NHS Wolverhampton Clinical Commissioning Group | NHS Sandwell and West Birmingham Clinical Commissioning Group | NHS Walsall Clinical Commissioning Group | NHS Dudley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

PUBLIC/ MEETING

Tuesday 23rd FEBRUARY 2021
09:00 – 12:00
MEETING HELD VIRTUALLY

This meeting will be held in public and will be recorded purely as an aide memoir for the minute taker to ensure an accurate transcript of the meeting, decisions and actions. The recording will be destroyed once the minutes have been formally approved. All care is taken to maintain your privacy; however, as a visitor in the public gallery, your presence may be recorded. Should you contribute to the meeting during questions from the public, this will be interpreted as your agreement to you being recorded for the purposes as set out above.

A G E N D A

Time	No	Agenda Item	CCG decision	Attachment	Presented By	Decision/ Assurance/ Information
09:00	**1.0**	**Apologies**			Chair	
09:00	**2.0**	**Declarations of Interest** To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item.				
09:00	**3.0**	Minutes of meetings held on Tuesday 15 December 2020	**CCGs**	**Enclosed**	Chair	Decision
09:05	**4.0**	Matters Arising/Action Log	**CCGs**	**Enclosed**	Chair	Decision
		Contractual				
09:10	**5.0**	Restoration and Recovery • 'Freeing up practices to support Covid vaccination' NHSE letter - 7.1.21 • Supporting General Practice 2021-2022 • Freeing up practices to support Covid vaccination' NHSE & I letter – 3.2.21	CCGs	**Enclosed**	Mrs G Shelly	For information
09:15	**6.0**	Vaccine Programme update	**CCGs**	**Enclosed**	Mrs S Southall	Assurance
09:25	**7.0**	Practice request Change of PCN	**Wolverhampton CCG**	**Enclosed**	Mrs G Shelly	Decision
09:30	**8.0**	Application to merge The Slieve Surgery and Holly Road Medical Practice	**SWB**	**Enclosed**	Mrs J McGrandles	Decision
09:40	**9.0**	Application to close Raydocs - Newtown Medical Centre's Aston Pride branch site	**SWB**	**Enclosed**	Mrs J McGrandles	Decision
09:50	**10.0**	Extension of Phlebotomy Local improvement Scheme	**SWB**	**Enclosed**	Mrs J McGrandles	Decision

10:00	**11.0**	Online and Video Consultation	**CCGs**	**Enclosed**	Mrs C Evans	Assurance
10:10	**12.0**	Primary Care Frameworks and Local Incentive Schemes for 21/22	**CCGs**	**Enclosed**	Mrs C Evans	Decision
		Assurance				
10:30	**13.0**	Digital	**CCGs**	**Enclosed**	Mr M Hastings	Assurance
10:45	**14.0**	Finance	**CCGs**	**Enclosed**	Finance Leads	Assurance
11:00	**15.0**	Quality & Safety Report	**CCGs**	**Enclosed**	Mrs S Quinton	Assurance
11:15	**16.0**	Training Hub Report	**CCGs**	**Enclosed**	Mrs S Southall	Assurance
11:25	**17.0**	Primary Care Operational Group Report	**CCGs**	**Enclosed**	Primary Care Contracting Leads	Assurance
11:40	**18.0**	Estates Report	**CCGs**	**Enclosed**	Estates Team	Assurance
11:50	**19.0**	Risk register	**CCGs**	**Enclosed**	Mr P McKenzie	Decision
		Exclusion of the Press and Public That under the Public Bodies (Admission to Meetings) Act 1960, the public and representatives of the press and broadcast media be excluded from the meeting during the consideration of the following items of business as publicity would be prejudicial to the public interest because of the confidential nature of the business to be transacted.				
		Date and Time of Next Meeting • Tbc Please note venue details are to be confirmed				

Primary Care Commissioning Committee's held in common
Register of Interests

Name	Position	CCG	Interest Declared & Nature	Type of interest
Alan Johnson	Secondary Care Consultant	Dudley CCG	Daughter works at Worcester Acute Hospitals	Indirect
Andrew Lawley	Head of Premises and Capital Development	SWB CCG	None	N/A
Andy Cave	Healthwatch Birmingham	SWB CCG	None	N/A
Anna Nicholls	Interim Deputy Head of Commissioning (Primary Care)	External (NHS England)	Employed by NHS England	Financial
Bal Dhami	NHS England	SWB CCG	None	N/A
Carla Evans	Head of Primary Care	SWB CCG	Regis Medical Centre Patient of Regis Medical Centre	Personal
			Linkway Medical Practice Aunt is Deputy Practice Manager	Personal
Carly Sheldon	Primary Care Finance Lead	SWB CCG	South Warwickshire CCG Husband is CFO at south Warwickshire CCG	Personal
			Patient of Your Health Partnership	Personal
Carol Marston	Primary Care Commissioning Manager	Walsall CCG	None	N/A
Christopher Handy	Lay member, Vice Chair	Dudley CCG	Chief Executive, Accord Group	Financial Interest
			Visiting Professor at Birmingham City University	Non-Financial Professional Interest
			Board Member of: - Black Country LEP Board - Redditch Co-operative Homes - Black Country Consortium - Walsall Housing Regeneration Agency - Direct Health - Eurohnet - Trident Housing andCare	Non-Financial Professional Interest
David Hughes	Deputy Chief Officer - Finance	SWB CCG	Partner is Employee at SWB CCG - Head of Contracts	Indirect
David Pitches	Public Health Representative	Dudley CCG	Church organist fees received for giving recitals or playing for services	Non-Financial Professional Interest
			Primary Care Commissioning Committee Member at Dudley CCG Consultant in Public Health Medicine, Dudley MBC	Non-Financial Personal Interest
			Wife is a Consultant Obstetrician at University Hospitals Birmingham Wife is a Consultant Obstetrician at Birmingham Women's Hospital Occasionally	Non-Financial Professional Interest
David Stenson	Patient Opportunity Panel Representative	Dudley CCG	Volunteer, Healthwatch Dudley	Professional
			Non-Executive Director, Black Country Healthcare NHS Foundation Trust	Financial
Dr Ayaz Ahmed	Governing Body GP	SWB CCG	Village Medical Centre Sole GP Partner	Financial
			Malling Health Urgent Care Centre (Russells Hall Hospital) Two GP Session Per Week	Financial
			Faculty of Forensic and Legal Medicine Member	Professional
			Sandwell Health Partnership Federation GP Shareholder	Financial
			Jubilee Health Centre GP Partner with Dr Bhadauria	Financial
			Jubilee Health Centre GP Partner with Dr Bhamik	Financial
Dr David MacKenzie Bush	Governing Body – Locality Lead	Wolverhampton CCG	GP Owner/Contractor, Penn Surgery	Financial Interest

			Medical Referee, City of Wolverhampton Council (employee)	Financial
			Owner and Managing Director, DMB Consultancy LTD, provider of occupational medicine services to various commercial clients, including City of Wolverhampton Council	Financial
Dr Harinder Baggri	CCG Clinical Executive in Primary Care	Walsall CCG	GP Partner, Kingfisher Berkley	Financial
			GP Partner, Walsall Modality has entered into long term partnership with Push Doctor	Financial
			Walsall Modality GP Partner	Financial
			Partner Dr Jaspreet Baggri is a salaried GP at Kingfisher Berkley Practice	Indirect
Dr Karlis Armands Grindulis	Secondary Care Consultant	SWB CCG	Orchard School Oldbury Spouse is Chair of Governors	Personal
			The Feeding Clinic CIC Wife is director	Personal
			Son-in-law is a GP who undertakes sessional work for Babylon - GP at hand	Personal
Dr Mohammad Asghar	Governing Body GP	Wolverhampton CCG	GP and Director Health and Beyond Ltd.	Financial
Dr Priyanand Hallan	Governing Body GP Member	SWB CCG	Scott Arms Medical Centre involved in a new primary care development Scott Arms Medical Centre that is under development.	Financial
			Practice Development LTD director of Practice Development LTD which provides non-GMS medical services and Aesthetic medicine	Financial
			Providers 4 Health PCN Member	Financial
			Great Barr PCN Member	Financial
			Parkhouse Surgery Partner at Parkhouse Surgery, providing GMS services	Financial
Dr Salma Reehana	Chair of the Governing Body	Wolverhampton CCG	Member of BMA Fellow of RCGP Member of MDU Member of FSRH	Financial
			Mr Manjt Jhooty, Director of Health & Beyond is Governing Body Lay Member for Audit and Governance at Walsall CCG	Indirect Personal
			Practice is part of Primary Care Home 2 and partners have lead roles in the organisation	Indirect
			Some of my partners within Health & Beyond are also part of WDL which manages Showell Park and AMPS Practice. I have no links directly with Showell Park.	Non-Financial Interests
			Board Member - Accord Housing Group	Financial
			Director - Matrix Global Holdings LLtd.	Financial
Dr Sarbjit Basi	Director of Primary Care	Black Country and West Birmingham CCG's	KPMG - Previous employee (Primary Care Lead)	Personal
			I was employed by the Modality Partnership in West Birmingham from December 2012 – March 2014 and was a partner between April 2014 – February 2018. I resigned from the partnership in February 2018	Personal
Dr Tim Horsburgh	Clinical Executive for Primary Care & LMC Representative	Dudley CCG	Clinical Executive for Primary Care	Non-Financial Professional
			Clinical Lead for SWITCH	Non-Financial Professional
			Clinical Lead GP MCP	Non-Financial Professional
			Designated Medical Officer Dudley CCG	Non-Financial Professional
			Secretary for Dudley LMC	Non-Financial Professional

			Salaried GP - Waterfront surgery	Non-Financial Professional
Dr Uzma Ahmad	Walsall LMC Representative	External	Member of BMA	Professional
			Member of RCGP	Professional
			Named GP is the principle GP who provides GMS and Enhanced Services	Financial
			Named GP is a shareholder of Walsall Alliance Federation	Financial
			LMC Member	Professional
			Medical Advisor for NHSE, PLDP	Financial
Helen Mosley	Lay Member	Dudley CCG	Voluntary Director, Wyre Community Land Trust	Non-Financial Personal
Jackie Bryan	Senior Commissioning Manager	Walsall CCG	None	N/A
James Green	Chief Financial Officer	Black Country and West Birmingham CCG's	Small shareholding in Oxford Biomedica PLC	Financial
			Registered patient at The Northway Medical Centre (Dudley CCG)	Non- Financial Personal
James Smith	Head of Financial Management - Corporate and financial planning	Dudley CCG	Wife is employed by DMBC in the Place Accountancy Department	Indirect Interest
Jane McGrandles	Head of Primary Care Contracts	SWB CCG	None	N/A
Janette Rawlinson	Lay Member	SWB CCG	Just Real Solutions Principal Consultant	Financial
			SCVO (sandwell council for Voluntary Organisations) and BVSC (Birmingham Voluntary Service Council) Clients of Just Real Solutions - Consultancy Work	Financial
			CRUK (Cancer Research UK) Stratified Medicine Programme Board Lay Governance Member	Financial
			NCRAS Clinical Reference Group (National Cancer Registration and Anaylsis Service) Member of RICCR working group- (Review of Informed consent cancer registry)	Financial
			Macmillan User Reference Group Member – Horizons Survivorship Study	Financial
			British Thoracic Oncology Group Advocate at conferences, clinical trials, annual meetings and Steering Group Member(Apr 2017)	Professional
			Society of Cardiothoracic Surgery Patient Advocate	Professional
			NHS England Member of Clinical Expert Group (lung cancer) and LC Screening Advisory Group	Professional
			European Respiratory Society Speaker at annual congress on lung screening, member of screening group	Financial
			University of Birmingham PPI Member for medical school, speaker at UG Genomics session	Financial
			EORTC - European Organisation for Research and Treatment of Cancer Speaker at 3rd international survivorship summit and Patient Days Workshop	Professional
			Takeda Speaker at industry workshop	Financial
			ECCO - European Cancer Organisation Speaker at resolution passing summit, Vienna	Financial
			European Lung Foundation Member of Patient Advisory Group (lung cancer) and cross patient advisory group	Financial

			Roy Castle Lung Cancer Foundation Advocate / Fundraiser, member of patient literature review panel	Professional
			Grant Thornton Atend Non-Exec directors trainer sessions	Professional
			WM Cancer Alliance Lung Cancer and Mesothelioma Expert Advisory Group and PPI group	Professional
			NCRI Lung Group - Advanced disease Subgroup Member of Lung Group	Professional
			University of Birmingham - Member of ICRB group	Financial
			EORTC - European Organisation for Research and Treatment of Cancer - member of Patient panel	Financial
			UCL CTC - member of EARL clinical trial TMG (March 2019) and PPI group (Nov 2019)	Financial
Jaspreet Mander	CCG Employee	SWB CCG	Modality's Handsworth Wood Medical Practice Patient	Personal
Jayne Emery	Chief Officer of Dudley Healthwatch	External	Employee of Dudley CVS which holds contracts funded by Dudley CCG	Financial
Jayne Salter-Scott	Head of Communications and Engagement	SWB CCG	Agewell CiC (Non paid capacity) Director	Personal
			NHS Bank Staff as a Covid Support Worker Daughter	Personal
Jim Oatridge OBE	Interim Deputy Governing Body Chair	Wolverhampton CCG	Utility Regulator, Belfast – Independent Chair of the Audit Committee and Freedom of Information Appeal person.	Financial Interest
			WRAP, Banbury – Trustee and Chair of Audit Committee of the Charity	Non-Financial
			GPS Solihull, a large GP partnership in Solihull providing largely NHS primary care services. Position of independent board member and chair of remuneration committee.	Financial Interest
			University of Wolverhampton, Board member and Chair of Audit and Risk Committee.	Non-Financial Professional
			Fellow, Chartered Institute of Public Finance and Accountancy, London.	Non-Financial Professional
			Fellow, Chartered Institution of Water and Environmental Management, London.	Non-Financial Professional
			Chartered Member, Society for the Environment, London	Non-Financial Professional
			Chartered Member, Chartered Institute of Public Relations, London	Non-Financial Professional
			Member, Water Conservators Livery Company, London.	Non-Financial Professional
			Freeman, City of London Corporation	Non-Financial Professional
			CIWM, Northampton – Independent Chair of the Audit and Risk Committee.	Financial Interest
John Taylor	Chair - Healthwatch Sandwell	External	Director John Taylor Consultancy	Financial
			Trustee, Heart of England Community Funds	Professional
			Member of the Lord Chancellors Advisory Committee	Professional
			Volunteer, Oxfam	Professional
			Chair, Healthwatch Walsall	Financial
			Chair, Healthwatch Sandwell	Financial
			Presiding Justice, West Midlands and Warwickshire Magistrates Courts	Professional
Julie Jasper	Lay member - Audit	SWB CCG	Member of CIPFA	Professional

			Westlands Associates Ltd. Managing Director	Professional
			Rowley View Nursery School I am Chair of Governors (this is an unpaid position)	Personal
Julie Robinson	Primary Care Contracts Manager	Dudley CCG	None	N/A
Leon Mallett	CCG Employee	SWB CCG	None	N/A
Lisa Maxfield	Deputy Chief Officer (Primary and Community Transformation)	SWB CCG	None	N/A
Lorraine Gilbert	Head of Finance	Walsall CCG	Membership of CIPFA	Non Financial Professional
			Close relative employed on contract working at Walsall Healthcare	Indirect Interest
			Closed relative employed by Walsall Healthcare as IT Manager	Indirect Interest
Manoj Behal	CCG Employee	SWB CCG	Takeda Pharmaceutical Company Sister is regional account director	Personal
Martin Stevens	Head of Contracts and Performance	SWB CCG	Sandwell Parents for Disabled Children Trustee of Charity (SPDC)	Personal
Matthew Hartland	Deputy Accountable Officer	Black Country and West Birmingham CCG's	Director of Dudley Infracare Lift LTD	Financial Interest
			Director of Infracare (Walsall and Wolverhampton)	Financial Interest
			Limited Director of Whitbrook Management Company	Financial Interest
			Member of Chartered Institute of Public Finance and Accountancy	Financial Interest
Mike Abel	Lay Member Commissioning	Walsall CCG	Chair, Director Chuckery Festival	Non- Financial Personal Interest
			Chair. Chuckery NHW	Non- Financial Personal Interest
			Partner works for Black Country Healthcare NHS Foundation Trust	Indirect Personal
Morley Robert	Executive Secretary of Birmingham LMC	SWB CCG	General practitioner Defence Fund LTD Director	Financial
Peter Quinn	Commissioning Manager	NHS E/I Midlands	None	N/A
Philip Cowley	Senior Finance Manager	Dudley CCG	Wife works for Midlands and Lancs CSU	Indirect Interest
Philip Lydon	CCG Employee	SWB CCG	VCS ORG - SMETHICK CAH Wife works for charity	Personal
Rachel Barber	Lay Member Public & Patient Participation Involvement	Walsall CCG	Onward Housing NED	Financial Interest
			North Wales Police Joint Audit Committee Chair	Financial Interest
			A2 Dominion Advisor	Financial Interest
			Non-Executive Director- Housing Plus	Financial Interest
			Sister in law is a Health Care Assistant at New Cross Wolverhampton Eye Infirmary	Non- Financial Personal Interest
			Justice of the Peace (Family)	Non- Financial Personal Interest
Ranjit Sondhi	Lay member, CCG Vice Chair	SWB CCG	Hope Projects Birmingham Trustee	Financial
			National Citizens UK Trustee	Financial
			Nishkam Health Project Board Member	Financial
			Sampad Chairman	Financial
			Birmingham and Solihull CCG Wife is Non-Executive Director	Personal

			Guide dogs for the Blind Board Member	Personal
Raymond Sullivan	Sandwell LMC Chair	SWB CCG	Lex Medicus Ltd. Director/Owner	Financial
			Sandwell Local Medical Committee Chair	Professional
			Black Country GP Hub working group Provider and Member	Professional
			Glebefields Surgery Wife is employed at practice	Personal
			Glebefields Surgery Principal GP	Financial
Sally Roberts	Chief Nursing Officer	Black Country and West Birmingham CCG's	Member of NMC	Non-Finanacial Professional Interest
Sarah Quinton	Deputy Chief Nursing Officer	Black Country and West Birmingham CCG's	Warwick University - I hold a part time position as associate clinical professor	Financial
Sarah Southall	Head of Primary Care	Wolverhampton CCG	None	N/A
Simon Somers	Primary Care Quality Lead	SWB CCG	None	N/A
Therese McMahon	Lay Member	SWB CCG	None	N/A
Thomas Thiomik	Dudley Local Pharmaceutical Committee Representative	External	Dudley LPC Member Royal Pharmaceutical Society Member	Professional
Tony Allen	Non Executive Director	Dudley CCG	BRIO Leisure	Financial Interest
			Director - TNL Consulting Ltd	Financial Interest
			Inclusion Housing	Financial Interest
			Mastercall Healthcare Out of Hospital	Financial Interest
			Non Executive Director - Shrewsbury & Telford NHS Trust	Financial Interest
William Leslie Trigg	Governing Body Lay Member	Wolverhampton CCG	Member of CIPFA (Chartered Institute of Public Accountants)	Professional
			Member/Director – The Rural Enterprise Academy	Financial Interest
			Financial Director (Trustee) – Uttoxeter Learning Trust	Financial Interest
			Chief Officer at Stone Town Council	Financial

PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON

MINUTES OF THE MEETING HELD IN PUBLIC ON TUESDAY 15th December 2020

ATTENDEES:

Mr M Abel	Lay Member for Commissioning, Walsall CCG (Chair)
Mrs H Mosley	Lay Member for Patient and Public Engagement, Dudley CCG
Prof C Handy	Lay Member for Quality & Safety, Dudley CCG
Dr T Horsburgh	Clinical Executive, Dudley CCG
Mrs J Emery	Chief Officer of Dudley Healthwatch - Dudley Healthwatch
Mr P Cowley	Senior Finance Manager – Primary Care – Dudley CCG
Mr D Stenson	Patient Participant Group Representative – Dudley CCG (part)
Mrs J Robinson	Primary Care Contracts Manager - Dudley CCG
Mr T Allen	Lay Member for Governance - Dudley CCG
Dr A Johnson	Secondary Care Clinician, Dudley CCG
Mr T Thomik	Dudley LPC Representative
Mr M Nicklin	Interim Estates Lead – Dudley CCG (presenting)
Miss R Barber	Lay Member for Patient and Public Involvement, Walsall CCG
Mrs A Farrer	Healthwatch Walsall - Walsall CCG
Mrs L Gilbert	Deputy Chief Finance Officer - Walsall CCG
Mrs C Marston	Primary Care Contracting Manager - Walsall CCG
Mrs R Barnard	Quality & Safety Officer - Walsall CCG
Mrs A Simmons	Primary Care Contracts & Procurement officer
Mrs G Shelley	Primary Care Contracting Manager - Wolverhampton CCG
Mr P McKenzie	Corporate Operations Manager - Wolverhampton CCG
Mr L Trigg	Lay Member, Wolverhampton CCG
Mrs S Southall	Head of Primary Care - Wolverhampton CCG & GPFV Programme Director, Black Country STP
Dr S Reehana	Chair of the Governing Body – Wolverhampton CCG
Mrs T Cresswell	Wolverhampton Healthwatch Representative – Wolverhampton CCG
Dr A Asghar	GP Representative - Wolverhampton CCG
Dr K Kewal	GP Representative - Wolverhampton CCG
Mrs J Worton	Primary Care Liaison Manager - Wolverhampton CCG
Mrs J Rawlinson	Lay Member - Sandwell and West Birmingham CCG
Mrs J McGrandles	Head of Primary Care Contracts - Sandwell & West Birmingham CCG
Mrs J Jasper	Lay Member - Sandwell and West Birmingham CCG
Dr K Grindulis	Secondary Care Consultant - Sandwell and West Birmingham CCG
Mr M West	Financial Controller - Sandwell & West Birmingham CCG
Mr R Sondhi	Vice Chair & Lay Member - Sandwell and West Birmingham CCG
Mr A Cave	Chief Executive Officer, Healthwatch Birmingham – Sandwell & West Birmingham CCG
Mrs H Peach	High Cost Drugs Pharmacist (Medicines Quality) – Sandwell & West Birmingham CCG
Mrs C Evans	Head of Primary Care - Sandwell & West Birmingham CCG
Mrs A Clarke	Primary Care Contracts Manger – Sandwell & West Birmingham CCG
Dr R Sullivan	LMC Representative - Sandwell and West Birmingham CCG
Mrs C Sheldon	Senior Finance Manager - Sandwell and West Birmingham CCG
Mrs T McMahon	Lay Member - Sandwell and West Birmingham CCG
Mr S Somers	Primary Care Quality Lead - Sandwell & West Birmingham CCG
Mr L Mallett	Commissioning Transformation Manager (GPFV) - Sandwell and West Birmingham

	CCG
Mr T Read	Partnerships Development Manager – Sandwell & West Birmingham CCG
Dr R Kalia	GP Clinical Lead for Retention - Sandwell & West Birmingham CCG
Mr M Hastings	Director of Technology and Operations - Black Country & West Birmingham CCGs
Dr U Ahmad	LMC Chair, Black Country and West Birmingham CCGs
Mrs S Quinton	Deputy Chief Nurse - Black Country & West Birmingham CCGs
Mr S Basi	Director of Primary Care, Black Country and West Birmingham Clinical Commissioning Groups
Note Taker	
Miss T Fear	Interim PA to the Director of Primary Care, Black Country and West Birmingham Clinical Commissioning Groups

No members of the public attended the meeting.

1.0 APOLOGIES FOR ABSENCE

Apologies were received from;

Mr L Dukes	PMO & QIPP Manager – Walsall CCG
Dr H Baggri	Clinical Executive, Walsall CCG
Mr M Boyce	Quality Officer, Wolverhampton CCG
Dr D Bush	Board GP, Wolverhampton CCG
Mrs J Wolley	PMO Manager, Wolverhampton CCG
Dr K Krishan	LMC, Wolverhampton CCG
Dr D Pitches	Consultant in Public Health – Dudley CCG
Mrs L Maxfield	Deputy Chief Officer (Primary and Community Transformation) – Sandwell & West Birmingham CCG
Not present	
Mrs A Nicholls	Head of Service - General Medical Advice and Support Team (GMAST) NHS England and NHS Improvement – Midlands – Dudley CCG
Mrs S Roberts	Chief Nurse - Black Country West Birmingham CCGs
Mr J Blankley	Chief Officer of Wolverhampton LPC - Wolverhampton CCG
Mrs L Sawrey	Deputy Chief Finance Officer, Wolverhampton CCG
Mr M Hartland	Deputy Accountable Office – Black Country and West Birmingham CCG's
Mrs J Salter-Scott	Head of Engagement, Black Country West Birmingham CCGs
Dr P Myers	Consultant in Public Health Medicine - Walsall Council

The chair confirmed that all CCG's were quorate for the meeting.

The chair asked members to place themselves on mute and turn off their cameras unless they were speaking to ensure that the meeting ran effectively.

It was highlighted that a number of meetings had taken place without attendance from members of the public and a query was raised about how key messages from the committee discussions were being communicated to the public. It was agreed the item would be discussed in more detail during the private session.

2.0 DECLARATIONS OF INTEREST

To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.

The Chair confirmed that a review of the Conflict of Interest checklist and any potential Conflict of Interest from the agenda items had taken place.

During discussions relating to this item it was highlighted that the register did not list the type of declaration members were making and asked for this to be reflected within future versions.

Action; Miss T Fear

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the amendment to the declarations of interest**
2) **To note that there were no changes to the declarations of interest.**

3.0 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 27 October 2020 were submitted to Committee.

Committee noted that the minutes relating to the meeting held on Tuesday 27 October 2020 were agreed as an accurate record of the meeting with the exception of minor grammatical errors. It was also noted Mr L Trigg was actually present at the meeting.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To agree that the minutes relating to the meeting held on Tuesday 27 October 2020 were an accurate record of the meeting subject to the above amendments.**

4.0 ACTION LOG

The action log was discussed and updated accordingly with the following points noted:

PCCCIC/AUG/2020/5.0	Development Session Committee were advised a development session would be organised for January 2021. **Action closed.**
PCCCIC/OCT/2020/3.0	PCCCIC Minutes The amendments had been made to the minutes. **Action closed.**
PCCCIC/OCT/2020/4.0	PCCCIC Action Log The amendments had been made to the action log. **Action closed.**
PCCCIC/OCT/2020/6.0	Risk Register Committee were advised that the risk would be addressed at Governing Body in Common and the Join Health Commissioning Board. **Action closed.**
PCCCIC/OCT/2020/7.0	Quality Outcomes Framework Committee were advised the frameworks had been suspended until the end of March 2021. It was noted there were a number of national priorities remained in place e.g. immunisations, vaccination programme, screening programmes and health checks for patients with learning disabilities. Committee were given assurances the activity for the remaining priories were being continuously monitored. The suspended elements would resume until April 2021. **Action closed.**
PCCCIC/OCT/2020/10.0	Risk Register - SWB Financial The item would be addressed under agenda item 9.0 **Action closed.**

PCCCIC/OCT/2020/11.0	Restoration and Recovery It was noted the dashboard could not be shared with Committee in time for the meeting however assurances were provided that restoration and recovery discussions were on-going with regular meetings held between Matt Hartland and CCG lay members. Committee lay members advised that such discussions had not taken place. **Action deferred to February 2021**
PCCCIC/OCT/2020/16.0	Estates Report - legionnaires outbreaks Committee were advised the legionnaire's letters to practices had been delayed due to Covid. **Action deferred to February 2021**
PCCCIC/OCT/2020/17.0	PCCCIC Work plan Due to Covid work the action was outstanding. **Action deferred to February 2021**

Red Sites

Mrs S Southall provided a verbal updated regarding Red Sites.

Committee were advised the red sites continued to function and a review was being carried out led by Sarb Basi to ensure the capacity and demand demonstrated value for money. It was expected there would be a decrease in demand with the roll out of the Covid vaccination programme. The CCGs were meeting with the Clinical leads for the red sites to discuss what the tapering process would look like.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the update.**

5.0 CHAIRS ACTION

Flu Local Improvement Scheme (LIS)

Mrs C Marston spoke to this item to update of changes following PCCCiC Chairs Action.

Committee were reminded the scheme had been virtually approved via chairs action to ensure the offer was circulated to practices in a timely manner.

It was noted changes were made to Annex A to provide greater clarity to the Tier 1 payments and assurances were provided there were no material changes to the specification requirements.

Due to a delay in the availability of the nationally procured flu vaccine stock: with draw down from mid-December, Executives approved an extension to the date of the LIS from 30 November 2020 to 31 December 2020. It was noted this was communicated to GP Practices via the Primary Care Bulletin on 26 November 2020.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the chairs actions.**

6.0 PRIMARY CARE NETWORK – DIRECT ENHANCED SERVICE

Mrs S Southall spoke to this item to update on the national Enhanced Service for the delivery of the COVID Vaccine in Primary Care.

The enhanced service specification was issued on 1 December 2020 for GP practice sign up by 7 December 2020.

It was noted that 5 wave 1 sites would begin to vaccinate two cohorts of people identified as the first priority; Cohort 1 Care Home residents and their staff plus Cohort 2 people aged 80 years and older. Vaccinations were due to commence week commencing 15 December 2020 for Wave 1 and Wave 2 would follow soon after. All PCN sites would be mobilised by week commencing 4 January 2021.

A query was raised in relation to why no sites had gone live in Walsall within the first wave. It was noted this was due to practice's readiness to respond to the Primary Care Network Direct Enhanced Service (DES) as it was recognised there were significant requirements within the DES and it was decided a site could not safely proceed into wave 1 within the given timescales, however assurances where given that sites had been allocated for the Walsall footprint to go live with the following waves.

Committee were given assurances extensive work had taken place to support the role out of wave 1 sites and prepare wave 2 sites for roll out once notified by NHS England.

It was highlighted the vaccine being utilised by primary care was complex and therefore posed a number of challenges in regards to storage and the vaccines life cycle. It was recognised at the point of delivery the vaccine would expire within 3 and a half days with the aim of vaccinating 975 patients, the follow up dose would be delivered 21 days later.

Committee recognised that delivering a mass vaccination programme caused significant administrative pressure on general practice in order to also continue delivering their core service.

It was highlighted that the report made reference to practices not being required to be within a Primary Care Network and a query was raised whether the reference was correct given that practices were encouraged to work as a Primary Care Network. Committee was provided with clarification and it was noted the statement refereed to practices who may wish to work collaboratively with other practices who did not fall with their existing Primary Care Network.

A query was raised whether the CCGs expected issues with liability from the covid vaccine and whether this posed a risk to CCGs. It was agreed that the item would be addressed outside of the meeting.

A further query was raised in relation to how a patient's vaccine would be managed if they were to receive it within different care settings. Committee were given assurances that this would be managed by a central application which would detail when and where vaccines had been administered. It was also noted that details of patient's flu vaccinations date were also accessible.

Committee formally thanked the Primary Care team for their involvement within this piece of work.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the update for information.**

7.0 URGENT DECISION MAKING PROCEDURE

Mr P McKenzie spoke to this item to advise the Committees of the procedure for taking urgent decisions outside of Committee meetings should it be required as part of the ongoing Covid Response and preparation for Covid Vaccinations

Committee were advised due to the ongoing Covid Pandemic, some decisions which would be the responsibility of the Primary Care Commissioning Committees may need to be made at short notice. The

terms of reference gave the Chairs of the Committee the authority to make decisions on the Committee's behalf.

It was noted any urgent action would be reported to the next meeting in common for discussion by the full committee membership and to formally record that the action was taken and the rational for the urgent decision.

It was highlighted whether the vice chairs also needed to be included within said process as a failsafe should chairs be unavailable.

A query was raised in relation to the definition of an urgent decision requiring chairs action and assurance was requested that Committee would not fall into bad management practice as a result. Committee was given assurances criteria for urgent decision was detailed within each CCGs constitution.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the report and support the approach to taking urgent decisions.**

8.0 SUSPENSIONS OF PRIMARY CARE FRAMEWORKS

Mr P Cowley spoke to this item to update Committee on the steps taken to protect practice income in respect of Primary Care Frameworks and LIS schemes to support the rollout of the Covid-19 Vaccination Programme.

As part of preparation for the vaccine programme, NHS England requested CCGs to re-purpose funded capacity delivering extended access and other Local Enhanced Services, noting that:

"…we would urge local providers and CCGs to repurpose extended hours and access capacity to provide full support for potential COVID vaccination activity. We also expect CCGs to take sensible decisions around the re-purposing of funded capacity delivering locally enhanced services which could also be paused."

It was noted BCWB CCGs had reviewed all Primary Care Frameworks and Local Improvement Schemes (LIS) to identify those schemes/framework indicators that could be paused to facilitate delivery of the vaccine programme, and developed an offer for those practices to provide the Vaccination Service DES.

Committee were given assurances the development of the offer was undertaken with clinical oversight in each place, checked for consistency across BCWB to ensure similar treatment of schemes in each CCG, and approved by The Chief Executive and Chief Medical Officer.

The offer to practices providing the vaccination service included income protection for all but the most crucial aspects of Primary Care Frameworks and other Local Enhanced Services, which would remain live.

In respect of Income Protected schemes, while practices should continue to apply clinical judgement and ensure appropriate care of patients, the CCGs would cease to use achievement for payment purposes in 2020/21 and would instead pay on historical achievement. The approach would allow practices to appropriately prioritise the provision of those services against delivery the vaccine programme appropriately without fear of adverse financial impact. Committee were advised CCGs would continue to monitor performance against the schemes.

It was highlighted the details of the position in respect of the frameworks and LIS/LES schemes in each place were included within the report.

During discussions relating to this item a concern was raised regarding the capacity of general practice to deliver against the current covid pressures alongside existing workloads. Committee requested an update on the vaccine programme to include this issue at the next meeting.

Action: Mrs S Southall/ Mrs S Quinton

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note for information and assurance the process followed to implement the NHSE request to re-purpose local schemes to support the vaccine programme**

9.0 RISK REGISTER

Mr P McKenzie spoke to this item to provide Committee's in Common with a verbal update regarding a single risk register.

It was highlighted no further updates had been made to the risks however an additional primary care finance risk had been added to reflect the discussions at the previous meeting, the general risk assessment form had been included with the report for information.

It was noted the item would be discussed further as an item of any other business to identity any potential new risks.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To accept the risk register**

10.0 DIGITAL

Mr M Hastings spoke to this item to provide an update on the Progress made by the Digital Workstream of the STP update on STP Digital Projects.

Committee were advised a reprioritization process had been carried out by the estates team to identify the order for the digitisation of Lloyd George notes of the 40 selected sites. A letter had been sent to Black Country and West Birmingham Local Medical Councils (LMCs) to outline the process and implications to primary care. It was noted the estates team had identified GP representation across the Black Country and West Birmingham CCGs to join the Project Board and work continued with the Midlands and Lancaster CSU to agree a programme of work for the project.

It was noted the STP Integrated Care Record the Project Board, met regularly and a request had been circulated for group nominations to be added to the board. The terms of reference had been agreed at the STP Digital Board however needed to be ratified at the STP Board. The project was currently RAG rated as RED due to the current funding allocation not being confirmed and a supplier not being appointed. A query was raised regarding the reason for the RAG rating and whether it had been escalated. Committee were given assurances this had been escalated and it was expected the funding allocated would be received imminently and Committee would be updated at the next meeting.

In relation to the Digital Accelerator project it was highlighted a project manager had been appointed to complete the project and engagement had commenced with suppliers. The project included work to reduce the level of digital inequalities in the borough and Black Country and West Birmingham had been identified as one of three "beacon" sites across the country.

Committee recognised the amount of work that was currently being undertaken in relation to this item and requested a longer agenda item at a future meeting to discuss them in more detail

Action: Miss T Fear

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note the report.**

11.0 FINANCE REPORT

Mr P Cowley spoke to this item to provide information to the Committee on the financial expenditure of the Black Country and West Birmingham CCGs delegated primary care resource for the 2020/21 financial year

The Black Country and West Birmingham CCG's overall primary care co-commissioning delegated expenditure for the 8-month period was £143.1m, representing an underspend of £546k. It was expected the forecast would deteriorate to an overspend of £241k (0.1%) against a budget of £217.6m at the year end, with an overspend of £1.17m at Sandwell and West Birmingham CCG offset by underspends within the other CCGs.

It was noted expenditure on GP Forward View (GPFV) programmes was in line with the received allocations totalling £11.166m

An overspend of £562k was forecast against other Primary Care budgets totalling £132.3m, with prescribing pressures in Wolverhampton CCG contributing to an overspend of £746k in that CCG. However this was partially offset by smaller underspends in Sandwell & West Birmingham and Walsall CCGs.

Committee were advised an allocation of £3.8m had been received from the national General Practice Covid Capacity Expansion Fund, to support General Practice as part of the COVID-19 response. Primary Care Networks (PCNs) would be asked to submit plans to access the funding.

A potential risk was reported regarding the replacement of the Exeter payment system with a new GP Pensions and Payments system was expected to take place in January 2021, subject to receiving the national go-ahead. Black Country and West Birmingham CCGs had raised a number of concerns in respect of the system, in particular the potential timing of go-live. CCGs were awaiting feedback from the national team. It was noted that the system would create work load and capacity pressures for both general practice and CCG staff. Committee were advised the system posed potential finance control issues, assurances were given that finance colleagues were addressing this at a national and regional levels with NHS England. However it was expected the local CCG finance teams would be able to mitigate this risk.

Committee were given assurances that local CCG finance team would support practices with any equerries surrounding the new system to prevent potential practice cash flow issues.

Committee in common gave its support for the delay of the Exceter system and for sufficient support to be implemented to ensure an effective implantation prior to the go live date.

Members of the Primary Care Commissioning Committee in Common were asked to:
1. Discuss the contents of the report;
2. Note the contents of the report and the financial position for the 8-month period in 2020/21.
3. Note the risk in respect of the potential transition to GP Pensions and Payments in January 2021.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1. **To discuss the contents of the report;**
2. **To note the contents of the report and the financial position for the 8-month period in 2020/21.**
3. **To note the risk in respect of the potential transition to GP Pensions and Payments in January 2021.**

12.0 QUALITY AND SAFETY REPORT

Mrs S Quinton spoke to this item to provide assurance to the committee on the core quality and safety activities relating to primary care.

Covid-19

There has been sporadic outbreaks across GP practices with small numbers of staff involved.

Committee were advised a hospital vaccination hub went live in December at Walsall Healthcare NHS Trust. The trust delivered approximately 1000 the previous week and were able to increase this should sufficient

vaccine supply be available. It was noted plans were in place to increase the number of hospital hubs across the STP once confirmation of vaccine supplies have been obtained. Walsall Healthcare NHS Trust were currently delivering vaccinations to healthcare staff and patients on behalf of the STP.

A mass vaccination site was identified and had been made operationally ready once confirmation of vaccine supplies have been obtained. It was recognised that further sites were due go live.

Flu and immunisation

Committee were advised Black Country and West Birmingham (BCWB) CCGs overall performance was slowly improving but was poor in comparison to other CCG's regionally. Sandwell and West Birmingham CCG had been identified as the lowest performing within the region and target work was being carried out with the CCG.

Issues had been identified with data accuracy, this was related to the upload process to IMMFORM. CCG Flu Leads were receiving weekly practice level data and would able to validate the data with the practices.

Serious Incidents

Committee queried the level of information provided within the report and were therefore unable to gain assurance as to whether any learning had been identified for CCGs or at STP level. Committee were given assurances Quality and Performance Committee received detailed reports surround serious incidents and "never events" and was also reported to the Joint Health Commissioning Board. Committee requested future reports contain more detail where possible regarding serious incidents.

Action: Mrs S Quinton

Committee also requested confirmation regarding whether serious incidents where being discussed at any other public meeting.

Action: Governance Leads

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To receive the report for assurance**

13.0 TRAINING HUB REPORT

Mrs S Southall spoke to this item to provide assurance and an update on the work of the STP BCWB Training Hub

The STP had received a significant amount of funding from NHS England/Improvement including the GP Capacity Fund of £3.8m and PCN Development Funding of £1.1m for allocation across primary care to support the Covid effort and further maturity of Primary Care Networks (PCNs). The allocated funding was expected to be spent by the end of March 2021.

It was highlighted the Training Hub had secured 17 new GP Fellows across the STP and established a Locum pool of GPs who had an expressed a wish to work flexibly across the STP.

Committee were advised the Hub appointed two Pharmacy Ambassadors to support PCNs with their recruitment plans, develop a Pharmacy Network and create a Training Hub offer for Pharmacy role development across the PCNs and the STP.

The Hub appointed 3 Practice Manager Mentors to start offering a Peer Mentoring and Support service for Practice Managers across the STP.

PCN plans to recruit to the new roles supported by the Additional Role Reimbursement Scheme (ARRS) were collated and submitted to NHS England/Improvement. The Training Hub was progressing work to support PCNs with their recruitment plans, which included a suite of resources on our website. PCNs were being actively encouraged to utilise any ARRS underspend to support the resourcing required for the Covid vaccination.

It was noted the hub continued to collate and produce for the incident room on vital workforce and red site activity across the STP, the reports were also feed into NHS England for assurance.

Work continued to develop a Learner Management System to contain records of all scheme participants and course information. The website was updated and has been shared with some colleagues in readiness for a more formal launch to practices.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To receive the report for assurance.**

14.0 PRIMARY CARE OPERATIONAL GROUP REPORT

Mrs J Robinson spoke to this item to provide assurance regarding primary care matters discussed at the Primary Care Operational Groups.

Following feedback from Committee members and in order to standardise the report across the 4 CCGs, the PCOG assurance report was now concise and followed the headings and duties of the terms of reference. Committee were informed under some circumstances, there may be a need to report place based discussions that may not be common to all places and these would be included under the practice and place update section.

Committee were informed given the current Covid-19 situation and the vaccination programme, each of the PCOGs had been stood down in January 2021 and the position would be reviewed again in the New Year.

A query was raised in relation to the level of detail provided within the contract variation section of the report. Following a brief discussion it was recognised there was a variation in the level of reporting to Committee's prior to the Committee in common arrangement. Committee were also advised that data protection guidance had changed and therefore would need to seek clarify on the level of information published at this committee without expressed consent.

Action: Primary Care Contracts / Governance Leads

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To accept the paper as assurance on primary care matters discussed by the Primary Care Operational Groups**

15.0 ESTATES REPORT

Mr M Nicklin spoke to this item to update Committee in Common on approved projects and Black Country and West Birmingham estates issues.

Prof Handy declared his interest in relation to this item as he was the Chief Executive of the Accord Group which was involved in one of the proposed developments it was noted no decision were required therefore no further action was taken.

It was noted a number of projects had been delayed due to the focus on covid-19 and the vaccination programme.

A query was raised in relation to two projects which completed dates of November 2020. Committee was informed these had now been completed.

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To receive the report for assurance.**

16.0 IAC HEALTH AND WELL- BEING REPORT

Mr T Read spoke to this item to describe the circumstances which warrant a service redesign and set out recommendations to inform commissioning plans.

Chair advised members that this item related to Sandwell and West Birmingham Primary Care Commissioning Committee only.

The CCG historically received funding to commission an initial health screening service for those seeking asylum in an Initial Accommodation Centre over a 3 week period before be dispersed. The service focused primarily on health screening and assessment for those seeking asylum, however the demand for the service has changed as the result of increasing need and lengths of stay of those seeking asylum.

Committee were advised in order to respond to changing the circumstances and the unmet needs identified, the CCG required time to redesign the service. It was noted the existing contracts run till March 2021. The CCG intend to undertake engagement with partners across the system, to redesign the service.

Committee were asked to make a recommendation to extend existing contracts by 6 months (to September 2021) to allow sufficient time for engagement and redesign to take place. It was expected that an options appraisal and the new service speciation would be presented at a future meeting.

To meet this need, a partnership was formed as a coordinated and integrated mental health and wellbeing service. The partnership created a specification of how it could respond to this need and it was identified that the partnership needed funding to deliver its objectives. The proposal has the support of all our key system partners. It was noted the service would be piloted for 12 months at a cost of £50,000. It was expected the service would form part of a wider the service redesign.

The committee are requested to

- Be mindful of the developing context and the risks/issues identified
- Approve the specification (appendix 1) and commission a mental health and well-being partnership for 12 months, at a value of £50,000
- Engage though virtual workshops, with partners across the health economy, to understand more about the health and well-being needs of the cohort,
- Develop a new service specification and set of quality measures
- Extend contracts for 6 months to September 2021, to allow time for engagement, service redesign, as well as consideration of procurement options.

The Primary Care Commissioning Committees Sandwell and West Birmingham Resolved:

1) **To note the developing context and the risks/issues identified**
2) **To approve the specification (appendix 1) and commission a mental health and well-being partnership for 12 months, at a value of £50,000**
3) **To note engagement though virtual workshops, with partners across the health economy, to understand more about the health and well-being needs of the cohort,**
4) **To note Develop a new service specification and set of quality measures**
5) **To approve the extension contracts for 6 months to September 2021, to allow time for engagement, service redesign, as well as consideration of procurement options.**

17.0 ANY OTHER BUSINESS

Review of primary care risks

Committee were asked whether any new risks had been identified or amendments to existing risks as result of the meeting.

A brief discussion took place in regards to the Exeter system it was agreed local finance teams would monitor the issue as it was appeared to be an operational risk and therefore was agreed not to add the Exeter system the risk register at this time. However it was recognised the team would escalate to committee if the risk change.

A discussion was also held in relation a potential new risk regarding primary care capacity as a result of covid-19 and delivering the vaccine programme. It was agreed a general risk assessment form would be undertaken.

Action: Mr P McKenzie

The Primary Care Commissioning Committees for Dudley, Walsall, Wolverhampton and Sandwell and West Birmingham Resolved:

1) **To note no amends to be made to existing risks**
2) **To note a potential risk to be added regarding primary care capacity as a result of covid-19 and delivering the vaccine programme**

18.0 DATE AND TIME OF THE NEXT MEETING

Tuesday 23rd February 2021
10:00-12:00 noon
Meeting to be held virtually

MINUTES ACCEPTED AS A TRUE AND CORRECT RECORD

Name		**Title**	
Signed		**Date**	

NHS Sandwell and West Birmingham Clinical Commissioning Group

NHS Wolverhampton Clinical Commissioning Group

NHS Walsall Clinical Commissioning Group

NHS Dudley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE IN COMMON
OUTSTANDING ACTION LIST – 23 February 2021

MEETING REFERENCE	ACTION	ACTION OWNER	UPDATES	STATUS	DEADLINE DATE
PCCCIC/OCT/ 2020/11.0	Restoration and Recovery The restoration and recovery communications plan had been and national tool kit supplied to practices to be shared with members of the Committee.	Mrs S Southall	**Update** – The Restoration and Recovery dashboard was shared with lay members and discussed at the regular lay member meeting. The Restoration and Recovery Dashboard / Sit Rep will now be shared with the above on a weekly basis going forward.	To be closed	**February 2021**
PCCCIC/OCT/ 2020/16.0	Estates Report – "Back – online" compliance Mr Lawley would write to those practices who are GP owned to inform them of the need to contact the estates team if previously closed sites became operational	Mr A Lawley	**Update** – Final drafts of the letter were approved to send to all GPs rather than just freeholders. It was expected that all groups should be in receipt by this time next week.	To be closed	**February 2021**
PCCCIC/OCT/ 2020/17.0	PCCCIC Work plan It was suggested that Committee asses its work programme as it was recognised over the coming months there would be a number of items being discussed e.g. businesses cases etc.	Miss T Fear Mrs S Southall Mr M Abel	**Update** – Item covered within private session of this committee.	To be closed	**February 2021**
PCCCIC/DEC/ 2020/2.0	Declarations of Interest A column to be added to the declaration of interest to list types of conflicts.	Miss T Fear	**Update** – Amendment made to the declarations document.	To be closed	**February 2021**
PCCCIC/DEC/ 2020/8.0	Vaccine Programme An update to be provided on the vaccine programme including capacity of general practice to deliver against the current covid pressures alongside existing workloads.	Mrs S Southall Mrs S Quinton	**Update** – Item to be address under agenda item 6.0.		**February 2021**

PCCCIC/DEC/ 2020/10.0	Digital Report Committee requested a longer agenda item at a future meeting to discuss projects in more detail	Miss T Fear Mr M Hastings	**Update –** Confirmed a longer Digital report with Mr Hastings at February 2021 meeting.	To be closed	**February 2021**
PCCCIC/DEC/ 2020/12.0	Serious Incidents Committee requested future reports contain more detail where possible regarding serious incidents.	Mrs S Quinton	**Update –**Further details would be given to members during the private session of Committee where needed.	To be closed	**February 2021**
PCCCIC/DEC/ 2020/12.1	Serious Incidents discussions at public meetings Committee also requested confirmation regarding whether serious incidents where being discussed at any other public meeting.	Governance Leads			**February 2021**
PCCCIC/DEC/ 2020/14.0	Primary Care Operational Group Report – Contract Variation Clarity to be sought surrounding the level of information reported to Committee regarding contract variations following recent changes in GDPR regulations.	Primary Care Contracts & Governance Leads	**Update –** It was confirmed names of GPs could be included within contract variation reporting.	To be closed	**February 2021**
PCCCIC/DEC/ 2020/17.0	Review of primary care risks A discussion was held in relation a potential new risk regarding primary care capacity as a result of covid-19 and delivering the vaccine programme. It was agreed a general risk assessment form would be undertaken.	Mr P McKenzie	**Update –** Item to be address under agenda item 18.0.	To be closed	**February 2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 5.1

TITLE OF REPORT:	**'Freeing up practices to support Covid vaccination' NHSE letter - 7.1.21 (letter attached)**
PURPOSE OF REPORT:	To update the PCCCiC on changes to GMS/LIS/QoF/DQOFH/PCN DES following NHSE letter 7.1.21 (freeing up practices to support Covid vaccination'
AUTHOR(S) OF REPORT:	**Gill Shelley**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarah Southall
PUBLIC OR PRIVATE:	Public domain
KEY POINTS:	• Routine contract monitoring is suspended • All local improvement (LIS/LES) schemes with the exception of Phlebotomy – income protected (no change) • Review of CCG clinical staff for redeployment – DIHC Pharmacy staff are redeployed to support delivery of the Covid vaccination programme • Frameworks – all indicators income protected with the exception of: - LD Health Checks - SMI Health Checks - Cervical screening indicators • Quality Improvement Indicators – income protected • PCN Clinical Director funding increased from 0.25 WTE to 1 WTE (Q4 Jan – March 2021) to support leadership required for Covid vaccination programme • Extended Access will continue in 2021/22 • Covid capacity expansion fund to support: - GP practices to remain fully and safely open - Establish oximetry @home self-monitoring and identify/support long Covid - Continued support for clinically vulnerable and maintain shielding lists - Make inroad into backlog of appointments for Chronic disease management and routine vaccinations and immunisations - Inequalities – progress with LD health checks and ethnicity recording
RECOMMENDATION:	PCCCiC is asked to: **Note** this report for assurance
CONFLICTS OF INTEREST:	Not applicable
LINKS TO CORPORATE OBJECTIVES:	*Outline how the report is relevant to the corporate objectives*
ACTION REQUIRED:	☐ For Information

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View	N/a	7.1.21
Public/ Patient View	N/a	7.1.21
Finance Implications discussed with Finance Team	N/a	7.1.21
Quality Implications discussed with Quality and Risk Team	N/a	7.1.21
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	7.1.21
Information Governance implications discussed with IG Support Officer	N/a	7.1.21
Legal/ Policy implications discussed with Governance Teams	N/a	7.1.21
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	7.1.21
Any relevant data requirements discussed with CSU Business Intelligence	N/a	7.1.21
Signed off by Report Owner (Must be completed)		**G Shelley**

Classification: Official

Publication approval reference: 001559

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

7 January 2021

To: GPs in England, Regional Directors of Primary Care and Public Health and CCGs

Dear colleagues,

Freeing up practices to support COVID vaccination

We would like to thank you and your teams for the tremendous response in rapidly mobilising vaccination centres over December and January while continuing to manage the ongoing needs of your population and continuing to provide additional and much needed support to your local urgent and emergency care systems. By next week, the vast majority of designated PCN vaccination sites will have started to deliver vaccinations.

