NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	Date	7 April 2021
Chair	Mrs Donna Macarthur	Time	10.00 a.m.
Minute Taker	Mrs Chris Billingham	Venue/ Location	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-21-04.13	Welcome and Introductions	Chair	10.00	Verbal
PCCC-21-04.14	Apologies	Chair	10.00	Verbal
PCCC-21-04.15	Declarations of Interests	Chair	10.05	Verbal
PCCC-21-04.16	Minutes of Previous Meeting and Matters Arising:- • PCCC 3 February 2021 • Action Tracker	Chair	10.10	Enc. No. 1 Enc. No. 1A
PCCC-21-04.17	Finance Update	Laura Clare	10.15	Enc. No. 2
PCCC-21-04.18	Primary Care report • Workforce • Estates • IT • Contracts	Tom Brettell Janet Gittins Jenny Stevenson	10.20	Enc. No. 3
PCCC-21-04.19	Practice Visits	Jenny Stevenson / Jane Sullivan	10.30	Enc. No. 4
PCCC-21-04.20	Learning Disability Annual Healthchecks Quality Visit	Jane Sullivan	10.40	Enc. No. 5
PCCC-21-04.21	Risk Register	Tracey Jones	10.50	Enc. No. 6
PCCC-21-04.22	Any Other Business	Chair	11.00	Verbal
PCCC-21-04.23	Date and Time of Next Meeting: Wednesday 2 June 2021 at 10.00 a.m.			

Shropshire Clinical Commissioning Group

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)
HELD VIA MICROSOFT TEAMS AT 10.15 A.M. ON
WEDNESDAY 3 FEBRUARY 2021**

PART 1 SECTION

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Mrs Claire Skidmore	Executive Director of Finance
Mrs Zena Young	Interim Executive Director of Quality
Ms Claire Parker	Director of Partnerships

In Attendance

Dr Julian Povey	Joint Chair, Shropshire Telford & Wrekin CCGs
Dr Deborah Shepherd	Joint Interim Medical Director
Dr Adam Pringle	GP/Healthcare Professional Governing Body Member
Mrs Corrine Ralph	Head of Primary Care, Telford & Wrekin CCG
Mrs Tracey Jones	Deputy Director of Partnerships
Mrs Vanessa Barrett	Healthwatch Shropshire
Mr Barry Parnaby	Healthwatch Telford & Wrekin
Mrs Chris Billingham	Personal Assistant; Minute Taker

PCCC-2021-02.01 – Welcome and Introductions
Mrs Macarthur welcomed everyone to the meeting.

PCCC-2021-02.02 - Apologies
Apologies were received from Dave Evans, Julie Davies, Steve Trenchard, Steve Ellis, Cllr. Lee Chapman, Dr Andy Watts and Dr Colin Stanford.

Mrs Macarthur advised that this would have been Dr Stanford's last PCCC, and passed on to the Committee on his behalf his thanks and gratitude to colleagues - both on the Committee and in the wider CCG - for their hard work and the support they had shown him over many years.

Steve Ellis has been appointed as Associate Director of Primary Care. He is currently seconded to the vaccination programme in Shropshire.

Corrine Ralph will no longer be a member of the Committee. She is now providing support to Claire Skidmore and Julie Davies in Performance and Finance.

PCCC-2021-02.03 - Members' Declaration of Interests
There were no declarations of interests.

PCCC-2021-02.04 – Minutes of Previous Part 1 Meeting – 2 December 2020
Mrs Skidmore referred to Item 2020-12-22 relating to the Primary Care Strategy Delivery and in particular to the second paragraph that stated "As a result of COVID-19 and pressures on the Finance team, the report did not contain a rag rating for the progress status against the nine programmes".

Mrs Skidmore advised that the Finance team do not produce the rag rating and requested that the item should be amended to read "As a result of COVID-19 and pressures on the team" . . . . The word "Finance" should be removed.

DRAFT

The Minutes of the previous Part 1 meeting were accepted as a true and accurate record provided the above amendment is made.

The combined Action Tracker was reviewed and updated as appropriate.

PCCC-2021-02.05 – Finance Update

Mrs Skidmore's report was taken as read. However, she drew the attention of the Committee to the ongoing query with NHSEI regarding the change to the allocation and the pressures this has caused. The position is challenging.

Conversations are still continuing and several issues are identified within the report as a result of the change to the position. However, this is purely as a result of the change to the allocation. There were no other issues that Mrs Skidmore felt she needed to bring to the attention of the Committee and she invited questions.

Ms Parker assured the Committee that a meeting has been arranged to progress the conversation regarding the allocation with NHSE.

The Committee noted the contents of Mrs Skidmore's report.

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 is currently involved in the Covid vaccination programme.

ACTION: Mr Morgan to update the April Committee regarding this item.

PCCC-2021-02.07 – Churchmere/Dodington Merger Proposal

Mrs Janet Gittins, Primary Care Partnership Manager, Shropshire CCG, and Dr Gary Branfield, Churchmere Medical Group, joined the meeting to review Mrs Gittins' report relating to an application by Churchmere Medical Group and Dodington Surgery to merge.

The merger will take place at the beginning of April 2021 and will be beneficial to all concerned, especially patients, as Dodington patient details will transfer automatically to Churchmere Medical Group. All staff from Dodington will transfer under TUPE principles apart from six staff who have already been served notice following employment law guidance received by Dodington Practice.

Practice Managers at both Practices are now working with the Primary Care team and a project plan has been developed for the next two months. Meetings are taking place weekly with members of this group, IT Leads, and representatives from CSU to ensure a full understanding of all requirements.

A communication and engagement plan has also been developed. Patients and the wider community were kept informed with assurance messages while the merger decision was being made. It is hoped that following this meeting, a formal Press Release can be issued confirming approval of the merger. A wider Communications Plan has been drawn up which is outlined in the Appendices to this paper and details the ways in which the CCG will be engaging with current patients as well as the wider community over the next few weeks. This includes partners, secondary care, Community Services, HOSC, Healthwatch and colleagues in Primary Care across the border. Wrexham, Cheshire and Staffordshire will be included in communications.

There will be no changes to the current boundaries of Dodington. Churchmere will take on the current Dodington boundary.

DRAFT

The Chair invited questions.

Dr Povey expressed the CCG's thanks to the Practice team and everyone involved for the work they have done to bring this project forward to this stage.

Ms Parker asked the Committee to note the news relating to the Pauls Moss Judicial Review which should help the project to move forward, and thanked everyone involved for their work.

Mrs Macarthur referred to the timings of the mergers and queried any perceived difficulties – for example, EMIS were preparing to merge on 13 April but the Practice closure is scheduled for the end of March. Dr Branfield replied that there will be difficulties as two sets of EMIS records will need to be accessed. This will be inconvenient but the merger of patient records can be completed in a relatively short period of time.

Mrs Macarthur questioned the communication strategy and the level to which communication had taken place.

Mrs Gittins replied that to date, all communication has been targeted around patients at Dodington. However, Churchmere patients may experience concerns when they hear of the merger and will wish to know how their care will be affected. A wider communications plan is in place to manage the interests of all stakeholders.

The Committee reviewed the recommendations contained within the report which asked the Committee to:-

- Note the detail of the application in the pre-circulated paper
- Review the boundary maps and plan proposed
- Approve the application to merge Churchmere Medical Group and Dodington Surgery with effect from 1st April 2021.

*PCCC Chairs action was given on 13th January in support of this merger.

The Committee supported the recommended actions.

DRAFT

<u>PCCC-2021-02.08 – Quality Outcomes Framework</u>

Bernie Williams, Primary Care Lead for Contracting, reviewed her paper. NHS Digital had published the 2019/20 QOF data in September 2020 and Ms Williams' report related to Shropshire Telford & Wrekin's position.

As stated in the report, the 2019/20 QOF year was also the start of the pandemic and the Committee were asked to consider this if comparing the results of the previous year.

