

BSW CCG Primary Care Commissioning Committee Meeting in Public

Thursday 16 June 2022, 13:00hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
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 14 April 2022	Chair	Approve	PCCC/22-23/022
	5	Action Tracker	Chair	Note	PCCC/22-23/023
Business items					
13:05	6	Summary of Decisions made at the PCCC Private Meeting held on and 14 April and 12 May 2022	Chair	Ratify	PCCC/22-23/024
13:10	7	Operational Items: a. Current Demands and Challenges b. Update on COVID-19 Vaccination Programme c. Digi Locum Update d. Enhanced Access Plans Update	Jo Cullen	Note	Presentation in meeting
13:20	8	Primary Care Flexible Staff Pool Update	Rachel Cooke	Note	PCCC/22-23/025
13:35	9	Primary Care Operational Group Recommendations for Discussion and Approval: a. CCG Discretionary Funding Guidelines b. Closure of Wilton Health Centre to GMS Services c. Harptree Temporary Closure d. Patford House Partnership Business Case e. Tadpole Surgery Boundary f. Pulteney List Closure Extension	Tracey Strachan	Approve	PCCC/22-23/026

Timing	No	Item title	Lead	Action	Paper ref.
13:50	10	Quality Report	Gill May	Note	PCCC/22-23/027
13:55	11	Finance Report	John Ridler	Note	PCCC/22-23/028
Items for information					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
14:00	12	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/22-23/029
14:00	13	Primary Care Risk Register	Jo Cullen	Note	PCCC/22-23/030
Closing Business					
14:00	14	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in public:
BSW integrated Care Board meeting schedule to be confirmed

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

Thursday 14 April 2022, 13:00hrs

Virtual meeting held via Zoom

Present

Voting Members

Registered Nurse, Maggie Arnold (MA) (Chair)
Chief Executive / BSW ICB Chief Executive Designate, Sue Harriman (SH)
Chief Financial Officer, Caroline Gregory (CG)
Medical Director, Dr Ruth Grabham (RG)
Director of Primary Care, Jo Cullen (JC)

Attendees

Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)
Director of Nursing and Quality, Gill May (GM)
Representative from HealthWatch Swindon, Steve Barnes (SB)
Representative from HealthWatch Wiltshire, Andrew Mintram (AM)
Wessex Local Medical Committees Medical Director, Dr Edward Rendell (ER)
Associate Director of Finance – BaNES, John Ridler (JR)
Board Secretary, Sharon Woolley (SW)
BSW Assistant Director of Primary Care – Swindon Locality, Louise Tapper (LT)
Senior Commissioning Manager for Primary Care, Louise Sturgess, (LS)
Communications and Engagement, Sheena Hobbs (SHo)

Apologies

Director of Strategy and Transformation, Richard Smale (RS)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Acting Chief Executive, Wessex Local Medical Committees Ltd, Dr Gareth Bryant (GB)
Lay Member PPE (Vice Chair), Julian Kirby (JK)
Lay Member PCCC (Chair), Suzannah Power (SP)
Deputy Director of Primary Care, Tracey Strachan (TS)
Locality Clinical Lead (Swindon, Dr Amanda Webb (AW)
Patient Safety and Quality Lead, Claire Spiers (CS)

1 Welcome and Apologies

- 1.1 In the absence of the PCCC Chair, Suzannah Power and Vice Chair, Julian Kirby, it was agreed Maggie Arnold, CCG Registered Nurse, would Chair the meeting.
- 1.2 The Chair welcomed members and officers to the meeting. Apologies were noted.

- 1.3 The meeting was declared quorate.
- 1.4 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.
- 1.5 Only those questions raised through the normal submission process of three working days in advance of the meeting would be acknowledged during the meeting.
- 1.6 It was noted that Dr Gareth Bryant was soon to retire from the LMC, the Committee welcomed Dr Edward Rendell as the LMC representative in his new role as the Medical Director. The Committee wished to record thanks to GB for his commitment and valued contribution to the Committee.
- 1.7 It was further noted that the representative from Healthwatch BaNES, Joanna Parker, would no longer be attending Committee meetings. The Committee wished to note thanks to JP for her contribution to the Committee over her time as an attendee.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and Committee Members.
- 2.2 Maggie Arnold wished to advise the Committee of a new conflict of interest following successful appointment to the South Western Ambulance Service Trust Board as a Non-Executive Director. The Declarations of Interest Register was being updated to capture this new interest. It was noted that there were no agenda items relating to this interest.
- 2.3 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee are non-voters.
- 2.4 There were no other interests declared regarding items on the meeting agenda.

3 Questions from the Public

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

4 Minutes from the meeting held on 10 February 2022

- 4.1 The minutes of the meeting held on 10 February 2022 were **approved** as an accurate record of the meeting.

5 Action Tracker

- 5.1 Four actions were noted on the tracker. Two were marked as CLOSED, with updates provided for the Committee to note.

- 5.2 The Committee reviewed the remaining ONGOING actions and noted:
- Patient Communication – SH advised that this action remained ongoing. Healthwatch Wiltshire had completed their Wiltshire GP access audit, the report would be released after the local elections. BaNES Healthwatch were considering a similar survey. Extended Access plans were to be submitted in October. The Primary Care team committed to working with Healthwatch to ensure plans met patient needs. ONGOING
 - Primary Care Quality Report and the inclusion of Healthwatch Information – A meeting had been held between the Quality Team and Healthwatch representatives to discuss reporting mechanisms. ONGOING

6 Summary of Decisions made at the PCCC Private Meeting held on 10 March 2022

- 6.1 A report summarising those decisions made at the PCCC meeting held in private on 10 March 2022 had been included in the paper pack. This referenced the decisions taken on New Lease Arrangements for Rent Reimbursement for Ramsbury Surgery, New Lease Arrangements for Rent Reimbursement for the Kennet and Avon Medical Partnership and the Changes to Swindon Primary Care Networks for 2022-23.
- 6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meeting held on 10 March 2022.

7 Operational Items

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

7a. Current Demands and Challenges

- Focus remained on the mode of appointment in line with national reporting.
- In March 2022, 464,000 appointments were booked, a 16% increase on February.
- Face to face and remote appointment levels were maintained. Face to face appointments for March 2022 were recorded as 58.9%.
- The 89 practices across BSW were maintaining a high level of performance against the continued high demands on services.

7b. Update on COVID-19 Vaccination Programme

- As of 9 March 2022, nearly 2.2m vaccines had been delivered across BSW, acknowledged as an amazing achievement of system delivery.
- Attention was now on moving into phase four – the spring booster programme.
- Delivery continued through the Primary Care Network (PCN) sites, mass vaccination sites, community pharmacies and outreach teams, ensuring an equity of access and delivery.

7c. Update on GP Contracts from April

- General practice was to return to addressing the populations non-COVID needs. A general practice reset would see GPs supporting the response to COVID, but on a smaller scale, recognising the need to focus on urgent care needs and the prevention agenda.

- 15 different roles, including increasing the mental health practitioners shared model with AWP, were to form part of the additional role offer for PCNs, to encourage development and expansion of the workforce and skill mix.
- Enhanced Access outside of core hours was to be implemented from October 2022. This was not focussed solely on GP access, but use of a multi disciplinary team to provide routine and urgent care. These additional hours would not be across all practices, but through different locality based models developed through the PCNs, according to patient need, demand and preference, and aligned to the national guidance. This was year four of a five year deal set by the Government. The LMC and CCG were supporting PCNs to implement this via the Direct Enhanced Service (DES) contracts. The draft plans were to be developed by the end of July, to consider the at scale and consistent offer, alongside the workforce and capacity requirements. Final plans were to be in place for August. These would be shared with the Committee in due course.
- Cardio vascular disease prevention and diagnosis, and anticipatory care and personalised care services to be offered through PCNs were to be phased in from April.

7d. Flexible Staff Pool

- The Lantum digital solution offering the primary care flexible staff pool was proceeding well, with 88 staff signed up to date. Shifts were being filled. Positive feedback had been received. A further update would be presented to the June Committee meeting.
- Digi Locum was the next development being considered, a digital system being rolled out across the South West, providing practices using locums from outside their area with an IT access solution via 'GPIntheCloud'.
- Devon had successfully piloted the system, BSW had been approached to be the first CCG for roll out.
- There would be no initial or set up costs to the CCG or Integrated Care Board (ICB), costs were being covered through the NHS England programme.
- Technology was provided by Delt Shared Services, a known provider who has a Data Protection Impact Assessment in place.
- The programme was considered to be low risk, improving system capacity.

7.2 The Committee discussed the proposed Digi Locum project, noting the following concerns:

- The trend of shift fills with locums was a concern, bringing a negative impact. Locums were not considered to be a productive replacement for registered GPs.
- The project could make patient support even more remote. It was noted that digital leads were discussing the approach in line with the Enhanced Access requirements.
- Remote working and patient support then created a heavy burden on those colleagues in the practice.
- Although this flexible use of GPs was part of resilience planning, helping to reduce the backlog and meet demand, and provide that effective triage, it did not however, address the underlying issue, resulting in fragmented care.

ACTION: Wider clinical discussion concerning the use of the Digi Locum digital solution was required before the roll out was to proceed.

8 Primary Care Operational Group Recommendations for Discussion and Approval:

8a. Additional General Medical Service Space in Priory Road Surgery, Swindon

- 8.1 Priory Road Surgery had requested additional General Medical Service (GMS) funded space within their current building, through the conversion of the therapy and admin rooms to GMS space, and the multi-purpose room being converted to GMS space once the existing service had vacated. Release of the lease by NHS Property Services would enable this additional space. The full lease would be held by the Practice with Assura. As the CCG was currently paying void costs (Rent and Rates) of the proposed space, converting the space to GMS would create a net saving to the CCG. Creating this additional space would be beneficial in bringing the teams together. This proposal had been supported by the Swindon Primary Care Operational Group.
- 8.2 The Committee **approved** options one and two within the paper, acknowledging this was subject to the lease currently held by NHS Property Services being surrendered.

8b. Kingswood and Carfax Merger Update

- 8.3 The Committee had received regular updates on the pending Kingswood and Carfax merger, and **noted** the positive news that the merger had successfully taken place as of 1 April 2022, thanks to the tremendous work of Kingswood Practice the Communications and Primary Care Teams at the CCG. Communications had now been shared with the public.

9 Quality Report

- 9.1 The Committee **received and noted** the Quality Report.
- 9.2 The Director of Nursing and Quality highlighted the following items to the Committee:
- Primary Care as a wider pathway was discussed in a number of forums, including the BSW System Quality Group, with a focus on increasing patient experience and awareness of the sector across the system.
 - There was still a relatively low level of incident reporting. The Quality Team were raising the profile of the patient safety culture to ensure the changes were implemented as required.
 - There were currently four practices CQC rated as 'Requires Improvement' overall and one rated as 'Inadequate' across BSW. Assurance was given to the Committee that the BSW Primary Care Oversight and Advisory Group were ensuring that wrap around support was in place to aid implementation of the CQC inspection improvement plans.
 - Flu vaccination uptake rates were good, coinciding with the COVID vaccination had encouraged uptake.
 - The Medical Examiner roles established within each of the acutes were to be extended to also cover deaths occurring in the community and NHS mental health and community trusts.
 - National Infection, Prevention and Control (IP&C) webinars were being held to increase the IP&C knowledge across primary care, and to support the plan to tackle antimicrobial resistance.
 - The Quality Team were to establish a task and finish group to support the development of a Quality Metrics Dashboard. Examples from other systems had

been reviewed. This would be monitored by the BSW Quality Surveillance Group, and brought back to this Committee when appropriate.

10 Finance Report

- 10.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month 11 of the 2021/22 financial year. The Committee noted:
- At month 11, the primary care budget was recorded as low risk.
 - Additional Service Development Funding (SDF) non-recurrent monies for primary care has been fully committed for H1 and all expected funding confirmed for H2. The impact of the investment would be monitored.
 - BSW CCG has received £1.9m from the Winter Access Funds (WAF) from a total BSW share of £4m. This was forecast to be £3.2m at year end.
 - The future primary care funding model was to move to a population needs approach. The budgets for each place were currently being considered. Any underspend would be protected for primary care where possible. NHSE had confirmed that SDF monies would not be clawed back following confirmed plans for distributing the money.
- 10.2 The Committee **received and noted** the report.

11 Primary Care Work Programme 2022-23

- 11.1 The Director of Primary Care presented the primary care work plan and priorities for 2022-23, which was now embedded as part of the local BSW Operating Plan narrative to ensure primary care was seen as an integral BSW partner, and the pressures and priorities were recognised across the system.
- 11.2 The work plan was based upon the contract changes and set to address the eight priorities referenced. The ask, actions and risks against each had been set out, recognising the biggest risk was workforce and capacity. Equality Impact Assessments sat behind each priority.
- 11.3 Priority eight referenced the plans to develop delegated commissioning of dental, community pharmacy and optometrist services from 2023-24. Detail was expected from NHSE concerning the arrangements. BSW would be in shadow form from July around those contractor groups. A South West Commissioning Hub was in development. How this would land across the ICB was still to be finalised, recognising the opportunities of being involved in the Hub, alongside the integration of services at a local level. A wider conversation was to be held ahead of full delegation from April 2023, learning from the Bristol area who were taking delegation on from 2022.
- 11.4 The Committee **noted** the report and the focus and priorities of the Work Programme for 2022/23.

12 Primary Care Operational Groups Update Report

- 12.1 The Committee **noted** the summary report of the of the BSW PCOG meeting held on 3 March 2022 and the Swindon PCOG meeting held on 8 March 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 13:57hrs

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

Name:

Role:

Signature:

Date:

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

Updated following meeting on **14/04/2022**

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 Sheena Hobbs Gill Kirk-Burgess (CCG Comms Team)	<p>Update 20/09/2021: Shaun Dix raised this with Ruth Atkins of the CCG Comms Team - Ruth confirmed that a question on this subject was to be included in the next citizens panel survey. Update 29/10/21: The next citizens panel survey will be solely focused on the Shaping a Healthier Future programme as part of the required engagement for the programme. Questions on patient communication with primary care will be included in a future survey.</p> <p>Update 24/01/2022: 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>Update 10/02/2022: The Committee requested the reopening of the 'patient communication' action due to the further work still to do regarding GP access, and the results from the Healthwatch Wiltshire audit were still awaited.</p> <p>Update 14/04/2022: SH advised that this action remained ongoing. Healthwatch Wiltshire had completed their Wiltshire GP access audit, the report would be released after the local elections. BaNES Healthwatch were considering a similar survey. Extended Access plans were to be submitted in October. The Primary Care team committed to working with Healthwatch to ensure plans met patient needs.</p>	ONGOING
09/09/2021	9. Quality Report	Consideration to be given to the development of the Primary Care Quality Report, to include Healthwatch information.	Claire Spiers / Quality Team	<p>Update 30/11/2021: Engagement with HealthWatch has commenced. A meeting has taken place with Healthwatch BaNES PCCC member and a further meeting with the Project Portfolio Manager Healthwatch Swindon & Healthwatch BaNES is scheduled for 8 Dec 2021.</p> <p>Update 14/04/2022: A meeting had been held between the Quality Team and Healthwatch representatives to discuss reporting mechanisms.</p> <p>Update 09/06/2022: Suggestion of regular agenda item to be considered by the Committee - to enable Healthwatch to share patient feedback, local primary care data and project updates.</p>	ONGOING
14/04/2022	7. Operational Items - Digi Locum Project	Wider clinical discussion concerning the use of the Digi Locum digital solution was required before the roll out was to proceed.	Jo Cullen	<p>Update 25/04/2022: Meeting to be held on 31/05/2022 to understand more about this remote consultation initiative and the short term implications / longer term strategy. (To include Devon representatives). Update to be brought to the June PCCC meeting.</p> <p>Update 27/05/22: June agenda item.</p>	CLOSED

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

Report Title	Summary of Decisions made at the PCCC Private Meetings held on 14 April 2022 and 12 May 2022						Agenda item	6
Date of meeting	16 June 2022							
Purpose	Approve	X	Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead	N/A							
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	N/A							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by	N/A							
Executive summary	<p>Below is a summary of the decisions made at the BSW CCGs Primary Care Commissioning Committee meeting held in private on 14 April 2022 and 12 May 2022:</p> <p>Kingswood and Carfax Merger Section 96 for Transition The Committee ratified the sign-off by the CCG Executive on 28 March 22 of the section 96, to enable the transition process for the merger of Kingswood Surgery with Carfax Medical Centre on 1 April 22.</p> <p>CCG Practice List Closure Principles The Committee endorsed the use of the principles when considering temporary list closure applications and monitoring their impact.</p> <p>Lansdowne Practice Boundary Change Application The Committee approved the variation to the practice GMS contract and Lansdowne Surgery practice boundary extension.</p> <p>Hindon Surgery Premises The Committee approved the flexible use of the approved rent cost (i.e. £85,734) to allow for a top-up (if required), subject to District Valuer approval.</p> <p>International Normalised Ratio Provision in BaNES The Committee: a. Approved the procurement of an INR monitoring service from the Pulteney Pharmacy for patients registered with The Pulteney Practice at a cost of £30 per appointment.</p>							

Report Title	Summary of Decisions made at the PCCC Private Meetings held on 14 April 2022 and 12 May 2022	Agenda item	6
	<p>b. Approved the payment to the RUH for continuation of the INR monitoring service for the 6 Bath City Practices for an additional 3 months.</p> <p>c. Approved the funding of set up costs (Cuagucheck machines and staff training on INR star software) for those practices setting up in-house services at a cost of approximately £8,000.</p> <p>Quality and Outcomes Framework (QOF) Indicators Payment Protection</p> <p>The Committee approved the principles for a payment of a non-recurrent sum to base an individual practice QOF payment on 2018-19 and not 2019-20, as per the national calculation due to the exceptional circumstances. It was noted that two other practices would automatically receive their payments through their Minimum Income Guarantee agreements.</p>		
Recommendation(s)	The Committee is asked to note and ratify the decisions made in the PCCC Private meetings on 14 April 2022 and 12 May 2022.		
Link to Board Assurance Framework or High-level Risk(s)	<i>BSW11 – Primary Care Capacity</i>		
Risk (associated with the proposal / recommendation)	High		Medium
			Low
Key risks	Risks and mitigations were detailed in papers		
Impact on quality	Detailed in papers		
Impact on finance	Detailed in papers		
	Finance sign-off: Caroline Gregory, Chief Financial Officer		X
Conflicts of interest	None to note		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Flexible Staff Pool						Agenda item	8
Date of meeting	16 June 2022							
Purpose	Approve		Discuss		Inform	✓	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care, BSW CCG							
Clinical lead								
Author	Rachel Cooke, Project Lead – Primary Care Flexible Staff Pool, BSW CCG							
Appendices	Appendix 1 – Primary Care Flexible Staff Pool – Headline Data (30.05.2022)							
This report concerns	BSW CCG	✓	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Jo Cullen, Director of Primary Care, BSW CCG							
Executive summary	<p>In September 2021, the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group's (BSW CCG) Primary Care Commissioning Committee (PCCC) approved the recommendation to draw down the specific NHS England and NHS Improvement (NHSEI) funding to direct award the approved digital supplier Lantum for a 24-month contract to support primary care workforce by creating a primary care flexible staff pool across BSW CCG at no cost to the practices.</p> <p>This paper is written to provide the PCCC with an update on progress made to date on implementing the BSW Primary Care Flexible Staff Pool.</p> <p>Sign-ups to the Lantum platform: (as of 30 May 2022)</p> <ul style="list-style-type: none"> • 60 practices (68%) plus 7 branch sites (<i>an increase of 21% since PCCC in February 2022</i>) • 56 GPs (<i>an increase of 19 since PCCC in February 2022</i>). 26/56 are approved to work 							

Report Title	Primary Care Flexible Staff Pool	Agenda item	8
	<ul style="list-style-type: none"> • 17 Practice Nurses (<i>an increase of 8 since PCCC in February 2022</i>). 2/17 are approved to work • 7 Advanced Nurse Practitioners (ANPs) (<i>an increase of 3 since PCCC in February 2022</i>). 0/7 are approved to work • 4 Advanced Clinical Practitioner (ACP) (<i>an increase of 3 since PCCC in February 2022</i>). 1/4 are approved to work • 4 Clinical Pharmacist (<i>an increase of 3 since PCCC in February 2022</i>). 0/4 are approved to work • 8 Student Nurses (<i>an increase of 8 since PCCC in February 2022</i>). 0/8 are approved to work as they are not yet qualified • 5 Admin (<i>an increase of 2 since PCCC in February 2022</i>). <p>In total, 95 clinicians have been onboarded to the flexible pool. Of these, 29/95 clinicians are approved to work. 'Approved' refers to whether the clinician has uploaded their three core documents (CV, Passport, Enhanced DBS – dated within three years) to have their profile verified by Lantum's Clinical Governance Team in order for them to view and book shifts.</p> <p>Overall, steady progress has been made with the launch of the Lantum platform, particularly as the flexible pool has been built entirely from scratch across an area of low clinician density. Significant movement in the fulfilment of shifts has been seen (between 01/02/2022 and 31/05/2022) as follows:</p> <ul style="list-style-type: none"> • 343 shifts posted to Lantum across 25 practices • 260.4 GP hours worked on Lantum • 45 GP shifts filled on Lantum across five practices • 13.12% overall fill rate (01/02/2022 – 31/05/2022). <p>It is acknowledged that not all shifts will always be filled, however, with continued engagement and promotion, shift conversion rates are already showing an increase for June 2022 (as of 30/05/2022):</p> <ul style="list-style-type: none"> • 86 shifts posted to Lantum across 15 practices • 10 GP shifts filled on Lantum across six practices • 11.63% overall fill rate for June 2022 so far (<i>compared to 9.09% fill rate for May 2022</i>) 		

Report Title	Primary Care Flexible Staff Pool	Agenda item	8
<p>Further detail is included in Appendix 1 – Primary Care Flexible Staff Pool – Headline Data (30.05.2022).</p> <p>To increase the number of approved clinicians, newly implemented incentives are being offered to clinicians to encourage them to sign up to the BSW Primary Care Flexible Staff Pool and work shifts through the Lantum platform. These include:</p> <ul style="list-style-type: none"> • Free Rocketpay (paid the next working day) when working shifts through Lantum during June and July 2022 • Lantum will cover the cost of clinicians’ new DBS (if older than three years), if they sign up and start working shifts. <p>Case studies and feedback / testimonials have been requested to further encourage engagement from practices and clinicians. Although response rates have been low, four testimonials (two practices and two clinicians) have been received and included in ‘Appendix 1 – Primary Care Flexible Staff Pool – Headline Data (30.05.2022)’. Patient feedback on Lantum GP locums could not be obtained since locums are seen as an extension of the practice, and patients are well aware that locums are used to provide cover as and when needed, as documented in the practices privacy notices.</p> <p>Continued promotion throughout May 2022 focused on:</p> <ul style="list-style-type: none"> • Promotional work with Bath GP Education & Research Trust (BGPERT) and Sulisdoc • Advertisement in The Plains Drumbeat - Salisbury Armed Forces Magazine • BSW Training Hub funded Community Nurse Conference 2022 • Continued comms in Primary Care Bulletin • Engagement with Wessex LMC Director of Primary Care • Social media comms via BSW CCG Twitter / BSW Training Hub Website / Newsletter and Weekly Summary • Newly Qualified Nurse comms • Ongoing shift fulfilment and approval campaigns • Clinician engagement via appropriate channels. <p>Next Steps</p> <p>Increase the number of Practice Nurses, ANPs and ACPs There are currently 2/17 Practice Nurses, 0/7 ANPs and 1/4 ACPs that are approved to work. Alongside the clinician incentive plan</p>			

Report Title	Primary Care Flexible Staff Pool	Agenda item	8
	<p>mentioned above, work throughout June 2022 will focus on engaging with the nurses to encourage them to upload their core documents so that they can become approved. As soon as there are an adequate number of nurses in the pool, then Practice Nurse, ANP and ACP shifts can be opened up for practices to start posting.</p> <p>Opening up to other primary care staff types Clinicians who join the flexible pool sign up to the Lantum platform as self-employed, as Lantum is a healthcare workforce digital platform, not an employer. The lower paid admin / support staff (for example, Administrations / Receptionists, Healthcare Assistants) may not be as keen on signing up as self-employed. Focus will be placed on the logistics around if a substantive salaried admin / support primary care colleague wanted to join the Lantum platform to pick up additional shifts in other GP practices in their spare time, and remain salaried, how they would be paid. Lantum can generate timesheets for the staff member to arrange for themselves to be paid offline, i.e. practice-to-practice however, an understanding of the logistics around this is required and how the additional annual leave allowance that they would be entitled to as part of employment law and National Insurance Contribution / Pension would be paid.</p> <p>Offer Lantum’s Rostering Solution to PCNs In addition to the BSW Primary Care Flexible Staff Pool partnership with Lantum (digital workforce solution that offers gap fulfilment by flexible staff) our offer also includes a free Lantum rostering solution licence per PCN to help with Improved Access and the deployment of PCN staff across BSW PCNs. Using the tool, PCN Managers can roster their salaried staff or Additional Roles Reimbursement Scheme (ARRS) roles for their PCNs for free, and know when they are working and where.</p>		
Equality Impact Assessment	N/A.		
Public and patient engagement	N/A.		
Recommendation(s)	The Committee is asked to note the report and the progress made to date on implementing the Primary Care Flexible Staff Pool.		
Link to Board Assurance Framework or High-level Risk(s)	This paper supports management of risk BSW11 – Primary Care Capacity.		