This letter sets out further support we are taking to free up GPs, practice teams and PCNs to advance the vaccine rollout.

We recognise that the challenge of balancing how best to allocate your practice and PCN resources including workforce time is a daily reality for many practices. It is our intention to support the professional judgement of clinicians in making these decisions, where needed.

To do this, we are asking **CCGs to take the following steps immediately with respect to prioritisation of work:**

1. Take a supportive and pragmatic approach to minimise local contract enforcement across routine care, with attention and support focused on the core areas set out above.
2. Suspend any locally commissioned services, **except** where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital

discharge. For example, suspension of reporting requirements relating to PMS key performance indicators. Budgeted payment against these services should be protected to allow capacity to be redeployed.

3. Review whether clinical staff involved in CCG management could be made available to redeploy in support of practices or PCN work.

We will also take the following steps nationally:

4. In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, we will provide further funding for PCN Clinical Director support temporarily for Q4 (Jan-March 21), equivalent to an increase from 0.25WTE to 1WTE for those PCNs where at least one practice is participating in the COVID-19 Vaccination Programme Enhanced Service.

   This is in recognition of the additional demands on the role in managing the COVID response, vaccination process and coordinating the engagement and access for harder to reach groups. Recognising that many Clinical Directors may have clinical and other commitments, this funding will be able to be flexibly deployed by PCNs to support the leadership and management of the COVID response.

5. The Minor Surgery DES income will be income protected until March 2021 and we intend to make similar provision for the additional service income related to minor surgery within the global sum.

6. The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021.

7. The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected. Payment will be made on past performance against the relevant clinical domains. We will use the 20/21 recorded register size to apply the usual prevalence adjustment as well as the usual list size adjustment to 20/21 QOF payments.

8. Appraisals can be declined during this period but if you are going ahead, please use the revised, shortened, supportive 2020 model.

Alongside the vaccination programme, we have set out a number of areas which represent the biggest priorities for general practice over the coming quarter, to be

supported through the COVID-19 Capacity Expansion Fund. In addition to securing additional workforce these priorities are as set out in our 9 November letter:

- Ensure general practice remains fully and safely open for patients, including maintenance of appointments.
- Supporting establishment of the simple COVID oximetry@home patient self-monitoring model and identifying and supporting patients with Long COVID.
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list.
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations. Note that any prioritised chronic condition management reviews may be carried out remotely where clinically appropriate.
- On inequalities, making significant progress on learning disability health checks and ethnicity recording.

Extended access arrangements from April 2021

In our recent letter describing the necessary preparation for the COVID-19 vaccine programme, we urged local providers and CCGs to repurpose extended hours and access capacity to support the vaccination programme. This letter provides an update on extended access arrangements from April 2021 in order to ensure that previously planned contractual changes do not disrupt vaccination activity.

We have previously set out – in *Investment and Evolution* – that from April 2021 the wider CCG-commissioned extended access service would become part of the Network Contract Directed Enhanced Service (DES).

Given the uncertainty around the timing of the COVID vaccination programme, we have agreed with the British Medical Association's General Practitioners Committee (England) that we will delay the planned introduction of the new standardised specification for extended access as part of the Network Contract DES – and the associated national arrangements for the transfer of CCG extended access funding. We do not anticipate that the national introduction of the new enhanced access service or the associated transfer of funding will take place before April 2022.

The extended hours access requirements in the existing Network Contract DES will remain as they are for the same period. In instances where the capacity is not

required for vaccine delivery, it should be used for local priorities. This includes access to urgent and pre-booked appointments over the coming winter months.

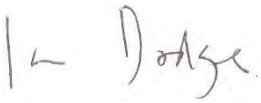
CCGs must now make arrangements for the CCG-commissioned extended access services to continue until April 2022. Where these services are already commissioned from PCNs, we would expect these arrangements to continue.

We would also strongly encourage commissioners to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness.

Thank you for your continued hard work and rapid action to do all that is necessary to respond to this pandemic.

Yours sincerely,

Dr Nikita Kanani MBE
Medical Director for Primary Care



Ian Dodge
National Director, Strategy and Innovation

Ed Waller
Director of Primary Care

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 5.2

TITLE OF REPORT:	Supporting General Practice 2021-2022
PURPOSE OF REPORT:	To provide the PCCCiC with details of the letter sent to all GP Practices that covers the agreements made between NHSE/I and The BMA to support General Practice
AUTHOR(S) OF REPORT:	**Gill Shelley**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarah Southall
PUBLIC OR PRIVATE:	Public Domain
KEY POINTS:	21 January 2021 NHSE/I and the BMA sent the attached letter to all GP Practices and PCN CDs – ref C1054. The contractual arrangements for the whole of 2021/22 are unclear but the letter aims to provide some reassurance and certainty. **Brief summary – members are asked to read the detail in the letter** • Additional four ARR services will not be introduced at the beginning of the year from April 2021 • Changes to QOF - DQOFH steering group will be considering the implications. This will include changes to Vacc & Imms, QI Modules and SMI and those set out in the letter. Changes to the framework will be made accordingly and will be ratified by PCCCic. • ARRS will continue to expand and be more flexible. From April 2021 further ARRS roles will be added: (i) paramedics, as planned; (ii) advanced practitioners; and (iii) mental health practitioners • Limits on the number of pharmacy technicians and physiotherapists which can be reimbursed will be removed • Joint funding model to bring together additional community mental health service funding with PCN funding • Those practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement. • Practices will provide the functionality for patients to use an online method to inform their practice of a change of address, contact details or of their demographic information, including ethnicity. • Cervical screening additional service will become an essential service. • Removal of the requirement for patient consent in use of eRD made under the pandemic regulations will become a permanent change. • A contractual requirement for a more timely transfer of patient records when patients move between practices will be introduced. • Changes will clarify that digital services are allowed to be delivered by contractors through locations other than practice premises, in line with current practice. •

RECOMMENDATION:	The PCCCiC is asked to: o Note the changes in the attached letter “Supporting General Practice 2021-22”
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	N/A
ACTION REQUIRED:	☐ Assurance ☐ For Information
Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View	N/A	**5/2/21**
Public/ Patient View	N/A	**5/2/21**
Finance Implications discussed with Finance Team	N/A	**5/2/21**
Quality Implications discussed with Quality and Risk Team	N/A	**5/2/21**
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	**5/2/21**
Information Governance implications discussed with IG Support Officer	N/A	**5/2/21**
Legal/ Policy implications discussed with Governance Teams	N/A	**5/2/21**
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	**5/2/21**
Any relevant data requirements discussed with CSU Business Intelligence	N/A	**5/2/21**
Signed off by Report Owner (Must be completed)		**G Shelley**

Classification: Official

Publication approval reference: 001559

To:

- All GP practices in England
- Primary Care Network Clinical Directors

Cc:

- CCG Clinical Leads and Accountable Officers
- Regional Directors of Commissioning
- Regional Directors of Primary Care and Public Health
- Regional Heads of Primary Care

21 January 2021

Supporting General Practice in 2021/22

Dear colleagues

1. Thank you for all that you and your teams have done, and are continuing to do, for your patients and communities over the last incredibly difficult year. This year is like no other and it is not yet clear when the pandemic will end, with general practice:

(i) rising to the most important task in its history – rapidly **administering the COVID vaccination programme to priority groups**;

(ii) **responding to the pandemic**, which continues to call on practices to adapt, remaining fully and safely open, in order to offer accessible healthcare to all, with a particular focus on inequalities;

(iii) facing a **backlog of care,** e.g. QOF reviews for people with chronic conditions, **with the added burden of additional population ill-health,** e.g. long COVID, the extent of which is not yet fully known; and

(iv) needing to **support the workforce** who have worked incredibly hard for many months.

2. NHS England and the BMA GPC England have agreed that too much remains unclear to confirm contractual arrangements for the whole of 2021/22. But we can offer some reassurance and certainty now.

3. The *Update to the GP contract agreement* in February 2020 guaranteed that the available funding for the PCN Additional Roles Reimbursement Scheme (ARRS)

would increase from a maximum of £430m in 2020/21 to a maximum of £746m in 2021/22.

4. This was intended to support the introduction of new PCN services from April. **We reconfirm the increase in ARRS funding from April as promised, but the additional four services will not be introduced at the beginning of the year from April 2021, given reprioritisation necessitated by the pandemic.**

5. The NHS needs every GP it can attract. Last year's *Update to the GP contract agreement* confirmed additional multi-year Government funding, in line with its published manifesto costings, for a programme of **GP recruitment and retention initiatives and we will promote their fullest possible uptake during 2021/22**.

6. To support the pandemic response and the COVID vaccination programme, NHS England is currently committing an additional £30m/month for capacity expansion for the last five months of 2020/21 and 100% funding support for PCN Clinical Directors for the last quarter (£10m/month) where PCNs are participating in the vaccination programme. The potential need for some continued **COVID funding** in the first months of 2021/22 will be kept under review.

7. **To provide practice stability and support recovery, QOF for 2021/22 will be based upon the indicator set already agreed for 2020/21, with very limited changes only.** The one main exception is vaccinations and immunisations, where we previously committed to improving payment arrangements for vaccinations and immunisations by **replacing the Childhood Immunisation DES with item of service payments, and a new vaccination and immunisation domain within QOF**. Four indicators have been agreed to comprise the new vaccination and immunisation domain, transferring almost £60m from the DES to QOF in 2021/22. This reform to the contract does not generate new workload but provides clearer support for the delivery of vaccinations and immunisations.

8. **The pandemic has required a rethink to the timetable for introducing new QI modules. No new modules will be introduced in 2021/22**. The Quality Improvement modules on Learning Disabilities and Supporting Early Cancer Diagnosis are subject to income protection arrangements for 2020/21. These modules are too important not to be completed in full. They will be repeated for 2021/22 in their original format, with some slight modifications to account for the impact of the pandemic upon care.

9. COVID has cast a harsh light on the inequalities in our society. The life expectancy of people with a serious mental illness (SMI) is 15-20 years lower than the general population. NHS England will **invest a further £24m into QOF from April in order to strengthen the SMI physical health check indicator set and support uptake**. Minor changes have been made to the cancer care domain, and also to specific existing indicators for asthma and heart failure diagnostics.

10. **The ARRS will continue to expand and be more flexible**. From April 2021 further ARRS roles will be added: (i) paramedics, as planned; (ii) advanced practitioners; and (iii) mental health practitioners, in a way that supports improved working with local mental health services.

11. **A joint funding model will bring together additional community mental health service funding with PCN funding**. From April 2021, every PCN will become entitled to a fully embedded FTE mental health practitioner, employed and provided by the PCN's local provider of community mental health services, as locally agreed. 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), with the practitioner wholly deployed to the PCN. This entitlement will increase to 2 WTE in 2022/23 and 3 WTE by 2023/24, subject to a positive review of implementation. For PCNs with more than 100,000 patients the entitlements are double. Staff funded in this way will be additional to those mental health practitioners and co-located IAPT practitioners already embedded within general practice. The new obligation on mental health providers will be confirmed in the final version of the NHS Standard Contract.

12. PCNs in London have faced an additional recruitment challenge in not being able to offer the same **inner and outer London weighting** that is available to other NHS staff in London. NHS London may now offer this on top of maximum current ARRS reimbursement amounts. For 2021/22, this will be reinforced through the Network Contract DES. This will not mean an increase to ARRS funding for London (but offers more flexibility in its use) nor a reduction in ARRS allocations outside London.

13. There will be a further opportunity, from 1 April 2021 to 30 September 2021, for clinical pharmacists that remain on the Clinical Pharmacist in General Practice scheme to transfer to PCNs and be reimbursed under the ARRS, as per previous transfer arrangements. Limits on the number of pharmacy technicians and physiotherapists which can be reimbursed will be removed.

14. **We encourage all PCNs to make full use of their ARRS entitlements as soon as possible**. PCNs are a platform for general practice investment. The extent to which they deploy that investment is a measure of their success.

15. The *Update to the GP contract* guaranteed that **at least £30m of the £150m IIF funding in 2021/22 will incentivise improvements in access for patients**. Beyond this commitment, it would be premature to decide now how exactly the IIF will expand beyond the initial indicator set. In light of the ongoing pandemic, there will be a **more phased approach to the introduction of new IIF indicators for 2021/22**, just as new PCN service requirements will also be phased. Indicators on seasonal flu vaccination (including for over 65s, patients aged 18-64 in a clinical at-risk group, and children aged 2-3 years), annual Learning Disability Health Checks and Health Action Plans, and social prescribing referrals will continue for 2021/22.

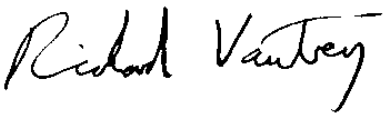
Details of the points and thresholds associated with these indicators will be communicated prior to 1 April.

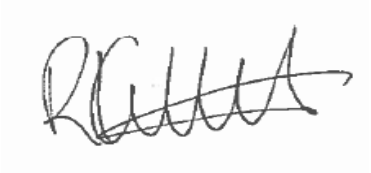
16. Extended access services have been used to support the general practice pandemic response, including the delivery of the COVID vaccination programme. The transfer of funding for the CCG commissioned Extended Access Service will now take place in April 2022. A nationally consistent enhanced access service specification will be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022. Commissioners are strongly encouraged to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness. This has already happened in many parts of England.

17. NHS England and the BMA's GPC England have also agreed to discuss, in early 2021/22, the introduction of an enhanced service on obesity and weight management with a view to introducing this as early as circumstances allow during 2021. This will be supported by additional funding from the Government.

The additional arrangements for 2021/22 will be developed and communicated as soon as the response to pandemic allows, providing as much notice to practices as possible.

Yours sincerely





Dr Nikita Kanani

Medical Director for Primary Care

NHS England and NHS Improvement

Dr Richard Vautrey

Chair

British Medical Association's General Practitioners Committee

Robert Kettell

Interim Director of General Practice Contract and Workforce

NHS England and NHS Improvement

Annex A – new QOF indicators for 2021/22

Table 1 - New vaccination and immunisation domain

Indicator ID	Indicator wording	Points	Payment thresholds	Points at lower threshold
NM197 (adapted)	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.	18	90-95%	3
NM198	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	90-95%	7
NM199	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	18	87-95%	7
NM201	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	10	50-60%	0

Table 2 – Agreed serious mental health and cancer QOF indicators, points and thresholds

Clinical area	Indicator ID	Indicator wording	Points	Thresholds
SMI	MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	4	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight) or preceding 24 months for all other patients	8	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	8	50-90%

Cancer	NEW	The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis.	2	70-90%
	CAN003	The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.	6	50-90%

Annex B – Expanding the Additional Roles Reimbursement Scheme – new roles requirements

Paramedic role requirements

Reimbursement level: Indicative Agenda for Change Band 7

Description of role

Paramedic practitioners work independently within their scope of practice in the community, using their enhanced clinical assessment and treatment skills, to assess and manage patients presenting with acute presentations which include minor illness or injury, abdominal pains, chest pains and headaches.

Training requirements

1. Where a PCN engages a paramedic to work in primary care under the Additional Roles Reimbursement Scheme, the PCN must ensure that the paramedic:

    a. is educated to degree/diploma level in Paramedicine or equivalent experience

    b. is registered with the Health and Care Professions Council (HCPC)

    c. has completed their two-year 'Consolidation of Learning' period as a "newly qualified paramedic"

    d. has a further three years' experience as a band 6 (or equivalent) paramedic

    e. is working towards developing Level 7 capability in paramedic areas of practice and, within six months of the commencement of reimbursement for that individual (or a longer time period as agreed with the commissioner), has completed and been signed off formally within the clinical pillar competencies of the Advanced Clinical Practice Framework.

Integrated working

2. Where a PCN employs a paramedic to work in primary care under the Additional Roles Reimbursement Scheme, if the paramedic cannot demonstrate working at Level 7 capability in paramedic areas of practice or equivalent (such as advanced assessment diagnosis and treatment) the PCN must ensure that each paramedic is working as part of a rotational model with an Ambulance Trust, in which they have access to regular supervision and support from clinicians signed off at clinical practice level 7.

Clinical responsibilities

3. The PCN must ensure that each paramedic has the following key responsibilities:

a. They will work as part of a multi-disciplinary team (MDT) within the PCN.

b. They will assess and triage patients, including same day triage, and as appropriate provide definitive treatment (including prescribing medications following policy, patient group directives, NICE (national) and local clinical guidelines and local care pathways) or make necessary referrals to other members of the primary care team.

c. They will advise patients on general healthcare and promote self-management where appropriate, including signposting patients to the PCN's social prescribing service, and where appropriate, other community or voluntary services.

d. They will be able to:
    - perform specialist health checks and reviews within their scope of practice and in line with local and national guidance
    - perform and interpret ECGs
    - perform investigatory procedures as required, and
    - undertake the collection of pathological specimens including intravenous blood samples, swabs, and other samples within their scope of practice, and within line of local and national guidance.

e. They will support the delivery of 'anticipatory care plans' and lead certain services (e.g. monitoring blood pressure and diabetes risk of elderly patients).

f. They will provide an alternative model to urgent and same day GP home visit for the network.

g. They will communicate at all levels across organisations ensuring that an effective, person-centred service is delivered.

h. They will communicate proactively and effectively with all colleagues across the multi-disciplinary team, attending and contributing to meetings as required.

i. They will maintain accurate and contemporaneous health records appropriate to the consultation, ensuring accurate completion of all necessary documentation associated with patient health care and registration with the practice.

j. Communicate effectively with patients, and where appropriate family members and their carers, where applicable, complex and sensitive information regarding their physical health needs, results, findings, and treatment choices.

Advanced Practitioner: additional role requirements

Reimbursement level: Indicative Agenda for Change Band 8A

Description of role

An advanced practitioner reimbursement tier may apply to the following PCN roles: Clinical Pharmacist; Physiotherapist; Occupational Therapist; Dietician; Podiatrist; and Paramedic. To be reimbursable at band 8a, this role needs to have the following additional minimum training requirements, plus these extra responsibilities.

The number of advanced practitioners will initially be limited to 1 WTE per PCN under or at 99,999 registered population; and 2 WTE for PCNs larger than that, until the HEE advanced practitioner registration process has been established and implemented (expected by October 2021).

Training requirements

1. The PCN must ensure that the practitioner both:

    a. is educated to master's degree level in relevant area of expertise; and

    b. has the capabilities of advanced clinical practice set out in section one of the *Multi-professional Framework for Advanced Clinical Practice in England.*

Clinical responsibilities

2. The PCN must ensure that each band 8a advanced practitioner has the following additional responsibilities:

    a. They will assess and triage patients, including same day triage, and as appropriate provide definitive treatment (including prescribing medications following policy, patient group directives, NICE (national) and local clinical guidelines and local care pathways) or make necessary referrals to other members of the primary care team.

    b. They will be able to manage undifferentiated undiagnosed condition and identify red flags and underlying serious pathology and take appropriate action.

    c. They will use complex decision making to inform the diagnosis, investigation, complete management of episodes of care within a broad scope of practice.

    d. They will actively take a personalised care approach and population centred care approach to enable shared decision making with the presenting person.

    e. They will have completed the relevant training in order to provide multi-professional clinical practice and CPD supervision to other roles within primary care, for example first contact practitioners and the personalised care roles.

Mental Health Practitioner overview and requirements

Reimbursement level: Indicative Agenda for Change Band 5 / 6 / 7 / 8a (depending on the individual registered clinician providing the service). The maximum reimbursement rates will be set at 50% of the standard levels, reflecting the 50% PCN contribution to the salary and employer NI/pension costs of the individual(s) delivering the service.

Deployment arrangements

The mental health practitioner role will be employed and provided under a local service agreement by the PCN's local provider of community mental health services, and embedded within the PCN. PCNs will be entitled to a service equivalent to one FTE practitioner for PCNs under or at 99,999 registered population; and two for PCNs larger than that. PCNs will contribute 50% of the salary and employers NI/pension costs associated with the individual(s) delivering the service. The remaining costs will be covered by the mental health provider.

The final NHS Standard Contract will include obligations on all community mental health providers to provide the mental health practitioner role on this basis. If needed, the CCG will broker agreement between the PCN and community mental health provider on the detail of deployment arrangements.

In addition to the adult and older adults' role, PCNs may also choose to embed a children and young people practitioner with the agreement of the mental health provider. This would be funded on the same joint basis.

Requirements

1. The mental health practitioner may be any registered clinical role operating at Agenda for Change Band 5 or above including, but not limited to, a Community Psychiatric Nurse, Clinical Psychologist, Mental Health Occupational Therapist or other clinical registered role, as agreed between the PCN and community mental health service provider.

2. The mental health practitioner will:

    - provide a combined consultation, advice, triage and liaison function, supported by the local community mental health provider;

    - work with patients to:
        a. support shared decision-making about self-management;
        b. facilitate onward access to treatment services;
        c. provide brief psychological interventions, where qualified to do so and where appropriate.

    - work closely with other PCN-based roles to help address the potential range of biopsychosocial needs of patients with mental health problems. This will include the PCN's MDT, including, for example, PCN clinical

pharmacists for medication reviews, and social prescribing link workers for access to community-based support.

- operate without the need for formal referral from GPs, including accepting some direct bookings where appropriate, subject to agreement on volumes and the mechanism of booking between the PCN and the provider.

- be supported through the local community mental health services provider by robust clinical governance structures to maintain quality and safety, including supervision where appropriate.

Annex C: other changes agreed for 2021/22

1. NHS England and GPC England remain committed to reviewing and agreeing changes to the terms and conditions of practice staff within existing resources, as set out in the *Update to the GP contract agreement*, during 2021/22. In the interim we will:

- undertake a data collection survey in general practice to get an accurate baseline of current terms and conditions of practice staff, in order to inform the development of good practice guidance on employment terms and conditions;

- explore how general practice gender pay gap information can be made more transparent in a way which respects individual privacy and does not result in undue additional burdens upon practices, with a view to agreement and implementation during 2021/22.

2. We confirm the definition of the core digital offer which all practices must provide to patients, including the offer and use of video and online consultations, ability to do online prescriptions, and online appointment booking. This is already the norm in the vast majority of practices. This is as follows:

- Practices offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs
- The ability to hold a video consultation between patients, carers and clinicians
- Two-way secure written communication between patients, carers and practices
- An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently
- Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications
- Shared record access, including patients being able to add to their record
- Request and management of prescriptions online
- Online appointment booking

For online consultations and video consultations, practices will need to not only install online and video consultation tools but also use them ordinarily. Practices will be enabled with the tools and functionality, as part of CCG infrastructure responsibilities.

3. We will extend the arrangement from April 2021 that those practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement.

4. Practices will provide the functionality for patients to use an online method to inform their practice of a change of address, contact details or of their demographic information, including ethnicity.

5. The cervical screening additional service will become an essential service.

6. The removal of the requirement for patient consent in use of eRD made under the pandemic regulations will become a permanent change.

7. A contractual requirement for a more timely transfer of patient records when patients move between practices will be introduced.

8. Changes will clarify that digital services are allowed to be delivered by contractors through locations other than practice premises, in line with current practice.

9. Minor updates will be made to the existing Structured Medication Review and Early Cancer Diagnosis services within the Network Contract DES from April 2021.

Working together for healthier futures

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 5.3

TITLE OF REPORT:	**Freeing up practices to support Covid vaccination' NHSE & I letter – 3.2.21 (letter attached)**
PURPOSE OF REPORT:	To update the PCCCiC on further changes to following NHSE&I letter to practices 3.2.21 (freeing up practices to support Covid vaccination)
AUTHOR(S) OF REPORT:	**Gill Shelley**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarah Southall
PUBLIC OR PRIVATE:	**Public Domain**
KEY POINTS:	Further information on the letter of 7.1.21 is included on the following • PCN Clinical Director support • Income protection for minor surgery DES • Income protection for QOF • Investment and impact fund
RECOMMENDATION:	PCCCiC is asked to: Note this report for information and assurance
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	N/A
ACTION REQUIRED:	☐ Assurance ☐ For Information
Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	**23/2/21**
Public/ Patient View	N/A	**23/2/21**
Finance Implications discussed with Finance Team	N/A	**23/2/21**
Quality Implications discussed with Quality and Risk Team	N/A	**23/2/21**
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	**23/2/21**
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Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	**23/2/21**
Any relevant data requirements discussed with CSU Business Intelligence	N/A	**23/2/21**
Signed off by Report Owner (Must be completed)		**G Shelley**

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 5.1

Publications approval reference:

An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here:
https://www.england.nhs.uk/coronavirus/primary-care

3 February 2021

Dear Colleagues

Freeing up practices to support COVID vaccination – further details

1. This letter provides further information for GP practices and commissioners on the measures set out in our letter of 7 January.

PCN Clinical Director support

2. The additional PCN clinical director support for January – March 2021 is equivalent to an increase in Clinical Director time per PCN from 0.25 WTE to 1 WTE for this period, and will be worth up to £32.5 million nationally. It will be made separately from the 0.25 FTE Clinical Director payment under the Network Contract DES, and must be calculated and paid manually outside CQRS. Where a PCN is eligible, the additional funding of £0.542 per patient for the quarter (using the PCN registered list size as of 1 January 2020, or a later date if this has been agreed with the commissioner) should be paid to the PCN's nominated payee by the commissioner as soon as possible.

3. PCNs are eligible for this further support payment where at least **one Core Network Practice is signed up to the COVID-19 Vaccination Programme Enhanced Service**.

4. The payment will be made to the PCN's nominated payee on behalf of the PCN and, similar to the Network Contract DES, must be deployed across the PCN in the manner which has been agreed by the Core Network Practices to support the leadership and management of the COVID response.

Income protection for Minor Surgery DES

5. Income protection arrangements for the Minor Surgery DES will apply from 1 January 2021 until 31 March 2021.

6. Local commissioners should make the monthly payments to practices for the Minor Surgery DES that they made for the corresponding period from 1 January

to 31 March 2019.

7. No contract enforcement will be taken where no activity is done under the Minor Surgery Additional Service from 1 January 2021 to 31 March 2021.

Income protection for QOF

8. The income protection of QOF is being extended to cover the whole of the Quality Improvement Domain (74 points per practice) until 31 March 2021. Income protection is also being extended to the eight indicators related to prescribing detailed in Table 3 in the QOF Guidance linked below. Practices will need to meet the agreed conditions as set out in the existing QOF guidance which can be found at https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf

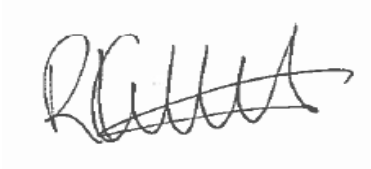
9. An amendment will be made to the SFE to reflect the revised income protection arrangements for QOF and CQRS will be updated to reflect this in time to support end of year payments.

Investment and Impact Fund

10. In our letter of 17 September, we described the new Investment and Impact Fund and the opportunity for PCNs to achieve additional funding for performance against six indicators. Given high levels of flu immunisation and social prescribing referrals, and the continued priority attached to annual healthchecks for those with a learning disability, we anticipate strong PCN achievement.

11. Thank you for your continued hard work and rapid action to do all that is necessary to respond to this pandemic. Please contact england.gpcontracts@nhs.net with any queries on the above.

Yours sincerely,



Robert Kettell
Interim Director of General Practice Contract and Workforce

Dr Ursula Montgomery
Senior Clinical Advisor: Primary Care

Annex: legal and accounting information

Where applicable, payments made under the income protection arrangements for the Minor Surgery DES and for the additional support for PCN Clinical Director will apply to GMS, PMS and APMS contractors with a registered list, and will be made to GP practices under Section 96 of the NHS Act 2006 (as amended) “Assistance and support: Primary Medical Services”. Payments made under the income protection arrangements for QOF will be made under amendments to the SFE.

In order to account properly for these payments as COVID costs, local commissioners may be required to request manual adjustment to implement the arrangements set out in this letter. Further financial and accounting guidance for commissioners.

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 6.0

TITLE OF REPORT:	Covid-19 Vaccination Programme Update
PURPOSE OF REPORT:	To provide an overview of the progress being made in primary care in response to the national Covid-19 Vaccination Programme.
AUTHOR(S) OF REPORT:	Sarah Southall, Head Primary Care/GPFV Programme Director
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi, Director of Primary Care
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• Preparatory work began in November 2020 as part of the CCG(s) Programme Management Governance arrangements. • General practice were commissioned to commence vaccination from December 2020 a phased go live of Local Vaccination Sites began 14 December and concluded by 8 January 2021 • An overview of progress made since operationalising local vaccination sites is detailed within this report.
RECOMMENDATION:	The committee discuss and accept the assurance provided.
CONFLICTS OF INTEREST:	The Covid Vaccination Programme comprises of an enhanced service commissioned by NHS England with General Practice. Members attending the meeting may be involved in the direct delivery of the Enhanced Service.
LINKS TO CORPORATE OBJECTIVES:	*N/a*
ACTION REQUIRED:	☐ Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	N/a
Risk Assurance Framework	N/a
Policy and Legal Obligations	N/a
Equality & Diversity	N/a
Governance	N/a

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – FEBRUARY 2021
Covid-19 Vaccination Programme Update

1.0 INTRODUCTION

1.1 All GP practices are offered the opportunity to sign up to this ES provided they meet the requirements of this specification. By signing up to deliver this ES, a GP practice agrees to a variation of its primary medical services contract to incorporate the provisions of this ES. The provisions of this ES are therefore deemed a part of the GP practice's primary medical services contract.

1.2 On agreement to participate in delivery of the programme, this ES, a GP practice will work together with others in a collaborative manner and in accordance with the collaboration requirements at paragraphs 5 and 6 of this ES to deliver all aspects of this specification. The GP practice, in collaboration with other GP practices in the PCN Grouping, must have the ability to deliver this ES during the hours of 8am to 8pm, 7 days per week and including on bank holidays. The enhanced service commenced on 8 December 2020 and is expected to continue until 31 August 2021.

2.0 PROGRAMME GOVERNANCE

2.1 Weekly programme board meetings were established in December, chaired by the Senior Responsible Officer (Sally Roberts, Chief Nurse). The board's focus spans systemwide arrangements for Covid Vaccination, including Local Vaccination Sites (Primary Care Enhanced Service), Hospital Hubs (health and social care staff) and Mass Vaccination Centres (patients prioritised via the national booking system based on Joint Committee for Vaccination and Immunisation (JCVI) Guidance.

2.2 Weekly Primary Care Work Stream Meetings were established in December also, comprising of clinical leads from each place, supported by the respective primary care senior leads with operational responsibility for the delivery of the programme in primary care. Updates pertaining to estates, digital, logistics, place based delivery and medicines management. This forum also tracks the progress of information requests pertaining to primary care, these have been significant in number since November, often with very challenging timelines for response.

2.3 Responsibility for place based delivery is that of the Managing Directors in each place, with primary care delivery lead and overseen by the Director of Primary operationally with the Senior Responsible Officer accountable for the programme.

2.4 Programme wide risks and issues are reviewed weekly at the Programme Board, including risks pertaining to local vaccination sites in general practice.

3.0 ENHANCED SERVICE

3.1 At the beginning of December PCNs were invited to confirm their interest to participating in enhanced. All practices across the Black Country and West Birmingham have signed up to the enhanced service. Primary Care have responded to the enormous challenge set in response to the need to mobilise this vaccination programme in a remarkably short timescale, with immense uncertainty, planning regardless to ensure their site(s) were able to stand up within the timeline defined nationally.

3.2 Following sign up by each practice to the enhanced service, each group of practices/site were required to achieve a series of objectives to enable their site to go live:-

Site Designation – Identification of a suitable site where vaccination can take place, involving one or more PCNs. An application to NHSE was prepared for approval and sign off confirmed providing 10 days notice for the first delivery of vaccine.

Readiness Assessment – Prior to go live assurance was given to confirm that the site had been prepared including equipment deliveries and on site conversion, sufficient workforce were in place, quality assurance confirming sign off of the site standard operating procedure including CQC registration amendment(s).

Collaboration Agreement – Practices working together as a group, whether existing PCN or a different configuration of practices, were required to prepare and sign off an agreement to confirm how they intended to work together. The agreement confirms how the group of practices will work together to co-ordinate and deliver the vaccinations at scale between December 2020 through until August 2021.

Digital Systems – Registration with multiple online digital solutions to enable logistical information to be communicated to designated sites (clinical and non clinical users), activity to be recorded in a national system (Pinnacle) that reports to numerous other digital systems at national and local level

All sites were required to have in place a Standard Operating Procedure, in line with national guidance to confirm how services would be delivered safely. Each site was supported to develop their SOP to enable approval for live in the week prior to their first delivery of vaccine.
Local Vaccination Sites have been mobilised during December and January on a phase basis as follows:-

CCG/PCNs	Wave 1 14.12.20	Wave 2 17&18.12.20	Wave 3 21.12.20	Wave 4 28.12.20	Wave 5 6&7.1.21	Total Mobilised Per Wave
Dudley	2	2	0	2	0	6
Sandwell & West Birmingham	2	5	0	0	2	9
Walsall	0	1	1	0	4	6
Wolverhampton	1	2	1	0	2	6
Total Sites Per Wave	5	10	2	2	8	27

All 27 sites remain active spanning 31 PCNs, learning from each phase of the programme has been captured on an ongoing basis and is due to be reviewed by the Primary Care Work Stream on 20 February.

3.3 Prioritisation

The criteria for vaccination of patients is set nationally, changes that have been since the enhanced service was updated on 7 January are communicated via the CCG to vaccination sites to ensure they prioritise the correct cohort(s). Cohorts of patients are confirmed by JCVI advice published on 30 December 2020 as follows:

1 Residents in a care home for older adults and their carers;
2 All those 80 years of age and over and frontline health and social care workers;
3 All those 75 years of age and over;
4 All those 70 years of age and over and clinically extremely vulnerable individuals;
5 All those 65 years of age and over;
6 All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality;
7 All those 60 years of age and over;
8 All those 55 years of age and over; and
9 All those 50 years of age and over.

Advice on vaccination does not include all pregnant women or those under the age of 16 years. The AstraZeneca vaccine is only authorised for use in those aged 18 years of age and over, however, JCVI is of the view that this vaccine may be used in those 16-17 years of age where there is no access or availability to an alternative approved COVID-19 vaccine. This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Operationally all types of vaccination site are actively encouraged to exercise in their planning are minimising vaccine wastage and degree of flexibility. Timing of vaccination for the respective cohorts listed above has been controlled nationally to ensure not only general practice but also community pharmacy and mass vaccination sites have sufficient demand to ensure vaccine usage is maximised.

The enhanced service requires a joined-up service for all care homes (already aligned to the PCN) to be vaccinated in December/January where reasonably possible to do so, recognising that outbreaks of Covi-19 may delay full achievement in the timescale advocated.

To date cohorts 1-4 have been prioritised, enclosure 2 confirms progress made by all types of vaccination sites across the Black Country and West Birmingham system. From Monday 15 February community pharmacy and mass vaccination sites will be inviting cohort 5 patients to book appointments, they will be able to opt for an appointment in general practice if they prefer. Meanwhile general practice will be inviting patients with underlying health conditions (16-64 years) from cohort 6.

Planning and organisation of appointments for second doses has also begun, these are expected to be given from 1 March onwards (12 weeks apart as per JCVI guidance).

3.4 Forecast performance at the time of preparing this report (enclosure 2) confirms that all places were expected to exceed the minimum regional accepted vaccination rate with the exception. One PCN in West Birmingham had experienced significant challenges with uptake due to the location of the site/travel distance. The CCG has supported the PCN concerned to agree a series of remedial actions comprising of pop up and roving clinics to address the resistance to travel to the location, a revised workforce model to release more capacity to accommodate pop up and roving clinics and placed a stronger focus on faith/community based provisions. The Primary Team meet to review

progress on a daily basis to ensure the remedial actions are realising an improvement, a more accurate update on achievement will be available for this network when the committee meets.

3.5 Progress for all local vaccination sites is monitored closely each week at place based and Black Country level forums to ensure focus remains on the correct cohort(s) and any patients who have declined the vaccine are offered the opportunity to book when they are ready to accept the vaccine.

4.0 FINANCE

4.1 GP practices will not be eligible for payment for the administration of vaccinations outside the announced authorised cohorts unless they are able to evidence exceptional circumstances at the request of the Commissioner (NHSE).

4.2 In addition to the item of service payment (£12.58 per vaccination) additional payments have been announced by NHSE since the enhanced service commenced in December.

- Care Homes – tiered payment for vaccinations in care homes between 14 December and end of January (£30 per vaccination upto 17 January, £20 per vaccination upto 24 January and reducing to £10 per vaccination to end January)
- Administration - £950 per site extra per week to cover additional administration costs associated with vaccination in care homes and additional data entry requirements (during the month of January)
- Housebound – £10 per patients for vaccinations that have taken place since 14 December 2020 to 8 February 2021 (includes patients from cohorts 1-4 only)

Reconciliation of activity undertaken during December and January is currently underway, PCNs will receive their first payment for this activity at the end of February and monthly thereafter.

5.0 RECOMMENDATION(s)

Committee should consider and accept the detail provided within the report and refer to the Enhanced Service Specification for further detail regarding service delivery requirements.

Sarah Southall
Head of Primary Care/GPFV Programme Director
February 2021

Enclosure 1 Enhanced Service Specification : Covid-19 Vaccination Programme 2020/21
Enclosure 2 Forecast Activity Outputs (week ending 14 February 2021)

Enclosure 2

Select week commencing: 08 Feb

	WOLVERHAMPTON	WALSALL	DUDLEY	Sandwell	West Birmingham	SWB
Over 70s not vaccinated by the end of week	2	1	0	4	189	193
CEV not vaccinated by the end of week	225	0	70	54	1851	1905
Vaccinations of target cohort (70+ and CEV) w/c 8 Feb	3175	2512	5661	8777	2485	11262
Vaccine not required for target cohort	2449	4144	5474	4680	608	5288
Forward Look						
Residential Care and 80+	89%	90%	91%	89%	88%	89%
75-79	88%	92%	93%	87%	85%	87%
70-74	86%	88%	90%	86%	81%	84%
CEV (under 70)	81%	86%	84%	84%	39%	66%
65-69	34%	47%	37%	55%	18%	44%
60-64	8%	8%	7%	6%	5%	6%
55-59	24%	25%	22%	22%	17%	20%
50-54	19%	20%	20%	17%	12%	15%
Current Position						
Residential Care and 80+	86%	90%	91%	83%	71%	80%
75-79	88%	92%	93%	87%	75%	83%
70-74	85%	87%	89%	84%	68%	79%
CEV (under 70)	62%	69%	59%	74%	34%	59%
65-69	30%	43%	36%	46%	18%	36%
60-64	8%	7%	7%	6%	5%	6%
55-59	24%	25%	22%	22%	17%	21%
50-54	19%	20%	20%	17%	12%	16%
Vaccine doses next week (all types)	0	0	0	0	0	0
Weekly Ambulatory Capacity Next Week	14694	16320	14400	16704	4818	21522
Weekly Non-ambulatory Capacity Next Week	0	0	0	0	0	0

Outputs

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		**12.02.21**
Public/ Patient View		**12.02.21**
Finance Implications discussed with Finance Team		**12.02.21**
Quality Implications discussed with Quality and Risk Team		**12.02.21**
Equality Implications discussed with CSU Equality and Inclusion Service		**12.02.21**
Information Governance implications discussed with IG Support Officer		**12.02.21**
Legal/ Policy implications discussed with Governance Teams		**12.02.21**
Other Implications (Medicines management, estates, HR, IM&T etc.)		**12.02.21**
Any relevant data requirements discussed with CSU Business Intelligence		**12.02.21**
Signed off by Report Owner (Must be completed)	**S Southall**	**12.02.21**

Enhanced Service Specification

COVID-19 vaccination programme 2020/21

Enhanced Service (ES) Specification

COVID-19 vaccination programme

Publishing approval number: 001559

Version number: 3.0

First published: 7 January 2021

Prepared by NHS England and NHS Improvement

Version updates

Version	Updated section
2.0	New 5.2 Amendments to 9.2
3.0	Amendments to 2.2.3 Amendments to 6.6 Updated reference in 7.7 Amendments to: 9.2 9.5.1(d) 9.5.7 9.5.9(b) 9.6 9.7 9.8.1 9.8.1 (f) 11.1 11.2 11.2.2

	11.3 11.3.2(b) 11.4 11.5 New paragraph 11.11

Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

Contents

The NHS is a global leader in achieving high levels of vaccination coverage. Through their place in local neighbourhoods, GP practices are well placed to reach out to our diverse communities and avoid inequalities in access. This means general practice will have an important role in a potential COVID-19 vaccination programme, alongside other providers.

Our plans for deployment of a COVID-19 vaccine build on the tried-and-tested rollout plans for influenza vaccine, which we deploy every autumn.

The BMA General Practitioners Committee in England has agreed with NHS England that the general practice COVID-19 vaccination service will be commissioned in line with agreed national terms and conditions as an enhanced service directed by NHS England (ES). The ES will be offered to all GP practices and will not be capable of amendment by CCGs. This specification provides GP practices with sufficient information to commence planning whilst also noting that requirements and timescales will be subject to change.

This ES relates to COVID-19 vaccinations only.

Other formats of this ES specification are available on request. Please send your request to: england.cov-primary-care@nhs.net

1 Introduction

1.1 This ES[1] is subject to amendments from time to time as the COVID-19 vaccination programme develops.

1.2 This ES has been agreed between NHS England and the British Medical Association (BMA) General Practitioners Committee (GPC) in England. It is a national specification that cannot be varied locally. NHS England will agree any future amendments to the terms of this ES specification with the GPC unless it is necessary to amend it in line with recommendations or decisions of the JCVI, MHRA, vaccine manufacturers or Ministers, where NHS England will discuss the required changes with the GPC.

1.3 This ES is offered by the Commissioner (NHSE) to all General Medical Services, Personal Medical Services and Alternative Provider Medical Services contract holders.

1.4 An ES is designed to cover enhanced aspects of clinical care, all of which are beyond the scope of essential and additional services. No part of this ES specification by commission, omission or implication defines or redefines essential or additional services.

1.5 All GP practices are offered the opportunity to sign up to this ES provided they meet the requirements of this specification. By signing up to deliver this ES, a GP practice agrees to a variation of its primary medical services contract to incorporate the provisions of this ES. The provisions of this ES are therefore deemed a part of the GP practice's primary medical services contract.

1.6 On agreement to participate in this ES, a GP practice will work together with others in a collaborative manner and in accordance with the collaboration requirements at paragraphs 5 and 6 of this ES to deliver all aspects of this specification. The GP practice, in collaboration with other GP practices in the PCN Grouping, must have the ability to deliver this ES during the hours of 8am to 8pm, 7 days per week and including on bank holidays. The Commissioner (NHSE) will inform practices where this is required, based on the need to

[1] Section 7A functions are arrangements under which the Secretary of State delegates to NHS England responsibility for certain elements of the Secretary of State's public health functions, which add to the functions exercised by NHS England under the National Health Service Act 2006 ("the 2006 Act"). They are made under section 7A of the 2006 Act. They are described as 'reserved functions' which are not covered by the 'enhanced services delegated to CCG' category in the delegation agreement. NHS England remains responsible and accountable for the discharge of all the Section 7A functions. As this vaccination is defined as a Section 7A function, this agreement cannot be changed or varied locally.

maximise vaccinations when the supply of vaccine is available to reduce waste and in support of the mass vaccination of the population.

1.7 A GP practice need not be a member of an established Primary Care Network to participate in this ES. GP practices are expected to collaborate with neighbouring practices and established Primary Care Networks in a 'PCN Grouping' to deliver all aspects of this ES. All collaborating GP practices, whether they are members of an established Primary Care Network or not, will be expected to sign up to a COVID-19 ES Vaccination Collaboration Agreement as described in this ES. Practices should refer to the definition of PCN Grouping in paragraph 2.2.10 to see exactly how the term is used in this ES.

1.8 Where this ES sets out a requirement or obligation of a PCN Grouping, each GP practice of a Primary Care Network together with neighbouring GP practices as described above, is responsible for ensuring the requirement or obligation is carried out on behalf of that PCN Grouping.

2 Commonly Used Terms

2.1 This specification is referred to as this **"ES"**.

2.2 In this ES:

2.2.1 the "**Commissioner (NHSE)**" refers to the organisation with responsibility for contract managing these ES arrangements and this is NHS England;

2.2.2 "**COVID-19 ES Vaccination Collaboration Agreement**" refers to the agreement entered into by GP practices, including those that are members of an established Primary Care Network, and which incorporates the provisions that are required to be included in a COVID-19 ES Vaccination Collaboration Agreement in accordance with paragraph 6.4;

2.2.3 a "**Designated Site**" refers to premises nominated by the PCN Grouping and approved by the Commissioner (NHSE) in accordance with the Designation Process as the premises from which the vaccination will be administered to Patients. Only one PCN Grouping shall be permitted to operate from each PCN Designated Site;

2.2.4 the "**Designation Process**" refers to the General Practice Site Designation Process (which includes the site designation criteria)

which is undertaken to ensure that any site delivering vaccinations under this ES meets the specified site criteria and which may be updated and amended as required from time to time and is an integral part of this ES. A copy of Designation Process (as may be amended from time to time) is published on https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-general-practice/;

2.2.5 a "**GP practice**" refers to a provider of essential primary medical services to a registered list of Patients under a General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract who has agreed with the Commissioner (NHSE) to deliver this ES;

2.2.6 **"JCVI"** means the Joint Committee on Vaccination and Immunisation;

2.2.7 **"MHRA"** means the Medicines and Healthcare products Regulatory Agency;

2.2.8 "**Ministerial Decision**" means a decision issued by the Secretary of State for Health and Social Care;

2.2.9 **"Patient"** means those patients eligible to receive the vaccination in general practice and who fall under the cohorts listed at paragraph 9.2; and

2.2.10 "**PCN Grouping**" refers to the group of GP practices which collaborate to deliver the services under this ES, which may include established Primary Care Networks, and additional neighbouring GP practices and/or other groups of GP practices working together.

2.3 In this ES words importing the singular include the plural and vice versa.

3 Background and Duration

3.1 This ES is for the Commissioner (NHSE) to commission the provision of COVID-19 vaccinations to Patients. This ES begins on 8 December 2020 and shall continue until 31 August 2021 unless it is terminated in accordance with paragraph 3.2.

3.2 This ES may be terminated on any of the following events:

3.2.1 automatically when the COVID-19 vaccination programme comes to an end;

3.2.2 the Commissioner (NHSE) is entitled to require that the GP practice withdraws from this ES as set out in this ES;

3.2.3 the Commissioner (NHSE) terminates this ES by giving not less than 42 days' notice to the GP practice;

3.2.4 the Commissioner (NHSE) is entitled to terminate this ES by giving not less than 42 days' notice where the GP practice has failed to comply with any reasonable request for information from the Commissioner (NHSE) relating to the provision of the services pursuant to this ES; or

3.2.5 the GP practice terminates this ES in accordance with paragraph 13.4.

3.3 GP practices should note that delivery of the vaccines and the administration of the vaccinations will not begin until the date notified under paragraph 9.1.

3.4 The Patients eligible for vaccination under this ES are set out in paragraph 9.2. Vaccinations must only be administered to Patients.

3.5 GP Practices will be provided with vaccines to deliver this ES. The GP practice, together with the other GP practices in the PCN grouping shall be considered joint and several owners of the vaccine. GP practices should understand that the vaccine availability and supply is challenging and may be constrained and is subject to change over time. The Commissioner (NHSE) is likely to need to make allocation decisions regarding the vaccine during the term of this ES. Allocation decisions could include prioritising GP practices' PCN Groupings or the use of a particular type of vaccine. GP practices' support in relation to stock forecasting, use and ordering is important to this ES.

3.6 Please note that this ES will be updated from time to time as the vaccination programme develops and is subject to Ministerial Decision. This may include amendments to eligible cohorts and prioritisation of cohorts of Patients, and on-going adaptation of the requirements within this ES.

3.7 Details of this ES and the wider COVID-19 vaccination programme can be found at https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/.

4 Process

4.1 GP practices must sign up to participate in this ES before 23:59 on 7 December 2020 unless the Commisisoner (NHSE) agrees otherwise in certain circumstances. GP practices must record their agreement to participate in this ES in writing to the Commissioner (NHSE). Local CCGs will collate the written agreement of each GP practice to participate in this ES on behalf of the Commissioner (NHSE).

4.2 All GP practices participating in this ES must have nominated and have access to a Designated Site from which vaccinations must be administered unless specific guidance is provided by the Commissioner (NHSE) setting out the circumstances in which a vaccination can occur at a different location and there is a specific reason not to (for example, the medical condition of a Patient is such that, in the reasonable opinion of the GP practice attendance on the Patient is required and it would be inappropriate for the Patient to attend at the Designated Site, in which case the GP practice must provide the vaccination to the Patient at another location). The Commissioner (NHSE) may be able to support GP practices to work with community partners and other local providers as appropriate to identify pragmatic local solutions to vaccinating these Patients. GP practices must make arrangements to vaccinate Patients resident in care homes at their care home of residence.

4.3 Payment under this ES is conditional on GP practices:

4.3.1 entering into this ES, including any variations and updates;

4.3.2 complying with the requirements of this ES; and

4.3.3 completing the course of vaccinations to Patients (unless exceptional circumstances apply).

4.4 A GP practice's participation in this ES shall only continue for so long as it is in compliance with its terms.

5 Collaboration Requirements: General

5.1 Each GP practice participating in this ES will:

5.1.1 co-operate with others in so far as is reasonable, including any other person responsible for the provision of services pursuant to this ES, in a timely and effective way and give to each GP practice in its PCN Grouping and outside of its PCN Grouping (where appropriate) such

assistance as may reasonably be required to deliver the services under this ES;

5.1.2 openly, honestly and efficiently share information with relevant other parties including the GP practices in its PCN Grouping and outside of its PCN Grouping (where appropriate) that is relevant to the services, aims and objectives of this ES;

5.1.3 comply with any reasonable request for information from the Commissioner (NHSE) relating to the provision of the services pursuant to this ES;

5.1.4 have regard to all relevant guidance published by the Commissioner (NHSE) or referenced within this ES;

5.1.5 comply with all clinical protocols giving explicit consideration to contra-indications and any guidance around concurrent adminstration of vaccinations (e.g influenza vaccinations);

5.1.6 take reasonable steps to provide information (supplementary to national communications) to Patients about the services pursuant to this ES, including information on how to access the services and any changes to them; and

5.1.7 ensure that it has in place suitable arrangements to enable the lawful sharing of data to support the delivery of the services, business administration and analysis activities.

5.2 GP practices will need to work together as a joint enterprise and the Patients who attend for COVID-19 vaccinations will attend what is deemed to be a temporary single medical practice for the purpose of regulation 3(8)(b) of the Human Medicines Regulations 2012.

6 Collaboration Requirements: PCN Groupings

6.1 GP practices are expected to work in their PCN Grouping to co-ordinate and deliver the vaccinations at scale and in line with the requirements set out in this ES.

6.2 GP practices are expected to participate in relevant PCN Grouping meetings relating to the COVID-19 vaccination programme, in so far as is reasonable.

6.3 All GP practices participating in this ES must ensure that they collaborate with other GP practices in the PCN Grouping in accordance with the Designation Process and agree (prior to participating in the ES) the site to be nominated as the Designated Site for delivering vaccinations under this ES.

