NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	2 February 2022
Chair	Mrs Donna Macarthur	**Time**	11.00
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-22-02.01	Welcome and Introductions	Chair	11.00	Verbal
PCCC-22-02.02	Apologies	Chair	11.00	Verbal
PCCC-22-02.03	Declarations of Interests	Chair	11.05	Verbal
PCCC-22-02.04	Minutes of Previous Meeting and Matters Arising:- • PCCC 1 December 2021 • Action Tracker	Chair	11.10	Enc. No. 1 Enc. No. 1A
PCCC-22-02.05	Finance Update	Angharad Jones	11.20	Enc. No. 2
PCCC-22-02.06	Primary Care Report • Workforce • Estates • IT • Contracts	Tom Brettell / Janet Gittins / Jenny Stevenson	11.30	Enc. No. 3
PCCC-22-02.07	Shifnal FBC	Darren Francis	11.50	Enc. No. 4
PCCC-22-02.08	Draft Caretaking Policy	Bernie Williams	11.55	Enc. No. 5 Enc. No. 5A
PCCC-22-02.09	Practice Boundary Extensions	Bernie Williams	12.00	Enc. No. 6
PCCC-22-02.10	Risk Register (For Information Only)	Claire Parker	12.15	Enc. No. 7
PCCC-22-02.11	Any Other Business	Chair	12.30	Verbal
PCCC-22-02.12	Date and Time of Next Meeting: Wednesday 6 April 2022 at 11.00 a.m.		12.35	
	To resolve that representatives of the press and other members of the public be excluded from the			

	remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.			

MINUTES

SHROPSHIRE, TELFORD AND WREKIN PRIMARY CARE COMMISSIONING COMMITTEE
PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 12.45 P.M. ON WEDNESDAY 1 DECEMBER 2021

Present

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mrs Zena Young	Executive Director of Nursing & Quality
Ms Claire Parker	Director of Partnerships
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Dr Andy Watts	Independent GP
Mrs Laura Clare	Deputy Director of Finance

In Attendance

Dr John Pepper	Chair, STW CCG
Dr Adam Pringle	GP/Healthcare Professional; Governing Body Member
Dr Deborah Shepherd	Interim Medical Director
Dr Julie Davies	Director of Performance
Mr Steve Ellis	Associate Director of Primary Care
Ms Emma Pyrah	Head of Primary Care Commissioning
Chris Billingham	Corporate PA; Note Taker

Apologies

Mrs Claire Skidmore	Executive Director of Finance
Mrs Tracey Jones	Deputy Director - Partnerships
Mrs Vanessa Barrett	Chair, Healthwatch Shropshire
Cllr. Kelly Middleton	Telford & Wrekin Council

PCCC 21-12.60 Welcome and Introductions

Mrs Macarthur welcomed everyone present to the meeting.

PCCC 21-12.61 Apologies

Apologies received were as recorded above.

PCCC 21-12.62 Members' Declaration of Interests

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

Dr Pepper declared that he is a salaried GP at Belvidere Medical Practice, which is one of the Practices that may be involved in the Health and Wellbeing Hub. He has no financial interest arising as he is no longer a Partner at the Practice and is no longer a part owner of the premises.

PCCC 21-12.63 Minutes of Previous Meetings and Matters Arising
The minutes of the meeting held on 6 October 2021 were reviewed and members requested that the following amendments should be made in the interests of accuracy:-

Dr Pepper requested that the minutes be amended to show that he was “In Attendance” as opposed to “Present” as he is a non-voting member of the Committee.

The Committee approved the minutes of the meeting which took place on 6 October 2021 as a true and accurate record, provided the above amendment is made.

The Action Tracker was reviewed and updated as appropriate.

Ms Parker advised the meeting that, going forward, Primary Care Commissioning Committee will continue to exist in the new arrangements. Governance of the Committee in the new organisation is not yet known but the delegated responsibilities will remain although membership may change slightly.

PCCC 21-12.64 Finance Update
Angus Hughes, Associate Director of Finance, advised the Committee that Ben Banks, the Finance Business Partner who supported Primary Care and author of today’s paper, left the CCG the previous week. He advised members that Angharad Jones was the newly appointed Finance Business Partner who will support Primary Care going forward.

Mr Hughes briefed the Committee regarding the Finance paper, key points of which were:-

- Month 7 showed a total spend within Primary Care of £15.1m; £107m year to date. Due to the timing of the H2 planning process, budgets were not uploaded into the ledgers until the previous week. For Month 7 reporting there had been no comparison budget and the year to date Month 6 figures had been applied for comparison purposes and to identify any significant anomalies.

- Co-commissioning spend in Month 7 was £6.4m which is comparable with year to date Month 6 run rate.

- Non-delegated Primary Care spend in Month 7 was £8.7m compared to year to date Month 6 run rate of £9m. The reduced expenditure in Month 7 was due to the non-recurrent allocation received in H1 for the Health and Wellbeing Hub for which expenditure was accrued throughout H1. There is an expectation that some of this funding will be returned to NHSE/I over the coming months due to delays in development of the scheme.

- Overall, the underlying expenditure for the full year remains in line with that published in the System Sustainability Plan. Co-commissioning is approximately £1.5m above the ring fenced allocation for that area.

