NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	2 June 2021
Chair	Mrs Donna Macarthur	**Time**	9.30 a.m.
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-21-06.24	Welcome and Introductions	Chair	9.30	Verbal
PCCC-21-06.25	Apologies	Chair	9.30	Verbal
PCCC-21-06.26	Declarations of Interests	Chair	9.35	Verbal
PCCC-21-06.27	Minutes of Previous Meeting and Matters Arising:- • PCCC 7 April 2021 • Action Tracker	Chair	9.40	Enc. No. 1 Enc. No. 1A
PCCC-21-06.28	Finance Update • M12 2020/21 • 2021/22 Budgets	Ben Banks / Angus Hughes	9.55	Enc. No. 2 Enc. No. 3
PCCC-21-06.29	Primary Care report • Workforce • Estates • IT • Contracts	Tom Brettell / Janet Gittins / Jenny Stevenson	10.15	Enc. No. 4
PCCC-21-06.30	Risk Register	Claire Parker	10.30	Enc. No. 5
PCCC-21-06.31	Any Other Business	Chair	10.45	Verbal
PCCC-21-06.32	Date and Time of Next Meeting: Wednesday 4 August 2021 at 9.30 a.m.			

MINUTES

SHROPSHIRE, TELFORD AND WREKIN PRIMARY CARE COMMISSIONING COMMITTEE
PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 10.00 A.M. ON WEDNESDAY 7 APRIL 2021

Present

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Mr Steve Trenchard	Interim Executive Director of Transformation
Mrs Laura Clare	Interim Executive Director of Finance
Ms Jane Sullivan	Senior Quality Lead
Dr Andy Watts	Independent GP

In Attendance

Dr John Pepper	Chair, STW CCG
Dr Adam Pringle	GP/Healthcare Professional; Governing Body Member
Dr Deborah Shepherd	Interim Medical Director
Mrs Tracey Jones	Deputy Director of Partnerships
Mrs Vanessa Barrett	Chair, Healthwatch Shropshire
Chris Billingham	Corporate PA; Note Taker

Apologies

Mrs Claire Skidmore	Executive Director of Finance
Dr Julie Davies	Director of Performance
Ms Claire Parker	Director of Partnerships

PCCC 21-04.13 Welcome and Introductions

Mrs Macarthur welcomed all present to the meeting.

PCCC 21-04.14 Apologies

Apologies received were as recorded above.

PCCC 21-04.15 Members' Declaration of Interests

Dr Pringle declared that he had been carrying out Locum work at Churchmere Medical Practice.

Dr Pepper declared that he is a salaried GP at Belvedere Medical Practice. This is already recorded on the Register of Interests but he requested that the Register is updated to reflect the Practice's involvement in the Cavell Centre project.

ACTION	**Mrs Billingham to ensure that the Register of Interests is updated to reflect:-** • **Dr Pringle's locum work at Churchmere Medical Practice** • **The involvement of Belvedere Medical Practice in the Cavell Centre Project**

Mrs Macarthur requested any further Declarations relating to items on the Agenda which were in addition to those already declared.

There were no further Declarations of Interests.

PCCC 21-04.16 Minutes of Previous Meetings and Matters Arising

- Meeting held on 3 February 2021

Jane Sullivan referred to Page 1 of the previous Minutes and advised that Mrs Young's title is Executive Director of Nursing & Quality.

Provided the above amendment is made, the minutes of the previous meeting were approved as a true and accurate record.

The Action Tracker was reviewed and updated as appropriate.

Dr Shepherd requested an update on the merger between Churchmere and Dodington Practices as they were not listed as actions on the Action Tracker and were not an Agenda item.

Mrs Jones informed the meeting that the merger between the two Practices had gone ahead as planned on 1 April 2021. She has not received feedback that there had been any issues.

Mrs Macarthur referred to the Action Tracker which needed to be updated. A revised Action Tracker will be circulated prior to the next meeting.

PCCC 21-04.17 Finance Update

Mrs Clare provided an update as at Month 11.

The Finance team are currently working on year end and an updated final position will be shared at the next meeting.

The current position is a £1.2m overspend across both organisations. The main reason for that relates to the Covid Expansion Fund. A letter was received from NHS England notifying the CCG of an allocation that was given to Practices to provide support with Covid. This allocation was then reduced significantly. This reduction has been discussed at length with NHSE who have confirmed that the CCG will not receive any further funding during 2021. However, a radically different financial regime has been in place this year. The CCG had additional top up support in other areas therefore NHSE are treating it all as one across the whole CCG financial position.

Information is being received relating to 2021/22, although much later than usual.

The CCG's financial envelope for the first half of this year has now been received. Again, a temporary financial arrangement will be in place for the first six months of the year, followed by a return in October to the normal published allocations. The Finance team are currently reviewing the guidance to establish the implications for budget setting and funding available for the Primary Care Delegated function. Again, this will be a ring-fenced allocation which will be purely for Primary Care. Mrs Clare will be in a position to share that information at the next meeting.

The overall financial position for the CCG for the first half of the year will be submitted to Finance Committee at the end of April, and Board in May. It will then be submitted to PCCC in June. Mrs Clare believed that there would be additional Covid support to Practices in 2021/22. The detail of this support is awaited.

Mrs Clare invited questions.

Dr Pringle asked whether more could be done to generate savings and suggested areas in which economies could be made.

Dr Shepherd commented that much of the Primary Care budget is mandated. Medicines Management is the area where the largest savings can be made, but currently the capacity of the CCG's Medicines Management team to work on such savings has been hugely limited by supporting the Covid vaccination programme. Conversations are currently taking place around ending secondments and bringing staff back into the CCG.

ACTION: The commitment of Medicines Management staff to the Covid vaccination programme to be reflected on the Risk Register.

Further discussion took place regarding Practices saving money and reference was made by Dr Pringle to the website "Open Prescribing.net" where Practices could make use of the Practice comparison charts at no cost. Another useful tool is the ePact data.

Dr Watts agreed that there is huge potential for saving. Projects such as this have been implemented previously across Primary Care systems with great success.

Mr Vivian made reference to the fact that the CCG is not allowed to invest money without permission from NHS England, therefore some of the decisions the CCG would normally take cannot now go through the normal process.

Mrs Clare advised the Committee that a letter had been received from NHS England advising that approval of investment decisions by NHSE will be necessary across our whole system. Any decisions made by the CCG as an organisation will need approval through the system and through NHSEI. Details of how that will work in practice will be shared going forward.

However, decisions relating to a specific ring fenced allocation will be slightly different and it is not yet known how that will work in practice. Mrs Clare anticipated that a similar situation will occur for the delegated Primary Care budget. It is apparent from our system plan that the CCG is not operating within that ring fenced allocation and has a deficit position. Further details will be issued going forward.

ACTION: Investment approval from NHSE to be an Agenda item for the June Committee.

PCCC-21-04.18 Primary Care Report

A decision had previously been taken that the Committee would receive regular updates from the Partnership Managers. Mr Brettell's report identified key work themes in all areas.

Estates

Of the 2019/20 Business as Usual capital projects, 7 schemes were originally approved. 4 are completed and the remaining 3 are due to be completed by mid-May at the latest.

There is no capital allocation for BaU in 2020/21. However, some of the Estates and Transformation Fund monies for Whitchurch are to be redirected to support much needed work to convert admin space into clinical space.

For the 2021/22 financial year, 9 projects have been identified for which it is hoped to secure funding.

Mr Brettell wished the Committee to note that a nominal allocation has been submitted in order to access capital funding to support the PCNs' review of their Estates strategies.

Key Estates Projects
Mr Brettell updated the meeting regarding key estates projects - the Shawbirch new build, the Shifnal new build, Whitchurch Pauls Moss and the Cavell Centre - details of which were contained within his report.

Committee members were asked to note that the Full Business Case for the Shifnal new build had previously been approved by PCCC as a third party development scheme. This has now changed to become a GP led scheme. As a consequence, the Business Case is being reviewed and will be submitted to an Extra Ordinary PCCC in May for final approval. It will then require approval by NHS England.

The ambition is to commence the build before the end of this calendar year.

Estates Strategy Update
Work is currently being carried out to align the two current Estates Strategies for Shropshire CCG and Telford and Wrekin CCG. As a single organisation, an up to date, single strategy is required, and it is anticipated that a draft strategy will be submitted to PCCC by the end of the first quarter.