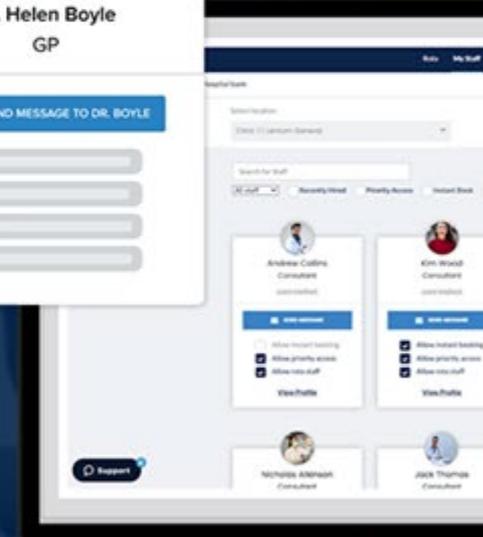
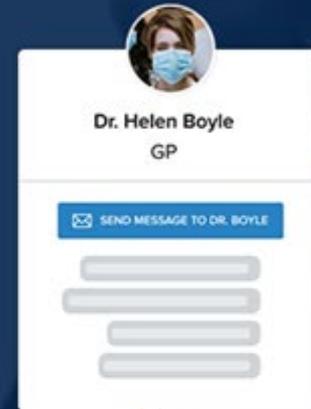
Report Title	Primary Care Flexible Staff Pool				Agenda item	8
Risk (associated with the proposal / recommendation)	High		Medium		Low	✓ N/A
Key risks	<p>Engagement from Practice to Practice The flexible pool's success depends largely on the level of engagement from practice to practice. It is essential that BSW identify appropriate grassroots champions, for instance PCN Managers or Clinical Directors, to help lead engagement at practice level and champion the flexible pool. Without the engagement of the PCN Leads and Practice Managers, the flexible pool will not be successful across BSW.</p> <p>Practices may have concerns about onboarding their clinicians and letting staff join the flexible pool A key risk could be that practices may have concerns about onboarding their clinicians and letting staff join the flexible pool. However, this is mitigated in that Lantum's mission is to be a workforce management solution that allows practices to gain resources, not lose staff. As a result, they work closely with the CCG to craft the right messaging through marketing and communications so that practices across the system understands the longer-term strategic vision to create better workforce resilience across the whole patch and not just within a certain area. Lantum are working with BSW to continue building momentum for the flexible pool and developing case studies on our most engaged practices.</p> <p>Clinician Sign Up / Number of Nurses If not enough clinicians (GPs, Practice Nurses, ACPs and ANPs initially) sign up this could be a challenge / blocker as there won't be enough clinicians within the flexible pool to fill the vacant shifts.</p> <p>Potential issue if not enough staff are willing to sign up to Lantum as self-employed If we cannot attract our primary care colleagues / GP Locums to sign up to Lantum as self-employed, a formal staff bank may be required (this would be over and above the remit of this project brief and designated specific NHSEI funding) to develop around the employment law issue (annual leave entitlement).</p>					
Impact on quality	<p>Benefits of using a digital supplier (Lantum) include:</p> <ul style="list-style-type: none"> • Increased CCG confidence in the management of increased primary care demand • Improved service to manage demand in the system. • Improved health and wellbeing of staff and increasing 					

Report Title	Primary Care Flexible Staff Pool	Agenda item	8
	<p>resilience of general practice</p> <ul style="list-style-type: none"> • Increased public confidence and enhanced health and wellbeing of patients resulting from sustainability of services and improved access • System: reduced pressure on spend and improved access to a knowledgeable group of GPs, deployable to wherever the need is greatest • Practices and PCNs: reduced burden in accessing temporary staff, and potential to build better relationships with pool members <p>Benefits to Practices:</p> <p>Builds resilience Having access to a primary care flexible staff pool will make it easier for practices to fill more shifts by accessing a larger pool of staff and share resources across the patch. Practices can also negotiate shift rates directly, saving time and staffing costs. This will help to deliver services effectively, and takes some pressure off existing staff. It will also make it easier to collaborate with nearby practices and PCNs, and share unused resources.</p> <p>Saves money – it is completely free for practices Saving money by removing recruitment agencies – instead practices can book trusted staff from the flexible pool, or wider Lantum marketplace, with no commissioning fees. The CCG have already covered these costs.</p> <p>Reduces time spent on admin Having one platform to manage all bookings reduces administration time significantly with e-pensions and online invoices. A couple of case studies, for example, show that:</p> <ul style="list-style-type: none"> • Connexus Healthcare in Wakefield saved 6 hours a week on workforce management by utilising Lantum's platform. • Sutton GP Services (a GP Federation) have saved 75% in rota personnel costs through payment, automated timesheets and rotas being managed through Lantum. <p>Benefits to Clinicians:</p> <p>Book Work Instantly Clinicians can:</p> <ul style="list-style-type: none"> • Update their profile, set their availability and immediately apply for shifts. • Use job search filters to see sessions that suit their location 		

Report Title	Primary Care Flexible Staff Pool	Agenda item	8
	<p>and availability.</p> <ul style="list-style-type: none"> • Receive session notifications that match their skills and preferences. <p>Build Trusted Relationships with Practices It is easy for clinicians to see sessions from their favourite practices, by following them on the app. Practices can request clinicians for specific shifts, based on the clinicians' availability. Clinicians can communicate with practices directly via Lantum's messaging centre.</p> <p>Digitise their diary and get paid the next day Clinicians can:</p> <ul style="list-style-type: none"> • View their booked jobs and availability, anytime, anywhere. • Save time chasing payments using Lantum's next-day payment feature, Rocketpay. • Have their timesheets approved and stored online. 		
Impact on finance	Systems could receive up to £120,000 from NHSE/I to support the development and running costs of a flexible staff pool to engage and deploy local GPs flexibly in an ongoing way, to support local primary care. There are no additional costs during the 24 month contract period.		
	Finance sign-off: Caroline Gregory, Chief Financial Officer, BSW CCG.		
Conflicts of interest	N/A		
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

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

88 practices
26 PCNs





What is Lantum?

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

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

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



Dr Ruth Grabham
Medical Director,
BSW CCG

* Lantum



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

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



Background

For the 2021/22 financial year each ICS could receive funding via NHSE/I to implement an approved digital solution to support the creation of a primary care flexible staff pool.

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

Benefits to Practices

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

Negotiate shift rates directly, saving time and staffing costs.

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

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

Book work instantly

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

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

Receive sessions notifications that match your skills and preferences.

Build trusted relationships with practices

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

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

Communicate with practices directly via Lantum's messaging centre.

Digitise your diary and get paid the next day

View your booked jobs and availability, anytime, anywhere.

Save time chasing payments using Lantum's nextday payment feature, Rocketpay.

Have your timesheets approved and stored online.

- Sign-ups to the Lantum Platform (as of 30.05.2022)

Staff Type	No of Staff Signs Ups to the Lantum Platform	Approved* to Work
GP	55	26
Practice Nurse	17	2
ANP	7	0
ACP	4	1
Clinical Pharmacist	4	0
Admin	5	0
Student Nurse	8	0
TOTAL	100	29

* 'approved' refers to whether the clinician has uploaded their three core documents (CV, Passport, Enhanced DBS – dated within three years) to have their profile verified by Lantum's Clinical Governance Team in order for them to view and book shifts. Lantum are working hard to encourage more clinicians to upload their documents onto the platform.

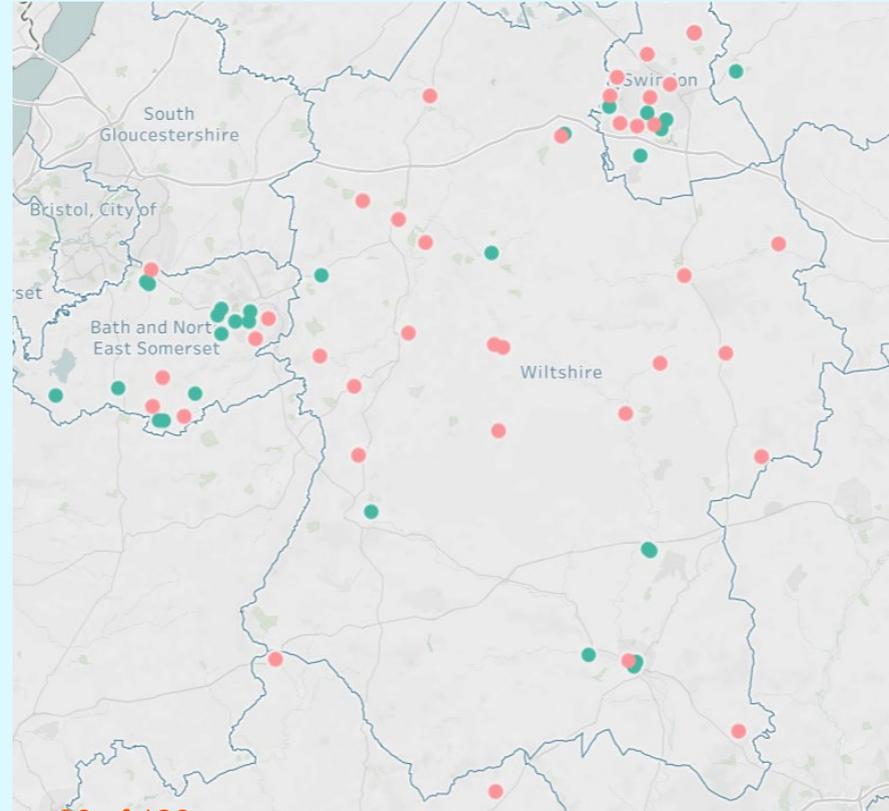
- Breakdown of Practices by Locality (as of 30.05.2022)

Practices (Locality)	No of Practice Signs Ups to the Lantum Platform
BaNES	18 (plus 1 branch site)
Swindon	12 (plus 5 branch sites)
Wiltshire	30 (plus 1 branch site)
TOTAL	60 (69%) plus 7 branch sites

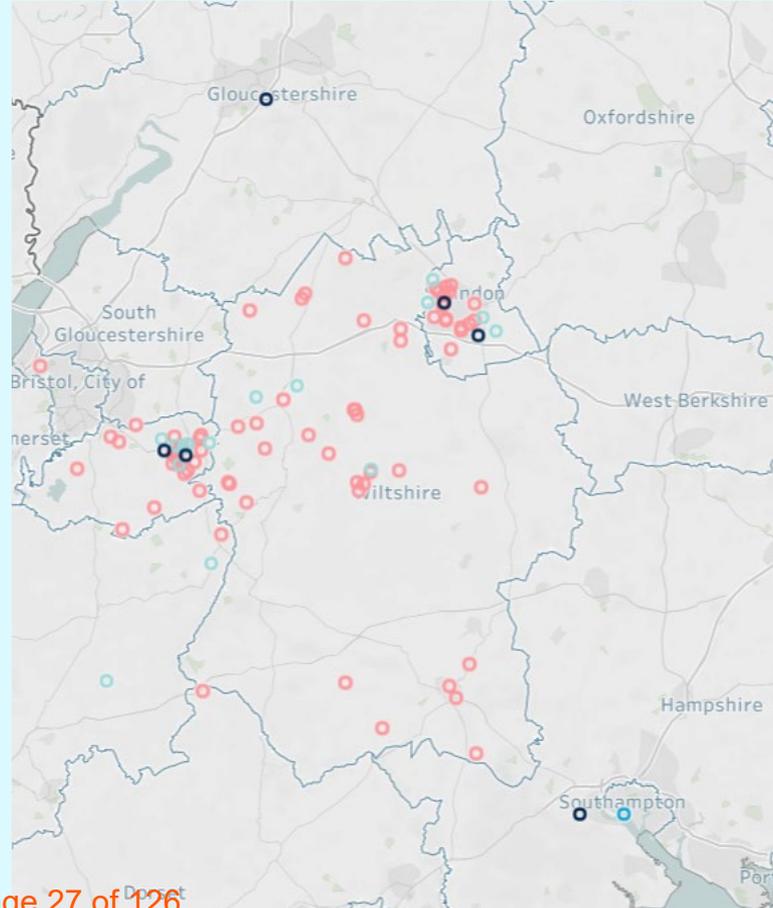


- Practices Posting Shifts (as of 30.05.2022)

-  Practices signed up and actively posting shifts
-  Practices signed up but not yet posting shifts



- Staff Location (as of 30.05.2022)



- Shift Fill Rate (as of 30.05.2022)

Month	No of Sites Posting to Lantum	Shifts Posted to Lantum	No of GP Shifts Filled on Lantum by which Practices	GP Hours Worked on Lantum	Overall GP Shift Fill Rate
Feb-22	10	41	4 Shifts Filled x1 shift at x1 BaNES Practice x3 shifts at x1 Swindon Practice	20.33	9.76%
Mar-22	12	66	18 Shifts Filled x5 shifts across x2 BaNES Practices x8 shifts across x1 Swindon Practice x5 shifts across x2 Wiltshire Practices	108.30	27.27%
Apr-22	13	115	12 Shifts Filled x4 shifts at x2 BaNES Practices x4 shifts at x1 Swindon Practice x4 shifts at x1 Wiltshire Practice	66.42	10.43%
May-22	17	121	11 Shifts Filled x6 shifts at x1 BaNES Practice x2 shifts at x1 Swindon Practice x3 shifts at x1 Wiltshire Practice	65.33	9.09%
Jun-22	15	86	10 Shifts Filled (so far) x6 shifts at x3 BaNES Practice x2 shifts at x1 Swindon Practice x2 shifts at x2 Wiltshire Practice		11.63%

It was very straight forward to sign up with an easy system to upload and verify core documents. Applying for a shift was easy too. I found it useful to message the practice manager before the shift to clarify further details of the session. There was minimal impact on time taken to find and book shifts. The app and invoicing works well in conjunction with the Rocketpay facility.....I would like to continue to use Lantum in the future!"
-04 March 2022

"I would give Lantum 5stars and recommend it to any GP in the BSW. Signing up was easy, Uploading documents, finding up and applying for shifts, generating time sheets all happened easily at the click of a button. It took literally seconds to find a shift I liked and getting paid was straight forward. I would definitely continue to use Lantum."
04/03/2022



“I am really pleased we are one of the first practices to fill a shift using the Lantum service. We are very pleased with Dr ‘X’ who has worked one shift for us so far and this appeared to go well. I have included xxxx in this email as she is the person in the practice who has been coordinating our use of Lantum. I’m sure she will be happy to give you some feedback”.
Practice Manager – 04/03/2022

“Lantum is a great resource. I have managed to fill in a few sessions. And it went very smoothly. We haven’t made any payments and such yet, so I cannot comment on the whole process. However, the posting of sessions and the accepting of locums/ document downloading etc. all is well. Hope this helps. Please feel free to email me if you have any more questions”.
Management Administrator – 08/03/2022

Thank you



Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Operational Group Recommendations for Approval						Agenda item	9
Date of meeting	16 June 2022							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead								
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	<ul style="list-style-type: none"> 1 CCG Discretionary Funding Guidelines 2 Closure of Wilton Health Centre to GMS Services 3 Harptree Temporary Closure 4 Patford House Partnership Business Case 5 Tadpole Surgery Boundary 6 Pulteney List Closure Extension 							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by	Bath and North East Somerset, Swindon and Wiltshire Primary Care Operational Group							
Executive summary	<p>1. CCG Discretionary Funding Guidelines: Guidelines for discretionary funding decisions have been developed using the Statement of Financial Entitlements, Section 96 guidance and the BSW resilience guidance adopted from the BSW predecessor organisations. Following feedback from the three locality PCOGs, a final version was supported at the BSW PCOG with the caveat that the guidance will be updated for any change in guidance (in recognition that some of the guidance is quite dated). The group also supported a BSW level budget for discretionary spend.</p> <p>2. Closure of Wilton Health Centre to GMS Services Proposal to cease primary care services from Wilton Health centre. Strong case for closure of the one site (of 4) that the practice does not own. Primary care services have not been</p>							

Report Title	Primary Care Operational Group Recommendations for Approval	Agenda item	9
	<p>offered here since before Covid. Concerns raised in January about the impact on local patients and the loss of services to the residents of Wilton. PCOG were satisfied that the revised paper addressed these concerns and described the benefits of having community services permanently based in that location.</p> <p>Whilst the PCN have not yet fully applied the PCN Estates Toolkit, it was recognised that the proposal is in line with the strategy of consolidating services to relieve the increase in costs and resource intensity of working across multiple sites. This will allow the practice to work better particularly when under pressure with staffing levels.</p> <p>3. Harptree temporary list closure Request from Harptree Surgery to have a temporary list closure for 6 months, due to the challenges they are currently facing with a loss of clinical sessions, gaps in their adm, reception and dispensing teams. Although a very rural practice, their boundary overlaps another surgery. Neighbouring practices were consulted and were supportive of the closure.</p> <p>4. Patford House Surgery – New Premises Business Case A business case for new premises to replace Patford House Surgery in Calne was approved by PCCC in June 2019. Since then, the practice has merged; additional costs related to required parking have been identified and supported; Covid restrictions have impacted on service delivery; the identified construction company has entered voluntary liquidation in 2021 and the PCN Estates Toolkit has been introduced following a national change in policy. A revised case has been submitted with a higher cost, including a top-up rent element. Details have been provided on space utilisation in line with the PCN Estates Toolkit but there are still some concerns about the comprehensive nature of the data, completeness, and the inclusion of the wider estate in the geographical area. Some of the assumptions around list sizes and growth also require validation. The practice has recently achieved a CQC rating of ‘Good’ following a period of service improvement and a rating of ‘Inadequate’. They are still receiving support from the CCG to ensure the improvements are sustainable, are actively recruiting clinical staff and have some temporary measures in place. The current financial position of the CCG is challenging. Any new investment in primary care premises would be expected to be funded from existing budgets. Whilst the request is for an additional £30,450 rent, the total investment required is £205,875. A summary of all known financial implications from</p>		

Report Title	Primary Care Operational Group Recommendations for Approval	Agenda item	9
	<p>premises developments is to be shared with the Finance Committee.</p> <p>Following a detailed discussion, PCOG have recommended that the practice receives continuing support from the CCG team to enable a twelve month period of clinical stability and sustainable resilience prior to any new development. This will allow time for the full application of the PCN Estates Toolkit including population health needs, clinical priorities including wider NHS and non-NHS estate options and their utilisation. This timeline will also tie in with the planned CQC reinspection.</p> <p>It should be noted that this will continue the pressure of working in premises that do not meet modern standards. The CCG will offer support in reviewing utilisation and alternate premises for non-clinical staff in the interim period. There is a risk that the developer will revise the case to within the already approved financial envelope and the CCG would be expected to support the investment at this level.</p> <p>5. Tadpole Surgery Boundary Tadpole Surgery is a new branch site of Westrop Medical Practice which opened 9 May 2022. The proposed boundary covers the existing Tadpole Gardens housing development and fields beyond which are earmarked as a second phase of the Tadpole Gardens development.</p> <p>6. Pulteney List Closure Extension Following the 12 May PCCC request for the case for The Pulteney Practice list closure extension to be looked at again on the grounds of exceptionality, a review of the workforce data held by PCSE was held. This indicates that with a rate of 5,378 patients per WTE, The Pulteney Practice will have the 3rd highest number of patients per WTE GP across all 88 practices in BSW. Under these circumstances, PCOG recommended support for the list closure extension.</p>		
Recommendation(s)	<p>1 CCG Discretionary Funding Guidelines The Committee is requested to recommend the guidance for approval across BSW.</p> <p>2 Closure of Wilton Health Centre to GMS Services The Committee is requested to approve the closure of Wilton Health Centre to GMS Services</p> <p>Harptree Temporary Closure The Committee is requested to approve the request received from Harptree Surgery to temporarily stop registering new patients for a period of 6 months (effective from 16 June 2022)</p>		

Report Title	Primary Care Operational Group Recommendations for Approval	Agenda item	9
	<p>5 Patford House Partnership Business Case The Committee is requested to reject the bid for additional funding for the Patford House new premises</p> <p>6 Tadpole Surgery Boundary The Committee is asked to approve the recommendation of the Practice Boundary</p> <p>7 The Pulteney Practice List Closure Extension The Committee is asked to approve the extension of the temporary list closure</p>		
Link to Board Assurance Framework or High-level Risk(s)	Details within appended papers		
Risk (associated with the proposal / recommendation)	High		Medium X Low
Key risks	Details within appended papers		
Impact on quality	Details within appended papers		
Impact on finance			
	Finance sign-off: John Ridler		X
Conflicts of interest	None		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input 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		

Meeting of the BSW CCG Primary Care Operational Group Report Summary Sheet

Report Title	Discretionary Funding Guidance						Agenda item	9a
Date of meeting	16 June 2022							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries								
Clinical lead								
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices								
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	BSW PCOG							
Executive summary	<p>The commissioner holds discretion to make payments in circumstances where it is not obliged to under the terms of the General Medical Services Contracts Statement of Financial Entitlement Directions 2013 (SFE), as amended in the SFE (amendment) Directions 2017. These may be related to top-up payments (for locum cover for example), for resilience or for other reasons.</p> <p>In order to ensure a consistent approach to any requests for discretionary funding, guidance has been developed taking into account the criteria in the SFE, the NHS England Section 96 funding guidance and the BSW CCG resilience criteria, adopted from Wiltshire CCG.</p>							
Recommendation(s)	The Committee is requested to recommend the guidance for approval across BSW.							
Link to Board Assurance Framework or High-level Risk(s)	Supports resilience of general practice							

Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	<p>Although the CCG will endeavour to apply consistency, it is recognised that by its very nature, each case will be different. There is a risk that taking the considerations above into account for each case may lead to different decisions being made in what appear to be similar circumstances.</p> <p>Consideration also needs to be given to the availability of funding for any discretionary payments, and whether this should be at a locality or CCG level. Supporting practices may create a financial risk for the CCG.</p>							
Impact on quality	<p>Requests for discretionary support are often indicative of pressure within a practice. Financial support should allow the practice to maintain a high level of quality.</p>							
Impact on finance	<p>There is no budget for this, any support would need to be funded from current underspends or a new funding reserve. Consideration needs to be given to the availability of funding for any discretionary payments, and whether this should be from delegated or local budgets and at a locality or CCG level. It is recommended that any budget is held at CCG level.</p>							
	Finance sign-off: John Ridler (Associate Director of Finance)							
Conflicts of interest	<p>State any conflicts of interest:</p> <p>1. None noted.</p>							
This report supports the delivery of the following CCG's strategic objectives:	<p><input type="checkbox"/> BSW approach to resetting the system</p> <p><input type="checkbox"/> Realising the benefits of merger</p> <p><input type="checkbox"/> Improving patient quality and safety</p> <p><input checked="" type="checkbox"/> Ensuring financial sustainability</p> <p><input type="checkbox"/> Preparing to become a strategic commissioner</p>							
This report supports the delivery of the following BSW System Priorities:	<p><input type="checkbox"/> Improving the Health and Wellbeing of Our Population</p> <p><input checked="" type="checkbox"/> Developing Sustainable Communities</p> <p><input type="checkbox"/> Sustainable Secondary Care Services</p> <p><input type="checkbox"/> Transforming Care Across BSW</p> <p><input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to</p> <p><input type="checkbox"/> Deliver the NHS Long Term Plan and BSW's Operational Plan</p>							

Discretionary Funding Guidance

1. Executive Summary

- 1.1 The CCG as commissioner for primary care holds discretion to make payments in circumstances where it is not obliged to under the terms of the General Medical Services Contracts Statement of Financial Entitlement Directions 2013 (SFE), as amended in the SFE (amendment) Directions 2017. These may be related to top-up payments (for locum cover for example), for resilience or for other reasons.

In order to ensure a consistent approach to any requests for discretionary funding, guidance has been developed taking into account the criteria in the SFE, the NHS England Section 96 funding guidance and the BSW CCG resilience criteria, adopted from Wiltshire CCG.

2. Recommendation(s)

- 2.1 The recommendation is to approve and adopt the guidance.

3. Background / Statutory Considerations and Basis for Proposal

- 3.1 The General Medical Services Contracts Statement of Financial Entitlement Directions 2013 (SFE) as amended in the SFE (amendment) Directions 2017 set out the provisions, conditions and payments relating to reimbursement to GP practices. This includes conditions relating to locum cover for GP performers covering parental leave and sickness leave.

- 3.2 The commissioner holds discretion to make payments in circumstances where it is not obliged to under the terms of the SFE, including 'top-up' payments above the level of the agreed weekly maximum for locum cover. This is intended to be only in exceptional circumstances, and where the contractor can demonstrate the following criteria:

- demonstrable financial hardship
- areas of significant deprivation
- GP recruitment difficulties
- applications from single-handed GPs
- applications from nurse-led PMS practices

- 3.3 NHS England produced guidance for discretionary funding to GP Practices under Section 96 of the NHS Act 2006 which includes the following criteria which must be met:

- No doctor to have declared pensionable earnings over £96,100 (pro-rata for part time)
- Practice expenses to be greater than 63% against profit
- No contract breaches since 01/04/2013
- Fewer than 50% of the contract holders have live performer cases

- Fewer than 5 outliers on GP High Level Indicators
- Evidenced extenuating circumstances (workload, patient demographics, exceptional locum costs)

3.4 Wiltshire CCG developed a process for resilience bids from practices in 2018. This included some additional checks that could be applied as appropriate to any requests for discretionary funding.

Additional resilience consistency checks:

- Bid is in line with CCG principles and strategy
- £/pt and timescale reasonable
- Extraordinary circumstances
- Tie to specific issues/other vulnerable practices locally (i.e. PCN cannot offer support)
- Impact on surrounding practices – worsening/spare capacity
- Proactive/reactive nature of the practice and PCN – what has already been implemented?
- Transparency with issues and financial position

3.5 In order to give a comprehensive view of the practice and the issues being faced, other information was also gathered:

- Practice level:
 - List size
 - Age of workforce
 - Number of partners
 - Premises constraints
 - Locality working – level of integrated working
 - Quality indicators – Serious incidents, safeguarding issues, etc.
 - Access to services
 - Patient experience – complaints, FFT, etc.
- General:
 - Position of neighbouring practices
 - Impact on neighbouring practices/localities
 - Political and public impact
 - CCG strategy – working at scale vs local access
 - What is Plan B?

3.6 Consideration was given to having a maximum amount (cap) or timescale on support, however it was felt that this was not pragmatic, and a formal review process would ensure best value decision making on an ongoing basis. A sliding scale based on list size was also discussed but it was recognised that each case is unique and must be judged on its own merits.

3.7 The criteria and checks above have been consolidated into one checklist (attached at Appendix 1). It is proposed that this is used to assess any bid for discretionary or resilience funding. Where the support is related to resilience issues, a formal

agreement should be developed that details the support, timescale, improvement plan and reporting. In addition, an Equality Impact Assessment (EQIA) will be undertaken for each bid.

- 3.8 Whilst the CCG will endeavour to apply consistency, it is recognised that by its very nature, each case will be different. Taking the considerations above into account for each case may therefore lead to different decisions being made in what appear to be similar circumstances.