- The efficiency challenge within Primary Care continues to attempt to reduce the gap. The total efficiency target for the year is £2.3m and year to date STW CCG is above that target due to efficiencies within the Prescription Ordering Direct scheme. The total full year forecast is reporting an under-achievement of £324k.

- Primary Care transformation funding received is still expected to be spent in this financial year. However, there is a risk associated with the Fellowship Scheme due to lack of applicants. This is a regional issue and is not merely specific to Shropshire Telford and Wrekin.

- The CCG is currently expecting an expenditure shortfall of £1.6m against the ARRS funding. All PCNs are reviewing options for additional staffing in order to reduce this.

- Ongoing risks within the division have been identified and include expenditure on prescribing where the growth rates in earlier months exceeded plan in the first half of the year but now appear to be reducing month on month. Phlebotomy is highlighting a potential cost pressure for next year and long term service delivery options are being considered.

Mr Hughes' report summarised the financial plan for H2. Primary Care was significantly lower than H1 due to recognition of the non-recurrent allocations received in H1, including the Health and Wellbeing Hub. As no allocations have yet been reflected in the H2 plan, the H2 figure is significantly lower than H1. That position will be rectified in coming months.

Mr Hughes invited questions.

Ms Parker expressed the thanks and appreciation of both the Primary Care team and the Committee for the work done and support provided by Ben Banks.

The Chair requested assurance that the return of funding for the Cavell Centre would not cause issues going forward. Mrs Clare advised that the funding had been received in advance but as it could not be spent in year, it would be returned to NHSE/I.

The meeting discussed the reference in the report to difficulties in recruiting into the Fellowships. Mr Hughes was asked to establish what the difficulties were.

ACTION: Mr Hughes to establish the difficulties in recruiting to the Fellowship positions.

- The Committee noted the information contained in the report and the need to focus all efforts on delivery of the recurrent efficiency target in order to meet the requirements of the sustainability plan.

PCCC 21-12.65 Primary Care Report

Mr Brettell advised that the Primary Care Report had been expanded to include a section relating to current priority work of the Partnership Managers. Mr Brettell drew the Committee's attention to the following points:-

- The locally commissioned services review work had commenced.
- Priority work around the Macmillan Community Care project was progressing well.
- The CCG had signed the Armed Forces Covenant. Supporting Practices to become veteran friendly was a very positive piece of work at a very difficult time.

Mr Brettell invited questions.

Dr Davies referred to the narrative relating to Health Checks for patients with serious mental illness, which was a national requirement, and requested assurance that it was possible to meet the target. In the event of difficulties, the Practices may require support from the CCG to deliver the scheme. Ms Parker suggested that this topic could be raised at Locality Boards in order to establish what support the CCG could provide to Practices.

Mr Brettell confirmed that he had seen evidence of good practice whilst on a Practice visit and would make sure that this was fed back to all Practices.

Mrs Macarthur referred to the one Practice who had decided not to participate in winter and winter capacity schemes and asked if there was any impact for patients of that Practice.
Mr Ellis reported that he was unaware that one Practice was not participating in the winter schemes, and will investigate.

ACTION: Mr Ellis to check whether one Practice is not participating in the winter schemes.

- The Committee noted the contents of the report and the work currently being undertaken by the Primary Care team.

PCCC 21-12.66 Shrewsbury Health & Wellbeing Hub
Mr Ellis's report introduced the work to date around development of a Shrewsbury Health and Well-Being Hub. It described the background of Primary Care estates, the case for change, outline proposals and the public engagement undertaken so far. The development was being led by Primary Care as part of a national pilot but involved all parts of the system in identifying potential service delivery. The project is in very early stages and is an iterative process involving the following key partners:

- Shrewsbury Primary Care Network
- GP Practices (Belvidere Medical Practice, Claremont Bank Surgery, Marden Medical Practice, Marysville Medical Practice, Mytton Oak Surgery, Radbrook Green Surgery, South Hermitage Surgery and The Beeches Medical Practice)
- Midlands Partnership Foundation Trust
- Robert Jones and Agnes Hunt Hospital
- Shrewsbury and Telford Hospitals Trust
- Shropshire Community Health Trust
- Shropshire Council
- Healthwatch Shropshire
- Representatives from the Voluntary Sector

The project provided an opportunity to access a significant amount of national funding. However, the capital charges are not yet known.

Mr Ellis assured Committee that he would continue to bring update reports to PCCC as the project is progressed, and invited questions.

Dr Shepherd suggested that direct communication to Practices may be required in view of comments received around inequity.

Dr Pepper referred to difficulties faced by Practices in terms of their future continuity and the issue regarding leases which can be a dis-incentive for Partners to remain on a lease or to join as Partners into a lease. He asked to what extent the project helped mitigate such issues, which had been experienced by Practices and Partners in the past.

Mr Ellis advised that this issue had been raised by a number of Partners around the County. The Cavell Centre, being system owned rather than owned or leased by individual Practices, would provide much more flexibility. The legal implications are still to be established, but the project is attempting to resolve the issue around personal liability of GP Partners.

Dr Shepherd referred to a question raised in the CCG Leaders meeting about system ownership of premises and the legal implications and responsibilities involved as the system is very poorly defined. The question was - If one member of the system, either a provider or an individual, signs a lease on behalf of the system, who carries responsibility. Attendees at the Leaders meeting considered that this may well carry significant risks.

ACTION: Mr Ellis to raise with the Project Manager of the Health & Wellbeing Hub the subject of responsibilities and risks attached to an individual signing a lease on behalf of the system.