Primary Care Network
As from 1 April 2021 a new PCN called South East Telford has been formed. The Clinical Director is Nitin Gureja from Stirchley Medical Practice.

The Committee noted the contents of Mr Brettell's report and also noted that regular updates will be received going forward.

PCCC-21-04.19 Practice Visits
Jenny Stevenson, Primary Care Partnership Manager, and Jane Sullivan, Senior Quality Lead, presented a paper on Practice Visits.

The purpose of the paper was to provide details of the previous and current system for Practice Visits across Shropshire, Telford and Wrekin and a proposal for principles of Practice Visits in the future in order to adopt a standard approach across the area as a single CCG.

The proposal is to set up a Task & Finish group in order to agree the approach to be taken, the content, and how the group aligns to Primary Care Strategy, CCG priorities and contractual and quality requirements.

The paper summarised the previous approaches adopted in the two CCGs and also identified work that had previously been presented to Quality & Performance Committee detailing the sources of data available in order to gain assurance. The proposal would be that the Task & Finish group would consider that data in considerably more detail and agree a way forward.

The Chair invited questions.

Dr Watts commented that this will be a considerable undertaking, requiring a significant amount of manpower both from the CCG and the Practices, therefore it must be clear what it is hoped to achieve. On reading the paper he was unclear as to what the objectives of the programme were.

Dr Shepherd agreed with Dr Watts' comments and believed that in many cases Practice visits are regarded positively. However, she also agreed that objectives must be defined. She wished to be clear as to what is appropriate for this Committee to request clarity on, and what falls under the remit of the Quality & Performance Committee. Topics coming under the remit of each of those Committees must be clearly defined.

Mr Trenchard queried whether visits would include members of the Governing Body and whether there would be an opportunity to capture good practice and build relationships within the new CCG.

Dr Pringle agreed with Dr Watts' comment as to what the visits would achieve as they can be disruptive to the operation of the Practice. Consideration should be given to asking Practices to be involved in deciding what the outcomes of such visits should be.

Mrs Sullivan agreed to communicate the Committee's comments to the Task & Finish group and engage with Practices to request their input as to what added value to visits. A strong and robust Terms of Reference will be created in order to be clear as to outcomes of visits and what will be achieved. Visits will be designed to be specific for each Practice, and will also identify core topics that will be discussed with all Practices.

ACTION: Mrs Sullivan to communicate the views of PCCC to the Practice Visits Task & Finish Group and request their input regarding Practice visits.

The Chair expressed the view that visits must cover what the CCG is mandated to do as part of its delegated function.

The Committee agreed that the Patient Survey is an area which might generate a visit, but observed that visits should be co-ordinated with other bodies such as Healthwatch, CQC, etc., in order to avoid duplication of visits and disruption to the Practice.

The Committee noted the contents of the report, supported plans to align Practice visits across the two CCGs for the new CCG, and was supportive of a time limited Task & Finish group with appropriate representation.

The Committee hoped that the Task & Finish group would reflect upon the demands currently being made upon staff in Primary Care and incorporate them into whatever is designed.

On that basis, the Committee accepted the recommendations contained within the report.

PCCC-21-04.20 Learning Disability Annual Healthchecks Quality Visit

Jane Sullivan and Gail Owen, Senior Quality Leads, STW CCG, presented their paper, the purpose of which was to provide Primary Care Commissioning Committee with details of a proposal to undertake a quality assurance audit of Learning Disability Annual Health Checks (LDAHC) undertaken by Primary Care between April 2020 and March 2021.

During the Pandemic, NHS West Midlands created a support pack for GPs regarding recommencing Learning Disability Annual Healthchecks which recommended a stepped approach based on individual risk assessments. The number of annual Healthchecks upon people with a learning disability has been rising in Telford and Wrekin and the CCG is hoping to meet the Government target. Janet Gittins, Partnership Manager, has been working very closely with Practices to support them in order to increase the rates.

As well as increasing the numbers, the CCG must also be assured of the quality of Healthchecks, that they follow the minimum requirements of the DES (Direct Enhanced Service), and identify any health needs.

The paper proposed the creation of a time limited Task & Finish group bringing together clinicians, Quality Leads and service users, in order to establish a Terms of Reference for an audit. Once established, the CCG would work with individual Practices to complete the audit, feed the findings back to Practices, and look to share themes and learning wider.

Updates would be provided to PCCC, and also a full report at the end of the audit which it is estimated would take 2 years. The audit will be carried out jointly with MPFT who are heavily involved in supporting Practices with completion of the Annual Healthchecks.

The Chair invited questions.

Mrs Jones wished to revisit the timelines relating to the audit and believed that the sharing of feedback should be carried out on an ongoing basis.

Ms Sullivan confirmed that any learning that needed to be shared promptly would be sent to Practices and any learning following the audit would be shared with individual Practices immediately. At the end of the audit an overall report would be shared.

Dr Pringle observed that the most obvious problems in the system do not lie in the Primary Care delivery of learning disabilities but in other parts of the health economy. He suggested that management effort should focus on the identified problems rather than trying to find unidentified problems.

Dr Pepper referred to the two year timeline and agreed with previous comments that feedback and improvements should be made on an ongoing basis before the end of the two year period in order to capture early in the process the elements that must be focused upon most.

Dr Shepherd believed that the CCG must be very clear about what it hopes to learn from this audit. One aspect may be its responsibility as a CCG and a PCCC to be assured that the work being done in the LDA Annual Healthchecks is of good quality and is achieving the desired outcomes. Another may be to share the learning. She inquired what happens at the end of the two year period as the CCG's requirement to be assured as to quality does not cease. She agreed with Dr Pepper's comment that this must be an ongoing process where learning and good practice are acted upon as they arise. The report has highlighted the lack of joint working between different care systems and as we look at different clinical pathways across our system one of the big issues is the interface between different providers of care and this may be something for the audit to focus upon.

Mr Vivian suggested that feedback requested from service users regarding their experience should also be included in our learning in order to inform services now rather than in two years' time.

Ms Sullivan and Ms Owen will meet to discuss the comments and feedback received from the Committee. As this is being done in partnership with MPFT, their skills and support can also be utilised throughout the process.

ACTION: Ms Sullivan and Ms Owen to meet to discuss comments and feedback received from the Committee relating to the LDAH Quality Visits.

PCCC-21-04.21 Risk Register

Mrs Jones advised that unfortunately the incorrect Risk Registers had been circulated with the papers for this month's meeting.

She confirmed that a single joint register has been created from existing separate registers to reflect single CCG status and change of risk ID to reflect this. The format has been mirrored in the Confidential Risk Register.

Mrs Jones will defer the updated Risk Registers which will be an Agenda item at the next meeting.

ACTION: Mrs Jones to update Risk Registers and present both to the June Committee.

PCCC-21-04.22 Any Other Business

Terms of Reference

Mrs Macarthur queried whether the Terms of Reference of PCCC should be reviewed now that the single CCG has been created, and brought to the June meeting for sign off.

Date of Requested Extra Ordinary Meeting
Mrs Jones has contacted the colleague who is requesting an Extra Ordinary meeting and is awaiting a response.

Contingency Planning
Dr Pringle intimated that he wished to discuss contingency planning for single Partner Practices at the June meeting. The one remaining PMS Practice should also be discussed at a future meeting.

ACTION: Contingency planning to be an Agenda item at the June meeting.
The one remaining PMS Practice to also be a future Agenda item.

Part 1/Part 2 Timings
The Chair referred to discussions which had taken place at the previous meeting regarding swopping the meetings around and having Part 1 first, followed by Part 2 and confirmed that this is how the meeting will be run with effect from the June Committee.

Operational Group
Mrs Jones referred to discussions which had taken place previously and the concept of being clear about the Primary Care Commissioning Committee and its functions. As a result of there not being an operational meeting, the Committee may sometimes be used for operational discussions.

The Committee must separate out the business of discussing and obtaining informed contributions to papers which would happen at an Operational Working Group. This Working Group would meet every other month between formal Committees. Membership of this Operational Group would be different to PCCC membership in that it would be made up of those colleagues who are taking forward a project within the Operational Group. Members of the Committee may be invited into the Operational Group in order to provide expertise and support. This will help to improve the administration of the Committee.