The recommendations of the report asked the Committee to:-

- Receive this progress report.
- Note the achievement for 2019-20 across the CCG footprint.
- Consider reporting at PCN level for future reports.
- Receive further analysis when the organisation returns to normal business operation.

Dr Shepherd wished to highlight the overwhelming achievement of all Practices. The national average is 95.5% and the vast majority of Practices scored in excess of 90%, despite the pandemic.

Dr Shepherd also referred to the proposal to report at PCN level, but was not convinced that this would be particularly helpful. Although some indicators are delivered by networks, there are still many indicators that are delivered individually by Practices. There is variation and opportunity to learn between Practices and she believed that reporting at PCN level might reduce opportunities for Practices to learn from each other.

Dr Pringle referred to the request within the report for Practices to focus on areas of improvement. He believed that Practices should be asked to focus on the area with the greatest long term health benefits, i.e. Hypertension, Diabetes, and Cardiovascular disease rather than possibly selecting relatively minor indicators. He believed that it may be beneficial to consider information at both Practice and PCN level and encourage PCNs to transfer information from the higher performing Practices within the PCN to the lower performing ones.

The Committee noted the information contained within the progress report, noted the achievement for 2019-20 across the CCG footprint, and looked forward to receiving further analysis going forward.

However, in terms of the recommendation to "consider reporting at PCN level for future reports" and in view of the discussions that had taken place, Mrs Macarthur requested that this recommendation within the report be altered to read "consider reporting at PCN and individual Practice level for future reports".

ACTION: 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.

DRAFT

<u>PCCC-2021-02.09 – Primary Care Quarterly Quality Report</u>

The Quarterly Quality Report was circulated to the Committee for information only. The report had been shared at the Quality & Performance Committee in December 2020. At that meeting, it was agreed that it should be shared with PCCC members for information.

There were no questions or comments relating to the Quarterly Quality Report, the contents of which were noted by the Committee.

<u>PCCC-2021-02.10 – Risk Register</u>

Ms Parker asked the Committee to note the contents of the Register and advised that there would be a number of updates relating to the Dodington/Churchmere merger.

Mrs Macarthur asked if, when the two CCGs became one strategic commissioning organisation on 1 April 2021, the two Risk Registers would be unified into one document. Ms Parker confirmed that they would.

ACTION: Ms Parker to check whether the allocation funding referred to by Mrs Skidmore in her Finance Update is on the Risk Register.

Mr Vivian wished to understand the full implication and impact of Mr Ellis being seconded to the vaccination programme.

Ms Parker advised that there is a pressure, but the Primary Care team have excelled themselves in stepping up and delivering some of the work programmes. The team has been reorganised and the Partnership Managers are picking up some of the work previously undertaken by Mr Ellis. However, some projects have been paused. For example, it does not seem appropriate to work on the Primary Care Strategy when the learning from the last 12 months needs to be incorporated into the Primary Care model going forward.

Similarly, some aspects of the PCN development work has been paused because the PCNs are working extremely hard on the vaccination programme. When Mr Ellis returns to the team, his role will be focused on the strategy and development elements rather than the operational elements of Primary Care.

PCCC-2021-02.11 – Any Other Business

Mrs Macarthur referred to Joan Barnett, an Auditor employed by CW Audit, who had attended the last meeting to observe how the meeting was run. A report was produced regarding learning from that visit which Mrs Macarthur will discuss with Ms Parker outside of this meeting.

ACTION: 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 referred to today's meeting and the time pressures that had been experienced and asked the Committee for their opinion on possibly changing the order of the meetings as from April. This would mean that Part 1 would take place before Part 2. Allocation of time on the Agenda also needed to be considered in more detail, and the process streamlined. Discussion took place and a view was also expressed that the meeting should be extended to last for two and a half hours.

Ms Parker has discussed with Mrs Macarthur the creation of an operational group that meets between the bi-monthly Primary Care Commissioning Committees which would enable discussion of topics such as the wider development of Primary Care Strategy and other issues that may arise which will in turn facilitate a better planning mechanism for Part 1 and Part 2 going forward.

ACTION: Mrs Macarthur and Ms Parker to continue discussions regarding streamlining the Committee meetings outside of this meeting.

Dr Povey wished to record his thanks to Dr Stanford for his attendance and service to the CCG, and also advised that this was his own final PCCC meeting as he is returning to full time Primary Care on 1 April 2021. Mrs Macarthur thanked Dr Povey for his work as a member of PCCC and wished him well for his return to general practice on a full time basis.

Mrs Barrett provided a brief update from Healthwatch, key points of which were:-

- A considerable amount of feedback is being received by 111 and Shropdoc regarding palliative care issues. Healthwatch have published a document relating to this topic.

- Healthwatch are currently finalising the discharge survey and have shared the information with both Tanya Miles and Claire Old. A Task & Finish group has been set up to implement some of the suggested improvements.

- The new Healthwatch Hot Topic is Covid vaccinations. Information has been received that some GPs are taking messaging into their own hands. Healthwatch is trying to collate the information and feed it back to the Government and Public Health organisations at the highest level via Healthwatch England.

PCCC-2021-02.12 – Date and Time of Next Meeting

The next meeting will take place on Wednesday 7 April 2021 at 9.30 a.m. via Microsoft Teams.

Shropshire CCG Primary Care Committee Action Tracker
Part 1 Meeting – 3 February 2021

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	**Estates Strategy** Mr Brettell to:- - Amend Point 5 of the recommendations to specifically reflect the Committee's wish to receive assurance that the financial position is fully addressed in the modelling of the Estates Strategy. - Amend Point 5 of the recommendations to provide an improved explanation of the proposed delivery plan. - Include reference to proposed large scale developments within the Strategy and their potential impact on GP Practices, and incorporate all other minor amendments suggested by the Committee into his revised report.	Mr Brettell Mr Brettell Mr Brettell	June 2021	Work is ongoing on the Estates Strategy to complete these actions. Specifically two key pieces of work have now been commissioned- a detailed utilisation study, and a data dashboard. Both of these are part of regional and national pieces of work and will enable the completion of the actions. **An update paper will be presented to December 2020 PCCC**. **December Update:** Mr Ellis advised that work is ongoing. A meeting has taken place with a regionally commissioned NHSE organisation who are doing much of the data work. That work will not be completed until April 2021 to inform the Estates Strategy. Final Strategy to be submitted to the June 2021 Committee.
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	**December 2020 Update:** Ms Parker to discuss with Mrs Young whether this should be reported to PCCC or Quality Committee.

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	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-2020-10.08	**Primary Care Network Report** Mrs Wilde to submit a PCN Update report to the December Committee	Mrs Wilde	December	**December Update:** The PCN Programme Director left the CCG very quickly and there was no handover. However, there is much PCN work happening as a result of COVID-19. Ms Parker has advised Locality Boards that the Primary Care development work will be picked up again in the New Year. An update report to be submitted to PCCC February 2021 meeting.
PCCC-20-10.14	**Risk Register** Mrs Ralph to review and align the PCCC Risk Register and the Restore/Recovery Risk Registers as appropriate in relation to the risk posed by Covid.	Mrs Ralph	December	**February Update:** Agenda Item.
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	**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.