6.4 All GP practices must have in place a COVID-19 ES Vaccination Collaboration Agreement signed by all collaborating GP practices in its PCN Grouping by no later than the day before the date of the first adminstration of the vaccinations that sets out the clinical delivery model (i.e. how clinics are delivered and responsibility is shared between the GP practices within the PCN Grouping) deployed by the PCN Grouping and as a minimum contains additional provisions in relation to the following:

6.4.1 appropriate arrangements for Patient record sharing in line with data protection legislation;

6.4.2 appropriate arrangements for reporting of activity data, vaccine stock (to include stock use and stock forecasting which must include the brand of vaccine delivered and required by the PCN grouping), available capacity and submission of required data to the Commissioner (NHSE). Where appropriate access to mandatory national systems is required, these will be made available free of charge;

6.4.3 appropriate arrangements for communicating with Patients, including but not limited to call/re-call;

6.4.4 arrangements for any sharing and deployment of staff as agreed by the PCN Grouping in relation to the efficient delivery of the services pursuant to this ES;

6.4.5 financial arrangements between the collaborating GP practices and, if relevant, financial arrangements relating to other healthcare providers (such as community pharmacies) outside of its PCN Grouping involved in local delivery of this ES;

6.4.6 arrangements in relation to use of the Designated Site and any other relevant premises (as required);

6.4.7 sub-contracting arrangements (as required);

6.4.8 a lead contact email address for the PCN Grouping which shall be supplied to the Commissioner (NHSE) for use in disseminating information urgently; and

6.4.9 appropriate indemnity arrangements. The Clinical Negligence Scheme for General Practice (CNSGP) provides clinical negligence indemnity cover for all staff engaged by a GP practice under the CNSGP Regulations. It covers NHS activities delivered by a Part 4 contractor under a Primary Medical Services contract (including an NHS standard contract with Schedule 2L), a Primary Medical Services sub-contractor, or the provision of 'Ancillary Health Services' for a Part 4 contractor or Primary Medical Services sub-contractor such as an Enhanced Service. Cover under CNSGP is not restricted to a GP practice's registered patients so would apply to the provision of an Enhanced Service (ES) by a GP practice to a person such as practice staff who are not on the registered list of that GP practice.

6.5 The Commissioner (NHSE) will publish a template COVID-19 ES Vaccination Collaboration Agreement on https://www.england.nhs.uk/gp/investment/gp-contract/, which the PCN Grouping may wish to use and adapt for the purpose of delivering this ES.

6.6 PCN Groupings will be expected to collaborate with any national, regional and/or local Sustainability and Transformation Partnership operations centres in relation to vaccine stock forecasting and ordering arrangements that are put in place, which will include complying with the processes and requirements set out in any relevant Standard Operating Procedures. This may include, for example, providing daily or weekly updates on actual stock use, vaccines delivered (including the brand of vaccine used), vaccine wastage and forecasted requirements. PCN Groupings will need to submit information using the national Foundry system.

6.7 PCN Groupings will need to plan service delivery arrangements in line with stock forecasting and ordering arrangements including:

6.7.1 planning clinics according to expected vaccine supply;

6.7.2 coordinating required trained staff;

6.7.3 ordering required vaccine and consumables supply within required timeframes;

6.7.4 receiving and safely storing supply; and

6.7.5 amending clinic schedules if there is a disruption to supply and undertaking timely communication of any changes to Patients.

7 Site Designation

7.1 All GP practices must collaborate to identify at least one suitable premises from which their PCN Grouping is capable of delivering the requirements of this ES, and on approval of those premises as a Designated Site, from which vaccinations must be administered (unless exceptions apply in this ES).

7.2 PCN Groupings must complete the Designation Process so that they can include the name of the Designated Site in their sign-up confirmation in accordance with paragraph 4.1.

7.3 The Commissioner (NHSE) shall determine whether any proposed premises meets (and is likely to continue to meet) the requirements of the Designation Process while having regard to issues of Patient access, the geographical distribution of sites and the total number of Designated Sites that can be accommodated within vaccine supply arrangements. The Commissioner (NHSE) shall have regard to the PCN Groupings' preferences. The Commissioner (NHSE) shall have the right to choose between multiple premises put forward by a PCN Grouping.

7.4 The Commissioner may invite PCN Groupings to nominate additional sites for designation as Designated Sites. Such sites will also need to comply with the Designation Process and become a Designated Site prior to vaccinations being administered from them..

7.5 If it is necessary to amend a Designated Site, the application in accordance with the Designated Process must be undertaken as soon as possible to minimise the impact on the delivery of this ES to Patients.

7.6 As the COVID-19 vaccination programme develops, there may be the requirement for additional Designated Sites.

7.7 It may be necessary to periodically update the Designated Site designation criteria to reflect changes to the COVID-19 vaccination programme. Where a change occurs, the amended criteria will be published on https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/primary-care-guidance/ and GP practices will be notified in writing and through the Primary Care Bulletin (as referred to in paragraph 10). Designated Sites must continue to (at least) meet the Designated Site

designation criteria in place at the time of their application and approval by the Commissioner.

7.8 GP practices are responsible for ensuring that the quality and connectivity of internet broadband at the Designated Site is sufficient to support access to the point of care system 7 days a week between the hours of 8am and 8pm.

7.9 Where the Commissioner (NHSE) requires the GP practices to put into place any reasonable security requirements regarding the vaccine and the Designated Site, the GP practice shall make all reasonable efforts to ensure that these requirements are put into place as soon as possible.

8 Sub-contracting Arrangements

8.1 The Commissioner (NHSE) acknowledges that to deliver the services pursuant to this ES, a GP practice may require the ability to sub-contract the delivery of the required clinical services to another GP practice in the PCN Grouping or another party. Where a GP practice is considering sub-contracting arrangements related to the provision of services under the ES, the GP practice must comply with the requirements set out in the statutory regulations or directions that underpin its primary medical services contracts in relation to sub-contracting, which will also apply to any arrangements to sub-contract services under the ES.

8.2 GP practices and their PCN Grouping must make available, on request from the Commissioner (NHSE), any reasonable information relating to the sub-contracting arrangements and reporting information relating to the delivery of ES.

8.3 Insofar as the sub-contracting of the clinical services pursuant to this ES is necessary to deliver these services and is compliant with the primary medical services legal and contractual requirements, the Commissioner (NHSE) will not object to the sub-contracting.

9 Service Delivery Specification[2]

9.1 The requirement to provide vaccinations under this ES will begin on the date to be notified to GP practices in writing by the Commissioner (NHSE). The

[2] GP practices must ensure they have read and understood all sections of this document as part of the implementation of this programme and to ensure understanding of the payment regime.

commencement date for vaccine delivery will not be less than 10 calendar days following notification from the Commissioner (NHSE).

9.2 Patients eligible to receive the vaccination in general practice are those Patients who are on the GP practice's registered patient list; are unregistered patients; are registered on another primary medical services practice's list of registered patients, but that primary medical service has not signed up to deliver this ES and there is a written agreement between the Commissioner (NHSE) and the PCN Grouping that the PCN Grouping will vaccinate the patients; or are frontline health and social care workers which are registered on another primary medical services practice's list of patients, but who have been advised by the Commissioner (NHSE) that they may elect to receive the vaccination from the GP practice for convenience; **and** fall under the cohorts listed below. GP practices must deliver the vaccinations to Patients within the cohorts, in the order of the cohorts listed below. The Commissioner (NHSE) will announce the authorisation of cohorts for vaccination. Vaccination will be permitted to Patients outside of the announced cohort where the GP practice can demonstrate exceptional circumstances, that it is clinically appropriate and where resources would otherwise have been wasted. Patients eligible to receive the vaccination in general practice and the cohorts set out below are as currently defined in published guidance and are subject to change (which may include consolidation, expansion and reprioritisation). This paragraph 9.2 is therefore a snapshot in time, and accurate as at the date of publication of this amended ES. Patients eligible to receive the vaccination in general practice and the cohorts will change in line with the JCVI authorised announced eligible Patients and cohorts, which will be available at https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation. GP practices are required to keep up to date with these criteria which will change from time to time and will be notified by NHS England of amendments through the Primary Care Bulletin (as referred to in paragraph 10). The cohorts of Patients referred to above following JCVI advice published on 30 December 2020[3] are as follows:

i. Residents in a care home for older adults and their carers;

ii. All those 80 years of age and over and frontline health and social care workers;

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948338/jcvi-advice-on-priority-groups-for-covid-19-vaccination-30-dec-2020.pdf

iii. All those 75 years of age and over;

iv. All those 70 years of age and over and clinically extremely vulnerable individuals[4];

v. All those 65 years of age and over;

vi. All individuals aged 16 years[5] to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality[6];

vii. All those 60 years of age and over;

viii. All those 55 years of age and over; and

ix. All those 50 years of age and over.

Implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity
- vaccine product storage, transport and administration constraints
- exceptional individualised circumstances
- availability of suitable approved vaccines, for example for specific age cohorts

Operational considerations, such as minimising wastage, may require a flexible approach, where decisions are taken in consultation with national or local public health experts. To be assured that outcome is maximised however, JCVI would like to see early and regular comprehensive vaccine coverage data so that the Committee can respond if high priority risk groups are unable to access vaccination in a reasonable time frame.

9.3 GP practices must liaise with Primary Care Networks which are responsible for delivery of the Enhanced Health in Care Homes provisions in the Network

[4] Clinically extremely vulnerable individuals are described here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19. This advice on vaccination does not include all pregnant women or those under the age of 16 years

[5] The AstraZeneca vaccine is only authorised for use in those aged 18 years of age and over, however, JCVI is of the view that this vaccine may be used in those 16-17 years of age where there is no access or availability to an alternative approved COVID-19 vaccine

[6] This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Contract Directed Enhanced Service to ensure that a joined up service is delivered to all PCN-linked Care Homes to be served by the relevant PCN.

9.4 GP practices will not be eligible for payment for the administration of vaccinations outside the announced authorised cohorts unless they are able to evidence exceptional circumstances at the request of the Commissioner (NHSE).

9.5 GP practices must ensure they offer vaccinations to Patients in accordance with paragraph 9.2 and:

9.5.1 GP practices are required to ensure:

(a) that, in addition to any national call/re-call service, they write, text or call Patients (as appropriate) using standard nationally determined text;

(b) that they actively co-operate with any national call/re-call service requirements; and

(c) that they maintain clear records of how they have contacted (including 'called' and recalled) Patients; and

(d) to support high uptake of vaccinations and minimise vaccine wastage, that they proactively contact Patients for vaccinations. This may include additional contacts over and above the call/re-call requirements set out in paragraph 9.5.1(a)where appropriate to do so. GP practices are not required under this ES to offer call/re-call to care home residents, and frontline health and social care workers. Where these Patients are easily identifiable, GP practices may wish to offer call/re-call;

9.5.2 that vaccinations are not administered where contra-indicated as per JCVI published guidance;

9.5.3 that vaccinations must be administered during the period of this ES;

9.5.4 that all Patients who receive vaccinations are eligible under the cohorts and suitable clinically in accordance with law and guidance;

(a) Informed Patient consent is obtained by a registered healthcare professional and the Patient's consent to the vaccination (or the name of the person who gave consent to

the vaccination and that person's relationship to the Patient) must be recorded in the point of care system and in accordance with law and guidance;

9.5.5 Patient consent obtained in accordance with paragraph 9.5.4(a) is recorded (as appropriate) for any necessary information sharing with the Commissioner (NHSE) in accordance with data protection law and guidance;

9.5.6 that they comply with the Standard Operating Procedures relating to delivery of local vaccination services and continue to meet the designation criteria as set out in the Designation Process;

9.5.7 that Patients receive a complete course of the same vaccine in line with JCVI guidance.[7]

9.5.8 that the correct dosage of the vaccine is administered, as clinically appropriate;

9.5.9 that they comply with relevant guidance issued by JCVI on:

(a) which vaccine is the most suitable for each cohort of Patients;

(b) the relevant maximum and minimum timescales (as applicable) for administration of each vaccination including: the JCVI advice on priority groups for COVID-19 vaccination publication dated 30 December 2020 which states that the Committee "advises that delivery of the first dose to as many eligible individuals as possible should be initially prioritised over delivery of a second vaccine dose;."[8] and the Statement from the UK Chief Medical Officers dated 30 December 2020 which states 'Prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and

[7] https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948338/jcvi-advice-on-priority-groups-for-covid-19-vaccination-30-dec-2020.pdf

equivalent health services'.[9] The GP practice is required to ensure that the second dose of the vaccine to each Patient will be administered towards the end of the JCVI/CMO reccommended vaccine dosing schedule of 12 weeks. For those Patients who have received their first dose and are scheduled to receive their second *after* Monday 4 January but before 11 January, the second dose appointment should be rescheduled in most instances (with clinical discretion applied if needed in exceptional circumstances and in individual cases only. Where clinical discretion is applied in exceptional circumstances, this must be recorded in writing);

(c) the number of doses of each vaccine required to achieved the desired immune response; and

(d) any other relevant guidance relating to the administration of the different types of vaccine and the different cohorts from time to time; and

9.5.10 that they provide to each Patient being administered a vaccine the vaccination information as directed by the Commissioner (NHSE), which may include a printed copy of the manufacturer's patient information leaflet about the vaccine (which would be provided to GP practices) and any other relevant information. Practices should advise patients where required of the current policy as recommended by the JCVI and as set out at paragraph 9.5.9(b) in relation to the timing of the administration of the second dose where this is not reflected in the manufacturer's patient information leaflet.

9.5.11 Although no data for co-administration of COVID-19 vaccine with other vaccines exists, in the absence of such data, first principles would suggest that interference between inactivated vaccines with different antigenic content is likely to be limited. Based on experience with other vaccines, any potential interference is most likely to result in a slightly attenuated (weaker) immune response to one of the vaccines. There is no evidence of any safety concerns, although it may make the attribution of any adverse events more difficult. Because of the absence of data on co-administration with COVID-19 vaccines, COVID19 vaccine should not be routinely offered at the same time as

[9] https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines

other vaccines. Based on current information about the first COVID-19 vaccines which may be used, scheduling of COVID-19 vaccine and other vaccines should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events. As both of the COVID-19 vaccines which may be authorised for use first are considered inactivated, where individuals in an eligible cohort present having received another inactivated or live vaccine, COVID-19 vaccination should still be considered. The same applies for other live and inactivated vaccines where COVID-19 vaccination has been received first. In many cases, vaccination should proceed to avoid any further delay in protection and to avoid the risk of the patient not returning for a later appointment. In such circumstances, patients should be informed about the likely timing of potential adverse events relating to each vaccine. In the circumstances described in this paragraph, GP practices should refer to the available guidance[10].

9.6 GP practices must adhere to defined standards of record keeping ensuring that the vaccination event is recorded the same day that it is administered within the specified point of care system. GP practices must ensure that all staff recording the vaccination have accessed the relevant training. This is available on the NHS Futures Platform.

9.7 The GP practice must ensure the Patient has understood that failure to receive all recommended doses of the vaccine may render the vaccination ineffective and should ensure that a follow up appointment to receive the subsequent dose has been booked, acknowledging that in exceptional circumstances appointments may need to be moved. The Patient should receive all doses in the regimen from the same provider unless, in the exceptional circumstances as per paragraph 11.3, the GP practice is unable to complete the regimen.

9.8 **Persons involved in administering the vaccine**:

9.8.1 all healthcare professionals administering the vaccine, must have:

(a) read and understood the clinical guidance available and to be published on https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/;

10 https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners

(b) completed the additional online COVID-19 specific training modules available on the e-learning for health website when available. GP practices will be expected to oversee and keep a record to confirm that all staff have undertaken the training prior to participating in vaccinations;

(c) the necessary experience, skills and training to administer vaccines in general, including completion of the general immunisation training available on e-learning for health and face-to-face administration training, where relevant;

(d) the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis; and

(e) understood and be familiar with the Patient Group Directions for the COVID-19 vaccines[11][12] made available by Public Health England and authorised by the Commissioner (NHSE) including guidance on who can use them https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them; and

(f) ensured that registered healthcare professionals were involved in the preparation (in accordance with the manufacturer's instructions) of the vaccine(s) unless unregistered staff have been trained to do this.

9.8.2 all other persons administering the vaccine, must:

(a) be authorised, listed, referred to or otherwise indentified by reference to The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020;

11 https://www.england.nhs.uk/coronavirus/publication/patient-group-direction-for-covid-19-mrna-vaccine-bnt162b2-pfizer-biontech/

12 https://www.england.nhs.uk/coronavirus/publication/patient-group-direction-for-covid-19-vaccine-astrazeneca-chadox1-s-recombinant/

(b) while preparing and/or administering vaccinations be supervised by a healthcare professional fulfilling the requirements of paragraph 9.8.1 above;

(c) have completed the additional online COVID-19 specific training modules available on the e-learning for health website when available. GP practices must oversee and keep a record to confirm that all staff have undertaken the training prior to participating in administration of the vaccination. This includes any additional training associated with new vaccines that become available during the period of this ES;

(d) have the necessary skills and training to administer vaccines in general, including completion of the general immunisation training available on e-learning for health and face-to-face administration training, where relevant;

(e) the necessary skills and training, including training with regard to the recognition and initial treatment of anaphylaxis; and

(f) be familiar with, understand and act within the scope of the national protocol for the COVID-19 vaccines[13], made available by Public Health England and approved by the Secretary of State for Health and Social Care.

9.9 GP practices should ensure that all vaccines are received, stored, prepared and subsequently transported (where appropriate) in accordance with the relevant manufacturer's[14], Public Health England's[15] and NHS England's instructions and all associated Standard Operating Procedures, including that all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that the readings are taken and recorded from that thermometer on all working days and that appropriate action is taken when readings are outside the recommended temperature. Where vaccinations are administered away from a Designated Site (for example, at a care home), the GP practice must ensure that appropriate measures are taken to ensure the integrity of the cold chain, following any guidance issued by JCVI or Public

[13] https://www.gov.uk/government/publications/national-protocol-for-covid-19-mrna-vaccine-bnt162b2-pfizerbiontech

[14] Information from the manufacturer suggests that there will be very specific handling requirements to preserve stability. Vaccines will require 2-8c storage on-site

[15] PHE's ordering, storing and handling protocol https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines

Health England. Appropriate procedures must be in place to ensure stock rotation, monitoring of expiry dates and appropriate use of multi-dose vials to ensure that wastage is minimised and certainly does not exceed 5% of the total number of vaccines supplied. Wastage levels will be reviewed by the Commissioner (NHSE) on an ongoing basis. Where wastage exceeds 5% of the vaccines supplied and that wastage is as a result of supply chain or Commissioner (NHSE) fault, those vaccines shall be removed from any wastage calculations when reviewed by the Commissioner (NHSE) on an ongoing basis.

9.10 GP practices should ensure that services are accessible, appropriate and sensitive to the needs of all Patients. No eligible Patient shall be excluded or experience particular difficulty in accessing and effectively using this ES due to a protected characteristic, as outlined in the Equality Act (2010) – this includes Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.

9.11 GP practices and the PCN Groupings they each work within must ensure that Designated Sites and the vaccination clinics are operated in accordance with the Designation Process and any other criteria published alongside this ES specification. GP practices should inform the Commissioner (NHSE) immediately if for any reason a Designated Site ceases to meet the criteria set out in this ES and the Commissioner (NHSE) reserves the right to require a GP practice to withdraw from this ES in these circumstances, in accordance with the withdrawal criteria at paragraph 13.4.

9.12 The Commissioner (NHSE) may be able to provide support to PCN Groupings by way of equipment loan. Where such support is made available, all equipment will be maintained by the GP practices and shall be returned to the Commissioner (NHSE) at the end of the delivery of service sunder this ES.

Monitoring and Reporting

10 GP practices delivering this ES must (if they have not already done so) sign up to receive the Primary Care Bulletin published by the Commissioner (NHSE) so key information in relation to the delivery of this ES can be communicated in a timely manner. GP practices can sign up to the Primary Care Bulletin at: https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/.

10.1 GP practices and PCN Groupings must monitor and report all activity information in accordance with the monitoring and reporting standards as published by the Commissioner (NHSE).

10.2 GP practices will be responsible for recording adverse events and providing the Patient with information on the process to follow if they experience an adverse event in the future after leaving the vaccination site, including signposting the Yellow Card service. GP practices will be expected to follow MHRA incident management processes in the case of a severe reaction.

11 Payment and Validation

11.1 A payment of £25.16 shall be payable to the GP practice for adminstration of the vaccination course to each Patient. This £25.16 is made up of two items of service payments of £12.58 each and is intended to reflect the two vaccinations per Patient which make up the course of treatment. A payment of £12.58 shall be payable on completion of the administration of the first vaccination dose and a further £12.58 shall be payable on completion of the administration of the second vaccination dose.GP practices must still ensure that Patients are called/re-called to second vaccination appointments.

11.2 GP practices will only be eligible for payment in accordance with this ES where all of the following requirements have been met:

11.2.1 the Patient which received the vaccinations was a Patient at the time the vaccine was administered, and all of the following apply (except where the claim for reimbursement is for a qualifying exception):

(a) the GP practice has used the specified vaccines recommended in the JCVI guidance[16];

(b) the Patient in respect of whom payment is being claimed was within an announced and authorised cohort at the time the vaccine was administered, unless the exceptional circumstances set out in this ES apply;

(c) the vaccination has been recorded on the point of care system; and

(d) the GP practice has not received and does not expect to receive any payment from any other source (other than any

[16] https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation

discretionary funding made available by the Commissioner (NHSE) relating to the delivery of the COVID-19 vaccination programme and/or under their COVID-19 ES Vaccination Collaboration Agreement) in respect of the vaccine or vaccination.

11.2.2 the Patient's vaccinations have been administered by the GP practice's PCN Grouping. GP practices must make arrangements within their PCN Grouping for payments in respect of unregistered patients; patients registered on another primary medical services practice's list of registered patients, but that primary medical service has not signed up to deliver this ES and there is a written agreement between the Commissioner (NHSE) and the PCN Grouping that the PCN Grouping will vaccinate the patients and frontline health and social care workers which are registered on another primary medical services practice's list of patients, but who have elected to receive the vaccination from the GP practice for convenience; **and** who fall within the definition of Patient and who are vaccinated at the PCN Grouping's Designated Site. GP practices must nominate a single GP practice within the PCN Grouping to claim and receive (on their own behalf) payment for these unregistered patients, and frontline health and social care workers which shall be set out in the COVID-19 ES Vaccination Collaboration Agreement.

11.2.3 GP practices must make arrangements within their PCN Grouping for the nomination of a host GP practice for the PCN Grouping which will receive payments due under this ES for and on behalf of the GP practice. This is necessary as existing systems are unable to support payment in a timely manner and to facilitate the payment system for this novel and complex situation where vaccination of the population across multiple locations and settings is required. The PCN Grouping should ensure that arrangements are in place so that the correct ODS code is entered to enable payment to the host GP practice. The host GP practice will then receive data which enables it to identify how many Patients on the GP practice's list of registered patients have been vaccinated, for verification and the transfer of funds to the GP practice. Payment arrangements may be reviewed in line with subsequent developments to I.T. systems.

Exceptional circumstances when a second dose cannot be administered:

11.3 We recognise that there may be exceptional circumstances where a GP practice may not be able to administer a second dose of the vaccine:

11.3.1 unsuitability of the Patient:

(a) because of medicine intolerance or allergy discovered during administration of the first dose of the vaccine;

(b) if the Patient has commenced end of life care before a second dose of the vaccine could be provided; or

(c) if the Patient has died before a second dose of the vaccine could be provided;

11.3.2 changed circumstances in relation to the Patient:

(a) Patient choice: the Patient has definitively chosen not to receive the second dose of the vaccine following a discussion with a clinician;

(b) no response: the Patient did not attend a booked appointment to receive the second dose of the vaccine and the GP practice has made at least two separate attempts to contact the Patient and a period of 90 days has elapsed following the administration of the first dose of the vaccine;

(c) the Patient's name has been removed from the GP practice's list of registered patients between the first and second doses of the vaccine and their name is on the list of registered patients of another primary medical services practice outside of the PCN Grouping;

(d) the GP practice is unable to access the Patient to administer a vaccination within the recommended time period: the Patient is in hospital or has moved to a new form of residence such as the detained estate, a residential care home or other long-stay care facility since receiving the first dose of the vaccine and the GP practice is unable to access or it is not appropriate for the GP practice to access the location to administer the second dose of the vaccine; or

(e) the GP practice has not been provided with the vaccine in order for the GP practice to administer the vaccination within the recommended time frame.

Where the exceptional circumstances in paragraph 11.3 apply and the GP practice is not able to administer a second dose of the vaccine, the GP practice will not be eligible for the second payment of £12.58.

11.4 GP practices must keep a record of the relevant circumstances to support reporting requirements and payment processes which will be published.

11.5 Payment under this ES, or any part thereof, is conditional on the GP practice satisfying the following conditions:

11.5.1 they have in place a COVID-19 ES Vaccination Collaboration Agreement that complies with the requirements of paragraph 6.4;

11.5.2 they comply (and maintain compliance) with the requirements of this ES;

11.5.3 they make available to the Commissioner (NHSE) any information under this ES which the Commissioner (NHSE) needs and the GP practice either has or could be reasonably expected to obtain;

11.5.4 they make any returns or provide any information reasonably required by the Commissioner (NHSE) (or on the Commissioner's behalf) (whether computerised or otherwise) to support payment and do so promptly and fully; and

11.5.5 all information supplied pursuant to or in accordance with this paragraph 11.5 must be accurate.

11.6 If the GP practice does not satisfy any of the above conditions, the Commissioner (NHSE) may withhold payment of any, or any part of, an amount due under this ES that is otherwise payable.

11.7 Practices may not claim payment for Patients vaccinated outside of the PCN grouping (for example, at a vaccination centre).

11.8 If the Commissioner (NHSE) makes a payment to a GP practice under this ESand:

11.8.1 the GP practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or

because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);

11.8.2 the Commissioner (NHSE) was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or

11.8.3 the Commissioner (NHSE) is entitled to repayment of all or part of the money paid,

the Commissioner (NHSE) may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such deduction can be made, it is a condition of the payments made under this ES that the contractor under its General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract (as relevant) must pay to the Commissioner (NHSE) that equivalent amount.

11.9 Where the Commissioner (NHSE) is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the Commissioner (NHSE) does so or recovers the money by deducting an equivalent amount from another payment in accordance with this ES, it may, where it sees fit to do so, reimburse the GP practice the amount withheld or recovered, if the breach is cured.

11.10 The Commissioner (NHSE) is responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

11.11 [The Commissioner (NHSE) acknowledges that some GP practices have commenced the adminstration of vaccinations under a previous version of this ES where payment was intended to be made on completion of the second adminstration of the vaccination to a Patient. The Commissioner (NHSE) will work with GP practices to ensure that, where practicable, payment for the administration of the first vaccination dose is advanced to those GP practices and made prior to the completion of adminstration of the vaccination course where the first administration of the vaccination has been made to Patients prior to the date of this amended ES.]

12 Withdrawal from this ES

12.1 Where a practice wishes to withdraw from this ES it must provide the Commissioner (NHSE) with no less than 42 days' notice of its intention to withdraw to enable the recommissioning of services for Patients unless otherwise agreed with the Commssioner (NHSE).

13 Variations To and Subsequent Withdrawal From this ES

13.1 Due to the continually changing nature of the COVID-19 pandemic and the resources and vaccines that the NHS is able to deploy, this ES will need to be responsive and may be frequently updated. GP practices are expected to be alive to this issue and committed to providing the best possible COVID-19 vaccination service to Patients.

13.2 Variations to this ES will be published on https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/primary-care-guidance/ and will take effect immediately on publication. GP practices will also be notified of any changes via the Primary Care Bulletin (as referred to in paragraph 10).

13.3 In order to simplify the participation process, where there are any in-year variations to this ES specification after 8 December 2020, the GP practice participating in this ES will automatically be enrolled.

13.4 If a GP practice cannot meet the requirements of this ES it must withdraw from this ES by serving written notice on the Commissioner (NHSE) to that effect with supporting reasons as to why it cannot meet the revised requirements, such notice must be received by the Commissioner (NHSE) no later than 42 days after publication of the relevant variation and providing no less than 42 days' notice of the GP practice's withdrawal. The GP practice will also need to make the necessary amendments to the COVID-19 ES Vaccination Collaboration Agreement.

13.5 Following notice of their intention to withdraw from the ES, but prior to the actual withdrawal date, GP practices must comply with their COVID-19 ES Vaccination Collaboration Agreement and co-operate with their PCN Grouping during and following their withdrawal from this ES.

13.6 The provisons of Annex A will apply to practices that withdraw from this ES.

Annex A: Provisions relating to GP practices that terminate or withdraw from this ES (subject to the provisions below for termination attributable to a GP practice formation or merger) and New GP practices

1 Where a GP practice has entered into this ES but its primary medical services contract subsequently terminates or the GP practice withdraws from this ES prior to the end of this ES, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, in accordance with the provisions set out below. Any payment will fall due on the last day of the month following the month during which the GP practice provides the information required.

2 In order to qualify for payment in respect of participation under this ES, the GP practice must comply with and provide the Commissioner (NHSE) with the information in this ES specification or as agreed with the Commissioner (NHSE) before payment will be made. This information should be provided in writing within 28 days following the termination of the contract or the GP practice's withdrawal from this ES.

3 The payment due to a GP practice whose primary medical services contract subsequently terminates or that withdraws from this ES prior to the end of this ES will be based on the number of completed vaccination courses provided to Patients or single doses where a qualifying exception applies (as set out at paragraph 11.3), prior to the termination of the primary medical services contract or withdrawal from this ES.

Provisions relating to GP practices who merge or are formed

4 Where two or more GP practices merge or a new primary medical services contract is awarded and as a result two or more lists of registered patients are combined, transferred (for example from a terminated practice) or a new list of registered patients is developed, the new GP practice(s) may enter into a new or varied arrangement with the Commissioner (NHSE) to provide this ES.

5 In the event of a practice merger, the ES arrangements of the merged GP practices will be treated as having terminated (unless otherwise agreed with the Commissioner (NHSE)) and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 11 of this ES.

6 The entitlement to any payment(s) of the GP practice(s), formed following a practice merger, entering into the new or varied arrangement for this ES will be assessed and any new or varied arrangements that may be agreed in writing with the Commissioner (NHSE) will begin at the time the GP practice(s) starts to provide this ES under such arrangements.

7 Where that new or varied arrangement is entered into and begins within 28 days of the new GP practice(s) being formed, the new or varied arrangements are deemed to have begun on the date of the new GP practice(s) being formed and payment will be assessed in line with this ES specification as of that date.

8 Where the GP practice participating in the ES is subject to a practice merger and:

8.1 the application of the provisions set out above in respect of practice mergers would, in the reasonable opinion of the Commissioner (NHSE), lead to an inequitable result; or,

8.2 the circumstances of the split or merger are such that the provisions set out above in respect of practice mergers cannot be applied,

the Commissioner (NHSE) may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the Commissioner's (NHSE) opinion are reasonable in all of the circumstances.

New contract awards

9 Where a new primary medical services contract is awarded by the Commissioner (NHSE) after the commencement of this ES, the GP practice will be offered the ability to opt-in to the delivery of this ES where it is able to join a PCN Grouping.

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: February 23rd 2021
AGENDA ITEM: 7.0

TITLE OF REPORT:	Practice request Change of PCN: Griffiths Drive Surgery, Wolverhampton from RWT PCN to Unity East Network (UEN)
PURPOSE OF REPORT:	To inform committee of the changes at Griffiths Drive Surgery and to request approval for the change of PCN
AUTHOR(S) OF REPORT:	**Gill Shelley and Lucy Sherlock**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarah Southall
PUBLIC OR PRIVATE:	Public Domain
KEY POINTS:	• Dr Bilas, contract holder, currently sub contracts all clinical services to Royal Wolverhampton Trust (RWT) • Dr Bilas has given notice to RWT to terminate the sub contract. • Proposal for termination of sub contract at March 31st 2021 • The practice wishes to join UEN
RECOMMENDATION:	For the committee to approve the change
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	N/A
ACTION REQUIRED:	☐ Approval
Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – Tuesday 23 February 2021
PRACTICE REQUEST TO CHANGE OF PRIMARY CARE NETWORK

1.0 INTRODUCTION

1.1 Griffiths Drive Surgery, Wolverhampton is in the North East area of Wolverhampton. Dr Bilas is the contract holder and currently sub contracts all clinical services to Royal Wolverhampton Trust and is a practice in the RWT Primary Care Network (PCN)

1.2 Dr Bilas wishes to retire and is in the process of adding another doctor (Dr Srikanth) onto his contract as part of his succession plan.

1.3 Dr Srikanth does not want to continue with the sub contract once he is the contract holder; subsequently Dr Bilas has given notice to RWT

2.0 CURRENT SITUATION

2.1 RWT is working with Dr Bilas on a termination plan with a proposed date of 31/3/21 for termination of the sub contract

2.2 Following this the practice will no longer be a member of RWT PCN and wishes to join Unity East Network (UEN). The practice as in this practice grouping prior to sun contracting and Ashmore Park Medcial Centre, alos in this PCN is approx. 0.5 miles away. Unity also provide extended access services for Griffiths Drive Practice , hence no disruption for patients.

2.3 UEN have agreed for the transfer to take place and the paperwork is in progress.

3.0 RECOMMENDATION(s)

3.1 For the committee to give approval for the change of PCN.

Gill Shelley
Primary Care Contracts Manager

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	**10/02/2021**
Public/ Patient View	**The termination plan ensures engagement with the practice patients regarding both practice and PCN changes**	**10/02/2021**
Finance Implications discussed with Finance Team	**The finance team are aware of the changes but there are no financial implications to the CCG**	**10/02/2021**
Quality Implications discussed with Quality and Risk Team	**N/A**	**10/02/2021**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	**10/02/2021**
Information Governance implications discussed with IG Support Officer	**N/A**	**10/02/2021**
Legal/ Policy implications discussed with Governance Teams	**Network DES – Guidance followed**	**10/02/2021**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	**10/02/2021**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	**10/02/2021**
Signed off by Report Owner (Must be completed)		**G Shelley**

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PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 8.0

TITLE OF REPORT:	**Application to merge The Slieve Surgery and Holly Road Medical Practice**
PURPOSE OF REPORT:	To consider the application to merge the contracts of M85145 The Slieve Surgery and M85801 Holly Road Medical Practice
AUTHOR(S) OF REPORT:	Alexandra Clark Primary Care Contracts Manager- SWBCCG Jane McGrandles Head of Primary Care Contracts -SWBCCG
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi Primary Care Director
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• The Slieve Surgery and Holly Road Medical Practice have submitted an application to merge practices. • Both practices are currently based in the same building and therefore, services will continue to be delivered in the same way as previously. • SWB CCG's Primary Care Operational Group has considered the application and recommend to PCCCic that approval is given to merge the practices.
RECOMMENDATION:	To approve the application to merge M85145 The Slieve Surgery and M85801 Holly Road Medical Practice.
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	To improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services.
ACTION REQUIRED:	☐ Assurance ✓ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	The CCG will be responsible for the costs associated with merging clinical systems. This cost will be approx. £4,500 and will not pose a cost pressure to the CCG.
Risk Assurance Framework	N/A
Policy and Legal Obligations	None
Equality & Diversity	None
Governance	None

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – 23RD FEBRUARY 2021
APPLICATION TO MERGE THE SLIEVE SURGERY AND HOLLY ROAD MEDICAL PRACTICE

1.0 INTRODUCTION

1.1 Sandwell and West Birmingham CCG has recently received an application to merge the contracts of M85145 The Slieve Surgery and M85801 Holly Road Medical Practice.

1.2 The purpose of this report is for the Primary Care Commissioning Committees in Common (PCCCic) to consider the application to merge the contracts of M85145 The Slieve Surgery and M85801 Holly Road Medical Practice.

2.0 BACKGROUND

2.1 M85145 The Slieve Surgery is currently located at 2, The Slieve, Handsworth Wood, Birmingham, B20 2NR and has 6,917 registered patients, as of 1st January 2021.

2.2 M85801 Holly Road Medical Practice is also currently located at 2, The Slieve, Handsworth Wood, Birmingham, B20 2NR and has 1,154 registered patients, as of 1st January 2021.

2.3 Dr Imran Zaman has held a GMS contract for each practice since 4th November 2020.

2.4 The practices have requested the contracts to merge on 1st April 2021. The clinical systems merger date will be agreed with the clinical system provider, if approval is given to merge practices.

3.0 APPLICATION CONSIDERATIONS

When reviewing the application, the Committee is asked to take into consideration the following areas.

3.1 Practice Staff

3.1.1 The merger will result in patients having improved access to clinicians, particularly for patients registered with Holly Road Medical Practice who will have access to a wider range of clinicians than currently.

3.1.2 The below table outlines the current number of staff available at each practice and total number of staff available, if the practice merger is approved.

Table 1: Current Staff Provision

Practice Staff	The Slieve Surgery	Holly Road Medical Practice	Merged Practice
GP	*3*	*1*	*4*
Practice Nurse	*2*	*1*	*3*
Practice Managers	*1*	*0.5*	*1*
Supervisors	*2*	*0*	*2*
Administration Staff	*5*	*1*	*6*

3.1.3 The merger of both practices will enable practice staff to work as one entity, reduce duplication of reporting and claims generation, and increase staff productivity.

3.1.4 All staff are currently employed by The Slieve Surgery and therefore, there will be no TUPE implications, if the merger is approved.

3.2 Opening Hours and Extended Hours/Access

3.2.1 The merged Practice's opening hours would remain the same at 08:00-18:30 on Mondays to Fridays.

3.2.2 Primary Care Network (PCN) Extended Hours provision would remain the same with both practices continuing to be aligned to the Peoples Health Partnership PCN and would continue to offer appointments at 18:30 – 20:00 on Thursdays.

3.2.3 The GPFV Extended Access Scheme would continue to be delivered through the existing arrangements of the New Provider's for Health Extended Access hub (subject to the demands faced by practices in having to also deliver the COVID-19 Vaccination Programme).

3.3 Enhanced Services

3.3.1 Following the merger, both practice's patients would continue to have access to the same range of Enhanced Services.

3.4 Clinical Systems

3.4.1 Both practices are currently utilising the EMIS web clinical system and therefore, the intention is to merge systems, if the application is approved.

3.4.2 The CCG will be responsible for the costs associated with merging clinical systems and funding will come from the GP IT Revenue. The CCG IT lead has confirmed that the cost will be approx. £4,500 and will not pose a cost pressure to the CCG.

3.5 Practice Boundary

3.5.1 The merger will not result in any reduction of the practice boundaries as the Practice will operate a combined practice boundary.

3.6 Premises

3.6.1 Holly Road Medical Practice was previously located at 139 Hamstead Road, Handsworth Wood, B20 2BT and relocated to the 2, The Slieve, Handsworth Wood on 1st April 2020.

3.6.2 As both practices will continue to deliver services at the existing premises, there will be no requirements to transfer equipment, staff, or service/utility contracts. Patients will also continue to visit the same premises to access primary care services.

3.7 Engagement

3.7.1 Holly Road Medical Practice previously undertook an engagement exercise in January/February 2020, when their practice re-located to the 2, The Slieve. At the time, patients were given the option of automatically receiving their care at the new premises or moving to a new GP practice.

3.7.2 As an engagement exercise has already been undertaken, the CCG Engagement Team have confirmed that no further engagement is required. Both practices will continue to deliver services from the same building, and therefore, there will be no significant change to current service provision for patients.

3.7.3 The practices have confirmed that the proposal to merge has been discussed at PCN Board meetings and no objections have been raised.

4.0 CARE QUALITY COMMISSION (CQC)

4.1 The Slieve Surgery is currently rated "Good" by the CQC. Holly Road Medical Practice has not been inspected by the CQC and has therefore, not been given an overall rating for services.

5.0 PRIMARY CARE NETWORK (PCN)

5.1 As outlined under section 3.2, both practices are currently under Peoples Health Partnership PCN and therefore, existing PCN arrangements will remain in place.

6.0 FINANCIAL IMPLICATIONS

6.1 As outlined under section 3.4, the only cost implication will be to the CCG in respect of the merging of the clinical systems.

7.0 SWB CCG PRIMARY CARE OPERATIONAL GROUP

7.1 SWB CCG's Primary Care Operational Group's membership include leads from Primary Care Commissioning, Contracting, Estates, Finance, Quality and Safety, Engagement, LMC and GP representation, Medicines Management, and IM&T.

7.2 The members of the group have considered the application in detail and have made a recommendation to PCCCic to approve the merger of the Slieve Surgery and Holly Road Medical Practice

8.0 RECOMMENDATION

8.1 The Primary Care Commissioning Committee in Common is requested to approve the practice merger of the Slieve Surgery and Holly Road Medical Practice.

Alexandra Clark
Primary Care Contracts Manager
Sandwell and West Birmingham CCG

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View	**Primary Care Operational Group**	**03/02/2021**
Public/ Patient View	**Patient Engagement Exercise was undertaken when Holly Road Medical Practice first moved to the The Slieve Surgery in April 2020**	**Feb/March 2020**
Finance Implications discussed with Finance Team	**Primary Care Operational Group**	**03/02/2021**
Quality Implications discussed with Quality and Risk Team	**Primary Care Operational Group**	**03/02/2021**
Equality Implications discussed with CSU Equality and Inclusion Service	**Equality Implications were taken into consideration when the Patient Engagement Exercise was undertaken.** **There will be no significant changes to service provision as both practices will continue to remain in the same building after the merger takes place.**	**Feb/March 2020**
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**Jane McGrandles The application is in accordance with the GMS Regulations**	**03/02/2021**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Medicines management, Estates and IM&T Representation at Primary Care Operational Group.** **Clinical Systems merger costs have been discussed with SWB IM&T Lead**	**03/02/2021**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Alexandra Clark**	**10/02/2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 9.0

TITLE OF REPORT:	**Application to close Raydocs - Newtown Medical Centre's Aston Pride branch site**
PURPOSE OF REPORT:	To consider the request from Raydocs - Newtown Medical Centre to close their branch site at Aston Pride Community Health Centre, 74 Victoria Road, Aston, Birmingham B6 5HA and relocate all primary care services to their main practice site.at Newtown Medical Centre, 243, Wheeler Street, Birmingham B19 2ET.
AUTHOR(S) OF REPORT:	Alexandra Clark Primary Care Contracts Manager - SWB CCG Jane McGrandles Head of Primary Care Contracting – SWB CCG **Raydocs Listening Exercise Engagement Report (Appendix 1) written by:** Kally Judge Commissioning Engagement Manager – SWB CCG
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi Primary Care Director
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Raydocs – Newtown Medical Centre has submitted an application to close its branch site at Aston Pride Community Health Centre, which is approximately 0.4 miles away from their main practice site. The practice will continue to be accessible to patients who use public transport and there will be no change in current service provision. • The listening exercise findings concluded that patients supported all primary care services relocating to the main Newtown Medical Centre site, apart from one person and their family who opposed this. There were also no concerns raised from staff, neighbouring GP practices, Pharmacies, and other high influence stakeholders. • The Premises Review Panel has considered the application and recommend to the PCCCic that approval is given to close Aston Pride branch site.

RECOMMENDATION:	To approve the application to close the Aston Pride Community Health Centre branch site and relocate all primary care services to the main site at Newtown Medical Centre.
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	To improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services.
ACTION REQUIRED:	✓ Approval
Possible implications identified in the paper:	
Financial	None
Risk Assurance Framework	N/A
Policy and Legal Obligations	To ensure the CCG fulfilled its statutory obligations under the Health and Social Care Act, a patient/stakeholder listening exercise was undertaken to collate views on the proposed change.
Equality & Diversity	• An Equality Impact Assessment (EQIA) has been completed by the Practice. • Equality and Diversity implications have been considered as a part of the patient/stakeholder listening exercise.
Governance	None

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – 23RD FEBRUARY 2021
APPLICATION TO CLOSE RAYDOCS-NEWTOWN MEDICAL CENTRE'S ASTON PRIDE BRANCH SITE

1.0 INTRODUCTION

1.1 The CCG has received an application from Raydocs - Newtown Medical Centre to close its branch site at Aston Pride Community Health Centre, 74 Victoria Road, Aston, Birmingham B6 5HA, and relocate services to their new main site at Newtown Medical Centre, 243, Wheeler Street, Birmingham B19 2ET.

1.2 The members of the Primary Care Commissioning Committees in Common (PCCCic) are asked to consider the application received from Raydocs - Newtown Medical Centre to close their Aston Pride branch site.

2.0 BACKGROUND

2.1 M85020 Raydocs - Newtown Medical Centre is currently located at two sites in the West Birmingham area. The practice has recently moved their main premises to a new build site at Newtown Medical Centre, 243-Wheeler Street, Birmingham, B19 2ET. The branch site is currently located at Aston Pride Community Health Centre, 74 Victoria Road, Aston, Birmingham B6 5HA.

2.2 The practice currently has 19,458 registered patients, as of 1st January 2021.

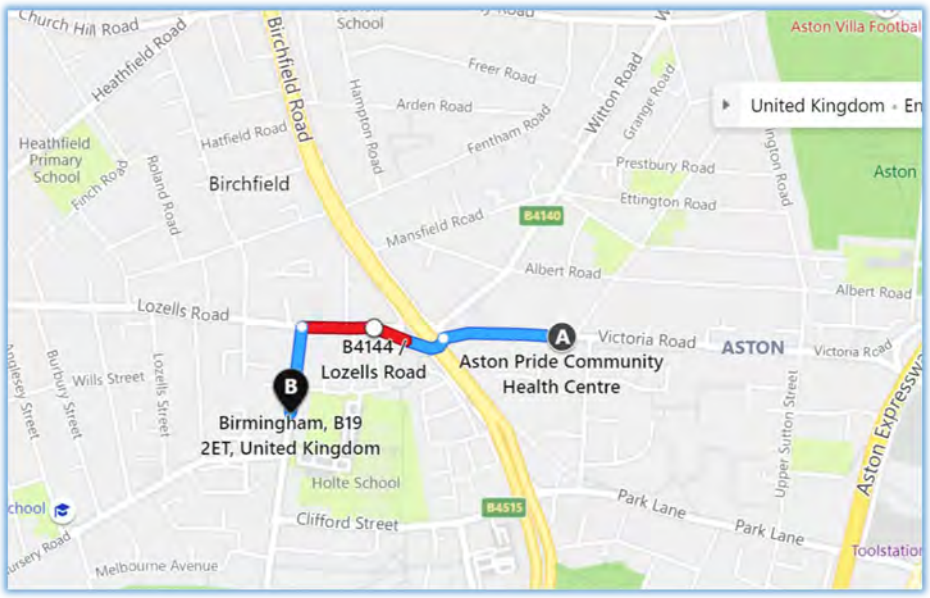
2.3 The practice is currently leasing the branch site from NHS Property Services (NHSPS) Ltd and the existing agreement terminates on 31st March 2021.

2.4 In March 2020, the practice voluntary vacated their branch site, to allow Sandwell and West Birmingham CCG the opportunity to set up a COVID-19 Primary Care Assessment Centre. The centre was set up in response to the COVID-19 pandemic and allowed COVID-19 symptomatic patients to be assessed and treated in separate primary care premises.

2.5 As a result of the practice vacating the branch site in 2020, all patients of the practice are currently being triaged and consulted by telephone, video consultation or face to face consultation at Newtown Medical Centre's main site.

2.6 The below map shows the location of the current branch site and the main practice site.

Diagram 1: Newtown Medical Centre's Current Site Locations



Location A – Branch Site Premises

Aston Pride Community Health Centre
74 Victoria Road
Aston
Birmingham
B6 5HA

Location B – Main Site Premises

Newtown Medical Centre
243-Wheeler Street
Birmingham
B19 2ET

3.0 CONSIDERATIONS FOR RELOCATION

The Committee is asked to consider this application against the following areas:

3.1 Patient Access

3.1.1 The main practice site is approximately 0.4 miles away from the existing branch site, which is approximately a 9-minute walk or a 3-minute car journey.

3.1.2 The practices boundaries will remain the same and therefore, the practice will be able to continue to serve the same patient population.

3.1.3 The main practice site is also accessible via public transport. The main site's location has several bus stops within a few minutes' walk from the practice.

3.2 Service Provision

3.2.1 Since the start of the COVID-19 pandemic, all patients of the practice have been triaged and consulted by telephone, video consultation or face to face consultation at Newtown Medical Centre. Subsequently, there will be no change in current service provision and patients will continue to have access to primary care services in line with COVID-19 restrictions and in the future (as restrictions are reduced).

3.2.2 This 'new way of working' has enabled the practice to make full use of technology and allowed flexibility to staff in how they work. For example, GPs can now fully triage patients via phone or video call remotely. This means that the practice has been able to manage its workspace more efficiently, including clinician rooms.

3.2.3 As all practice staff will be located at one site, there will be improved integration of services and improved teamwork. It will also improve and simplify administration processes, to allow more capacity to continue to invest in service development.

3.3 Premises

3.3.1 Raydocs - Newtown Medical Centre currently holds a 25-year agreement to lease the practice's main site. It is a purpose-built property, completed in 2020, for the provision of primary care services and is fully compliant against GMS standards.

3.3.2 The practice has highlighted that the main site building is designed to meet current regulations and standards for sustainability. The design of the building conforms to current guidance in terms of DDA compliance, HBN, Infection Control, COCA and Building Regulations. The design seeks to exceed Building Regulations Part L regarding the enhanced targets for carbon dioxide emissions. It is expected that the reduction in CO2 emissions will be achieved by the combination of improved building efficiency and the inclusion of, where appropriate, low carbon technologies.

3.3.3 A pharmacy is currently located at the same site as the practice and therefore, this will result in improved integration of healthcare services. It will also be more convenient for patients requiring medication and other pharmacy services.

3.3.4 The main site building has improved parking facilities including designated disabled spaces for patients. It also has an improved layout of reception and waiting areas to improve the patient experience, with more appropriate space and comfort for patients.

3.4 Patient and Stakeholder Engagement

3.4.1. To ensure the CCG fulfilled its statutory obligations under the Health and Social Care Act, the SWB CCG Engagement Team coordinated a listening exercise from Monday 18th January 2021 to Friday 5th February 2021, to engage with and seek views from patients and stakeholders on the proposed change. Full details of the methodology, response rate and engagement findings are included in Appendix 1 -Raydocs Listening Exercise Engagement Report.

3.4.2 The following patients and stakeholders were communicated with, to inform them of the listening exercise and to outline how they could have their say:

- Patient letters were posted to each patient household and parts of the letter was also translated into the top 5 languages. This translation meant that patients could request the letter in a different language or have a conversation in their chosen language with the Commissioning Engagement Manager and a language line interpreter.
- Stakeholder letters were posted to 13 neighbouring practices and 20 neighbouring pharmacies within a 1-mile radius of Newtown Health Centre and Aston Pride Community Health Centre
- Listening Exercise details were emailed to Birmingham Local Medical Council (LMC), Birmingham Local Pharmaceutical Council (LPC) and to the three Councillors of Aston and Newtown Wards.

- The Listening Exercise was also hosted on the following websites: SWB CCG Website, Raydocs Website, Healthwatch Birmingham and Birmingham Voluntary Service Council (BVSC).

3.4.3 The listening exercise findings highlighted the following:

- Patients who took part in the listening exercise through the public meetings, telephone calls and questionnaire understood why Aston Pride Community Health Centre was proposing to relocate to Newtown Health Centre and supported this apart from one person and their family who opposed this.
- It was highlighted that a low number of patients did respond back to the listening exercise. Usually, public meetings are held at local venues for patients, but due to COVID-19 restrictions this was not possible. As an alternative, meetings were held over Microsoft Teams; however, this may have disadvantaged some digitally excluded groups.
- No comments or concerns were raised from 26 neighbouring GP practices, 43 pharmacies and high influence stakeholders, e.g., Healthwatch and elected Councillors for Aston and Newtown wards.

3.5 Staff

3.5.1 All clinical staff and some administration staff were already working across the two sites, prior to all services moving across to the main practice site in March 2020. Staff have now become accustomed to working from the one practice premises. Discussions have also taken place with practice staff and no objections have been raised so far with the proposal to close the branch site.

3.6 Business Continuity

3.6.1 The practice has confirmed that there will be no impact on service continuity during the branch closure process. Primary care services have been delivered from the practice's main site since March 2020 and therefore, existing arrangements will continue to remain in place.

4.0 EQUALITY IMPACT ASSESSSMENT (EQIA)

4.1 The practice has completed an EQIA as a part of the application process. The EQIA did highlight that some patients who do not have access to private transport (which could be perceived to affect mainly older patients), may potentially be affected by the closure of the branch surgery, if a face-to-face consultation is required. However, the practice has highlighted that patients have been attending the Newtown main site for face-to face appointments since March 2020, without any concerns raised by patients so far.

4.2 Other than the above issue, the practice confirmed that they do not believe any protected groups may not receive the same outcomes or benefits as other groups, if the branch site were to close.