Mr Vivian expressed his concern and the issue of conflict when members of a Committee are involved in the development of proposals that then go to that Committee. Mrs Macarthur agreed.

Dr Watts queried whether Integrated Care Systems and the impact on Primary Care should be discussed at a future meeting. ICS will be a challenge for Primary Care which will require considerable time and energy. Traditionally, commissioning groups such as Primary Care, PCTs and CCGs have been relied upon to co-ordinate Primary Care. However, that role will be diminishing and therefore some early planning would be in the interests of keeping Primary Care sustainable.

Mrs Macarthur believed that the question that needed to be considered – maybe outside of this meeting – is the appropriate place to have those discussions.

PCCC-21-04.23 Date of Next Meeting
The next meeting will take place on Wednesday 2 June 2021 at 9.30 a.m. via Microsoft Teams. It will be confirmed when known whether an Extra Ordinary meeting will be required in May.

Shropshire CCG Primary Care Committee Action Tracker
Part 1 Meeting – 2 June 2021

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	**Estates Strategy update**	Mr Brettell	October 2021	Estates Strategy to be submitted to the October 2021 PCCC
PCCC-2019-12.097	**Medicines Management Strategy Progress Delivery Report** Spend on dressings to be reported to PCCC on a monthly basis.	Claire Parker	February 2021	Separate task and finish group set up to look at wound dressing locally commissioned service and be taken to Strategic Commissioning not PCCC CLOSED ACTION
PCCC-2020-2.008	**Quality Report** Mr Ellis to bring a Triangulation Report developed by the Primary Care and Business Improvement teams to the next meeting.	Mr Ellis	April 2021	To be completed – dashboard delayed. This will be picked up again with the BI team. **December Update:** No progress has been made since COVID-19. It is now proposed that this should be dealt with by Quality Committee. Wider discussion to take place outside of PCCC around topics that still need to come to PCCC.

PCCC-2020-12.22	**Primary Care Strategy Delivery** Dr Shepherd to liaise with Dr Watts to discuss what is being done on ICS involvement in Herefordshire to help inform what the two CCGs in Shropshire will do.	Dr Shepherd	February 2021	**February Update:** Ms Parker advised that a large piece of work needs to be done and developed around the Primary Care Strategy going forward and learning lessons from Covid, etc. It would be helpful to link into both Healthwatch organisations regarding engagement work. Ms Parker to advise Committee when they will be receiving updates. Primary Care under review for single CCG to be presented to PCC in October 2021 once update sections are complete. Current strategy covers 2019-2024
PCCC-2020-12.24	**EDEC** Mrs Ralph to bring a paper to a future PCCC to outline a way in which eDec Practice visits and submissions could be taken forward in the longer term in light of ongoing disruption due to the pandemic.	Mrs Ralph	April 2021	A protocol for practice visits is underway and visits will recommence once the protocol is finalised
PCCC-2021-02.06	**Methodology to Update Primary Care Strategy** This item was deferred to the April meeting in light of Ms Parker's comments around Primary Care Strategy as outlined on the Action Tracker.	Mr Morgan	April 2021	**April Update:** Work to update PC Strategy is on hold. Verbal update given to April Committee. Same as action above - Close
PCCC-2021-02.08	**Quality Outcomes Framework** Mrs Williams to amend her report to incorporate Mrs Macarthur's comments regarding reporting levels at both PCN and individual Practice level for future reports.	Mrs Williams	Immediately	Complete

PCCC-2021-02.10	**Risk Register** Ms Parker to check whether the allocation funding referred to by Mrs Skidmore in her Finance Update is on the Risk Register.	Ms Parker	April 2021	Risk register on agenda- item was not on register but will be picked up under agenda item
PCCC-2021-02.11	**Any Other Business** Mrs Macarthur and Ms Parker to meet and review points of learning and feedback received from Ms Barnett's attendance at the December 2020 Committee. Mrs Macarthur and Ms Parker to continue discussions regarding streamlining the Committee meetings.	Mrs Macarthur / Ms Parker Mrs Macarthur / Ms Parker	April 2021 April 2021	Complete Closed
PCCC 21-04.17	**Finance Update** The commitment of Medicines Management staff to the Covid vaccination programme to be reflected on the Risk Register. Investment approval from NHSE to be an Agenda item for a future Committee.	Mrs Jones Mrs Billingham	June 2021 August 2021 t.b.c.	Agenda item
PCCC-21-04.19	**Practice Visits** Mrs Sullivan to communicate the views of PCCC to the Practice Visits Task & Finish Group and request their input regarding Practice visits.	Mrs Sullivan	June 2021	Complete
PCCC-21-04.20	**Learning Disability Annual Healthchecks Quality Visit** Mrs Sullivan and Ms Owen to meet to discuss comments and feedback received from the Committee relating to the LDAH Quality Visits.	Mrs Sullivan / Ms Owen	June 2021	Ongoing – remove as action
PCCC-21-04.21	**Risk Registers** Mrs Jones to update the Risk Registers and present both to the June Committee.	Mrs Jones	June 2021	Complete on agenda
PCCC-21-04.22	**Any Other Business** **Contingency Planning** Contingency planning to be an Agenda item at a future meeting. The one remaining PMS Practice to also be a future Agenda item.	 Mrs Billingham Mrs Billingham	 t.b.c. t.b.c.	To be picked up by operational group for both items Ongoing

Telford and Wrekin CCG Action Tracker – Part 1 Meeting

	Meeting Date	Agenda Item	Action	Actioned By	Date
1.	04.02.20	5.20.3	**Primary Care Strategy (including Extended Access):** Mr Eastaugh noted the 130% increase in Junior Doctors since 2015 and suggested more could be done to encourage them to remain local on completion of training. The Committee requested that a paper be produced detailing what the CCG were doing to address the recruitment issue. Mrs Ralph agreed to provide this. **October 2020 Update:** Outstanding. If insufficient information is contained within the Strategy report, Mrs Ralph will provide a more detailed report to the December PCCC.	Corrine Ralph	This has now been supeceded by the updated strategy which will be presented to PCCC in October

REPORT TO : **Shropshire, Telford and Wrekin Primary Care Committee held in Public on 2nd June 2021**

Item Number:	Agenda Item:
PCCC 21-06-28	Month 12 Primary Care Finance Position

Executive Lead (s):	Author(s):
Laura Clare Acting Director of Finance	Roger Eades- Management Accountant

Action Required (please select): A									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	x

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary (key points in the report):

- This report provides an update on the final Primary Care financial position for both legacy CCGs for the period ending 31st March 2021.
- The M12 financial position was a total overspend of £310k for the delegated co commissioning budget. (£398k overspend in Shropshire CCG, £88k underspend in Telford and Wrekin CCG)
- The CCG Finance team continue to scrutinise all areas of expenditure.
- The M12 financial position for other areas of Primary Care expenditure is also provided for information and shows an overall underspend against budget of £743k. (£1,049k underspend in Shropshire CCG, £306k overspend in Telford and Wrekin CCG)
- It is important to note that non recurrent funding arrangements were in place for 2020/21 due to the COVID-19 pandemic and the important issue is the current underlying overspend against the ring fenced delegated commissioning allocation. This is discussed in a separate 21/22 plan paper to committee.

1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).*	No
3.	Is there a risk to financial and clinical sustainability? Yes as well as an in year overspend there is a projected underlying overspend in the primary care co commissioning budget against the specific ring fenced allocation. This contributes to the overall deficit of the CCG. Actions need to be taken to reduce expenditure back to within the ring fenced allocation envelope.	Yes
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).*	No

Recommendations/Actions Required:

The committee is asked to note the finance position at Month 12 2020/21.

1. Executive Summary

This report provides an update on NHS Shropshire CCG and NHS Telford and Wrekin CCG's primary care Co Commissioning financial position to 31st March 2021. A summary of performance against overall financial objectives is shown in the table below:-

Objective	SCCG RAG	SCCG In Month Change	TWCCG RAG	TWCCG In Month Change	Comments
Year to date is in line with the plan trajectory		⇩		⇩	The combined year end position is £310K overspent compared to plan

Key

On Track | Moderately Off Track | Materially Off Track

Improvement | No Change | Deterioration

2. Telford and Wrekin Primary Care Services – Delegated Co Commissioning

NHS
Telford and Wrekin
Clinical Commissioning Group

The 2020/21 Outturn is an overspend of £398k

- Enhanced Services – this overspend is mainly due to the increased expenditure assumptions in relation to the Investment and Impact Fund,. The other areas of increased expenditure are in relation to Minor Surgery, where reconciliations are still taking place in terms of both 19/20 and 20/21 activity, and the security element of the SAS enhanced service which have previously been covered by NHSE, and only recently passed over to the CCG with no corresponding allocation increase.