PCCC-2020-12.23	**Application for Practice Merger – Pontesbury/Worthen** Mr Ellis to ask Jane Ibbs to contact Healthwatch Shropshire and Shropshire Council to ensure that they are aware of the proposed merger of Pontesbury and Worthen Medical Practices.	Mr Ellis	April 2021	**February Update:** Item for April meeting.
PCCC-2020-12.24	**EDEC** Mrs Ralph to bring a paper to a future PCCC to outline a way in which eDec Practice visits ad submissions could be taken forward in the longer term in light of ongoing disruption due to the pandemic.	Mrs Ralph	April 2021	**April Update:** As the submission deadline for practices was end of Feb and CCGs haven't been given access to the results yet there is nothing to report at this time. Bernie Williams is part way through an update to PCCC to advise that the security service contract NHS E commissioned has been handed over to the CCGs without any funding.
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	Mr Morgan to update the April Committee regarding this item.
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	
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	
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 / Ms Parker	April 2021	

	Mrs Macarthur and Ms Parker to continue discussions regarding streamlining the Committee meetings.	Mrs Macarthur / Ms Parker	April 2021	

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	Ongoing

Shropshire, Telford and Wrekin Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-04.17
Enclosure No	2
Committee:	Primary Care Commissioning Committee
Date:	7th April 2021

Title of report:	Month 11 Primary Care Finance Position
Responsible Director:	Mrs Laura Clare
Author of report:	Angharad Jones / Roger Eades
Presenter:	Laura Clare

Purpose of the report:
This report provides an update on the latest Primary Care financial position for both CCG for the period ending 28th February 2021

Key issues or points to note:
The current forecast overspend is £1.2m and puts a significant increased burden on the wider CCG.

Actions required by <<insert name of committee>>:
The CCG Finance team continue to scrutinise all areas of the Delegated budget.

Monitoring Form
Agenda item: PCCC-21-04.17

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

1	Additional staffing or financial resources implications	No
2	Health inequalities	No
3	Human Rights, equality and diversity requirements	No
4	Clinical engagement	No
5	Patient and public engagement	No
6	Risk to financial and clinical sustainability There is a risk of overspend in these budgets, this will be mitigated with the review of expenditure forecasts on a regular basis. Appropriate action will be taken where possible in order to achieve a break-even position.	Yes

1. Executive Summary

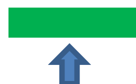
NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

This report provides an update on NHS Shropshire CCG and NHS Telford and Wrekin CCG's primary care Co Commissioning financial position to 31st December 2020. 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 position is in line with the plan trajectory		↓		↓	The combined year to date position is £452K overspent. This adverse movement is due to the covid expansion fund payments made.
Year end forecast is in line with the plan trajectory		↓		↓	• The joint forecast position shows an overspend for the year of £1.m. This over spend directly relates to the current shortfall in allocation relating to the Covid Expansion Fund. Discussions are currently on-going with NHSEI as to if this gap will be covered. • An overall CCG finance strategy has been submitted as part of the application to become a single commissioner, and work is currently underway with NSHEI on the plan for 21/22 and future years. • The finance team plan to share the detailed plans for Primary Care as soon as confirmation around future year planning guidance is received. However based on current information the plans do present a deficit within Co-Commissioning budgets. • The majority of expenditure within the Co-Commissioning budget is mandated by national contracts and directions which make it difficult for the CCGs to influence the expenditure. Benchmarking is currently underway to highlight areas where there could be scope to influence the expenditure and reduce the future years' projected overspend. The finance and primary care teams are working together to review any discretionary spend that can be reduced.

Key

On Track — Moderately Off Track — Materially Off Track


Improvement

No Change

Deterioration

2a Primary Care Delegated Commissioning Telford and Wrekin CCG

	M11 Budget Year to Date	M11 Actual Year to Date	M11 Variance Year to Date	2021/21 M1-12 Budget	Forecast M1-12	Forecast Variance M1-12
Primary Care Delegated Commissioning	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
GMS	15,665	15,657	(7)	17,089	17,088	(1)
Enhanced Services	1,727	1,721	(5)	1,887	1,883	(3)
QOF	2,232	2,232	0	2,435	2,435	0
Premises Costs Reimbursements	2,109	2,132	24	2,296	2,326	30
Dispensing/Prescribing Drs	256	292	37	279	319	40
Other GP Services	666	893	226	783	1,157	374
Reserves	0	0	0	157	126	(31)
Total Primary Care Delegated Commissioning	**22,655**	**22,929**	**274**	**24,926**	**25,335**	**408**

The Month 11 year to date position is an overspend of £274k
Year to Date Variances:

- Premises: The reason for this £24k overspend is mainly due to rent arrears paid that were higher than anticipated, offset slightly by the reduction seen in the clinical waste invoices.
- Dispensing/Prescribing Doctors: There was a slight increase in trend of expenditure within this area which has also been reflected in the slight increase in forecast.
- Other GP Services: The year to date variance here is in relation to the Covid Expansion Fund payments.

The Forecast Outturn at Month 11 is £25.3m, which is an overspend of 408k.
Forecast Variances:

- Premises: As per the year to date variance this is due to rent arrears being higher than originally anticipated.
- Dispensing/Prescribing Doctors: This 40k forecast overspend is due to the slight increase in expenditure trend.
- Other GP Services. The overspend in this area of the budget is 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 has therefore caused a potential cost pressure in both CCG's. Further discussions are taking place with NHSE/I both Regionally and Nationally to agree a solution.

In Month 8 the CCG received additional co-commissioning allocation to the value of 157k. Part of the allocation has been used to fund overspends elsewhere in the budget, however the remaining 126k is planned to be spent in March

2b Primary Care Delegated Commissioning – Shropshire CCG

Key Messages :

Primary Care - Delegated Commissioning

The delegated commissioning budget currently shows an overall £178k underspend YTD and a £786k FOT overspend position.

Main Issues FOT :

- G.P. GMS. – (£108K) :Currently these charges are below the budget set in M7,however some savings have been offset with Practice Merger charges incurred in 20/21.
- QOF. - (£79K) :Reflects current savings pattern on aspiration payments.
- Premises. – (£47k) : Savings relate to rent provisions which continue to be monitored closely.
- Dispensing. £165k : YTD Charges have increased in recent months, and the FOT reflects that pattern.
- Other – GP Services. £880k : The main variance reflects the £737k which is connected to a potential funding gap regarding the Covid Expansion Fund (reduced allocation that is being discussed with NHSEI) plus a projection of the Locum overspend where we have seen a significant increase in recent months, possibly linked to the Covid situation.

- **Enhanced Services.** Please note that it is likely that NHSEI will clawback an underspend on the Additional roles reimbursement budget of £585k based on our current projections, we are therefore showing the full budget as committed anticipating this clawback.

	2020/21			2020/21		
Primary Care Delegated Commissioning	M11 YTD Budget	M11 YTD Actual	M11 YTD Variance	Budget	M12 FOT	Var Budget V M12 FOT
	£'000	£'000	£'000	£'000	£'000	£'000
General Practice - GMS	28,468	28,389	-79	30,785	30,677	-108
General Practice - PMS	344	327	-17	376	351	-25
Enhanced Services	3,365	3,365	-	3,721	3,721	-
QOF	4,183	4,119	-64	4,565	4,486	-79
Premises cost reimbursements	5,113	5,068	-45	6,039	5,992	-47
Dispensing	2,224	2,374	150	2,622	2,787	165
Other - GP Services	1,352	1,585	233	1,527	2,407	880
Net Reserves	-	-	-	-	-	-
Co Commissioning Total	45,049	45,227	178	49,635	50,421	786

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.

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

Prescribing

The Month 11 full year forecast for prescribing is £29.7m. The year to date position is an overspend of £216k with a forecast overspend of £527k. 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 forecast.

The year to date underspend is not in line with the forecast due to the flu and pneumococcal recharges raised to NHSE/I. The budget was not phased to take into account the recharges in Qtr 3. Due to the nature of the timing of the flu vaccines, the level of recharge will decrease in Qtr 4 and it is expected that expenditure will come back in line with the forecast.

Out of Hours

The full budget for this contract has now been moved from Community Services and is therefore showing breakeven year to date and forecast.

Enhanced Services

The Month 11 outturn position is an underspend of £107k, with a year to date underspend of £212k. The underspend is due to 19/20 year end creditor reversals where expenditure has not materialised as expected.