4. Other Options Considered

4.1 Do nothing

Do nothing is not an option as the CCG is obliged to have a policy on how it will exercise its discretionary powers to make payments.

4.2 Locality level agreements

It is important that the principles applied are the same across all localities, so this option has been discounted.

5. Recommendations

- 5.1 The recommendation is to adopt the guidance as attached.

6. Resource Implications

- 6.1 Consideration needs to be given to the availability of funding for any discretionary payments, and whether this should be at a locality or CCG level. If primary care budgets are held at a locality level, and the locality is reporting a delegated overspend then they have no funding source within delegated to be able to make discretionary payments. It would then need to be a CCG decision as it would need to be funded from other programme reserves.
- 6.2 If decisions are to be taken at CCG level (which would ensure consistency is applied), any agreed discretionary payment could be funded from underspends in the other localities. This is the recommended approach.

7. Consultation

- 7.1 None.

8. Risk Management

- 8.1 Standardising the support offers and criteria used should reduce the level of risk.

9. Next Steps

- 9.1 The proposal will be taken to the Primary Care Commissioning Committee on 16 June 2022.

Equality and Diversity	Applicable		Not applicable	x
No changes to existing arrangements are being made. Recommendations of this paper support continuation of existing services.				

Health Inequalities Assessment	Applicable		Not applicable	x
No changes to existing arrangements are being made. Recommendations of this paper support continuation of existing services.				

Public and Patient Engagement	Applicable		Not applicable	x
No changes to existing arrangements are being made. Recommendations of this paper support continuation of existing services.				

Appendix 1

Discretionary Funding Guidance

Information to be gathered on all criteria listed below.

Practice level:

- Practice model (e.g. single-handed GPs, nurse-led PMS practices etc.)
- Level of declared pensionable earnings (recognising the Section 96 guidance figure quoted is dated)
- Practice expenses against profit
- Contract breaches
- Number of live performer cases
- Number of outliers on GP High Level Indicators List size
- Quality indicators – Serious incidents, safeguarding issues, etc.
- Access to services
- Patient experience – complaints, FFT, etc.
- Age of workforce
- Number of partners
- Number of patients per GP WTE
- Premises constraints
- Transparency with issues and financial position
- Locality working – level of integrated working
- Previous support given

Need:

- Areas of significant deprivation
- Evidenced extenuating/extraordinary circumstances (workload, patient demographics, exceptional locum costs)
- GP recruitment difficulties

Financial:

- Demonstrable financial hardship
- Cost, £/pt and timescale of requested support
- Improvement plan and sustainability
- Availability of CCG funds

System

- Bid is in line with CCG principles and strategy
- Tie to specific issues/other vulnerable practices locally (i.e. PCN cannot offer support)
- Impact on surrounding practices – worsening/spare capacity
- Proactive/reactive nature of the practice and PCN – what has already been implemented?
- Comparable position of and impact on neighbouring practices/localities
- Political and public impact
- CCG strategy – working at scale vs local access

- What is Plan B?
- Quality Impact Assessment
- Equality Impact Assessment

Once all information has been gathered a panel will review this to assess the bid. This will include the risk of not giving support (to patients and to the practice) and the impact on neighbouring areas. A recommendation from the panel will then be taken to the Primary Care Commissioning Committee (PCCC) for approval.

Whilst the CCG will endeavour to apply consistency it is recognised that by its very nature, each case will be different. Taking the considerations above into account for each case may therefore lead to different decisions being made in what appear to be similar circumstances.

The panel should consist of:

- CCG Primary Care commissioning lead
- CCG Quality lead
- CCG Finance lead
- CCG GP lead
- CCG Locality lead
- Local Medical Committee representative

Regular reporting against improvement plans (where appropriate) and a record of all decisions will be maintained and reported through the PCCC.

This guidance will be updated to incorporate any change in national guidance.



Proposal to cease primary care services from Wilton Health Centre



1.0 Introduction

This report outlines Salisbury Medical Practice's (SMP) current and strategic position with regards to its estates portfolio and application to cease services from Wilton Health Centre (WHC).

This report will look at how SMP currently utilises all four premises and how estates play a crucial role in the organisation's strategic direction. Key factors such as patient demographics, workforce requirements and future delivery of care will be presented to present an objective proposal for the ceasing of primary care services from WHC.

2.0 Background

SMP is a GP Practice with approximately 24,000 patients registered and is currently Salisbury's largest GP Practice. SMP operate across 4 premises, three of which they own and a fourth building that is rented via NHS Property Services:

- Fisherton House – main site
- Bishopdown – branch site
- Bemerton Heath – branch site
- Wilton Health Centre – branch site

2.1 Mergers

SMP was formed in 2012 when two local Practices, (former Grove House Surgery and former New Street Surgery), merged and built a modern, purpose-built GP premises in Fountain Way.

2.1.1 Merger with Bemerton Heath

In 2013, SMP merged with Bemerton Heath Surgery to protect the GMS contract as many key staff were retiring at the same time (GP Partners, Senior Nurse and Practice Manager).

2.1.2 Merger with Wilton Health Centre

In 2015/16, SMP merged with WHC due to reductions in workforce (retiring GP and Nurse). By this stage SMP had grown to approximately 21,000 patients. Since the merger with WHC in 2015, the patient list size has increased by approximately 10% to 24,123 patients as of 1st November 2021¹ (SMP, 2021).

2.1.2.1 Patients assigned to Wilton Health Centre – usual branch

At the time of merging with SMP, WHC had approximately 3,200 patients and between April 2016 and March 2017 (first full year under the merger), a total of 1,878² patients (of which 1,653 were identified as WHC usual branch patients) accessed just under 12% of SMP's total number of appointments at the WHC branch. The number of

¹ SMP. (2021). Capitation report

² SMP. (2022). Appointment report. (WHC 010416-310317)

patients seen at WHC increased each year despite the total number of available appointments on offer at WHC falling. This would suggest that more patients attended WHC as ‘the first available appointment’, rather than proactively select as their usual branch. In fact, less than half of patients assigned to WHC have had appointments at WHC in the years post-merger.

On average, in the 4 years leading up to the pandemic, approx. 10% of appointments booked at WHC were for patients who were assigned to WHC as a branch surgery. Furthermore, in this same time period, 93% (2,347³ / 2,528⁴) of patients assigned to WHC have had appointments at Fisherton House. This does not include patients who have not had a need to be seen by the GP practice or seen at other branches (Bemerton Heath & Bishopdown).

Table showing the percentage of patients who had appointments booked at WHC from 2016 – 2022

Year	WHC (pts)	All sites (pts)	WHC as %	WHC (appts)	All sites (appts)	WHC as %
01/04/16 – 31/03/17	1,878	13,524	13.89%	13,574	113,738	11.93%
01/04/17 – 31/03/18	2,528	14,347	17.62%	10,331	112,729	9.16%
01/04/18 – 31/03/19	3,739	15,165	24.66%	10,594	117,308	9.03%
01/04/19 – 31/03/20	3,443	16,345	21.06%	8,592	134,474	6.39%
01/04/20 – 31/03/21	0	16,050	0.00%		106,661	
01/04/21 – 31/03/22	0	19,500	0.00%		151,121	

At the time of preparing this report, the number of patients assigned to WHC as a branch surgery stands at 2,528. Any newly registered patients after 2016 were not specifically identified to a branch unless expressly requested.

Table showing the percentage of patients who had appointments booked at WHC who had WHC recorded as their usual branch from 2016 – 2020

Year	WHC (pts)	All sites (pts)	WHC as %
01/04/16 – 31/03/17	1,653	13,524	12.22%
01/04/17 – 31/03/18	1,534	14,347	10.69%
01/04/18 – 31/03/19	1,419	15,165	9.36%
01/04/19 – 31/03/20	1,242	16,345	7.60%

3.0 Premises

In the past 5 years the numbers of GP practices in Wiltshire have decreased by almost 20% from 55 GP practices, to just 46 practices, yet the number of patients has increased 2% to approx. 490,000 in the same time frame⁵.

The four premises, making up SMP’s estate portfolio, are in different states of repair, with some building being less suitable than others to continue to provide services, both in the short and long-term.

It is apparent that working across 4 sites is inefficient and some of the buildings are not so suitable to deliver primary care services from. The way in which patient services

³ SMP. (2022). Appointment report. (Usual branch WHC seen at FH)

⁴ SMP. (2022). Appointment report. (Usual branch WHC)

⁵ BSW CCG. (2021). <https://bswgeneralpracticejobs.nhs.uk/working-in-our-region/>

are delivered has changed dramatically over the past 24 months and the long-term goal is to embrace different methods of consultation and to explore working at a wider network level. The workforce structure needed to operate from four buildings remains high and the practice needs to ensure staff reliance to continue to deliver high-quality patient services. The estates strategy is imperative to the model of care SMP can deliver based on current and future resources,

As SMP own three of the four buildings and therefore is directly responsible for the upkeep and maintenance of those buildings, it is WHC as a building that SMP propose to stop offering services from. This would reduce the estates portfolio to three sites – Fisherton House as the main site and Bishopdown and Bemerton as branch surgeries.

3.1 Global pandemic

The general shift in working that was triggered in March 2020 led to SMP contracting services down to two sites. This was for operational reasons to protect staff resilience and ensure staff could be segregated according to individual risk assessments. WHC has not provided direct patient facing services since the start of COVID-19 and the practice has continued to care for and accommodate patients at two (of the four) operational sites.

The pandemic also initiated opportunities for patients to access primary care services under a different model of care and saw an increase in online activity. Patients registered for online services has increased to 49% of the practice population (12,332 people). Patients are using online methods to request repeats prescriptions or ask for advice and guidance. In September 2021 13,293 appointments were carried out, with 57% recorded as telephone consultations.

3.2 Fisherton House

Fisherton House is set in 1.5 acres of land and covers 1,283 sqm.⁶ It is a two-storey building with 27 consultation rooms, 2 theatres, training facilities and onsite café. There are three sublets (Pharmacy, Dental Practice & Ambulance base) and 5 licences to occupy.

Fisherton House is currently operating at capacity and since its construction 9 years ago, it has seen an increase and redesign of internal layout to allow the building to meet with current demands on services. There are 4 rooms rented out on a Licence to Occupy basis for health-related services. (Retinal Screening, PIP Assessors and Just Ears; microsuction services). In addition, OOH (Medvivo) services are operated from Fisherton House, 7 days a week, since being displaced as a direct result of the pandemic.

The temporary building (Hot Hub) in the car park has now been removed, but for 2 years this provision allowed for additional capacity to segregate patients with potential Covid symptoms, for both SMP and the OOH service.

⁶ Christie & Co. (2021). Valuation report: Salisbury Medical Practice

The land on which Fisherton House is located, has an area that could be developed upon in future to create a two-storey extension. This opportunity remains part of SMP's long term estates strategy, with the possibility to permanently locate OOH and provision a minor injuries clinic to service patients from the Salisbury and surrounding areas.

3.3 Bishopdown

Bishopdown branch surgery built in the 1990's as is part of a parade of retail units with a head lease from Sanctuary Housing. It is a single storey building with a Pharmacy and Dental (1 room) sub-let.

Bishopdown premises currently require some remedial actions and redecoration to before returning to the site for routine face to face appointments. IPC measures need to be enhanced as the small waiting area is shared between the GP and Dental practice patient.

If SMP were to relinquish the Bishopdown site it would also displace the Pharmacy and Dentist, therefore impacting on the wider community services including health provision of residents. There are no opportunities to expand the premises (e.g., into the loft space) and further opportunities for development have been discussed with the freeholders and unfortunately the parade of shops is fully utilised at present.

3.4 Bemerton Heath

Bemerton Heath is a single storey GP Practice, built in 1989. It is located on the Bemerton Heath estate, which is in the 2nd most deprived LSOA in Wiltshire⁷. It currently has 5 clinical rooms. Bemerton Heath premises requires some remedial actions and redecorations, which have been postponed as SMP were intending to extend the premises.

3.4.1 Bemerton Heath Development

SMP has previously submitted planning application to extend the premises into a two-storey building with 8 clinical rooms, a training/admin area, as well as improved service amenities including separate sluice, clean and dirty stores. Unfortunately, in October 2021 the planning application was rejected due to concerns over the size of the development and volume of traffic and parking worries. Bemerton Heath would be an ideal location to increase primary care services and address the health inequalities of patients.

Although the planning application was not successful SMP are still confident that they will be able to utilise current space to meet the growing needs of the practice, as well as addressing the challenges of delivering high quality health services in an area of deprivation.

⁷ Wiltshire Council. (2019). English indices of deprivation 2019: Wiltshire report. <https://www.wiltshireintelligence.org.uk/wp-content/uploads/2019/12/IMD-2019-report.pdf>

For the immediate future, demand can be met in the existing infrastructure (at present only Bemerton Heath & Fisherton House are being used for patient services), however the long-term plan would be to increase and develop areas for wider network working opportunities. The PCN strategic direction outlines the need for space for expanded centralised teams rather than small, branch delivered services.

3.5 Wilton Health Centre

WHC is an NHS Property Services owned building, built in the 1970's. It is a two-storey building for which the GPs occupy 48% of the building (the majority of the ground floor) with Wiltshire Health and Care working from the first floor (District Nursing Team, Occupational Therapists, Physiotherapists etc). If SMP were to vacate the rooms currently occupied, Wiltshire Health & Care have expressed their desire to lease these rooms to meet their goal at providing community services to patients within the community.

Wiltshire Health & Care have temporarily offered their services from the GP practice for the past 12 – 1 months and will be sharing their feedback and experiences directly with the CCG, although it is anticipated to have been a positive change

3.5.1 Six facet study

The six-facet survey carried out by the Oakley Group in September 2015 identified that a budget for future maintenance works to be in the region of £31,000. This included re-decorating, replacement of fixed units, lighting installation. Since this time additional wear and tear has accrued as well as other areas for improvement that were not addressed in the sixth facet survey such as widening of all doors to meet to DDA regulations. The challenges with WHC as a building and the current layout is that it is not well set up for primary care team training and development and the emerging model of the Primary Care Network (PCN) in terms of supporting and utilising additional staff roles. The workforce can be supported more effectively in one location and patient demand can be met with alternative methods of consultation

4.0 SMP Workforce demands

SMP has a team of 86 staff members, just under 90% are female and three quarters are part-time. The nursing team have the greatest percentage of staff aged 18 – 34, with almost half of the team, but they also have the highest percentage (15%) of staff aged 64 and over.

A comparison of staff (FTE) over the last 3 years has shown a 13% decline in numbers of employed staff, with the nursing team being most affect by the reduction in resources. Four GPs partners have retired in the past 2 years and the impact of human resources need to be carefully managed. It is not feasible to be splitting resources to work across 4 premises in either the immediate or longer-term.

SMP, along with most NHS employers are struggling with recruitment and retention and one of its key strategic priorities is to develop a strong training and development programme. SMP is a training Practice, not only for doctors in training from Registrars to Retainers to Salaried GP to GP Partners, but also for the nursing team supporting

apprenticeships in Levels 2, 3 and 4. In addition, the administrative members of the team, also have the opportunity for development and progressions, with SMP supporting qualifications from levels 2 to 7.

The mentorship required to train and develop staff requires commitment and efficient use of available space so naturally takes place at Fisherton House – the largest of the four buildings. It is not possible to support developing staff remotely at a branch surgery and the pressures of maintaining staffing levels to provide services from four buildings is unsustainable. In fact, if staff are not supported, valued, and encouraged to develop, they will become disillusioned and leave the organisation. By investing in its human resources, SMP is committed to a culture of valuing employees and therefore aiding recruitment and retention.

For practice resilience, SMP need to protect staff and avoid situations of burnout. The pandemic has not disappeared and operating across 4 buildings is not part of SMPs strategic plans.

5.0 Impact of ceasing of primary care services from Wilton Health Centre

Wilton town centre currently has 2 GP Practices – SMP: Wilton Health Centre branch and Orchard Partnership: Old Orchard surgery. The proposal for SMP to stop offering GP services from WHC means that any patients unable or unwilling to travel less than 3 miles⁸ to Fisherton House, will be able to have their primary care needs met by the Orchard Partnership which is approximately quarter of a mile away from WHC.

The Orchard Partnership have been consulted with and are supportive of SMP's proposal. WHC pre-merger catchment area overlaps with that of the Orchard Partnership. Jessica Holland, Practice Manager at The Orchard partnership stated "*they have capacity and are able to register any patients within their practice boundary*", (should patients feel they are not able to continue to be registered at SMP).

5.1.1 Patient personas

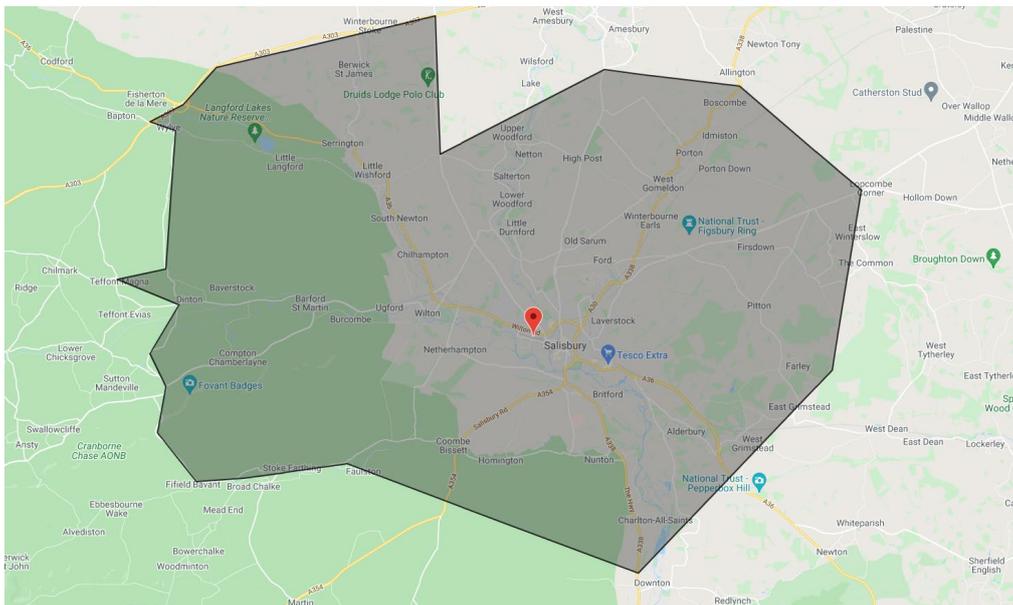
Appendices A – E shows the impact of ceasing services at WHC to five hypothetical patients. Working from a modern building offers greater accessibility for patients as well as greater transportation links. A diverse range of services and professionals means that there is improved access, and a GP isn't always the most appropriate clinician. These services are based on the main site, as staff require support and resources that are not available from WHC. For many, the service on offer at FH is an improvement on WHC, albeit a few miles further to travel. Those with poor mobility are not adversely affected as a robust home visiting service is available.

5.1 Patient demographics

Before WHC merged with SMP in 2015, the patient population was approx. 3,200 covering a large geographical area spanning Teffont Magna to Old Sarum,

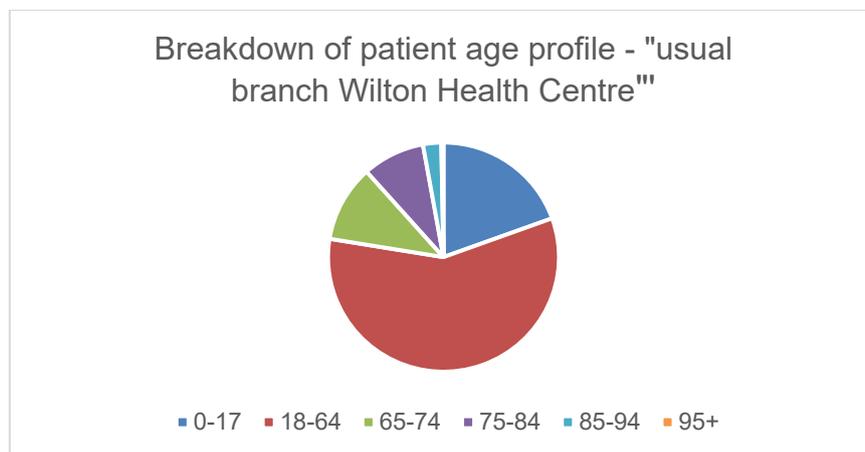
⁸ The AA (2021). Route planner. <https://www.theaa.com/route-planner/route?from=sp2%200ht&to=Salisbury%20SP%207FD,%20UK>

Winterbourne Stoke to Broad Chalke. At present, there are 2,528 patients identified with their usual branch as WHC. This presents 10% of the total practice population.



5.1.1 Age profile

Just 308 patients (out of 2,656 identified as frequent visitors to WHC branch), are over the age of 75, which is 11% of this cohort, or 1% of the total patient population. Just under 60% of this cohort of patients are of working or school aged and are therefore more likely to be geographically mobile.



5.2 Transportation links

Fisherton House has 104 parking spaces, and half a dozen bicycle storage facilities. There are also good public transportation links for patients travelling to and from Wilton and surrounding villages to Salisbury. There are 7 different bus routes that pass directly outside Fisherton House (PR3, R3, R8, R10, 2, 25 & 26).⁹

⁹ Salisbury Reds (2021). <https://www.salisburyreds.co.uk/services/SWWD/R3?date=2021-11-16&direction=outbound>

The impact of closing WHC would be more of an issue for those patients who are unable to use public or private transportation. SMP have a dedicated and expanding home visiting service, which has recently expanded due to the employment for PCN paramedics. For patients who are housebound, home visits can be arranged throughout the day, 5 days a week.

6.0 Patient engagement and consultation

A patient consultation ran from Wednesday 23rd June to Monday 26th July 2021. Prior to the commencement, information relating to the proposal was circulated to local stakeholders, including Councillors, the wider PCN practices, and the local surgery that would be most affected by the change (Old Orchard, Wilton). SMP ensured all patients had the opportunity to respond to the consultation regarding the future of WHC. Written communications were sent to all patients aged 80 and over (addressing the IT needs). Over 13,000 patients were invited to participate in the online survey (just over half the patient capitation). Just 348 people chose to respond, of which 281 were registered with SMP. This represents just 1% of the practice population responded to the consultation.

6.1 Survey respondents

Most people who responded were aged 18-64 (58%), the remaining 42% were aged 65 and over.

32% of respondents reported having a chronic health condition, 13% a mental health condition, 10% a disability, 9% claim benefits of some sort, and less than 1% are recorded as having English as a second language.

6.2 Appointments

64% of respondents would have attended WHC for appointments before COVID-19 (27% Fisherton House, 4% Bemerton Heath Surgery, 3% Bishopdown Surgery). The reasons for this choice were that it was closest to the patient (62%) followed by it was the first available appointment (14%) or the preferred GP was working at that site (14%). 40% of respondents reported they would walk to their appointments, whilst 49% drove and the remainder taking other forms of transport.

6.3 Contact with surgery

Most patients who had responded, had minimal contact with the GP practice in the last 12 months; 59% advised that they had contacted the practice between 0-4 times, only 5% of those who responded advised they had had more than 14 contacts in the last 12 months. When patients had direct contact with the practice, just under half had a face-to-face contact.

Patients' preference was noted for face-to-face contact, with 88% responding, however the positives identified for telephone consultations were that *"it saves the*

need to come to the surgery” (38%) and that “*no travel to the surgery was necessary*” (28%). However, 31% of respondents saw no benefit to telephone consultations.

6.4 Repeat prescriptions

59% of respondents reported ordering their prescriptions online and just 11% stated they continued to hand scripts over at the practice.

6.5 The relocation of NHS services at WHC

When asked if respondents thought the provision of community services closer to home was a benefit, 65% agreed it was a positive, whilst 19% concluded there was no benefit to community services being located at WHC.

When asked what they felt is the negative impact of a relocation of GP services from WHC, 16% said they could only get to Wilton health centre, 57% felt it is too far to travel to other sites, 35% felt that public transport links are not good enough, 32% were concerned about parking at other sites.

7.0 Future of Wilton Health Centre

The proposal to cease primary care services from WHC would impact a small percentage of patients, but ultimately benefit a greater number of patients and staff alike by consolidating services and running services from fewer sites. Evidence shows that 93% of WHC usual branch registered patients have had an appointment at Fisherton House in past 4 years. In fact, just 93 patients assigned to WHC branch have not been seen at any branch in the past 6 years, which represents just 3% of the patient population. This is highly likely that patients have not expressed a need to be seen.

For patients who are truly unable or unwilling to attend an alternative SMP site, they have the option to re-register with the other local GP practice in Wilton. The Old Orchard have confirmed they have capacity to absorb additional patients residing within their practice boundary. SMP have identified 308 patients, over the age of 75 who are recorded as using WHC as their usual branch. During the past 18 months of not using WHC for direct patient-facing services, very few patients have felt the need to re-register as SMP capitation continues to rise by 1 – 2%.

SMP will continue to offer telephone and face-to-face consultations, alongside the dedicated home visiting service, (which has recently been expanded due to the recruitment of additional Paramedics via the PCN). SMP plans to offer an enhanced online consultation package in the very near future, to improve patient continuity and effectiveness.

The closure of WHC will allow SMP to protect staff and ensure the workforce is as resilient as can be for the short and long-term. Trying to stretch staff resources across multiple sites is unrealistic and poses a greater risk to patients’ safety as the staff feel less supported and the risk of stress-induced absence increases, as well as potential burn-out for excessive workloads.

WHC building can continue to provide health services but offer an improved array of community-based services, promoting health equalities amongst local residents.

7.1 Wiltshire Health & Care

If SMP were able to vacate WHC, it would free up capacity for the building to be used for other NHS services, primarily for Wiltshire Health & Care who were displaced during the pandemic (asked to vacate space at the hospital to allow for secondary care needs).

Victoria Hamilton, Director of Infrastructure at Wiltshire Health and Care advised of the plans to run physio, dietetics, PIC clinics, and neuro clinics from WHC. As well as basing the Stroke ESD team there.

7.2 Salisbury Foundation Trust (SFT)

SFT have expressed their support in the change of use at WHC. SFT have made use of the additional space previously occupied by Wiltshire Health and Care and do not have plans for them to return to being based at Salisbury District Hospital.