- Qof – The overspend here is due to the increased achievement estimate. This is based on previous achievement figures from the last 2 financial years.

- Premises: A full analysis of premises was carried out in month 12 with NHSE. This has resulted in the release of the prior year creditor which was an estimate in 19/20 based on the information available. NHSE premises team have been working closely with CCG primary care and finance colleagues to fully understand the whole list of premises for the CCG and create and update the rental database.

- Other GP Services. The overspend in this area of the budget is mainly in relation to the cost pressure of £413k which has materialised in regards to the Covid Expansion Fund. The STP was originally allocated £2.4m which was then allocated based on population across both CCG's. However the CCG was later notified that there was an error in the original allocation calculation and the £2.4m was then reduced to £1.28m which caused a cost pressure in both CCGs.

- In Month 8 the CCG received additional co-commissioning allocation to the value of 157k. This has been released to fund overspends within the areas outlined above.

	2020/21 M1-12 Budget	2020/21 M1-12 Outturn	2020/21 M1-12 Variance
Primary Care Delegated Commissioning	**£'000**	**£'000**	**£'000**
GMS	17,089	17,088	(1)
Enhanced Services	1,883	2,124	242
QOF	2,435	2,703	268
Premises Costs Reimbursements	2,296	1,991	(305)
Dispensing/Prescribing Drs	279	289	10
Other GP Services	783	1,124	341
Reserves	157	0	(157)
Total Primary Care Delegated Commissioning	**24,922**	**25,320**	**398**

3. Shropshire Primary Care Services- Delegated Co Commissioning

NHS Shropshire Clinical Commissioning Group

Key Messages :

Primary Care - Delegated Commissioning

The delegated commissioning budget shows an overall £88k underspend for the 20/21 financial year.

Main Issues:

- G.P. GMS.- (£113K) :These charges have been below the budget set,however some savings have been offset with Practice Merger charges incurred in 20/21.
- Enhanced Services. - £55k :This variance reflects Learning Disability and Minor Surgery charges which were above the allocated budget. Please note that it is likely that NHSEI will claw back an underspend on the additional roles reimbursement budget of £641k based on our current projections, we are therefore showing the full budget as committed anticipating this claw back.
- QOF. - (£108K) :Reflects savings on aspiration payments, against the allocated budget.
- Premises. – (£164k) : Savings relate to New Development provisions which were not required in 20/21, as Covid has delayed a lot of work in this area.
- Dispensing. - £31k : Charges increased in the later months of the 20/21, from the initial savings we were showing and this variance reflects that trend.
- Other – GP Services. £883k : The main variance reflects the £737k which is connected to a funding gap regarding the Covid Expansion Fund, plus a projection of the Locum overspend where we have seen a significant increase in recent months, possibly linked to the Covid situation.
- Net Reserves (£653k) : This allocation has been used to offset the significant funding shortfall re Covid Expansion Fund noted above.

	2020/21		
Primary Care Delegated Commissioning	Budget	M12 Actual	M12 Variance
	£'000	£'000	£'000
General Practice - GMS	30,785	30,672	- 113
General Practice - PMS	376	357	- 19
Enhanced Services	3,721	3,776	55
QOF	4,565	4,457	- 108
Premises cost reimbursements	6,039	5,875	- 164
Dispensing	2,622	2,653	31
Other - GP Services	1,527	2,410	883
Net Reserves	653	-	- 653
Co Commissioning Total	**50,288**	**50,200**	**- 88**

Appendices

Appendix 1	Non Delegated Primary Care budget information for T&WCCG
Appendix 2	Non Delegated Primary Care budget information for SCCG

These appendices are included for information to inform the committee of financial performance in the non delegated primary care budgets of the CCGs.

4. Telford and Wrekin Primary Care Services – Non Delegated

NHS
Telford and Wrekin
Clinical Commissioning Group

Prescribing

The 2020/21 outturn for prescribing is £29.7m. This is an overspend of £529k. The forecast is based on the latest PMD forecast, which increased by £290k between Month 10 (November Data) and Month 11 (December Data). In 19/20 the PMD outturn figure was 2% greater than the PMD forecast released at Month 11. This 2% increase has also been factored into the current outturn. The prescribing data is 2 months behind and therefore the actual outturn will not be known until June 2021.

Enhanced Services

The outturn position is an underspend of £166k, this is due to 19/20 year end creditor reversals where expenditure has not materialised as expected.

Primary Care Other

2020/21 outturn is an underspend of £57k.

- **Commissioning Schemes**: This underspend is mainly due to £55k prior year benefit released into the position.
- **Oxygen**: The £89k underspend reflects the trend of expenditure which was on average 32% lower than 19/20 levels. This is believed to be due to the re-negotiation of the regional contract with the supplier.
- **Central Drugs:** This £24k overspend is due to Q3 and Q4 expenditure trend being higher than Q1 & Q2 which was the basis of the budget level set.
- **GP Forward View:** The favourable outturn is due to prior year benefits released into the position.
- **Primary Care Other:** The deterioration of 120k since the month 11 reported forecast of £46k underspend is due to a credit note raised to NHSE in relation to 1920 rates rebate invoices raised by the CCG.
- **Primary Care IT:** The overspend here is due to increased costs seen in some software licence costs, HSCN costs and SMS text messaging costs mainly due to the increased number of messages sent to patients regarding flu and covid vaccinations.
- **Primary Care Pay:** This underspend is in relation to a member of staff who was on secondment and not backfilled due to the Management of Change process.

	2020/21 M1-12 Budget	2020/21 M1-12 Outturn	2020/21 M1-12 Variance
Primary Care Non Delegated Commissioning	**£'000**	**£'000**	**£'000**
Prescribing	**29,147**	**29,676**	**529**
Out of Hours	**2,200**	**2,200**	**0**
Enhanced Services	**2,402**	**2,236**	**(166)**
Primary Care Other			
- Commissioning Schemes	266	219	(47)
- Oxygen	472	383	(89)
- Central Drugs	871	895	24
- Prescribing Incentive Scheme	49	49	0
- GP Forward View	1,298	1,193	(104)
- Primary Care Other	771	845	74
- A&E Streaming	778	778	(0)
- Primary Care IT	1,467	1,617	150
- Primary Care Pay	798	732	(65)
Primary Care Other Total	**6,769**	**6,712**	**(57)**
Total Non Delegated Commissioning	**40,518**	**40,824**	**306**

5. Shropshire Primary Care Services- Non-Delegated

NHS Shropshire Clinical Commissioning Group

Primary Care Non- Delegated Commissioning
The main variances are noted below:

- **Prescribing (£793k) :** The position reflects reductions in spend experienced since the plan was set in M7. Our modelling assumption also includes a percentage uplift to reflect the last two month's spend trend in 19/20.
- **Enhanced Services** (£25k) : Savings linked to a late GPFV Allocation which we were unable to utilise.
- **Primary Care Other -** Central Drugs £73k : Charges have seen an unexpected increase in recent months.
- **Oxygen (£26k) -** The position reflects the continuing trend of expenditure which is lower than the 1920 levels.This is believed to be due to the re-negotiation of the regional contract with the supplier.
- **Primary Care Team £62K** - Variance reflects agency costs.
- **Primary Care IT (£240k) -** This variance reflects a late allocation from NHSEI, which we were unable to utilise fully within the limited time frame.