	M11 Budget Year to Date	M11 Actual Year to Date	M11 Variance Year to Date	2021/21 M1-12 Budget	Forecast M1-12	Forecast Variance M1-12
Primary Care Non Delegated Commissioning	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	26,420	26,635	216	29,147	29,674	527
Out of Hours	2,016	2,016	(0)	2,200	2,200	0
Enhanced Services	2,203	1,991	(212)	2,395	2,288	(107)
Primary Care Other						
- Commissioning Schemes	244	142	(101)	266	186	(80)
- Oxygen	419	346	(73)	472	382	(90)
- Central Drugs	798	819	21	871	886	15
- Prescribing Incentive Scheme	45	45	0	49	49	0
- GP Forward View	1,103	990	(113)	1,282	1,164	(117)
- Primary Care Other	610	575	(35)	771	725	(46)
- A&E Streaming	713	713	0	778	778	(0)
- Primary Care IT	556	479	(78)	1,467	1,467	(0)
- Primary Care Pay	737	685	(53)	798	762	(36)
Primary Care Other Total	5,227	4,795	(432)	6,753	6,399	(354)
Total Non Delegated Commissioning	35,866	35,437	(429)	40,495	40,561	66

Primary Care Other

The Month 11 year to date variance is an underspend of £354k. The full year forecast is an underspend of £432k.

- Commissioning Schemes: The year to date underspend is partly due to the PEARS schemes activity underperformance Qtr 1&2. £55k is in relation to a prior year benefit released into the position, these have also been reflected in the forecast.
- Oxygen: Both the year to date and forecast reflect the continuing trend of expenditure which is 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.
- GP Forward View & Primary Care Other: The favourable movements in these two areas are due to 19/20 year end creditor reversals.
- Primary Care IT: The year to date underspend is due to prior year creditor reversals, however additional costs have been identified to be spent in March which brings the spend back in line with the forecast.
- Primary Care Pay: This underspend is in relation to a member of staff who is on secondment. The post will not be backfilled due to MoC.

Appendix 2 - Non Delegated Primary Care budget information for SCCG

Key Messages :

Primary Care Non- Delegated Commissioning

The main FOT variances are noted below:

Prescribing (£792k) : The YTD and FOT position reflect reductions in spend experienced since the plan was set in M7. Our modelling assumption also includes a percentage uplift to reflect the last quarter trend in19/20, as we are aware possible cost pressures are in the system, which will include further activity linked to Covid. This will continue to be reviewed on a regular basis.

Enhanced Services £23k : Cost pressure relates to Covid costs,which we are currently awaiting authorisation to cover with appropriate NHSE funding allocation.

Primary Care Other

Central Drugs £68k : Charges have seen an unexpected increase in recent months.

Oxygen (£29k) : 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 IT : £5k The YTD cost pressure relates to P.C. Digital Funding costs of £134k which we are awaiting NHSEI funding in M12.

	2020/21			2020/21		
Primary Care Non Delegated Commissioning	M11 YTD Budget	M11 YTD Actual	M11 YTD Variance	Budget	M12 FOT	Var Budget V M12 FOT
	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	48,240	47,643	- 598	53,069	52,277	- 792
Out Of Hours	2,907	2,908	1	3,173	3,172	- 1
Enhanced Services	6,604	6,619	15	7,205	7,228	23
Primary Care Other						
- Central Drugs	1,162	1,222	60	1,263	1,331	68
- Oxygen	490	467	- 23	536	507	- 29
- Primary Care Comm Schemes	38	38	-	43	43	-
- Hospice Drugs	71	66	- 5	78	71	- 7
- Prescribing Incentives	277	277	-	302	303	1
- Care Home Advanced Scheme	233	233	-	249	249	-
- Primary Care Team	1,569	1,579	10	1,700	1,716	16
- Primary Care IT	1,937	2,071	134	2,268	2,273	5
- Primary Care Reserves	-	-	-	-	-	-
Primary Care Other Total	**5,777**	**5,953**	**176**	**6,439**	**6,493**	**54**
Total Other P.C.Commissioning	**63,528**	**63,123**	**- 406**	**69,886**	**69,170**	**- 716**

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-04.18
Enclosure No	3
Committee:	Primary Care Commissioning Committee Meeting in Common
Date:	7th April 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 new build- adapted Full Business Case to come to May PCCC
    - 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

1. Estates Update

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, 4 have now completed, leaving 3 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)

2021/2022 Projects

- The CCG has recently provided BaU funding requirements for 2021/2022 to NHSE
- 9 projects have been submitted against this request – totalling around £350k
- Some schemes are already approved by PCCC
- Most are small schemes to achieve DDA/IP compliance
- New schemes- papers/business cases will be presented to PCCC, as appropriate. These will illustrate any cost pressures however this is unlikely due to space concerned being GMS space already
- Only once approval has been given by PCCC will final approval be given to the practices/PCNs concerned
- The CCG is currently awaiting confirmation from NHSE of the capital funding amount to be awarded for 2021/2022

1.2. Key Estates Projects:

Shawbirch New Build (ETTF)

- Final legal issues have now been resolved
- Documents were due to be exchanged on 31 March 2021
- Build is to commence imminently – 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)
- FBC currently being revised to reflect change to a GP-led scheme – including revision of financials and inclusion of “missing” documentation identified by NHSE
- Paper to come to PCCC in May 2021 for final approval
- FBC then needs to be given final approval by NHSE
- Once final approvals have been confirmed, build will commence (before end of 2021)
- Completion is expected towards end 2022

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 submitted to NHSE for approval to progress to next stage
- Once approval has been received the project will move on to production of the FBC
- FBC completion expected by September 2022
- Estimated build start date November 2022
- Estimated completion by late 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 early 2021/2022 to recover the remaining balance due from 2019 for the Telford premises
- Further work to reconcile remaining rebates for Telford premises (Q1 2021/2022)
- Further work to recover rebates due for Shropshire premises (Q2-Q4 2021/2022)

1.5. Estates Strategy Update:

- The two CCGs currently have separate Primary Care Estates Strategies – Shropshire (2018) and Telford (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 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 May 2021
    - SHAPE mapping tool updated with the above as part of national programme
    - 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 May 2021 and the Telford information is due to follow in June 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 for end Q1 2021/22
- Final version of the document is expected to be presented to PCCC in Q2 2021/2022

2. Contracts Update

2.1. Contract Status across Shropshire & Telford

- We have 50 GMS contracts and 1 PMS contract
- We have 5 practices that have only one GP Partner holding the contract:
    - Court Street
    - Hodnet
    - Marysville (NB this is due to change from 1 April 2021)
    - 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 2020/21:
    - Church Stretton Medical Practice- Partner retiring
    - Church Stretton Medical Practice- Addition of partner
    - Shifnal & Priorslee Medical Practice- Partners retiring & additional partners
    - Wellington Road, Newport- Partner retiring

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

2.3. Mergers

- The following mergers have been approved during 2020/21:
    - Worthen Medical Practice with Pontesbury Medical Practice 1 April 2021
    - Dodington Medical Practice with Churchmere Medical Group 1 April 2021

2.4. Boundary changes

- The Court Street Medical Practice boundary change was approved in October 2020

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

- This is an agenda item 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. Primary Care Network – Directed Enhanced Service

- From 1 April 2021 a new PCN called South East Telford has formed. Its constituents are Court Street Medical Practice, Stirchley Medical Practice and Woodside Medical Practice. Last year these tpractices were non-core practices aligned to Wrekin PCN.
- Dr Catherine Rogers has stood down as Clinical Director for the North Shropshire PCN. Dr Tim Lyttle has taken on this role.

2.10. 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 May PCCC meeting.

2.11. QOF

- To support the ongoing response to COVID-19 and the need to proactively target and support our most vulnerable patients during this period some changes have been made
- Some indicators continue to be paid on the basis of practice performance but will have the number of points attached to them doubled:
    - Four flu indicators on patients with CHD, COPD, Stroke/ TIA & diabetes
    - Two cervical screening indicators
    - Register indicators
    - Optimal prescribing of medications to manage long term conditions
- 310 points are subject to income protection based on historical performance and approach to QOF population stratification agreed with the CCG

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. An online workshop has been arranged for 21st April to assess, challenge and prioritise the work – this should ensure that the combined capacity of the expanded Training Hub and the Primary Care Team, and other stakeholders, is used more effectively.