5.0 FINANCIAL IMPLICATIONS OF THE BRANCH CLOSURE

5.1 There will be limited savings made per annum, on rates, water, and clinical waste reimbursement for Aston Pride branch site, if the COVID-19 Primary Care Assessment Centre were to also vacate the premises.

6.0 SWB CCG PREMISES REVIEW PANEL

6.1 SWB CCG's Premises Review Panel membership include leads from Primary Care Commissioning, Contracting, Finance, Quality and Safety, Engagement, Lay members, Estates, and IM&T.

6.2 The members of the Panel met on 10th February 2021, to review the application received from Raydocs - Newtown Medical Centre on the proposed change.

6.3 The following areas were discussed:

6.3.1 The Head of Estates highlighted that if the branch site were to close and relocate to the main practice site, it would result in just the COVID-19 Primary Care Assessment Centre and a small team of NHSPS staff remaining in the building. Subsequently, if the COVID-19 service was no longer required in the future, then NHSPS may consider closing and selling the building. As there is already a limited supply of high-quality clinical facilities in the local area, the closure may result in residents challenging the decision.

6.3.2 Although the above point was raised, it was not considered a sufficient reason to oppose the practice closing its branch site and it was agreed that further discussions would need to be held on how the vacant practice space could be fully utilised in the future.

6.3.3 The Head of Primary Care advised that as Primary Care Networks expand their workforce over the next few years, there may be an opportunity for Additional Role Reimbursement Scheme (ARRS) staff to deliver clinical sessions in the vacant facilities.

6.3.4 The Primary Care Finance Lead and Head of Estates confirmed that the proposal would be cost neutral and small savings could be made from utilities services and rates etc, if the COVID-19 Primary Care Assessment Centre were to also vacate the premises.

6.3.5 The Panel's Lay Member highlighted that there was a low response rate to the listening exercise; however, it was agreed that patients and stakeholders were offered a variety of methods to submit their views on the proposal.

6.3.4 It was confirmed that there is currently no other GP practice in the branch site building; however, the main practice site is only 0.4 miles away and patients also have the option of re-registering with neighbouring practices which are 0.2 – 0.4 miles away from the branch site.

6.4 Based on the review of the application report and discussions held at the meeting, the members of the Premise Review Panel have made a recommendation to PCCCic to approve the application to close the Aston Pride branch site.

7.0 CONCLUSION

7.1 The practice has submitted an application to close its branch site at Aston Pride Community Health Centre, which is approximately 0.4 miles away from their main practice site. The practice will continue to be accessible to patients who use public transport and there will be no change in current service provision.

7.2 The listening exercise findings concluded that patients supported all primary care services relocating to the main Newtown Medical Centre site apart from one person and their family who opposed this. There were also no concerns raised from staff, neighbouring GP practices, Pharmacies and other high influence stakeholders.

7.3 The Premises Review Panel has considered the application and recommend to the PCCCic that approval is given to close Aston Pride branch site**.**

8.0 RECOMMENDATION

8.1 The Primary Care Commissioning Committees in Common is requested to approve the application to close the Aston Pride Community Health Centre branch site and relocate all services to the main site at Newtown Medical Centre.

Alexandra Clark
Primary Care Contracts Manager
Sandwell and West Birmingham CCG

Appendix 1

Raydocs Listening Exercise Engagement Report

Kally Judge
Commissioning Engagement Manager
February 2021

Contents Page

Raydocs Listening Exercise

Background and Context

Newtown Health Centre

Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG) carried out a consultation in 2016 with patients and stakeholders. This consultation allowed the practice to present their case for change and their plans for Newtown Health Centre to develop and move into a new building. The practice has now moved into this new building on 25th January 2021 and this is located 0.2 miles away from the old site.

Newtown Health Centre patients will continue to access their primary care services as they have previously done so by using the same telephone number to make appointments and the practice will operate under the same opening hours.

Aston Pride Community Health Centre

Aston Pride Community Health Centre was repurposed as a Covid assessment site for West Birmingham meaning that patients who were normally seen here started to receive their primary care services from Newtown Health Centre during this time.

As the pandemic has continued, the surgery has had to adapt the way they work with about half of their workforce working from the surgery and the other half working from home which has helped the practice to maintain an uninterrupted service to its patients in the last nine months or so.

As a result of the new building and the use of Aston Pride as a Covid assessment site, Raydocs have reviewed the use of space and feel that the area they use to occupy at Aston Pride is no longer needed by the practice. In view of this Raydocs are applying to SWB CCG to terminate their occupation at Aston Pride from the 1st of April 2021. Aston Pride Community Health Centres is located 0.4 miles away from the new Newtown Health Centre building.

Approach and Methodology

To ensure the CCG fulfilled its statutory obligations under the Health and Social Care Act SWB CCG Engagement Team coordinated a listening exercise from Monday 18th January 2021 to Friday 5th February 2021 to engage with and seek views from patients and stakeholders on these proposed changes.

The following patients and stakeholders were communicated to informing them of the listening exercise, which included details of how they could have their say:

- Patient letters posted to each household (5,849) of the patients registered with Raydocs (19,453) and based on the practice list demographics part of the letter was translated into the top 5 languages, namely, Arabic, Bengali, Somali, Tigrinya, and Urdu. This translation meant that patients could request the letter in a different language or have a conversation in their chosen language with the Commissioning Engagement Manager and a language line interpreter.

- Patient and stakeholder letters were posted to 13 neighbouring practices and 20 neighbouring pharmacies within a 1-mile radius of Newtown Health Centre.

- Patient and stakeholder letters were posted to 13 neighbouring practices and 23 neighbouring pharmacies within a 1-mile radius of Aston Pride Community Health Centre

- Listening Exercise details emailed to Birmingham Local Medical Council (LMC)

- Listening Exercise details emailed to Birmingham Local Pharmaceutical Council (LPC)

- Listening Exercise details emailed to 3 Councillors of Aston and Newtown Wards

- In addition to this, details of the Listening Exercise were hosted on the following websites:

- SWB CCG Website

- Raydocs Website

- Healthwatch Birmingham

- Birmingham Voluntary Service Council (BVSC)

Findings

We engaged with 10 participants over 3 engagement activities including:

- 2 public meetings
- 2 telephone conversations
- 1 questionnaire

We held two dedicated public meetings for patients, carers, and their representatives:

- Wednesday 27th January 2021 @ 2.30pm, attended by 3 people.

- Tuesday 2nd February 2021 @ 6.00pm, attended by 1 person but it was not possible to engage as the patient was experiencing technical difficulties, the Commissioning Engagement Manager and practice did contact the patient and left a message.

Public Meeting Themes

- A new building and its location were welcomed by patients and this was long overdue.

Telephone Call Themes

- A patient requesting a telephone conversation in Urdu, this took place with the Commissioning Engagement Manager, the patient, and an Urdu speaking interpreter through language line. The contents of the letter were explained to the patient and they were asked if they had any comments or concerns in relation to the proposed changes and nothing was raised.

- A patient requesting a telephone conversation in Bengali, this took place with the Commissioning Engagement Manager, the patient, and a Bengali speaking interpreter through language line. The contents of the letter were explained to the patient and they were asked if they had any comments or concerns, they did raise they would have to travel a little further from Aston Pride Community Health Centre to Newtown Health Centre, but this was manageable.

Questionnaire Responses and Themes

5 responses were received as below:

5 respondents (100%) did understand why Newtown Health Centre currently located at Melbourne Avenue would be moving to its new building based at Newtown Medical Centre, 243-Wheeler Street on 25th January 2021.

4 respondents (80%) said they had received communications from Newtown Health Centre about this proposed change and 1 respondent (20%) said they had not received any communication.

No comments or concerns were raised by respondents about the proposed changes for Newtown Health Centre.

5 respondents (100%) did understand why Aston Pride branch surgery was proposing for their patients to be seen at the new Newtown Medical Centre.

2 respondents (40%) said they had received communications from Aston Pride about proposed changes and 3 respondents (60%) said they had not received any communication.

1 respondent (20%) said as a family they opposed the closure of Aston Pride and 4 respondents (80%) raised no comments or concerns.

GP Themes

26 GP practices who came within a 1-mile radius of Newtown Health Centre and Aston Pride Community Centre were invited to have their say and no comments were received by email or telephone call.

Pharmacy Themes

43 Pharmacists who came within a 1-mile radius of Newtown Health Centre and Aston Pride Community Health Centre were invited to have their say and no comments were received by email or telephone.

High Influence Stakeholders

High Influence stakeholders such as Healthwatch and elected Councillors for Wards Aston and Newtown were made aware of the listening exercise and no comments were received by email or telephone.

Conclusion

Ten patients engaged with us over three engagement activities, which is relatively low. Traditionally public meetings are held at local venues for patients, but this was not possible due to COVID-19 and adhering to social distancing guidelines, so they were held over Microsoft Teams which could have disadvantaged digitally excluded groups.

All patients were written to in English and the patient letter did include several translation lines considering the top 5 spoken languages in line with practice demographics namely, Arabic, Bengali, Somali, Tigrinya, and Urdu and two patients took advantage of this offer.

The patient letter also included contact details of the Engagement Team if patients wished to have a one-to-one conversation but no patients took advantage of this offer.

Patients who took part in the listening exercise through the public meetings, telephone calls and questionnaire supported the move of Newtown Health Centre to a new building and its location and felt that an upgrade was long overdue.

Patients who took part in the listening exercise through the public meetings, telephone calls and questionnaire understood why Aston Pride Community Health Centre was proposing to relocate to Newtown Health Centre and supported this apart from one person and their family who opposed this.

Recommendations

To share the listening exercise findings with SWB CCG's Premises Review Group and the Primary Care Commissioning Committee (PCCC) to inform the decision as part of the relocation application process.

To share the outcome of the listening exercise with patients and key stakeholders.

To provide updates to all stakeholders at key stages including any decisions taken by PCCC.

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**Patient/Stakeholder Listening Exercise was undertaken**	**18/01/2021 to 5/02/2021**
Finance Implications discussed with Finance Team	**Premises Review Panel**	**10/02/2021**
Quality Implications discussed with Quality and Risk Team	**Premises Review Panel**	**10/02/2021**
Equality Implications discussed with CSU Equality and Inclusion Service	**Practice completed an EQIA as a part of their application.** **E&D Implications were also taken into consideration when the Patient/Stakeholder Listening Exercise was undertaken**	**24/01/2021** **18/01/2021 to 5/02/2021**
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**Jane McGrandles** **Application is in accordance with the GMS Regulations.**	**10/02/2021**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Engagement, Estates, Lay Member and IM&T Representation at Premises Review Panel**	**10/02/2021**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Alexandra Clark**	**10/02/2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 10.0

TITLE OF REPORT:	**Extension of the Phlebotomy Local Incentive Scheme**
PURPOSE OF REPORT:	To consider the request to extend the Phlebotomy Local Incentive Scheme (LIS), currently contracted with West Birmingham practices, for a period of 12 months until 31st March 2022.
AUTHOR(S) OF REPORT:	Alexandra Clark Primary Care Contracts Manager -SWBCCG Jane McGrandles Head of Primary Care Contracts -SWBCCG
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi Primary Care Director
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• The Phlebotomy LIS contract with West Birmingham practices is due to end on 31st March 2021. • All 26 West Birmingham GP practices are currently signed up to the LIS. • A further review of the phlebotomy service is required. However, due to the current pressures of COVID-19, it is recommended that the current Phlebotomy LIS is extended for a period of 12 months until 31st March 2022. • SWB CCG's Primary Care Operational Group has considered the application and recommend to PCCCic that approval is given to extend the Phlebotomy LIS.
RECOMMENDATION:	To approve the 12-month extension of the Phlebotomy LIS for West Birmingham practices from 1st April 2021 – 31st March 2022.
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	To improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services.
ACTION REQUIRED:	✓ Approval
Possible implications identified in the paper:	
Financial	West Birmingham practices are paid £0.42 per registered patient on a quarterly basis. The approximate annual cost to the CCG is £94,536.
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – 23RD FEBRUARY 2021
EXTENSION OF THE PHLEBOTOMY LOCAL INCENTIVE SCHEME (LIS)

1.0 INTRODUCTION

1.1 The purpose of this report is for the Primary Care Commissioning Committees in Common (PCCCic) to consider a request to extend the Phlebotomy Local Incentive Scheme (LIS), currently contracted with West Birmingham practices, for a period of 12 months until 31st March 2022.

2.0 BACKGROUND

2.1 There are currently different arrangements in place in how community phlebotomy services are delivered across the Sandwell and West Birmingham (SWB) CCG area. In Sandwell, all community phlebotomy services are provided by Sandwell and West Birmingham NHS Trust (SWBHT), within community clinics across 9 different sites. In West Birmingham, the Phlebotomy LIS service is provided by 26 West Birmingham GP practices.

2.2 A review of phlebotomy services was undertaken in 2015 and it was identified that current clinics provided by SWBHT would not have the capacity to cover phlebotomy provision for West Birmingham GP registered patients. The estimated cost of expanding the SWBHT service was also not considered as cost-effective as continuing to deliver services through existing arrangements.

2.3 A further review of the phlebotomy service is required; however, due to the current pressures of COVID-19, it is recommended that the current Phlebotomy LIS is extended for a further 12 months from 1st April 2021.

3.0 AIMS AND OBJECTIVES OF THE SERVICE

3.1 The Phlebotomy LIS aims to:

- provide a comprehensive primary care-based phlebotomy service, using the skills and expertise of trained phlebotomists.
- provide phlebotomy services closer to home, through the delivery of services at Primary Care premises, and thereby improving access and choice for individuals.
- relieve the pressure on the secondary care service, thereby enabling them to concentrate on an acute site service including wards and out-patient services.

4.0 FINANCIAL IMPLICATIONS

4.1 West Birmingham practices are paid £0.42 per registered patient on a quarterly basis. The approximate annual cost to the CCG is £94,536.

4.2 Payment to practices is subject to a practice submitting back a signed agreement to the CCG. Therefore, the annual cost is subject to the number of practices who sign up to the scheme. (In 2020/21, all 26 West Birmingham practices signed up to the service.)

5.0 SWB CCG PRIMARY CARE OPERATIONAL GROUP

5.1 SWB CCG's Primary Care Operational Group's membership include leads from Primary Care Commissioning, Contracting, Finance, Quality and Safety, Engagement, LMC, GPs, Medicines Management, Estates and IM&T.

5.2 The members of the group have reviewed a paper outlining the application and have made a recommendation to PCCCic to extend the Phlebotomy LIS.

6.0 RECOMMENDATION

1) The Primary Care Commissioning Committees in Common is requested to approve the 12-month extension of the Phlebotomy LIS for West Birmingham practices from 1st April 2021 – 31st March 2022.

Alexandra Clark
Primary Care Contracts Manager
Sandwell and West Birmingham CCG

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Primary Care Operational Group**	**03/02/2021**
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**Primary Care Operational Group**	**03/02/2021**
Quality Implications discussed with Quality and Risk Team	**Primary Care Operational Group**	**03/02/2021**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**Jane McGrandles The application is in accordance with the GMS Regulations.**	**03/02/2021**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Medicines Management, Estates and IM&T Representation at Primary Care Operation Group**	**03/02/2021**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Alexandra Clark**	**10/02/2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 26th February 2021
AGENDA ITEM: 11.0

TITLE OF REPORT:	Online and Video Consultations
PURPOSE OF REPORT:	This report details the proposed plan for ensuring online and video consultations and SMS messaging continue to be in place both in the short and longer term.
AUTHOR(S) OF REPORT:	**Carla Evans, Head of Primary Care SWB CCG**
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• All practices are contractually obliged to offer online and video consultations to patients with these digital tools being an essential component of a total triage approach. • Current contracts are due to end on 31.03.21 and due to the timescales for transition to a new national procurement framework we need to put in place short term arrangements to ensure continuity for practices and patients before we undertake a full procurement in the first six months of 21/22. • The recommendations summarise the proposals to ensure we have continuity for practices beyond 31st March prior to undertaking a full procurement.
RECOMMENDATION:	• To extend the current online consultation contracts with Footfall, e-Consult and Emis Online Triage until 30.09.21. • To put in place a bridging arrangement via the National Procurement Hub for online consultation for SWB CCG practices until 30.09.21 (with the exception of Modality who wish to remain with e-Consult and PHP who wish to go with Footfall). • To include within the bridging arrangement provision for SMS plus functionality for all practices across BCWB. • To include within the bridging arrangement provision for video consultation for all practices across BCWB to explore if a better price can be achieved than going through the national contract. • To fund SMS for Walsall practices from 1st April 21 to ensure equity across the places. • To bring the existing MJog contracts in line with an end date of 30.09.21.

	• To complete a full procurement for online consultation, video consultation and SMS via the Digital First Online Consultation and Video Consultation Framework across BCWB during the first six months of 21/22 to ensure best value for money and ongoing provision from 1st October 21.
CONFLICTS OF INTEREST:	Those GPs who are part of one of our member practices have a direct conflict of interest as direct beneficiaries of the online, video and SMS products which are purchased on their behalf.
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	☐ Assurance X Approval ☐ For Information
Possible implications identified in the paper:	
Financial	£1.6m of Digital First Primary Care Funding has been made available for the BCWB in 20/21. Based on national policy we expect to receive a similar level of funding in 21/22 and as such can be confident that the proposals outlined are affordable within the funding envelope we have available both in the short and longer term.
Risk Assurance Framework	N/A
Policy and Legal Obligations	The NHS Long Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023-24 with all patients having the right to online consultations by April 2020 and video consultation by April 2021.
Equality & Diversity	N/A
Governance	N/A

1. Background

1.1 The five year contract deal for general practice included specific digital improvements for primary care with all patients having the right to a digital consultation by April 2021. Specifically practices are contractually obliged to provide online consultations (OC) by April 2020 and video consultations (VC) by April 2021.

1.2 Whilst all CCGs across BCWB had previously commissioned an online consultation solution for practices which was either being piloted or fully rolled out, the emergence of COVID 19 saw a rapid expansion of digital primary care with all practices required to have both an online and video consultation solution in place to meet the total triage requirements dictated by the national GP SOP.

1.3 The current position across the BCWB CCGs for online and video consultation and SMS messaging is as follows:

CCG	Online Consultation Solution	Contract End Date	Video Consultation Solution	Contract End Date	SMS Solution	Contract End Date
Dudley	Footfall	23.07.21	AccuRx	31.03.21	MJog	Sep 21
Sandwell and West Bham	Substrakt Health	31.03.21	AccuRx	31.03.21	IPLATO	Sep 21
Walsall	e-Consult	31.03.21	AccuRx	31.03.21	MJog	Practice Funded
Wolverhampton	Emis Online Triage	Feb 21	Egton and AccuRX	31.03.21	MJog	Feb 21

1.4 Given the contract end date of 31.03.21 for all solutions other than Footfall in Dudley a decision needs to be reached as to how we ensure all places have continuity with an online and video consultation solution into the new financial year. Alongside this we also need to consider the future provision of SMS messaging for practices.

1.5 Currently there are two national procurement routes for the purchase of online and video consultation systems for general practice, the Dynamic Purchasing Systems Framework (DPS) and the GPIT Futures Framework. This has caused some confusion for commissioners, practices and suppliers and work is now underway to bring these together under a new single framework which will sit under the overall Digital Care Services Catalogue (DCS) and will be known as the Digital First Online Consultation and Video Consultation Framework (DFOCVC).

1.6 Given the above commissioners are being strongly encouraged by NHS Digital to hold off any major procurements of OC or VC systems until the new arrangements are in place as this will ensure that the fullest range of suppliers are available to compete for contracts.

1.7 After seeking the advice of the National Procurement Hub around the future commissioning of solutions across BCWB this paper details the proposed plan for ensuring online and video consultations and SMS messaging continue to be in place both in the short and longer term.

2. Proposal for Online Consultation (OC) Solutions

2.1 Given the position with the transition to the new Digital First Online Consultation and Video Consultation Framework (DFOCVC) and the need to hold off from undertaking any major procurements until this is in place there is a need for us to put in place some short term arrangements to ensure ongoing provision into 2021/22.

2.2 As the current contracts in place with Footfall, e-Consult and Emis Online Triage all have provision within them to extend the contract period beyond the 31.03.21 it is proposed that this option is exercised with all contracts being extended until 30.09.21.

2.3 In SWB CCG, due to the high cost of Substrakt Health's OC product and the relatively poor utilisation seen across practices we would not seek to extend the contract in place with them but instead would put in place via the National Procurement Hub a bridging arrangement for an OC solution until 30.09.21 which is the maximum duration allowed under such arrangements.

2.4 The only exceptions to this would be for the Modality practices in SWB CCG who are currently using e-Consult through their own arrangements put in place via the national team and are clear they wish to continue with this solution and for Peoples Health Partnership PCN (West Bham) who wish to use Footfall. As such, we are seeking to confirm whether we can add these practices in to the respective contracts we currently have in place with these suppliers to ensure they have ongoing provision until 30.09.21.

2.5 By adopting the above proposals we can ensure alignment of the various contracts held by each place which will then put us in a strong position moving forward when we come to secure a longer term arrangement.

2.6 In the longer term we are duty bound to undertake a full procurement exercise via the new DFOCVC Framework and this would be planned to occur during the first 6 months of 21/22 to ensure new contracts are in place from 01.10.21. to cover all BCWB practices. Further engagement will be undertaken with practices as part of this process to ensure we have a clear and up to date specification of requirements for OC products.

3 Proposal for Video Consultation (VC) Solutions

3.1 During 20/21 a national contract for video consultation was put in place with AccuRx under GP IT Futures. Whilst this contract was due to come to an end on 31.03.21 we understand that it will now be extended until 31.12.21.

3.2 For fairness and transparency, the funding needed for the extension of the national contract will be offset against national primary care digital transformation funding that would otherwise be available to the CCGs whose practices are using the service. The costs of the national VC contract are based on usage and so once an area transitions to a local procurement / contract then the offset against national funding can stop for that area. What this means in practices is that CCGs will see their Digital First Primary Care Budgets top sliced by 10p per patient to fund this until such a time that they complete their own local procurement.

3.3 Whilst the extended national contract will cover video consultation we know that in addition to this practices across BCWB are actively using the SMS Plus modules contained within AccuRX as part of their total triage approach (Pathways, Patient Text and Photo Response and Attach a Document) which will all still be available as part of the AccuRX Lite product (provided free of charge to practices) but will be limited to 20 per practice per week.

3.4 Following discussions at the Joint CCG Digital Strategy Group on 9th February it has been concluded that this functionality will remain essential for practices operating a total triage model and that the limits within the free AccuRX product will be insufficient for practices. It is therefore recommended that the SMS plus functionality is secured for all practices across BCWB by adding it into the bridging arrangement that will be put in place for OC for SWB CCG.

3.5 The national procurement hub have confirmed that they could undertake a joint procurement for this on our behalf and that we could also add in video consultation to see if we are able to secure a better price for video by including this in the procurement bundle.

3.6 As with OC, the longer term plan for VC is to undertake a full procurement exercise via the new DFOCVC Framework and this would be planned to occur during the first 6 months of 21/22 to ensure new contracts are in place from 01.10.21. to cover all BCWB practices.

4 Proposal for SMS

4.1 There is currently an inequity in funding for SMS with Walsall practices paying for this functionality themselves whilst the other 4 places have a centrally funded contract. Consideration therefore needs to be given as to whether we should fund this centrally from 01.04.21. Work is ongoing to understand the various practice level contracts in place with MJog for SMS in Walsall and an overall discussion with MJog is planned to try to align all contracts to 30.09.21.

4.2 In the longer term we would look to include SMS within the full procurement exercise planned to take place in the first six months of 21/22.

5 Funding

5.1 The BCWB STP has received total funding of £1,658,298 for Digital First Primary Care (DFPC) in 20/21 which can be broken down as follows:

- Tranche 1 funding £1,275,629
- Tranche 2 funding £382,669

5.2 The funding allocated through DFPC is intended to be used to deliver wider transformation of primary care using digital tools with health systems being required to focus on driving improvements in primary care by:

- increasing utilisation of existing and new digital tools
- optimising the existing and new digital tools
- redesigning primary care pathways to make best use of digital technology
- supporting effective at-scale working across primary care using digital tools
- integrating digital pathways across care settings, including social care

5.3 The specific deliverables against this funding are outlined in a table at the end of this report with the key areas summarised as:

- Online and video consultation implementation and utilisation, including a digital total triage model
- Implementation of GP connect
- Direct Booking functionality PC & Urgent and Emergency Care
- Scale and spread of innovation – accelerator programme
- Implementation of Electronic Prescription Service (EPS) 4 across all practices and community pharmacy
- Phase 3 recovery – ongoing provision and usage of 111 directly bookable slots and OC/VC

5.4 Based on national policy we expect to receive a similar level of funding in 21/22 and as such can be confident that the proposals outlined are affordable within the funding envelope we have available both in the short and longer term.

6 Summary and Recommendations

6.1 In summary the proposals outlined in the paper will ensure ongoing provision of online and video consultation products within primary care resulting in minimal disruption to practices and patients during the first part of the new financial year. It will also allow alignment of the end dates of current contracts in place for online, video and SMS placing us in a strong position to complete a full procurement against the new Digital First Online Consultation and Video Consultation Framework during the first six months of 21/22 to ensure best value for money.

6.2 Prior to the full procurement exercise, practices, PCNs and patients will be re-engaged to ensure input is gained from all places into a final specification of requirements.

6.3 The Primary Care Commissioning Committee in Common are asked to approve the following recommendations:

6.3.1 To extend the current online consultation contracts with Footfall, e-Consult and Emis Online Triage until 30.09.21.

6.3.2 To put in place a bridging arrangement via the National Procurement Hub for online consultation for SWB CCG practices until 30.09.21 (with the exception of Modality who wish to remain with e-Consult and PHP who wish to go with Footfall).

6.3.3 To include within the bridging arrangement provision for SMS plus functionality for all practices across BCWB.

6.3.4 To include within the bridging arrangement provision for video consultation for all practices across BCWB to explore if a better price can be achieved than going through the national contract.

6.3.5 To fund SMS for Walsall practices from 1st April 21 to ensure equity across the places.

6.3.6 To bring the existing MJog contracts in line with an end date of 30.09.21.

6.3.7 To complete a full procurement for online consultation, video consultation and SMS via the Digital First Online Consultation and Video Consultation Framework across BCWB during the first six months of 21/22 to ensure best value for money and ongoing provision from 1st October 21.

Tranche 1 Key Deliverables	Tranche 2 Key Deliverables
Completion of Online Consultation (OC) and Video Consultation (VC) implementation - The STP should have completed roll out by the end of May. As of the 25 August 2020 the STP roll out status for OC was 93% and VC was 100%. Rollout must be complete by the 30/09/2020.	
OC/VC deployment and increased utilisation - The STP should set out the growth in utilisation that the STP aims to achieve: • Evaluation exercise of OC deployment by the end of Q3 2020/21 • Ensuring Covid-19 usage of OC solutions has been ratified and the Digital First Programme has evidence of usage and application in practice • Working towards a utilisation rate of between 40% to 80%+ of total activity • Where appropriate NHS App integration and full required functionality with incumbent Online Consultation services • Agreed plan for the completion of DFPC assurance documentation	**Re-procurement of Online Consultation and Video Consultation systems to ensure continuity of service beyond April 2021** **Achieve 100% implementation for both Online Consultations and Video Consultations by 31st March 2021**
Establishment of a Total Digital Triage model of care across Primary Care using online consultation tools	
Implementation of GPConnect, this is to include: • Availability of appointments to support direct booking by NHS111 • Completion of IG/onboarding process by the 31 March 2021 • DFPC Year 2 funding may be used to support direct booking from NHS 111 to ED, Primary Care and other appropriate services.	**Implementation of GPConnect, this is to include:** • Availability of appointments to support direct booking by NHS111 • Completion of IG/onboarding process by the 31st March 2021 • DFPC Year 2 funding may be used to support direct booking from NHS 111 to ED, Primary Care and other appropriate services.
Direct booking functionality (PC & Urgent and Emergency Care (UEC) –The STP/ICS should confirm that • GP Connect will be in place and in use in all practices across the STP • GP Connect on boarding documentation is complete and available for review by the 31 March 2021	**Direct booking functionality (PC & Urgent and Emergency Care (UEC) –**The STP/ICS should confirm that • GP Connect will be in place and in use in all practices across the STP • GP Connect on boarding documentation is complete and available for review by the 31 March 2021

• Direct booking from NHS111 is enabled at practice level or to extended service hubs • Improved access to extended hours hubs for NHS 111/IUC and Covid Clinical Assessment Service (CCAS) • Record sharing capabilities • NHS111 direct booking to GP practices, Extended Access Service Hubs, ED Departments, SDEC and Community where appropriate	• Direct booking from NHS111 is enabled at practice level or to extended service hubs • Improved access to extended hours hubs for NHS 111/IUC and Covid Clinical Assessment Service (CCAS) • Record sharing capabilities • NHS111 direct booking to GP practices, Extended Access Service Hubs, ED Departments, SDEC and Community where appropriate
Scale and spread of innovation – accelerator programme - all accelerator projects in the STP will have clear deliverables, will make progress against these and will participate in evaluation and sharing of learning with other areas: • Review of year 1 progress against the plan • Supporting scale and spread of innovations completed in financial year 2020/21 across the Region	**Scale and spread of innovation – accelerator programme** - all accelerator projects in the STP will have clear deliverables, will make progress against these and will participate in evaluation and sharing of learning with other areas: • Review of year 1 progress against the plan • Supporting scale and spread of innovations completed in financial year 2020/21 across the Region
Implementation of EPS across all practices and community pharmacy • EPS 4 to be implemented	**Phase 3 recovery –** • Primary Care continue to develop and make available slots for NHS 111 and CCAS to direct book into suitable appointment slots • Use of OC and VC is utilised to support phase 3 operational recovery activities

Carla Evans
Head of Primary Care (SWB CCG)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Engagement with PCNs**	**Various**
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**Carla Sheldon**	**09.02.21**
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Members of Joint CCG Digital Strategy Group**	**09.02.21**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Carla Evans**	**10.02.21**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 12.0

TITLE OF REPORT:	Primary Care Frameworks and Local Incentive Schemes for 21/22
PURPOSE OF REPORT:	To agree the position in respect of the commissioning of local Primary Care Frameworks and Local Incentive Schemes for 21/22
AUTHOR(S) OF REPORT:	**Carla Evans, Head of Primary Care (SWB CCG)**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarb Basi, Director of Primary Care
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Confirmation has now been received that QOF for 2021/22 will be based upon the indicator set already agreed for 2020/21, with very limited changes only. • No income guarantees are currently in place for QOF 2021/22. • It is recommended that locally we follow the same approach with our local primary care frameworks and local incentive schemes.
RECOMMENDATION:	• To roll over the existing primary care frameworks and local incentive schemes to 2021/22, noting the necessary changes to the Dudley QOF and Walsall framework • To follow the national stance on income protection for QOF
CONFLICTS OF INTEREST:	Any GPs from our member practices have a direct conflict of interest as they are required to deliver the requirements of the local primary care frameworks and LISs and will gain financially from these contracts. As such they should be allowed to contribute to the discussion around the paper but not participate in decision making.
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	☐ Assurance X Approval ☐ For Information
Possible implications identified in the paper:	
Financial	Budgets are in place to cover all of the local primary care frameworks and local incentive schemes
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

1.0 Introduction

1.1 The Supporting General Practice in 21/22 letter from NHS England dated 21st January 21 acknowledged that NHS England and the BMA GPC England have agreed that too much remains unclear to confirm contractual arrangements for the whole of 2021/22. However, some reassurance and certainty has been provided, including details of minor changes to QOF.

1.2 To provide practice stability and support recovery, QOF for 2021/22 will be based upon the indicator set already agreed for 2020/21, with very limited changes only. The one main exception is vaccinations and immunisations, where NHSE previously committed to improving payment arrangements for vaccinations and immunisations by replacing the Childhood Immunisation DES with item of service payments, and a new vaccination and immunisation domain within QOF. Four indicators have been agreed to comprise the new vaccination and immunisation domain, transferring almost £60m from the DES to QOF in 2021/22. This reform to the contract does not generate new workload but provides clearer support for the delivery of vaccinations and immunisations.

1.3 No new Quality Improvement (QI) modules will be introduced in 2021/22 with the Learning Disabilities and Supporting Early Cancer Diagnosis modules from 2020/21 being repeated for 2021/22 in their original format, with some slight modifications to account for the impact of the pandemic upon care.

1.4 A further £24m will also be invested into QOF from April in order to strengthen the SMI physical health check indicator set and support uptake.

1.5 Finally, minor changes have been made to the cancer care domain, and also to specific existing indicators for asthma and heart failure diagnostics.

1.6 In addition to this, NHS England and the BMA's GPC England have also agreed to discuss, in early 2021/22, the introduction of an enhanced service on obesity and weight management with a view to introducing this as early as circumstances allow during 2021. This will be supported by additional funding from the Government.

1.7 Following this national position it is necessary for us to now agree our local approach to the commissioning of our local primary care frameworks and local incentive schemes in to 2021/22 and this report will detail recommendations in relation to this for PCCCiC approval.

2.0 Primary Care Frameworks and Local Incentive Schemes (LIS)

2.1 In light of COVID-19 all of the local primary care frameworks were reviewed and amended in the summer or autumn of 2020/21 with practices asked to deliver against a set of revised indicators.

2.2 Following this and in line with the national approach to QOF for 2020/21, the report to PCCCiC in December gained approval to apply income protection to our local primary care frameworks and LISs with individual targets removed for all but the most crucial aspects. As such, whilst this did not signal a complete standing down of the frameworks with member practices being asked to apply their clinical judgement to ensure the appropriate care and management of patients, it did offer certainty around the maintenance of practice income.

2.2 Looking forward to 2021/22 we now need to agree the commissioning of our primary care frameworks and LISs. Based on the approach being taken to QOF nationally and the ongoing delivery of the COVID vaccination programme it is recommended that the current primary care schemes and LISs are rolled over into 2021/22.

2.3 For Dudley, the 'Dudley Quality Outcomes for Health' (DQOFH) framework has been reviewed in line with proposed changes to the National Quality Outcomes Framework (QOF). The new indicators for vaccinations & immunisations and cancer care will be incorporated into DQOFH for 2021/22. The additional funding for the SMI indicators will be incorporated into the existing indicators.

2.4 For Walsall CCG, the 'Primary Care Offer' was designed to be a 7 month scheme for 2020/21 and as such the individual targets for 2021/22 will need to be adjusted to reflect a 12 month scheme.

2.5 As it currently stands there has been no national announcement of any income protection for QOF into 2021/22 and it is therefore recommended that we follow the national stance on this with no income protection offered against our local schemes. However, should the position on this change nationally we would reflect this locally.

3.0 Recommendations

3.1 Primary Care Commissioning Committee in Common are asked to approve the following recommendations:

- To roll over the existing primary care frameworks and local incentive schemes to 2021/22, noting the necessary changes to the Dudley QOF and Walsall framework
- To follow the national stance on income protection for QOF

Carla Evans
Head of Primary Care (SWB CCG)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Carla Evans**	**10.02.21**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 13.0

TITLE OF REPORT:	Black Country and West Birmingham Digital Report
PURPOSE OF REPORT:	To provide an update on the Progress made by the Digital Workstream of the STP
AUTHOR(S) OF REPORT:	**Stephen Cook - Digital Strategic Programme Manager, Black Country and West Birmingham CCGs**
MANAGEMENT LEAD/SIGNED OFF BY:	**Mike Hastings - Director of Technology and Operations, Black Country and West Birmingham CCGs**
PUBLIC OR PRIVATE:	*Public*
KEY POINTS:	The project outlines the progress in key Digital Projects across the Black Country and West Birmingham STP
RECOMMENDATION:	The report is for Information only
CONFLICTS OF INTEREST:	No conflicts of interest have been identified
LINKS TO CORPORATE OBJECTIVES:	Outline how the report is relevant to the corporate objectives
ACTION REQUIRED:	☐ Assurance ☐ Approval ▪ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – 23 FEBRUARY 2021
Black Country and West Birmingham STP Digital Report

1.0 INTRODUCTION

1.1 This report gives an overview on the progress of the main Digital Projects being deployed across the STP. The report highlights specific relevant projects but the whole STP Digital report and the local Programme of Work Matrix are attached for reference in the appendix.

2.0 Project Progress

2.1 **Lloyd George Digitisation:** Bid for additional funds to expand project was rejected as the funds were allocated to CCG's who had not received any funding for Lloyd George digitisation.
A letter has been sent out to the GP Practices that are on the first wave of digitisation to inform that that the programme is progressing. The Project has been put on hold due to a National pause in the programme.
Project Status AMBER

2.2 **N365 Project:** First round of Procurement for Lead Migration Partner unsuccessful due to proposed costs; second round of procurement will need to take place, but this will delay the start date for the Lead Migration Partner and may have an impact on timescales for MOC Phase 1 directorates.
Technical constraints in the NHSmail tenant which have been restricting the addition of domains to the NHSmail Whitelist; this has been jeopardising the potential benefits of providing access to data on the NHSmail tenant to partner organisations.
The procurement for Lead Migration Partner has been restricted to current local IT providers, on the basis of local skills/resources, knowledge and awareness of related projects/programmes and the benefits of existing relationships between local IT providers; this Risk needs acknowledgement at Board level.
Project Status AMBER

2.3 **STP Integrated Care Record:** Funding for the region has been received, however the BC & WB allocation is to be determined. Project is currently RED due to a supplier not appointed. The current due date for the completion of the project is September 2021.
Project Status RED

2.4 **NHS APP – Digital Accelerator:** Two workstreams have now been established.

1) Integration with key suppliers:EMIS online triage, Graphnet and Cerner (patient portals). Meetings to take place ASAP to understand the functionality and timeline for integration. Roadmap of user benefits to play into any future marketing campaigns. DofE (Level 1 course content) NHS App syllabus to be used as a strategy to accelerate progress and priority for BBC Beacon.

2) Walsall conversion opportunity (increase use of NHS App): Learning has taken place from the most advanced of the Beacon sites (Nottingham) and an engagement approach and sales pitch to patients has been created; this will include attendance at GP Forums and the usage of Gov.uk Notify service for free SMS campaign. Intention is to use Walsall approach as a blueprint for other CCG's. Tailored NHS Marketing to boost uptake to be explored with Healthwave.
Project Status GREEN

2.5 **Remote Clinical Desktop (RCD)** - RCD enables end users to securely access clinical systems from their own devices, courtesy of NHSD. This scheme is a pilot which BCWB CCG have secured 40 licences. Each place within BCWB have engaged with PCNs' to establish pilot users. 18 pilot users have been identified to date, with more engagement taking place. Each place has approved and submitted T&Cs to NHSD. Clinical members of staff have been set up and have been testing for the last eight weeks. There have been no issues to report.
Project Status AMBER

2.6 **Remote Monitoring Care Homes** - Joint procurement between 4 STPs (The Black Country and West Birmingham, Coventry and Warwickshire, Herefordshire And Worcestershire and Shropshire Telford and Wrekin) has now been concluded with a successful bidder identified. Following commencement of discussions, the successful bidder withdrew and a second bidder was approached. Additional funds are required to fund this bid, the shortfall for which is to be provided by NHSE/I.

A detailed gateway plan has been produced modelling necessary rollout plans. It is understood that most of the homes selected in each of the constituent 5 places will be included in wave 1 rollout. However, those that are not will be included in wave 2:fast follower. Initial discussions have been held with Primary care leads regarding activity and governance. Some concern raised about the amount of work involved and the homes selected. All yet to be further considered.
Project Status AMBER

2.7 **Bide -** 'Bide' is a Falls Prevention bedside device which is aimed at intervening just prior to a potential fall by playing a pre-recorded message triggered by the person switching on their bedside light or triggering a motion sensor when making a movement towards it. The pre-set message offers general reminders about rising safely, or a bespoke message, depending on the individual's personal needs, and can be from a health professional, relative or friend.

To utilise 'Bide' technology to support patients within residential care settings with the aim of achieving a sustained reduction in falls in an identified patient cohort (patients who have had previous falls or are identified as being at risk of falls).

Funding has been secured for 20 devices to facilitate a small scale 3-month pilot in Wolverhampton. The devices were delivered w/c 7th December. The pilot started in December. Early feedback is positive.
Project Status GREEN

3.0 RECOMMENDATION(s)

This report is for information only
A complete version of the STP Digital report and the Local Programme of Work Matrix are attached in the appendix

Stephen Cook
IM & T Lead Wolverhampton CCG

APPENDICES

Appendix 1 - STP Digital Report Jan 2021 primary care

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Mike Hastings**	**12/02/2021**

Healthier Futures
Black Country and West Birmingham

Black Country and West Birmingham STP Digital Programme Report

Date: January 2021

Digital Innovation

Project: N365 **Project Status: Active**	**PM:** Griff Evans **Date Completed:** 06/01/2021	RAG Rating: AMBER

Update: Current status of project is Amber due to:

(I_013) Timescales emerging for the requirements for data migration to support Shadow Operations from 01/02/2021 for some elements of the new CCG.

(I_011) First round of Procurement for Lead Migration Partner unsuccessful due to proposed costs; second round of procurement will need to take place, but this will delay the start date for the Lead Migration Partner and may have an impact on timescales for Moc P1 directorates.

(I_010) Technical constraints in the NHSMail tenant which have been restricting the addition of domains to the NHSMail Whitelist; this has been jeopardising the potential benefits of providing access to data on the NHSMail tenant to partner organisations.

(R_016) The procurement for Lead Migration Partner has been restricted to current local IT providers, on the basis of local skills/resources, knowledge and awareness of related projects/programmes and the benefits of existing relationships between local IT providers; this Risk needs acknowledgement at Board level.

Risks & Issues:

Top Risks

Risk No	Date Identified	Risk Description	Impact of Risk	Mitigating Action
013.6	07/10/2020	N365 is dependent on the HR consultation (due October) for the for restructured organisation in order to determine the target data structure	Impact 6: that the slotting in process will mean that either: i. it will not be possible to move data on the basis of Directorate/Departmental migration, until ALL staff are migrated or ii. the migration of data will need to be on a user by user basis, performing multiple migrations	Include these factors in the Migration Strategy Options paper **02/12/2020** Lead Migration Partner to propose migration plan once identified

016	01/12/2020	CCG Standing financial instructions require that Procurements for the estimated value of the Lead Migration Partner (c.£125k) undertake a competitive procurement process There is a Risk that the limitation of the procurement for Lead Migration support to the 4 incumbent IT providers will be considered to have broken Standing Financial Instructions.	Breach of SFIs can be a disciplinary issue. SFIs are public documents and the CCG may be required to justify how any approach in breach of SFIs demonstrated value for taxpayer money. Crown Commercial Services run a mystery shopper scheme under which such breaches can be investigated. There is no legal remedy but it can be reputationally damaging	**01/12/2020** That procurement is following a mini-tender approach as per SFIs. Limiting the organisations included in the mini-tender is justified on the basis of existing: - skills and resources locally in place to deliver the business change and person-to-person elements of the project - knowledge and awareness of supporting projects and related programmes of work - existing relationships with local IT provider organisations and key CCG contacts
017	02/12/2020	The procurement exercise for the identification of a Lead Migration Partner should deliver an outcome in late December 2020; business requirements are identifying elements of the organisation (BCWB) who are keen to be working on collaborative platforms (SharePoint Sites) and viewing migrated data at the beginning of January 2021.	Risk is that the Lead Migration Partner is not able to support the setup of Sites and migration/support of Users according to the timescales being suggested by the business.	**02/12/2020** Options: - departments requesting collaborative workspaces are prioritised, according to the ability of the Lead Migration Provider to begin activities - the scope of work for suppliers engaged on other SharePoint migration activities (Alscient currently migrating the Wolves SharePoint and Teams over to NHSMail) is extended to absorb these requirements, handing over to the Lead Migration Partner as/when their capability comes online

Top Issues

Issue No	Date Identified	Issue Description	Consequence of Issue	Impact	Mitigating Action

008	05/11/2020	SB raised an Issue in relation to the priorities of staff and the organisation during the delivery of the Management of Change programme.	Competing priorities may mean that staff are unable to engage with the requirements analysis element of the project (what data structures will they need, what data will they need to see).	The project is unable to clarify the requirements of staff/departments/directorates whilst these are still forming. This will delay the timescales by which an appropriate solution can be implemented.	The N365 project is an enabler project, to make possible collaborative working for users currently separated by domains. There are alternative solutions, but the BCWB CCGs approve the uptake of N365 (SharePoint/OneDrive) as the platform to support collaborative working. Risks/Issues relating to engagement in the requirements analysis will need to be raised, so that the impact can be identified and solutions proposed.
009	18/11/2020	There is an Issue emerging with the speed at which a procurement can identify an appropriate **Lead Migration Partner** (LMP) in line with the emerging requirements of the business (access and structure of N365 SharePoint).	Some of the business requirements may be compromised (i.e. access to Sites for collaborative working within timescales identified by elements of the business). Without access to areas for collaborative working, it is assumed that: - collaborative working will not be possible on the NHS Mail tenant in line with expectations OR - users will find an alternative solution, such as using existing	BCWB data will become disaggregated as Users find alternate locations for collaborative working. These data do not become included within the scope of the Data Migration/Transfer to N365.	Wolverhampton Tenant migration suppliers (Alscient) are extending the scope of the services being delivered to include the support of the Sites/Teams migrating to NHSMail. If business requirements are identified that cannot be delivered by the Lead Migration Provider (i.e. Sites are needed before the LMP can facilitate these) it is proposed that Alscient are approached to assist with the migration/setup and support of Sites, to be included in their planned handover to the LMP or Lead IT

			tenants at other organisations.		Provider (whichever emerges first).
010	18/11/2020	There is an Issue with the NHSMail tenant , which cannot currently add new organisations to its Whitelist.	Without being able to add Organisations to the NHS Mail tenant, we are unable to invite Users from Partner Organisations to participate within Sites/Teams using their existing O365 credentials.	Users from Partner Organisations will need to use @nhs.net credentials to access the NHS Mail tenant and BCWB Sites/Teams. If they do not have these credentials, an option would be to procure additional licences, beyond the numbers accounted for in financial planning.	i) Resolution of the Whitelisting Issue with the NHS Mail tenant OR ii) Procurement of additional licences for non-NHSMail users.

Board Actions:

The Digital Programme Board is asked to:

- approve the addition of STP Partner Organisation O365 domains to the NHSMail N365 Whitelist, to be able to leverage the use of O365 credentials in place across the Black Country
- approve the submission of User Management Policies to local IT providers for implementation
- recommend the acceptance of Risk 016 (SFI) by the Finance and Sustainability Committee

approve the option to explore an extension of the scope of activities being delivered by Alscient to include the setup and management of MoC P1 Sites/Teams setup

Project: STP Integrated Care Record **Project Status: Active**	**PM: Mark Taylor** **Sandwell & West Birmingham NHS Trust** **Date Completed: 11/01/21**	RAG Rating: RED
Update: Funding regionally has been received, however the BC & WB allocation is to be determined. Project is currently RED due to a supplier not appointed and the current due date of September 2021.		
Risks & Issues: Funding for the solution has yet to be identified. Supplier resources due to installation timelines are expected to be 6-9 months depending on solution chosen and capabilities of the supplier.		
Board Actions: **None**		

Project: Regional Local Health Care Record **Project Status: Active**	**Lead: Regional LHCR Team** **Date Completed: 04/01/21**	RAG Rating: AMBER
Update: Business case created at LHCR level, awaiting notification of funding.		
The STP Integrated Care Record (ICR) would be in isolation if the regional shared care record is not progressed. Lack of funding will prevent progress at this time.		
Board Actions: None		

Project: NHS APP – Digital Accelerator **Project Status: Active**	**PM: Chris Hoyle** **Wolverhampton CCG** **Date Completed: 7**/01/21	**RAG Rating: GREEN**
Two workstreams have now been established. 1) Integration with key suppliers: EMIS online triage, Graphnet and Cerner (patient portals). Meetings to take place ASAP to understand the functionality and timeline for integration. Roadmap of user benefits to play into any future marketing campaigns. DofE (Level 1 course content) NHS App syllabus to be used as a strategy to accelerate progress and priority for BBC Beacon. 2) Walsall conversion opportunity (increase use of NHS App): Learning has taken place from the most advanced of the Beacon sites (Nottingham) and an engagement approach and sales pitch to patients has been created; this will include attendance at GP Forums and the usage of Gov.uk Notify service for free SMS campaign. Intention is to use Walsall approach as a blueprint for other CCG's. Tailored NHS Marketing to boost uptake to be explored with Healthwave.		
Risks & Issues: Engagement with GP's in Walsall may be constrained by the Vaccine rollout / emergency response to pandemic. Mitigation: Digital leads / clinical leads to champion approach.		
Board Actions: None		

Project: Remote Clinical Desktop (RCD) **Project Status: Active**	**PM: Tom Robinson** **Dudley CCG** **Date Completed: 7/01/21**	RAG Rating: AMBER
Update: RCD enables end users to securely access clinical systems from their own devices, courtesy of NHSD. This scheme is a pilot which BCWB CCG have secured 40 licences. Each place within BCWB have engaged with PCNs' to establish pilot users. 18 pilot users have been identified to date, with more engagement taking place. Each place has approved and submitted T&Cs to NHSD. Pilot user details have been shared with NHSD for the creation of the RCD environment. Each pilot user will be required to approve and submit T&Cs before using RCD. Next steps; test RCD in line with CCG test plan, engage with end users to use RCD, seek feedback, collate feedback with recommendation of RCD and Virtual Desktop Infrastructure (VDI). Users for Wolverhampton have been identified and accounts have been successfully set up. Seven Clinical members of staff have been set up and have been testing for the last eight weeks. There have been no issues to report.		
Risks & Issues: Pilot users may not fully participate, this will be mitigated by seeking pilot users who are keen to be part of the pilot and making regular contact with end users to establish current status/feedback. No active issues as these have now been resolved.		
Board Actions: N/A		

Digitisation of Records

Project: Lloyd George Digitization **Project Status: Active**	**PM: Chris Rowlands** **Sandwell & West Birmingham CCG** **Stephen Cook (IT)** **Wolverhampton CCG** **Date: 07/01/21**	**RAG Rating: AMBER**
Update: Bid for additional funds to expand project was rejected as the funds were allocated to CCG's who had not received any funding for Lloyd George digitisation. A letter has been sent out to the GP Practices that are on the first wave of digitisation to inform that that the programme is progressing.		
Risks & Issues: There is a risk that the funding will not be sufficient, due to the lack of clarity on the costs for each record to be digitised and the timescales for spend. Mitigation: Procurement will be managed to ensure that the costs can be capped and that the project fits the funding envelope and financial timescales.		
Board Actions: N/A		

Digitisation of Care Homes

Project: Remote Monitoring Care Homes **Project status: Initiation**	**PM: Jenna Philips** **Sandwell & West Birmingham CCG** **Date Completed: 05/01/21**	**RAG Rating: AMBER**
Update: Joint procurement between 4 STPs (The Black Country and West Birmingham, Coventry and Warwickshire, Herefordshire And Worcestershire and Shropshire Telford and Wrekin) has now been concluded with a successful bidder identified. Following commencement of discussions, the successful bidder withdrew and a second bidder was approached. Additional funds are required to fund this bid, the shortfall for which is to be provided by NHSE/I. A detailed gateway plan has been produced modelling necessary rollout plans. It is understood that *most* of the homes selected in each of the constituent 5 places will be included in wave 1 rollout. However, those that are not will be included in wave 2:fast follower. Initial discussions have been held with Primary care leads regarding activity and governance. Some concern raised about the amount of work involved and the homes selected. All yet to be further considered.		
Risks & Issues: NHS Funding for project is time limited and must be spent by 31st March 2021 60% rollout by 31st March 2021 is now very unlikely (322 homes in total BCWB footprint, 60% is 194)		
Board Actions: N/A		

Project: Bide **Project Status: Initiation**	**PM: Jodie Winfield** **Wolverhampton CCG** **Date Completed: 04/01/2021**	RAG Rating: GREEN
Update: 'Bide' is a Falls Prevention bedside device which is aimed at intervening just prior to a potential fall by playing a pre-recorded message triggered by the person switching on their bedside light or triggering a motion sensor when making a movement towards it. The pre-set message offers general reminders about rising safely, or a bespoke message, depending on the individual's personal needs, and can be from a health professional, relative or friend. To utilise 'Bide' technology to support patients within residential care settings with the aim of achieving a sustained reduction in falls in an identified patient cohort (patients who have had previous falls or are identified as being at risk of falls). Funding has been secured for 20 devices to facilitate a small scale 3-month pilot in Wolverhampton. The devices were delivered w/c 7th December. The pilot started in December. Early feedback is positive.		