7.3 Primary Care Networks

SMP is in a PCN with Harcourt Medical Centre (HMC) providing wrap around care to approx. 36,000 patients. Previously SMP and HMC were part of a larger PCN, comprising of five practices: Three Chequers Medical Practice, Downton Surgery, Whiteparish Surgery, SMP and HMC before separating into Sarum Cathedral and Sarum Trinity PCNs. The proposal to relocate services from Wilton was discussed at the Sarum South PCN board meeting on 29/09/2020. The board were supportive of the proposal and agreed the proposal complemented the strategic plans for wider working.

The newly formed Sarum Cathedral PCN board discussed the proposal on 29/07/2021 and support remained high to proceed with the proposal to cease primary care services at WHC. Dr Ben Kay, Senior GP at Harcourt Medical Centre agreed “*suitable premises are needed to house staff and facilitate this [PCN] venture*”. New PCN staff need suitable space for training and shadowing until they are able to work independently and are therefore reliant of the availability and support of the wider team – something that cannot be easily achieved with staff resources split across multiple sites.

Additionally, the Sarum Cathedral PCN board expressed the need to develop functional estates solutions to better serve the future requirements of the PCN. Joint working as increased rapidly in the past few years and PCN projects now employ 16 employees from Paramedics, (Pharmacists, Signposters and Admin support. The PCN workforce will only expand and therefore the PCN estates need to be able to accommodate this additional workforce.

The PCN has demonstrated in the last few years the positive impact of working at scale and successfully worked together to deliver approx. 50,000 covid vaccinations from Salisbury Cathedral. This also demonstrated that care can be provided in non-

clinical settings, so it may be possible to use the PCN framework to offer services to residents of Wilton and other rural locations on an ad-hoc approach. This can be in the format of pop-up health screening opportunities in local venues such as village halls or even hire a room occasionally in WHC.

8.0 Conclusion

The proposal to cease providing primary care services at WHC has not been taken lightly. After careful consideration of internal strengths and weaknesses, managing four premises located within a few miles of each other with limited staff resources is not sustainable. Better care, and more resilient staff can be achieved by reducing the number of operational sites. WHC is in an exceptional position, as the building is in demand from other NHS service providers, which would support the community and secondary care services. Therefore, the loss of GP services, can be offset against the gain of additional community services

Some patients may find the closure of WHC inconvenient, and if required their needs could be met by the other GP practice in Wilton, or by embracing a different style of consultation. Direct patient services have been absent from WHC since February 2020 and very few patients have responded negatively to these changes. In fact, patient capitation has increased by 2% during the same period. The vast majority of registered patients frequenting WHC are of working age and combining this with excellent public transportation links and parking facilities at Fisherton House, the impact of ceasing services is low. For patient examples of how care will be impacted if WHC were to close, please refer to the patient personas in the appendices.

SMP can continue to meet demand within its current estates, however the strategic intention is to extend either Bemerton Heath or Fisherton House to prepare for future demand as well as increased PCN activity. This would ensure capacity is increased whilst striving to develop and support staff and address the national recruitment issues, whilst remaining committed to improving patient services.

Appendix A

Patient demographics	Image
<p>Name: Amelie Age: 23 Lives: Barford St. Martin with parents Vehicle: Nissan Micra Works: Secretary in Salisbury, FT, 0830 – 1700 (M-F). Interests: Meeting friends, travelling, west end musicals Health: Good health, doesn't really engage with GP</p>	
Before proposed Wilton Health Centre closure	After proposed Wilton Health Centre closure
<p>Request for contraceptive pill</p> <ol style="list-style-type: none"> 1. Put in paper script request to WHC 2. Task sent to Reception Team (within 48 hrs) as patient needs BP check and pill review before issue 3. Reception attempt to contact patient – policy to contact twice before writing 4. Speak to patient and book F2F appt with Nurse. (Nurse appts available 4 mornings a week, 2 afternoons) 5. Book first Nurse appt at 0840 to minimise disruption to work (within 2 weeks) 6. Results recorded – medication set electronically to nominated pharmacy <p>Approx. timings >1 – 2 weeks+</p>	<p>Request for contraceptive pill</p> <ol style="list-style-type: none"> 1. Online access via SystemOne or NHSapp to request medication 2. Text direct to patient advising needs BP check and pill review before issue – pill check questionnaire sent via text to complete online 3. Patient doesn't need appt as can pop in FH 0800 – 1830 (M – F) to use automatic BP machine – is able to fit in around work commitments without requiring time off 4. Results recorded – medication sent electronically to nominated pharmacy <p>Approx. timings < 72hrs</p>

Appendix B

Patient demographics	Image
<p>Name: Boris Age: 72 Lives: Dinton with wife Vehicle: Ford Focus Works: Retired Train driver Interests: Gardening and looking after grandchildren. Health: Type 2 diabetic, heart attack in 2016, overweight (likes wife's cooking) ex-smoker.</p>	
Before proposed Wilton Health Centre closure	After proposed Wilton Health Centre closure
<p>Diabetic review</p> <ol style="list-style-type: none"> 1. Invited for annual review via FP10 script / or telephone call from GP practice Receptionist 2. Needs to make F2F appt with phlebotomist for bloods (HbA1c) 3. Need to make F2F with Nurse 1 week after blood test for foot check and review (diabetic nurse available 1-2 sessions a week at WHC) 4. Need to make F2F GP appt for review of medications 5. Records updated <p>Approx. timings >3 weeks+</p>	<p>Diabetic review</p> <ol style="list-style-type: none"> 1. Invited for annual review in month of birth – initial invite via text message, followed by phone call from GP practice Administrator 2. Needs to make F2F appt with HCA for bloods and foot check and review (HCA's available 5 days a week, multiple staff) 3. Pharmacist reviews medication via telephone (GP if complex). 4. Records updated <p>Approx. timings < 2 weeks</p>

Appendix C

Patient demographics	Image
<p>Name: Christine Age: 88 Lives: Stoford alone – widowed Vehicle: No vehicle – housebound Works: Retired Interests: Daytime TV and listening to the Archers Health: Poor – complex elderly, early dementia</p>	
Before proposed Wilton Health Centre closure	After proposed Wilton Health Centre closure
<p>Patient fall</p> <ol style="list-style-type: none"> 1. Carers call at 0800 to advise patient fell getting out of bed – requesting home visit 2. Add to visit list, GP to visit between sessions – usually 1330 – 1430 3. GP assesses patient and requires hospital admission 4. Ambulance (non-emergent) arrives 1800 5. Booked into SDH late evening, will require overnight admission for assessment 6. Unplanned emergency admission requiring hospital stay <p>Approx. timings >24 – 36hrs</p>	<p>Patient fall</p> <ol style="list-style-type: none"> 1. Carers call at 0800 to advise patient fell getting out of bed – requesting home visit 2. Add to visit list, Paramedic or GP to visit 0930 (dedicated home visiting service 0900 – 1700) 3. Paramedic assesses patient and requires hospital admission 4. Ambulance (non-emergent) arrives 1300 5. Booked into SDH afternoon, patient assessed and discharged by 2000 and allowed to return home 6. Patients gets to sleep in own home <p>Approx. timings < 12 – 18hrs</p>

Appendix D

Patient demographics	Image
<p>Name: Daisy and Minnie Age: 12 months Lives: Berwick St James Vehicle: Nissan Qashqui Works: Mum is on maternity leave, but a primary school teacher, Dad is a lawyer – works in London Interests: Peppa Pig, In the night garden and sleeping Health: Great – just learning to walk and eating solids confidently</p>	
Before proposed Wilton Health Centre closure	After proposed Wilton Health Centre closure
<p>Childhood immunisations</p> <ol style="list-style-type: none"> 1. Invited by public health for 12-month childhood immunisations 2. Mum contacts surgery to book appointment with Nurse 3. First available appointment is in 10 days (Qualified Nurse immunisers available 4 (mixed) clinics a week) 4. Mum struggles to find parking on the day of appointment and is stressed on arrival. The surgery does not fit the sideways double pushchair, so she has to ask staff to assist. 5. Mum leaves feeling rather stressed by whole experience <p>Approx. timings >10 days</p>	<p>Childhood immunisation</p> <ol style="list-style-type: none"> 1. Invited by public health for 12-month childhood immunisations 2. Mum contacts surgery to book appointment with Nurse 3. First available appointment is in 48 hours. Dedicated immunisation clinics 5 days a week 4. Mum parks in one of the 104 parking spaces at FH and access building via large automatic double doors. No problem accessing rooms due to custom build accommodating disabled / mobility scooter and pushchair access 5. Mum leaves having had pleasant and hassle free interaction <p>Approx. timings >2 days</p>

Appendix E

Patient demographics	Image
<p>Name: Emma Age: 25 Lives: Wilton Vehicle: no vehicle Works: Unemployed – claiming benefits Interests: Socialising with friends Health: mental health issues and substance abuse</p>	
Before proposed Wilton Health Centre closure	After proposed Wilton Health Centre closure
<p>Deteriorating mental health</p> <ol style="list-style-type: none"> 1. Walks into WHC to make appt with GP, needs Med3 for benefits, struggling, feeling down, no money, no friends 2. First available GP appt is 2-3 weeks. Patient not happy but makes appointment and will call again for sooner appt if required 3. Patient calls back 2 days later, has no money for food. Is added to same day / urgent list GP issues food voucher 4. Patient sees GP for pre-booked appt – advises self-refer to Turning Point for addiction issues. Also provides info ref IAPT services <p>Approx. timings >2-3 weeks</p>	<p>Childhood immunisation</p> <ol style="list-style-type: none"> 1. Catches bus to FH (PR3) to make appt with GP, needs Med3 for benefits, struggling, feeling down, no money, no friends 2. Doesn't need GP appt, but Med3 slots – offered daily with all GPs 3. Signposted by Reception to Social Prescriber for input 4. Social Prescriber advises self-refer to Turning Point and arranges for food voucher to be issued. Social Prescriber also shares via text info relating to self-help including IAPT <p>Approx. timings >48hrs</p>

Meeting of the BaNES, Swindon & Wiltshire
Locality Primary Care Operational Group
Report Summary Sheet

Report Title	Temporary list closure application - Harptree and Cameley Surgery				Agenda item		
Date of meeting	Thursday 26 th May 2022						
Purpose	Approve	X	Discuss		Inform		Assure
Executive lead, contact for enquiries	Jo Cullen – Director of Primary Care						
Clinical Lead	Bryn Bird – Locality Clinical Chair						
Author	Louise Sturgess - Senior Commissioning Manager for Primary Care						
Appendices	Appendix 1 - BSW PCCC Principles for approving and evaluating a temporary practice list closure Appendix 2 - The Harptree and Cameley Surgery boundary map Appendix 3 – Application form to close patient list for the Harptree and Cameley Surgery Appendix 4 – Map of GP practice boundaries in 3VH PCN Appendix 5 – Consultation feedback from neighbouring practices Appendix 6 – Equalities and Quality Impact Assessments (EQIA)						
This report concerns	BSW CCG		BaNES locality	X	Swindon locality		Wiltshire locality
Report reviewed by							

Executive summary	<p>This report presents a request from Harptree and their branch practice, Cameley Surgery to temporarily close their list for a period of six months with a three month review.</p> <p>A practice will request a practice list closure if they are experiencing unique issues linked to staffing and capacity that impact their ability to provide safe care for their registered patients.</p> <p>Neighbouring practices were contacted as part of the consultation process. Three of the eight practices in the 3VH PCN provided a written response, all of whom were in support of Harptree's application.</p> <p>As well as the impact on neighbouring practices, the ability for new patients to be able to register with a GP practice close to their home also needs to be considered. Harptree's boundary is completely</p>
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	overlapped by Chew Medical Practice and St Mary's Surgery and therefore reasonable access for new patient registrations in the area will still be maintained.
Recommendation(s)	Primary Care Operational Group is asked to: Approve the request received from Harptree Surgery to temporarily stop registering new patients for a period of 6 months (effective from 16 June 2022 following approval by the Primary Care Commissioning Committee).
Link to Board Assurance Framework or High-level Risk(s)	Capacity and capability and the demand on primary care is noted within the corporate risk register. The register notes the increased demand on GP practices at this time with the impact on their ability to maintain clinical safety and service standards. Current risk score is 'RAG' rated as red.
Risk (associated with the proposal / recommendation)	High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/> N/A <input type="checkbox"/>
Key risks	<p>The closure of Harptree Surgery's list may lead to a domino effect if neighbouring practices are unable to cope with increased demand and consequently need to close their own lists. However, the practices that will be impacted the most by the closure have advised that they are able to manage any additional registrations.</p> <p>There would be a greater risk to the longer term viability of Harptree Surgery if the list closure was not approved.</p> <p>The CCG is assured that the Harptree and Cameley Surgery have sufficient staffing in place to deliver upon their core PMS contract and will continue to source additional clinical and administrative staff in the long-term in order to maintain delivery of clinical services.</p>
Impact on quality	<p>List closures are intended to support practices which need to manage workload in order to continue to provide effective services in line with the core PMS contract. The list closure will permit the Harptree and Cameley Surgery more time to maintain patient safety and reduce the staff workload. A refusal of this request will compound the issue facing the practice, namely the reduced workforce coupled with the sharp increase in both administrative and clinical workload.</p> <p>An Quality Impact Assessment and Equalities Impact Assessment (Appendix 6) has been completed and will be regularly reviewed so that the impact of mitigations can be monitored.</p>
Impact on finance	No direct funding implications.
	Finance sign-off: [insert name] John Ridler, Associate Director of Finance, BaNES

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

Temporary list closure application – Harptree and Cameley Surgery

1. Executive Summary

- 1.1. This report presents a request from Harptree and their branch practice, Cameley Surgery to temporarily close their list for a period of six months with a three month review.
- 1.2. A practice will request a practice list closure if they are experiencing unique issues linked to staffing and capacity that impact their ability to provide safe care for their registered patients.
- 1.3. Neighbouring practices were contacted as part of the consultation process. Three of the eight practices in the 3VH PCN provided a written response, all of whom were in support of Harptree's application.
- 1.4. As well as the impact on neighbouring practices, the ability for new patients to be able to register with a GP practice close to their home also needs to be considered. Harptree's boundary is completely overlapped by Chew Medical Practice and St Mary's and therefore reasonable access for new patient registrations in the area will still be maintained.

2. Recommendations

- 2.1 PCOG are asked to approve the request received from Harptree Surgery to temporarily stop registering new patients for a period of 6 months (effective from 16 June 2022 following approval by the Primary Care Commissioning Committee).

3. Background

- 3.1 It is a contractual requirement for GP practices to have an open list and accept new patient registrations. GMS and PMS practices can formally apply to close their practice list if their workload is impacting their ability to provide safe care for their registered patients or to carry out their contractual obligations to meet their patients' core clinical needs. Practices can request a temporary list closure for a minimum of 3 months and a maximum of 12 months.
- 3.2 In considering a list closure application, the commissioner must ensure that a closed list does not adversely affect the pressures elsewhere in the system. PCCC have approved the following core principles to consider when approving and monitoring the impact of a temporary GP practice list closure (see Appendix 1).
 - Maintaining patient safety from a practice, regional and system perspective
 - Ensuring safe staff workload (as it relates to patient safety and risk)
 - Maintain reasonable overall availability for new patient registrations

Additionally, the commissioner should also view the following aspects against current best practice:

- ensuring all options for meeting workload have been fully examined by the practice
- checking the forecast risks in demand and capacity are reasonable
- asking whether the risks raised in the application can be moderated through individual practice action, collaboration or commissioner support

4. Harptree and Cameley Surgery

4.1 Harptree is a PMS practice in BaNES with a branch practice in Cameley, providing essential, additional and enhanced services to a population of 6996 registered patients, as of 5 May 2022 (See appendix 2 for their boundary). Changes to their practice list over the past 18 months can be seen in the table below.

Dates	List size	Growth to Current list 05/05/2022 (%)	Quarterly Growth (%)
01 2021 (Q4)	6954	0.60	/
04 2021 (Q1)	6959	0.53	0.07
06 2021 (Q2)	6995	0.01	0.52
10 2021 (Q3)	7057	-0.87	0.89
01 2022 (Q4)	7027	-0.44	-0.43
04 2022 (Q1)	6996	0	-0.44

4.2 In April 2022, Harptree Surgery discussed with the CCG the possibility of a formal temporary list closure and in May 2022, the practice submitted an application to temporarily close their list for a period of six months, with a review after three months (See appendix 3).

4.3 The practice cited the impact from the covid pandemic and their reduced clinical workforce to manage the increasing activity as reasons for applying for the temporary list closure. Specifically, a long-term four session locum has retired and a six session salaried GP partner has recently resigned. A GP partner will also be stepping down in September 2022.

4.4 The practice has relied on ad-hoc locums to provide cover for these roles as well as their current clinical staff working additional shifts where possible. Despite this, the practice is still unable to cover all the vacant sessions which is further compounded by the continuing high levels of COVID related staff absences. The practice has noted that this is unsustainable and resilience in the practice is low.

4.5 The practice has advertised for locum GP sessions and GP cover on Lantum but have not received any responses despite being informed by Lantum that the level of pay being offered is in line with market rates. The practice had considered recruiting a remote GP who has previous experience at the practice. Unfortunately, the GP

was based out of the country and could therefore not be used as it does not satisfy legal requirements around data protection.

- 4.6 The practice has also struggled to recruit to their dispensary and administrative roles which has put further pressure on existing staff to manage the increasing activity.
- 4.7 The practice has been successful in recruiting to two nursing positions as one of their current nurses is retiring in May and the practice were looking to increase the team. These new nursing positions will provide additional sessions raising the total Nurse WTE from 1.89 to 2.51. However, the new staff will not start until after the summer.
- 4.8 To alleviate the recruitment difficulties, the practice have taken steps to manage their increasing workload. They are in the process of upskilling their HCAs and reception staff to give them a more varied workload and divert some of the administrative burden from the clinicians. The practice is also recruiting and training dispensary team members as they have been unable to recruit qualified dispensers.
- 4.9 The practice has also consolidated their dispensary process by combining their two dispensaries (Harptree and Cameley) into a single site located at Harptree Surgery. This should help manage fluctuations in resourcing.
- 4.10 The practice is also in the process of recruiting to new Clinical Pharmacist and Care Co-ordinator posts to provide additional clinical assistance and ease the workload on the current clinical workforce.
- 4.11 The practice feel that a temporary list closure would reduce their workload and allow them more time to recruit to unfilled positions. The practice feels the list closure will also improve relationships with their current registered patients as they will be able to provide a safe service to their existing patient list. Should the list closure be approved, Harptree and Cameley Surgery will continue to accept registrations for new babies of registered mothers and first-degree relatives of the same household and care home patients.

5. [Impact on local primary care services and patient access](#)

- 5.1 Often the most significant impact of a list closure will be felt by neighbouring GP practices as they see requests for new patient registrations increase. This is more likely to be the case in urban areas where there are a number of GP practices in a small geographical area. However, different issues are raised if a rural practice like Harptree Surgery with a large practice area requests a list closure. The impact of the closure is likely to have a greater impact on just one or two practices that are geographically closest to the requesting practice. (See appendix 4 for a map of GP practice locations and boundaries in the 3 Valleys PCN)
- 5.2 As part of the consultation period, the practices in the Three Valleys were asked for their views on the list closure application. Please see appendix 5 for the detailed

responses received. Chew Medical Practice have highlighted that due to the rural nature of the location, they are likely to be the most impacted but have confirmed that they are confident that they can accommodate any additional registrations without it impacting negatively on their existing patients.

5.3 St Mary’s Practice is closest to the Cameley Branch Surgery and similarly have expressed their support for Harptree’s temporary list closure. Of the remaining six practices in the 3VH PCN, Hope House were the only practice to submit written feedback. Hope House were also in support. Given the rurality of the area, the practices further from Harptree are unlikely to be impacted which probably explains their lack of feedback.

5.5 Harptree’s boundary is completely overlapped by Chew Medical Practice and St Mary’s (See appendix 4) and therefore reasonable access for new patient registrations in the area will still be maintained.

6. Options for consideration

Options available	Description	Comments
Option 1	Reject request for list closure	This option would allow new patients to continue registering at Harptree and Cameley Surgery, maintaining full patient choice. However, this option may lead to patient safety being compromised due to the increased demand on the practice whilst they seek to address their workforce capacity issues.
Option 2	Approve request for list closure	This option would allow for the practice to safely manage their current registered patients, relieving the pressure whilst they implement service redesign plans, upskill current staff and continue with their recruitment efforts. The disadvantage of this option is the impact on neighbouring practices. However, as part of the consultation process the most impacted practices have not expressed any concerns regarding their own resilience.

7. Resource Implications

7.1 Neighbouring practices may receive additional registrations as a result of the list closure but these would be funded in the normal way via the global sum payment.

8. Risk Management

8.1 Capacity and capability and the demand on primary care and general practice is noted within the corporate risk register. The register notes the increased demand on GP practices at this time with the impact on the ability to maintain clinical safety and service standards. Current risk score is ‘RAG’ rated as red.

- 8.2 Harptree Surgery have acknowledged that a list closure will potentially impact the practice income but feel that it is necessary in order to improve upon their clinical workforce. The practice has advised that their current recruitment challenges pose a significant risk to both patient and staff safety and if they are required to keep their list open, their challenges will likely worsen and they would be unable to manage the activity over a long-term period.
- 8.3 The closure of the Harptree Surgery's list may lead to a domino effect if neighbouring practices are unable to cope with increased demand, putting patient safety at risk and consequently leading to further list closure requests. However, neighbouring practices did not indicate such concerns as part of the consultation exercise.
- 8.4 List closures are intended to support practices that need to manage workload in order to continue to provide effective services in line with the core PMS contract. The CCG is assured that Harptree Surgery has sufficient staffing in place to deliver upon their core PMS contract and will continue to source additional clinical staff in the long-term in order to maintain delivery of clinical services.

9. Recommendation

- 9.1 PCOG are asked to approve the request received from Harptree Surgery to temporarily stop registering new patients for a period of 6 months (effective from 16 June 2022 following approval by the Primary Care Commissioning Committee).

Equality and Diversity	Applicable		Not applicable	
Refer to Appendix 6				

Health Inequalities Assessment	Applicable		Not applicable	
Refer to Appendix 6				

Public and Patient Engagement	Applicable		Not applicable	
Harptree Surgery do not have a Patient Participation Groups (PPG) as their registered patients are informed through regular communication routes set out by the GP practice.				



PATFORD HOUSE PARTNERSHIP

BUSINESS CASE – ADDENDUM 2 – 30 MAY 2022

PART A – Extract from Tracey Strachan Email received 11 May 2022

“PCOG agreed more information is required before a recommendation could be given to PCCC. This must include:

- CQC update
- Resilience sustainability
- Clear details of impact on need of merger and changes to services due to Covid (to include impact of closure of Patford House premises during Covid and new use of those premises more recently)
- Clarity on list size changes, consultation rates etc.
- PCN Toolkit to be completed
- PCN position and support
- Risk – to include lease termination at Patford House and contingency plan if support is not given

A further paper is requested for further consideration at PCOG.”

PART B – Update & Responses in Q&A format

The Calne newbuild project is a legacy scheme, having been approved to receive revenue funding by Wiltshire CCG’s Primary Care Commissioning Committee (PCCC) 2019.

The case was approved based on the urgent need for appropriate premises for continued provision of core GP services. The CAPITA, Calne Locality Report (2017) was commissioned by the CCG identified three main needs for the town, the first of which was the replacement of the existing Patford House premises.

New premises plans were approved based on Health Building Note 11-01¹ calculations for a population of up to 10,000. Calne is also served by the Northlands Surgery, which was designed for a population of 9,000 patients, but now has a list of 12,515. The approved Schedule of Accommodation was for core GMS-only use, and sized in accordance with the Premises Cost Directions².

CAPITA modelling in 2017 calculated that by 2026 there will be a requirement for between 1,240m² and 2,209m² of primary care space needed in Calne. Efficiency savings and detailed design carried out by the practice in partnership with the developer, has reduced this, so that approved business case is for 714 sqm. This is a reduction of over 67% from the Capita figures, with potential future expansion

¹ https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_11-01_Final.pdf Facilities for Community and Primary Care Services

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS_General_Medical_Services_-_Premises_Costs_Directions_2013.pdf

space as a phase 2, to provide future flexibility. Use of expansion space to accommodate list growth and/or future PCN service/space requirements will be subject to strategic estates planning via the ICS/PCN in due course and subject to a separate business case.

In good faith, following CCG approvals, the developer and the practice have committed significant resource to this project. The site has been procured and the project has progressed through final design, planning, and tendering of the construction contract. The GP partnership has found the promise of new premises to be a powerful tool in the recruitment of essential roles to secure service improvement.

The increase in revenue funding being requested at this final stage reflects only increased build costs. Assurance of value will of course be provided, as required by the Premises Directions, by the District Valuer (DV).

Following the developer's discussions with the DV on 3rd March 2022, an annual uplift on Current Market Rent (CMR) at £10/m² was verbally agreed for the GMS accommodation. In addition, the DV verbally agreed a top-up payment of £18,125 would be reasonable to recognise the increased build costs and that he would recommend this is approved.

Should the CCG withdraw their approval of Patford house in its agreed form and scale, the risks and implications will include:

- **Service perspective:** Continuation of restricted access and infection control challenges, significant impact on morale and recruitment
- **Development perspective:** Any adjustment to scale/design will require the project to return to the design and planning process, which will cause substantial delays to the process and substantial increases in construction costs and procurement costs (especially in the current market where nationally inflation is running at 9%) and the very real possibility of losing the proposed site.