4.3. Pending the outcome of this review, 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 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 52 practices for use of GPFV funded GP Retention, Practice Resilience and Reception & Clerical Training
- Funding of GP First 5s leads
- Proposal for funding to recruit ambassador/leads to embed new ARRS roles
- Roll out of GP/GPN Fellowship Programme for newly-qualified GPs/ GPNs
- Recruitment and Training of GP Mentors
- 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 work with PCNs 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
- Supporting Practice Manager development
- Developing approach to Population Health needs and workforce planning
- Development of the STW Training Hub – infrastructure, website, governance and strategy, finance, comms & engagement

Shropshire, Telford and Wrekin Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-04.19
Enclosure No	4
Committee:	Primary Care Commissioning Committee
Date:	7 April 2021

Title of report:	GP Practice Visits
Responsible Director:	Claire Parker, Director of Partnerships
Author of report:	Janet Gittins, Primary Care Partnership Manager Jenny Stevenson, Primary Care Partnership Manager Jane Sullivan, Senior Quality Lead
Presenter:	Jenny Stevenson, Primary Care Partnership Manager Jane Sullivan, Senior Quality Lead

Purpose of the report:
The purpose of this paper is 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.

Key issues or points to note:
Both Shropshire and Telford and Wrekin CCG Primary Care and Quality Teams were undertaking Practice Visits prior to 2020/21 and the start of the COVID-19 pandemic, however the content and focus of the visits were slightly different. This now needs to be considered moving forward, adopting a unified approach as a single commissioning organisation.

Further work needs to be undertaken to identify and agree the key principles for Practice Visits which are aligned to the Primary Care Strategy and CCG's priorities.

The proposal is to create a time-limited task and finish group to initially review the work done so far to agree an approach that will identify the high risk Practices and a short term approach to gain assurances. The group will also agree a Terms of Reference for the Practice Visits, scope and content of the visits, and required preparation to target the conversations.

The proposal would be for Practice Visits to recommence in Autumn 2021 if circumstances allow, on a two year rolling programme. A decision would need to be made as to whether to aim to visit all practices, or agree a varied approach, subject to Covid-19 pandemic considerations.

Actions required by Primary Care Commissioning Committee:
Primary Care Commissioning Committee are asked to:

- Note the contents of this paper and the plan to align Practice Visits across Shropshire, Telford and Wrekin in future with the Primary Care Strategy, CCG priorities and contractual/quality requirements.
- Consider the proposal to create a time-limited task and finish group with representatives from the CCG's Primary Care Team, Primary Care representatives and/or Clinical Leads, CCG Quality Team and CCG Medicines Management Team, to agree the key principles for a visit, agenda and time frame.
- Advise on the priority and capacity that the CCG is able to invest in this work.

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 Resource would be from existing teams.	No
2	Health inequalities No implications identified.	No
3	Human Rights, equality and diversity requirements No implications identified.	No
4	Clinical engagement Consultation will be required with Primary Care GPs and Practice Staff.	Yes
5	Patient and public engagement No implications identified.	No
6	Risk to financial and clinical sustainability No implications identified.	No

Shropshire, Telford and Wrekin Primary Care Practice Visits 2021

1.0 Introduction

1.1 Primary Care Commissioning Committee (PCCC) received a paper in December 2020 providing details of Practice self-declaration (e-dec) and CCG monitoring of the submissions. Further information was requested regarding how this contractual assurance was gained through the announced Practice Visits which are usually undertaken on an annual basis. A further paper was agreed, to provide details of the current system for Practice Visits across Shropshire, Telford and Wrekin, and a proposal for principles of Practice Visits in the future.

1.2 This paper is concerned with the announced CCG Practice Visits. It acknowledges that during the year Practices receive a number of informal visits from CCG representatives either at the request of the Practice or to allow the CCG to focus on a particular service area or to gain additional assurance.

1.3 It is important that any future principles for Practice Visits ensure that there are opportunities for the 'celebration' and sharing of success as part of a visit.

2.0 Background

2.1 Prior to the start of the Covid-19 pandemic in March 2020, both Shropshire and Telford and Wrekin CCG Primary Care and Quality Teams were undertaking Practice Visits, however the content and focus of the visits were slightly different. This now needs to be considered moving forward, adopting a unified approach as a single commissioning organisation.

2.2 Telford and Wrekin CCG Practice Visits

Yearly announced Practice Visits were reintroduced in 2016 when representatives from Primary Care Commissioning and Quality Teams met with Practice Manager and clinical colleagues (mainly GPs) to discuss specific areas such as demand management, CQC inspections, QOF, workforce, GP Patient Survey, patient experience and e-dec. From 2018 a member of the Business Intelligence (BI) team was also on the visit to discuss the demand management element in more depth and present the Practice data packs. During this time the Medicines Management Team had undertaken separate Practice Visits. Due to the number of Practices in Telford and Wrekin, each Practice was able to have a yearly visit.

In 2019 it was proposed that the visits by Medicines Management, Contracts and Quality were combined into one visit. The visit was led by the Head of Medicines Management with the Head of Primary Care and Quality Lead. Although this approach allowed for the sharing of information in a way that stimulated discussion across the different areas, it was felt that the time it would take to cover all subjects had been underestimated. This led to a feeling of the visit being rushed at the end when clinicians had to leave to start surgery. Due to the pandemic not all Practices received a visit during 2019/20.

2.3 Shropshire CCG Practice Visits

Practice Visits in Shropshire have taken place in different formats over the years, with these being led by the Medicines Management Practice Support Team for a period of time after the establishment of the CCG. The Medicines Management Team have continued to work with and support practices in regard to prescribing and medicines-related projects.

In 2019 a new Terms of Reference was proposed for visits and a Quality Assurance visit template trialled with a number of Practices to gain feedback on this process. Although well received by the Practices visited, it was acknowledged that further work was required on the format. This work was put on hold, however the intention has always been to establish a robust process for quality monitoring and support.

3.0 National Guidance for Practice Visits

3.1 The Primary Medical Care Policy and Guidance Manual V3 (April 2019) (Assurance Framework Contract Review section) maps out the responsibility of commissioners to gain assurance from Practices from both a contractual and quality perspective using a variety of data sources including the Practice self-declaration (e-dec) and key performance indicators. It provides specific guidance on completing assurance visits so any anomalies can be resolved. It is suggested that future Practice Visits are best placed to occur in the late Autumn/Winter to coincide with the e-dec publication. This recommends both informal Practice Visits which can be instigated by the Practice to discuss a specific topic, for example a Practice merger, or a formal visit where concerns have been identified which need to be explored and support provided.

4.0 Local Practice Resilience Indicators

4.1 Telford and Wrekin CCG Primary Care Team identified a series of metrics which could be used to identify struggling practices and enable the CCG to proactively offer support to prevent continued or increased issues.

4.2 More recently, in October 2019 a paper was presented to Telford and Wrekin CCG PCCC outlining a graded continuum of escalating concern to allow the CCG to identify Practices requiring support. It allowed for Practice Visits to be prioritised and focused discussions on the areas of concern. This is included as Appendix 1 for information.

4.3 The Shropshire CCG Primary Care Team have continued to review data available from sources such as the GP Patient Survey and CQC inspection reports, with reports presented to Shropshire CCG PCCC. Practice Visits have been carried out to address specific areas of concern or support.

4.4 Both CCGs have continued to receive and review patient feedback via Healthwatch, MP letters, complaints and PALS teams, Care Quality Commission (CQC) and NHS Choices. GP Patient Survey data and Quality and Outcomes Framework (QOF) achievement data is presented to PCCC on an annual basis.

5.0 Future Practice Visits

5.1 It is acknowledged that there needs to be a standard approach across Shropshire, Telford and Wrekin for future Practice Visits which still allows for the tailoring of discussions around particular topics for each Practice as required.