Risks & Issues: Engagement from the Care Home staff. The Community Team will provide support. The device is very simple to set up and use. The design team are providing training and any support required.
Board Actions: None at this stage

Project: The Tribe **Project Status: Initiation**	**PM: TBC** **The Academy** **Date Completed: 07/01/2021**	RAG Rating: RED
Update: The TRIBE is a social action technology. The platform grows Community Capacity, facilitates Social Prescribing and can Micro Commission services directly via up-skilled community assets. The purpose of the platform is to connect community resources at scale with people seeking help for either themselves or to address a community need. The Wider Determinants of Health Advisory Board agreed that this was a potential solution to some of the wider determinants of health risk that have been identified. Covid 19 Funding is being applied for, but approval for the procurement process is proving difficult as it requires long term commitment, for which the route is not clear. Agreement to Pause the project until these issues can be resolved.		
Risks & Issues: The Tribe is on the G-Cloud 12 Framework, but procurement may take longer than originally anticipated as long-term funding streams have not been identified.		
Board Actions: None at this stage		

Project: Dermicus skin cancer and wound management digital platform **Project Status: Initiation**	**PM: TBC** **Wolverhampton CCG** **Date Completed: 04/01/2021**	RAG Rating: AMBER
Update: Dermicus is a digital platform that enables the diagnosis of skin cancer, wounds and lesions by remote experts improving efficiency in the patient pathway. Dermicus is an accepted solution on the Wessex AHSN primary care demonstrator programme and live with Isle of Wight CCG for skin cancer diagnosis. It is of value in the current COVID-19 pandemic as it crucially keeps older patients out of the acute care setting. It will also be key to efficiently managing the glut of new referrals expected at the tail end of the pandemic, where patients who have delayed seeking advice on lesions may attend primary care.		

We explored its use for remote skin cancer diagnosis and completed a business case to the Cancer Alliance to fund the initial Champion and Phase 1 mobilisation. We were unsuccessful and need to review the next steps. We are also looking at the opportunity to support community wound management pathways. The national wound strategy requires us to have a digital based wound management system. There is the potential to work with the supplier to develop a bespoke solution and to bid against national strategy funding. Covid/vaccination planning has delayed progress this month.
Risks & Issues: The discussions are at a very early stage, scoping the feasibility of a pilot with the RWT Tissue Viability Lead Nurse. The capacity to progress has been slowed by the need to focus on the Covid response
Board Actions: None at this stage

HSLI - Projects

Project: HSLI - Population Health (Reduced Scope) - Dudley Locality **Project Status: Active**	PM: Simon Richards The Dudley Group Date Completed: 5/01/21	RAG Rating: AMBER

Milestone Achieved;

- **Dudley Borough wide primary care and MCP support**
- **Dudley Borough Data Sharing agreements**
- **Infrastructure procured and commissioned**
- **Proof of Concept – 5 practices (live 09 May 2018) direct integration of acute / primary care GP data**
- **All GPs record systems (EMISWeb) in borough and DGFT now connected in Test environment**
- **Preliminary User-acceptance testing completed**
- **Data priming of the live environment**
- **Integrate Imaging system and Lab System**
- **DGFT agent installation SOW approval**
- **Integrate EMIS Web Vitals**
- **Project Manager & Business Analyst recruited and in post (23.09.19)**
- **MoU signed for funding drawdown, physical drawn down planned for December 19.**
- **SOW for Phase 3 signed-off with the Supplier (27.09.19)**
- **Environment upgrade to Sunrise CU8 & PR14 (08.10.19 and 15.10.19 respectively)**
- **SCM CCOW supplier training (18.10.19)**
- **Configure SCM CCOW (30.10.19)**
- **Validation of configuration of SCM CCOW**
- **DGFT Agent installation on Pre-Prod**
- **Deliver GP Agent installation package to GP hardware refresh team for roll out**
- **Environment Upgrade Pre-Prod to CU10 (18.11.19)**
- **DGFT Agent deployed into first GP Practice (not yet configured for use)**
- **Promotion of CU10 to the live environment (upgrade/fixes to Sunrise – EPR) 30.01.20**
- **Testing of dbMotion Agent completed 10.01.20**
- **dbMotion Agent installation into live environment 02.03.20**
- **First Trust users provided access to the Agent in the live environment providing the ability to view GP Data from within Sunrise 02.03.20**
- **Large scale roll-out across the Trust 18.03.20 (expedited in response to COVID19)**
- **Discharge Letter added to dbMotion and viewable in Agent and Clinical viewer 07.04.20**
- **Lab and Radiology (textual) Results promoted and viewable in Agent and Clinical Viewer 23.04.20**
- **Generic Document Feed capability added to allow promotion to dbMotion – ICU Discharge documents added 23.04.20**
- **Infrastructure changes to provide improved resilience on Sunrise. (eMPI) wc 01.06.20**
- **Process to support the packaged delivery of the dbMotion Agent to GP Practice 01.12.20**

Activities for Next Month:

- **Installation of the dbMotion Agent on single GP Practice instance (initial assessment complete on Trust domain further activity required to deploy within CCG prior to agreement of a roll-out plan with CCG and practice leads).**
- **Meeting to support deployment on CCG EMIS instance and agree roll-out plan.**

• **Activities to support the delivery of additional data domains progressing. The final 2 data domains not yet implemented are EMIS Vitals and Hospital Medications (post ePMA).** • **Testing of Medication integration scheduled now that the Trust has gone live with the ePMA solution (GP Medications have been available to view since go-live)**
Risks & Issues: Delay to GP network upgrade and GP hardware refresh (contracts / supplier) is preventing Agent install date confirmation **Mitigation: GP hardware refresh and network contracts escalated and resolved. HSCN / network and hardware refresh programme planning is underway. Expected completion is now May/June. Roll out is likely to be a 'batch' process where each month x number of GP practices complete network and hardware refresh and are ready to have Agent installed shortly after. GP network and hardware refresh completed September 2020**
Board Actions: None

Project: HSLI - Mobile Community Solution **Project Status: Active**	**PM: Frank Botfield** **Date Completed: 5/1/2021**	RAG Rating: GREEN
Update: Moved services to the Cloud and continue to roll-out to Children's Services. Received 30% of the devices as proved difficult to source Surface Go in current pandemic.		
Risks & Issues: Struggling to source Surface Go. Alternative devices being looked at.		
Board Actions: None.		

Healthier Futures
Black Country and West Birmingham

Infrastructure

Status as at 30/11/20

Organisation Name	ODS Code	Number of Users	Windows Estate size	Server Estate Size	Windows Exposure Score	Server Exposure Score	Active Windows (30 days)	Active Windows %	Active Server %	Windows 10 %	Server 2008R2	Outlook 2010 (W10 Only)
NHS DUDLEY CCG	05C	1,428	1,400	48	63.5		1,458	104.1%	0.0%	99.9%	0	18
NHS SANDWELL AND WEST BIRMINGHAM CCG	05L	2,652	2,322	83	65.0	64.7	2,826	121.7%	112.0%	96.3%	99	15
NHS WALSALL CCG	05Y	1,173	4,663	52	64.0		1,501	32.2%	0.0%	92.2%	0	69
NHS WOLVERHAMPTON CCG	06A	1,224	1,157	28	59.1	64.7	1,337	115.6%	417.9%	99.4%	11	1,231
WALSALL HEALTHCARE NHS TRUST	RBK	4,939	* NO N365 *	275	63.4	65.6	4,071		58.2%	69.7%	170	2,677
THE ROYAL WOLVERHAMPTON NHS TRUST	RL4	10,344	6,100	331	58.4	63.9	5,954	97.6%	115.4%	93.8%	96	5,162
THE DUDLEY GROUP NHS FOUNDATION TRUST	RNA	940	3,521	583	61.7	57.0	4,414	125.4%	77.9%	88.3%	102	3,196
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	RXK	6,500	7,645	428	62.6		6,341	82.9%	0.0%	100.0%	0	5,987
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	RXT	4,047	4,357	196	17.5	27.8	4,112	94.4%	107.7%	99.7%	37	3,659
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST	RYA	7,950	2,627	400	56.5		2,184	83.1%	0.0%	100.0%	0	0
DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST	RYK	773	1,386	0	67.2		1,813	130.8%	ZERO ESTAT	79.4%	0	304
BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	TAJ	3,600	1,930	181	67.6		2,613	135.4%	0.0%	99.8%	0	0

*Current call logged with NHSD about Walsall figures being incorrect

Current Bids

HSLI – Bids expected from current multiyear projects by Dudley Group and Walsall Healthcare

- Mobile Community Solution – Approved waiting for MOU
- HSLI - Population Health (Reduced Scope) - Dudley Locality - Approved waiting for MOU

New HSLI Bids going through approval stage

e-Bleep Medic Bleep - The Royal Wolverhampton NHS Trust - **£138k**

Accelerated Patient Portal - The Dudley Group NHS Foundation Trust - **£450k**

Additional Total Mobile Devices - Walsall Healthcare - **£100k**

Infection Control systems to support COVID-19 - Sandwell and West Birmingham Hospital - **£150k**

Expected Bids

GPIT Capital Bids for the four CCG's

ETTF – Estates and IT Bid

Projects in Scoping Stage

Project: Think111 **Project Status: Scoping**	**PM: TBC** **Date Completed: **/**/20**	**RAG Rating:**
Update: Please give brief update on current status of project		
Risks & Issues:		
Board Actions:		

Project: GP IT Futures **Project Status: Scoping**	**PM: TBC** **Date Completed: **/**/20**	**RAG Rating:**
Update: Please give brief update on current status of project		
Risks & Issues:		
Board Actions:		

Project: Provider Comms (Bleep Replacement **Project Status: Scoping**	**PM: TBC** **Date Completed: **/**/20**	**RAG Rating:**
Update: Please give brief update on current status of project		
Risks & Issues:		
Board Actions:		

Project: HIMMS self-assessment Project Status: Scoping	PM: TBC Date Completed: **/**/20	RAG Rating:
Update: Please give brief update on current status of project		
Risks & Issues:		
Board Actions:		

Project: e-Review – Elective Waiting Lists Project Status: Scoping	PM: TBC Date Completed: **/**/20	RAG Rating:
Update: Please give brief update on current status of project		
Risks & Issues:		
Board Actions:		

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 FEBRUARY 2021
AGENDA ITEM: 14.0

TITLE OF REPORT:	Finance briefing report for the period ending 31 January 2021 (Month 10)
PURPOSE OF REPORT:	To provide information to the Committee on the financial expenditure of the Black Country and West Birmingham CCGs delegated primary care resource for the 2020/21 financial year.
AUTHOR(S) OF REPORT:	Lorraine Gilbert - Head of Finance Walsall CCG Phil Cowley – Senior Finance Manager – Primary Care, Dudley CCG Carly Sheldon – Senior Primary Care Accountant, Sandwell & West Birmingham CCG & Wolverhampton CCG
MANAGEMENT LEAD/SIGNED OFF BY:	James Green Chief Finance Officer Black Country & West Birmingham CCGs
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• This report is formed from the four individual CCGs reported position • The Black Country and West Birmingham CCG's overall primary care co-commissioning delegated expenditure for the 10-month period was £179.7 million, representing an underspend of £611K. This is forecast to deteriorate to an overspend of £159k (0.1%) against a budget of £217.6 million at the year end, with an overspend of £0.957 million at SWB CCG offset by underspends in Walsall and Wolverhampton CCGs, and a breakeven position in Dudley CCG. • Expenditure on GPFV programmes is in line with the received allocations totalling £11.168 million, with a small underspend due to VAT rebate • An underspend of £1.324m is forecast against other Primary Care budgets totalling £71.997m, the majority of which relates to Prescribing budgets, in Wolverhampton. This is partially offset by small variances across services across the other CCGs. • An allocation of £3.8m has been received from the national General Practice Covid Capacity Expansion Fund, to support General Practice as part of the COVID-19 response. PCNs have submitted plans to access this funding, and these plans are now being implemented across the system.
RECOMMENDATION:	Members of the Primary Care Co-Commissioning Committee are asked to: 1. Discuss the contents of the report; 2. Note the contents of the report and the financial position for the 10-month period in 2020/21.
CONFLICTS OF INTEREST:	None Identified
LINKS TO CORPORATE OBJECTIVES:	N/a
ACTION REQUIRED:	✓ Assurance

Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	N/A
Policy and Legal Obligations	N/A
Equality & Diversity	N/A
Governance	N/A

1. Executive Summary – Assurance Overview for 2020/21

The financial duties for delegated primary care allocations are consistent with the NHS business rules.

The CCG's performance against key indicators is as follows**:**

Key Financial Duties (Business Rules)						
No.	Indicator	BCWB CCGs	Dudley CCG	SWB CCG	Walsall CCG	Wolverhampton CCG
1	Ensure a breakeven position on the 2020-21 delegated allocation					
2	Invest additional allocations as per GP Forward View					
3	Contingencies and reserves held in accordance with the CCG business rules					
	The key indicators:					

Commentary/ Key Points to Note

Due to the COVID-19 pandemic all CCGs operated a revised financial regime for the first 6 months of the current financial year, with allocations based on 2019-20 Month 11 year to date expenditure position but with retrospective allocation adjustments made to ensure that a break-even position was achieved.

All four CCGs received retrospective top-up allocations to meet actual expenditure incurred, and a break-even position is therefore achieved in months 1-6

This retrospective top-up process has been replaced in months 7-12, with systems receiving a fixed funding envelope to cover expected expenditure positions, including additional costs incurred as a result of Covid-19. Systems are expected to live within this allocation and return to usual financial management in line with the allocation received.

Dudley, Walsall and Wolverhampton CCGs are each forecast to achieve their duty to achieve a break-even against the adjusted delegated allocation received for 2020/21. Sandwell and West Birmingham CCG is currently forecasting an overspend of £0.957m against its allocation, although there are plans in place to mitigate this within the wider CCG financial position.

2. Financial Position as at January 2021 (Month 10)

2.1. Delegated Primary Care

As at 31 January 2021, the overall position for BCWB CCGs is a net underspend of £611k, however this is due to deteriorate to an overall overspend of £159k (<0.1%) by the financial year end. The position in each CCG and the main reasons for variances are identified further below.

YTD – Month 10

	Dudley CCG		SWB CCG		Walsall CCG		Wolverhampton CCG		Total M10 2020/21		
	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s
Primary Care Co-commissioning											
General Practice - GMS	24,148	24,345	46,070	45,886	18,769	18,772	19,375	19,303	108,363	108,306	57
General Practice - PMS			704	730	-	-	1,211	1,263	1,915	1,993	(78)
Other List-Based Services (APMS incl.)	463	463	5,247	5,211	3,789	3,787	1,808	1,737	11,307	11,198	109
Premises cost reimbursements	2,682	2,692	7,450	7,466	2,070	2,094	1,488	1,538	13,691	13,790	(99)
Primary Care NHS Property Services Costs	1,336	1,336	-	-	3,472	3,480	567	567	5,375	5,383	(8)
Other premises costs	151	158	63	47			10	- 71	224	134	90
Enhanced services	8,342	8,384	8,603	8,647	3,544	3,054	3,471	2,996	23,960	23,081	879
QOF	135	135	5,674	5,400	3,947	3,980	3,028	2,821	12,784	12,336	448
Other - GP Services	1,409	1,444	(2,240)	(1,492)	486	624	2,481	2,887	2,136	3,463	(1,327)
Delegated Contingency	292		90				159		541	-	541
Total Primary Care Co-commissioning	38,958	38,957	71,661	71,895	36,077	35,791	33,598	33,040	180,295	179,683	611

Forecast Year-end

	Dudley CCG		SWB CCG		Walsall CCG		Wolverhampton CCG		Total M10 2020/21		
	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s
Primary Care Co-commissioning											
General Practice - GMS	28,929	29,226	55,438	58,788	22,529	22,529	23,250	23,165	130,147	133,708	(3,562)
General Practice - PMS			849	858	-	-	1,454	1,516	2,302	2,374	(71)
Other List-Based Services (APMS incl.)	554	554	6,355	2,881	4,547	4,547	2,170	2,084	13,626	10,066	3,560
Premises cost reimbursements	3,214	3,229	8,969	9,039	2,481	2,518	1,786	1,845	16,450	16,632	(181)
Primary Care NHS Property Services Costs	1,600	1,600	-	-	4,166	4,218	681	681	6,447	6,499	(52)
Other premises costs	182	191	76	76			11	(86)	270	181	88
Enhanced services	10,137	10,208	10,308	10,440	4,461	4,487	4,165	3,573	29,071	28,708	363
QOF	159	159	6,834	6,558	4,204	4,204	3,633	3,385	14,830	14,306	523
Other - GP Services	1,745	1,761	(2,941)	(1,634)	1,699	1,691	2,978	3,473	3,481	5,292	(1,811)
Delegated Contingency	410		161		222		191		984	-	984
Total Primary Care Co-commissioning	46,930	46,928	86,050	87,007	44,309	44,194	40,318	39,637	217,607	217,766	(159)

Dudley CCG

The CCG is achieving a break-even position at M10 and forecast to report a net underspend of £2k at the year end. The small overspends against the various categories are as a result of the Kinver practice transferring from South Staffs CCG, and these variances are offset by the release of the contingency.

Sandwell & West Birmingham CCG (SWBCCG)

There is a net overspend of £233K to month 10, with a forecast year end overspend of £957k, representing an improvement of approx. £215K on the forecast reported at month 08, following completion of the reconciliation of balances carried forward from 2019-20.

Walsall CCG

This CCG shows an underspend of £286k to month 10, reducing to a forecast £115k underspend at the year end. The majority of the year to date underspend relates to current slippage against the Additional Roles Reimbursement Scheme, although these funds available to the CCG are expected to be spent by the end of the financial year.

2.2 GP Forward View (GPFV)

The CCGs have received GP Forward View allocations totalling £11,168k for the full financial year, and the current expectation is that all allocations will be spent in full by the CCGs. However, there is an underspend of £75K in Sandwell & West Birmingham due to VAT rebates received for previous and current financial year costs. The table below identifies the full year budget by programme and CCG area, noting that the larger number of scheme allocations for Wolverhampton CCG is because this CCG receives most GPFV allocations on behalf of the whole STP.

Full Year forecast Budget and Expenditure

	Dudley CCG		SWB CCG		Walsall CCG		Wolves CCG		Total M10 2020/21		
	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s
GP Forward View											
Access	2,087	2,087	3,688	3,688	1,810	1,810	2,239	2,239	9,824	9,824	0
PCN Development							355	355	355	355	-
Online Consultation			103	27			152	152	255	180	75
Reception & Clerical Training							89	89	89	89	-
Practice Resilience Programme							63	63	63	63	-
GP Retention							239	239	239	239	-
Training Hub							102	102	102	102	-
Fellowships - Core Offer							18	18	18	18	-
Fellowships - Aspiring Leaders							246	246	246	246	-
International Recruitment									-	-	-
GPN Nurse Champions			(23)	(23)					- 23	- 23	-
Care Navigators									-	-	-
Total GP Forward View	2,087	2,087	3,768	3,692	1,810	1,810	3,503	3,503	11,168	11,092	75

Further allocations under this programme may be received from NHSE through the remainder of the financial year, and these will also be allocated to the BCWB CCGs as a whole. Further updates will be given to Committee in future months.

2.3 Other Primary Care

The table below summarises the other areas of Primary Care related funding that are reported to PCCC of individual CCGs. It is noted that there is some inconsistency in the areas reported to PCCC within each individual CCG, and this inconsistency will remain until the merger of the four CCGs in April 2021.

There is a net underspend to month 10 of £1.479 m against these budgets, which is forecast to reduce to £1.324m by the end of the financial year. The majority of these variances sit in Wolverhampton CCG, and relate to Prescribing costs.

YTD – Month 10

	Dudley CCG		SWB CCG		Walsall CCG		Wolves CCG		Total M10 2020/21		
	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s
Other Primary Care											
Local Enhanced Services	1,706	1,713			3,825	3,773	705	608	6,236	6,094	142
Primary Care Investments	987	987							987	987	-
Primary Care Development					324	404			324	404	(80)
Primary Care IT					1,308	1,089	1,444	1,460	2,752	2,549	203
Out of Hours					1,460	1,413	2,567	2,538	4,027	3,951	76
Collaborative Commissioning							144	110	144	110	33
Prescribing							40,567	39,311	40,567	39,311	1,256
Prescribing Incentive Scheme							358	279	358	279	79
Pharmaceutical Schemes									-	-	-
NHS 111							998	1,273	998	1,273	(274)
Transformation			723	723					723	723	0
Asylum Seekers			668	625					668	625	44
Commissioning Schemes									-	-	-
COVID Expansion Fund	581	581	1,401	1,401	526	526	777	777	3,285	3,285	0
Total Other Primary Care	3,274	3,281	2,792	2,748	7,443	7,205	47,560	46,356	61,069	59,590	1,479

Forecast Year-end

	Dudley CCG		SWB CCG		Walsall CCG		Wolves CCG		Total M10 2020/21		
	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s
Other Primary Care											
Local Enhanced Services	1,945	1,956			4,465	4,420	849	727	7,259	7,103	156
Primary Care Investments	915	915							915	915	-
Primary Care Development					337	392			337	392	(55)
Primary Care IT					1,712	1,712	1,733	1,733	3,445	3,445	-
Out of Hours					1,752	1,751	2,149	2,116	3,901	3,867	34
Collaborative Commissioning							172	146	172	146	26
Prescribing							48,797	47,327	48,797	47,327	1,470
Prescribing Incentive Scheme							430	350	430	350	79
Pharmaceutical Schemes									-	-	-
NHS 111							1,251	1,697	1,251	1,697	(446)
Transformation			866	866					866	866	(0)
Asylum Seekers			812	753					812	753	59
Commissioning Schemes									-	-	-
COVID Expansion Fund	775	775	1,401	1,401	702	702	933	933	3,811	3,811	0
Total Other Primary Care	3,635	3,646	3,079	3,020	8,968	8,977	56,314	55,030	71,997	70,673	1,324

3. General Practice Covid Capacity Expansion Fund

In November 2020, NHS England announced additional funding of £150 million to support General Practice as part of the COVID-19 response. For the Black Country and West Birmingham CCGs the allocation of funding is £3.81m, which equates to £2.53 per patient.

It has been agreed that this funding will be utilised as follows:

1. £230k will be ring-fenced to support additional capacity at each of the red sites between December and February – this will be allocated on a needs basis i.e. only funded when the Red Site is consistently meeting capacity
2. The remainder of the funding will be allocated to PCN's on a list size basis to support the seven priority goals and support practices who have not been able to bring their activity to pre-COVID levels.

To access the funding, each PCN submitted a plan in December and following a review of these plans a payment of 75% of their total allocation has been processed for each PCN. Two further progress reviews are planned for February and April. If the February review identifies that the funding has not been utilised to achieve the seven priority goals this would need to be returned to the CCG and redistributed. If PCN's are on progress to meet the seven priority goals the final payment of 25% will be processed in March. If the funding ring-fenced to support the red sites has not been utilised by the end of February this will be redistributed to PCN's.

4. Replacement of Open Exeter with GP Pensions and Payments

Primary Care Support England has been working for a number of years on a replacement for the current Exeter payment system, and demonstrated the replacement GP Pensions and Payments (GPPP) system to NHSE and CCGs over the summer ahead of an expected go-live date of October 2020. While the development of a replacement for Exeter with a modern system is welcomed, CCGs and NHSE raised a number of specific concerns in respect of the system, its financial controls and usability and as a result of these concerns the rollout of the GPPP system was delayed to allow time to address concerns.

CCGs have recently been informed by NHS England that the rollout has now been delayed until June 2021. A formal decision is due to be made in February 2021, however it has been confirmed that this is unlikely to change. Further updates will be provided to committee in the coming months.

5. Covid Vaccination Programme Support

Payments to Primary Care Networks in respect of the Covid Vaccination Programme are made directly by NHSE/I, as is the case for flu and other vaccinations, but the CCGs have a role to play in co-ordinating and assuring some claims made by practices, and are also working to support practices in navigating national processes.

There have been a number of issues affecting the reporting and payment of data recorded in PCNs Point of Care systems for vaccinations in December and January, and although this is governed by national systems CCG finance teams continue to work with practices and NHSEI to escalate and help resolve these issues.

6. Recommendations

Members of the Primary Care Co-Commissioning Committee in Common are asked to:

1. Discuss the contents of the report;
2. Note the contents of the report and the reported financial position for the year 2020/21;
3. Note the risk in respect of the potential transition to GP Pensions and Payments in June 2021.

Lorraine Gilbert
Phil Cowley
Carly Sheldon

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View	Not applicable	
Public/ Patient View	Not applicable	
Finance Implications discussed with Finance Team	Not applicable	
Quality Implications discussed with Quality and Risk Team	Not applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not applicable	
Information Governance implications discussed with IG Support Officer	Not applicable	
Legal/ Policy implications discussed with Governance Teams	Not applicable	
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not applicable	
Signed off by Report Owner (Must be completed)	Lorraine Gilbert	**15/02/2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 15.0

TITLE OF REPORT:	**Primary Care Quality Report**
PURPOSE OF REPORT:	To provide assurance to the committee on the core quality and safety activities relating to primary care.
AUTHOR(S) OF REPORT:	Sarah Quinton, Deputy Chief Nursing Officer BCWB CCG's Heads of Quality & Primary Care Quality Leads (Place)
MANAGEMENT LEAD/SIGNED OFF BY:	Sally Roberts, Chief Nursing Officer, Black Country and West Birmingham CCGs
PUBLIC OR PRIVATE:	**Public**
KEY POINTS:	• Covid19 transmission rate across the STP remains challenging, although inpatient numbers and critical care capacity appears to be stabilising • Sporadic outbreaks continue on primary care settings, but with small numbers of staff affected • Covid19 Vaccination Programme continues at pace with circa 284,490 vaccinations delivered across all BCWB delivery models at 14/2/21 • No CQC rated inadequate practices in Dudley, Wolverhampton or Walsall • Flu Vaccination 20/21 uptake across BCWB CCG's is equal to or better than performance at the same time last year
RECOMMENDATION:	To receive the report for assurance and support for the monitoring arrangements and actions taken
CONFLICTS OF INTEREST:	N/A
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	√ Assurance
Possible implications identified in the paper:	
Financial	
Assurance Framework	X
Risks and Legal Obligations	
Equality & Diversity	
Other	

1.0 INTRODUCTION

This report has been compiled to illustrate a continued oversight and understanding of the current quality and safety concerns with Primary care during the previous reporting period. It highlights the current challenges and issues and will detail progress on specific programmes of work.

Covid19 transmission across the STP remains challenging, although increased activity relating to in-patient admissions and Critical Care capacity appears to be stabilising.

Primary care settings continue to see sporadic outbreak activity across all CCG's, but numbers of staff affected remain low.

Covid19 Vaccination programme continues at pace, 90% performance achieved across all initial cohorts. Delivery via Hospital hubs and PCN's is well established. Our initial Vaccination Centre at Black Country Living Museum is now operational and two further vaccination sites in Tipton and Walsall are due to open week commencing 22 February 2021

Work is currently being undertaken to evaluate the new functionality for NHS 111, (111 First) which went live in December 2020.

The Oximetry @ Home project now has processes operational at each place providing step up and step down pathways. Different models are being used, predominantly the service is being delivered through primary care red sites, with further support from Community services. SWB practices are developing services with primary care practices, with some PCNs providing on behalf of their practices. Both Dudley and Wolverhampton have implemented digital solutions to support monitoring of patients where suitable.

Due to the current ongoing Covid19 pressures work on development of the report has been paused.

2.0 Care Quality Commission (CQC) Inspections

The CQC are currently using the Transitional Monitoring Approach (TMA) in providers where there are concerns. CQC retain the right to visit services and due to this flexible approach, most regulated providers will not be re-rated.

Wolverhampton CCG

No TMA visits took place in December 2020. The CCG has continued to meet with the local CQC inspector to share intelligence and gain updates to current matters within primary care.

Walsall CCG

Eight Walsall GP practices have been identified as being higher risk, based on the collation of data indicators and were prioritised to receive a TMA contact call on the 14th January 2021. (The five modality practices were overdue their formal inspections and a further three practices had previous regulatory breaches). We are currently awaiting an update from the CQC.

Dudley CCG

Following a re-inspection in November 2020 Dudley Wood Practice has now been rated as Good overall and in all population groups other than working age people (rated as requires improvement). The practice has

been taken out of special measures with CQC recognising “significant improvements across several areas of non-compliance identified at our previous inspection and during a global pandemic”.

An unannounced focussed inspection was undertaken at a further practice in October 2020. This was an unrated focused inspection and a number of areas were identified where the provider must make improvements. Dudley CCG carried out a virtual meeting with the practice in January 2021. Verbal assurances were provided on the progress they have made to address the concerns highlighted by CQC. CCG support to the practice remains available and in addition a Dudley place induction meeting is being arranged with the newly appointed practice manager that will include representatives from IT and primary care team colleagues.

SWB CCG

Four practices in Sandwell and seven in West Birmingham have received TMA visits during November & December 2020. The CQC has now completed its list of identified practices for transitional monitoring during the covid-19 pandemic.

2.1 CQC Inadequate Rated Practices

The table below highlights the practices rated as inadequate by the CQC and the date of publication.

CCG	Practice	Date of publication
Sandwell and West Birmingham CCG	Clifton Lane Medical Practice	12th March 2020
Sandwell and West Birmingham CCG	Stonecross Medical Centre	2nd March 2020
Sandwell and West Birmingham CCG	Swanpool Medical Centre	12th March 2020

Inadequately rated practices continue to receive support from various teams across the CCG, including medicines management, primary care & quality.

2.2 CQC Safeguarding Concerns

During December 2020 and January 2021, the CQC received information of concern from the Local Authority relating to safeguarding referrals from two GP practices In Walsall CCG. The concerns related to an adverse drug reaction resulting in medical intervention and hospital admission. The Quality Team have liaised with the practice and a Significant Event report has been completed and shared with the CQC. The investigation concluded that the patient was not allergic to the medication and the hospital admission related to an acute illness. The CQC are awaiting an outcome from the LA on this case prior to closing their file. The other concern related to a delay in issuing a prescription for a care home resident. The Local Authority have liaised with the GP practice, communication issues had been highlighted between the practice and care home and actions agreed to facilitate improved working. The CQC are awaiting an outcome from the LA on the case prior to closing their file

3.0 Health Protection & Infection Prevention

3.1 Personal Protective Equipment (PPE)

There continues to be adequate provision of PPE via the online portal and no issues have been reported

3.2 Infection Prevention and Control

Focused IPC visits have been conducted where practices have had outbreak activity and support has been provided by the CCG teams.

3.3 Covid19 Outbreaks

Sporadic outbreaks continue across GP practices, these have involved small numbers of staff.

3.4 Flu Immunisation Programme

NHSEI have advised that the 2020/21 NHS Annual Influenza Vaccination Programme has been the most successful in the history of the programme. Despite the pandemic, the hard work and diligence by NHS and social care providers has resulted in the best uptake levels yet.

NHS providers delivering influenza vaccinations to health and social care professionals have been asked to review the JCVI advice and order vaccines in line with NHS England and NHS Improvement reimbursement guidance.

Monthly meetings of the STP Flu Board have now been stepped down and a meeting is planned for March 2021 to reflect on performance, lessons learned and commence planning for 21/22 Flu Vaccination programme.

BCWB CCG Performance at 10/2/21

Summary | 65 & Over | All Patients | Pregnant Women | At Risk Groups | Vaccine Type Stratification | Datasource | Health and Social Care Workers | Patients aged 50 and over

Org Code	Org Name	Response Summary			Summary of Flu Vaccine Uptake %						
		No. of practices	No. of forms completed	% of practices responding	65 and over (all Patients)	65 and over (at-risk only)	Under 65 (all Patients)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women
05C	NHS DUDLEY CCG	43	43	100.0	79.2	82.9	19.4	52.3	42.5	60.4	44.7
05L	NHS SANDWELL AND WEST BIRMINGHAM CCG	75	72	96.0	71.0	76.1	13.7	41.5	31.5	43.7	33.2
05Y	NHS WALSALL CCG	52	48	92.3	78.9	82.9	19.4	51.8	39.8	55.8	41.6
06A	NHS WOLVERHAMPTON CCG	38	35	92.1	75.1	79.7	15.2	46.2	30.8	49.4	33.0
	Total	**208**	**198**	**95.2**	**75.9**	**80.2**	**16.3**	**46.8**	**35.6**	**50.5**	**37.5**

Based on last year's performance all CCGs have recorded uptake that is equal to or better than the performance at the same time last year.

Uptake Ambition for 21/22

- All providers have been advised to plan their influenza vaccine ordering to at least equal the high levels of uptake achieved in 2020/21.
- For frontline healthcare workers, providers should plan to achieve a 100% offer of vaccination to all appropriate staff groups.
- School aged influenza vaccination services should plan to achieve at least 75% uptake across all commissioned year groups.
- Hospital trusts have been advised that they should continue to vaccinate pregnant women under their care and in addition should work with their regional Public Health Commissioning Teams to offer vaccinations to all those eligible individuals considered clinically at risk through in and out-patient appointments. Trusts should ensure they order sufficient vaccines to fulfil their contractual obligations in this regard.

4.0 Covid Vaccination Programme

Work continues at pace to expand the vaccination programme led by the Chief Nursing Officer as SRO. The programme commenced as requested by NHSEI on 8th December 2020.

Daily calls take place via the BCWB System Vaccine Operational Centre (SVOC) with the Regional Operational Centre (RVOC) which provides a daily touch point to discuss issues, communications, vaccine delivery and progress. Any issues are escalated to the National Team via this route.

Current performance at 14/2/21 is at 90% across initial cohorts, a total of circa 284,490 vaccinations have been administered across all BCWB delivery models.

- Hospital Hub sites have completed 56,616 vaccinations. Walsall Healthcare NHS Trust was the initial designated hub for BCWB STP, vaccination commenced for the initial JCVI cohorts and NHS staff in early December. RWT, DGH and Sandwell Hospitals are now in hibernation with planning in progress for reactivation to deliver 2nd dose aligned to 12 weeks from 1st dose. Healthcare and social care worker cohorts have predominantly been vaccinated via the Hospital Hub sites, including staff groups from Independent providers.
- Local Vaccination Services (PCN's) became live throughout December and January and have completed approximately 198,758 vaccinations.
- BCWB Vaccination Centre located at the Black Country Living Museum has been operational since 25th January 2021 and completed 14,641 vaccinations. Further sites at Tipton Sports Academy and Saddlers (formerly TJ Hughes) in Walsall are due to become operational week commencing 22nd February 2021.
- Roving Model - All 339 care homes across BCWB CCG's have been offered the vaccine, follow up visits are progressing to complete any missed vaccinations.
- Community Pharmacy – there are have 5 sites operational and have delivered 14,466 vaccinations, with a further two sites under consideration by NHSEI in Walsall and Dudley. Vaccination appointments are booked via the national booking system

Communication of key messages continues; local teams are working closely with regional and national communications teams to ensure consistent messages and target key areas of focus such as BAME groups to dispel myths and encourage uptake in vaccination.

5.0 Patient Experience

5.1 Friends and Family Test

This contractual quality metric remains on hold nationally. The first data submission was due to recommence in December 2020, with data submitted from the beginning of January, and results expected in February 2021.

5.2 Complaints and Patient Concerns

Walsall CCG - A patient complaint and incident investigation which had been paused due to police involvement has now been completed and the CCG has received the outcome of the internal investigation conducted by the practice. Contact has been made to the complainant by the GP and the Designated Safeguarding Lead for Adults at the CCG in order to progress the complaint but there has been no response. The individuals registered professional body is in the process of undertaking an investigation therefore the GP Practice have been advised to not respond formally to the complaint until their investigation is complete. The Quality and Safeguarding CCG team are planning to meet with the GP Practice to discuss the investigation report and provide support.

A further complaint was raised by a Care Home and related to repeat and general prescription issues. Further improvements have been made to ensure effective partnership working between the practice and care home, this is being monitored by the Quality Team.

6.0 Performance Escalation to NHSE

For committee's information, the Performer Practice Information Gathering Group (PPIGG) has been stood down by NHS England and a new process for referral of concerns is via the Initial Triage Stage (ITS). All performance matters must now be reported through this route via an online portal.

Wolverhampton CCG

- A Whistleblowing concern had been raised by a healthcare professional, whilst they were on a placement at one of the GP practices relating to conduct of an individual. NHSE/I have conducted an individual performer investigation. CQC have also conducted a management review of the practice and are receiving weekly action plans, CQC are currently happy with progress against the plans. The CCG have also undertaken a contract performance visit and no significant issues were identified.

- A further referral to NHSEI and the GMC relates to a medication incident and subsequent Regulation 28 (Prevention of Future Death) letter issued by the Coroner. The CCG was not initially aware of this issue, CQC have reviewed the GP practice and have raised no concerns. The CCG has communicated to practices the importance of incident reporting via Datix and communication with the CCG. Further update will be provided when investigations have been concluded.

SWB CCG

- Following a whistleblowing referral to CQC regarding an individual's competence, NHSEI have commenced an investigation into the individual's performance. The CCG quality team are liaising with NHSEI and CQC regarding the ongoing investigation and to ensure supportive measures are in place.

Walsall CCG

- There have been no concerns reported via the Initial Triage Service during December 2020 or 2021January.

- The NHSE/I Complaints team continue to investigate a practice in relation to their management of a diabetic patient via locum clinicians. The practitioner case is ongoing however we are advised that there is no further action required by the CCG.

7.0 Serious Incidents

Wolverhampton CCG had an SI reported in October 2020 which related to a medication error, which resulted in the patient having a further A&E episode for further intervention and treatment. The RCA concluded that there were two key issues:

- Human error – clinical system not updated with medication change by the GP.
- Communication Error – GP actions not clearly stated on the discharge letter.

Learning from this incident included ensuring actions of letters are reviewed promptly and if patients are deemed vulnerable (dementia, learning disability), they should be contacted and ensure any changes to management including medication have been understood. This has been cascaded throughout the practice and will be discussed at significant event meeting. The SI has now been closed

Dudley CCG has an ongoing investigation into a diagnostic incident (delayed diagnosis) which involves a number of services in Dudley, including primary care. An external review is underway by the BCWB CCG Chief Medical Officer and update will be provided when this is complete.

Walsall CCG had Serious incident in November 2020 where a patient had sadly died after developing a venous thrombosis associated with a failure to monitor medication appropriately by the GP practice. The practice has undertaken a Serious Incident investigation into this case and have been supported by the Walsall CCG Quality Team, to identify lessons learned and implement improvement actions which will be shared widely across the BCWB CCG's. A Consultant led educational event has taken place with a number of GP's in Walsall, which has further promoted the safe provision and of contraceptive services during this pandemic period and the importance of annual monitoring and review.

The cervical screening incident investigation and patient recall has now concluded. No specific root causes were identified however improved systems and processes will be implemented to prevent recurrence and lessons learned shared at the appropriate forums. The individual's professional body continue to progress with their fitness to practice enquiries. The CCG are in receipt of the final RCA which will go to PCOG for sign off in March 2021.

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Governance Teams		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Sarah Quinton**	**15/02/2021**

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 16.0

TITLE OF REPORT:	STP Training Hub Assurance and Update Report
PURPOSE OF REPORT:	To provide assurance and update on the work of the STP BCWB Training Hub
AUTHOR(S) OF REPORT:	**Alison Hall and Pat Radley**
MANAGEMENT LEAD/SIGNED OFF BY:	Sarah Southall
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• The established locum bank will be part of a collaborative bank to improve the use of locums across the STP. This will be a digital platform that enables locums to be registered and able to access clinical sessions. • A bespoke training programme has been set up for Practice Managers and Admin/Clerical staff and training dates secured. Three Practice Manager Network co-design events have been arranged to take place in February to shape a network support offer. • Three Social Prescribing link worker events have taken place and the Training Hub will now develop a future support offer based on the outcomes. • The Training Hub has successfully bid for an Advanced Practice Clinical Educator and is now looking to recruit to the role.
RECOMMENDATION:	That the Committee note the update to the work programme of the Training Hub
CONFLICTS OF INTEREST:	None
LINKS TO CORPORATE OBJECTIVES:	Delivery of the STP Primary Care Strategy and the NHS Long Term Plan
ACTION REQUIRED:	Assurance
Possible implications identified in the paper:	
Financial	None
Risk Assurance Framework	None
Policy and Legal Obligations	None
Equality & Diversity	None
Governance	None

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – 23 FEBRUARY 2021

STP Training Hub Assurance and Update Report

1.0 INTRODUCTION

1.1 This report if to update the Committee on the work of the Black Country and West Birmingham STP Training Hub over the period January to February 2021

2.0 Key Points (Finance)

2.1 The STP has received access to a substantial funding allocation from NHSE/I to support a variety of initiatives with the most significant element being the General Practice Covid Capacity Expansion Fund of £3.8m. The fund is allocated to systems to cover 7 priority areas:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On equalities, making significant progress on learning disability health checks, with an expectation that all CCGs will, without exception, reach the target of 67% by March 2021, as set out in the inequalities annex to the third system letter.
7. Potentially offering backfill for staff absences where this is agreed by the CCG required to meet demand and the individual is not able to work remotely.

In line with the process identified in December 2020, 75% of the allocation has now been issued to PCNs. A checkpoint review meeting is scheduled to ensure spend is in line with PCN plan/priorities. Following the review, the remaining 25% balance will be paid to PCNs late February 2021.

2.2 The Training hub has worked in collaboration with STP Clinical Directors to develop an expenditure plan for NHSE/I PCN Development Funding in line with guidance. The proposal is to invest a proportion of this £1.1m of funding to STP wide schemes that are open to all Clinical Directors and PCNs but delegate the majority of the funding (73%) to CCGs on a per capita basis to work up locally developed plans with their PCNs.

STP wide commissioned initiatives include:-

- Access to practical, specialised support for PCNs to develop techniques in population health management including the Dartmouth Programme and an NAPC offer at 1 PCN per place (with opportunity for more PCNs to access using their local funding if they wish)
- Leadership Development for Clinical Directors and other colleagues involved in PCN development including access to the ‘Confident PCN Manager Programme’
- Funding for 2 places per PCN to access the ‘Social Prescriber Plus Programme’
- Access to workshops to support PCNs to get the most out of the Additional Roles Reimbursement Scheme
- Opportunity for 1 PCN per place to access commissioned practical transformation support to run a QI or transformation project with the NAPC (with opportunity for more PCNs to access using their local funding if they wish)

- Access to commissioned practical support from Arden and Gem CSU to run a system improvement project across 1 PCN per place (with opportunity for more PCNs to access using their local funding if they wish)

A panel meeting took place in February to consider the proposals prepared by PCNs in line the national prospectus. Almost all plans were approved, exceptions from Walsall and Dudley required further clarification and are expected to be approved before the month ends. Funds will be released in full to PCNs as close to the end of February as possible.

3.0 Project Update

3.1 In response to recruiting two GP Locum Champions. Work to establish improved networking with locums is now underway, over 100 GPs who are currently locums who want to work across the BCWB have been promoted for bookings with PCNs.

In partnership with the People Board a collaborative bank will be set up to improve the use of locums across the STP. This will be a digital platform that enables locums to be registered and able to access clinical sessions available in general practice across Black Country and West Birmingham. This project has been combined with an existing piece of work underway, delegated by People Board, to develop a collaborative bank spanning the wider footprint. Project Governance and a spend plan have been prepared for consideration by the People Board in March 2021. The project is timed to deliver many components before year end. Funds have been drawn down from NHSE in line with a memorandum of understanding and performance requirements within. A consultant has been commissioned to compliment the work already undertaken by the training hub and will shortly commence onboarding and preparation of an operational policy that will correspond with the preferred digital platform. The training hub will then support the roll out of the system to the PCN clinical leads that is expected to occur May/June 2021.

3.2 The GP Fellowship programme is still available to practices which are looking to recruit. There are now 19 Fellows recruited to the BCWB Fellowship and three accessing the HEE Trailblazer Fellowship. The Training Hub continues to receive interest from newly-qualified GPs who would like to work in the area and is sharing their details with PCNs. Current Fellows are developing their leadership skills and knowledge in areas such as care homes, cancer, dermatology and dementia. Fellows on both schemes are supported by the GP First 5 Network which continues to see high levels of attendance and feedback and is supporting GPs to access portfolio career opportunities.

3.3 The BCWB GPN Fellowship scheme is open to applications. This includes support in year one to access an accredited university course to develop knowledge and competencies in general practice nursing, and in year two to develop skills in leadership, population health management and quality improvement. GPN Fellows will also be encouraged to access peer mentoring, nurse education forums and portfolio career funding.

3.4 The Hub successfully recruited two Pharmacy Ambassadors and a First Contact Practitioner (Physiotherapist) Ambassador in December, and the individuals have now commenced their roles. The Ambassadors will support the team with clinical expertise, increased engagement with PCNs on the implementation of these roles, and create peer networks for the CP and FCP workforce.

3.5 A bespoke training programme for Practice Managers and Admin/Clerical staff has been developed and dates secured. A prospectus of the training is being developed with the CSU communications team to advertise the offer across the STP. Three Practice Manager Network co-design events have been arranged to take place in February to shape a Network support offer.

3.6 The Training Hub has developed and planned three co-design events with Social Prescribing Link Workers which have taken place within the month. The outcomes of the workshops will help the Hub to develop a future support offer for Social Prescribers.

3.7 The Hub continued to support the primary care Covid-19 response, with daily reports collated and produced for the incident room, until early February when this was handed over to Business Intelligence colleagues. The GPN Professional Lead aligned to the Hub is also still working part time on the front line as clinical lead for Covid-19 swabbing and supporting the vaccination programme.

3.8 The training hub has been successful in its bid for an Advanced Practice Clinical Educator Lead to develop advanced nursing practice roles within Primary Care and the Community.

3.9 Work continues to develop a Learner Management System to contain records of all scheme participants and course information, with plans to launch this by the end of February. The website is regularly updated and has been shared with stakeholders as a resource for learning about the Hub's offers and the new roles in primary care. The Training Hub electronic bulletin to promote the work of the Hub and provide key information to the workforce across Primary Care has been developed and has gone live within the month.

3.10 The latest metrics information outlining participation in Training Hub schemes across PCNs can be found at Appendix B.

3.11 Work to support PCNs with their ARRS recruitment plans, which includes a suite of resources on our website have continued and PCNs have been actively encouraged to utilise any ARRS underspend to support the resourcing required for delivery of the COVID Vaccination Programme.

3.12 In preparation for the introduction of the Mental Health Practitioner to the Additional Roles Reimbursement Scheme from April this year guidance has been issued by NHS England confirming the funding support and employment arrangements that are expected to be built into the PCN DES for 2021/22. In anticipation of these requirements early conversations with the mental health trust will be arranged to mutually agree an approach to promoting the role with PCNs and the approach to employing Mental Health Practitioners, that is slightly different to other roles in the existing scheme. Further detail will be shared on progress made towards the introduction of the role, including likely interest from PCNs in April.

4.0 RECOMMENDATION(s)

1) That the Committee note the update to the work programme of the Training Hub

Pat Radley
Interim GPFV Programme Manager

Alyson Hall
GPFV Project Manager

APPENDICES

a) Financial Monitoring Statement
b) Training Hub Metrics and PCN Participation.