Ms Parker advised that the legislation does capture that systems as commissioners can own capital, which CCGs cannot currently do. She believed that changes had taken place that enable the system to hold the capital and take responsibility for it, which is why such pilot sites were being tested.

- The Committee noted the contents of the report and agreed to receive future reports during the lifetime of the project.

- The Committee also agreed with Dr Shepherd's suggestion that a series of direct communications should take place across the system.

ACTION: Mr Ellis to discuss with the Comms Team provision of communications across the system regarding the Health & Wellbeing Hub.

PCCC 21-12.67 General Practice Nurse Strategy

Jane Sullivan's report on the General Practice Nurse Strategy was taken as read. The document was the final version of the Strategy and incorporated amendments which had been suggested at previous PCCC meetings at which the document was presented in draft form. Key points of the report were:-

- General Practice Nurse development had been seen by Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) as an area of focus in order to retain an agile workforce to support the needs of the population. The strategy covered all grades of nursing staff and looks to support and develop Health Care Assistants and new roles such as Nursing Associates.

- The strategy was based on the three overarching principles from the GPN 10 Point Action Plan – Recruitment, Retention, and Reform - and explored local opportunities to achieve these ambitions.

- The aims of the strategy had been consolidated into a key deliverables plan which will provide more granular detail on how the ambitions are to be achieved. The Plan was embedded in the strategy and was also detailed in Appendix 1 of the report.

Ms Sullivan drew the attention of the Committee to the Key Deliverables in Appendix A. Committee members were asked how they would like her to share with them the milestones achieved for the deliverables and how frequently the Committee wished to receive updates. The Strategy had been uploaded to the new Training Hub website, links to which will be shared with all Practice Nurses.

The Chair invited questions.

Mrs Young queried where this might be placed moving forward into the ICS ICB as consideration must be given to forums and governance going forward. She believed that this should be reflected at Place.

The Committee:-

- Reviewed the STW ICS General Practice Nurse Strategy 2021 – 2023.
- Noted the key deliverables and time frames.
- Noted Mrs Young's comments as to how progress towards achievements will be shared with Committee going forward.

PCCC 21-12.68 LDA Health Checks Quarterly Audit

The purpose of Mrs Sullivan's report was to provide Primary Care Commissioning Committee with an update on the Learning Disability Annual Health Checks (LDAHC) Quality Audit pilot which was undertaken between August and November 2021.

Unfortunately, due to circumstances, the audit had not been completed in as timely a manner as planned. To date, three Practices had been audited and discussions were taking place with several other Practices to establish whether the fourth audit can be completed. If this is not possible, consideration must be given as to how this should be progressed.

The three audits already completed were reviewed, and all Practices in the pilot demonstrated a holistic approach to annual health checks and all took into account the needs of the individuals. Practices used a template for the annual health check, but it was found that some captured more information than others. All Practices discussed with the person or their carer the next steps and the actions required but not all were given an Action Plan in writing.

Feedback from audited Practices was that they found the audit very useful. It highlighted to them areas of learning and provided them with actions as to how to change processes in the future. One in particular has asked if it was possible for them to be supplied with a tool - when finalised - to allow them to self-audit themselves in the future.

Recommendations identified as a result of the three audits were:-

- To support update training for staff
- To continue to support the use of easy read format templates for letters, pre-appointment questionnaires and action plans
- To recommend to Practices the kind of templates which support capture of all areas of the LDAHC and how these are saved/recorded onto Practice patient records
- Modification of the audit template to reflect areas identified in the pilot

The audit tool included in the Appendix will be modified upon completion of the pilot.
Mrs Sullivan requested views from the Committee as to how to move this forward after the pilot is completed, taking into account the number of Practices involved and also the Committee's views regarding developing the tool for the future.

Mr Vivian referred to information in the report that some audits were undertaken by video link and asked whether the quality of those experiences were diminished compared to a face to face exercise. He sought assurance that it was an effective way of undertaking the health check, and suggested that if so, it might be promoted to enable greater take up and higher coverage.

Ms Sullivan replied that the video link was used to interview people in supported living accommodation who had carers present to support them. Some individuals found this beneficial because they did not have to attend the surgery which for some was an anxiety-provoking situation. The use of video interviews was supported by NHSE. The team from MPFT supported the taking of the observations required for the health checks prior to the video call, and that information was shared with the Practice.

Dr Shepherd suggested that a possible way forward was for this to be shared as a tool for Practices to use themselves as part of their quality improvement and quality assurance. She believed that most Practices would welcome this and use it themselves, for example, to demonstrate to CQC their own personal appraisals of the quality of their work. She would welcome its use for other work, such as the SMI health checks, assessing not just the number completed but the quality and also providing a tool to establish whether good quality health checks actually do improve outcomes.

The Committee:-
- Noted the Quality Audit Pilot.
- Considered proposals for next steps and continuation of quality audits with all Practices following the pilot.

PCCC 21-12.69 Primary Care Quarterly Quality Report
The Committee considered Ms Sullivan's Quarterly Quality Report, key points of which were:-

- Since the Q4 report, two Practices had been inspected by CQC - Severn Fields in Shrewsbury, and Brown Clee in Ditton Priors. Severn Fields was rated as Requires Improvement overall.

- Since the report was presented at Quality & Performance Committee, the inspection report for Brown Clee Practice had been published on the CQC website with an overall rating of Good.