5.2 Consideration needs to be given to the scope of the visit. Further work needs to be undertaken to identify and agree the key principles for Practice Visits which are aligned to the Primary Care Strategy and CCG's priorities. Preparation to gather evidence prior to the visit will help target the conversation and reduce time spent on areas where assurance can be gained via other routes, for example Practice data pack information.

5.3 Practices Visits need to be seen as opportunities for clarification, support and sharing of best practice. Care needs to be taken to ensure that high performing Practices are given opportunities

to have a Visit in order to showcase their successes and the focus should not solely be on Practices with concerns.

5.4 In order to achieve the above, the proposal is to create a time-limited task and finish group with representatives from the CCG's Primary Care Team, Clinical Leads, Quality Team and Medicines Management Team to initially review the work done so far to agree an approach that will identify the high risk Practices and a short term approach to gain assurances. The group will also agree a Terms of Reference for the Practice Visits, scope of the visits and required preparation to target the conversations. The group will review the current data packs and information sources used by the CCGs with a view to incorporating them into one standard pack across Shropshire, Telford and Wrekin.

5.5 The Quality Team presented a paper to Quality and Performance Committee providing further clarification on current sources used for gaining assurances and future aspirations. Due to the ongoing demands of the pandemic and vaccination programme, this has been held prior to sharing with Practices and will become part of the discussions regarding Practice Visits. Key areas within this document to structure the pre visit intelligence gathering, which would in turn identify areas to cover on the visit include: review of actions plans following CQC inspection, learning from incidents and significant events, monitoring of annual health check completion, practice support for prevention programmes, review of infection prevention and control audits, patient experience including access and workforce development.

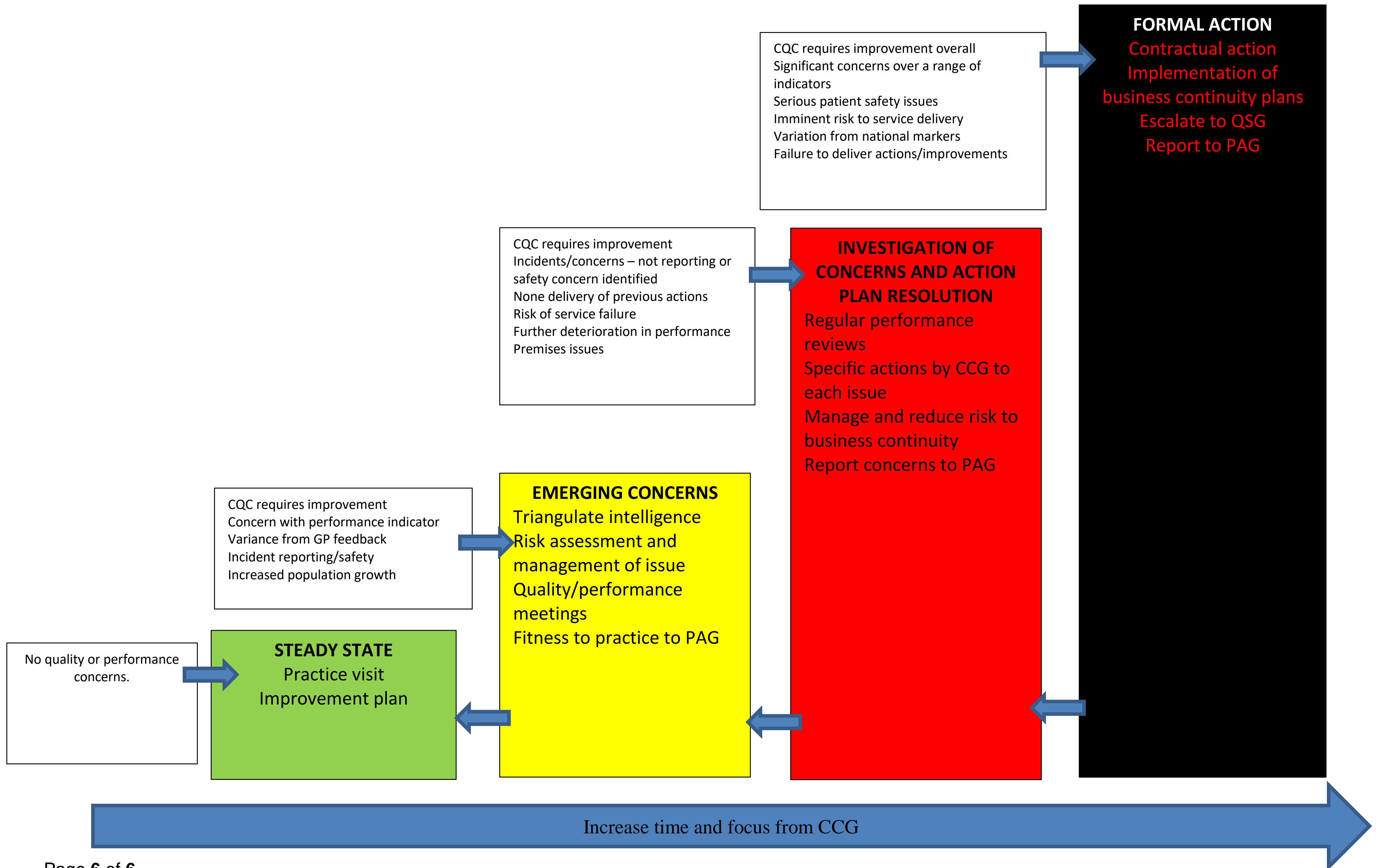
5.6 The proposal would be for Practice Visits to recommence in Autumn 2021 if circumstances allow, on a two year rolling programme. As of 1st April 2021 there will be 51 practices in total across Shropshire, Telford and Wrekin, and a decision would need to be made as to whether to aim to visit all practices, or agree a varied approach. Visits would be scheduled in advance, being mindful that this is subject to Covid-19 pandemic considerations which could necessitate a 'virtual visit'.

6.0 Recommendations

6.1 Primary Care Commissioning Committee are asked to:

- Note the contents of this paper and the plan to align Practice Visits across Shropshire, Telford and Wrekin in future with the Primary Care Strategy, CCG priorities and contractual/quality requirements.
- Consider the proposal to create a time-limited task and finish group with representatives from the CCG's Primary Care Team, Primary Care representatives and/or Clinical Leads, CCG Quality Team and CCG Medicines Management Team, to agree the key principles for a visit, agenda and time frame.
- Advise on the priority and capacity that the CCG is able to invest in this work.

Appendix 1



Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-04.20
Enclosure No	5
Committee:	Primary Care Commissioning Committee
Date:	7th April 2021

Title of report:	Learning Disabilities and Autism update – focusing on a pilot scheme to support the completion of Annual Health Checks quality reviews
Responsible Director:	Claire Parker, Director of Partnerships Zena Young, Executive Director of Nursing and Quality
Author of report:	Gail Owen, Senior Quality Lead, STW CCG Jane Sullivan, Senior Quality Lead, STW CCG Janet Gittins, Partnership Manager, STW CCG Elaine Thomas, Clinical Team Leader, Intensive Outreach Team, MPFT
Presenter:	Gail Owen, Senior Quality Lead, STW CCG Jane Sullivan, Senior Quality Lead, STW CCG

Purpose of the report:
Purpose of the report is the provide Primary Care Commissioning Committee with details of proposal to undertake quality assurance audit of Learning Disability Annual Health Checks (LDAHC) undertaken by Primary Care between April 2020 and March 2021.

Key issues or points to note:
People with learning disabilities (LD) have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable.
Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity of care.