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Dr Rajiv Kalia**	**15/2/2021**
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Pat Radley**	

Black Country and West Birmingham STP Training Hub

Financial Monitoring 2020-2021

DATE OF MEETING: 23 February 2021
AGENDA ITEM: 16.0
Appendix 1

Scheme/Activity	Financial Code (Cost Centre and Sub Analysis Code 1 (*where applicable*)	Project Manager/ Lead	Status	SWB Funding C/Fwd from 2019/2020	NHSE/I Systems Development PCN Development 2020/21	Total Funding Available	Actual Expenditure to Date (will need reconciling to ledger by finance)	Known Committed Expenditure to Date	Total Committed Expenditure to Date	Estimated Funding Remaining	Total Forecast Expenditure	Year End Forecast Variation Under, Overspend or On Target	RAG Confidence of Achieving Forecast	Comments
Comments					**Non - recurring - Allocation from NHSE/I - ringfenced for PCN Development in line with Prospectus. 75% gone to CCGs on a per capita basis - remaining committed for STP Wide Schemes**									
NHSE/I Dictated Sub Analysis Code					**G8033**									
Training Hub Infrastructure (see Separate Financial Monitoring Statement)	418662 G8030	Pat Radley	Mobilised	0	0	**510,680**	353,811	**0**	353,811	**156,870**	436,592	-74,088		Due to CCG Management of Change the recruitment to posts has been delayed. Forecast underspend will be utilised by a combination of interim staff cover arrangements, costs for additional licence fees for LMS and also Big Blue Button functionality. The RCGP offer to be extended for a further year for advertising BCSB.
GP Primary Care Network Portfolio Careers (Cohorts 1 and 2)	*418662 G8026*	Laura Sharpe	Mobilised	0	0	**184,807**	32,990	151,817	184,807	**0**	184,807	0		Any underspend will need to be accrued to pay for Portfolio Careers already in place but not complete
Primary Care Network Portfolio Careers - Cohort 3	*418662 G8026*	Laura Sharpe	Approved	0	0	**156,280**	0	0	0	**156,280**	156,280	0		This is expected to be fully committed for this year and will need accrual for any underspend.
GP Fellowships	*418662.G8031*	Alyson Hall	Mobilised	0	0	**354,400**	186,851	167,549	354,400	**0**	354,400	0		This is expected to break even
GP First 5 Programme - Backfill Arrangements - Faciliatators covered by infrastructure funds. Difference between Fellowship cost per Fellow and NHSE/I reimbursed	*418662.G8026*	Alyson Hall	Mobilised	0	0	**32,009**	3,315	0	3,315	**28,694**	13,260	-18,749		This scheme is well attended and expected tobreak even but final costs will not be known until the remaining sessions are complete
Mentoring (GPs, Pas and Clinical Pharmacists)	*418662 G8026*	Pat Radley	Mobilised	0	0	**69,251**	13,252		13,252	**55,999**	20,000	-49,251		This scheme is likely to underspend due to the pandemic. There is also a National Mentoring scheme in place and discussion and decision needs to be taken regarding 2021/22
GP Welcome Back and Legacy Scheme	*418662 G8026*	Laura Sharpe	Mobilised	0	0	**52,080**	0	0	0	**52,080**	0	-52,080		This underspend will be considered for use to support the collaborative locum bank use by PCNs.
GP Mid-Career Scheme (Phoenix GP Programme)	*418662 G8026*	Pat Radley	Mobilised	0	0	**22,625**	2,933	3,856	6,789	**15,837**	22,625	0		Assumes funding will be fully committed
GP Locum Champion	*418662 G8026*	Pat Radley	Mobilised	0	0	**18,360**	1,335	17,025	18,360	**0**	18,360	0		Champions are in place and assumes that all will be spent.
General Practice Nurse - PCN Nurse Champions	*418662 G8026*	Alyson Hall	Mobilised	0	0	**57,285**	5,250		5,250	**52,035**	57,285	0		Assumes fully spent up.
General Practice Nurse - Network and Recognition Event/Awards	*418662.G8031*	Alyson Hall	Mobilised	0	0	**10,000**	0	4,000	4,000	**6,000**	10,000	0		
General Practice Nurse - Peer Mentoring and Preceptorship Support	*418662.G8031*	Alyson Hall	Mobilised	0		**46,000**	2,649		2,649	**43,351**	7,500	-38,500		This underspend will be considered for use to support the collaborative locaum bank
General Practice Nurse Fellowships (includes ST Programme 2019/2020)	*418662.G8031*	Alyson Hall	Mobilised	0	0	**182,694**	103,059	182,694	182,694	**0**	182,694	0		GPN Fellowships only launched in December and will cost neutral as funding will be reimbursed for NHSE/I element and topped up by the HEE funding already received. Take up of programme currerntly impacted by vaccination focus.
CPD for Nurses, Midwives and Allied Health Professionals 2020/21 to	418662 G8030	Alyson Hall	Mobilised	0	0	**189,000**	84,934	104,066	189,000	**0**	189,000	0		£85k CPD committed and the team are working hard to develop a plan to commit the remaining funding. Clearly pandemic and vaccination programme has impacted.
HCA Forum	418662 G8030	Mani Badhan	Mobilised	0		**9,500**	0	9,500	0	**9,500**	9,500	0		
Pharmacy Network and Pharmacy Ambassador	*418662 G8026*	Laura Sharpe	Mobilised	0	0	**18,300**	3,200	0	3,200	**15,100**	18,300	0		Ambassadors now in place and assumes that the network and an offer will be developed before March 2021
Pre-Registration Pharmacy Technicians	418662 G8030	Laura Sharpe	Mobilised			**132,000**		132,000		**132,000**	132,000	0		All £132k will be allocated to practices who have recruited to placements
Advanced Practice Clinical Educator 0.4 WTE	418662 G8030	Liz Corrigan	Recruiting			**16,365**			16,365	**0**	16,365	0		Specific funding notified on 22/1/2021 from HEE
Physican Associates Network	418662 G8030	Alyson Hall	Mobilised	0	0	**0**	0	0	0	**0**	0	0		Currently PA Network is cost neutral
Reception and Clerical Skills and Capability Development (including Practice Manager Network, Mentoring and Care Navigation - Silver Level)	*418662 G8019*	Laura Sharpe	Mobilised	28,500	0	**373,309**	15,930	0	15,930	**357,379**	373,309	0		A programme of training/development has been created for reception and clerical staff and is now mobilising. Commissioned providers will need to be paid and contingency has been built in to deliver programmes post March 2021 if the pandemic response means that staff cannot be released.
Four Pillars - Medical Education Academy	*418662 G8026*	Alyson Hall	Mobilised	0	0	**61,497**	33,826		33,826	**27,671**	61,497	0		Paediatrics: Newborn and infant physical examination (NIPE) training for GPs - this will require an accrual as had to be delayed due to covid reasons
Training Hub Development and Transition Plan Delivery	418751	Paul Aldridge	Complete	9,500	0	**139,110**	103,192	32,789	135,981	**3,129**	139,110	0		This covered the costs of Andrea Baker and the initial LMS implemetation costs.
Communications and Publicity	418662 G8031	Pat Radley	Mobilised	0	0	**57,375**	57,375	0	57,375	**0**	57,375	0		To provide specialist support to produce marketing and branding information to ensure all the workforce have access to the Hub and its offer. Commissioned support from the CSU.
PCN Development	418662 G8033	Pat Radley	Mobilised	0	1,100,000	**1,341,787**	228,790	1,100,000	1,328,790	**12,997**	1,341,787	0		PCN Development Funding Planned - circa 75% will got out to CCGs for allocation to PCNs with the remainder staying at system level to fund STP wide initiatives. Pandemic and vaccinations may impact on demand for STP schemes.
Training Hub Funding	418662 G8030	Pat Radley	In Design		0	**373,040**	57,495	0	57,495	**315,545**	373,040	0		Social Prescribing Offer, FCP Offer, New Roles Videos - full proposal to be devloped and Specific guidance only received in January. There is also funding available to cover procurement of a mandatory training solution for PCNs e.g. Clarity Team Net which needs to be agreed
Total				**38,000**	**1,100,000**	**4,407,754**	**1,290,186**	**1,905,297**	**2,967,288**	**1,440,466**	**4,175,086**	**-232,668**		

Healthier Futures
Black Country and West Birmingham

Black Country and West Birmingham Training Hub
Primary Care Workforce
Your career in Primary Care

DATE OF MEETING: 23 February 2021

AGENDA ITEM: 16.0 Appendix 2

BCWB STP Training Hub

GP Scheme Dashboard 2020/2021 as at 21/01/2021

Building Healthier, Happier Communities

NHSE/I Expectations of our STP – GP Trajectory

1

We currently have 653 GP FTE across the STP (as of September 2020 at the time of the last published census), 60 of which are Locums. We are expected to **increase the total FTE number to at least 690 FTE by the end of the financial year** – see trajectory below.

Data Source for Metric	Metric Description	NHSE/I GP FTE Expectation by 31/3/2020	FTE Data as at 31/3/2020	FTE Data as at 30/9/2020	Actual Flow to Date	Variation to Forecast
NHS Digital (National Workforce Reporting System) and NHSE – via the 'Future NHS collaboration platform'	Total Number of GPs (less Registrars)	690	677	653	-24	-37

2

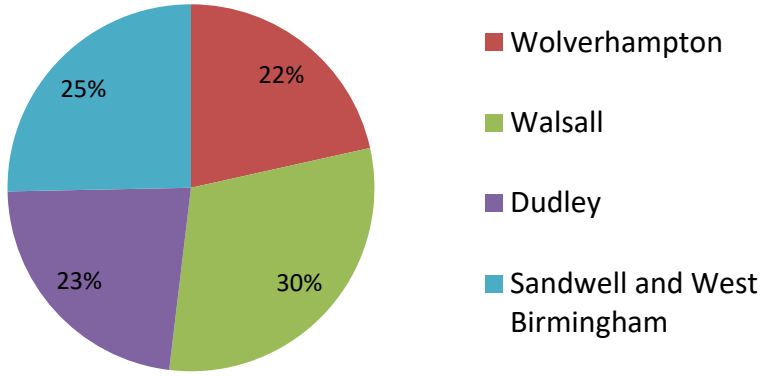
The GP schemes that the Training Hub design and deliver all contribute to both the retention and recruitment of GPs across the STP and the following dashboards represent current participation and are a sound indicator of how the work that the Hub does is contributing to meeting the above trajectory.

Peer Mentoring – Recruit, Retain and Develop

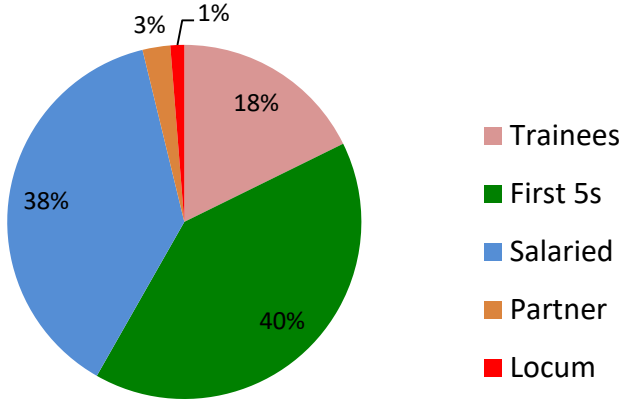
1. The scheme has been accessed by 79 GP, 31 of which are still in progress with a further 19 on hold due to the pandemic. The scheme is now open to a range of other clinicians with 4 CP and 3 PA currently accessing the scheme.

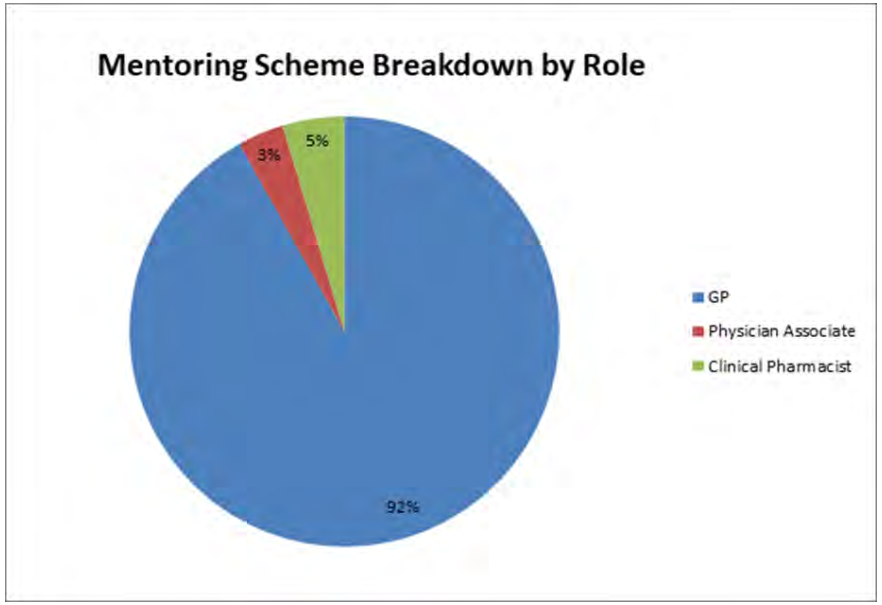
2. The CCG, GP Phase breakdown and role is shown below where this has been identified.

Peer Mentoring Numbers



Peer Mentoring - Phase

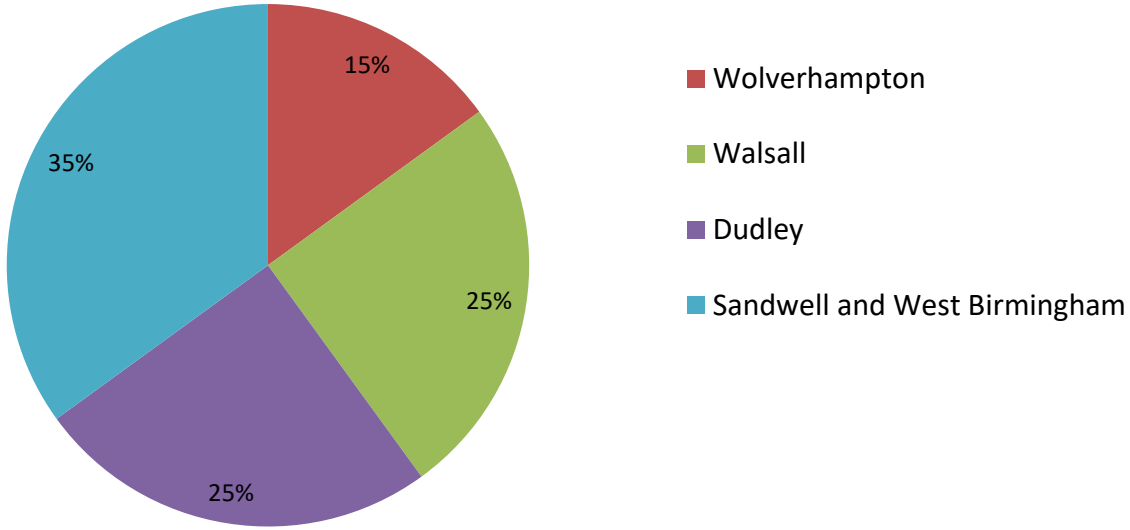




Fellowships – Recruit, Retain and Develop

1. There are currently a total of 20 GPs who are on either on the GP Fellowship or Trailblazer Fellowship scheme.
2. 17 New to Practice Fellows and 3 HEE Trailblazer Fellows have been recruited. Comms have gone out to practices to encourage further NTP Fellowship applications by the end of March 2021.
3. The CCG breakdown is shown below where this has been identified.

GP Fellowship Numbers

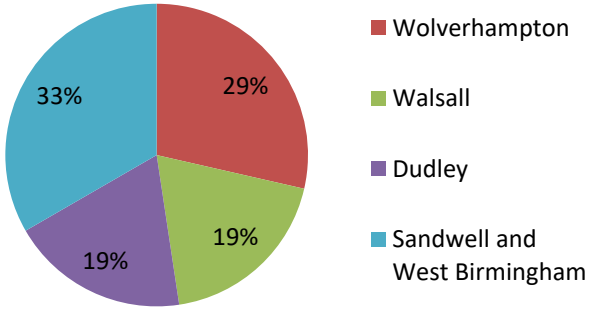


First 5 Network – Recruit, Retain and Develop

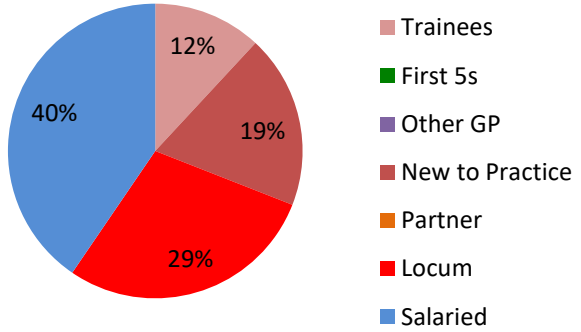
1. The next First Five Network Event will be taking place on the 27th January 2021, as of the 20th January 41 GPs have booked on to the Event.

2. The CCG, GP Phase breakdown and role from the last two First Five Events is shown below.

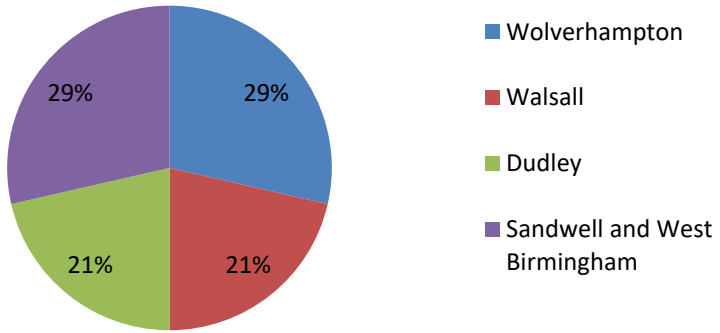
First 5 Numbers - 25th November 2020



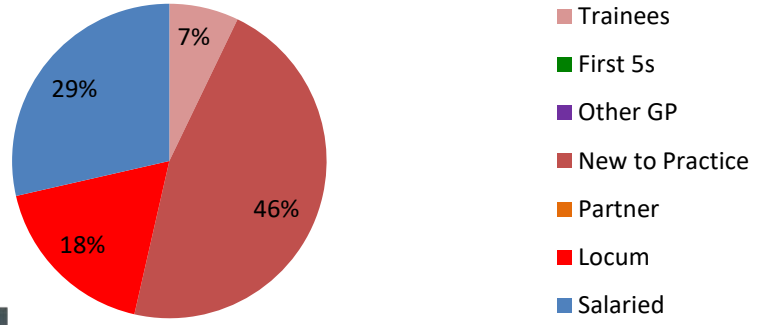
First 5 Phase - 25th November 2020



First 5 Numbers - 16th December 2020

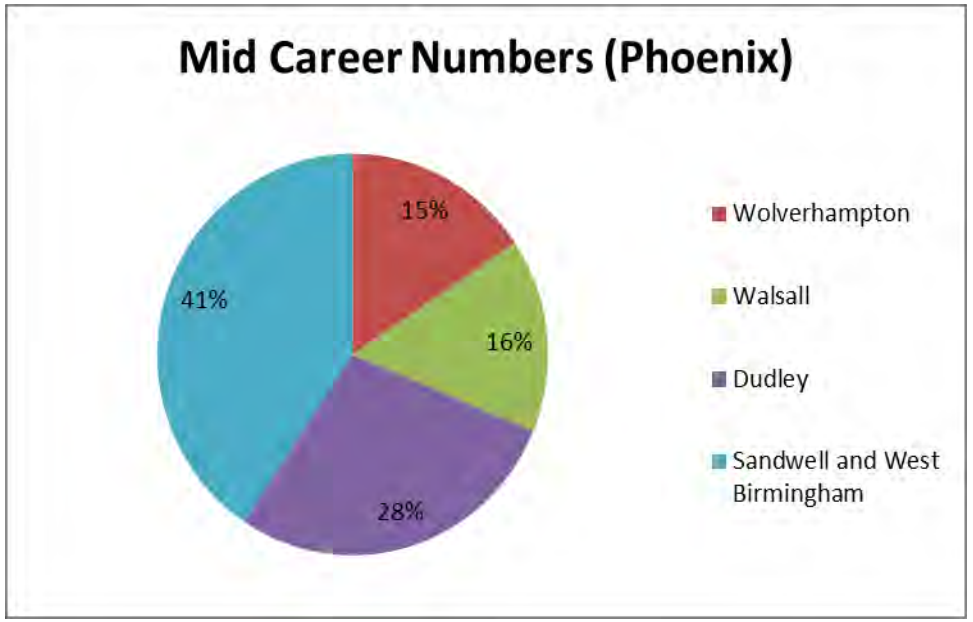


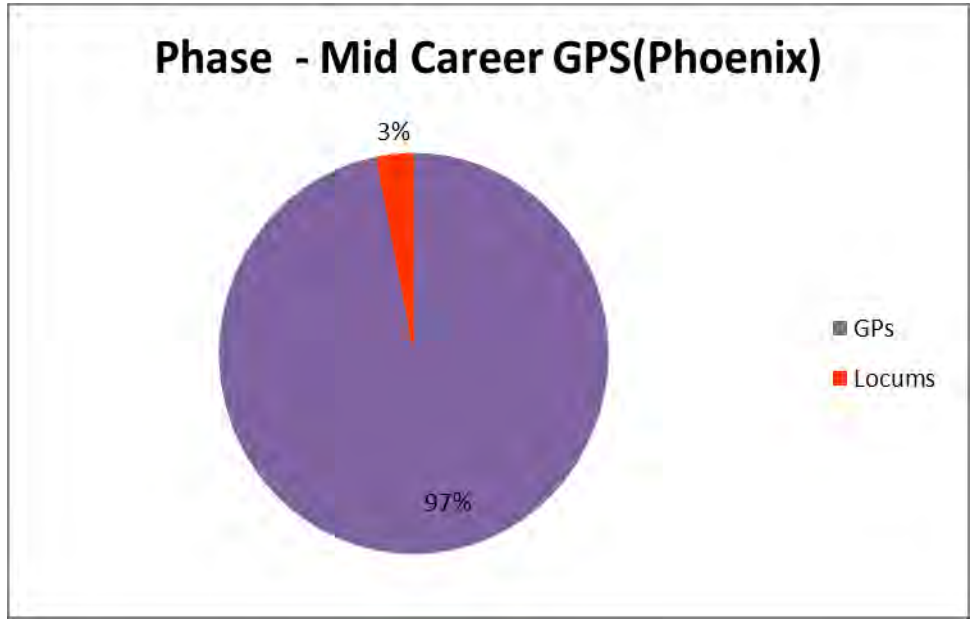
First 5 Phase - 16th November 2020



Mid Careers (Phoenix GP) – Retain and Develop

1. There are 32 GPs from across the STP who are currently on the scheme, which is a 6 part programme.
2. The feedback on the sessions has been vey positive and can be found in appendix 1.
3. The CCG and Phase breakdown is shown below where this has been identified.





Portfolio Careers – Recruit, Retain and Develop

Cohort 1(2018/2019), Cohort 2 (2019/2020) and Cohort 3 (2020/2021)

1. Across both cohorts there are **58** applications who are currently accessing the scheme.
2. For Cohort 1 (2018/2019) there were **31** applications received, of which **28** applications progressed, **3** were not taken forward as **1** left the area and **2** decided not to take forward.
3. For Cohort 2 (2019/2020) there were **37** applications received, of which **30** applications progressed, **3** were not taken forward , **3** decided not to take forward and 1 moved out of area.
4. For cohort 3 (2020/2021) there have been **3** approved applications.

Portfolio Careers – continued

Summary of Portfolio Specialties Cohort 1 (2018/2019)

CCG	PCN	Portfolio Speciality
Dudley	Brierley Hill	MSK
Dudley	Brierley Hill	Pain Management
Dudley	Brierley Hill	Medical Education
Dudley	Halesowen	Paediatrics
Dudley	Halesowen	Dermatology
Dudley	Halesowen	Occupational Health
Dudley	Kingswinford and Wordsley	Neurology
Dudley	Sedgley, Coseley and Gornal	MSK
Dudley	Sedgley, Coseley and Gornal	Medical Education
Dudley	Stourbridge, Wollescote and Lye	Dermatology
Dudley	Stourbridge, Wollescote and Lye	Dermatology

Portfolio Careers – continued

Summary of Portfolio Specialties Cohort 1 (2018/2019)

CCG	PCN	Portfolio Speciality
Sandwell and West Birmingham	Modality	Medical Education
Sandwell and West Birmingham	Modality	Gynaecology
Sandwell and West Birmingham	Newcomen	Dermatology
Sandwell and West Birmingham	Peoples Health Partnership	Dermatology
Sandwell and West Birmingham	Together 4 Healthcare	Occupational Health
Sandwell and West Birmingham	Together for Healthcare	Mental Health
Sandwell and West Birmingham	Urban Health	Occupational Health
Sandwell and West Birmingham	Your Health Partnership	Obstetrics/Gynaecology

Portfolio Careers

Summary of Portfolio Specialties Cohort 1 (2018/2019)

CCG	PCN	Portfolio Speciality
Walsall	East 2	Medical Education
Walsall	West 2	Vasectomy Surgery
CCG	PCN	Portfolio Speciality
Wolverhampton	Royal Wolverhampton Trust	Occupational Health
Wolverhampton	Royal Wolverhampton Trust	Gynaecology/Family Planning
Wolverhampton	Unity West	Frailty
Wolverhampton	Unity East/Wolverhampton South East	Medical Education
Wolverhampton	Wolverhampton North	Dermatology
Wolverhampton	Wolverhampton Total Health	Minor Surgery
Wolverhampton	Wolverhampton Total Health	Dermatology

Portfolio Careers

Summary of Portfolio Specialties Cohort 2 (2019/2020)

CCG	PCN	Portfolio Speciality
Wolverhampton	Wolverhampton Total Health PCN	Obstetrics & Gynaecology / community gynaecology and menopause
Wolverhampton	Wolverhampton Total Health PCN	Obstetrics & Gynaecology
Wolverhampton	Wolverhampton Total Health PCN	PGCert in Medical Education
Wolverhampton	Wolverhampton South-East PCN	Urology
Wolverhampton	Wolverhampton North PCN	Women's Health - Diabetes
Wolverhampton	Wolverhampton North PCN	Minor Surgery
Wolverhampton	Wolverhampton North PCN	MSK/Chronic Pain Management
Wolverhampton	Wolverhampton North PCN	Diabetes
Wolverhampton	Royal Wolverhampton Trust PCN	Rheumatology
Wolverhampton	Royal Wolverhampton Trust PCN	Paediatrics

Portfolio Careers – continued

Summary of Portfolio Specialties Cohort 2

A summary of portfolio specialties for Cohort 2 by CCG and PCN are as follows:

CCG	PCN	Portfolio Speciality
Walsall	West 1 PCN	Paediatrics and Child Health
Walsall	West 1 PCN	Palliative Care/EOL
	West 1 PCN	Women's Health
Walsall	West 2 PCN	Minor Surgery
Walsall	East 2 PCN	Women's Health
Walsall	East 2 PCN	Mental Health
Walsall	East 2 PCN	Mental Health
Walsall	South 1 PCN	Pain Management

Portfolio Careers – continued

Summary of Portfolio Specialties Cohort 2 (2019/2020)

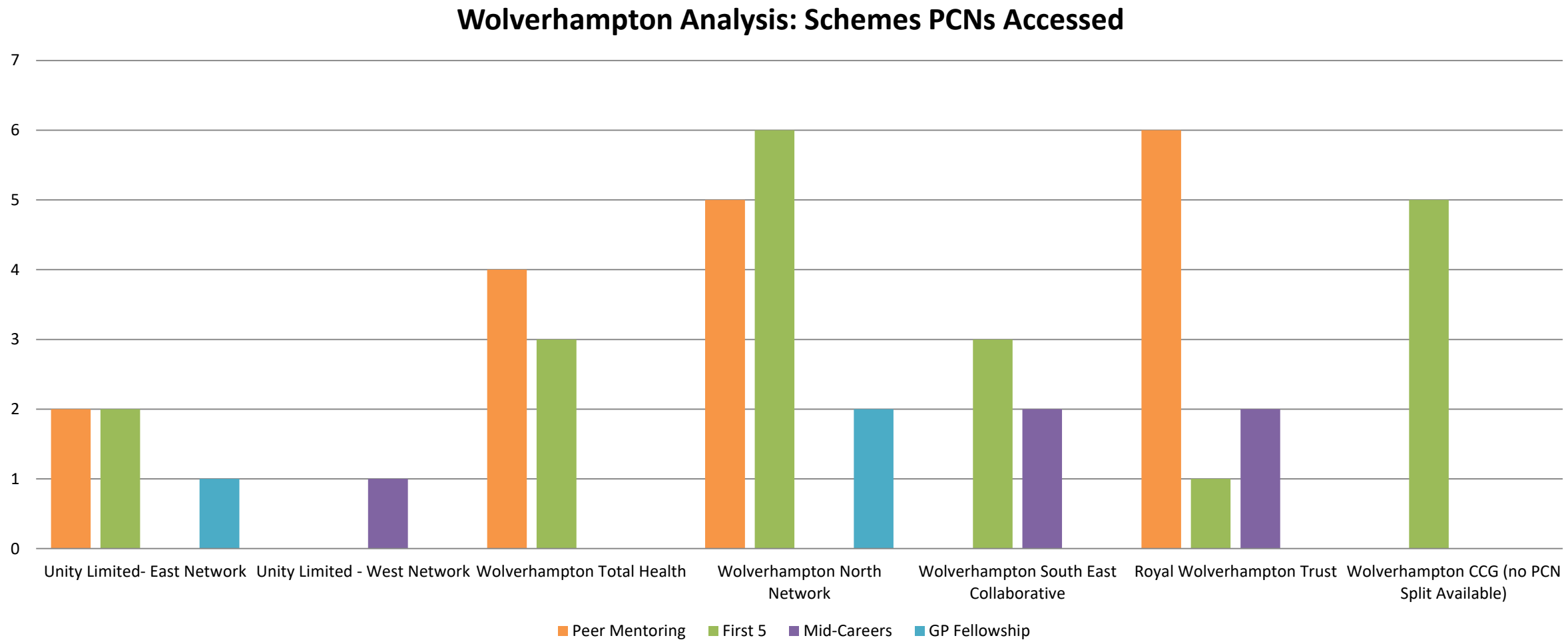
CCG	PCN	Portfolio Speciality
Sandwell and West Birmingham	Urban Health PCN	Gynae
Sandwell and West Birmingham	Your Health Partnership PCN	Life Style Medicine
Sandwell and West Birmingham	Your Health Partnership PCN	Palliative Care
Sandwell and West Birmingham	Citrus PCN	Urology
Sandwell and West Birmingham	Newcomen PCN	Minor Surgery
Sandwell and West Birmingham	i3 PCN	Cardiology
Sandwell and West Birmingham	i3 PCN	Diabetes
Sandwell and West Birmingham	Urban Health PCN	Medical Education
CCG	PCN	Portfolio Speciality
Dudley	Stourbridge, Wollescote and Lye PCN	Dermatology
Dudley	Dudley and Netherton PCN	Diabetes
Dudley	Dudley and Netherton PCN	Pain Management
Dudley	Brierley Hill & Amblecote PCN	Clinical Leadership in Diabetes

Portfolio Careers – continued

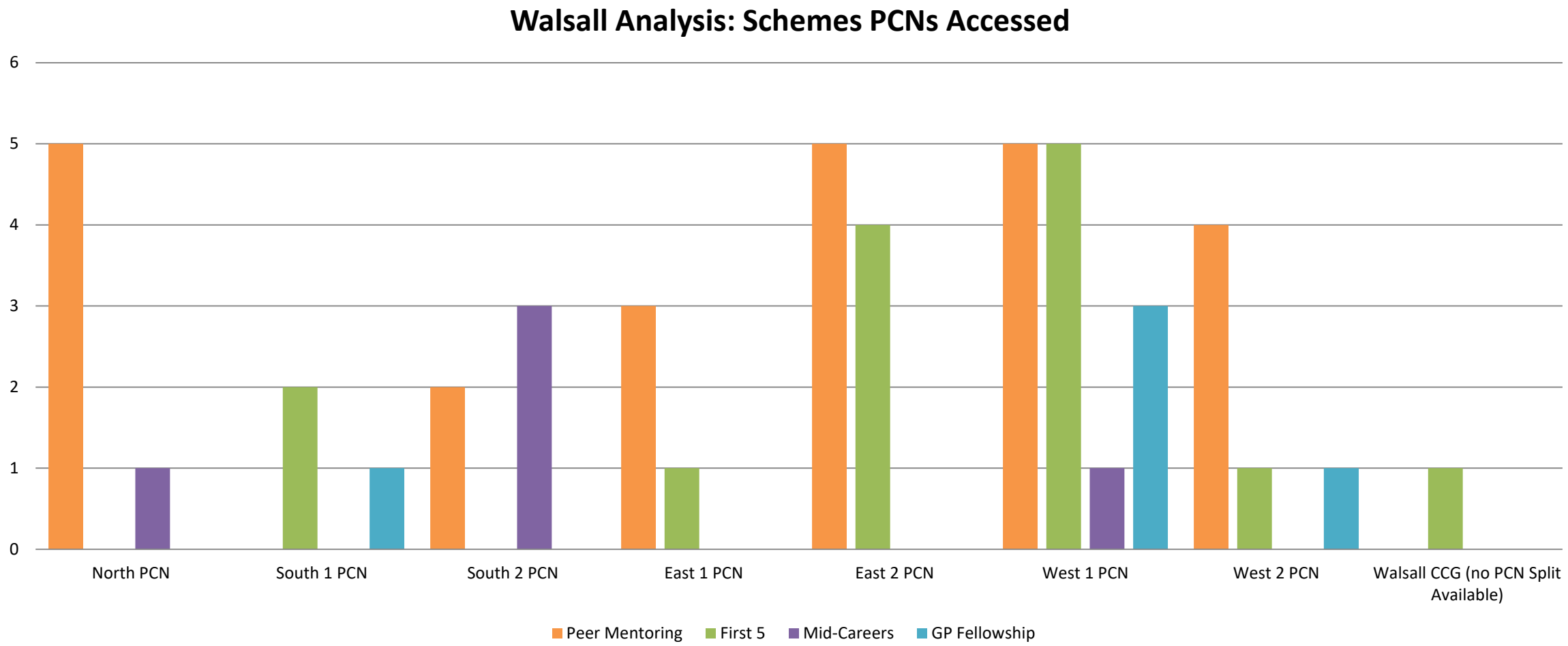
Summary of Portfolio Specialties Cohort 3 (2020/2021)

CCG	PCN	Portfolio Speciality
Dudley	Dudley and Netherton PCN	Reproductive and Sexual Health
Sandwell and West Birmingham	Your Health Partnership	Lifestyle Medicine
Walsall	West 1	Medical Education

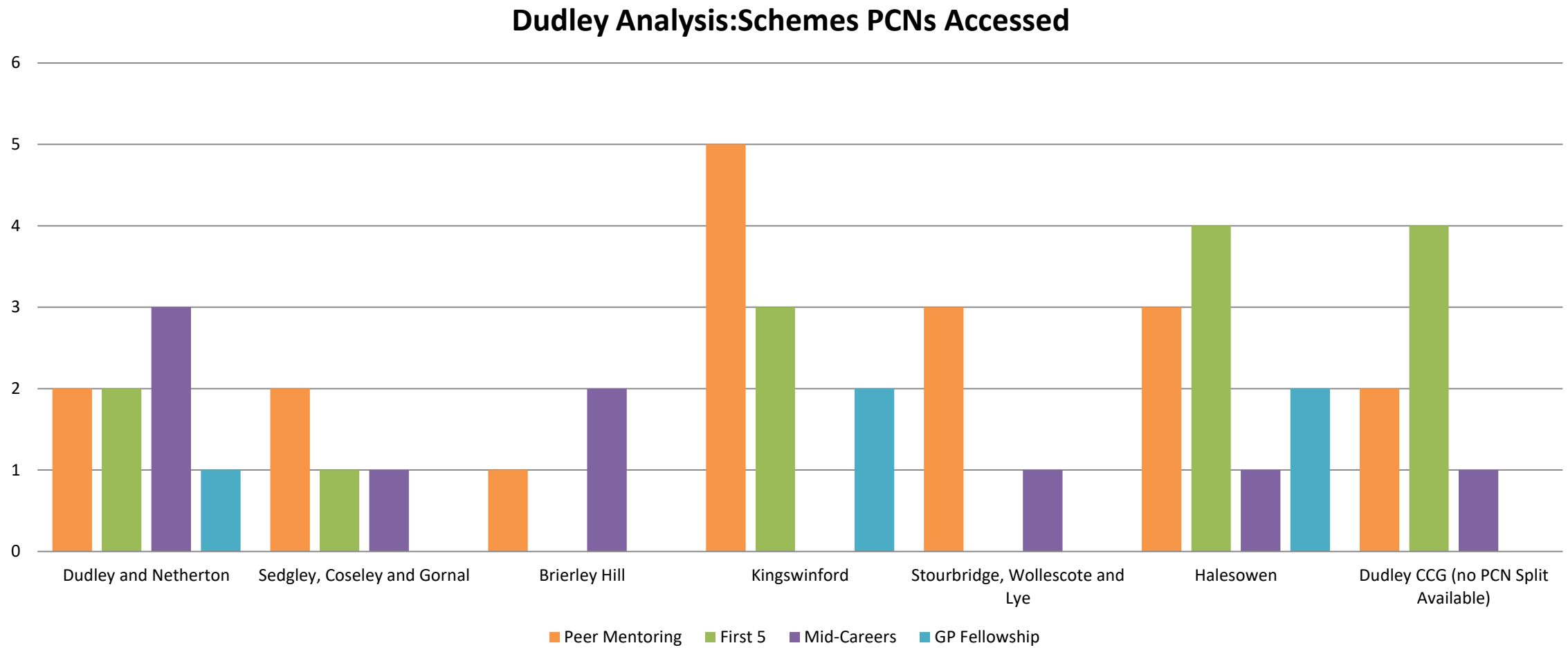
PCN Analysis - Wolverhampton



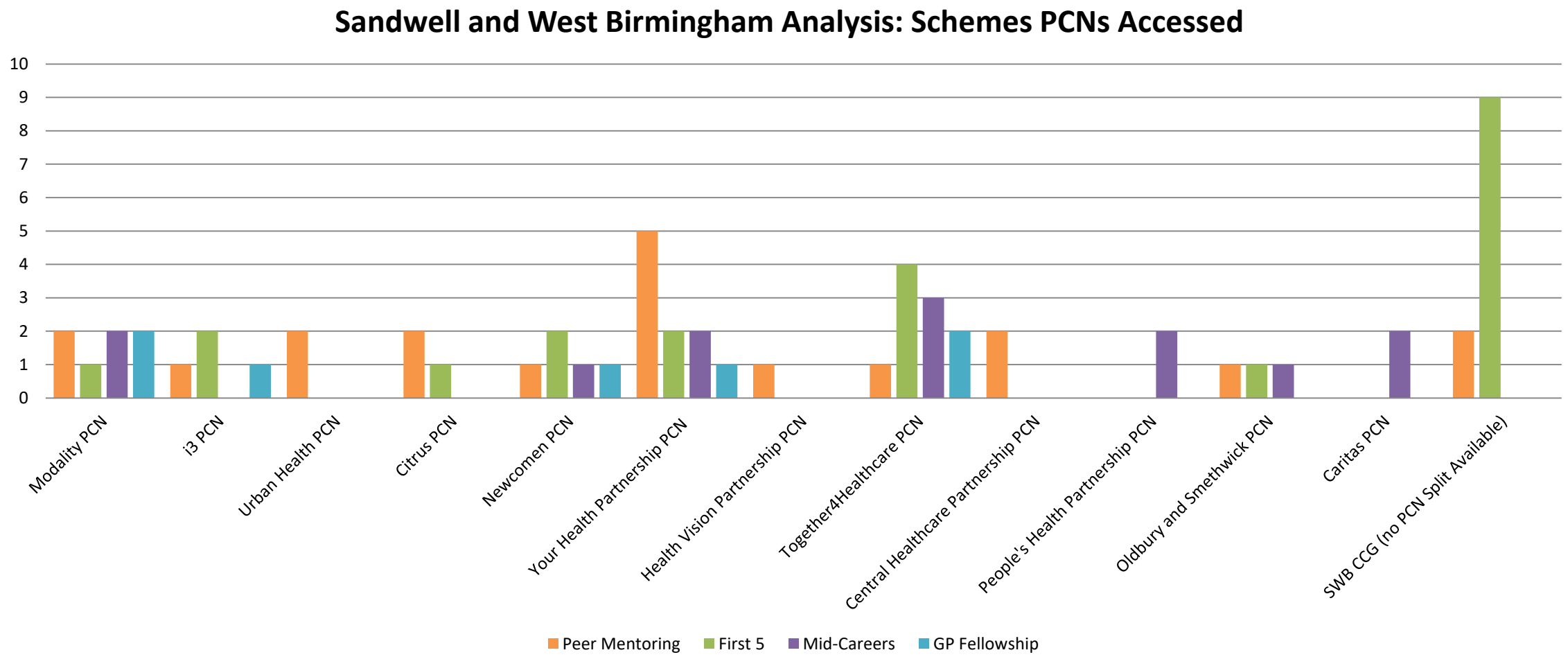
PCN Analysis - Walsall



PCN Analysis -Dudley



PCN Analysis – Sandwell and West Birmingham



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GPN Scheme Dashboard 2020/2021 as at 21/01/2021

Building Healthier, Happier Communities

NHSE/I Expectations of our STP – GPN Trajectory

1

We currently have 412 FTE across the STP (as of September 2020 at the time of the last published census). We are expected to **increase the total FTE number to at least 420 FTE by the end of the financial year** – see trajectory below.

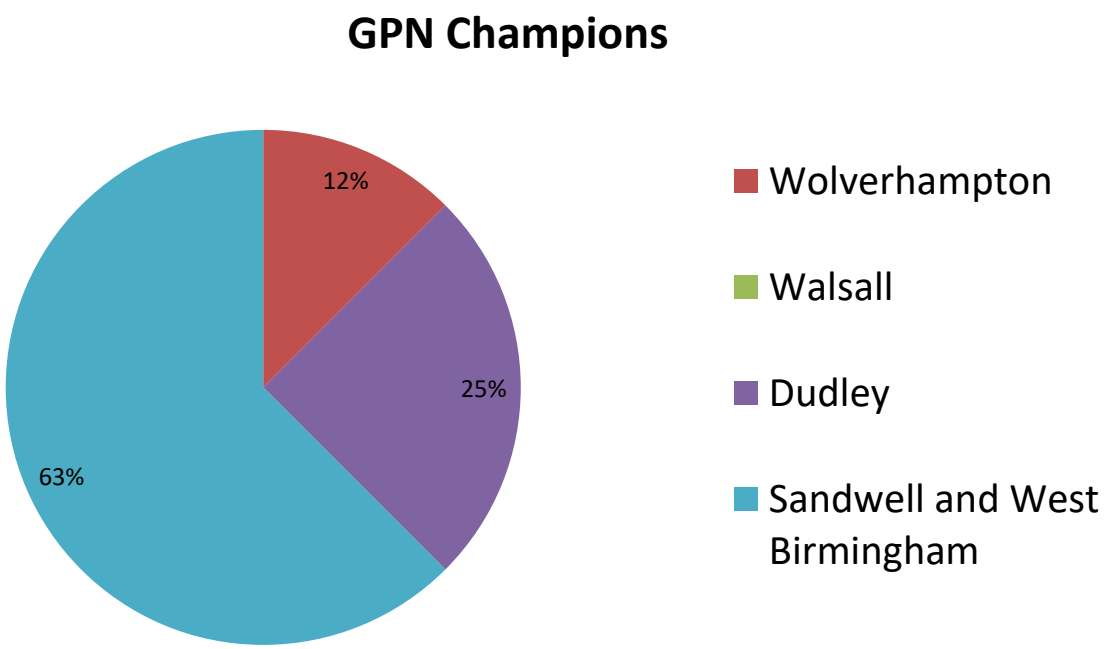
Data Source for Metric	Metric Description	NHSE/I GP FTE Expectation by 31/3/2020	FTE Data as at 31/3/2020	FTE Data as at 30/9/2020	Actual Flow to Date	Variation to Forecast
NHS Digital (National Workforce Reporting System) and NHSE – via the 'Future NHS collaboration platform'	Total Number of General Practice Nurses (not including Students)	420	414	412	-2	-8

2

The GPN schemes that the Training Hub design and deliver all contribute to both the retention and recruitment of GPs across the STP and the following dashboards represent current participation and are a sound indicator of how the work that the Hub does is contributing to meeting the above trajectory.

GPN Champions – Retain and Develop

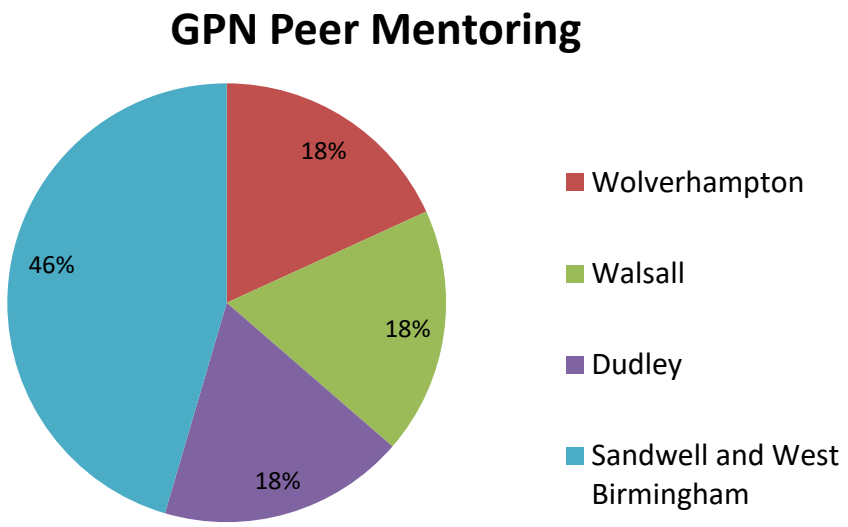
1. There are 8 General Practice Nurse Champions.
2. The split by CCG can be found below.

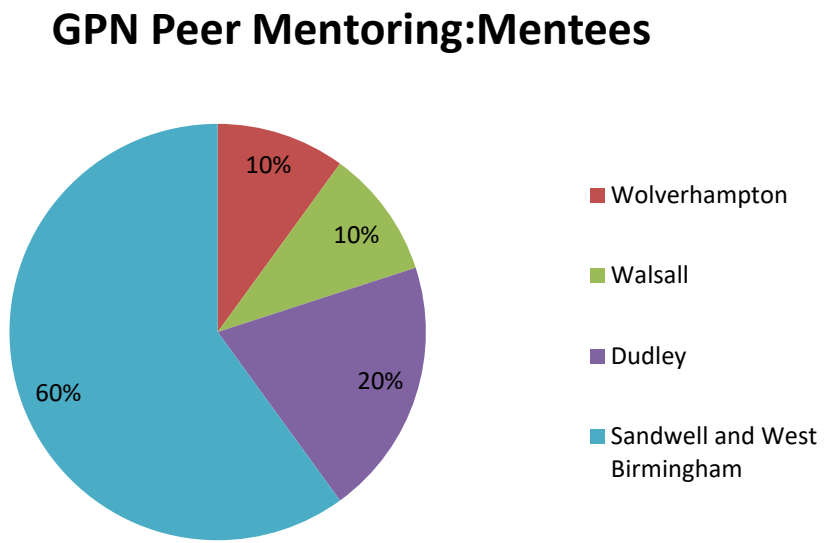


GPN Peer Mentoring – Recruit, Retain & Develop

1. There are 11 GPN Peer Mentors that have been appointed, to date there have been 9 mentees that have accessed the scheme.

2. The split by CCG can be found below.



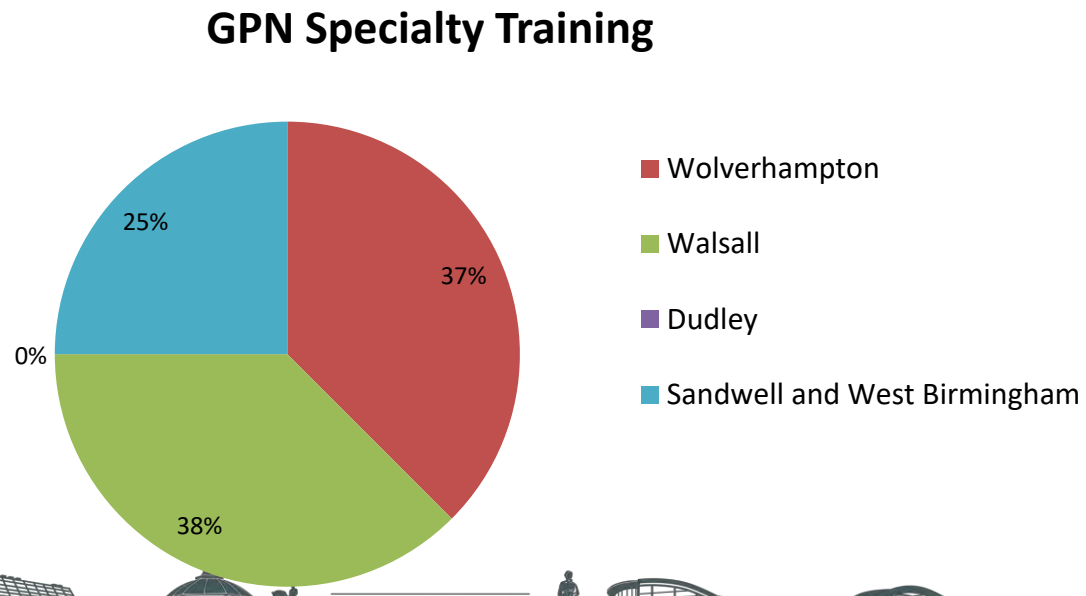


GPN Specialty Training – Recruit

1. There were 9 GPNs who accessed the GPN Specialty Training Programme.

2. The taught elements of the Fundamentals programme have now been completed, with final assignments to be handed in by four of the trainees who requested extensions due to the impact of Covid-19. There are 8 GPNs who have been retained by PCNs in permanent employment. The ninth trainee has secured employment in a BSOL practice.

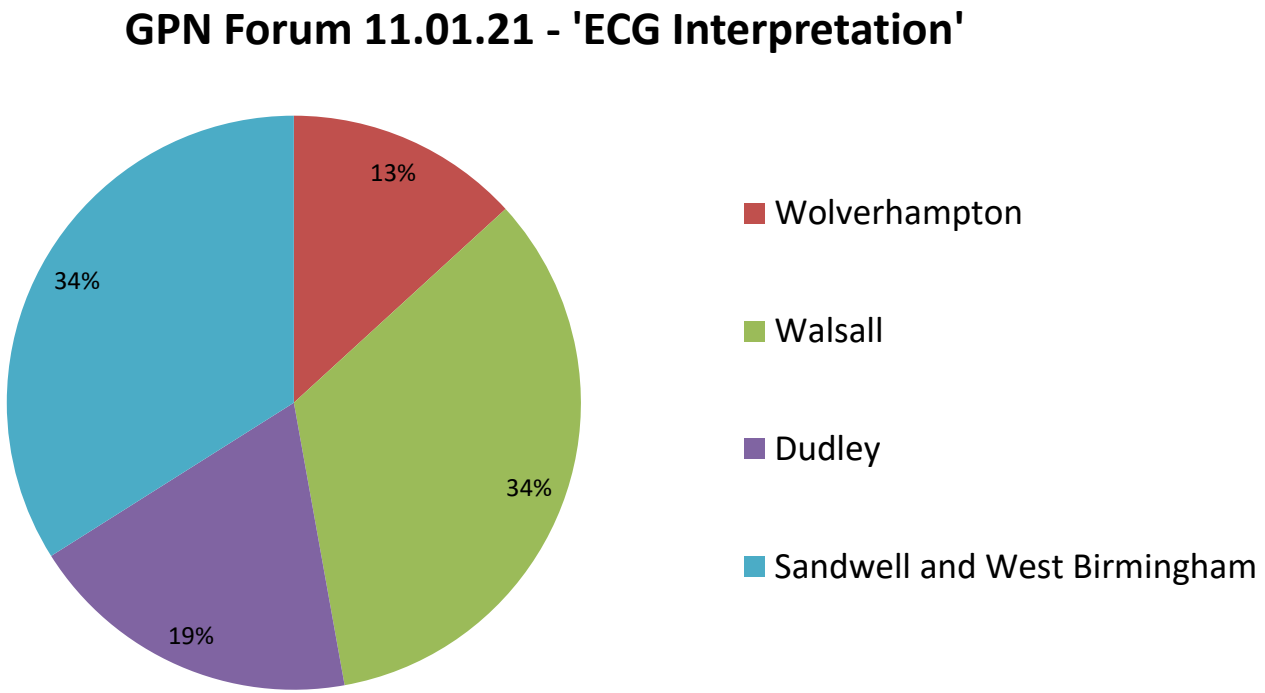
3. The split by CCG can be found below.



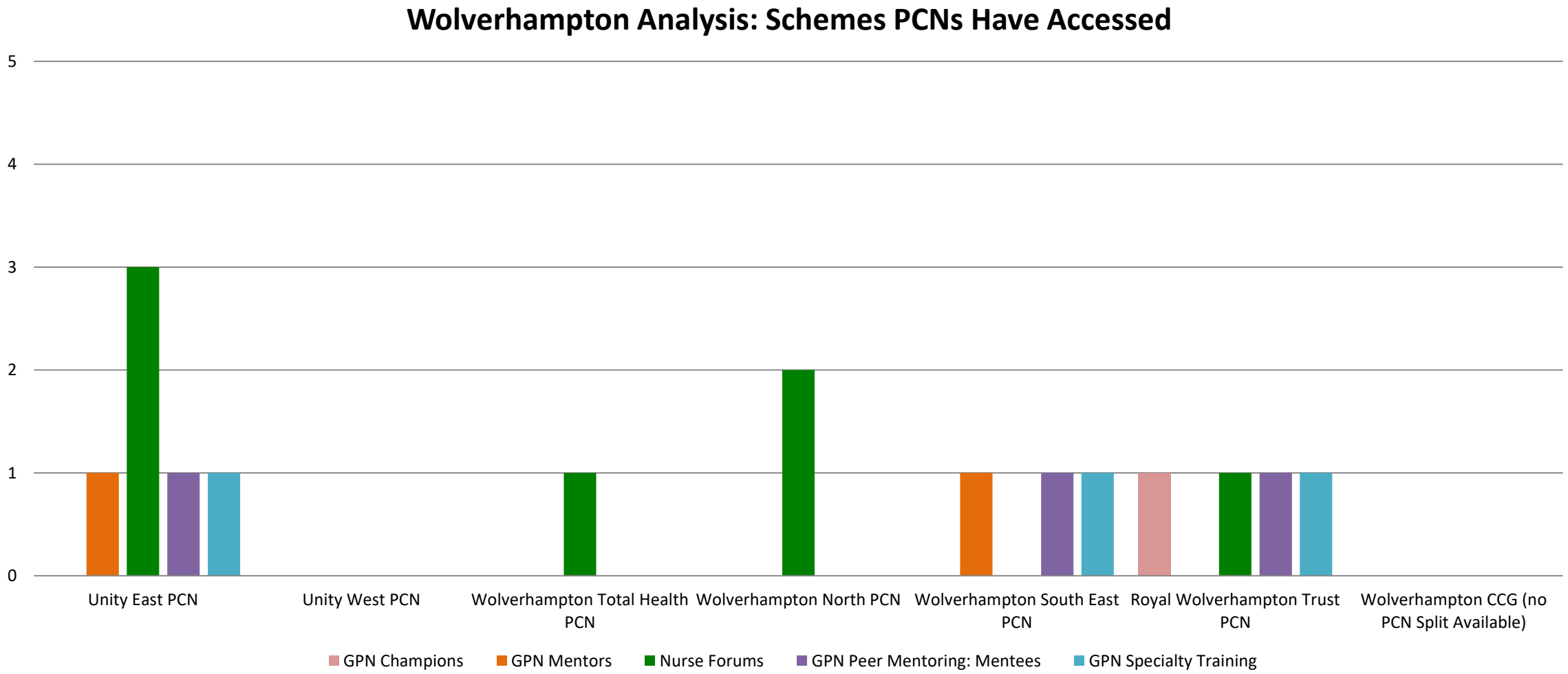
GPN Nurse Forum – Recruit

1. A further GPN Nurse Forum took place on the 11th January 2021 on ECG Interpretation with a total of 53 nurses in attendance.