Ms Sullivan advised that Medicines Management had been supporting Severn Fields with the actions from the inspection and a recent Practice Visit had taken place during which the CQC visit was discussed, subsequent actions, and outcomes.

- During Q1 there were two NHS to NHS concerns raised in relation to care provided by Primary Care across Shropshire and Telford and Wrekin.

- The number of complaints for Quarter 1 was one, whilst the number of PALs remained similar as for Q4 at 131. The main concerns raised by patients via the PALs process related to access and communication.

Mrs Sullivan stated that the Friends & Family Test continues to be paused for Primary Care although for other providers it has now been reinstated.

The Chair observed that access continues to be an issue that is raised by patients and suggested that the Committee should receive an access report at an appropriate time in the future.

Ms Parker referred to national performance data which she believed may be worth bringing to PCCC on a bi-monthly basis which could then be included in the Primary Care report and also in Dr Davies' performance report.

ACTION: Dr Davies and Ms Parker to liaise regarding national performance data for quality and include Dave Ashford in discussions regarding collation of the figures for inclusion in reports to CCG Committees going forward.

PCCC 21-12.70 Risk Register

The Risk Register had been circulated for information only. Ms Parker asked Committee members for any identified risks that they wished to be added to the Register.

Dr Davies suggested that the current expansion of the booster programme and its implications for Primary Care services and patients should be added to the Register.

Mr Ellis updated the Committee that in terms of vaccinations, all but three Primary Care Networks (PCNs) had, prior to Monday 29 November, pulled out of delivering to Cohort 10, the 40 – 50 year olds.

The conversation currently taking place with the national team is around what nationally contracted work can be dropped. Discussion currently is around Quality Outcomes Framework (QOF) and potentially Investment & Impact Fund (IIF) which is the PCN version of QOF.

A letter is expected imminently from NHSE outlining what services Practices can cease doing in order to free up capacity to deliver vaccines.

Consideration is being given to setting up additional vaccination centres in other locations. The CCG is working with Community Pharmacy colleagues to expand the services they are offering which don't impact on Primary Care. Mr Ellis believed that there is a risk to Primary Care services and anticipated mitigation by the end of the week. The current plan is to deliver the required boosters by 31 January 2022, and local plans aligned with that are to ensure there is adequate capacity.

Dr Pepper believed that one very considerable risk was sustainability of the workforce itself and believed that this risk should be reflected on the Risk Register.

Dr Shepherd identified another aspect of the risk around General Practice ceasing to carry out certain work in order to devote resources to the vaccination programme, which was the impact on clinical outcomes and clinical care for patients. She believed that the clinical risk of Primary Care not having the capacity to fulfil its usual clinical care to the usual high standard should be recorded.

Dr Watts agreed with Dr Shepherd, commenting that this was not merely an issue for Shropshire GPs, but an issue for Practices in general. The shortfall in staff must be recognised and he agreed with Dr Pepper that this must be identified on the Risk Register.

The same comments regarding the capacity of General Practice had been made by two PCN Clinical Directors directly to Mr Ellis who advised that the CCG was working with regional and national colleagues to make sure that Primary Care is supported through the vaccination programme. Mr Ellis and colleagues from the vaccination team had regular meetings with PCN Leads individually to provide them with an opportunity to raise issues and concerns.

- The Committee agreed that the risk to Primary Care provision and capacity should be incorporated into the Risk Register.

PCCC 21-12.71 Any Other Business
There was no other business.

PCCC 21-12.72 Date and Time of Next Meeting
The next scheduled meeting will take place on Wednesday 2 February 2022 at 11.00 a.m. via Microsoft Teams.

Shropshire Telford and Wrekin CCG Primary Care Committee Action Tracker
Part 1 Meeting – 1 December 2021

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	**Estates Strategy Update**	Mr Brettell	October 2021	Estates Strategy to be submitted to the October 2021 PCCC. **October Update:** Mr Brettell advised of several inter-dependencies in terms of national pieces of work. The intention is to bring the Estates Strategy in full to the December meeting and will hopefully include an update regarding the PCNs and work done on their Estates Strategy.
PCCC-2020-12.22	**Primary Care Strategy Delivery**	Phil Morgan	October 2021	**December Update:** Ms Parker had discussed with Mr Ellis the team's capacity to review the Primary Care strategy. Similarly the Estates Strategy, for which a wider piece of work is required. Given the capacity within the team and the Covid vaccination expansion, the team does not have the capacity to refresh the Primary Care Strategy and the Estates Strategy at the present time. Ms Parker proposed that the Strategy remains as is until 31 March 2022 and is thoroughly reviewed once the move into the ICS has taken place.