The Local Picture is:

- The Learning Disability & Autism board (LD & A Board) has new leadership and an improved governance framework
- In-patient target remains a challenge and covid restrictions have put more pressure on hospital discharges
- Covid restrictions are having a negative impact of the mental health of those with a Learning Disability (LD) and or Autism
- Learning Disability Annual Health Checks (LDAHCs) are continuing during the pandemic restrictions and Shropshire, Telford and Wrekin are broadly on track to meet the trajectory. Autism pathways both child and adult are under significant pressures with long waiting lists. A plan is in place for the children and young people pathway and one is in preparation for the adult

Locally, both the LeDeR action plan and Annual health check improvement plan have identified the need to review the quality of the Annual Health checks across Shropshire Telford & Wrekin, this paper provides an update of the Learning Disability & Autism position and also outlines the detail of the proposed pilot scheme.

Actions required by Primary Care Commissioning Committee
The committee are asked to;

- review the proposal and provide feedback
- agree to receive proposal for audit from Task and Finish Group
- support proposal to conduct LDAHC quality assurance audits with Practices in Shropshire, Telford and Wrekin CCG.

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 Implications for staff time both CCGs, MPFT and Primary care to enable audit to take place over a significant period up to approx. 2 years.	Yes /
2	Health inequalities This cohort of patients have high levels of inequalities' which leads to reduced life expectancy.	Yes /
3	Human Rights, equality and diversity requirements This cohort of patients have high levels of inequalities' which leads to reduced life expectancy.	Yes /
4	Clinical engagement Clinical engagement will be undertaken in developing the quality audit	Yes /
5	Patient and public engagement Service user feedback will be sort as part of the Task and Finish Group	Yes /
6	Risk to financial and clinical sustainability	/ No

Learning Disabilities and Autism update – focusing on a pilot scheme to support the completion of Annual Health Checks quality reviews	
1	**1.1 Introduction**

	This paper provides a brief update to enable a discussion regarding how the Quality Reviews of the LDAHC's can be carried out locally across all General Practices. This requires collaborative working between the Primary Care Team, Quality Team and MPFT. The annual health check has the potential to be a powerful tool as part of this partnership working and in making a significant impact on improving health outcomes and reducing inequalities. Annual health checks are available to all people over 14 with learning disabilities. They also prompt a review of existing conditions or risks associated to specific diagnoses, so these can be monitored proactively. <u>Some of the Barriers to Health Inequalities:</u> • Patients not identified as having a learning disability • Failure to recognise that a person with learning disabilities is unwell • Failure to make a correct diagnosis • Lack of joint working between different care systems • Not enough involvement allowed from carers • Inadequate aftercare or follow up care Nationally CCG's are being tasked with ensuring that Annual Health checks and the quality of those checks are being robustly supported. The proposed pilot scheme will audit (in conjunction with Practices) the quality of the annual health checks and health action plans and ensure they are comprehensive and meet the needs of the individual. The purpose of the audit is to establish a baseline of current practice and to identify themes and learning which will then be shared across Primary Care and the LD & A Board. Authors acknowledge support of MPFT Intensive Health Outreach Team in working with the CCGs and supporting to development of the Quality Audit proposal.
2	**2.1 Background** Over the past 5 years there has been increased focus on the health inequalities of individuals with a learning disability and /or autism. This cohort of individuals lives on average 20 years less than the rest of the population. Many of these individuals may be considered as vulnerable and this was highlighted at the Winterbourne view scandal in 2012 where patients at a long stay hospital were seen to suffer severe abuse from those who were paid to care for them. This lead to recommendations that individuals should not be left in hospital for years but reintroduced into the community in the least restrictive setting. The Confidential Enquiry into premature deaths of people with a learning disability (CIPOLD) highlighted that 49% of the deaths reviewed demonstrated avoidable mortality, with 28% of these amenable to better quality health care at the time of death. Practices who have signed up to the Quality Outcomes Framework (QOF) are expected to maintain a register of all patients on their Practice list who have a learning disability. I The LDAHC Directed Enhanced Service (DES) which requires practices to;

- provide an annual health check to patients on the practice QOF register using a suitably accredited protocol (for example, the Cardiff health check or the National Electronic Health Check (Learning Disabilities) Template).
- Where possible, and with the consent of the patient, this should involve carers and support workers. Practices should liaise with relevant local support services such as social services and educational support services, in addition to learning disability health professionals.

The DES stipulates that the minimum requirements for the health check include;

- a review of physical and mental health with referral through the usual practice routes if health problems are identified
- the production of a health action plan for all patients with a learning disability who are aged 14 years and over,
- a check on the accuracy and appropriateness of prescribed medications
- a review of coordination arrangements with secondary care
- a review of transition arrangements where appropriate.
- a discussion of likely reasonable adjustments should secondary care be needed
- a review of communication needs, including how the person might communicate pain or distress
- a review of family carer needs
- support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information
- in a format they can understand any support they need to communicate.
- where appropriate, a review of any transitional arrangements which took place on the patient attaining the age of 18

Enhanced Service for LD HC

In the wake of the Covid-19 pandemic NHSE/I created a Midlands Region Support Pack for GPs Re-starting LDAHCs. They recommend a stepped approach to a LDAHC which are based on individual risk assessments;

- Patients at greatest risk be reviewed first
- Patients who can safely be assessed remotely should be
- Patients who present a clinical risk at initial review or on completion of health check should be invited to the surgery or offered a video consultation if that medium can be managed by the patient/carer. Video consultation should only be used where physical examination is not core to assessment and where communication skills are good enough to support this method.
- Patients who present a high clinical risk should be invited to the practice for a face-to-face review. Where these patients are shielding or a have a high risk of

Covid-19 infection, consideration should be given to on-line consultation and a clinical decision made on the balance of risk and benefit.

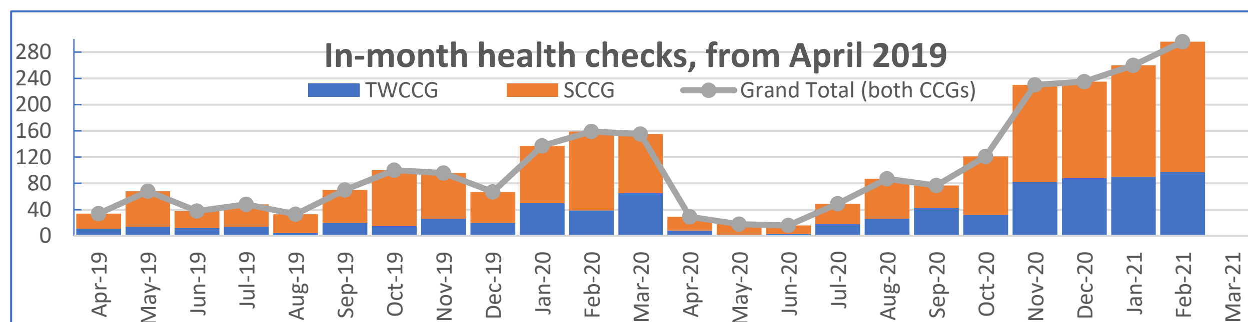
Reviews should be conducted in line with the Directed Enhanced Service (DES) specification for Learning Disability Annual Health Checks. The only aspect of DES not expected to be delivered is the physical examination, and only where this would prevent an unacceptable risk and is deemed appropriate for virtual review according to guidance in this document. The document did advise that there is the expectation that annual health checks will go back to face to face once services are unlocked.

LDAHC Midlands Region Support Pack

3

3.1 Learning Disability Annual health checks Current Local Update

Practices across Shropshire Telford and Wrekin have made a marked improvement in the number of LDAHCs completed during 2021 – 2021 especially considering the pandemic.



Locally we are on target to reach the national target of above 67% of those on LD registers receiving a LDAHC.

4

4.1 Quality Reviews of Annual Health Checks

Local systems are in place to support the completion of LDAHC's and the numbers completed reflect an increase in uptake over the last few months. CCGs acknowledge that Practices have been adhering to the National Guidance regarding taking an individualised approach, however feel it is important to gain assurance that people with a learning disability have received a personalised health check and that the individual health plan and any actions associated with the plan are implemented.