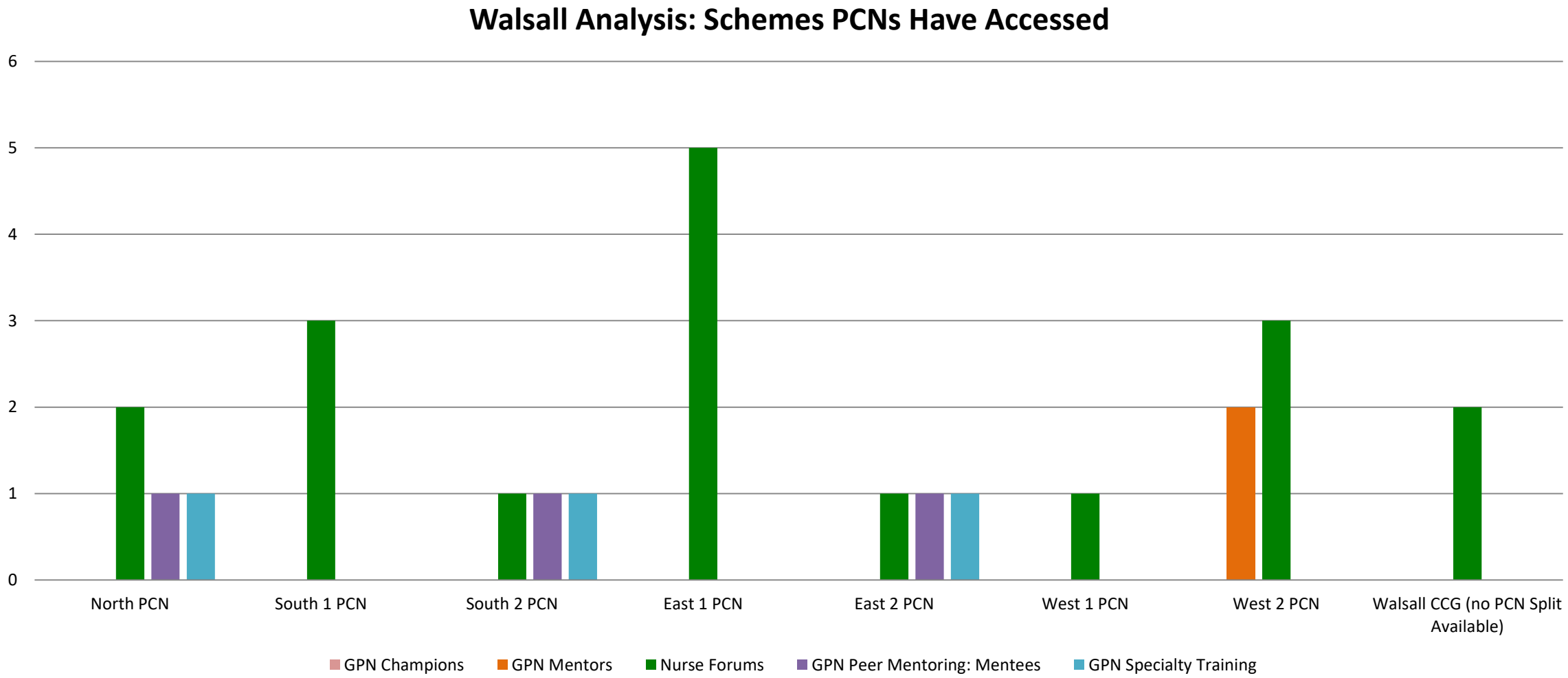
2. The split by CCG can be found below.



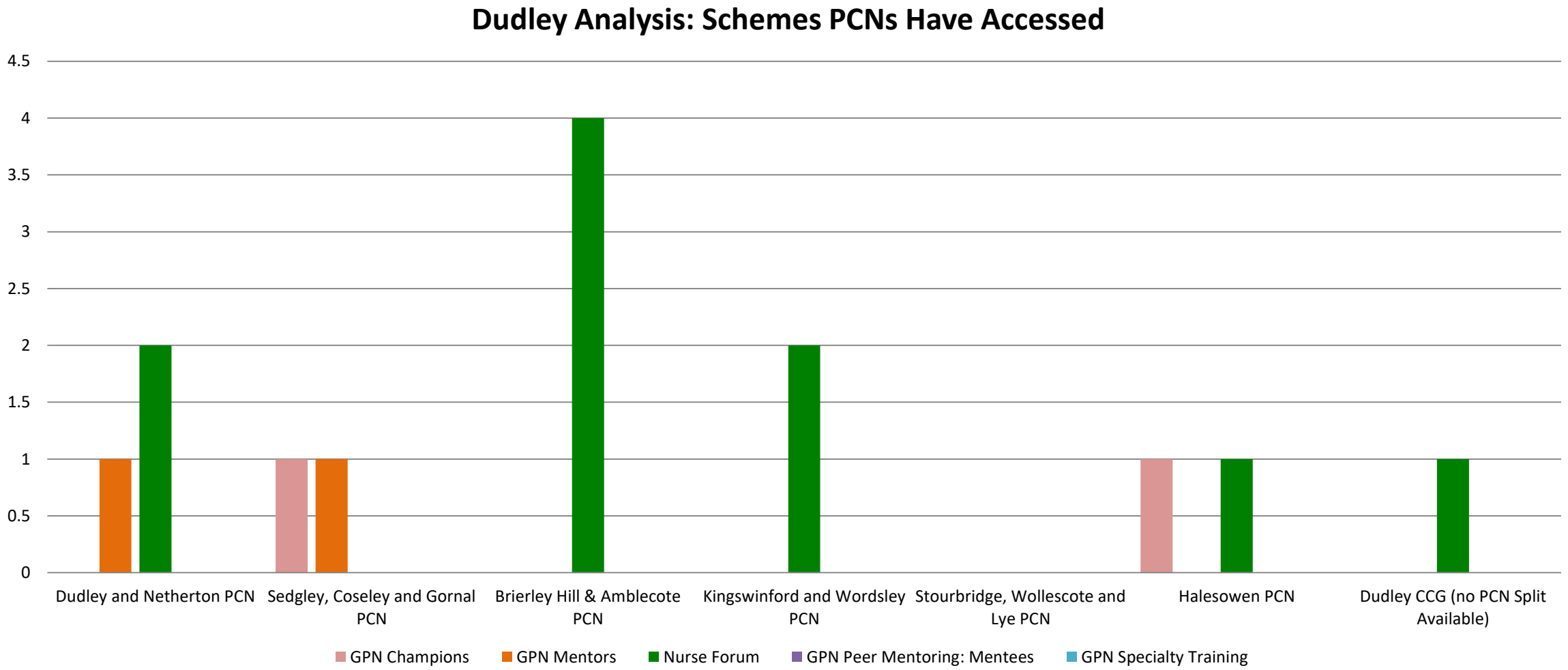
PCN Analysis - Wolverhampton



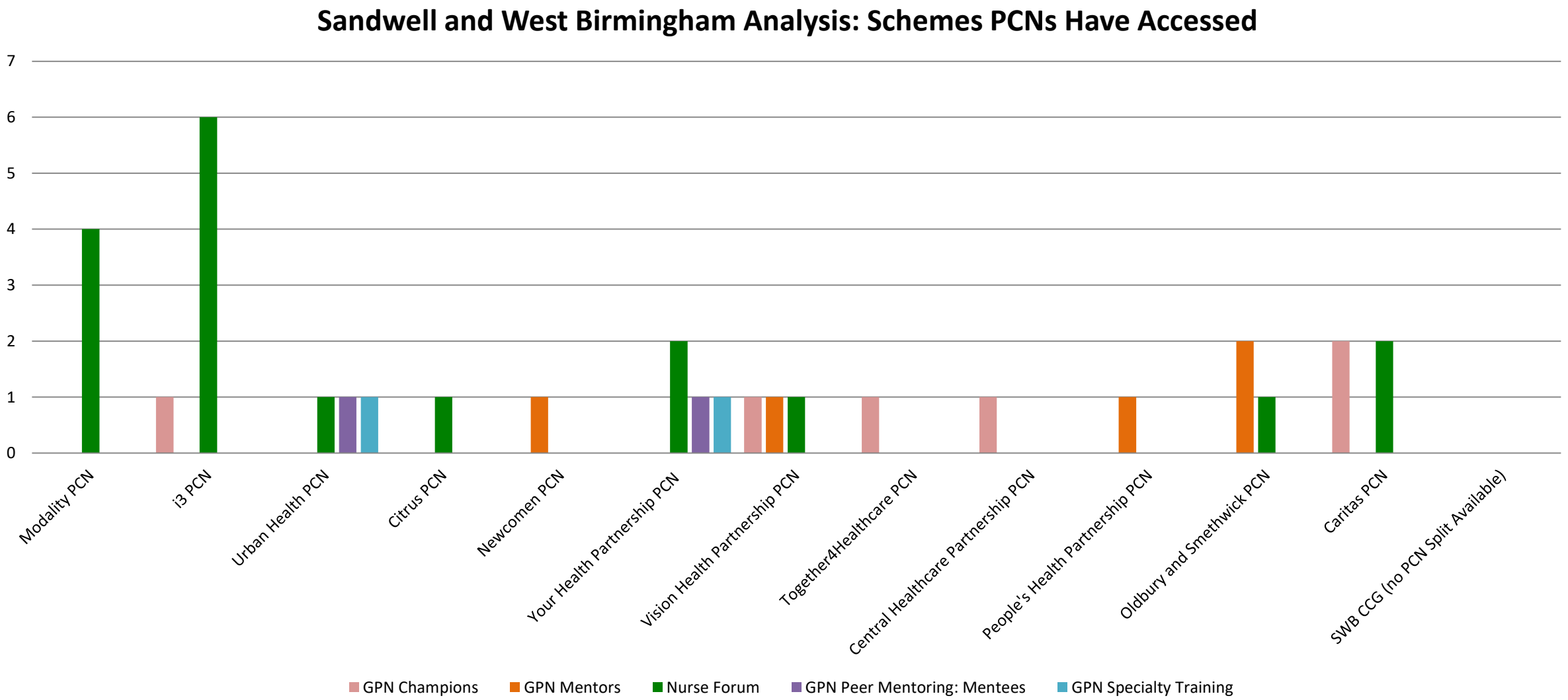
PCN Analysis - Walsall



PCN Analysis -Dudley



PCN Analysis – Sandwell and West Birmingham



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Other Schemes Dashboard 2020/2021 as at 21/01/2021

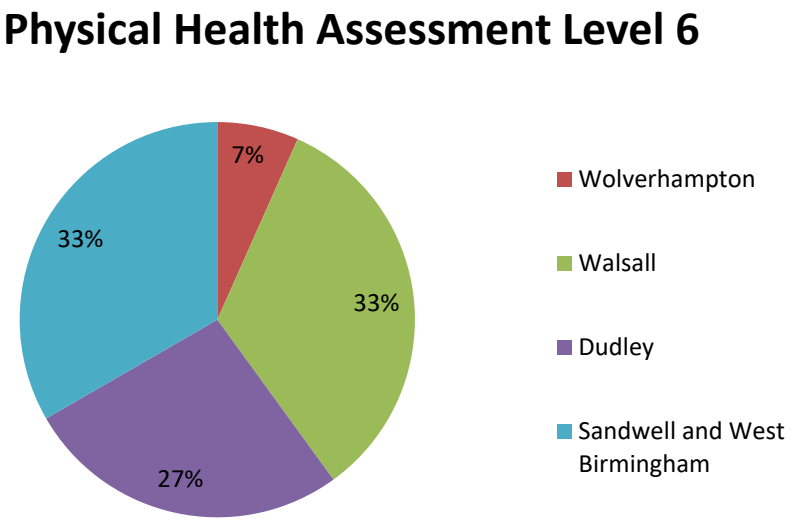
Building Healthier, Happier Communities

Physical Health Assessment Level 6

1 There has been no change since last month, the staff numbers allocated are as follows:

- Wolverhampton – 1/3
- Walsall – 5/5
- Dudley - 4/4
- Sandwell and West Birmingham - 5/5

2 The split by CCG can be found below;

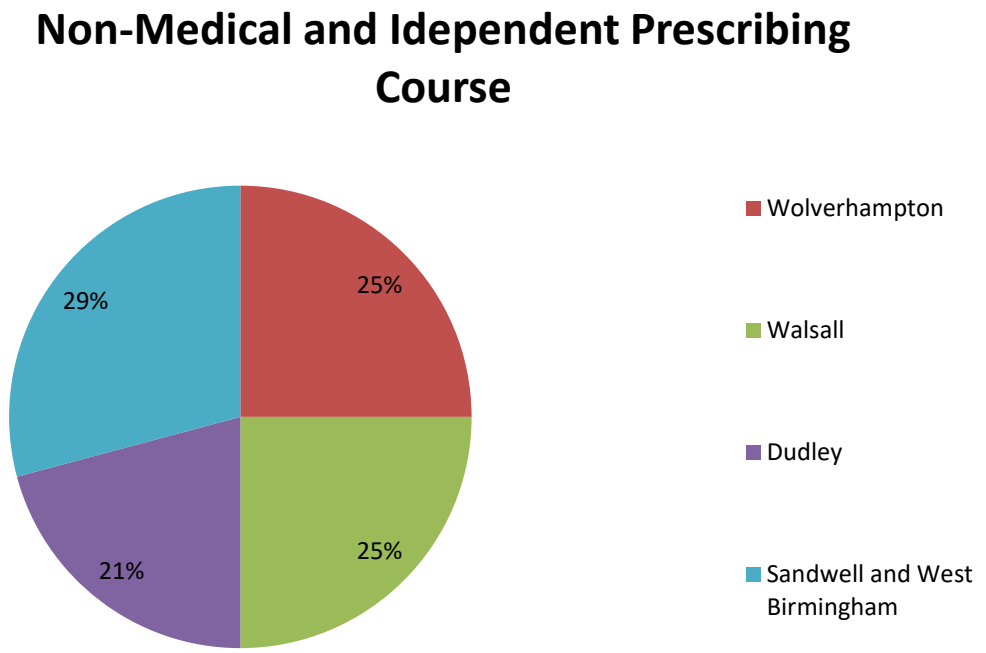


Non-Medical and Independent Prescribing Course

1 There has been no change since last month, the staff numbers allocated are as follows:

- Wolverhampton – 6/6
- Walsall – 6/6
- Dudley - 5/8
- Sandwell and West Birmingham - 7/7

2 The split by CCG can be found below;

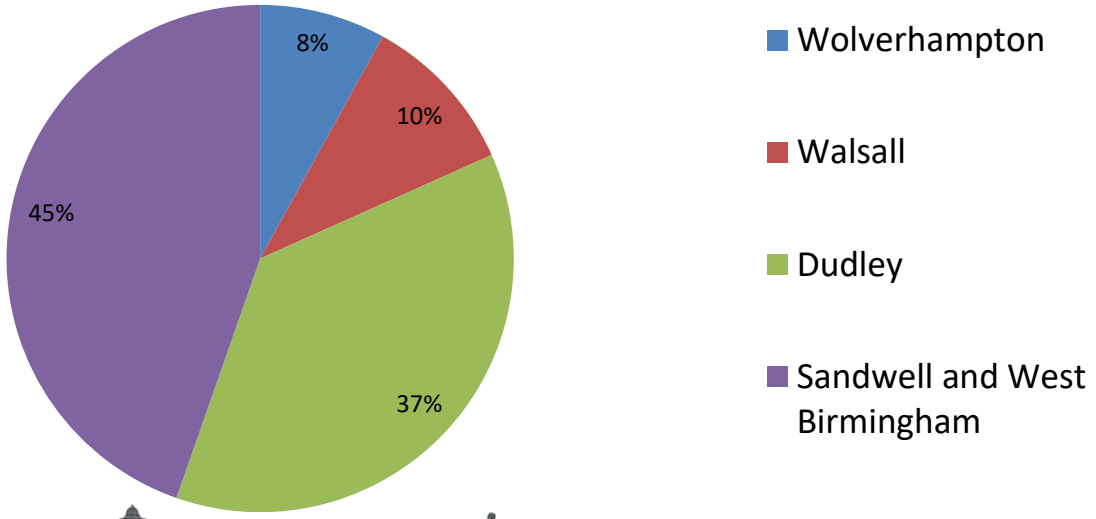


Admin and Clerical Training

1. Admin and Clerical staff have been provided with Conflict Management, Effective Calls & Communications and Motivational Interviewing Training. The training was commissioned to the two pervious training hubs in February 2020 and have been delivered within the year.

2. The split by CCG can be found below;

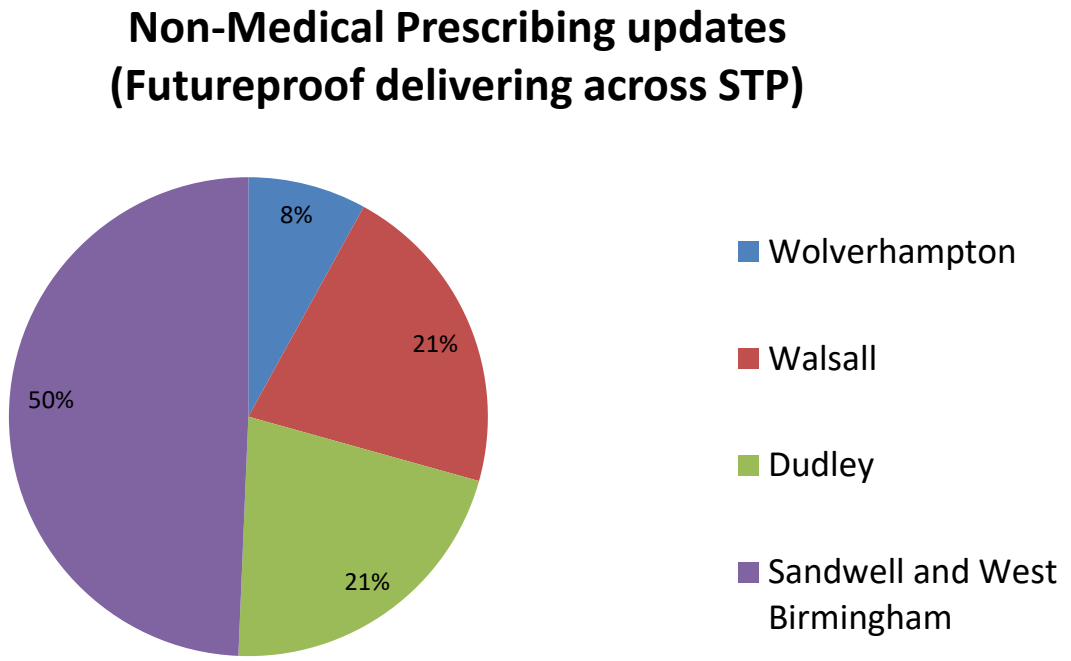
Admin and Clerical - Conflict Management, Effective Calls & Communications and Motivational Interviewing Training



Non-Medical Prescribing updates

1. The Non-Medical Prescribing Updates Training was commissioned to Future Proof Health in February 2020 to be offered and delivered across the STP. This has been delivered within this financial year.

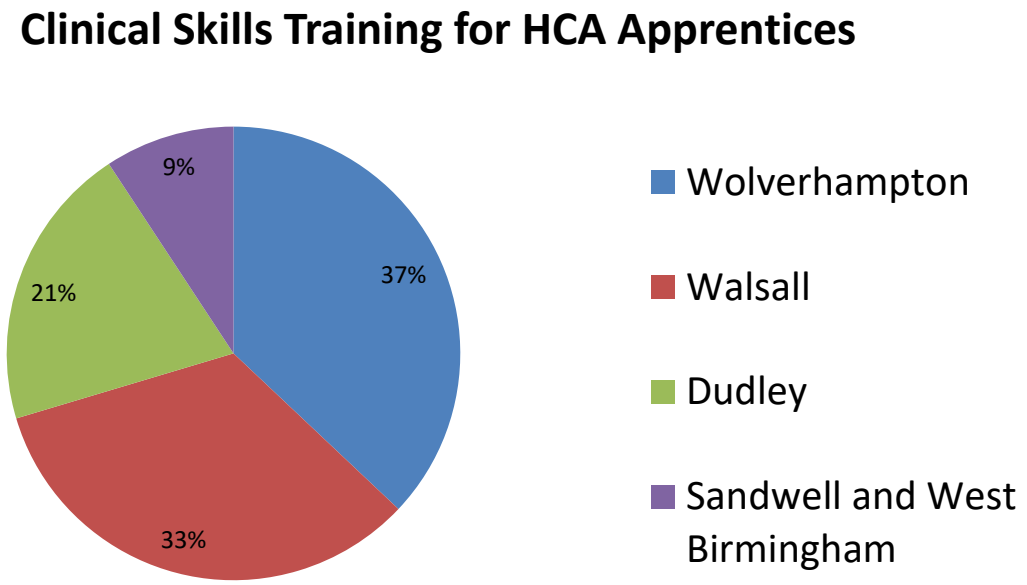
2. The split by CCG can be found below;



Clinical Skills Training for HCA Apprentices

1. The Clinical Skills Training for HCA Apprentice's was commissioned to Future Proof Health in February 2020, to be offered and delivered across the STP. The training has been delivered within this financial year.

2. The split by CCG can be found below;



PMA KICKSTART Scheme for GP Practices

The Practice Manager Association (PMA) KICKSTART Scheme is now a DWP (Department of Work and Pensions) Employer Gateway approved scheme. The purpose of this scheme is to maximise a FREE 6-month employment opportunity by offering young people a chance to work within General Practice.

DWP are delighted to be working with the PMA at a national level and providing full support to help deliver a high-quality programme to the young people most at need and ease the increased workload being placed on GP Practices, during these challenging times.

The scheme will provide a much needed, valuable and talented resource to GP Practices throughout the UK. Especially with the immediate increased workload with delivering the national Covid-19 Vaccination timetable.

Currently, there are around some 900,000 young people eligible for Kickstart, an increase of over 50% since 2019 and now with the Chancellor pledging £2bn of support to help counter this situation.

PMA KICKSTART Scheme for GP Practices Continued

What are the Benefits?

- No Costs incurred by the GP Practice
- Fully Government Funded 6 month work placement
- PMA full vetting and recruitment of suitable applicants
- Kickstart Employee working 25 hours per week, free of charge
- GP Practices receive an additional £300 to cover PPE, Uniform and other associated costs
- Full Primary Care aligned training provided by PMA Tutors & Coaches
- PMA Weekly monitoring with employee and practice to ensure placement is a success
- On completion the Kickstarter can progress as an Apprentice Employee
- GP Practices can then benefit from even more Government Funding up to £3000 per apprentice

The PMA will work closely with the Practice to keep them updated at every stage of the process to ensure they are able to successfully appoint a Kickstart candidate, by ensuring both parties PMA and Practice are happy with the placement.

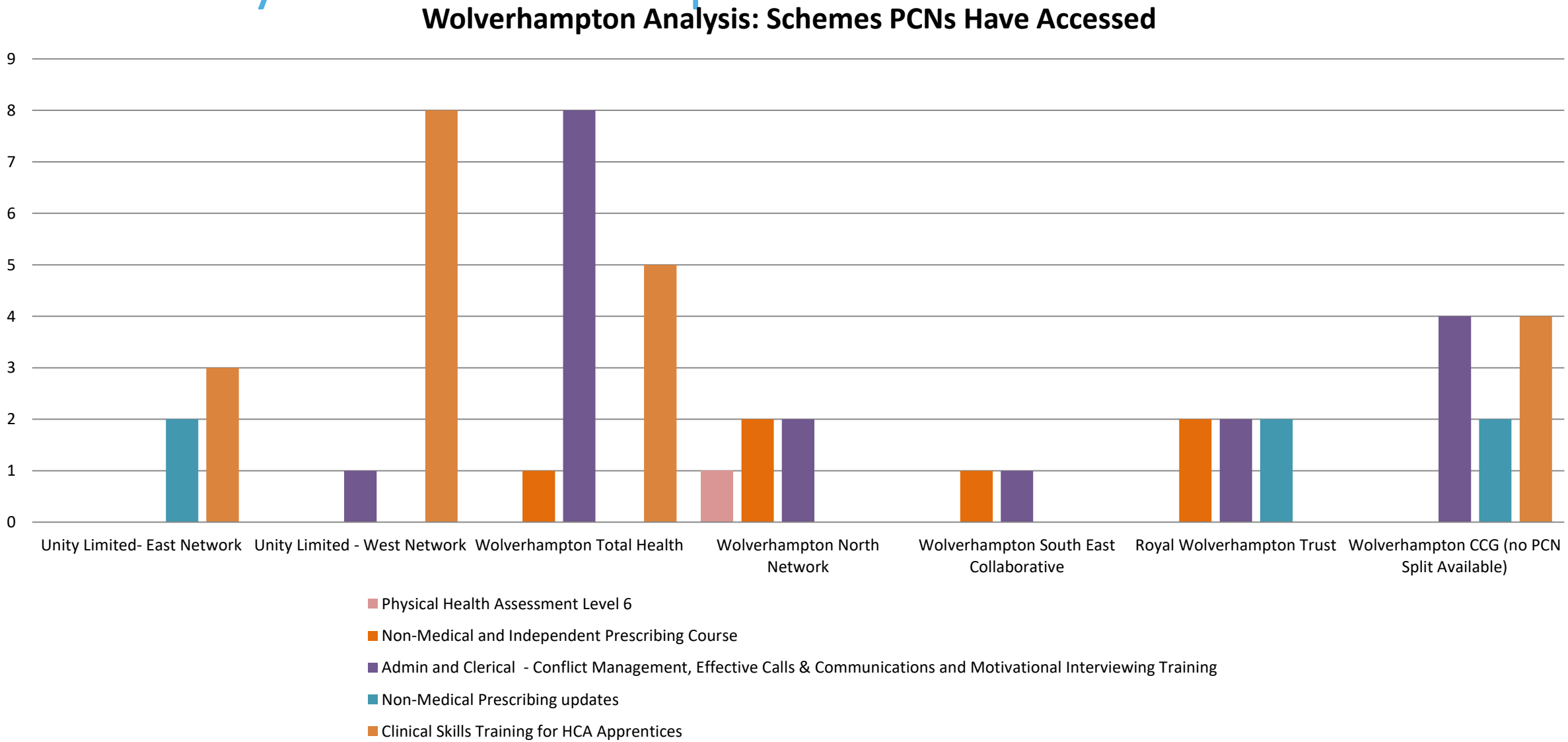
The aim is that this will naturally lead to greater opportunities for employment in the future and smooth transitioning onto apprenticeship programmes, where feasible.

PMA KICKSTART Scheme for GP Practices Continued

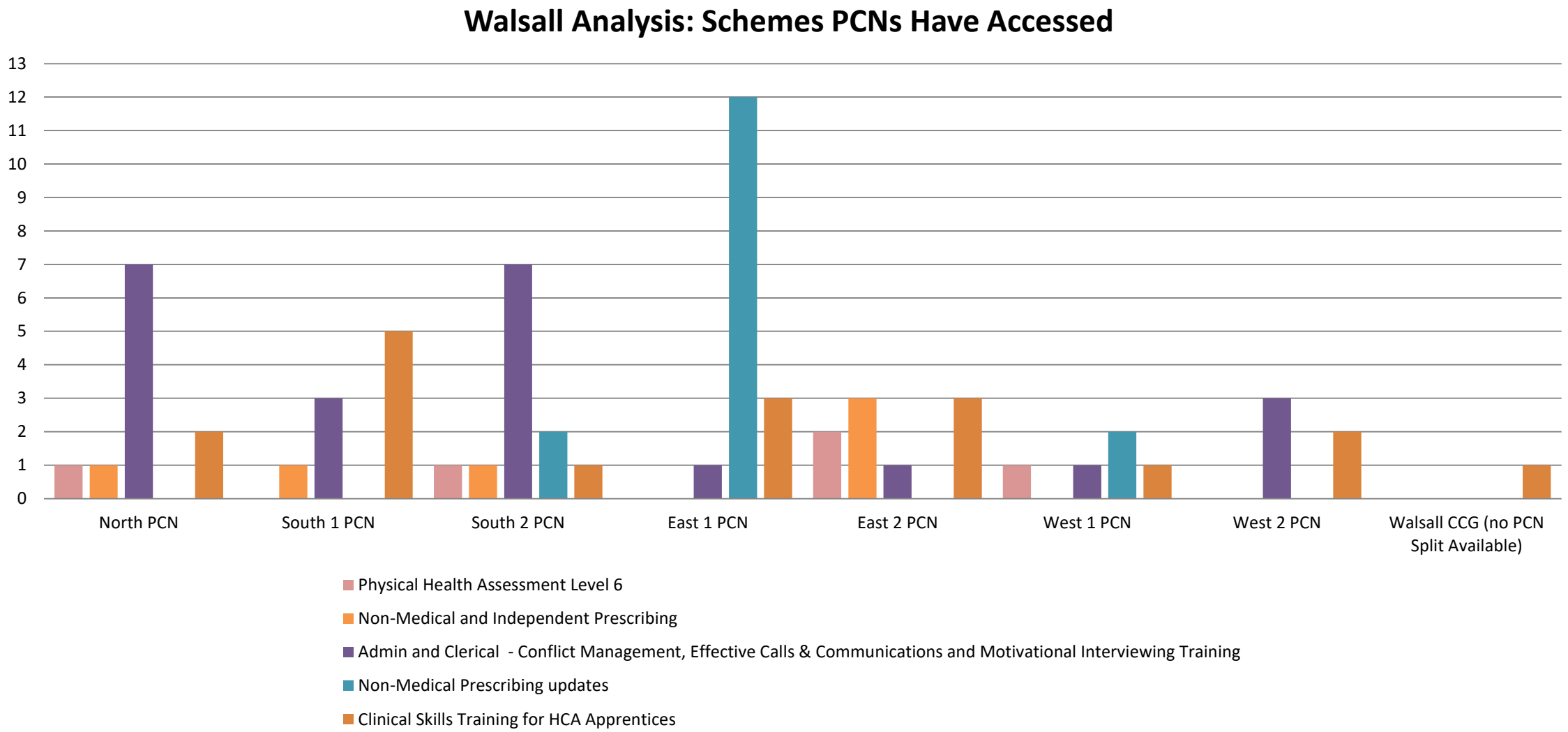
The Practices who have accessed the scheme as of 19th January 2021 were as follows:

Practice	PCN	CCG
Fordhouses Medical	Wolverhampton Total Health PCN	Wolverhampton
Warley Medical Centre	Newcomen PCN	Sandwell and West Birmingham
Stourside Medical Practice	Halesowen PCN	Dudley
Showell Park Health centre	Wolverhampton North PCN	Wolverhampton
Mayfield Medical Centre	Unity East PCN	Wolverhampton
Woodsetton Medical Centre	Sedgley, Coseley and Gornal PCN	Dudley

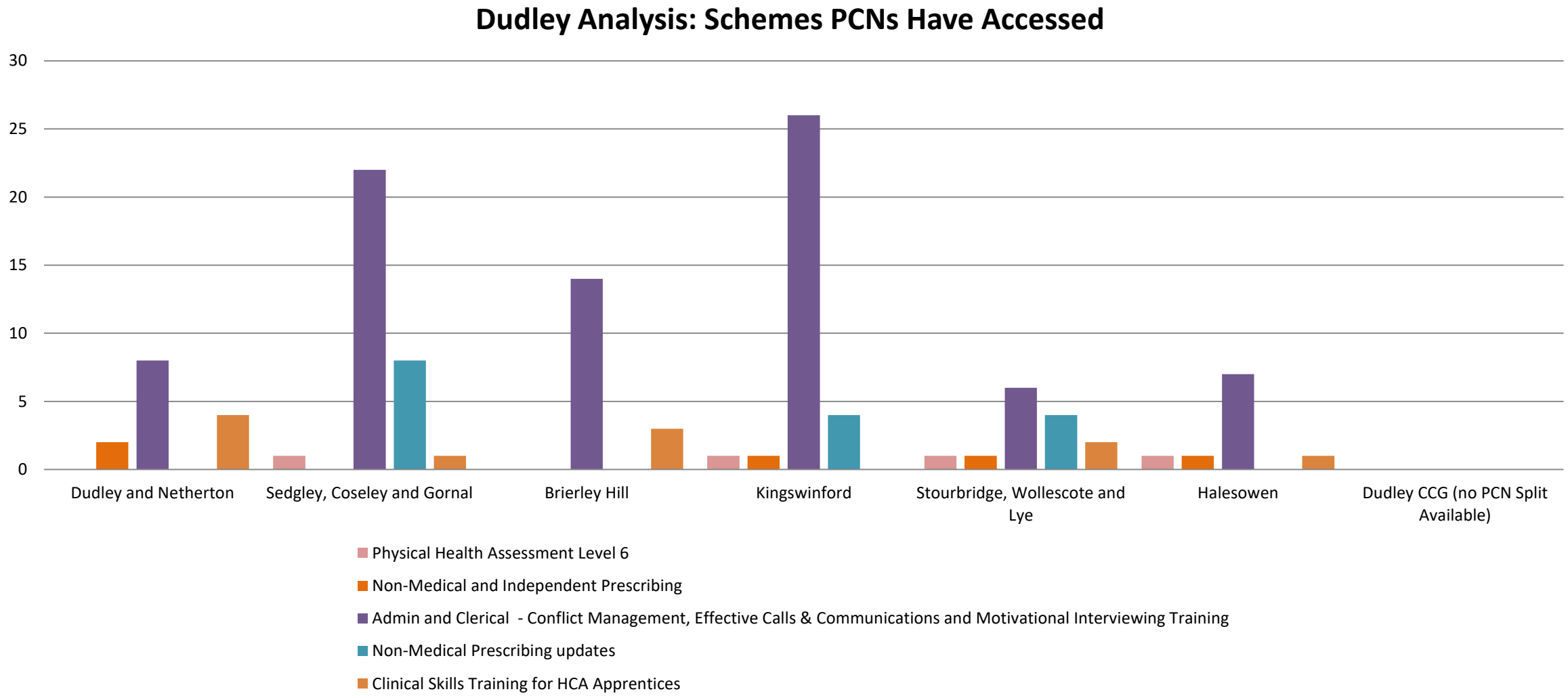
PCN Analysis - Wolverhampton



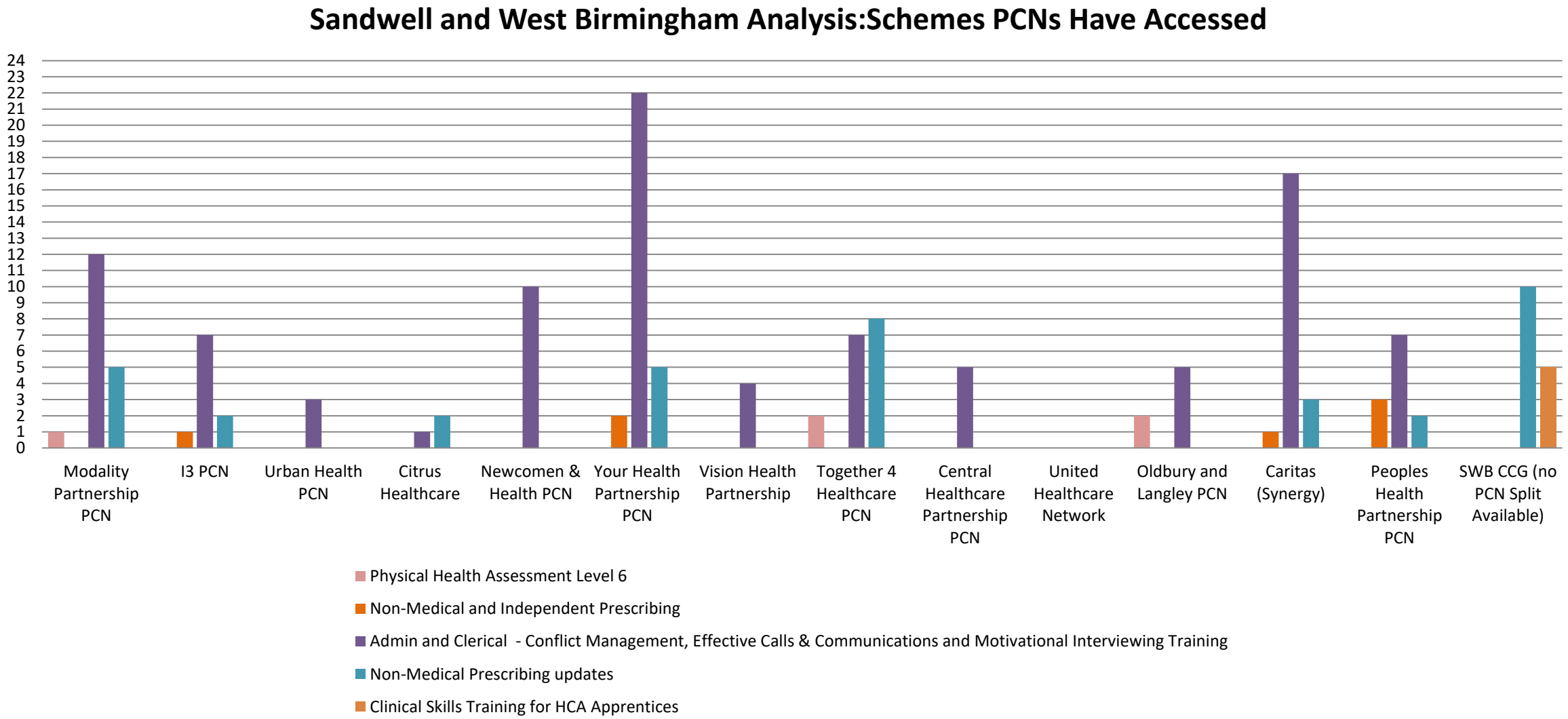
PCN Analysis - Walsall



PCN Analysis - Dudley



PCN Analysis – Sandwell and West Birmingham



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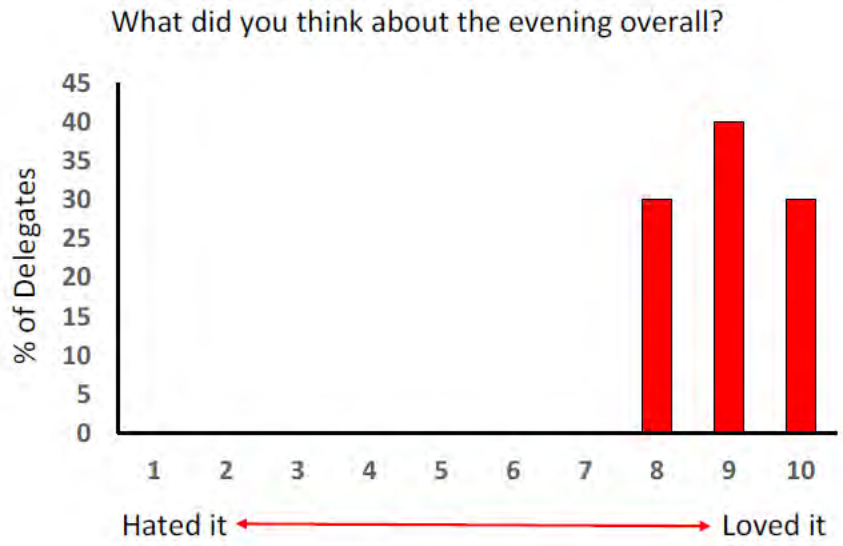
Appendices

Building Healthier, Happier Communities

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

What did you think about the evening overall?



Comments:

Genuinely energised and inspired after this session, thank you!

Reminded me what GP is/should be all about - just what I needed after another long slog that left me wanting to walk away.

Blown away by this session, thanks

The whole session was brilliant. Mark was an inspiration and made me feel it was actually possible. Rupa and David then gave me some practical tools to help do it. A winning combination. Can't believe I'm actually thinking of trying to do this - I can't usually think beyond making it to the end of surgery.

Super energised after that session. Thank you so much. It was brilliant. I'm not in the same league as project leaders coordinating community initiatives. I'm just a bloke in a room with an occasional good idea that other GPs tut at when I make a suggestion. It was challenging, but in a good way.

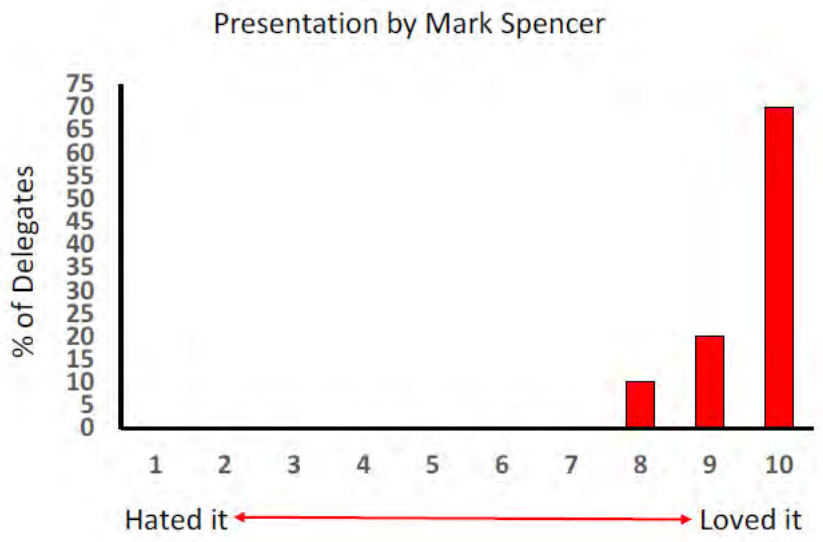
Fab

Very good external speaker. The breakout room tasks were clearly defined and achievable in the time.

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

What did you think about the presentation and Q&A by Dr Mark Spencer?



Comments:

Mark was amazing and very inspirational

This is how GP should work. He is walking the talk. True inspiration

Mark Spencer was inspirational

Brilliant talk - real and engaging. Loved it.

Spot on. A total legend.

Inspirational speaker with huge experience. I could have listened to him all night, but equally it was good to have the rest of the session to channel his wisdom!

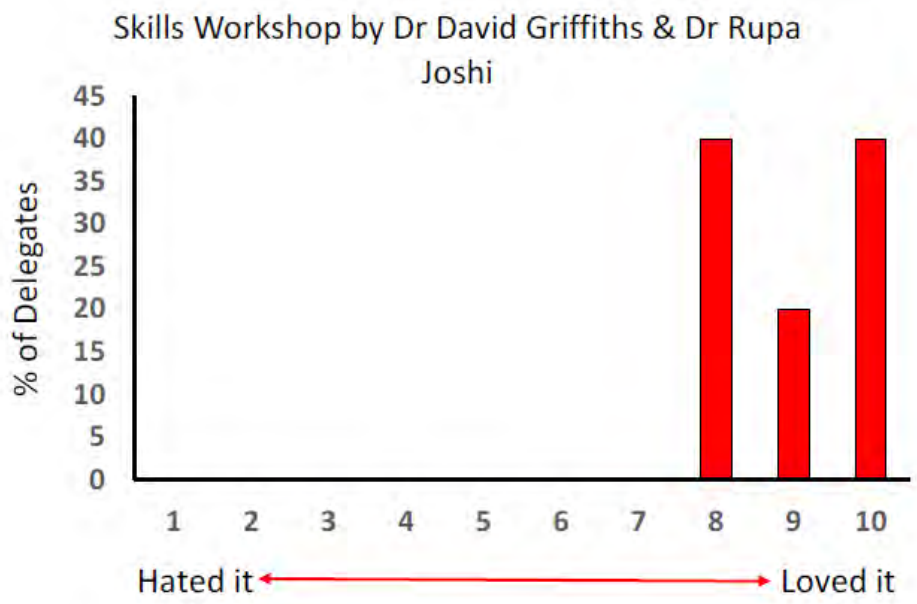
Extremely inspiring. There's so much we can do!!

Lovely stories. If only I was half the man he was! The important part is I hope I can be.

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

What did you think of the Skills Workshop with Dr David Griffiths & Dr Rup Joshi?



Comments:

Would have liked more time to do this

Manageable but would love more time to really do it justice

Once again an excellent model of thinking about change management.

It all makes perfect sense at the time - I will try my best to use it.

Loved and have made great connections. Thank you.

Discussions were a bit brief because of time pressure

This was challenging for me. Engaging with a new project isn't where I'm at but this helped move me closer. Fleshing out the particulars was useful to illustrate the concepts.

Great

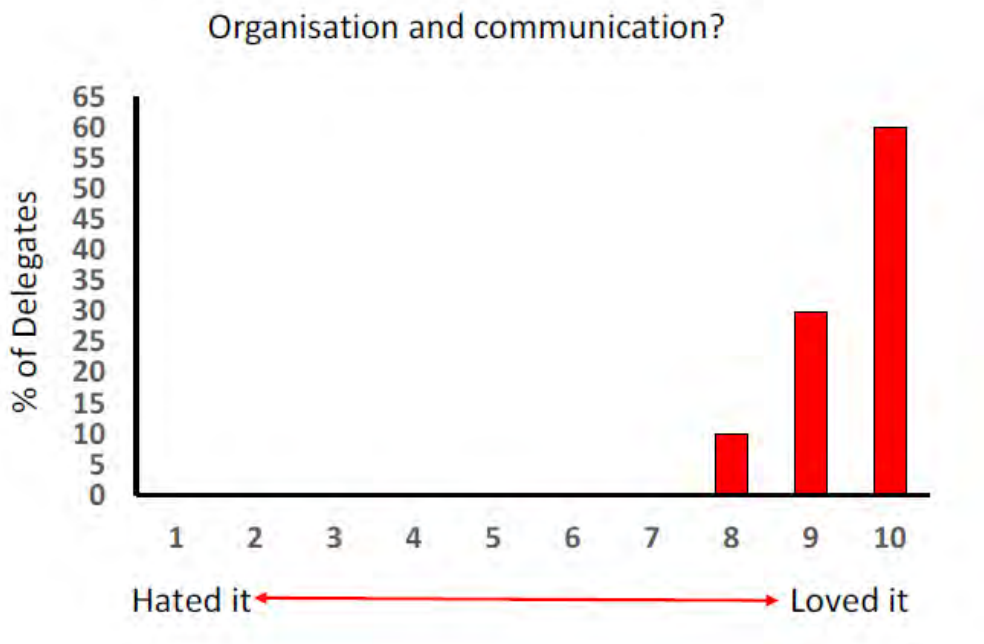
So helpful to have Mark's talk followed by a workshop to help make a start

Really useful and relevant

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

What did you think about the organisation and communication leading up to the evening?



Comments:

Perfect as always. Thank you so much for all your hard work and passion. It's contagious.

My heart sank when I saw the charts in advance but they were less scary and more helpful as part of the evening

Perhaps sending a video recorded in advance on what it all meant would have helped?"

Always impeccable. Helpful to have info well in advance of the session – thanks

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

Which parts of the session, if any, did you like the most/find most beneficial?
Mark's talk was brilliant. Lot of ideas
Mark's explanation of why; that was the point, the impact of getting patients and clinicians doing it for themselves without going all American and using naff words like empowerment.
Both were great and worked well together
Talk with Mark was amazing.
Mark Spencer
Talk by MS
All of it...
The skills workshop
Dr Joshi's presentation

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Four Evaluation

What would you change or add for our future sessions?

Hopefully next year it will be f2f but otherwise it's still inspiring this way.
Not sure whether scheduling the external speaker more towards the start would have been better and leaving breakout rooms until after (esp as he is moving house!)
Less manager speak. Keeping it real like tonight was great.
Nothing!
None
More time to do skills workshop
Nothing
Don't change anything, it's brilliant
None

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

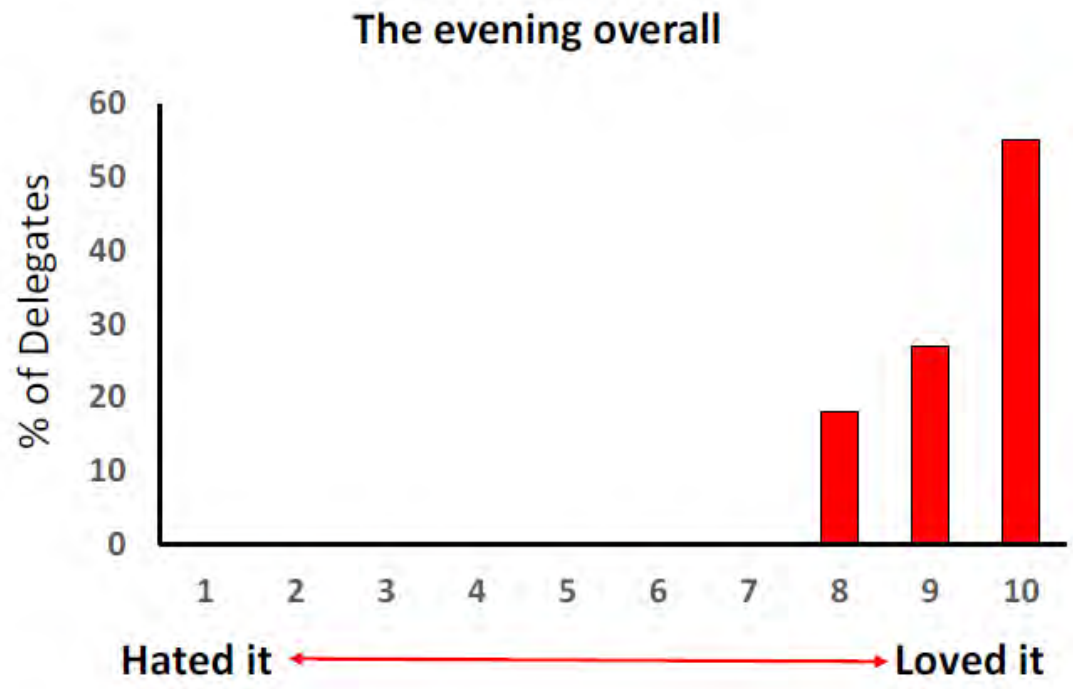
Session Four Evaluation

Considering what you have heard during the evening, what might you do differently going forwards?
Buzzing with ideas - so many projects I'd be keen to try. Need to start talking to our local community first though - they've probably got very different ideas!
Community engagement, encouraging patients to take charge and enable them to do things for themselves
How to focus on my local Community
Engagement with community
It's given me the enthusiasm to restart a healthy lifestyles project that got put on the back burner due to covid
Think of making patient 'doer' and increasing their confidence in their ability to manage health.
Think about who stakeholders are, where they fit in, how to make objectives align
Keep pushing. We can all make a change.
Focus more on the aspects of influencing stakeholders, generating enthusiasm and dealing with critics.
Need to start from where we are: engage patients first. We haven't got a clue whether what we'd consider as a priority is what they would.
Community

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

What did you think about the evening overall?



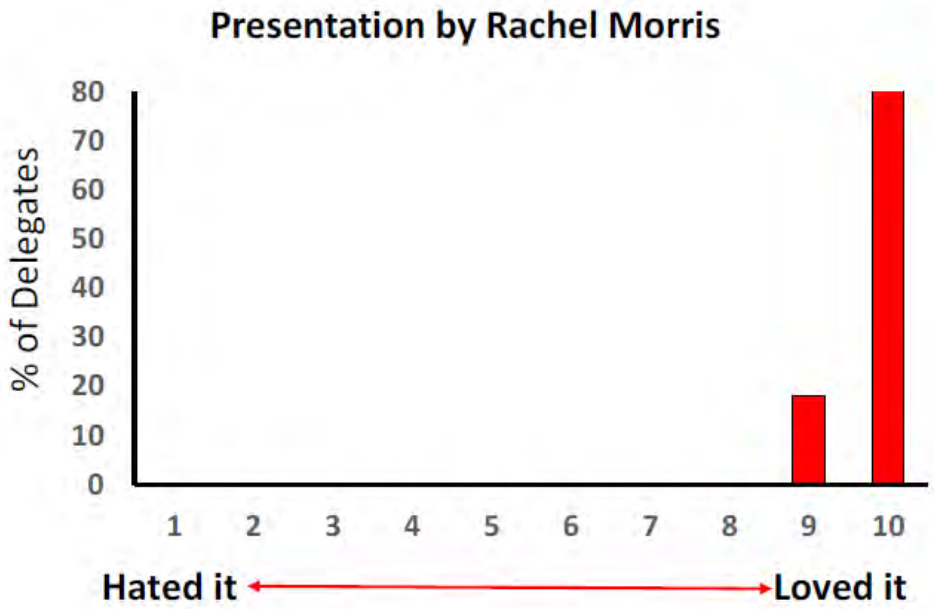
Comments:

Great session, just what I needed. Made being a GP seem a bit more manageable.
Just what we needed - perfectly pitched
Really profound thinking to help manage my day
Brilliant session
Great
Very useful
Really useful different hacks and giving us the time to step back and think more about what we are doing
Went through some techniques which I personally find very useful already, really great to refresh on them.
Just what I was hoping for
5 min comfort break missing!
Good
Really enjoyable session

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

What did you think about the presentation and Q&A by Dr Rachel Morris?