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-21-06.29 Primary Care Report	PCN Estate Strategy to be an Agenda item for the October Committee.	Chris Billingham	October 2021 Meeting	**December Update:** As Ms Parker's comments above re Primary Care Strategy.
PCCC-21-08.39 GP Patient Survey 2020/21	Mrs Stevenson to schedule an update on the results of the GPPS 2020/21 into the Agenda planning for a future PCCC.	Jenny Stevenson	Specific meeting to be confirmed	**October Update:** Ongoing. Specific meeting not yet confirmed.
PCCC 21-10.53 Primary Care Report	Mr Brettell to submit a full report on the Estates Strategy to the December Committee Mr Brettell to update a future meeting regarding Practice boundaries.	Mr Brettell Mr Brettell	December 2021 meeting Meeting to be confirmed	
PCCC 21-10.58 Any Other Business	**Committee Evaluation Form:** All present at the October Committee to complete the Committee Evaluation form and return to Chris Billingham.	All present at October 2021 Committee	December 2021 meeting	**December Update:** Very few evaluation forms were submitted. Mrs Macarthur advised members that she is happy to receive feedback at any time.
PCCC 21-12.64 Finance Update	Mr Hughes to establish the difficulties in recruiting to the Fellowship positions.	Mr Hughes	February 2022 meeting	
PCCC 21-12.65 Primary Care Report	Mr Ellis to check whether one Practice is not participating in the winter schemes.	Mr Ellis	February 2022 meeting	
PCCC 21-12.66 Shrewsbury Health & Wellbeing Hub	Mr Ellis to raise with the Project Manager of the HWBH the subject of responsibilities and risks attached to an individual signing a lease on behalf of the system.	Mr Ellis	February 2022 meeting	

	Mr Ellis to discuss with the Comms Team provision of communications across the system regarding the HWBH.	Mr Ellis	February 2022 meeting	
PCCC 21-12.69 Primary Care Quarterly Quality Report	Dr Davies and Ms Parker to liaise regarding national performance data for quality and include Dave Ashford in discussions regarding collation of the figures for inclusion in reports to CCG Committees going forward.	Dr Davies / Ms Parker	February 2022 meeting	

NHS
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REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee**
Meeting held on 2nd February 2022

Item Number:	Agenda Item:
PCCC-22-02.05	2021/22 Month 9 Primary Care Financial Position

Executive Lead (s):	Author(s):
Claire Skidmore Director of Finance claire.skidmore@nhs.net	Angharad Jones Finance Business Partner Angharad.Jones1@nhs.net

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

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

Executive Summary (key points in the report):

The financial performance reported in this paper is for month 9 of 2021/22.

Year to Date- M9:
For Primary Care this is split into two sections. The first is Co-Commissioning (or Delegated) which is currently showing a £1,198k underspend year to date on a budget of £57,639k. The main driver of this underspend is £1,400k prior year benefit in relation to the Additional Roles Reimbursement Scheme (ARRS). The second section called Primary Care Services (Or Non Delegated) which is currently showing a year to date underspend of £2,004k on a budget of £82,227k. The main driver of this underspend is a £1,245k prior year benefit in relation to Prescribing which is non recurrent in nature.

Full Year Forecast- M9:
For the Delegated spending we are currently forecasting an under-spend of £802k, for Non-Delegated spending we are forecasting an underspend of £2,537k, again these are mainly driven by the prior year benefits.

Recommendations/Actions Required:

The committee is asked to:

Note the information contained in this report

Report Monitoring Form

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

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).*	No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).*	No
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).*	No
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).*	No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).* *The CCG financial position contributes to the System wide performance discussions to ensure that the System sustainability financial plan is monitored. Key variances and risks to the System position are highlighted.*	Yes

Tables included in this report:

2021/22 Month 9 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 9 - December 2021.

Year to Date Position and Full Year FOT

Table 1: M9 YTD & Full Year Position Delegated

Primary Care Delegated	Budget Year To Date M09 £'000	Actual Year To Date £'000	Variance Year To Date £'000	2021/22 Full Year Budget £'000	2021/22 Full Year Forecast £'000	2021/22 Forecast Variance £'000
General Practice - GMS	37,039	37,100	(61)	49,388	49,315	73
General Practice - PMS	282	285	(3)	377	385	(8)
Enhanced Services	5,698	4,253	1,445	8,375	6,930	1,445
QOF	5,800	5,198	602	7,634	7,150	484
Premises cost reimbursements	6,574	6,252	322	8,766	8,444	322
Dispensing	2,161	2,072	89	2,882	2,790	92
Other - GP Services	1,347	1,281	66	2,374	2,297	77
Net Reserves	(1,262)	0	(1,262)	(1,683)	0	(1,683)
Total	**57,639**	**56,441**	**1,198**	**78,113**	**77,311**	**802**

2. When submitting the H1 & H2 plan we had planned to overspend the ring fenced delegated budget by £1,683k. This is highlighted on the Reserves line above, and offsetting budget sits within the Non Delegated section of CCG reporting.

3. Year to date on the delegated budget we are reporting an under-spend of £1,198k against the budget. This is primarily driven by £500k in relation to QOF payments, and £82k in relation to dispensing charges. This is due to the final data received in 21/22 for these areas being lower than the estimate in the year end accounts. Additionally, last month £1,400k was released as we no longer believe that NHSEI will claw back unspent monies from the 20/21 Additional Roles Reimbursement Scheme.

4. The full year forecast is an under-spend of £802k with the drivers the same as for the year to date.

5. There is one efficiency scheme in relation to the Delegated budget, this is in relation to Premises rates rebates and is reflected in the Month 9 position (£322k underspend both year to date and full year) on the Premises cost reimbursement budget line. However this saving is netted off by an additional cost pressure in relation to Phlebotomy which is highlighted within the Non Delegated budget area.