It is important to ensure the uptake of LDAHC's continues to increase however it is acknowledged that there needs to be assurance that they are being completed to the national standard and meeting the individuals needs including producing a robust health action plan.

Provisional discussions have taken place with MPFT to work jointly with the Quality team to review the LDAHC's at Practices. However on reflection we have concluded that there needs to be a more formalised and consistent approach to highlight areas of good

practice as well as areas of improvement.

4.2 Proposal

A time limited task and finish group is established to agree the aims and objectives of the audit, Terms Of Reference, sample size and create/agree the audit tool. The group should be made up of representatives from CCG, MPFT, Primary Care and service users. They will seek agreement on the proposal and to proceed from the LD & A board and LMC and will be a sub group of the board for the life of the group.

The Task and Finish group to consider the content of the audit including;

- Selection, sample size of audit, tool development and timescales. Group would use intelligence from Intensive Outreach Team to identify criteria for selection of sample ie a previous unplanned admission within 6 months of a health check.
- Has a current set of observations been taken from the person? Due to reduced LDAHC checks in previous years there may not be up to date observations.
- Where a person has an identified condition ie asthma, diabetes, have they had or been referred for, the appropriate annual screen that these conditions require?
- Where age indicates have they been provided with advice regarding smear/breast/testicular/bowel screening programs
- Where records show "declined" for these procedures is there evidence that capacity/best interests have been discussed as MDT
- Is there an appropriate health action plan (or similar given that we have been made aware the NHSE electronic tool doesn't pull through), including appropriate referrals
- Where/ if advice has been sent out, is it in easy read format
- Service user experience of the health check – did it meet their expressed needs, did they understand the reasons for the invitation to attend the health check
- Has the Practice received the basic awareness training the DES requires

The Task and Finish group would agree a pilot study initially but the plan would be over the course of 2 years to audit all STW Practices. Group to present plan and audit tool to PCCC for approval and ensure communications are sent to Practices with details of planned audit.

Following each audit the individual practice would receive feedback. During the audit every 6 months interim themes and learning would be identified and shared across all Practices to support improvements in delivery of LDAHCs. A final overall report would be completed when all audits undertaken.

4.3 Assurance

The Learning Disabilities & Autism board oversees this programme and has been redefined and has director level attendees for all partners. The SRO is Claire Parker and the deputy SRO is the Director of adult social services Shropshire. The board has parent carer and adult advocacy attendance as well as representation from NHSEI regional team. The board holds a risk register which is reviewed monthly

5	**5.1 Recommendation** The committee are asked to; • review the proposal and provide feedback • agree to receive proposal for audit from Task and Finish Group • support proposal to conduct LDAHC quality assurance audits with Practices in Shropshire, Telford and Wrekin CCG.

Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-21-04.21
Enclosure No	6
Committee:	Primary Care Commissioning Committee
Date:	7th April 2021

Title of report:	Risk Register
Responsible Director:	Claire Parker Director of Partnerships
Author of report:	Tracey Jones Deputy Director Partnerships
Presenter:	Tracey Jones Deputy Director Partnerships

Purpose of the report:

Inform Committee of creation of Shropshire , Telford and Wrekin CCG Risk Register

Key issues or points to note:

1. Single Joint register 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.

2. The removal from Shropshire risk register of the risk relating to primary care quality visits and the creation of a new risk relating to this on the Single CCG register (NB PCCC will also receive a paper in this meeting (April 7th 2021) in relation to this.

Actions required by Primary Care Commissioning Committee

- Note the report

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
	Any risks relating to this monitoring area are noted within the body of the risk register
2	Health inequalities
	Any risks relating to this monitoring area are noted within the body of the risk register
3	Human Rights, equality and diversity requirements
	Any risks relating to this monitoring area are noted within the body of the risk register
4	Clinical engagement
	Any risks relating to this monitoring area are noted within the body of the risk register
5	Patient and public engagement
	Any risks relating to this monitoring area are noted within the body of the risk register
6	Risk to financial and clinical sustainability
	Any risks relating to this monitoring area are noted within the body of the risk register

Primary care risk register - Shropshire CCG

1	2	3	4	5	6	7	8	9	10	11	12	13
Risk ID	**Objective**	**Opened / added by**	**Risk and description**	**Opportunity**	**Existing key controls**	**Existing sources of assurance**	**Gaps in controls or assurances**	**Risk score (consequences x likelihood)**	**Action plan / cost / action lead /(target date) /sufficient mitigation**	**Target risk score for end of financial year**	**Executive Lead and Risk Owner**	**Amendments: name and date**
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 quailty 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
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	26/11/20 Risk updated
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.	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.	3x3=9 Moderate	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?	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis	

Primary care risk register - Telford CCG

1	2	3	4	5	6	7	8	9	10	11	12	13
Risk ID	**Objective**	**Opened / added by**	**Risk and description**	**Opportunity**	**Existing key controls**	**Existing sources of assurance**	**Gaps in controls or assurances**	**Risk score (consequences x likelihood)**	**Action plan / cost / action lead /(target date) /sufficient mitigation**	**Target risk score for end of financial year**	**Executive Lead and Risk Owner**	**Amendments: name and date**

Primary care risk register - shared risks (Shropshire, Telford and Wrekin CCGs)

1	2	3	4	5	6	7	8	9	10	11	12	13
Risk ID	**Objective**	**Opened / added by**	**Risk and description**	**Opportunity**	**Existing key controls**	**Existing sources of assurance**	**Gaps in controls or assurances**	**Risk score (consequences x likelihood)**	**Action plan / cost / action lead /(target date) /sufficient mitigation**	**Target risk score for end of financial year**	**Executive Lead and Risk Owner**	**Amendments: name and date**
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C.Ralph	**Primary Care Networks (PCN)** Seven PCNs established July 2020. 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	26/11/2020 C.Ralph
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
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 with 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

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

	Likelihood				
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Negligible	1 VERY LOW	2 VERY LOW	3 VERY LOW	4 LOW	5 LOW
2 Minor	2 VERY LOW	4 LOW	6 LOW	8 MODERATE	10 MODERATE
3 Moderate	3 VERY LOW	6 LOW	9 MODERATE	12 HIGH	15 HIGH
4 Major	4 LOW	8 MODERATE	12 HIGH	16 HIGH	20 EXTREME
5 Catastrophic	5 LOW	10 MODERATE	15 HIGH	20 EXTREME	25 EXTREME

	1 – 3	Very Low risk
	4 – 6	Low risk
	8 – 10	Moderate risk
	12 – 16	High risk
	20 – 25	Extreme risk

	Consequence score (severity levels) and examples of descriptions				
Domains	1. Negligible	2. Minor	3. Moderate	4.Major	5. Extreme
Impact on the safety of patients, staff or public (physical/psychological harm).	Minimal injury or illness, requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal. Informal complain/injury.	Overall treatment or service suboptimal. Formal complaint. Local resolution. Single failure to meet standards. Minor implications for patient safety unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non compliance with national standards with significant risk to patient if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	totally unacceptable level or quality of treatment/ services. Gross failure of patient safety if findings not acted upon. Inquest/ombudsman inquiry. Gross failure to meet national standards.

Human resources/organisational/ development/staffing/ competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack to staff. On-going unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspections	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	single breach in statutory duty. Challenging external recommendation/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severity critical report.
Adverse publicity	Rumours. Potential for public concern.	Local media coverage. Short term reduction in public confidence. Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions raised in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget. Schedule slippage.	5-10 per cent over project budget. Schedule slippage.	Non-compliance with national 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including claims	Small loss. Risk of claim remote.	Loss of 0.1 - 0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25-0.5 per cent of budget. Claim (s) between £10,000 and £100,000.	Uncertain delivery of key objective/loss of .5 - 1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objectives/loss of >1 per cent of budget. Failure to meet specification/slip page. Loss of contract/payment by results. Claim(s) > £1 million.
Service/business interruption/environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Catastrophic impact on environment.