Comments:

Engaging and credible - so useful

Fabulous

Came away with actionable steps to make life less stressful. Thank you!

Really helpful insight

Learned how to manage our precious time

Really useful

Best speaker yet

She is so sensible, talked brilliantly.it all made sense

Fab

Really useful and interesting- would love to learn and hear more

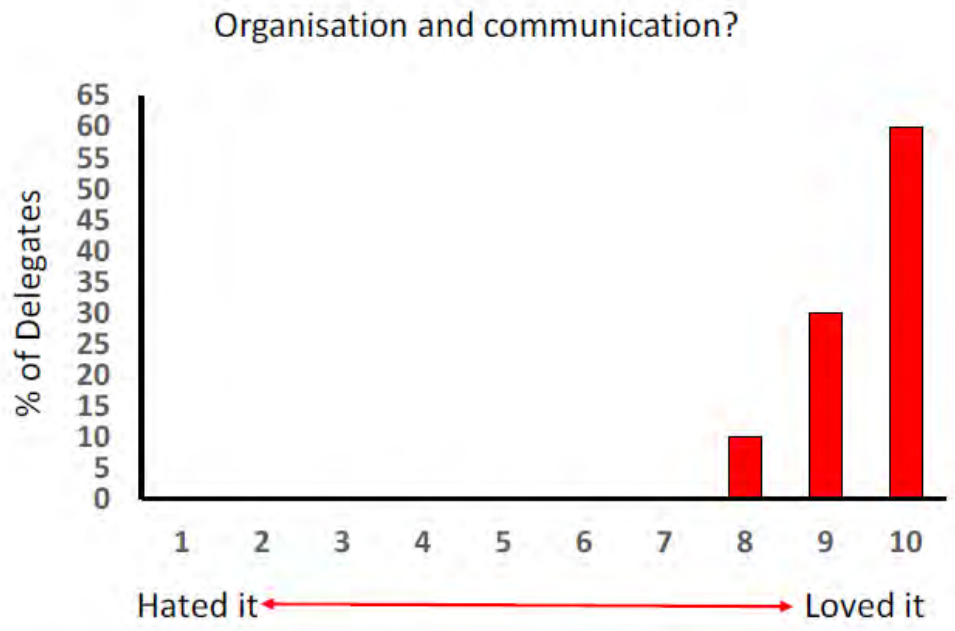
Very clear presentation, just the right amount of content for the time, very engaging presenter.

Rachel was great

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

What did you think about the organisation and communication leading up to the evening?



Comments:

Really good , well organised

All good

Email in week before useful so could get the info printed out ahead of time.

Flawless as always. Prep email a week before was really helpful

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

Which parts of the session, if any, did you like the most/find most beneficial?
Prioritisation grid
The prioritisation grid
Listening to Rachel
Timetable work and small group discussion
The talk about the zone of empowerment was very useful
Tips from Rachel on how can we make ourselves in ZOP
The whole presentation was fab
Hacks, re-doing weeks timetable
Hearing how others have made changes
All of it
The comparison week planners helped me to appreciate the improvements I have already put in place to gain control over my time.
The whole evening was packed full of incredibly useful tips and made me think about things differently

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

Considering what you have heard during the evening, what might you do differently going forwards?

Have made a plan to reduce stress
Manage my priorities. Use my phone less!
Learn to say no
Scheduling, and say no!!!
Delegate more! Move away from mobile
Look at my schedule and prioritize
Stop getting involved in things I don't need to be
Has helped me to think through how much of my time I want to devote in total to work vs home life
Work on moving towards that ideal week - delegation, saying no, prioritising.
Take email notifications off my phone and stop checking them so often.
Going to spend more time in the zone of power and less time on my phone

Appendix 1 – Mid Careers (Phoenix GP) Evaluation

Session Five Evaluation

What would you change or add for our future sessions?

Nothing
Nothing!
Nil
No change
This session had everything I wanted. Cant suggest any changes
Different think ,also will read make time
Nothing
Nothing
Nothing
Absolutely nothing - perfect as it was
Don’t change anything - it was great!

Any Further Comments

The Phoenix programme is an absolute game changer for me - really opened my eyes to different possibilities and ways of managing/improving my working life. The line up has been spot on and the perfect balance of inspiration and really practical skills/tips. So grateful for this opportunity - thank you, Amanda

Working together for healthier futures

Primary Care Operational Group (PCOG) Assurance Report: February 2021

NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23 February 2021

AGENDA ITEM: 17.0

Title of Report:	Primary Care Operational Group (PCOG) Assurance Report
Purpose of Report:	To provide assurance regarding primary care matters discussed at The Primary Care Operational Groups
Author of Report:	Jane McGrandles, Carol Marston, Julie Robinson, Gill Shelley – Primary Care Contracting Leads
Management Lead/Signed off by:	Sarah Southall, Head of Primary Care (Wolverhampton CCG)
Public or Private:	Public
Key Points:	Assurance on primary care matters provided from notes of Primary Care Operational Group Meetings from: • Dudley CCG • Sandwell and West Birmingham CCG • Walsall CCG • Wolverhampton CCG
Recommendation:	PCCCic accept the paper as assurance on primary care matters discussed by the Primary Care Operational Groups.
Conflicts of Interest:	N/A
Links to Corporate Objectives:	
Action Required:	☑ Assurance
Implications:	
Financial	N/A
Assurance Framework	N/A
Risks and Legal Obligations	N/A
Equality & Diversity	N/A
Other	N/A

Primary Care Operation Group (PCOG) Assurance Report

1 Introduction

1.1 This report provides an update of the key points discussed at the local Primary Care Operational Groups.

1.2 Following feedback from Committee members and in order to standardise the report across the 4 CCGs, the PCOG assurance report is now concise and follows the headings and duties of the terms of reference. There will however, under some circumstances, be a need to report place based discussions that may not be common to all places and these will be included under the practice and place update section. A full set of PCOG notes are available to Committee members on request.

1.3 Given the current Covid-19 situation and the vaccination programme, each of the PCOGs was stood down in January.

2 PCOG Meeting Dates

CCG	
Dudley	3 February 2021
SWB	3 February 2021
Walsall	9 February 2021
Wolverhampton	3 February 2021

3 Primary Care Duties

Duties	
Digital	This duty was discussed at meetings held as above and a separate specific assurance report has been provided.
Estates	This duty was discussed at meetings held as above and a separate specific assurance report has been provided.
Quality	This duty was discussed at meetings held as above and a separate specific assurance report has been provided.
Strategy	This duty was discussed at meetings held as above and a separate specific assurance report has been provided.
Workforce	This duty was discussed at meetings held as above and a separate specific assurance report has been provided.

4 Contract Management

Contract Management	Contract variations have been made at CCG place and added to local registers as follows:

Contract Type	Practice Code/Name	Partners	Variation	Effective Date
GMS	M87028 - Dudley Netherton Health Centre	Dr Graham Livingstone Dr Ranvir Sandhu	Practice name change to Anchor Medical Practice	February 2021
GMS	M87036 - Dudley Bean Medical Practice	Dr Devanna Manivasagam	Addition of : Dr Vonothini Manivasagam	3rd March 2021
GMS	M88038 - SWB Linkway Medical Practice	Dr Kamleesh Rana Dr David Winteler Dr Claire Jones	Addition of: Dr Sommiya Aslam	1st September 2020
GMS	M88618 - SWB Walford Street Surgery	Dr Basil Andreou Dr Sakthivel Arun	Addition of: Dr Nandhini Ravindranath Dr Ziafat Hussain Dr Saira Khan	11th August 2020
GMS	M88043 - SWB Haden Vale Medical Practice	Dr Samuel Muthuveloe Dr Sharon Thayer	Addition of: Dr Jennifer Stannard	24th December 2020
GMS	M91014 – Walsall Brace Street Health Centre	Dr A Sinha Dr M Verma	Addition of: Dr S Manohar	1st January 2021

Enhanced Services	

Practice and place updates	PCOGs reviewed the PCCC risk registers for each place and do not make any recommendations to Committee to amend the PCCCic risk register. **Dudley** **111 Direct Booking** The Dudley Practice Manager representative raised concerns relating to 111 direct booking. PCOG discussed the matter and agreed that an audit should be undertaken

with the outcome reported back to the group to determine next steps.

Update from Dudley Integrated Health & Care NHS Trust (DIHC)

The group was advised that DIHC will be employing the PCN DES Additional Role Reimbursement Staff. A formal agreement setting out responsibilities and liabilities will be in place by 1 April 2021.

PCN development plans have been reviewed by DIHC and a recommendation has been made to the CCG panel regarding their approval.

PCN workforce plans will be integrated in the overall DIHC workforce strategy currently being produced in conjunction with the NHS Strategy Unit.

DIHC had appointed two Associate Medical Directors, Dr Richard Bramble & Dr Lucy Martin effective 1 February 2021.

Work continues on establishing an offer to practices for full integration.

Change to Dudley and Netherton PCN Clinical Director

With effect from 1 February the Clinical Director for Dudley and Netherton PCN will be Dr Ranvir Sandhu. Dr Sandhu, who replaces Dr Richard Bramble, is a partner at Netherton Health Centre. The clinical leadership for the Local Vaccination Site has also transferred to Dr Sandhu.

Practice closure for training and development

A request from a PCN to close for training and development was considered and it was agreed that all of the place based policies for protected learning time will need to be aligned by the single CCG. In the meantime member practices of the PCN will be asked to provide cover in order that the core contractual obligations are not compromised.

Dudley Quality & Outcomes Framework (DQOFH)

Quarter 3

The group received the DQOFH progress report for quarter 3 and noted that the DQOFH had been reviewed and amended in line with the National contract. All indicators and Quality Improvement (QI) modules are income protected with the exception of: Learning Disability Health Checks; Serious Mental Illness Physical Health Checks and Cervical Screening indicators. A comparison was made against last year's DQOFH data and it was evident that the pandemic has impacted performance. With regard to indicator ACC2 (75 contacts per 1000 per week) there were 8 practices highlighted which had not met the standard - practices are being contacted and data will be verified.

Exception reporting

PCOG discussed the outcomes of the exception reporting contractual practice visits that were undertaken during 18/19 and noted that best practice guidance has been distributed to the Dudley Practice Managers Alliance based on the findings.

Sandwell and West Birmingham

Learning Disability (LD) Annual Health Checks DES: It was noted that all PCNs had indicated that dedicated resource such as short-term support or additional sessions for staff would be offered to help ensure that outstanding annual health checks were completed before 31st March 2021. It was confirmed that a weekly data feed was now in place to locally monitor progress which was being shared with identified practice and PCN leads.

Flu Campaign: Vaccination uptake information as at W/E 15th January 2021 was shared in conjunction with a comparison of 2019/20 vaccination uptake data, it was confirmed that the CCG had not achieved the 75% target against the eligible groups however there had been a marked improvement in all eligible groups compared with 2019/20.

Mandatory Training – Extension of contract with Bluestream: It was noted that the current contract for mandatory training to cover all practices was due to expire on 31st January 2021, the cost of extending this for a further 12 months was £34,708 + VAT which represented a small saving of £3,108 compared with the cost in 2020/21. In line with the terms of reference for the Primary Care Operations Group and the SFIs in place; Lisa Maxfield (Deputy Chief Officer for Primary and Community Transformation) had authorised this extension and the costs associated with it.

Walsall

NHS England & Improvement Letters were discussed:

- 3 February 2021 – Freeing up general practice to support COVID vaccinations: further details
- 21 January 2021 – Supporting general practice in 2021/22
- 7 January 2021 – Freeing up GP time

Community Pharmacist Consultation Service (CPCS)

The group asked for more information on which community pharmacies were participating in the CPCS, confirmation they can manage referral of minor illnesses from general practice and the need to work with the LMC to promote the service.

Additional Roles Reimbursement Scheme (ARRS)

The group discussed the expansion of roles for 2021, known Impact and Investment Fund Indicators (IIF) and asked for an update report on the roles recruited by each PCN at the next meeting.

NHSEI Access Improvement Programme

The group discussed the Time to Care offer of support for GP practices and PCNs. Aimed at practices where patients are experiencing the greatest access challenges. Working with the Time to Care Team to understand the offer and will update PCOG when more is known.

NHSEI Review of Appointment Activity

Four GP practices in Walsall identified as delivering less total appointments than the same period in 2019. Data shared with practices who were asked for a response. All four practices responded which was fed back to NHSEI. Overall, all practices said they were providing more access not less and the main theme was practices not correctly recording appointments that were being offered.

COVID Vaccination Programme

Local vaccination site data presented to the Group. Work had been undertaken to engage with BAME communities with successful Mosque delivery and further plans to vaccinate a local Guthwara.

Wolverhampton

Point of Care Testing

An update was provided on Point of Care Testing in GP practices. All equipment is to be provided and this will have the advantage of easing the pressure on phlebotomy services and allowing for practices to receive immediate clinical information on patients.

	Griffiths Drive Surgery, Wednesfield An update was provided on the status of the termination of the sub contract agreement that the practice currently hold with RWT.
Internal Audit Primary Care Commissioning: Contract Oversight and Management Functions - Success Factors Report	In 2018/19 NHS England (NHSE) introduced the 'Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs' detailing the requirement for audits over a period of 3-4 years. In 2018/19 and 2019/20 Internal Audit Services undertook the 'Contract Oversight and Management' element of the framework across a number of CCGs. The attached report provides summarised findings from across the reviews undertaken in this area. The summary and the recommendations will be valuable in informing the development of a single contracting function across the Back Country CCG's

5. Recommendation

Members of the Primary Care Commissioning Committee in Common are asked to:

- Note this report for assurance

Appendix 1: Internal Audit: Primary Care Commissioning: Contract Oversight and Management Functions - Success Factors Report

Clinical Commissioning Groups

Internal Audit

Primary Care Commissioning: Contract Oversight and Management Functions - Success Factors Report

January 2021

cw audit

internal audit services

Proud to be part of the NHS family

Contents

1. Key Findings

In 2018/19 NHS England (NHSE) introduced the 'Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs' detailing the requirement for audits over a period of 3-4 years. In 2018/19 and 2019/20 we undertook the 'Contract Oversight and Management' element of the framework across a number of our CCGs. This report provides summarised findings from across the reviews undertaken in this area, as well as 'success factors' which when in place, helped to provide high levels of audit assurance.

Overall CCGs demonstrated a wide range of activity to support the Framework, with '**Significant**' assurance awarded for all those reviewed. Under the NHSE Assurance levels, Internal Audit assessments were either **SUBSTANTIAL** or **FULL.** There were no high risk recommendations identified (risk rankings 1 and 2). We think any future framework needs to be more challenging, system focused and forward looking.

Going forward CCGs will need to focus on the effective development of performance dashboards, taking into account the extent to which they have effectively monitored quality at the time of the pandemic. Where quality and contract management arrangements are in place and embedded, there will need to be a concerted effort to enable these arrangements to deliver the required assurance for the CCGs. The focus of the 3rd phase of NHS response to COVID-19 (August 2020) is restoring service delivery activity in primary care to usual levels, development will need to be made within this context. Key issues where action was required across all the CCGs were:-

Overall CCGs were aligned and all performed relatively well with the exception of needing to work further on the dashboard. Going through the other success factors may be of use to further developments.

Internal Audit assurance levels and risk rankings are defined in Appendix 3. We have also attached at Appendix 4 the explanation of the assurance levels we are required by NHSE to report against for these mandatory reviews of PCC. These are defined differently to those we apply across our internal audit reporting**.**

2. The context for our review

General background

In August 2018 a paper on Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups was published by NHS England to help strengthen this gap. This included the Internal Audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this being to provide information to CCGs that they are discharging NHS England's statutory primary medical care functions effectively and in turn use this information to provide aggregate assurance to NHS England and facilitate NHS England's engagement with CCGs to support improvement.

The Delegation Agreement entered into between NHS England and CCGs sets out the terms and conditions on how delegated primary medical care functions are to be exercised. The scope of the audit framework was designed around this by mirroring these functions through the natural commissioning cycle:

- Commissioning and Procurement of services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance (common to each of the above areas)

Internal Audit reviews of Primary Care Contract Oversight and Management Functions were completed as part of the 2018/19 and 2019/20 internal audit plans agreed by Audit Committees.

Reviews related to the accessibility and quality of GP services, including GP Practice opening times, the appropriateness of any sub contracted arrangements and management of patient lists, registration issues and practice mergers / closures. The audit encompasses practice contract review processes, including the quality of the review and implementation of outcomes as well as the management of poorly performing GP practices, including liaison with the CQC as appropriate.

This report summarises the outcome of the reviews of Contract Oversight and Management Functions to allow CCGs to understand how they perform within the context of a wider local picture.

Scope of Contract Oversight and Management Function Review

As per the Internal Audit Framework the reviews covered oversight of accessibility and quality of GP services, including but not limited to ensuring relevant national and locally contract terms were applied in relation to:-

- GP Practice opening times and the appropriateness of sub contracted arrangements,
- Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes),
- Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes,
- Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list) and
- Overall management of practice mergers and closures.

Key potential risks considered under this review included:

- Services are not patient focused
- Services do not provide value for money
- Patient care is not optimised
- Fraud is not identified and prevented

3. Summary Findings

1. GP Practice opening times and the appropriateness of sub contracted arrangements

Summary of findings

General practice contractors provide core general medical services to their registered patient list as required by their GMS or APMS contract.

We noted a number of examples of CCG monitoring action:

- As part of the Primary Care Commissioning Framework (PCCF) GP practices were required to be open within core hours (8am and 6.30pm) Monday to Friday. Providing services as part of federated arrangements, practices needed to submit a participation agreement to sign up to the PCCF alongside formal confirmation that federated arrangements were in place. These were reviewed by the Contracts Team.
- Review of GP opening hours, with the review process approved by the Primary Care Commissioning Committee (PCCC) and kept updated via monthly contracting reports. Visits were prioritised based on those practices with the highest amount of time when the practice was closed and a range of relevant information considered prior to the visit, for example including local audit of telephone answering machine messages and review of practice websites. Following the visit the practices were provided with action plans for agreement, with progress monitored.

CCGs listed GP practices on their websites, with links to contact details and opening times included. Our reviews found that locality and member practice details were easily accessible through the CCG websites. Practices are responsible for maintaining their own websites which state opening hours and services provided, although some Practices only advertise "appointment times" on their website. The format and access to contact details and opening times was variable depending on the particular web provider.

One CCG had procured a standardised Practice website, being rolled out at the time of the review. A project team consisting of GPs, Practice Managers and patients developed and agreed a standard template alongside a chosen provider. This template was offered to all Practices, with a 94% take up rate and is maintained by the CCG who add core information whilst enabling information relevant to the particular Practice to also be added. The website has reception and surgery times clearly set out together with practice area, how to register and services provided.

GPs have a responsibility to deliver an additional extended hours contract through a Direct Enhanced Scheme (DES) and appoint a range of additional posts where required such as social prescribers. GPs offer extended access appointments via the DES and also sometimes via separate (improved access) programmes. Extended access details were usually accessible via the practice websites. For example, for one CCG, the General

Practice Forward View (GPFV) Extended Hours Scheme requires GP Practices to provide primary care access between 6.30pm and 8pm Monday to Friday and weekend access. The CCG commissions this from each GP Practice and the majority of GP Practices sub-contract to a lead practice who manages this on behalf of a federation arrangement. A small number of practices provide the extended hours for their patients only.

Arrangements to monitor extended access arrangements varied across CCGs, with some in development stage. For example, for one CCG, the processes to monitor extended access arrangements were currently being specified. For another CCG, contract monitoring processes for the Improved Access Programme were in the process of being reviewed for consistency at the time of the audit. For some CCGs monitoring processes were established, for example with extended access utilisation rates monitored and reported to the PCCC in Primary Care Strategy delivery updates.

Summary – success factors (based on audit findings)

- Compliance of GP practice opening times is formally monitored and validated by the CCG on a regular basis.
- Standardisation or practice websites to allow for a uniform approach to inclusion of all required information and guidance for patients.
- Formal monitoring of extended access arrangements, with updates provided to the PCCC.

2. Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes)

Summary of findings

The extent to which Special Allocation Scheme (SAS) had been established and routinely used varied amongst CCGs depending on local circumstances. An example of a CCG where an SAS was established and operating, included use of a review panel with formal Terms of Reference (ToR) signed off by the PCCC, meeting quarterly to review every case. The review team consists of CCG staff, a GP (deputy chair) and lay member. GPs can request that a patient be referred back to mainstream primary care. An action log, updated after each Panel meeting, includes open and closed actions, with updates reported quarterly to an appropriate Quality Committee.

The number of patients covered by an SAS, for CCGs operating such a scheme, varied from 7 to 50. For those CCGs which operated a Review Panel, the extent to which these Panels had a ToR varied between not at all, draft or formally approved. Membership of panels was generally appropriate, involving GPs and members of the Local Medical Council (LMC) as appropriate.

The Primary Medical Care Guidance Policy (Part B1) states that list maintenance for primary medical services including patient registration and general list maintenance is the responsibility of Primary Care Support England (PCSE), with targeted list cleansing the responsibility of Commissioners (Part B2). Other ongoing local arrangements identified in relation to targeted list maintenance included use of the 'SHAPE' tool to provide information to inform for example Primary Care Network and Practice closure decisions. We found that the extent to which CCGs adopted local arrangements varied, with some further developed than others.

Summary – success factors (based on audit findings)

Special Allocation Schemes (SAS)

- Formally approved scheme, in line with NHSE primary care guidance, embedded and routinely used.
- Formal Review Panel with Terms of Reference signed off by PCC.
- Membership of Review Panel appropriate to local circumstances eg GPs/ LMC/ lay member/CCG representation.
- Regular (eg quarterly) review meetings with action log/ minutes demonstrating formal monitoring of the scheme.

Other local arrangements for patient list maintenance

- Formal consideration of targeted patient list maintenance as part of local arrangements on an ongoing basis, taking into account trends and anomalies identified in primary care strategy development.
- Consideration of periodic exception reporting to an appropriate operational group to highlight any significant fluctuations in list sizes for further action where required.
- Use of appropriate modelling tools with Primary Care Networks which help for example, individual practices to share where their patients reside and whether they need to adjust their contractual boundary or consider 'Out of Area' registrations.
- In the case of practice closure specifically detailed review of lists undertaken to identify boundary impact, where the registered population reside and where they were most likely to reregister.
- Active involvement of the Local Medical Committee (LMC) in primary care development, including formal meetings/ liaison on a regular basis to discuss primary care related issues, such as boundary disputes between Practices, with actions formally recorded and monitored.

3. Identification of practices selected for contract review, including poorly performing GP practices, to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes.

4. Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

Summary of findings (Internal Audit Framework areas combined as arrangements in place tend to cover both aspects)

Frameworks were in place for Primary Care Contract Management and Quality Improvement incorporating quality improvement and contractual performance management processes. These frameworks were in various stages of development depending on local circumstances, for example CCG merger / STP development. Audit recommendations tended to be developmental in nature, building on existing arrangements.

Primary Care Commissioning Committees (PCCC) received updates (either directly or via a sub-committee) with regard to PCC contractual and quality matters, covering poor performance, including information and assurance relating to the quality of care across GP practices. Specific contracts are reviewed as required by the terms of the framework with contract variation requests reported to PCCC.

CCG / STP Primary Care Strategies were in place with monitoring reports taken to the PCCC. Monitoring reports include the standards set out in the GP Forward View. A programme of Contract and Quality visits with practices, approved by the PCC was usually in place, to help improve performance through discussion around key targets, although the frequency of these visits varied locally. The capacity of Contracting / Quality teams impacted on coverage of these visits. As well as the outcome of visits, CCGs took contract compliance assurances from other sources, such as review of annual practice declarations.

Reporting of the outcome of visits took into account consideration of the Primary Care Quality Dashboard information available, covering for example Care Quality Commission (CQC) results, incidents, patient satisfaction levels and complaints, etc. The dashboard tended also to be used to determine specific issues to be followed up and prompt escalation where required. Dashboard development and usage tended to vary depending on local circumstances, with audit recommendations also tending to be developmental in nature, building on existing arrangements.

We noted clear CCG liaison with CQC, with sharing of soft intelligence and discussion around visits. Evidence from inspections undertaken by the CQC was routinely taken into account in contract and quality visit.

Summary – success factors (based on audit findings)

Performance and Contract Management Framework

- An established Performance and Contract Management Framework, driving quality improvement and ensuring compliance with GMS contract regulations, integral to the GPFV / local delivery plan and forming part of a wider STP.
- Teams with sufficient capacity and expertise to review contracting and quality programmed visits, with an appropriate focus on both contracting and quality as required locally.
- Appropriate involvement of key stakeholders within the operation of the Framework.
- Embedded formal framework reporting to PCOG, Quality / Risk Committee (or equivalent) and PCCC, for example monthly quality / contracting update including breaches.
- CQC, providing soft intelligence through attendance of being a member of PCOG or through formal quarterly meetings with the CCG.
- LMC, via CCG Board representation in LMC membership or via bi monthly meetings with Head of Primary Care.
- Input from CCG operational groups, such as PCOG consisting of a matrix team including quality, contracting, finance, estates, etc.
- Locality managers / Primary Care Network managers (or equivalent).

Risks to delivering framework effectively (based on audit findings):

- Insufficient capacity / expertise to deliver programme of visits
- Wider local development, for example CCG mergers

Dashboard – success factors (based on audit findings)

- A 'live' performance dashboard including key indicators (e.g. CQC results, incidents, patient satisfaction) which may attract escalation flags.
- Formal escalation process linked to dashboard flags in Framework which is actively applied when prompted, covering both contract management and quality improvement.
- Process to involve formally agreed recommendations for escalation or de-escalation of individual practices following triangulation of information.
- Use of different levels of escalation to indicate the level of support / action required.
- Ongoing dashboard development linked to feedback from quality visits.

Approved Programme of Practice visits – success factors (based on audit findings)

- An approved programme of risk based scheduled contract and quality practice visits, combined with desk top reviews where appropriate, to ensure compliance with GMS contract regulations and quality improvement.
- Programme to cover a period approved by the PCCC as appropriate to local circumstances (1 year, 2 years or 3 year programmes were identified from the reviews).
- A programme which allows flexibility to accommodate unplanned events impacting a specific practice.
- Ongoing intelligence to inform the programme, captured to inform approaching reviews through for example a primary care web tool. To include for example information from GP self- declarations and outlier performance reporting.
- Use of a developed contract / quality visit toolkit / template as a self-assessment tool sent to the practice in advance of a scheduled meeting. The toolkit being developed using an appropriate mix of stakeholders, e.g. NHSE. This can be used to guide the visit and record actions, allowing for formal outcome monitoring and providing clarity for both CCG teams and practice staff.
- Visits to be carried out by appropriate qualified staff, for example quality lead nurse, locality manager, medicines management team member.
- Formal reporting of outcome of visits, for example an annual contract monitoring report to PCOG / PCCC.
- Contract variations formally reported to PCCC to note, supported by appropriate evidence.

Decisions in relation to the management of poorly performing GP practices – success factors (based on audit findings)

- Active liaison with CQC, including meetings periodically for information sharing prior to and after inspections.
- Formal plan of action in place if a practice is identified as "poorly performing" include for example, quality support arrangements such as specific visits or ongoing support.
- Demonstration of how the Commissioning team had supported a Practice to improve its performance and as a result, its CQC rating, utilising lessons learnt from this process to make further improvements within the performance framework.

Example of CCG arrangements reviewed and considered effective

The CCG's ongoing delivery of changes to primary care, including contract oversight and management functions, was integral to the shared GPFV - Local Delivery Plan (LDP), forming part of the wider strategic Sustainability and Transformation Plan (STP). An established integrated Primary Care team was in place and operational across CCGs in the STP area. Clear reporting lines were in place, between the Primary Care Team and Director of Primary Care / Executive Management Team. The CCG's Primary Care Strategy had been recently updated and included amongst its priorities support for quality improvement.

The primary care performance and contract management framework had also recently been reviewed and updated to reflect STP development. A Performance and Resilience dashboard was an integral part of the framework and was reviewed at every meeting of the Primary Care Quality Sub-Committee, who in turn reported in to the PCCC on a summary basis. The Committee provides a quality monitoring role to ensure patient care and safety, whilst also supporting and providing education for practices.

The Sub-Committee oversees and supports the General Practice Support Team which provides resilience support for practices with each practice visited yearly on a rolling programme approved by the PCCC (or more frequently if required) to review activity and performance in a number of key areas. This helped result in demonstrable improvements for example, improved stroke rates providing tangible benefits to patients. Sharing best practice and learning is a key element of this established process.

Part of the role of the Sub-Committee was to agree if a practice should be placed on the Performance Support Framework and if so, at which risk based level depending on the degree of support required. Where required a practice action plan had been put in place and progress monitored against the plan.

The processes aimed to ensure compliance with GMS contract regulations, as well as driving continuous quality improvement and a reduction in variation between practices. Any contract variation requests were formally reported in summary format to PCCC to note, with evidence provided during the review that due process is routinely followed to consider the reasons for and outcome of the variation request.

5. Overall management of practice mergers and closures.

Summary of findings

The Internal Audit Framework coverage completed in 2018/19 covered 'Commissioning and procurement of services', which included 'commissioning responses to urgent GP practice closures or disruption to service provision'. The IA Framework coverage within the 'Contract Oversight and Management Functions' included 'overall management of practice mergers and closures.' Consequently there was an element of overlap and as a result relevant findings from both IA Framework areas have been considered.

Most CCGs had experience of practice mergers and closures over the last 2 years. We noted close working with practices to oversee resilience factors to help avoid closure which was generally seen as a last resort. Processes followed, impacted by local circumstances and timing of closures / mergers required, were in line with issued guidance. There were clear examples of post event evaluation resulting in improvement action for future closures and mergers.

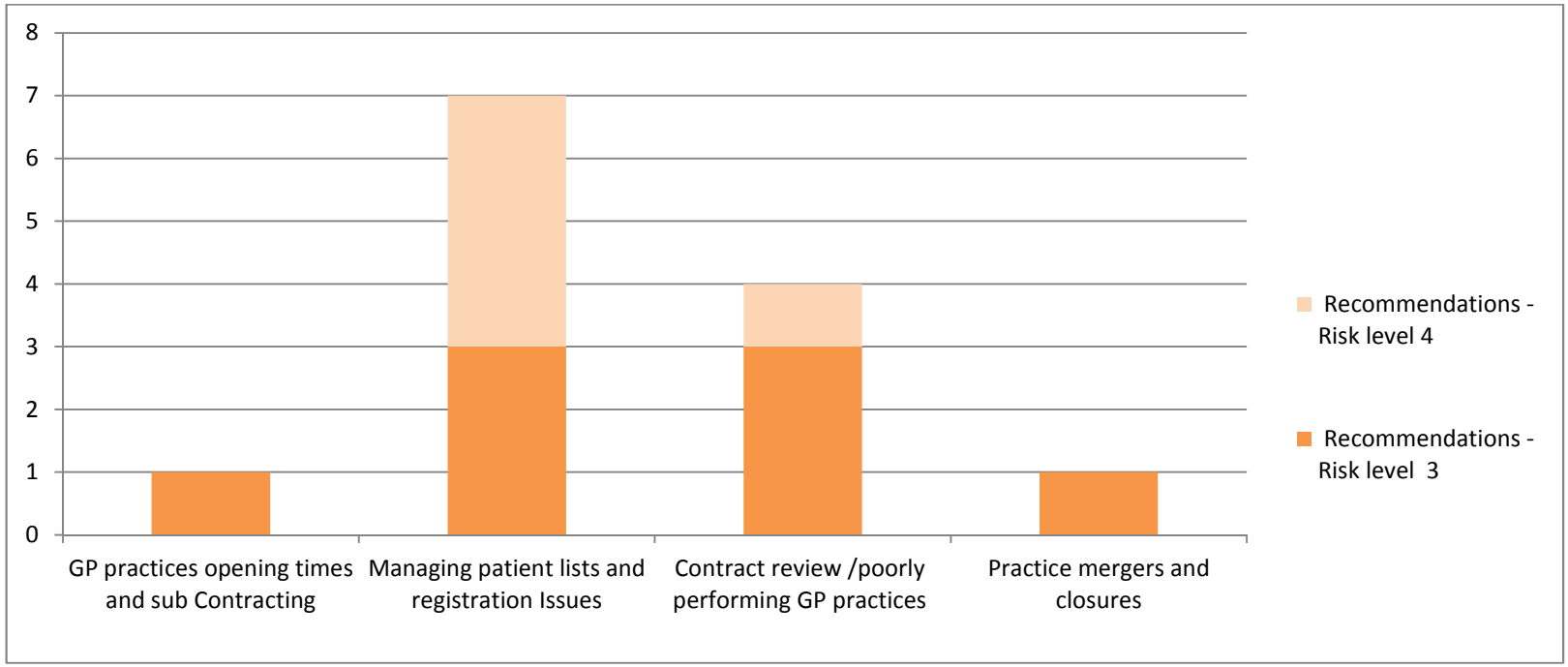
Cases for closure or merger were presented to and approved by the PCCC as appropriate. We also noted instances of formal requests for short term temporary closure by practices actively evaluated by the PCCC, but rejected for reasons reported.

Summary – success factors - (based on audit findings)

- Well evidenced processes, with formal evaluation of options at key stages, in line with guidance in the Primary Medical Care Policy and Guidance Manual.
- Review of learning experience from closure process resulting in, for example, additional local guidance for both practices and the CCG to be used in the event of future closure.
- Formal completion of post-closure evaluation reported to the PCCC, to assess how effectively closure procedures and provision of replacement services had been carried out.
- Timely stakeholder engagement.
- Clear reporting to / by the PCCC around decisions made.
- Approved Local Practice Merger Policy in place, reviewed periodically alongside lessons learnt and updated guidance.

Appendix 1: Recommendations by Framework Area

The chart below highlights that 'Managing patient lists and registration issues' and 'Contract review / poorly performing GP practices' (combined) were the framework areas where most recommendations were made. These areas made up 85% of the total recommendations made across the CCGs and with the highest proportion of Medium risk (level 3) recommendations. This is within the context of no high risk recommendations being reported.



Appendix 2: Nature of Recommendations Raised

The analysis below shows there were three recommendation themes common amongst the CCGs, with Performance and Contract Management Framework development as well as Special Allocation Schemes, key aspects of improvement. There were a small number of recommendations made in only one instance at one CCG and have been excluded from the summary below.

Recommendation Theme	Summary of findings
Performance and Contract Management Framework	Points raised were developmental in nature. They covered: ➢ Overarching development of contract and performance (including quality) management arrangements, to reflect local and STP circumstances. ➢ The need for an updated primary care dashboard format, to enable a uniform approach to dashboard reporting across STP area. ➢ Improvements to reporting of contract exceptions.
Special Allocation Schemes	Issues identified related to: ➢ Formal monitoring of the scheme with overview of arrangements formally reported to an appropriate committee. ➢ The need for a Review panel, with formal terms of reference. ➢ Review Panel to include appropriate representation, for example LMC member.
Patient list maintenance	Whilst there were examples of consideration of patient lists, for example practice mergers and closures, formal consideration of ongoing or changed practice circumstances for which targeted list maintenance may be appropriate was not routinely adopted. This would provide assurance to CCGs over GP practice arrangements for verifying patient list data.

Appendix 3: Definition of our assurance levels and risk rankings

Assurance level	Assessment rationale
No	The audit highlighted weaknesses in the design or operation of controls that have not only had a significant impact on the delivery of key system objectives, they have also impacted on the delivery of the organisation's strategic objectives. As a result, **no** assurance can be given on the operation of the system's internal controls to prevent risks from impacting on achievement of both system and strategic objectives.
Limited	The audit highlighted some weaknesses in the design or operation of control that have had a serious impact on the delivery of key system objectives, and could also impact on the delivery of some or all of the organisation's strategic objectives. As a result, only **limited** assurance can be given on the operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives.
Moderate	The audit did not highlight any weaknesses that would in overall terms impact on the achievement of the system's key objectives. However, the audit did identify some control weaknesses that have impacted on the delivery of certain system objectives. As a result, only **moderate** assurance can be given on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives.
Significant	The audit did not highlight any weaknesses that would materially impact on the achievement of the system's key objectives. The audit did find some low impact control weaknesses detailed in section four of this report which, if addressed, would improve the overall performance of the system. However these weaknesses do not affect key controls and are unlikely to impair the achievement of the system's objectives. As a result, **significant** assurance can be given on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives.
Full	The audit did not highlight any weaknesses that would impact on the achievement of the system's key objectives. It has therefore been concluded that key controls have been adequately designed and are operating effectively to deliver the key objectives of the system. As a result, **full** assurance can be given on the operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives.

Risk ranking	Assessment rationale
1	The system has been subject to high levels of risk that have, prevented the system from meeting its objectives and also impacted on the delivery of the organisation's strategic objectives.
2	The system has been subject to high levels of risk that has, or could, prevent the system from meeting its objectives, and which may also impact on the delivery of some or all of the organisation's strategic objectives.
3	The system has been subject to medium levels of risk that have, or could, impair the system from meeting its objectives.
4	The system has been subject to low levels of risk that has, or could, reduce its operational effectiveness.

Appendix 4: Categories of Primary Medical Care Commissioning Assurance

NHS England requires delegated CCG's internal audit to assign one of four categories to their assurance of primary medical services commissioning, as defined below

Assurance level	Evaluation and testing conclusion
Full	• The controls in place adequately address the risks to the successful achievement of objectives; and, • The controls tested are operating effectively.
Substantial	• The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or, • One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Limited	• The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or, • A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
No assurance	• The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or, • The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.

The assurance grading's provided here are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board and as such the grading of 'Full Assurance' does not imply that there are no risks to the stated control objectives.

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

DATE OF MEETING: 23rd February 2021
AGENDA ITEM: 18.0

TITLE OF REPORT:	Estates Update
PURPOSE OF REPORT:	To update committee on approved projects, and Black Country estates issues.
AUTHOR(S) OF REPORT:	Stephen Howells
MANAGEMENT LEAD/SIGNED OFF BY:	Andrew Lawley
PUBLIC OR PRIVATE:	Public
KEY POINTS:	Report summarises the status of approved projects and Black Country operational estates issues for the purposes of information.
RECOMMENDATION:	Committee review the attached update for assurance and information.
CONFLICTS OF INTEREST:	None identified.
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	☒ Assurance ☐ Approval ☒ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	

1. APPROVED PROJECTS

1.1 Carters Green (SWB CCG)
The project comprises of a new building on the Sandwell General Hospital Site which involves the relocation of existing GP premises to address significant capacity and quality issues. The scheme is being led by Sandwell and West Birmingham Hospitals Trust.

The ETTF allocation has now been paid through the Trust. Work is programmed to complete during March 2021.

Project Lead – Andrew Lawley
Project Support – Anita Kumari

1.2 St Pauls (SWB CCG)
A new Development Hub led by the GP to overcome significant over capacity issues within the Smethwick area. The new building will be located on Council land (Chatwin Street).

The Practice continues to work through a complex land purchase with SMBC. The planning team have confirmed that the requisite documents to accompany the application have been received and are being processed as a valid application. A decision is expected by 9 February 2021.

Project Lead – Andrew Lawley
Project Support – Anita Kumari

1.3 Stoney Lane (SWB CCG)
An ETTF funded project to provide an extension to the existing premises to improve capacity and quality which will lead to an increase in the number of consulting rooms and improve the overall flow of the building.

All works (excluding a planned extension to the car park) are complete and the practice moved into the building in October. The work on the car park commenced on 4th January and is due to complete before the end of February 2021.

Project Lead – Hayley Haworth
Project Support – Andrew Lawley

1.4 Newtown Medical Centre (SWB CCG)
This project involves the relocation of GP's from an existing NHS PS premises into a new GP led development to improve capacity and quality of environment and services for patients in the area.

The practice were given the keys to the completed premises on 2nd December, and will be operational from 25th January 2021.

Project Lead – Andrew Lawley

Project Support – Hayley Haworth

1.5 156 Crankhall Lane (SWB CCG)

Relocation of the existing 156a Crankhall Lane Medical Centre to a nearby site already owned by the practice (Friar Park) and for the redevelopment of the site which was previously a health facility. COVID-19 continues to cause a pause to this project.

Project Lead - Hayley Haworth / Andrew Lawley
Project Support - Anita Kumari

1.6 Summerfield Primary Care Centre (Sandwell

A programme to convert void space into 5 consulting rooms using landlord capital is in design development. It is intended that works will start before the end of March 2021 with an approximate 12-week programme. This will support the 2 practices with their needs for additional space.

Project Lead – Andrew Lawley / NHS PS
Project Support – Hayley Haworth

1.7 East Park Medical Practice (Wolverhampton CCG)

A GP led ETTF scheme, comprising of a considerable proposed extension and reconfiguration to the existing premises creating additional Consulting Rooms and a refurbishment with additional car parking on the adjacent land currently on site and under construction. Works have now resumed on site, the heads of terms for the Council car park have been agreed, the works of which have commenced on 14th September thus allowing the main construction works to progress unhindered.

Project Lead – Steve Howells
Project Support – Hayley Haworth

1.8 (Sai) Forester Street Medical Centre (Walsall CCG)

A project which is the result of the APMS procurement process, and is being delivered by NHS PS. Following the recent shut down of site activity due to Covid-19 works have yet to recommence on site to Phase 3. Works are progressing to a completion date of 29th November.

Project Lead – Steve Howells
Project Support – Hayley Haworth

1.9 St Johns Surgery (Walsall CCG)

A proposed Landlord/GP led extension which will be accompanied with a substantial refurbishment program that will also increase the number of clinical rooms within the existing building. The proposal received support and approval at the Walsall PCCC meeting 17/10/19.

Planning Permission has been granted, the legal documents in terms of lease are complete pending signature. A copy of the detailed documents and programme will be shared with the EDU once the contractor has been appointed and the legal documents signed. It should be noted that the project has suffered a delay due to COVID.

Project Lead – Steve Howells

Project Support – Hayley Haworth

1.10 Walsall Town Centre (Walsall CCG)
A Town Centre Hub GP led project with ETTF funding. The FBC was approved at the PCCCic meeting by Walsall CCG members at the 23rd June 2020 meeting. NHSI/E have approved the FBC. The practice continues to work through the complex legal arrangements prior to securing commencement on site. The completion for handover is expected to take place in September 2022.

Project Lead – Steve Howells / Andrew Lawley
Project Support – Hayley Haworth

2. UPCOMING PROJECTS
There are several projects in early development that will come forward into the public meeting at the appropriate time. This includes the following numbers projects in the respective CCG's:

Sandwell and West Birmingham CCG – two projects in the approval process, four projects in the early development process.

Walsall CCG – two projects in the approval process, two projects in the early development process.

Wolverhampton CCG – five projects in the approval process, four projects in the early development process.

Dudley CCG – one project in the approval process, four projects in the early development process.

3. BLACK COUNTRY ESTATE

3.1 Planning Applications
The EDU are now regularly receiving from the Local Councils, Planning Departments weekly Planning Application notifications from all five Local Authorities in order to assess all new Major Planning Applications for Residential development against the impact of the existing Primary Care Estate. The purpose being that the EDU can assess the housing growth effects on existing premises in terms of capacity, condition and the potential for accommodating an increase in population growth and patient numbers.

3.2 NHS PS Leases
The review of premises by the EDU is ongoing where NHS PS are sitting as a Head Lease Holder. Progress is being made on several sites; however, this process can become protracted due to the legal due diligence and resolution of debt. The reasons are to consider the benefits of leases being direct between the Occupant/Provider and the Landlord. The premises being reviewed at present are where the Council are the Landlord, NHS PS are sitting in a Head Lease position and the Trust and/or GP's are the tenant. Progress in this matter is being delayed by urgency of the covid vaccine programme.

Further work is being done around the ability for NHS PS to provide TIR leases in lieu of the NHS PS preferred default FRI lease, the EDU continue to lobby DHSC for TIR leases. A high proportion of GPs remain in occupation without formal occupancy agreements in place.

3.3 Section 106 and CIL

The Estate Team are continuing to work up the National Planning Policy Framework, Local Plan Policy relating to Section 106 and CIL. The team are working with Council Planning and Policy Departments and the Black Country Core Plan team to approve and adopt the Planning Policy. The final draft of the policy has now been agreed by the EDU and Councils, this will now go for formal approval and future adoption. The EDU are now embarking on authoring a Supplementary Planning Document which will focus on the local detail relative to each Council in the Black Country. The EDU is also working across border with Staffordshire Council and Birmingham City Council to understand the impact of housing growth close to the BCWB CCG boundary.

3.4 Optispace

The booking system is in place at all HQ offices and is being used to control numbers of occupants. The system is recording track and trace data for office occupants.

Further new system technologies and applications are being developed in detail for use in the new central office and place based offices.

4. STP ESTATES

The future of potential national capital remains unsure and this has not become clearer at the delayed Autumn spending review. The EDU are continuing to review the Black Country STP priorities for future capital investment. We continue to maintain an updated register of STP NHS partners headline capital priorities to ensure we are prepared if any further opportunities to bid for funding arise in the immediate future. The work has been ongoing with further input required from the Black Country Partnership to understand the requirements of the emerging strategy.

The EDU are also running a capital programme review with all trusts to establish validity and accuracy of their capital bids into STP.

5. ESTATES COMPLIANCE

The EDU team continues to work with both property companies NHS PS and CHP to monitor their management of statutory compliance. Both companies have satisfactory monitoring processes in place.

6. RECOMMENDATIONS

Committee review and note the contents of this update.

[Steve Howells]
[Senior Estates Manager – Strategy and Development]

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	**2.2.21**
Public/ Patient View	**N/A**	**2.2.21**
Finance Implications discussed with Finance Team	**N/A**	**2.2.21**
Quality Implications discussed with Quality and Risk Team	**N/A**	**2.2.21**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	**2.2.21**
Information Governance implications discussed with IG Support Officer	**N/A**	**2.2.21**
Legal/ Policy implications discussed with Governance Teams	**N/A**	**2.2.21**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	**2.2.21**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	**2.2.21**
Signed off by Report Owner (Must be completed)	**Steve Howells**	**2.2.21**

Committee Risk Register

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Risk ID	Date Opened	Risk Description	Risk Lead	Controls in Place	Inherent Risk Rating (Total of LxC)	Actions Taken	Residual Risk Rating (Total of LxC)	Trend	Actions to be taken	Target Risk Rating (Total of LxC)	Trajectory (date which target score will be achieved)	Risk Management (Treat, Tolerate or Transfer) Select from drop down on each row)	Date of Update
PCCCiC04	Nov-20	**Primary Care Workforce** If it is not possible to recruit and retain the appropriate Clinical and Non-Clinical workforce for Primary Care across the Black Country and West Birmingham then ongoing delivery and development of services will be put at risk.	Sarah Southall - Head of Primary Care	Primary Care strategy in place across STP area – strong focus on workforce Funding in place for Initiatives including International Recruitment, Clinical Fellowships, Portfolio Careers via NHSE & HEE etc. Development of Black Country and West Birmingham Primary Care Training Hub, infrastructure plan approved and single contract award. Retention Rates for GPs (existing) and newly qualified increasing GP Nursing Strategy currently at implementation phase Additional roles being introduced in PCNs to encourage GPs to work differently, workload be manageable Attraction and Retention of staff requires continued investment Number of GPs approaching Retirement who may choose to leave	16	Continue Implementation of Workforce Strategy Identify further opportunities for increased collaboration across Black Country and West Birmingham Continue monitoring of Workforce Dashboard	12	⇔	Continue Implementation of Workforce Strategy Identify further opportunities for increased collaboration across Black Country and West Birmingham Continue monitoring of Workforce Dashboard	4	Mar-21	Treat	Jan-21
PCCCiC05	Jan-21	**Impact of Covid Vaccination Programme on General Medical Services Delivery** Risk of patients/carers experiencing difficulty when accessing general practice due to the extensive covid vaccination delivery programme being prioritized in primary care.	Sarah Southall - Head of Primary Care	Additional funding has been allocated to general practice across multiple funding streams including GP Capacity Expansion Fund, ARRS Development Funding. Income protected frameworks at national and local level were announced at the outset of the program in November 2020 Further correspondence has been issued nationally confirming the continuation of income protection and national priorities that should continue to be provided in general practice. Additional Roles Funding has also been encouraged to be utilized for workforce required to fill rota(s) for the vaccination program. Patients continue to be managed via Total Triage ie access their practice via phone/web based platforms and where necessary will be seen on a face to face basis in a practice or a home visit provided. Additional locum pool funding has been made available to PCNs for spend by 31.3.21. Red Sites continue to be available for patients to access from each CCG and this activity/utilization is monitored routinely. PCNs have been funded under a separate enhanced Service for the delivery of the Covid Vaccination Program. Patients are encouraged to raise any concerns regarding access with their practice. Communication Toolkits have been developed to aid patient facing messaging and to help practices ensure their communications are clear and consistent with other practices.	12	Continue to review Red Site Activity to ensure sufficient capacity is in place/ funded to manage demand.	12	*	Check point meeting scheduled for mid February to review PCN plans (GP Capacity Fund expenditure) against plan and any new issues/variances that exist.	5	Aug-21	Treat	New
PCCCiC03	Nov-20	**Primary Care Estates** If there is not sufficient development and maintenance of the Primary Care estate then it will impact on the continued delivery and development of Primary Care Services	Sarah Southall - Head of Primary Care	Primary Care Estates strategy in place across STP area Programme in place to support Primary Care Estate Development Engagement with Local Authorities on responding to future population needs. Estate development may be dependent on varied external sources of funding. Quality and ownership of Primary Care estate is significantly varied.	16	Continue Implementation of Estates Strategy Continue delivery of capital investment projects Monitor Delivery through Estates Governance and PCCC in Common	9	⇔	Continue Implementation of Estates Strategy Continue delivery of capital investment projects Monitor Delivery through Estates Governance and PCCC in Common	4	Mar-21	Treat	Jan-21
PCCCiC01	Nov-20	**Primary Care Network Development** If Primary Care Networks do not continue to develop and mature consistently there is a risk that the necessary evolution of Primary Care services, including the delivery of Primary Care at scale and Integrated Care Partnerships will not occur.	Sarah Southall - Head of Primary Care	Dedicated Primary Care Team support for PCN Development. Regular programme of meetings with CDs to identify any issues. Strong PCN engagement in ICP arrangements.	12	Continued support and engagement with PCNs through planned Merger process	8	⇔	Continued support and engagement with PCNs through planned Merger process	4	Mar-21	Treat	Jan-21
PCCCiC02	Nov-20	**Individual Practice Regulatory and Performer Issues** Issues with individual practices (e.g. CQC Inspections, Individual Performer Issues etc.) particularly at short notice may impact on the continued delivery and development of Primary Care Services	Sarah Southall - Head of Primary Care	Engagement with regulators including NHSE/I and CQC through local relationships and processes to identify issues early. Clear support mechanisms for practices Access to external funding to support practice resilience. • Variance in local response/ relationships	9	Individual practice performance management/ support through PCOG Continued matrix working to address issues as they arise	6	⇔	Individual practice performance management/ support through PCOG Continued matrix working to address issues as they arise	4	Mar-21	Treat	Jan-21