Table 2: M5 YTD & H1 Position Non Delegated

Primary Care Non Delegated	Budget Year To Date M09 £'000	Actual Year To Date M09 £'000	Variance Year To Date M09 £'000	2021/22 Full Year Budget £'000	2021/22 Full Year Forecast £'000	2021/22 Forecast Variance £'000
Prescribing	63,195	62,320	875	83,331	82,256	1,075
Central Drugs	1,729	1,817	(88)	2,323	2,407	(84)
Oxygen	681	684	(3)	908	912	(4)
Prescribing Incentive Schemes	280	223	57	373	316	57
Enhanced Services	5,693	5,693	0	7,248	7,448	(200)
Primary Care Pay	1,677	1,771	(94)	2,236	2,252	(16)
Primary Care Other	1,324	2,821	(1,497)	1,766	83	1,683
Primary Care IT	1,439	1,439	0	1,931	1,931	0
GP Forward View	3,454	3,456	(2)	5,533	5,533	0
Primary Care Reserves	2,755	0	2,755	2,780	2,755	25
Total	**82,227**	**80,223**	**2,004**	**108,429**	**105,892**	**2,537**

6. In relation to Non Delegated budgets we are currently showing a year to date underspend of £2,004k. This is driven by a prior year benefit of £1,245k in relation to Prescribing (20/21 final charges were lower than the figure accrued) which is non recurrent in nature, and the reserve set up to net off the over-spend on the delegated allocation.

7. Full year we are forecasting an under-spend of £2,537k, this again is primarily driven by the aforementioned areas.

8. For prescribing, in year we have seen an average growth of 2.34% (Apr-Oct) versus 20/21. This average reduced in month by 1.6% which was driven by a 7% decrease in costs in October compared to the same period last year.

9. We have a number of efficiency schemes in relation to prescribing which are detailed intable 3; we have seen several of the schemes perform better than planned year to date. in spite of a large proportion of the medicines management team supporting the Covid Vaccine programme. Delivery of savings oer the last few months of the year is anticipated to be impacted by the continued redeployment of key members of the team and delays to programme roll out due to practices prioritising front line and vaccination work.

Table 3: M9 YTD and Full Year Efficiency Schemes

QIPP Scheme	M9 YTD Plan £000s	M9 YTD Actual £000s	M9 Variance £000s	Full Year Plan £000s	Full Year Forecast £000s	Forecast Variance £000s
Drug Switches	263	268	6	280	273	(7)
Respiratory	26	21	(5)	40	40	0
Scriptswitch (Shropshire Practices only)	251	261	10	275	275	0
Optimise (Telford Practices only)	153	166	13	202	202	0
Diabetes	57	71	15	70	100	30
Care Homes	156	146	(10)	200	149	(52)
POD	414	508	94	522	601	79
Self Care	0	0	0	0	0	0
DOLVC	70	65	(4)	100	100	0
Wound	0	0	0	0	0	0
Continence (Urotomy)	0	0	0	0	0	0
Optum	90	45	(45)	227	45	(182)
Total	**1,480**	**1,554**	**74**	**1,916**	**1,785**	**(131)**

Additional Allocations for Primary Care

10. As part of the allocations received to date there was a significant number in relation to Primary Care. A summary of the full year allocations are included in table 4 below.

Table 4: Summary of Primary Care Transformation Funding

Primary Care Scheme	Indicative 21/22 Budget £'000	Forecast 21/22 Spend £'000	Variance £'000
PCT LOCAL GP RETENTION	103	103	0
PCT TRAINING HUBS	103	103	0
PCT FELLOWSHIPS	340	340	0
PCT FLEXIBLE STAFF POOLS	120	120	0
PCT SUPPORTING MENTORS SCHEME	34	34	0
PCT PRIMARY CARE NETWORKS	250	250	0
PCT PRACTICE RESILIENCE	72	72	0
PCT ONLINE CONSULTATION SYSTEMS	136	136	0
PCT DIGITAL FIRST SUPPORT	545	545	0
PCT INFRASTRUCTURE AND RESILIENCE	111	111	0
Total	**1,815**	**1,815**	**0**

Winter Access Fund

11. The CCG has been allocated £2.1m of the National £250 million Winter Access Fund made available by NHSEI to improve access to urgent, same-day primary care and increase the resilience of the NHS urgent care system during winter. Plans are in place to spend the full amount allocated, however implementation has been delayed due to the National steer regarding Covid vaccine rollout prior to Christmas.

ARRS Funding

12. As part of the multiyear scheme for Additional Roles Reimbursement for Primary Care, the Primary Care Networks (PCNs) have submitted plans on how they will spend their notional budgets in 21/22 of which a summary is in table 5 below. We are currently forecasting full expenditure of the £3.5m allocation received in CCG baseline and there is no indication that further drawdown is required from the central funding stream. The forecast is being regularly reviewed in relation to any potential underspend due to the difficulty in recruiting to roles locally.

Table 5: Summary of ARRS funding by PCN

PCN	Total 2021/22 ARRS funding available £000s	2021/22 ARRS allocation in CCG baseline £000s	2021/22 Share of central funding £000s
North Shropshire	1,195	665	530
Shrewsbury	1,603	892	711
South West Shropshire	530	295	235
South East Shropshire	798	444	354
Teldoc	703	391	312
Wrekin	383	213	170
Newport & Central Telford	682	380	303
South East Telford	469	261	208
Total	**6,355**	**3,536**	**2,819**

Sustainability and Underlying Position

Table 6: ***Forecast performance against the sustainability plan for Primary Care Expenditure***

Category	Sustainability £000s	Recurrent FOT £000s	Variance £000s
Prescribing	85,873	85,872	1
Primary Care	13,272	13,358	-86
Co-commissioning	77,906	77,975	-69
Total	**177,051**	**177,205**	**-154**

13. We are currently forecasting our prescribing recurrent FOT to be in line with the sustainability figure. Although Q1 growth was higher than plan, we have seen a reduction in Q2 which has brought the recurrent forecast back in line with the sustainability plan.