	2020/21		
Primary Care Non Delegated Commissioning	**Budget**	**M12 Actual**	**M12 Variance**
	£'000	**£'000**	**£'000**
Prescribing	53,069	52,277	- 793
Out Of Hours	3,173	3,172	- 1
Enhanced Services	7,271	7,246	- 25
Primary Care Other			
- Central Drugs	1,263	1,336	73
- Oxygen	536	510	- 26
- Primary Care Comm Schemes	43	39	- 4
- Hospice Drugs	78	71	- 7
- Prescribing Incentives	302	302	-
- Care Home Advanced Scheme	249	249	-
- Primary Care Team	1,720	1,782	62
- Primary Care IT	2,268	2,028	- 240
- Primary Care Reserves	-	-	-
Primary Care Other Total	**6,459**	**6,317**	**- 142**
Total Other P.C.Commissioning	**69,972**	**69,012**	**- 961**
Total of Co Commissioning and other P.C. Commissioning	**120,260**	**119,212**	**- 1,049**

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

2021/22 H1 Primary Care Budget

Primary Care Commissioning Committee June 2021

REPORT TO:

Item Number:	Agenda Item:
PCCC21-06-28	2021/22 H1 Primary Care Budget

Executive Lead (s):	Author(s):
Laura Clare Acting Director of Finance laura.clare@nhs.net	Ben Banks Finance Business Partner ben.banks@nhs.net

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary (key points in the report):
This paper sets out the Primary Care budget for the first half of 2021/22 (H1) which has been approved by the CCG Governing Body in May and submitted in the H1 plan to NHSEI. The paper details both the Delegated co commissioning budget that this committee has responsibility for but also other primary care budgets for information. Detailed reporting against this budget will be provided to committee on a regular basis. Temporary financial arrangements are in place for H1 due to the ongoing COVID-19 pandemic, however, the underlying position for the Delegated co commissioning budget is an overspend against the ring fenced allocation which needs to be addressed in the long term financial plan.

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? Yes, financial cost pressures to the CCG are described throughout the report.	Yes
3.	Is there a risk to financial and clinical sustainability? Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report	Yes
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).*	No

Recommendations/Actions Required:

Committee members are asked to :

- NOTE the budget approved by Governing Body for H1 in relation to primary care

-NOTE the ongoing work around the system sustainability plan including the overall need for efficiencies to be identified before investments can be released

-NOTE the specific overspend of the primary care delegated co commissioning budget against the ringfenced allocation and the need for action to be taken to reduce expenditure over time back within the ringfenced allocation level.

Introduction

1. The Shropshire, Telford and Wrekin Healthcare system exited the year 2020/21 with a recognised in year underlying deficit position of £135m. The CCG element of this deficit is £71m. In order to set a financial recovery plan for the system, the following principles have been collectively agreed.

    - Year 1 2021/22 – Is a Year of stabilisation. The year of Stabilisation – any further spending growth across system is limited to no more than growth in resources received

    - Year 2 to 5 2022/23 – 2025/26 – Transformation Recovery Years. An actual recurrent expenditure reduction by 3% per annum = reducing the deficit by £30m, each year

2. The recent letter to the system received from NHSEI also sets clear financial recovery parameters. A system Investment Task and Finish Group is now meeting on a regular basis to review any system investment decisions to be made and individual organisations no longer have the autonomy to do this unless it relates to a specific ring fenced budget/allocation.

3. Progress towards the system financial recovery plan is underway with all system partners working collaboratively to model the financial position and develop transformational plans.

4. If 2021/22 was a normal year then year one of the sustainable financial plan would form the basis of each individual organisation's 2021/22 financial plan and budgets. However, due to the ongoing COVID-19 pandemic it has been agreed nationally that temporary financial arrangements will continue for the first half of 2021/22 (known as H1).

5. The H1 plan for the system was submitted on 6th May 2021 and shows that the most likely scenario for the system is a £6m deficit. The breakdown of this by organisation is shown in Table 1.

Table 1: Current H1 plan position by organisation

Organisation	System financial envelope (current distribution assumptions)	Other income	Current H1 expenditure plan	Surplus/(deficit)
	£m	£m	£m	£m
CCG	218.1	0.0	(223.0)	(4.9)
SATH	175.9	61.8	(241.7)	(4.0)
RJAH	25.0	33.7	(56.6)	2.1
Shropcomm	37.2	8.6	(45.6)	0.2
System reserves still to be allocated	0.6	0.0	0.0	0.6
TOTAL system H1 position	**456.8**	**104.1**	**(566.9)**	**(6.0)**

6. At the Governing Body meeting in May 2021, the H1 budgets for the CCG were approved. This paper sets out the budgets that have been approved for primary care for H1 and notes that overall plan delivery will be assessed on the full year recurrent stabilised expenditure position. The H1 plan is simply a six month plan that fits within the stabilisation framework.

H1 Budgets

7. The H1 financial regime is a non recurrent arrangement which will operate in the first half (H1) of 2021/22 due to the ongoing COVID-19 pandemic. NHSEI have issued financial envelopes to the system based on 2020/21 Quarter 3 expenditure. It also includes several tops including COVID funding, system top ups and system growth. There are also several additional allocations within the Service Development Funding (SDF).

8. The CCG overall budget approved for H1 is shown in Table 2. Of the £223m H1 CCG expenditure plan, £88.3m relates to primary care expenditure (£39.1m for delegated co commissioning and £49.2m for other primary care spend including prescribing)

9. Detailed budget setting has been completed for both areas of spend, the corresponding budget values are shown in Tables 3a and b.

Table 2: H1 expenditure plan by area.

Category	H1 expenditure plan £m
Acute	35.4
Mental Health	40.2
Community	5.6
Individual Commissioning	33.4
Primary care (inc prescribing)	**49.2**
Primary Care Co commissioning	**39.1**
Other	14.9
Running Costs	4.6
COVID	0.7
Contingency	-
Total	**223.0**

Table 3a: Co-Commissioning Budget Breakdown

Area of Expenditure	H1 Budget £000s
GMS Rates related expenditure	4,383
GMS Global Sum	24,694
GMS PCO related expenditure	508
GMS QOF	3,667
GMS Prescribing related expenditure	1,441
GMS DES related expenditure	3,345
Other GMS related expenditure	1,063
Total	**39,100**

Table 3b: Primary Care Budget Breakdown

Area of Expenditure	H1 Budget £000s
Prescribing	41,968
Central Drugs	1,143
GP Forward View	244
Enhanced Services	2,709
Primary Care Team	1,554
Oxygen	454
Primary Care IT	947
Other Primary Care Expenditure	168
Total	**49,187**

10. The CCG has also received additional SDF (Service Development Funding.) This is on top of the £1.3m that is already built into the H1 figures shown in Table 3a and b. This is shown in Table 4.

Table 4: SDF Funding

Schemes	Total £000s
Workforce: Training Hubs	**52**
Primary Care Networks - development and support systems	**126**
Practice resilience programme - local	**36**
Online consultation software systems (local)	**68**
GP IT Infrastructure and Resilience (revenue) - central and system	**56**
Improving Access	**1,208**
Primary Care - Covid Support	**1,028**
Total	**2,574**

Please note that £169k of this SDF funding is conditional based on delivery of outcomes.

11. The total H1 budget for the first half of the year for primary care including service development funding is therefore £90.9m.

Sustainability Plan

12. For the second half of the year it is currently expected that we will return to normal financial arrangements and therefore the original published CCG allocations. In year reporting will focus on the position against the sustainability plan as well as against the H1 envelope.

13. The current sustainability plan shows projected recurrent expenditure for the year of £174.4m. This is broken down into £76.5m for primary care co commissioning and £97.9m for other primary care expenditure including prescribing.

14. The current published ring fenced allocation for primary care co commissioning for 2021/22 (ignoring any additional SDF) is £74.6m and it is therefore currently projected that the co commissioning budget is overspent by £1.9m recurrently in 2020/21.

15. As such, and as part of the system financial recovery plan, the CCG needs to work towards reducing this financial overspend. This pressure is further exacerbated by rent abatements ending in the short and medium term as well as additional pressures due to the relocation of several GP practices within the Shropshire and Telford geography.

16. Until expenditure can be contained within the ringfenced allocation, any additional expenditure decisions will be subject to both system and NHSEI approval through the system investment committee.

17. As soon as we have confirmed allocations for the second half of 2020/21 (H2) and the sustainability plan expenditure levels are confirmed, budgets will be issued to budget holders for the second half of the year.

2021/22 Capital Plan

18. As part of the 2021/22 financial plan the CCG has also received a capital allocation of £1,001k. £360k of this allocation is allotted to Primary Care projects that are planned to be undertaken in the financial year once the CCG gets final approval from NHSEI.