Meeting of the Swindon Primary Care Operational Group Report Summary Sheet

Report Title	Tadpole Surgery – Practice Boundary				Agenda item			
Date								
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care Louise Tapper, Asst Dir Primary Care Swindon Locality							
Author	Wendy Bruno, Primary Care Manager, Primary Care							
Appendices	1) Map of proposed boundary 2) Email consultation to surrounding practices 3) Response from Cricklade Surgery							
This report concerns	BSW CCG		BaNES locality		Swindon locality	X	Wiltshire locality	
This report was reviewed by								

Executive summary	Tadpole Surgery is a New Branch site of Westrop Medical Practice Opening 9 May 2022. This paper is to agree the Practice Boundary.
Equality Impact Assessment	None
Public and patient engagement	<p>A consultation on the application has been carried out with:</p> <ul style="list-style-type: none"> • Neighbouring GP Practice that may be impacted on the Surgery opening. <ul style="list-style-type: none"> ➤ Moredon Medical Practice, ➤ North Swindon Practice, ➤ Abbeymeads Medical Practice, ➤ Sparcells Surgery, ➤ Ridge Green Surgery, ➤ Purton Surgery, ➤ Cricklade Surgery • Wessex Local Medical Council (LMC) <p>The deadline for responses to the consultation was Wednesday 13 April 2022, it was confirmed in the documentation shared that no response would be interpreted as acceptance of the application.</p>

	<p>In total one response was received:</p> <ul style="list-style-type: none"> Cricklade Surgery No objection 							
Recommendation(s)	Primary Care Operation Group (PCOG) is asked to approve the recommendation of the Practice Boundary.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	X	N/A	
Key risks	None							
Impact on quality	Improved patient choice - GP Practice Closer to home							
Impact on finance	<p>There is a separate minimum income guarantee agreement already in place between the CCG and Westrop to support Westrop while it grows its practice population over 3 years. The proposed boundary covers the existing Tadpole Gardens housing development and fields beyond which are earmarked as a second phase of the Tadpole Gardens development. There is no impact on finance within this paper.</p>							
	Finance sign-off:							
Conflicts of interest	None							
This report addresses strategic objective / operational priority	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input 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 Primary Care Commissioning Committee

Report Summary Sheet

Report Title	The Pulteney Practice temporary list closure extension application						Agenda item	
Date of meeting	Thursday 16 th June 2022							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen – Director of Primary Care							
Clinical lead	Bryn Bird – Locality Clinical Chair							
Author	Louise Sturgess - Senior Commissioning Manager for Primary Care							
Appendices	Appendix 1: PCOG paper: Temporary list closure applications Pulteney and Newbridge							
This report concerns	BSW CCG		BaNES locality	X	Swindon locality		Wiltshire locality	
This report was reviewed by	This report was reviewed by Tracey Strachan. BaNES PCOG (via email)							
Executive summary	<p>On 28th April 2022 a paper (see appendix 1) was presented to the BaNES PCOG regarding the request to extend the practice list closure of The Pulteney Practice in Bath for an additional six months (until 14th December 2022) and to temporarily close the practice list of Newbridge Surgery in Bath until Oct 2022.</p> <p>As part of the consultation process, neighbouring practices had raised concerns about a further list closure in the city with 3 opposing the closures. Of these, one practice had advised that if the closures were approved, the additional workload on their own practice would force them to put in their own request for a temporary list closure. This domino effect of further list closures was a major concern amongst the practices.</p> <p>There were therefore risks associated with either approving or rejecting the two temporary list closure requests received. Given the role of the CCG to work in the best interest of all of primary</p>							

Report Title	The Pulteney Practice temporary list closure extension application	Agenda item	
	<p>care and other system partners, PCOG recommended both list closures were rejected based on the following:</p> <ul style="list-style-type: none"> • The group were sympathetic to the challenges being faced by Pulteney and Newbridge but it was felt that similar challenges are being experiencing by most local practices and therefore there was not a strong case of exceptionality. • That the benefit of a temporary list closure on the clinical workload is minimal (although it was acknowledged that it may reduce the admin burden, send a strong signal to patients regarding the pressures being experienced by the practice and have a psychological / wellbeing benefit). • Approving the requests would shift workload to the remaining Bath city practices with a very real risk that the increased pressures on those practices would lead to further list closure requests. • All system partners are experiencing unprecedented pressures currently and the impact of the closures and any contagion effect could lead to increased risks and pressures across the whole system. <p>Following the PCOG decision a meeting was arranged with The Pulteney Practice to convey the decision. In that meeting, the practice advised that since submitting their extension request, they had had a further 6 session GP resign and asked that their case be reconsidered. They also advised that they had plans in place to re-open the list on the 1st October (brought forward from 14 Dec) following the successful recruitment of a new GP.</p> <p>On 12 May, PCCC accepted the recommendation to not support the temporary list closure request for Newbridge Surgery but asked that the case for The Pulteney Practice be looked at again on the grounds of exceptionality.</p> <p>A review of the workforce data held by PCSE (see table below) indicates that with a rate of 5,378 patients per WTE, The Pulteney Practice will have the 3rd highest number of patients per WTE GP across all 88 practices in BSW.</p>		

Report Title	The Pulteney Practice temporary list closure extension application					Agenda item																																																																																										
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Recommendation(s)	<p data-bbox="523 1895 1283 1928">Primary Care Commissioning Committee is asked to:</p> <ul data-bbox="539 1973 1437 2042" style="list-style-type: none"> • Approve the list extension request for The Pulteney Practice until 30 Sept 2022 																																																																																															

Report Title	The Pulteney Practice temporary list closure extension application					Agenda item	
Link to Board Assurance Framework or High-level Risk(s)	Capacity and capability and the demand on primary care is noted within the corporate risk register. The register notes the increased demand on GP practices at this time with the impact on their ability to maintain clinical safety and service standards. Current risk score is 'RAG' rated as red.						
Risk (associated with the proposal / recommendation)	High	X	Medium		Low		N/A
Key risks	<p>There is a risk that if the temporary list closure extension is not supported that the practice could see further resignations putting patient safety at risk.</p> <p>Due to the Practice's current challenges, there is also a risk of a partner resignation in the coming months if the extension is not supported to allow them to continue to build and recover.</p>						
Impact on quality	List closures are intended to support individual practices to manage workload and maintain a safe service. Each application is assessed on a case by case basis but these principles can be used to ensure consistency of approach and guide the decision making process.						
Impact on finance	No direct funding implications.						
	Finance sign-off: John Ridler, Associate Director of Finance, BaNES						X
Conflicts of interest	N/A						
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner						
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan						

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

Report Title	Quality in Primary Care						Agenda item	10
Date	16 June 2022							
Purpose	Approve		Discuss	X	Inform	X	Assure	X
Executive lead, contact for enquiries	Gill May, Exec Lead Claire Spiers, Quality Lead (contact for enquiries)							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality		Wiltshire locality	X
This report was reviewed by	Sarah-Jane Peffers Associate Director of Patient Safety and Quality							
Executive summary	<p>Quality summary / assurance for primary care</p> <ul style="list-style-type: none"> • Patient Safety Incident Management: There were 9 LFPSE Incidents reported during Q4. 6 were reported within the Swindon Locality, 2 in Wiltshire and 1 in BaNES. • Two SI's were reported for Wiltshire practices. 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 reviews. • Incident reporting via LFPSE/STEIS remains low and only incidents reported on these platforms are visible to the CCG, resulting in limited information on any incident investigation and learning. • The BSW Patient Safety and Quality Lead for Primary Care is a member of the Primary care patient safety discovery group (PCPSDG). The Task and finish group aims to enhance patient safety in primary care by enabling the implementation of <u>The NHS Patient Safety Strategy</u>. With a purpose to review the opportunities for patient safety development within primary care, and to recommend interventions for improvement that can be piloted and/or implemented to underpin the foundations and aims of the NHS Patient Safety Strategy. • The Quality team has commenced engagement work with the Governing Body GP to scope and explore opportunities to enhance patient safety in primary care, to 							

Report Title	Quality in Primary Care	Agenda item	10
	<p>enable the implementation of The NHS Patient Safety Strategy.</p> <ul style="list-style-type: none"> • Patient Experience: During Q4 2021/22 SCW PACT received three complaints relating to Primary Care. No themes have been identified. • During Q4 SCW PACT PALS received a total of 18 enquiries in January, 29 in February and 23 in March totalling 70 contacts for the quarter. The two highest categories for contacts were Access and Waiting, and Communication. • Due to current arrangements in place there is a recognised gap in the CCG receiving complaints learning analysis from NHSEI; SCW PACT and in Commissioners receiving the trends, and themes of complaints directly submitted to the practice; in order to share learning and support service transformation discussions and plans. • The BSW CCG Patient Safety and Quality lead for Primary care is a member of the South West Complaint Network. This group has been set up in advance of a national decision on delegation of complaints management, to establish a regional network of CCG/ICB Complaints Leads to ensure there is a forum for sharing and informing national thinking, strengthening oversight, governance and learning from complaints and clinical reviews and to broaden opportunities for quality improvement as a result of complaints intelligence. • It is recommended that the CCG works collaboratively to design and implement system and process to share learning from patient experience information. • CQC Update: There are currently 4 practices rated as Requires Improvement overall. As of 11 May 2022 the 1 practice previously rated as Inadequate has been awarded an overall rating of good following a recent re inspection. • All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices with other themes identified include Long term resilient and sustainable Governance Model, Embedding of systems and processes, Long term resilient and sustainable model for key areas including task management; coding; medicines management. • It is recommended that practices continue to be discussed and reviewed at the monthly Primary Care Quality Oversight Assurance Group to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG. 		

Report Title	Quality in Primary Care					Agenda item	10	
	<ul style="list-style-type: none"> • Quality Metrics: Quality Metrics Dashboard Development and Roll Out has commenced. The Quality Team is leading development of core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. These metrics will be monitored through discussions at PCCC, BSW Primary Care Quality Oversight Assurance Group and with other key stakeholders. This work will also include developing a process to capture and analyse emerging themes and trends to better inform future improvement work. Next steps include agreement of strategic core metric areas; and establish subject matters experts to develop individual metrics that align to core metrics and agree escalation threshold to highlight/identify areas of risk early (RAG rating). This work is planned for initial implementation during Q1/Q2 FY 2022/23. • IPC: Themes and trends for investigations from healthcare associated infections reported in the BSW system have been identified and are being fed back into the improvement working groups for each area. • Priorities going forward include support to report patient safety incidents and developing a process to capture and analyse emerging themes and trends. To support and monitor progress of CQC improvement plans, and to progress flu vaccination plans. 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The committee is asked to note the report.							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X
Key risks	<ul style="list-style-type: none"> • Incidents-There is a risk that there is reduced trends and thematic analysis or sharing of learning across PCNs, localities and CCG can be completed. This reduces transformational discussion and improvement work. The PCPSDG Task and finish group aims to enhance patient safety in primary care by enabling the implementation of <u>The NHS Patient Safety Strategy</u>. With a purpose to review the opportunities for patient safety development within primary care, and to recommend interventions for 							

Report Title	Quality in Primary Care	Agenda item	10
	<p>improvement that can be piloted and/or implemented to underpin the foundations and aims of the NHS Patient Safety Strategy.</p> <p>The Quality team has commenced engagement work with the Governing Body GP to scope and explore opportunities to enhance patient safety in primary care, to enable the implementation of The NHS Patient Safety Strategy.</p> <ul style="list-style-type: none"> • Due to current arrangements in place there is a recognised gap in the CCG receiving complaints learning analysis from NHSEI; SCW PACT and in commissioners receiving the trends, and themes of complaints directly submitted to the practice; in order to share learning and support service transformation discussions and plans. The BSW CCG Patient Safety and Quality lead for Primary care is a member of the South West Complaint Network. This group has been set up in advance of a national decision on delegation of complaints management, to establish a regional network of CCG/ICB Complaints Leads to ensure there is a forum for sharing and informing national thinking, strengthening oversight, governance and learning from complaints and clinical reviews and to broaden opportunities for quality improvement as a result of complaints intelligence. 		
Impact on quality	This report sets out the summary status of quality and safety in primary care. Specific risks around practices are reviewed and discussed in alternative forums. Locality specific reports are provided to the primary care operational groups		
Impact on finance	No finance impact		
	Finance sign-off: N/A		
Conflicts of interest	No conflicts of interests		
This report addresses strategic objective / operational priority	Improving patient quality and safety		

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

- Patient Safety Incidents
- Patient Experience
- CQC Inspection Ratings
- Quality Metrics and ME roll out
- Infection Prevention and Control
- Flu vaccination programme 21/22

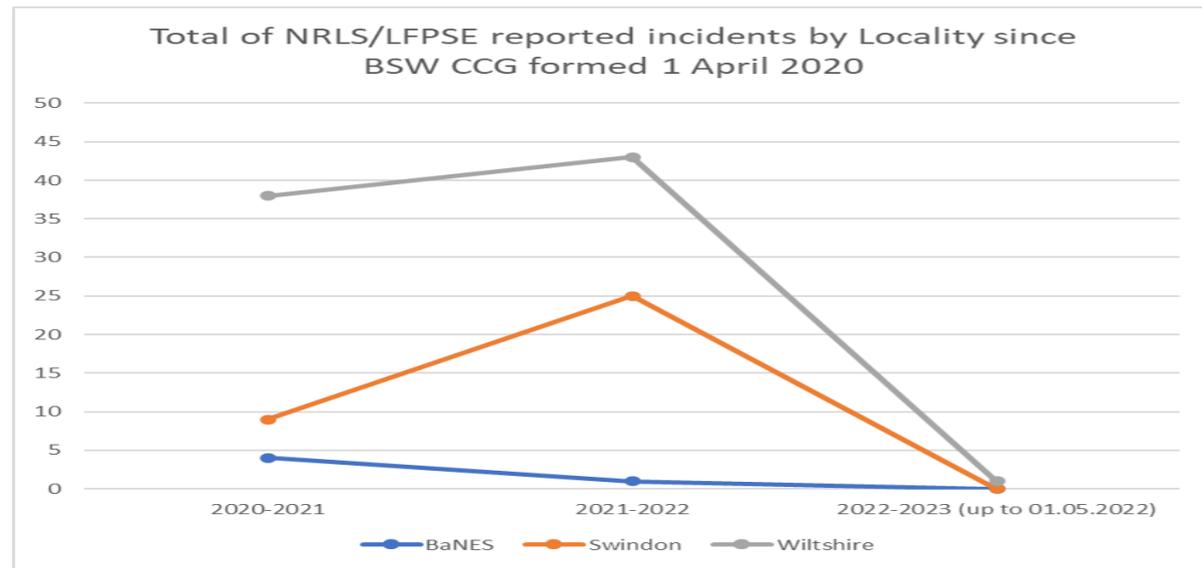
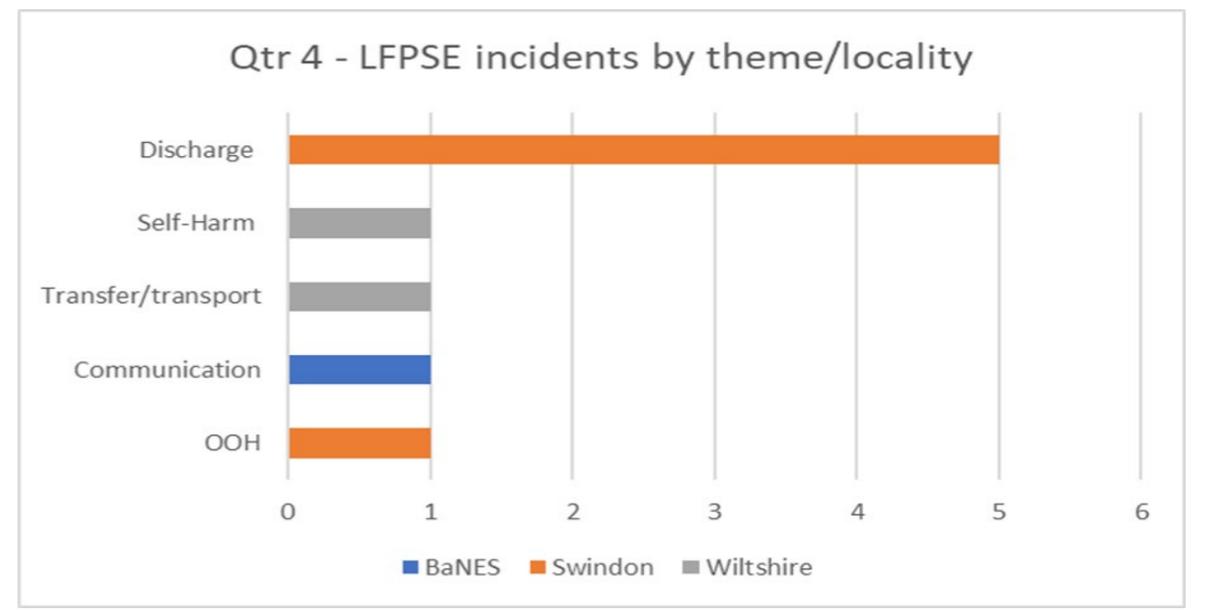
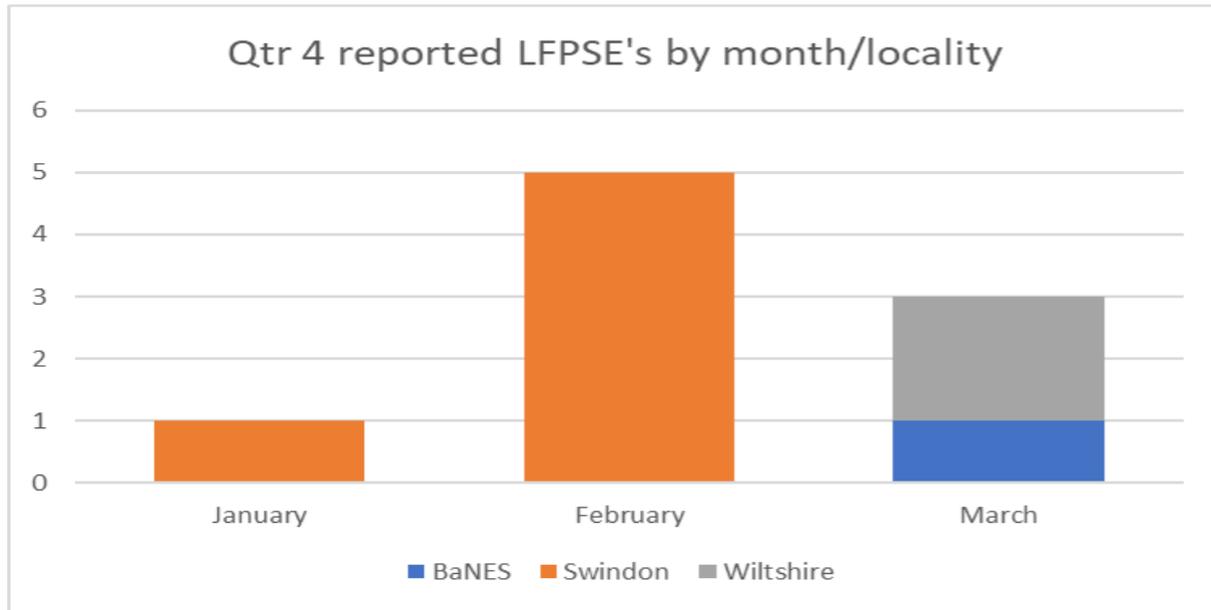
BSW PCCC June 2022



Patient Safety



BSW LFPSE Patient Safety Incidents Breakdown

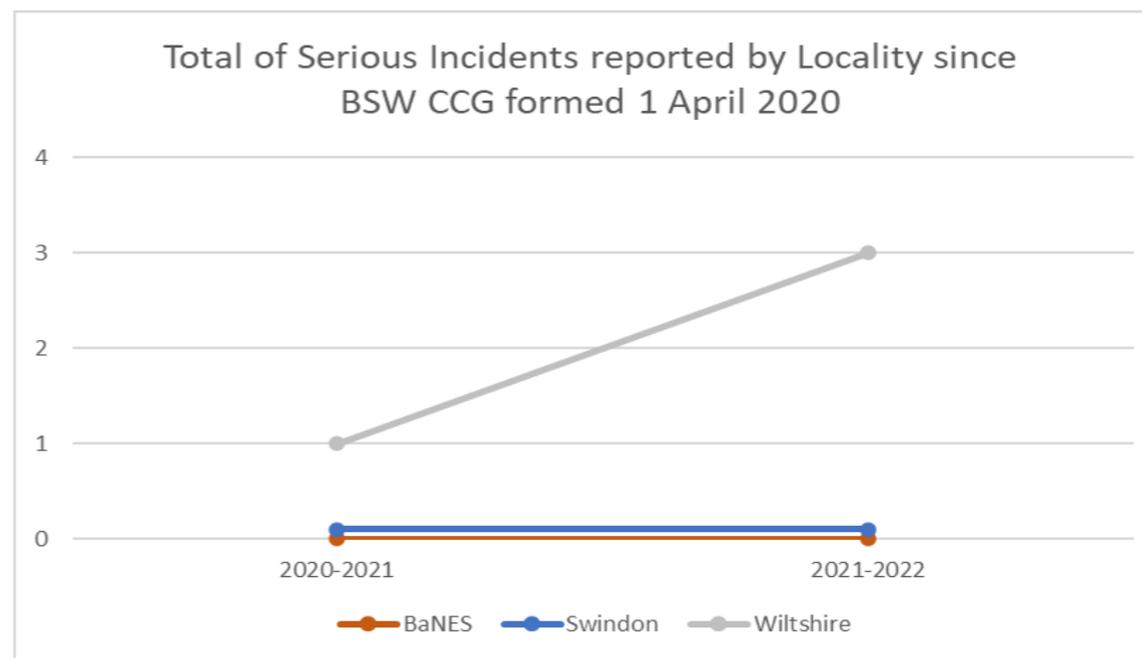
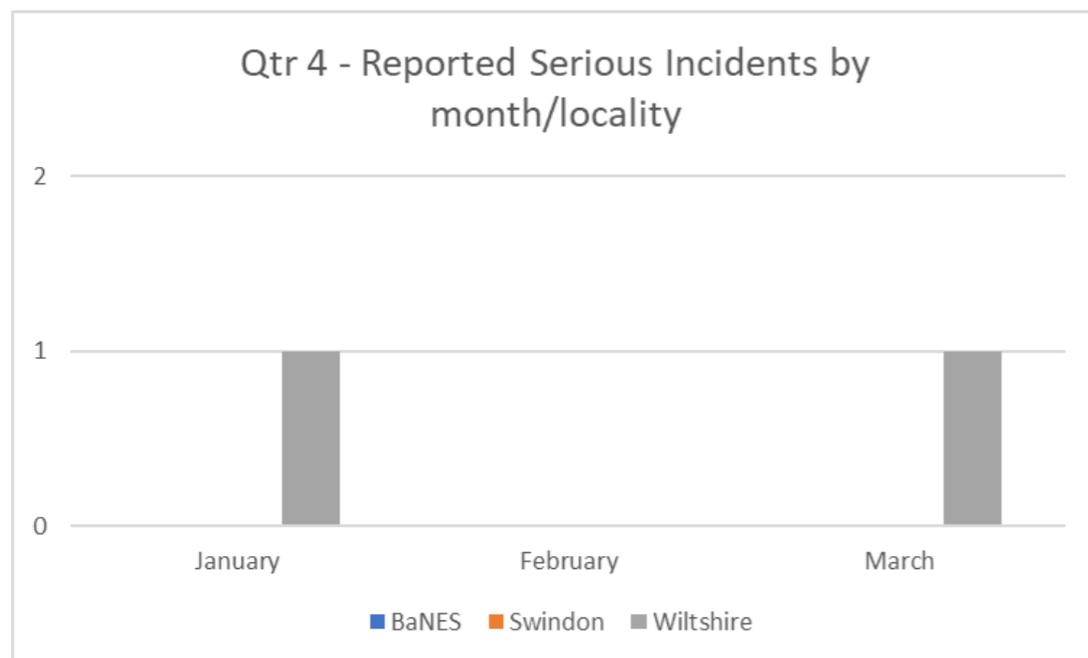


- There were 9 LFPSE Incidents reported during Q4. 6 were reported within the Swindon Locality, 2 in Wiltshire and 1 in BaNES.
- Out of the 6 incidents reported within the Swindon Locality, 5 were relating to discharges from the local Acute Trust.
- Since the introduction and additional viewability of incidents within LFPSE, Swindon are currently the highest reporting area. BaNES locality reported its first LFPSE in March 2022.
- The CCG's aim is to support more practices to report incidents through LFPSE.

BSW LFPSE Patient Safety Incidents Themes, Q4 2021/22

Theme Identified	Key Actions/Learning	System Shared learning
Theme 1: Hospital Discharges: Electronic Discharge Summaries	<ul style="list-style-type: none"> • Monthly review meetings established between CCG and Trust to review the LFPSE incidents, review progress and identify any concerns/support requirements. • The Trust's EDS Task and Finish Group are reviewing the quality of EDS in addition to timeliness. • The Quality Teams will continue to monitor the Trust's EDs compliance. • Once the Trust's investigations have been completed, shared learning will be taken forward. Any wider system learning will be shared across all relevant areas. 	Update to be provided to PCOG once review complete.
Theme 2: Hospital Discharges: EOL patients	<ul style="list-style-type: none"> • Incidents shared with the Trust's Discharge Improvement Lead in addition to the Clinical Risk and Patient Safety Team. • Monitoring through the monthly LFPSE review meetings with the Trust, as above. • Once the Trust's investigations have been completed, shared learning will be taken forward. Any wider system learning will be shared across all relevant areas. 	Update to be provided to PCOG once review complete.
Theme 3: Transfer of care Home patients for non urgent diagnostics with suspected complex fractures	<ul style="list-style-type: none"> • This incident forms part of a wider system review within the Urgent Care and flow Board and Falls conveyance Group via the Aging Well Board. Actions and learning identified through these groups will be shared across all relevant areas. This will be monitored and shared by the urgent care and flow patient safety and quality lead. 	Update to be provided to PCOG once wider system review complete.

BSW Serious Incidents (SIs) Breakdown



- During Quarter 4, Two SI's were reported for Wiltshire practices.
- No themes have been identified so far following preliminary reviews of each incident. Any wider system learning will be shared across all relevant areas following completion of the reviews.
- Reporting of Serious Incidents by Primary Care is historically low and continues to be the case with 3 reported for 2021/22.
- The Quality team continue to engage closely with practices to provide support and facilitate the SI reviews and learning.

Incident Management Theme – Identified Issues

What We Know

- Incident reporting via LFPSE/STEIS remains low and only incidents reported on these platforms are visible to the CCG
- Limited information on any incident investigation and learning.