14. For Primary Care the main driver of our recurrent position being higher than our sustainability plan is the enhanced services being higher than originally planned due to reviews of service provision within the system which has highlighted some pockets of inequality. Here the CCG has made some estimates in relation to adapting new models whilst the reviews progress.

Conclusion

1. We are currently reporting underspends both year to date and full year on Primary Care as a whole. This is primarily down to the release of one off prior year benefits into the finance position.

2. For the underlying sustainability plan, Primary Care expenditure remains close to plan.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee
Meeting held on 2nd February 2022

Item Number:	Agenda Item:
PCCC-22-02.06	Primary Care Update Report

Executive Lead (s):	Author(s):
Claire Parker, Director of Partnerships	Tom Brettell, Primary Care Partnerships Manager Janet Gittins, Primary Care Partnerships Manager Jenny Stevenson, Primary Care Partnerships Manager Phil Morgan, Primary Care Workforce Lead Darren Francis, Primary Care Estates Lead Bernadette Williams, Primary Care Contracts Lead Antony Armstrong, Primary Care IT Lead

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

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Primary Care Operational Group	19th January 2022	I

Executive Summary (key points in the report):

- The Primary Care Team continues to manage a complex and demanding workload
- The Team is managing this demand well and is on track/ target across all work-streams. There are currently no significant deliverability concerns.
- This paper highlights work on Estates, IT, Workforce and Contracts however additional reports will be continue to be provided to PCCC meetings to provide members with assurance of the plans and progress of the work of the Partnership Managers and wider Primary Care Team.

Recommendations/Actions Required:

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.

Report Monitoring Form

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

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).*	No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).*	No
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).*	No
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).*	No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	No

Partnership Managers Update:

Locally Commissioned Services (LCS) Review
Work is continuing on the LCS review with the overall aim of implementing a fit for purpose, equitable and fairly reimbursed suite of services from 1st April 2022. The work is now moving towards detailed assessment of specific services. Appropriate involvement of practices, the LMC and other stakeholders is critically important to successfully implementing this work.

Review/ redesign work on specific LCS (phlebotomy, spirometry and ear irrigation) continues and is complementary to this broader work.

Macmillan Community Care Project (MCC)
The Macmillan Community Care (MCC) pilot project aims to improve the quality of and number of cancer care reviews completed within 12 months of a cancer diagnosis. Following the redeployment of staff to support the COVID Vaccination programme in December, the team are back in their roles and engaging with the identified pilot practices to agree roles and project expectations. Macmillan Community Care Coordinators have commenced work in Teldoc and Woodside practices.

Learning Disability Annual Health Checks (LDAHCs)
Shropshire, Telford and Wrekin (STW) CCG and partners are continuing work to improve the offer of, uptake of and quality of Annual Health Checks for people with a Learning Disability. Although practices were asked to prioritise the booster COVID vaccination programme in December, practices have continued to complete LDAHCs throughout December recognising the importance of this work in addressing health inequalities.
In terms of trajectory against the national target to achieve Learning Disability Annual Health Checks (LDAHCs) completed for 75% of those aged over 14 years on the practice LD register the December figure shows less LDAHCs were completed than anticipated which is understandable due to practice pressures at this time. Our local data is also showing more DNAs than normal. Practices will need to increase their efforts during January, February and March if the target is to be met.

The table below shows the current position against the trajectory in the 3 year Road Map.

		STW cumulative figures					
		2019-20	2020-21	2021-22 YTD	2021-22 plan*	2021-22 %	Latest LD register
	Apr	32	28	41		1.8%	2298
Q1	May	95	45	69		3.0%	2312
	Jun	132	60	112	65	4.9%	2304
	Jul	176	109	200		8.6%	2334
Q2	Aug	207	196	303		12.9%	2348
	Sep	267	273	366	285	15.4%	2384
	Oct	364	388	468		19.6%	2388
Q3	Nov	456	606	630		26.2%	2402
	Dec	521	837	772	870	31.9%	2420
	Jan	651	1087				
Q4	Feb	808	1351				
	Mar	962	1624		1529		

Dementia
Work continues locally on a Dementia recovery plan and data is extracted from Emis and monitored on a monthly basis. The focus with general practices is to discuss diagnosis rates and prevalence. Currently STW CCG is falling below the national dementia diagnosis target set at 66.67%, with a rate of 62.61%. National guidance also suggests that dementia prevalence should be above 4% of a practice population of those over 65 years. Twelve local practices are not currently meeting the above standards.

Severe Mental Illness (SMI)
Work continues to improve the local number of comprehensive annual health checks completed for people with severe mental illnesses (SMI) working towards the national 60% target. As part of the SMI recovery plan data is extracted from EMIS on a monthly basis and regular meetings have been taking place with MPFT teams to work through data recording issues and to improve performance. Practices are encouraged to make use of thei5r allocated Mental Health Practitioner to support with this work.