Investment Framework

19. As part of the systems journey to achieving financial sustainability in 21/22 the investment framework has been set up to make sure only essential investments are made within the resources available. Individual organisations no longer have the autonomy to make investment decisions unless it relates to a specific ring fenced budget/allocation. The aims of the system Investment Task and Finish group are:
    - Oversight of the systems investment position to assure compliance with the 5 March direction.
    - Confirm and challenge over what is being put forward as essential investment.
    - Prioritisation of essential investments to determine which are supported first when resources are available.
    - Support for the savings development process to facilitate system investment.

20. The group which contains system and NHSE members makes recommendations to the system Sustainability Committee.

Recommendations

21. Committee members are asked to :

- NOTE the budget approved by Governing Body for H1 in relation to primary care

- NOTE the ongoing work around the system sustainability plan including the overall need for efficiencies to be identified before investments can be released

- NOTE the specific overspend of the primary care delegated co commissioning budget against the ringfenced allocation and the need for action to be taken to reduce expenditure over time back within the ringfenced allocation level.

Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-06.29
Enclosure No	4
Committee:	Primary Care Commissioning Committee Meeting in Common
Date:	2nd June 2021

Title of report:	Primary Care Report
Responsible Director:	Claire Parker
Author of report:	Tom Brettell, Darren Francis, Berni Williams, Antony Armstrong, Phil Morgan
Presenter:	Tom Brettell, Partnership Manager

Purpose of the report:
To provide PCCC with a detailed overview of the key programmes of work within the Primary Care Team, namely Estates, Contracts, GP IT and Workforce.

Key issues or points to note:

- The Primary Care Team continues to manage a complex and demanding workload, not least significant work in supporting practices in response to Covid
- The Team is managing this demand well and is on track/ target across all workstreams- there are currently no significant deliverability concerns
- The transition to a single commissioning organisation has been largely seamless with individual officers adapting very well to any changes in their roles
- Highlights in the report to note are:
    - Shifnal OBC approved at PCCC in May
    - Shawbirch FBC now signed off and build underway
    - Cavell Centre PID signed off and now progressing to FBC
    - Significant integration work with the STP Training Hub to support workforce including specific focus on diversity in the workforce
    - Investment to support Primary Care in dealing with COVID including protection of income for core services
    - Formation of a new PCN in Telford

- This paper highlights work on Estates, IT, Workforce and Contracts however additional reports will be provided to future PCCC meetings to provide members with assurance of the plans and progress of the work of the Partnership Managers.

Actions required by Primary Care Commissioning Committee:
PCCC are requested to note the contents of the report and the work currently being undertaken by the Primary care team in relation to these areas.

Monitoring Form
Agenda item: Enclosure Number

Does this report and its recommendations have implications and impact with regards to the following:

1	Additional staffing or financial resources implications Briefly detailed. Individual reports will follow if required on specific implications.	Yes
2	Health inequalities Overall work programme contributes to addressing health inequalities. Any individual impact will be provided at a future meeting as required	Yes / No
3	Human Rights, equality and diversity requirements Overall work programme contributes to addressing this. Any individual impact will be provided at a future meeting as required	Yes / No
4	Clinical engagement Clinical engagement is a key facet of the majority of the team's work. Any specific input or required assistance on specific workstreams will be detailed at a future meeting as required.	Yes / No
5	Patient and public engagement Patient and public engagement is a frequent requirement of the team's work. Any specific input or required assistance on specific workstreams will be detailed at a future meeting as required.	Yes / No
6	Risk to financial and clinical sustainability None specifically identified	Yes / No

There is a wide range of activity underway to support the development of improved Primary Care estates. These are summarised below:

1.1. Business as Usual (BaU) Capital Funding:

2019/20 Projects

- All schemes formerly approved by Primary Care Commissioning Committee in 2019/2020
- Following delays from NHS England (NHSE) to gain final approval, all schemes that met the criteria have now received signed documentation and have been given approval to proceed
- Of the 7 schemes originally approved, 5 have now completed, leaving 2 to be completed by mid-May, at the latest, so no concerns over deliverability
- Schemes are mainly for Infection Prevention (IP)/ Disability Discrimination Act (DDA) compliance.
- Where admin space is being converted to clinical space the uplift in rent reimbursement will be minimal as all existing General Medical Services (GMS) space meaning the abatement of rent reimbursement resulting from the capital funding award will actually reduce the future rent reimbursement for a period of 5 years for each scheme.

2020/2021 Projects

- No capital funding available so no BaU schemes approved in this year
- Churchmere:
    - some funds diverted from the Whitchurch Estates & Technology Transformation Fund (ETTF) project to carry out works at Ellesmere and Bridgewater premises to accommodate patients from Dodington MP (closed 31 March 2021).
    - These works are to convert admin space into clinical space including the relocation of the admin team to Ellesmere.
    - As the works are to convert existing GMS space, the rent reimbursement uplift is expected to be minimal – and will be offset due to the abatement to rent reimbursement resulting from the amount of capital funding being awarded (for a period of 5 years).
    - It should be noted that it is expected that the Bridgewater premises will close once the main Whitchurch Pauls Moss project is completed (see below)
    - Works now underway and should be completed by mid-June 2021 at the latest

2021/2022 Projects

-
- NHS England has now confirmed £350k capital funding for BaU schemes for 2021/22
- CCG already has several schemes that are PID ready having been previously approved by Primary Care Commissioning Committee
- Most of the schemes are for IPC/DDA compliance. Some of the schemes are to convert existing GMS space to clinical space so no revenue impact is expected from these
- Where there is likely to be any revenue impact, papers will be bought to PCCC to approve prior to giving the scheme approval to proceed
- The usual NHSE BaU capital funding process will be followed with practices claiming 66% of the total cost of works from NHSE direct once works have been finished
- Works need to be completed by end Jan 2022 at the latest

1.2. Key Estates Projects:

Shawbirch New Build (ETTF)

-
- Full Business Case approved by Primary Care Commissioning Committee in Feb 2021
- ocuments exchanged on 31 March 2021
- Build has commenced – completion due in 2022

Shifnal New Build (ETTF)

- Full Business Case (FBC) previously approved by PCCC was a 3rd Party Developer scheme
- TelDoc now leading on this project (as lead GPs for the TelDoc and Shifnal PCN)
- Revised OBC approved by Primary Care Commissioning Committee in May 2021 for progression to Full Business Case (FBC)
- FBC to be developed and presented to PCCC in October 2021, including full costings, planning approval, new lease finalised and all legal documents in place
- FBC will then go to NHSE for their final approval (likely Nov/Dec 2021)
-
- Build likely to start Dec 2021/Jan 2022Completion is expected Feb/March 2023

Whitchurch Pauls Moss (ETTF)

- Judicial Review now completed
- Project now re-started
- Funds being drawn down from NHSE ETTF fund against various costs being incurred
- Final FBC completion by September 2021
- Estimated build start date by January 2022
- Completion estimated by May 2024

Cavell Centre (Shrewsbury)

- PID has now been approved by NHSE
- Project has now moved on to production of the FBC
- FBC completion expected by January 2023
- Estimated build start date Feb 2023
- Estimated completion by June 2024

1.3. Rent Reviews:

- 18 rent reviews in progress, some at start of the process, others at challenge stage
- Following completion of any rent reviews, any significant impact on revenue, outside existing Primary Care budget, will be highlighted to PCCC, as appropriate
- Where clawbacks are required from practices as a result of a rent review, this will be highlighted to PCCC prior to communication with the practice

1.4. Rates Rebates:

- Working with colleagues in NHSE and GL Hearn to reconcile rates rebates across STW
- Agreed to part-credit previous invoices to release the outstanding balance from 2019

- NHSE and GL Hearn have also now agreed we can invoice in Q22021/2022 to recover the remaining balance due from 2019 for the Telford premises
- Further work to reconcile remaining rebates for Telford premises (Q2/Q3 2021/2022)
- Further work to recover rebates due for Shropshire premises (Q3/Q4 2021/2022)

