery of general practice services, management of symptomatic COVID-19 patients in the community and the ongoing delivery of the COVID-19 vaccination programme. Focus from April 22 - needs of our populations and patients necessitates that the primary focus of general practice returns to address non-COVID needs. Long-term condition management and chronic disease control ensuring timely access for patients with urgent care needs. Older Long Term Plan prevention agenda. Responding to COVID, including COVID vaccinations, will continue to be an important subset of activity but on a smaller scale than in 2021/22	Potentially On Target		4	12	
BSW 13	Capacity and Capability	Moderate	Primary Care Workforce	04-Dec-19	Jo Cullen, Director of Primary Care	D Walsh, Head of People Programs & CC Health & Wellbeing Lead, and Programme Lead, BSW Training Hub	31.03.22	12 8	Treat	The workforce age profile over the next five years indicates a number of GPs, practice nurses and practice managers will retire during that period which may threaten the resilience and sustainability of Primary Care. This is compounded by the current workload pressures as practices are looking to retain early retirement and other staff. Retention and Succession Planning with implications for GP, such as reporting earnings, BMA requested plan.	BSW Primary Care Strategy BSW Training Hub have a 3 year contract from 2022 for sustainability in aiding recruitment and retention plans Primary Care Commissioning Committee (PCCO) Primary Care Operational Group (PCOG) Primary Care Network Meeting / Forum	1) Continue to obtain up to date workforce data from NHS Digital including age profiles of all staff, reported by the BI team on a quarterly basis. 2) Update workforce planning system (now working with Strategic Workforce Planning Network) to BSW 3) Work with the BSW Strategy Recruitment, Retention and Supply Group on a 5+ year plan looking at ways to meet those retiring retirement age. 4) Continue to support the ARRS scheme in Primary Care to manage the workload and prevent early retirement attrition to overall. 5) Increased emphasis on supply of primary care staff through active recruitment strategies, primary care placements, apprenticeships and Return to Practice courses 6) Launch of Flexible Pool - week commencing 20th October 2021 with facilitation and support to work with all Practices to make the best use of this service	1. Walsh (CCO) BSW Training Hub	1) CS Workforce task assigned for BSW with overall ICS plan and draft strategy completed (Primary Care included). Production of data tables produced by the ICS Lead. Production of Primary Care (only) data by the BI team and shared within various glosop/committees. Alignment of CCGs workforce activities across CCGs and regions considered as part of operational plan submission. 2) CS Lead chairs a meeting of Workforce Partners from across the ICS system (Primary Care representatives), Commissioning Alliance and other stakeholders. CS Lead chairs a meeting of the BSW Workforce Partners. New prospectus updated for March recruitment rounds. 3) Membership of the ARRS group representing Primary Care and joining with any appropriate initiatives to aid retention. GP Retention offered which can provide a partial career as part of flexible retention. Regular meetings in place with Training Hubs regarding current future workforce needs. Longer term planning requiring further support from NHSI/HEE. Local funding to support training initiatives / CPD and CP integrators, along with GP Chartered model. 4) Local facilitation to support workforce / previous cluster visits and values. PCH BSW Clinical Director meetings, PCH engagement and development of BSW support offer continues. Training Hub leads a task for each professional group, offering advice and guidance, learning opportunities in line with career pathways and peer supervision. 5) Increasing use of social media to promote primary care recruitment, some follows in place within the Training Hub supporting the messages of Primary Care being an attractive place to work. Active recruitment process in place for a Clinical Placement Education Hub to support placement requests. Nurse Lead supports Return to Practice placements, and further student events to attract nurses/Physicians Associates into primary care are planned. Have generated newly qualified nursing supply for vacancies for 2022/2023. Apprenticeship lead in place and ongoing consultations with the BSW ICS Academy and wider apprenticeship groups. Apprenticeships have commenced in Primary Care which have been drawn from both the wider system. 6) Flexible Pool has launched and 89% of practices have signed by. This project has support for the next 2 years for promotion and expansion of the variety of roles within Primary Care.	Potentially On Target		12			

Last Updated: 07/04/2022