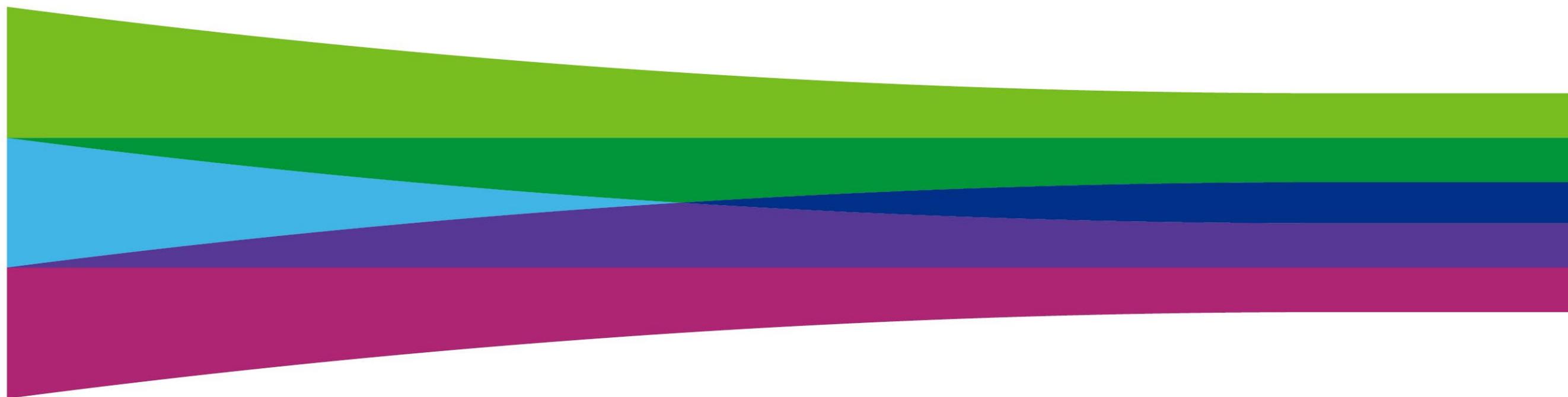
Impact

- Reduced trends and thematic analysis or sharing of learning across PCNs, localities and CCG can be completed
- Reduces transformational discussion and improvement work

Recommendation

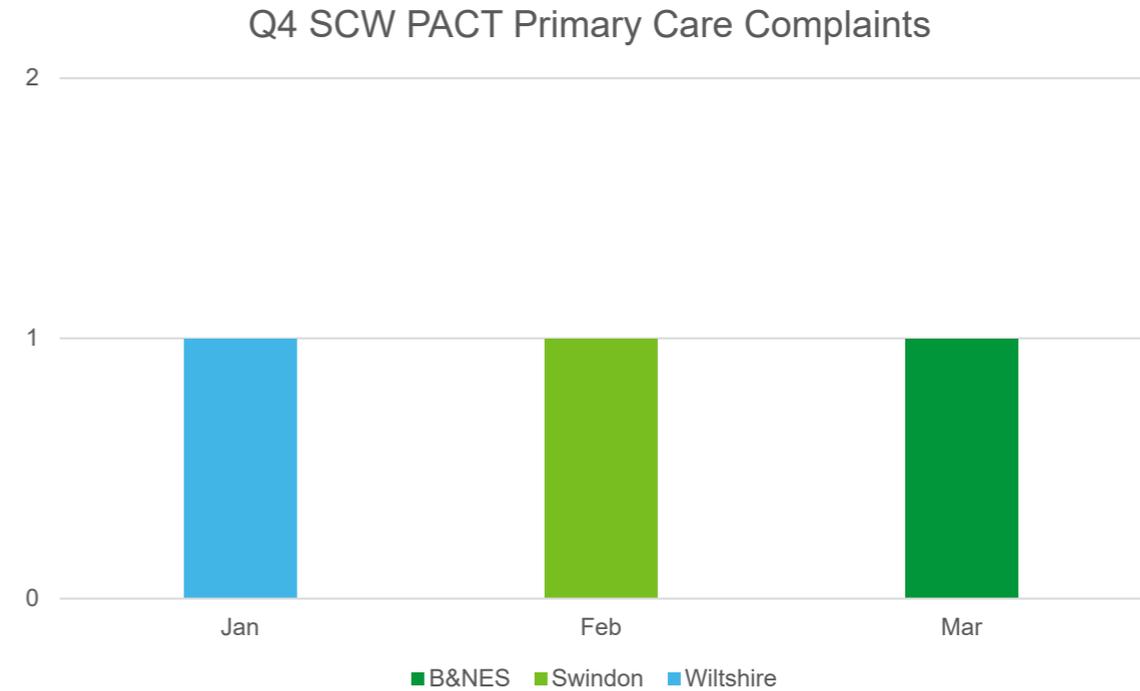
- The BSW Patient Safety and Quality Lead for Primary Care is a member of the Primary Care Patient Safety Discovery Group (PCPSDG). The task and finish group aims to enhance patient safety in primary care by enabling the implementation of The NHS Patient Safety Strategy. With a purpose to review the opportunities for patient safety development within primary care, and to recommend interventions for improvement that can be piloted and/or implemented to underpin the foundations and aims of the NHS Patient Safety Strategy.
- The Quality team has commenced engagement work with the Governing Body GP to scope and explore opportunities to enhance patient safety in primary care, to enable the implementation of The NHS Patient Safety Strategy.

Patient Experience



Patient Experience – SCW PACT Complaints

- During Quarter 4, three complaints have been raised relating to Primary Care
- No themes have been identified



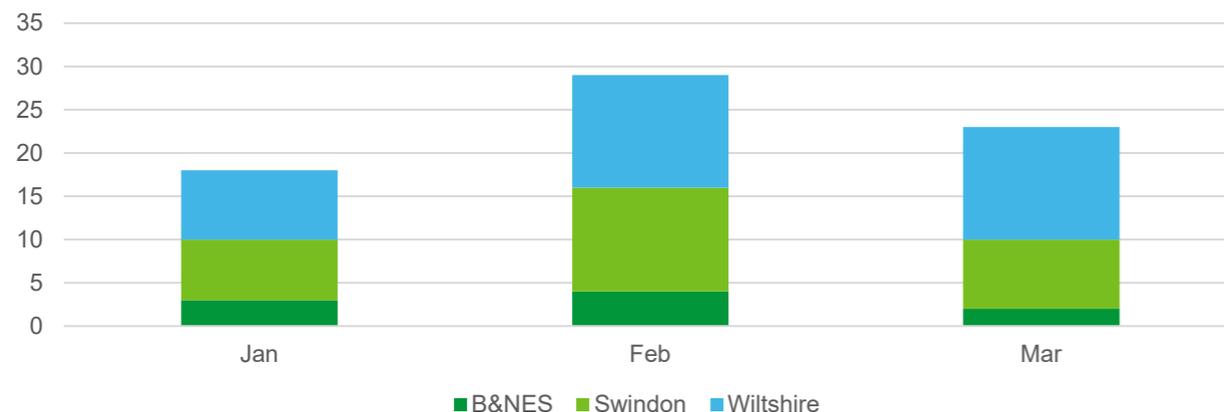
Patient Experience - PALS

- During Quarter 4 SCW PACT PALS received a total of 18 enquiries in January, 29 in February and 23 in March totalling 70 contacts for the quarter.
- The two highest categories for contacts were Access and Waiting, and Communication.

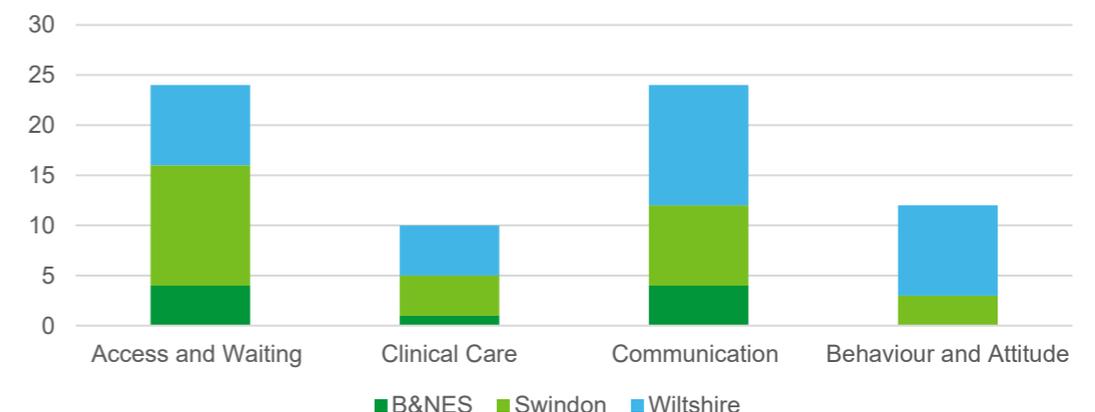
Themes during the quarter include:-

1. 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.
2. Provision for ear wax removal within some GP practices in the Wiltshire locality. This is an emerging theme that will be monitored over the next quarter by the Quality Team.
Outcome: An explanation of the reasons that practices have opted out not to provide the service, both clinical and contractual has been provided and enquirers are signposted to the CCG's commissioned community micro-suction service in secondary care. Patients are also provided with a copy of the policy so they can seek eligibility advice from their GP. Discussions have commenced with Primary Care Commissioning Team to review potential inequity of the service across BSW.
3. Since the roll out of the Covid-19 Vaccination there has been a large number of concerns raised to include the NHS APP, accessing the vaccine including the housebound and communication.
Outcome: PACT has worked with the vaccines and comms team to create a FAQ for the CCG's website, assisted patients in getting to the right place for the vaccine and contacting vaccine centres directly in order to resolve these issues.

Q4 Primary Care PALS Contacts



Quarter 4 PALS Contacts by Category



Patient Experience Theme – Identified Issues

What We Know

- There is limited Patient Experience information including PALs and Complaints, Patient Stories and FFT, to inform the CCG, PCNs and practices.
- Due to current arrangements in place there is a recognised gap in the CCG receiving complaints learning analysis from NHSEI; SCW PACT and in commissioners receiving the trends, and themes of complaints directly submitted to the practice; in order to share learning and support service transformation discussions and plans.

Impact

- Reduced trends and thematic analysis or sharing of learning across PCNs, localities and CCG can be completed
- Reduces transformational discussion and improvement work.
- Limits triangulation of data to provide a richer understanding of key themes and learning and focus of support to better inform the CCG.
- Reduces the central element to the three core quality 'functions' which is open sharing and learning (<https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>)

Recommendation

- The BSW CCG Patient Safety and Quality lead for Primary Care is a member of the South West Complaint Network. This group has been set up in advance of a national decision on delegation of complaints management, to establish a regional network of CCG/ICB Complaints Leads to ensure there is a forum for sharing and informing national thinking, strengthening oversight, governance and learning from complaints and clinical reviews and to broaden opportunities for quality improvement as a result of complaints intelligence.
- Work collaboratively to design and implement system and process to share learning from patient experience information

CQC Update



Care Quality Commission GP Ratings

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

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

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

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

BSW CCG overall ratings:

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

Key:

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

Changes to CQC Ratings across BSW since 14 Apr 2022

The following changes have occurred following CQC inspections.

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

Theme – Identified Issues All practices

Theme

- Long term resilient and sustainable Governance Model
- All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices
- Embedding of systems and processes
- Long term resilient and sustainable model for key areas inc task management; coding; medicines management

Recommendations

- Engagement with training hub.
- Work collaboratively to design and implement a Quality Surveillance Model.
- Practices to continue to be discussed and reviewed at the monthly Primary Care Quality Oversight Assurance Group to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG.

Quality Metrics and ME roll out Update



Quality Metrics Dashboard Development and Roll Out

Update

- The Quality Team has completed initial engagement and scoping work with Primary care analytics, Meds Management, Infection Prevention & Control (IPC), Governing Body GPs and externally with the CQC and other CCGs.
- Presentation delivered at Wiltshire PCOG (27 Feb 2022) and BSW PCOG (3 Mar 2022), agreed a project group be introduced to support development and the roll out of the BSW Primary Care quality metrics.
- The Quality Team is leading development of core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture.
- These metrics will be monitored through discussions at PCCC, BSW Primary Care Quality Oversight Assurance Group and with other key stakeholders.
- This work will also include developing a process to capture and analyse emerging themes and trends to better inform future improvement work.
- Project group established meets monthly to support development and the roll out. Expected initial roll out during quarter 1/2 FY 2022/23.
- The Primary Care Quality metrics dashboard will bring together data from various sources, capturing national, in house and practice data in one single reference point on a Power BI platform to incorporate key quality metrics to better inform the CCG, PCNs and Practices and enable triangulation of data to provide a richer understanding and focus of support.

Next Steps

- Establish practice representation at Task and finish group
- Agree strategic core metric areas; and establish subject matters experts to develop individual metrics that align to core metrics.
- Develop and agree Summary page
- Agree escalation threshold to highlight/identify areas of risk early (RAG rating)
- This work is planned for initial implementation during Q1/Q2 FY 2022/23.

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:

- SystemOne access is being worked through with IT and IG, there is a DPIA in place to be used in the interim to enable the Medical Examiners to work with the pilot GP Practice sites.
- A process has been agreed with the Community Hospitals and this was trialled within April at GWH and has worked well, this process will now be rolled out across all three acute hospitals.
- The letter to the GP Practices has been distributed to GP Practices across BSW – currently no B&NES GPs have been identified as early adopters
- Awaiting the launch of the ME Digital System- on-boarding was expected by end of April
- AWP now active members of the Project group and an outline proposal has been drafted
- Expecting date for ME community roll out to be written in statute- Q1/Q2 2022/23 – This has been now been delayed by 12 months

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.

IPC Update



BSW System MRSA Q1, Q2 & Q3

MRSA

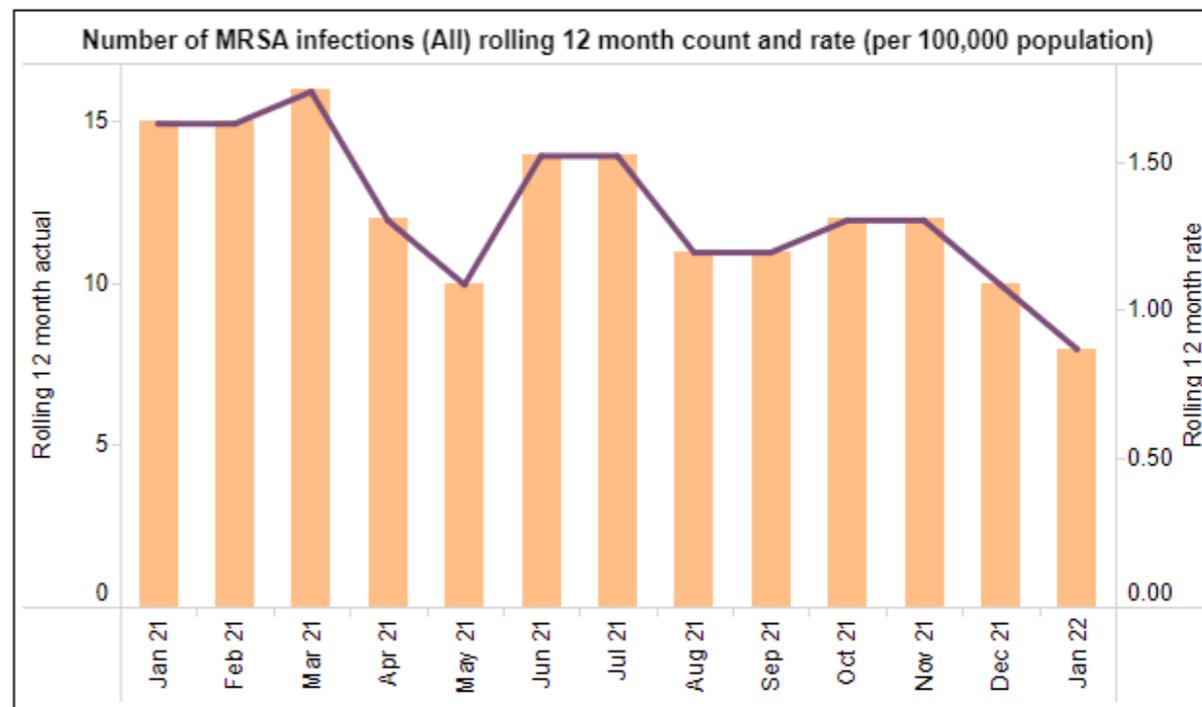
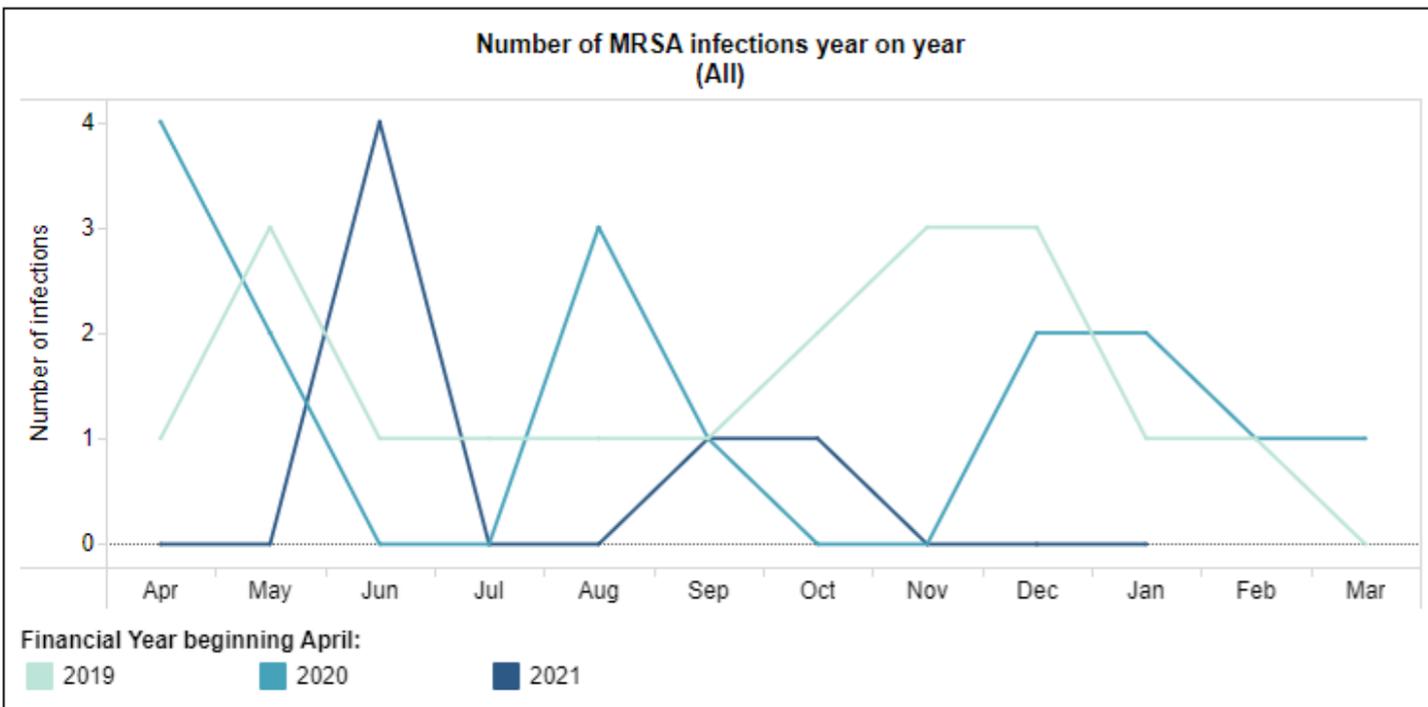
Number of MRSA infections for financial year 2021/22 (All)

Monthly and year to date position

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Actual	0	0	4	0	0	1	1	0	0	0		
MRSA Actual YTD	0	0	4	4	4	5	6	6	6	6		

Number of MRSA infections by month by onset for 2021/22

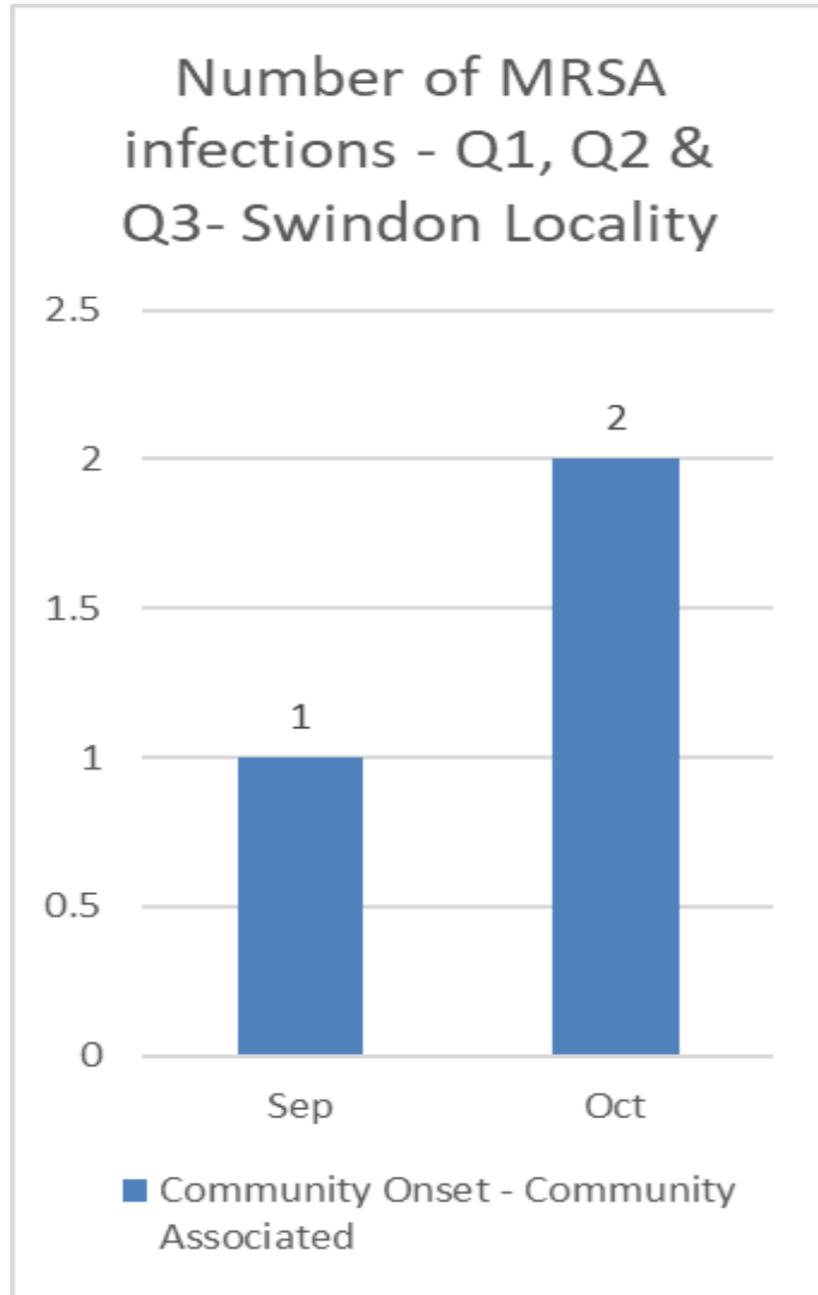
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital onset	0	0	2	0	0	0	0	0	0	0		
Community onset	0	0	2	0	0	1	1	0	0	0		
All	0	0	4	0	0	1	1	0	0	0		