1.5. Estates Strategy Update:

- The two previous CCGs had separate Primary Care Estates Strategies – Shropshire (last updated 2018) and Telford (last updated 2019)
- With the move to a single organisation, work has been undertaken to produce a combined Primary Care Estates Strategy for the whole of Shropshire Telford & Wrekin
- Various key programmes of work are currently underway to gather relevant information for the strategy, some of which is being supported via national programmes of work including the national Primary Care Data Gathering programme:
    - Mapping of all premises across STW. This will detail size, ownership, lease dates, rent reimbursement, rent abatement end dates and amounts, premises size, space utilisation, etc. Completion in July 2021
    - SHAPE mapping tool updated with the above as part of national programme in July/Aug 2021 – all PMs and PCN CDs to be given access to own data
    - Forecasts based on latest housing allocations, following the latest Local Plan consultations by both LA's. The Shropshire information is due to be published in June 2021 and the Telford information is due to follow in July 2021
    - PCNs – all PCNs are required as part of their PCN contract to provide an estates strategy. This is an emerging area of work
- We aim to present a first draft of the document – for consideration and feedback at PCCC at end of Q2 2021/22
- Final version of the document is expected to be presented to PCCC in Q3 2021/2022

2. Contracts Update

2.1. Contract Status across Shropshire & Telford

- We have 50 GMS contracts and 1 PMS contract
- We have 4 practices that have only one GP Partner holding the contract however all have salaried GPs employed:
    - Court Street
    - Hodnet
    - Shawbury
    - Westbury
- There are no contract expiry issues
- There are no contract terminations
- There are no contract breaches or remedial notices

2.2. Contract variations

- Applications have been received to vary the following contracts during 2021/22:
    - Claremont Bank – addition of partner
    - Churchmere – resignation of partner
    - Churchmere - addition of partner.
    - Marysville – addition of non-clinical partner
    - Severn Fields- addition non-clinical partner

- Wellington Road – addition of partner.

We are aware that there are additional contract variations in the system.

2.3. Mergers

- There are no mergers in Q1 of 2021/22.

2.4. Boundary changes

- There are no applications for boundary change in Q1 of 2021/22.

2.5. Branch Surgery Closures and changes

- There are none in Shropshire, Telford and Wrekin.

2.6. Enhanced Services

- All of the primary care locally commissioned services from 2020/21 will continue into 2021/22 however these will be reviewed when possible to do so. Monies continue to be paid at the minimum income protected level.
- On 7 January 2021, NHSE advised the Minor Surgery DES will be income protected until March 2021.

2.7. Special Allocation Scheme – Security service

- There will be a verbal update to advise PCCC of the transfer of the security service contract.

2.8. Extended Access (GPFV)

- On 7 January 2021, NHSE confirmed that the proposed merging of Extended Hours and Extended Access, scheduled for April 2021 is delayed until April '22 at the earliest.
- Extended Hours (PCN DES) some practices have re-purposed these hours to concentrate on delivery of the covid vaccination programme.

2.9. eDEC

- Practice submissions were completed on 26 February 2021. The CCG hasn't been provided with the access to the responses submitted by all practices to date. We anticipate being able to report on these at the next PCCC meeting.

2.10. QOF

- There have been some issues with three registers that were used in the QOF 2020/21 Achievement calculation. To resolve the issues identified and ensure that GP practices are paid correctly, NHS Digital have re-collected QOF data, working with the GP Clinical System suppliers. On 18th May the CQRS team advised the QOF calculation has been re-run and the final achievement has data has now been calculated. We can confirm that the extraction error has been corrected.

- **2.12 Temporary site closure**

  Churchmere Medical Group advised the CCG that the Bridgwater site would need to close for two weeks (w/c 24th May and w/c 31st May) due to essential building works. This is needed to increase clinical space at Whitchurch to support the recent merger with Dodington. An equality impact assessment was completed to which CQC concluded that this temporary closure did not affect the provision of GMS services to patients. Churchmere have communicated this to their patients via the practice website, the phone systems all operate as normal, NHS England and 111 have been informed.

3. GP IT Update

3.1. Windows 10 Implementation:

- All PC's replaced/upgraded within Primary Care to Windows 10.
- Migrating from the Windows 7 Operating system that was end of life in February.

3.2. Docman 10:

- 50 out of 53 sites now live with Docman 10. Awaiting dates from remaining practices (Brown Clee and Shifnal).
- Advanced Docman have now confirmed that it is also compatible with Vision so now liaising with site about migrating.

3.3. Domains:

- South Hermitage and The Meadows now live on the new GP Domain.
- Roll out plan and funding secured for the full implementation in 21/22.

3.4. Bridging Agreements:

- Clinical systems bridging agreements setup with the NHSE Procurement hub as a requirement due to the transition from GPSoC (GP Systems of Choice) to the new GPIT Futures. Due to covid delays last year there was a bridging agreement setup for the continuation of these services.

3.5. Practice Mergers:

- Churchmere IT infrastructure scheduled for 30/31 March. All network cabling work completed. Redcentric installing the revised phone infrastructure in readiness for April.
- Pontesbury / Worthen merger- additional computer hardware approved and scheduled in with IT to complete this work.

3.6. EPS:

- 41/ 53 sites live with EPS. Worthen will go live when they merge with Pontesbury.
- Further work on-going with the CSU and CCIO on promoting the benefits of EPS.

3.7. N365:

- Licensing has been applied on to the national system.
- CSU have identified pilot sites who are now on the GP domain
- CSU IT working up the pilot to deploy N365 to some members of staff in these pilots sites for testing/sign-off before a full proposal to deploy across the estate as sites migrate on to the new domain.

3.8. AccuRx:

- CCG board agreed to fund the AccuRx Plus enhancements for an interim period 31 December 2021. The CCG completed the procurement on the GP IT Futures Framework carried out by the NHSE Procurement Hub.

4. Workforce:

4.1. The main focus over recent months has been a joint piece of work between the Primary Care Workforce Lead and the STP Training Hub to review the full suite of projects, programmes and initiatives covering all aspects of training, education, development and support for Primary Care staff.

4.2. Following an online workshop in April to assess, challenge and prioritise the work, two key outputs were agreed:

- A draft Action Plan, covering a wider range of issues, which will be finalised at the June Training Hub Delivery Group meeting
- A list of current support tools, funding streams etc. which, pending the development of a Training Hub Website, will be linked to from the "Professional Resources" section of the STWCCG website

4.3. The key areas of work being currently addressed by the Training Hub and the PC Workforce Team are:

- Continued management and commissioning of CPD for GPNs and AHPs including HEE programmes
- Delivery of a full Education and Training Plan including leadership development
- Developing and expanding all learner/student placement capacity within primary care to include new roles
- Development of a comprehensive approach to placement capacity delivery for all non-medical roles across practices and PCNs
- Implementation of individual SLAs with all 51 practices for use of GPFV funded GP Retention, Practice Resilience and Reception & Clerical Training
- Support for the funded GP First 5s leads
- Recruitment of ambassador/leads to embed new ARRS roles
- Continued roll-out of GP/GPN Fellowship Programme for newly-qualified GPs/ GPNs
- Recruitment and Training of GP Mentors, enabling a growth in mentoring
- Refreshing the approach to PLTs
- Ongoing facilitation of the Time for Care programme
- Ongoing work to increase the number of multi-disciplinary educators and assessors, including GP Training Practices
- Initiative in place to address development needs of ACPs across practices
- Working with system partners to increase the take-up of Nursing Degree Apprenticeships and Nursing Associate Apprenticeships. Promoting and supporting practices with the administrative and financial processes.
- Delivery of the GPN 10 Point Plan with STW GPN Strategy (in development)
- Continued management of Covid Testing for practice staff
- Management of the practice reimbursement scheme for costs related to practice staff working at STP-run vaccination hubs
- Continued engagement with PCNs and local providers (ShropCom, MPFT, WMAS, RJAH) re: the recruitment of new ARRS-funded roles
- Engagement with the STW STP Equalities, Diversity and Inclusion group with a view to developing a bespoke Primary Care approach
- Developing approach to Population Health needs and workforce planning

- Development of the STW Training Hub – infrastructure, website, governance and strategy, finance, comms & engagement

4.4. The CCG has been advised of the indicative NHSE/I 2021/22 funding for the following Workforce/Education/Training programmes:

- Additional Roles Reimbursement Scheme
- GP/GPN Fellowships
- Supporting Mentors
- New to Partnership
- Flexible Staff Pools
- Local GP Retention
- Training Hubs (non-HEE)
- International GP recruitment
- Primary Care Network Development
- Practice Resilience

4.5. Further details of this funding, along with draft proposals for either continuing with existing programmes (see 4.3) or for developing new programmes, will be provided to the Training Hub Delivery Group at its June meeting.

4.6. Without pre-judging the discussions at the THDG it is very likely that the Group will recommend that some of the funding is utilised to increase capacity to enable delivery of the above programmes. Once guidance has been sought from NHSE/I on this a further report will be submitted to this Committee.

Primary care risk register - Shropshire , Telford and Wrekin CCG

1 Risk ID	2 Objective	3 Opened / added by	4 Risk and description	5 Opportunity	6 Existing key controls	7 Existing sources of assurance	8 Gaps in controls or assurances	9 Risk score (consequences x likelihood)	10 Action plan / cost / action lead /(target date) /sufficient mitigation	11 Target risk score for end of financial year	12 Executive Lead and Risk Owner	13 Amendments: name and date
Retired Risk 7 04 21												
S-02		PCCC 03/19	There is not an agreed process for the completion of practice visits. There is a risk therefore that there may be emerging issues affecting quality that the CCG is not aware of/cannot support improvement. This means that there is a potential for variation/poor quality of care or ineffeicient systems and processes.	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Maintain and build relationships with GP practices to monitor quality standards. 2. Update quality dashboard regularly. 3. Primary Care to develop a dashboard and process for more effective monitoring of Primary Care Quality.	1. CQC reports and regular meetings with CQC. Regular liaison with NHSe. 2. Quality dashboard updated and presented to PCCC quarterly. 3. Regular reporting to Quality and Audit Committee on risks and achievements	1. Infrequent opportunities to review/work with practices 2. Inconsistent opportunities - levels of engagement with practices	3x3=9 Moderate	1. Maintain focus to identify triggers/early signs of issues 2. Triangulate data from multiple sources 3. Close liason with other professionals/agencies 4. Review complaints/GPPS 5. Work to standardise practice visit approach across the emerging new CCG	3x3=9 Moderate	Exec: Z. Young Owner: S.Ellis/C.Ralph	26/11/20 Actions updated Request for this to be closed with new risk identified for Practice visits which incorporates work across STW CCG.
Active Risks 1.04.21												
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C.Ralph	**Primary Care Networks (PCN)** These new organisations will have to establish how they will work together as a network and share resources. There is a risk of potential delay and/or conflict as the new roles and the new ways of working are established. This would mean that their is inconsistent development of PCNs across the CCG which may affect service provision and access to our patients.	1. There is a potential opportunity for PCNs to create additional competition in the market for services traditionally provided by acute/community services. 2.Opportunity to increase the resilience of practices by sharing resources and effort overtime	1. National guidance for PCN development and the associated network agreements signed by all practices 2. Clinical leadership identified by members of each PCN PCNs to follow guidance from NHSE in regards to their establishment. 3. Guidance on the delivery of DES' for 2020 released	Notes of PCN meetings/assurance meetings	1. Knowledge of the level of engagment between partners within PCNs. 2. Formal assurance process under development.	3x3=9 Moderate	1. Take opportunities to seek out the views of practices on the PCN development processes (ongoing) 2. Establish regular meetings with CDs to enable monitoring of progress by August 2020 3. Support PCNs to complete/re-visit baseline assessments as part of the developmental programme by September 2020	1x3=3 Low	Exec: C.Parker Owner: S.Ellis/C.Ralph	Reviewed 1 4 21 Tjones Covid has impacted upon planned development work however risk remians low as new ways of working togetehr arising form covid opportunities
STW-02		Shrop 19/01/19 T+W 18/05/19	**Workforce** There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on local GP workload and the delivery of transformational primary care in Shropshire.	1. GPFV monies enables practices to create new creative roles 2. The emerging training hub can prioritise additional training to upskill training	1. Primary care workforce plan is in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities.	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope	1. Workforce plans do not use full resource envelope.	3x3=9 Moderate	1. Promote PCNs to have staff responsible for workforce. 2. Integration of clincial staff/representation on the operational workforce groups 3. Attendance at regioanl workfoce groups to share learning.	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis/C.Ralph	26/11/2020 C.Ralph Reviewed 1 04 21 T Jones
STW-03		07/10/20 C.Ralph	**COVID-19** There is a risk that the COVID-19 pandemic will increase the demand on practices and may also increase the levels of sickness. This means that practices may not be able to maintain access to their services/or to deliver high quality clinical care.	1. Pressures promote practices and the system to collaborate more effectively.	1. Changes in contractual requirements to relieve practices/support service delivery 2. Additional investment	1. Regular engagement wth practices through weekly calls.	Limited formal SITREP reporting	4x4=16 High	1. Support practices to review business continuity plans 2. Support practices to link plans together/buddy practices 3. Commence work to develop SITREP 4. CCG to identify thresholds and triggers for system response 4.	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis/C.Ralph	26/11/2020 C.Ralph Reviewed 1.04.21 TJones
STW - 04		Jane Sullivan 04/21	Due to covid 19 pandemic scheduled Practice Quality Visits have been paused since March 2020. Although remote monitoring has continued a Practice Quality Visit allows for further exploration of subjects and conversations between CCG and Practice to gain assurance and understanding.recommend closure	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Primary care and Quality Lead continue to meet quarterly with CQC to share intelligence. 2. Continue to monitor Practice performance using exisiting sources of assurance and speak to Practices individually if concerns identified.	1. CQC intelligence 2. Significant event reporting to CCG by Practices 3. Monitoring of Patient experience - PALs/Healthwatch/MP letters/ complaints shared with CCG by NHSE/GP Patient Survey/FFT/N2N 4. Quarterly Quality report submitted to Quality and Performace committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunties to share good practice and learning with CCG which discussions during a visit can generate.	3x3 = 9 moderate	1. Proposal to establish a Task and Finish Group to reestablish Practice Quality Visits from Autumn 2021 with identified agenda and terms of reference to provide a unified approach across the CCG. 2. Data and intelligence will be reviewed prior to visit to ensure that they are individual to each Practice and target areas for assurance.	3 x 2 = 6 Low	Claire Parker Zena Young	Newly added 1 4 21 T Jones
STW 05 Previous S-03		PCCC 04/19	There is a risk that forecasted expenditure in relation to estates and other delegated functions will adversely affect the CCGs ability to deliver financial balance within the primary care directorate in the medium term	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team)	1. Changes in the primary care team at NHSE	3x3=9 Moderate	1. Ensure the completion of a review of estates and the completion of estates strategy 2. Ensure business cases in development contain innovation to change models of care to deliver a return on investment. 3. Ensure pro-active record keeping/review of rent reviews. 4. To have clear records and monitoring systems that set out when abatements are ending predicting the impact on budgets.	3x3=9 Moderate	Exec: C. Skidmore Owner: R. Eades/S.Ellis	1 04 21 Risk reviewed TJones
STW 06 Previously S-04		PCCC 12/20	Primary Care Services in Whitchurch are under increased pressures due to difficulty in recruiting staff and managing services across several unsuitable small sites. There is a risk that Churchmere Medical Group hand back their contract if the situation continues. The planned closure of Dodington Surgery at end March 2021 adds to this pressure.	To secure the future of Primary Care services in Whitchurch by building a purpose built health care facility - The Pauls Moss Development proposal..	1. GMS Contract in place. 2. Pauls Moss programme proposals in place, although currently awaiting judicial review decision. 3. CCG agreed a transformational funding package to support Churchmere Medical Group to merge with Dodington Surgery and to manage services across 3 sites.4. merger completed	1. Regular contact with Churchmere senior partners. 2. NHSE support with merger and ETTF monies for expansion space costs. 3. Flexible use of new ARRS roles to increase clinical capacity,	1. Judicial review decision on Pauls Moss development - further appeals expected if a posiitive decision.	2x3=6 Low	1. Ensure regular contact with CMG to identify issues early. 2. Ensure close liason with Pauls Moss Development partners to be alerted to judicial review decision and any further appeals. 3. Explore CCG options should a new contract holder be needed 4. Pauls Moss development now underway with project group for development now reinstated	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis	Reviewed 1 4 21 Tjones
STW 07			There is a risk of financial pressure to the CCG due to the CCG not receiving the full allocation of Covid expansion funding	1. support General Practice with additonal pressures from vaccination programme, workload and backlog	CCG has add difference of funding to Covid expansion fund to ensure practices received original allocation	1. Funding not utilised as part of the pulse oximetry spend will go back into the baseline for the CCG	1.no additional funding recived from NHSE to bridge the gap	3x4 (high)		3x3=9 Moderate	Director of Partnerships	CEP 26/05/21