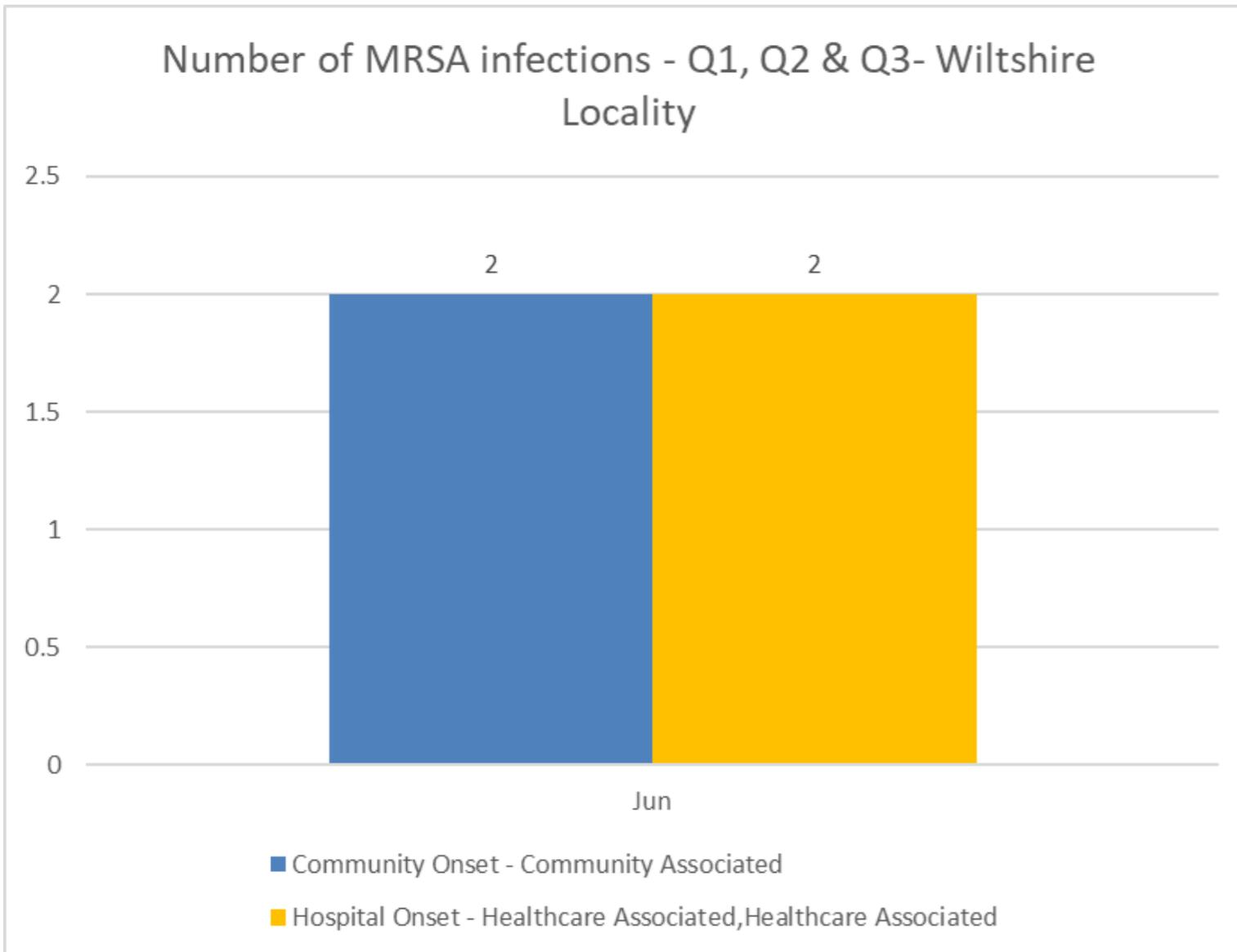
B&NES MRSA incidence Q1,Q2 & Q3

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

Swindon MRSA incidence Q1 ,Q2 & Q3 2021/22



Wiltshire MRSA incidence Q1,Q2&Q3 2021/22



NHS Bath and North East Somerset, Swindon and Wiltshire CCG

BSW System Clostridium Difficile Q3

C. difficile

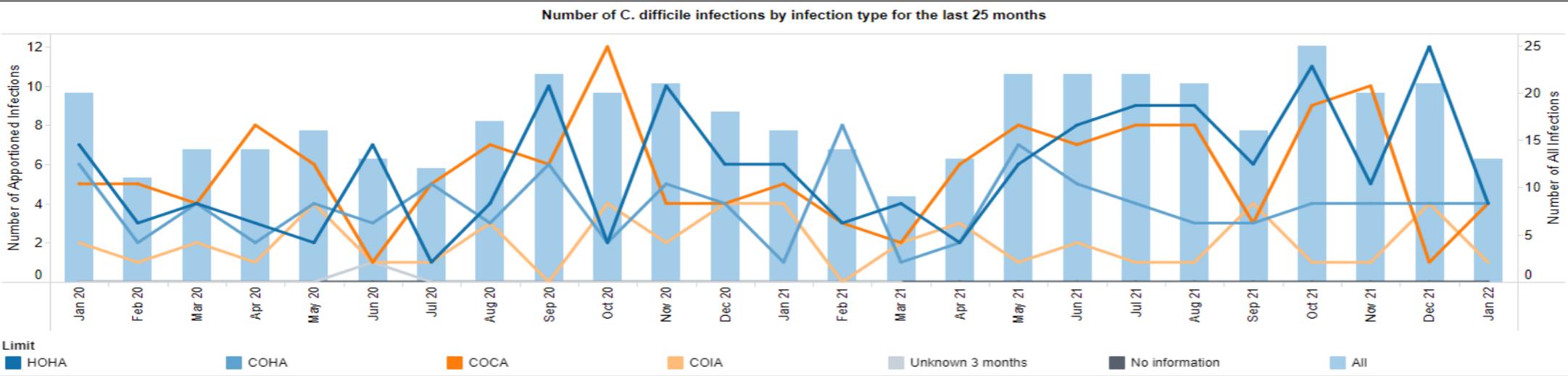
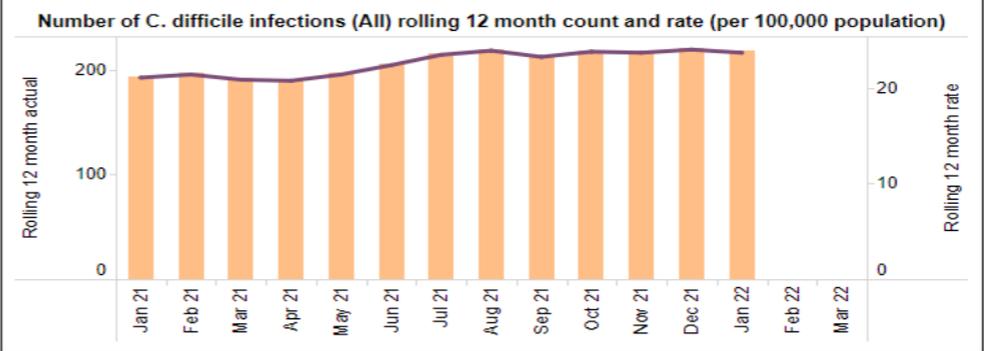
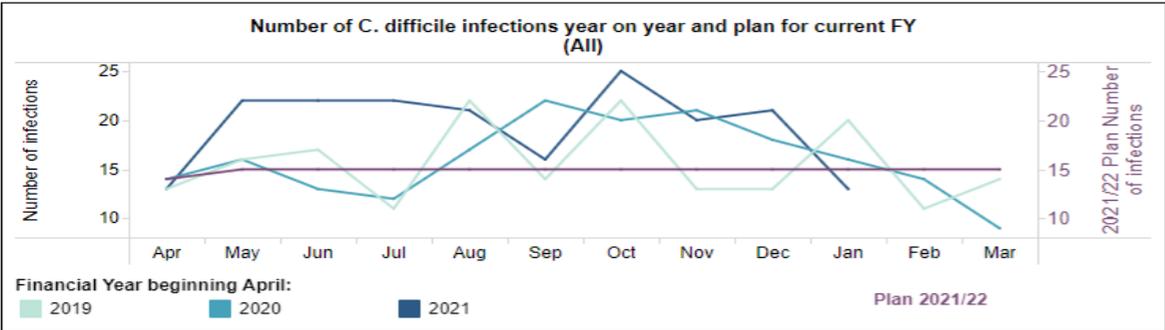
Number of C. difficile infections against plan for financial year 2021/22 (All)

	Monthly position											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C. difficile Actual	13	22	22	22	21	16	25	20	21	13		
C. difficile Plan	14	15	15	15	15	15	15	15	15	15		
C. difficile Actual v Plan	-1	7	7	7	6	1	10	5	6	-2		

	Year to date position									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
C. difficile Actual YTD	13	35	57	79	100	116	141	161	182	195
C. difficile Plan YTD	14	29	44	59	74	89	104	119	134	149
C. difficile Actual v Plan YTD	-1	6	13	20	26	27	37	42	48	46

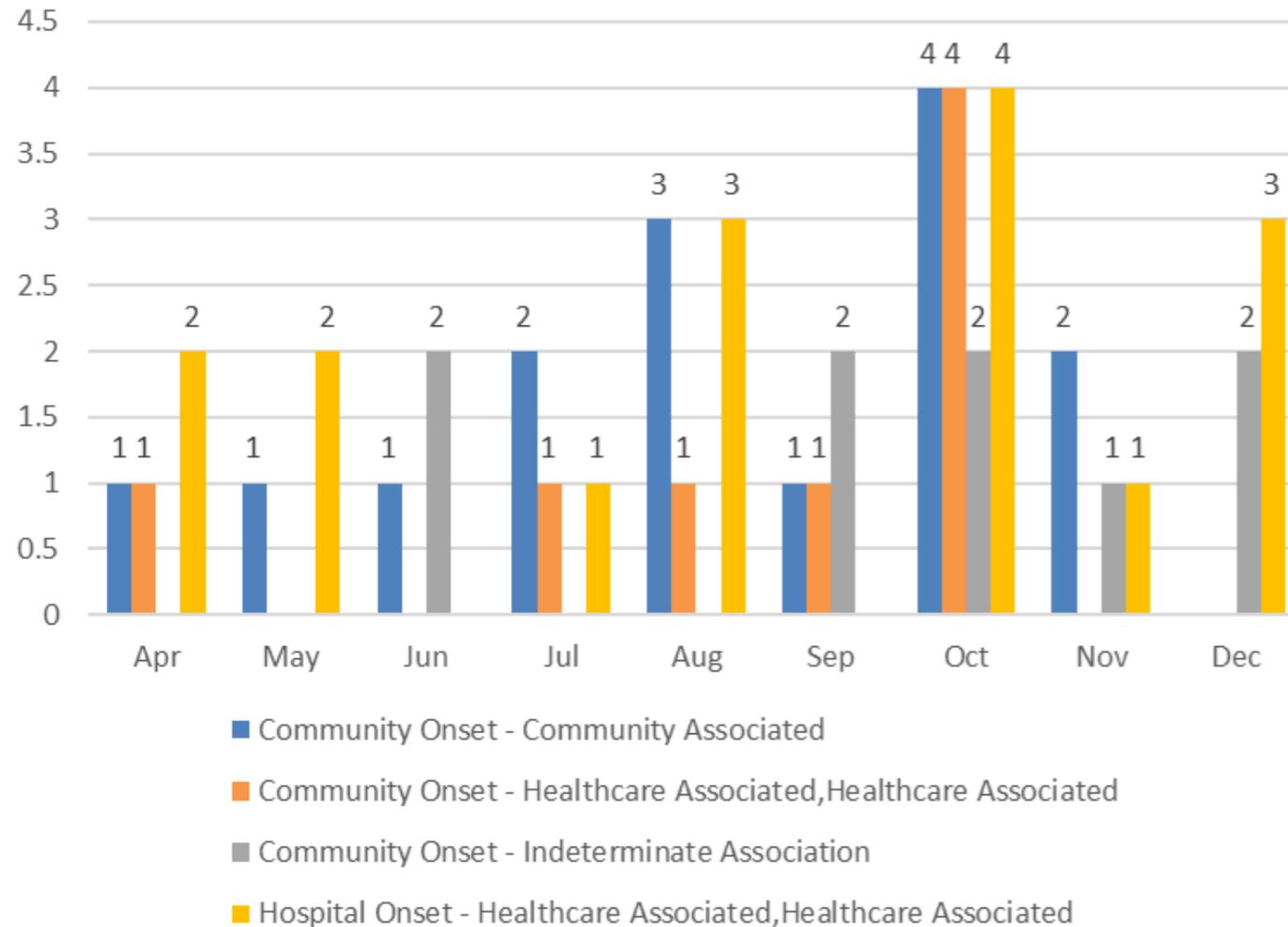
Number of C. difficile infections by month by onset for 2021/22

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	2	6	8	9	9	6	11	5	12	4		
COHA	2	7	5	4	3	3	4	4	4	4		
COIA	3	1	2	1	1	4	1	1	4	1		
COCA	6	8	7	8	8	3	9	10	1	4		
No information	0	0	0	0	0	0	0	0	0	0		
All	13	22	22	22	21	16	25	20	21	13		
Plan	14	15	15	15	15	15	15	15	15	15	15	15
Unknown	0	0	0	0	0	0	0	0	0	0		



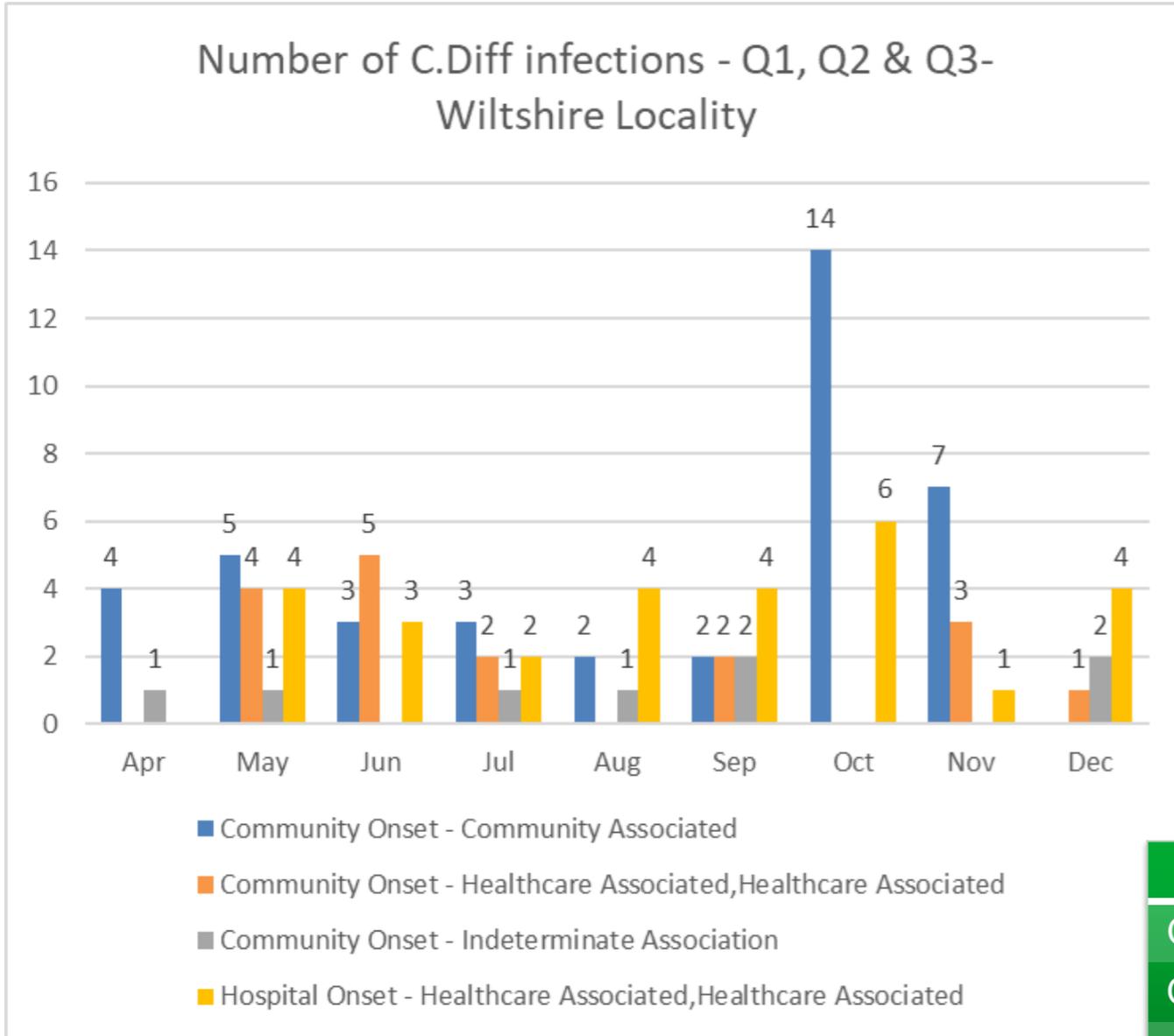
B&NES Incidence of Clostridium difficile Q1, Q2 & Q3 2021/22

Number of c.Diff infections - Q1, Q2 & Q3- B&NES
Locality



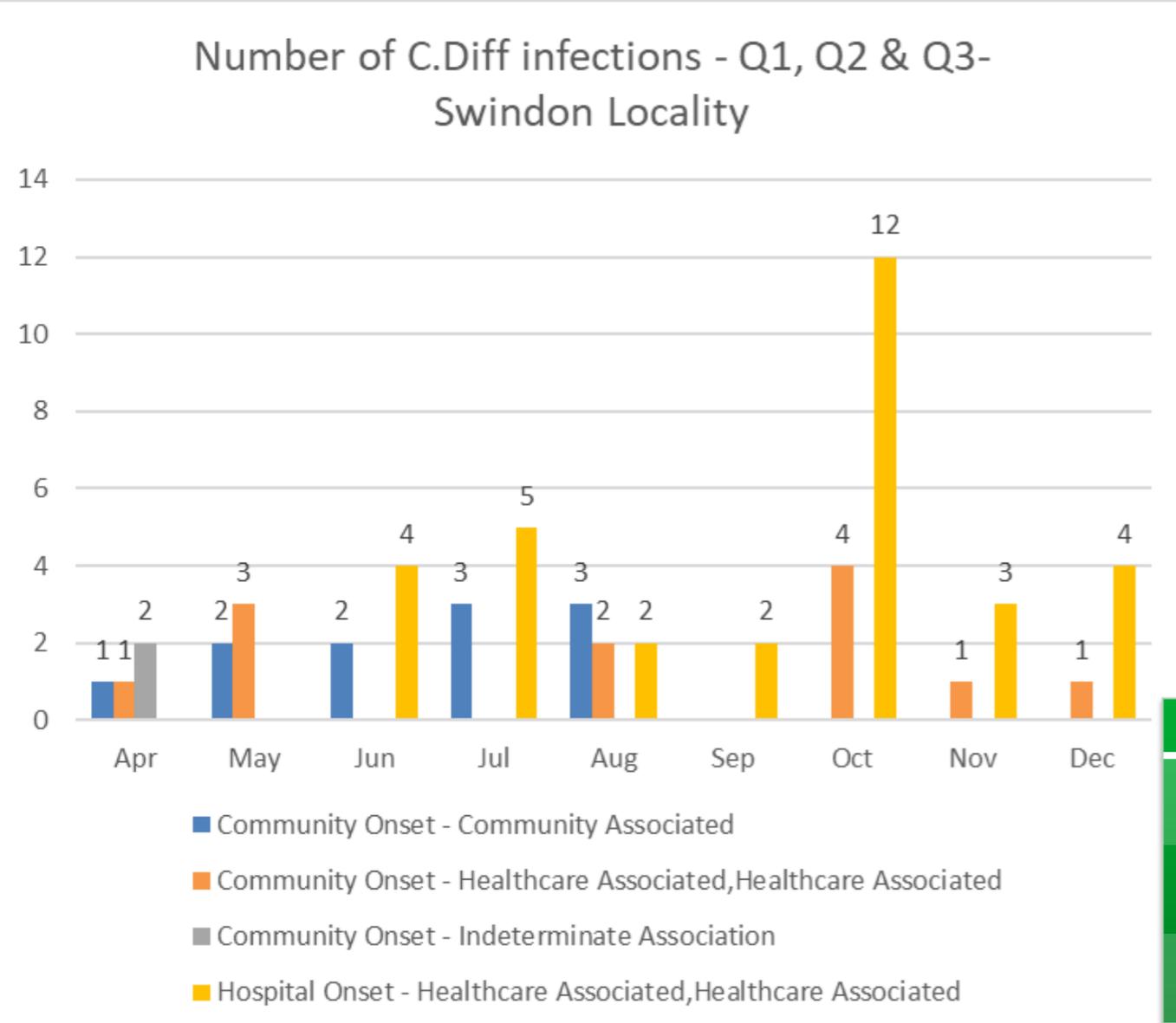
	COCA	COHA	COIA	HOHA
Quarter 1	3	1	2	4
Quarter 2	6	3	2	4
Quarter 3	6	4	5	8

Wiltshire incidence of Clostridium difficile Q1 , Q2 & Q3 2021/22



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

Swindon incidence of Clostridium difficile Q1, Q2 & Q3 2021/22



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

BSW System E-Coli Q3

Gram-negative bacteria: E. coli

Number of E. coli infections against plan for financial year 2021/22 (All)

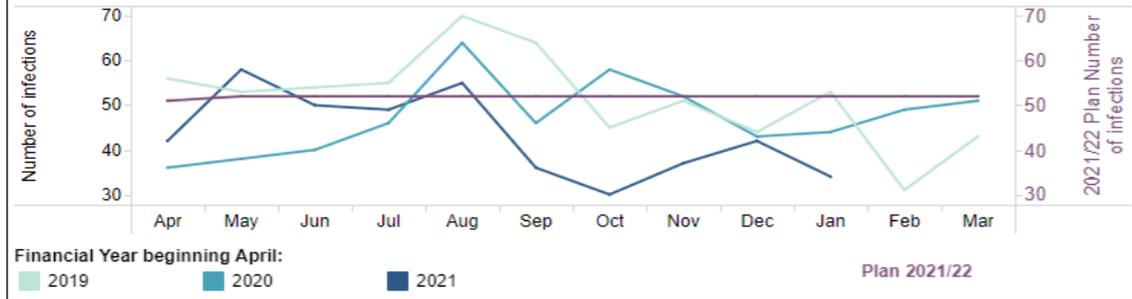
	Monthly position											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E. coli Actual	42	58	50	49	55	36	30	37	42	34		
E. coli Plan	51.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00		
E. coli Actual v Plan	-9.00	6.00	-2.00	-3.00	3.00	-16.00	-22.00	-15.00	-10.00	-18.00		

	Year to date position									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
E. coli Actual YTD	42.0	100.0	150.0	199.0	254.0	290.0	320.0	357.0	399.0	433.0
E. coli Plan YTD	51.0	103.0	155.0	207.0	259.0	311.0	363.0	415.0	467.0	519.0
E. coli Actual v Plan YTD	-9.0	-3.0	-5.0	-8.0	-5.0	-21.0	-43.0	-58.0	-68.0	-86.0

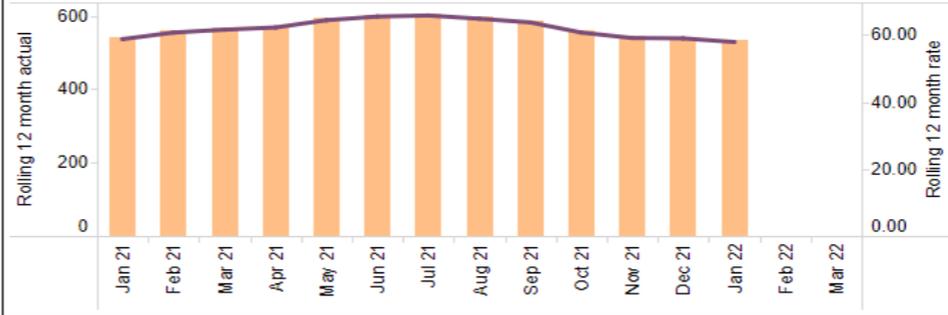
Number of E. coli infections by month by onset for 2021/22

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	9	9	11	7	10	7	5	4	4	13		
COHA	10	6	7	10	8	3	7	9	4	5		
COCA	23	43	32	32	37	26	18	24	34	16		
No information	0	0	0	0	0	0	0	0	0	0		
All	42	58	50	49	55	36	30	37	42	34		
Plan	51	52	52	52	52	52	52	52	52	52	52	52
Unknown	0	0	0	0	0	0	0	0	0	0		

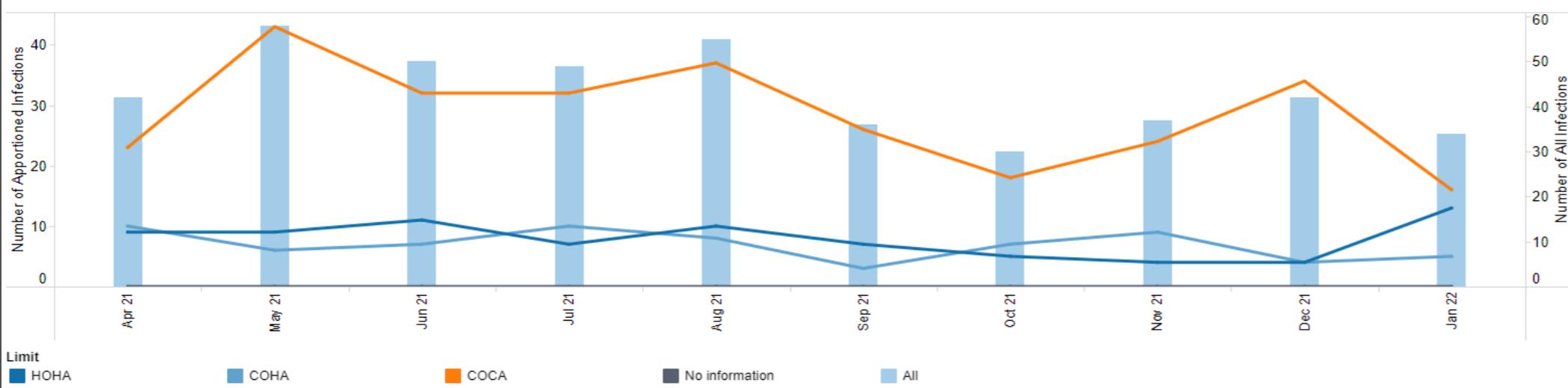
Number of E. coli infections year on year and plan for current FY (All)



Number of E. coli infections (All) rolling 12 month count and rate (per 100,000 population)

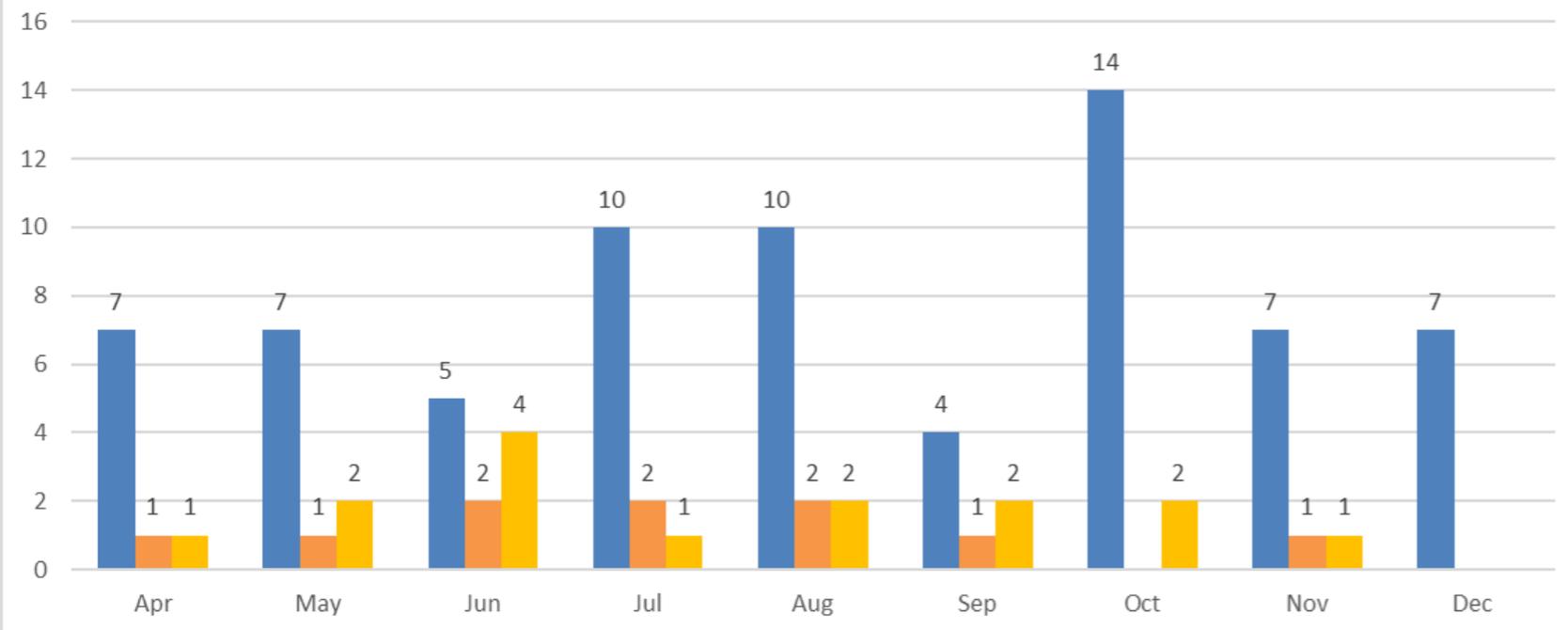


Number of E. coli infections by infection type for 2021/22



B&NES incidence of E-Coli Q1 , Q2 & Q3 2021/22

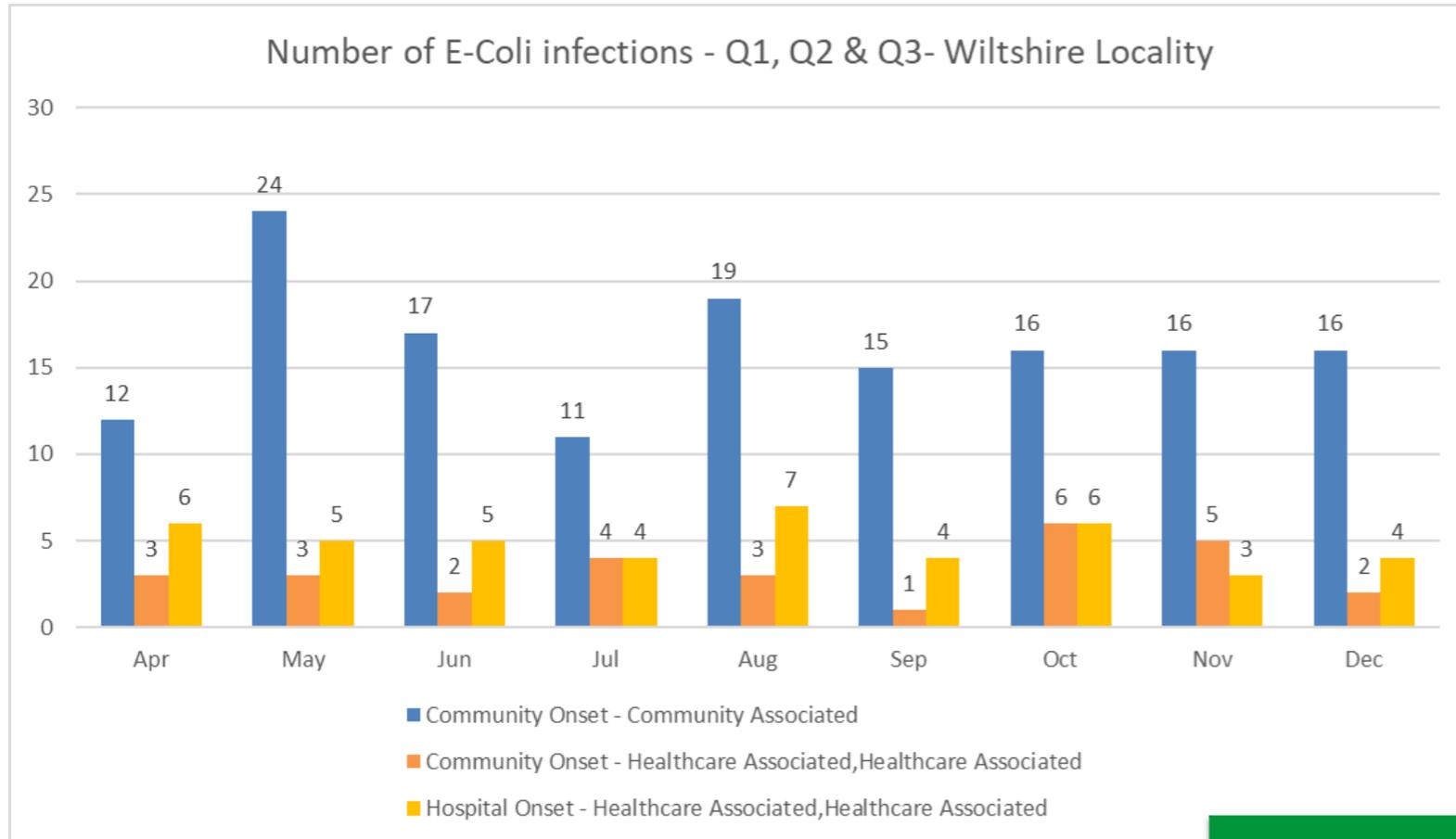
Number of E-Coli infections - Q1, Q2 & Q3- Wiltshire Locality



- Community Onset - Community Associated
- Community Onset - Healthcare Associated, Healthcare Associated
- Hospital Onset - Healthcare Associated, Healthcare Associated

	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

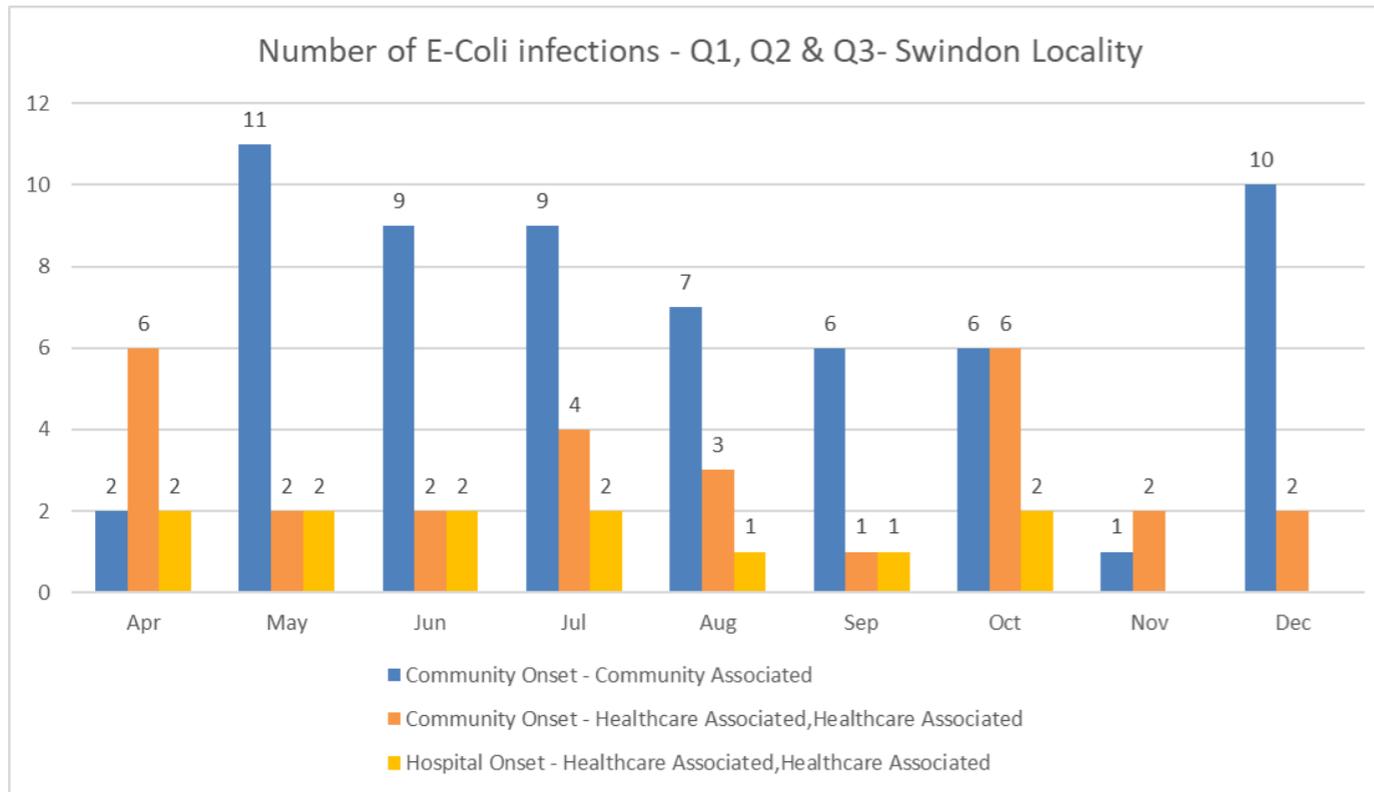
Wiltshire incidence E-Coli Q1, Q2 & Q3 2021/22



NHS Bath and North East Somerset, Swindon and Wiltshire CCG

	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

Swindon Incidence of E-coli Q1, Q2 & Q3 2021/22



	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

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

Flu Season review

What went well?

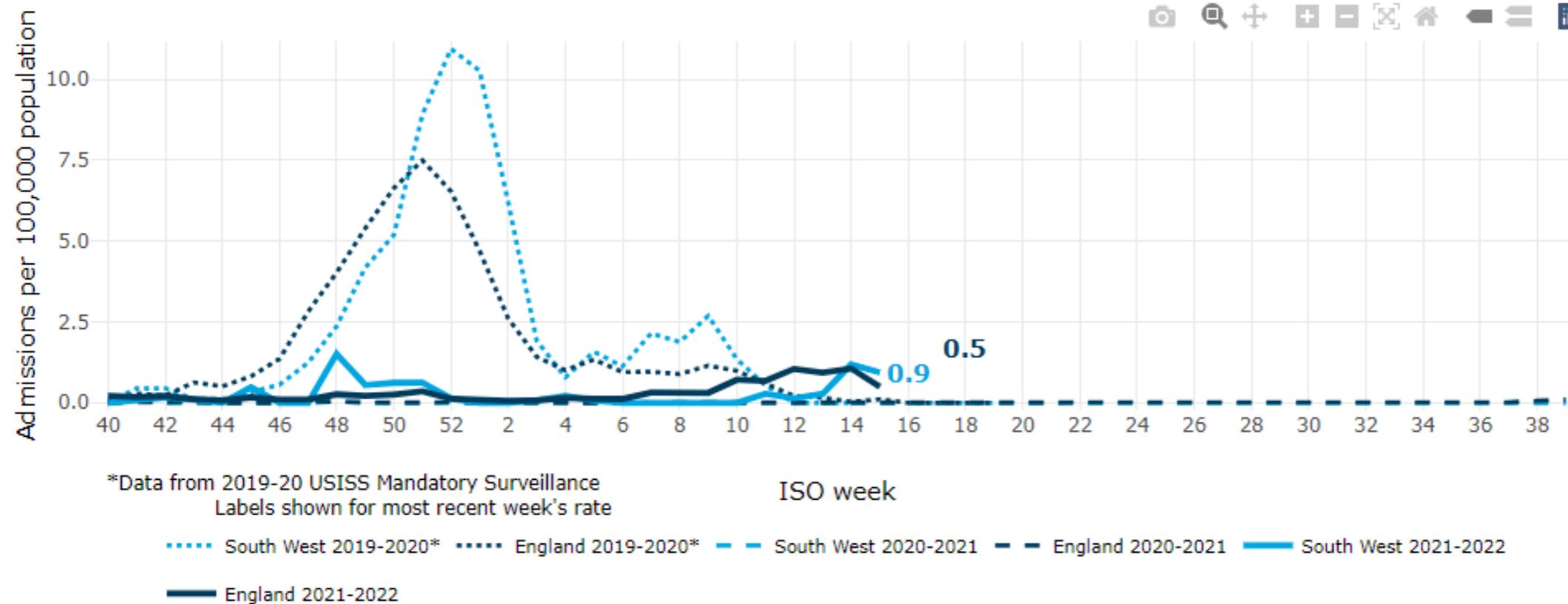
- Collaborative system approach
- Focus on inequalities
- Increased uptake rates in over 65 and under 65 at risk
- Outreach clinic delivery models
- innovative models of delivery within primary care
- Able to deliver alongside Covid vaccinations
- Delivery of flu vaccinations to all long stay inpatients

Areas for improvement

- Further work needed to increase uptake rates in Liver, Renal and Cardiac at-risk groups
- Further work needed to increase uptake rates in pregnant women
- Further work needed to increase uptake rates in 2- & 3-year old's
- Work to increase outreach opportunities for flu vaccinations
- Work in greater partnership with the covid vaccine programme to maximize uptake
- Work on communications related to flu vaccination and strengthen messages

Confirmed flu cases

Figure 3. Hospital admissions with confirmed influenza – SARI Watch (Sentinel Surveillance)



- Flu cases remained low during the 2021/22 season both nationally and regionally
- This is likely to be due to multiple factors
- This is unlikely to be seen for a third season in 2022/23 winter so planning in order to maximise flu vaccination uptake should be a key priority in the coming months

Summary of IPC Next Steps

Priorities for Q1 22/23

- The Quality Team will work to increase flu vaccination rate in at risk groups including in Liver, Renal and Cardiac at-risk groups, pregnant women, and in 2- & 3-year old's cohorts. Work will all continue to increase outreach opportunities for flu vaccinations and scoping will include partnership working with the covid vaccine programme to maximize uptake. Work will also take place on strengthened messages around the flu vaccination programme.

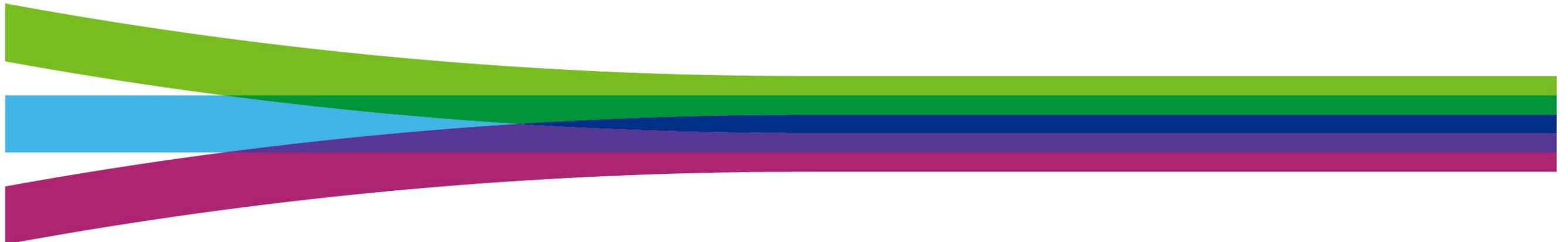
Meeting of the BSW CCG Primary Care Commissioning Committee Report Summary Sheet

Report Title	Finance Report Update						Agenda item	11
Date of meeting	16 June 2022							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	John Ridler, Associate Director of Finance							
Executive summary	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG</p> <p>The financial report detail is at a summary level for the committee with the BSW and locality Primary Care Operational Groups (PCOGs) providing greater scrutiny of the finances in their meetings.</p> <ul style="list-style-type: none"> • The CCG is only currently loading Q1 budgets in line with national guidance – will be a plan of breakeven for Q1 • No Month 1 reporting was required and no funding received • ICB budgets will be loaded once ledgers are operational in July • Revised Budget submission required 20th June – no change to Q1 budget so impacts will be reflected in Q2-Q4. Month 2 position no yet finalised. • Based on initial draft delegated budget requirements against advised allocations the CCG is anticipating a circa £2.2m delegated overspend in 2022/23 that may now need mitigating as part of the deficit plan work • Draft Primary Care SDF allocations have been advised to the CCG but are subject to change following the Fuller Report Stocktake. The CCG is also reviewing all SDF investments following national guidance on managing to breakeven plans. 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to note the contents of the report							

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

BSW Primary Care Commissioning Committee Finance Update

16th June 2022



2022/23 Primary Care Finance

- Only currently loading Q1 budgets in line with national guidance – will be a plan of breakeven for Q1
- No Month 1 reporting was required and no funding received
- ICB budgets will be loaded once ledgers are operational in July
- Revised Budget submission required 20th June – no change to Q1 budget so impacts will be reflected in Q2-Q4. Month 2 position no yet finalised.
- Based on initial draft delegated budget requirements against advised allocations the CCG is anticipating a circa £2.2m delegated overspend in 2022/23 that may now need mitigating as part of the deficit plan work
- Draft Primary Care SDF allocations have been advised to the CCG but are subject to change following the Fuller Report Stocktake. The CCG is also reviewing all SDF investments following national guidance on managing to breakeven plans.

Delegated Primary Care

2022/23 Forecast Delegated Position	Full Year £000	Q1 £000
Delegated Allocation	148,371	37,093
<i>SDF/Core Funding for delegated functions:</i>		
Subject Access Requests	307	77
Weight Management Service	174	44
PCN Leadership and Management	660	165
Additional IIF funding	531	133
Improving Access - H2 (BANES & Wilts)	2,207	
Improving Access - H2 (Swindon) (from Programme allocation)	675	
	4,555	418
Total Delegated Funding	152,926	37,511
Forecast Delegated Spend	155,124	
Variance	2,199	

- Initial 'Delegated Allocation' based on 5 year allocations published 17/07/19 plus...
 - Care Home Premium funding
 - Practice Funding Increase agreed 20/21
 - New QoF Indicators funding
 - IIF Funding
 - PCN core payments (£1.50ph) funding moved from programme to delegated allocations
- There are planned mitigations to be fully identified to bring the delegated to a balanced position
- Some assumptions made on dispensing professional fees from October 2022

Primary Care SDF Schemes 2022/23

- Local GP Retention
- Training Hubs
- Fellowships
- Practice Resilience
- Supporting Mentors
- Improving Access
- Online Consultation Systems
- Transformational Support
- GPIT Infrastructure and Resilience

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Operational Groups Update Report						Agenda item	12
Date of meeting	16 June 2022							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead								
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	None							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality		Wiltshire locality	X
This report was reviewed by	Bath and North East Somerset, Swindon and Wiltshire Primary Care Operational Groups							
Executive summary	This summary report provides an update of the locality PCOG meetings held since the last meeting of the Primary Care Commissioning Committee.							
Recommendation(s)	<ul style="list-style-type: none"> The Committee is asked to note the report. 							
Link to Board Assurance Framework or High-level Risk(s)	BSW 11 Capacity of Primary Care							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X
Key risks	N/A							
Impact on quality	N/A							
Impact on finance	<ul style="list-style-type: none"> 							

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

Primary Care Operational Groups Update Report

1. Executive Summary

- 1.1 This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee. Items covered elsewhere on the agenda are not covered.
- 1.2 There have been one Swindon meeting, held on 10 May 2022 and one BaNES, Swindon and Wiltshire meeting, held on 26 May 2022.

2. Recommendation(s)

- 2.1 The Committee is asked to note the report

3. Agenda Items

- 3.1 Items covered elsewhere on the agenda:
 - Discretionary Funding Guidelines
 - Tadpole Surgery Boundary
 - Quality
 - Finance
 - QOF payments
 - Wilton Health Centre closure to GMS services
 - Patford House premises
 - Harptree temporary list closure
 - Pulteney list closure extension

3.2 Tolsey Premises

A business case for new premises was discussed. Further information on the application of the PCN Toolkit and confirmation of funding availability was requested.

4. Other Options Considered

- 4.1 Detailed within papers where necessary.

5. Resource Implications

- 5.1 None

6. Consultation

- 6.1 None

7. Risk Management

7.1 None

8. Next Steps

8.1 None

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X

Public and Patient Engagement	Applicable		Not applicable	X

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 Major 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 21	Capacity and Capability	Moderate	Demands on Primary Care / GP Practices	03-Dec-19	Jo Culkin, Director of Primary Care	Tracy Strachan, Deputy Director of Primary Care	09-08-2022	4	Treat	Increased demands on GP practices with impact on the ability to maintain clinical safety service standards. Evidence of report primary care activity impacted by different ways of working and modes of appointment (face and face to face) and increasing demand for patient contact. Ensuring sufficient capacity and capability in general practice to manage demand and deliver new operating model. Continued Operating Model in line with updated national ISPC guidance for primary care and help of 18 GP Practices across BSW. Request surface decontamination, ventilation and other measures where appropriate. Face-to-face consultations can now go ahead where this is safe for patients and staff, whilst recognising that telephone and video consultations continue to have an important role. The decision about when to see patients face to face or through video consultation is for local clinical leaders based on a number of factors, including patient needs and preferences. Configuration of premises, local capacity and the ability to ventilate spaces. Since 14/12/20, delivery of PCN designated sites for Covid Vaccination programme through priority groups - under national Enhanced Service. 100% sign up across BSW. 22 PCN opened in Phase 3 for Covid Vaccination Support programme. Additional to programme committed to 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 do what it does best and therefore contracted to providing flexibility and resources to enable practices to deliver the most appropriate care - continued for full year 2022/23. National release of improving access for patients and supporting GP services (14.10.21) intended to increase ability for patients to access primary care services. Local focus is on working across the GP Practices PCN and local systems to use this fund to best support primary care in the difficult months ahead in addition to specific initiatives. 17% of 11 AM committed in Aug and increased since then: this represents 1916 WTE roles as end Q2 with provision for 22773 by Q4). Primary Care Operational Groups receive monthly reports of operational issues within practices and reports to Primary Care Commissioning Committee. Primary Care Opt 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 work. Help risk practices to 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. Personnel work in developing surge planning across primary care with daily reporting into SHREWD and Local PCN surge plans. Developing suite of documents and support - IT/digital, communication materials, sharing with system partners (including community services, community pharmacy). Implementing Commissioning 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) and implementation of dashboard 2. Submission of BSW Improving Access plan for NHSE, and £4.5m funding approved for Winter Access 3. Additional sites being monitored and reported through NHSE, examinations. Progress for use of underground parking 21/22 to bring forward recruitment into Q4 from 2023 4. Launch of GP Flexible Pool 5. GP retention programme for BSW being further developed through training hubs and other schemes for recruitment, supervision and CPD for existing and new roles. 6. Reporting weekly on demand and mode of appointment - developing method locally and across BSW to understand more about reasons for consultation and outcome (not just numbers) to understand alternative solutions. 7. Work to list submission to the daily system status tool and RSV case monitoring 8. Mobilisation of population analytics and risk stratification tool for practices. 9. Work with Primary Care Networks to develop quantitative assessment of demand on primary care, taking into account learning from Covid. 10. Work with Communications Team to manage patient demands and expectations and launch change of services. 11. Work closely with PCNs to support delivery of vaccination programme (such as additional workforce support for additional non NHS premises) to allow increased return to restoration of usual business and backlog whilst meeting new demand for vaccinations 12. Focus on work in developing surge planning across primary care with daily reporting into SHREWD and Local PCN surge plans.	1. Ongoing discussions and implementation of dashboard 2. PCN team and Training Hub 3. Di. Wash and Training Hub 4. Will report progress through POCO 5. Ongoing - will report monthly to POCO and weekly to POCO and POCO on successful mobilisation 6. Will report to POCO and POCO on successful mobilisation 7. Ongoing - some reporting but working to complete full coverage 8. Ongoing 9. Ongoing 10. Ongoing 11. Ongoing	1. Jo Culkin and PC team 2. Jo Culkin and PC team 3. PC team and Training Hub 4. Di. Wash and Training Hub 5. Di. Wash and Training Hub 6. Analytic team 7. Upper Care Team 8. Analytic team 9. Jo Culkin, PC Team and Quality team 10. Tamsin May 11. Jo Culkin	The BSW Practice appointment data monitors the number of appointments and the mode in which they were conducted (face to face or phone). BSW group working with NHS SW to develop understanding of reasons driving demand to review alternative solutions and support for further potential surge. Reporting on the Covid Vaccination programme separately. Primary Care Buffer model to weekly from 1st April 22. 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 services, community pharmacy). Focus from April 22 - needs of our population 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 - wider Long Term Plan prevention agenda Reporting to COVID, including COVID vaccinations, continues to be an important subset of activity but on a smaller scale than in 2021/22	Potentially Off Target	*****	4	12	
BSW 13	Capacity and Capability	Moderate	Primary Care Workforce	04-Dec-19	Jo Culkin, Director of Primary Care	Di. Wash Head of People Programme & CCG Health & Wellbeing Lead and Programme Lead BSW Training Hub	09-08-2022	4	Treat	The workforce age profile over the next five years indicates a number of GPs, practice managers 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 practitioners are looking to retire early. Adverse impact of the national temporary Access Plan with implications for GPs, such as reporting earnings. BMA rejected 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 on by the BSW team on a quarterly basis. 2) Explore workforce planning systems 3) Work with the BSW Strategic Recruitment, Retention and Supply Group on a 5yr project looking at ways to retain those reaching retirement age. 4) Continue to support the ARRS scheme in Primary Care to manage the workload and prevent early retirements attributed to contract. 5) Increased emphasis on supply of primary care staff through active recruitment strategies, primary care placements, apprenticeships and Return to Practice courses 6) Launch of Flexible Pool - week commencing 25th October 2021 with facilitation and support to work with all Practices to make the best use of this service.	Ongoing development of plans	Di. Wash (CCO) BSW Training Hub	1) CCG Workforce lead assigned for BSW with overall CCG plan and dual strategy completed (Primary Care included) Production of CCG data produced by the CCG Lead. Production of Primary Care (only) data by the BSW team and shared with various groups/committees. 2) CCG Workforce analysis across CCG and topologies considered as part of operational plan submissions. 3) CCG Lead chairs a meeting of Workforce Planners from across the CCG system (Primary Care representatives). Commissioning Alliance help lead submitted - one GP vacated in to to BAHEIS from Devon scheme, new prospectus updated for future recruitment needs. 4) Membership of the RRS5 group representing Primary Care and joining with any appropriate individuals to aid retention. GP Retention offer which can provide a portfolio career as part of flexible retention. Regular meetings in place with Training Hub regarding current future workforce needs. Longer term planning requiring further support from NHSE / HEE. Local funding to support having networks (CPN) and GP innovators, along with GP Chambers model. 5) Local facilitation to support workforce / previous cluster visions and values. PCN BSW Clinical Director meetings, PCN engagement and development of BSW support offer continues. Training Hub has a lead for each professional group, offering advice and guidance, learning opportunities in line with career pathways and peer supervision. 6) increasing use of social media to promote primary care recruitment, nurse fellows in place within the Training Hub supporting the message of Primary Care being an attractive place to work. Active recruitment process in place for a Clinical Placement Education Hub to support placement experience. Nurse Lead supports Return to Practice placements, and further support events to attract home/Physician Associates into primary care are planned. Have generated nearly 5000 training supply for vacancies for 2022 and 2023. Apprenticeships lead in place and strong connections with the BSW ICE Academy and wider apprenticeships group. Apprenticeships have commenced in Primary Care and have 0 team levy from the wider system. 7) Flexible Pool has launched and 50% of practices have signed by. The project has support for 2 years for promotion and expansion of the variety of roles within Primary Care.	Potentially Off Target	*****	4	3	12

Last Updated: 06/06/2022