PCN Health inequalities work
To support with the DES requirements for the PCNs and to meet the NHSE requirement for us to pull together an ICS plan that articulates all the work we are doing across the system to address health inequalities. This work was paused to free up capacity for the vaccine programme, now that this pressure is beginning to ease the Partnership Managers will be working through a template with the PCNs to fully collate information and understand their support needs during the next month.

Winter Capacity Plans
£440k was allocated to GP practices / Primary Care Networks to fund additional same day capacity in primary care between October 2021 and March 2022. An implementation plan is in place, with 50 practices having submitted plans of how many additional appointments will be offered each month (one practice decided not to participate).

Monthly monitoring is taking place to track the number of appointments being offered and the uptake of those appointments. This will now link in with the wider GP access work.

Winter Access Fund (NHS England, our plan for improving access and supporting general practice)
STW CCG are progressing with the plans submitted funding (£2.14m indicative) for system and practice level initiatives:

- To set up a digital GP Locum booking platform. These Locums will provide remote consultation sessions for practices.
- The funding for the Acute Visiting Service has been replaced by a broader Covid Management Service that incorporates an acute visiting service and management of the Pulse Oximetry @home service.
- Additional appointments – all practices will increase appointments according to submitted plans.
- Communications campaign – clear and regular messages to patients to explain ‘other healthcare professionals’ in GP practices; to make clear a phone call is a consultation and that face-to-face appointments are available if needed.
- Additional admin staff to support practices with the high volume of calls for repeat prescriptions.
- Additional admin staff to support practices to contact patients with Long Term Conditions (LTC) to request information as part of LTC reviews.

- Additional call handlers for the Prescription Ordering Direct (POD) service so that patients do not call their practice, therefore reducing the number of phone calls in to the practice.
- Utilising GP/ANP expertise to support re-direction of patients away from A&E.

We have requested practices submit plans to the PC team by third week of January 2022 to enable monitoring and reporting to NHSE/I.

Practice Visits
An initial group of seven GP practices were visited in November having been identified by looking at GP Patient Survey results, GP data packs, outcome of CQC inspections, patient feedback and any specific concerns. These have been very productive and have enabled a more focused approach to providing support and keeping track of progress. Visits were suspended to free up capacity for the vaccine programme we are now developing a programme of visits throughout 2022 that will commence in the spring. It is proposed that a full report on this workstream comes to the April PCCC meeting.

Blood Pressure Monitoring @Home Project
Blood Pressure @home aims to increase the availability and access to home blood pressure monitoring for patients with poorly controlled hypertension by providing blood pressure monitors, a remote monitoring pathway, and local implementation support. The CCG has an allocation of 1500 monitors to send out to GP practices wishing to take forward this project. These have been shared out based on hypertension register sizes.

Expressions of interest in this project have been received by the majority of practices, with information and resources being shared with those practices wishing to participate. The team have distributed blood pressure monitors to a number of practices however further distribution and requests for BP readings has been paused due to the NHS status level 4.

Virtual Ward
The secondary care led Virtual Ward focussing on respiratory illness including COVID-19 is now active. Development work continues to extend the virtual ward into other conditions including frailty. The covid management service and remote monitoring projects are embedded within the virtual ward work.

Veteran Friendly Practices
The CCG formally signed the Armed Forces Covenant on 22nd November and made the pledge to support our practices to adopt Veteran Friendly status as soon as possible. Several practices are now accredited and many are working towards this. The aspiration is that all our practices will achieve this accreditation over the coming months.

Estates Update:

Introduction
This paper provides a brief update on the ongoing key estates projects and related activity. Where noted, papers are being taken to Primary Care Commissioning Committee and are attached or due to be submitted nearer the date for the next Primary Care Commissioning Committee.

Shawbirch – ETTF New Build
- Full Business Case approved by Primary Care Commissioning Committee in Feb 2021
- Build has commenced – completion due by July 2022

Whitchurch – ETTF New Build

- Full Business Case approved at Primary Care Commissioning Committee in October 2021
- FBC and Grant Agreements approved by NHSE 26 October 2021
- Legal documents to be signed and sealed (by Shropshire Council, GP Partners and Wrekin Housing Group) in November 2021
- Build due to start by February 2022 – completion of Primary Care Centre by September 2024

Shifnal – ETTF New Build

- Full Business Case approved by Primary Care Commissioning Committee in Dec 2021.
- Paper going to Public session of PCCC Feb 2022 to confirm, in the public domain, the decisions made at the EO PCCC meeting in Jan 2022
- Awaiting approval by NHSE at Regional and National level and also signing/sealing of all legal documents. All expected to have concluded by end January 2022
- Build scheduled to start Feb/Mar 2022 – expected completion due Mar 2023

Shrewsbury Health and Wellbeing Hub (formerly Cavell Centre)

- CCG Project Officer now recruited to provide project support until March 2023
- Work progressing on Clinical Modelling
- Initial patient engagement activity now completed and feedback report released – awaiting confirmation from practices on ongoing involvement in project before confirming if need to carry out a full consultation exercise
- First meetings of project Service Integration and Delivery Groups have taken place
- Awaiting confirmation of CCG Clinical Modelling Lead, MPFT Clinical Lead and ShropCom Lead
- Ongoing discussions with Shropshire Council on site options
- Business Case Writer appointed
- Cost Consultants appointed
- First stage architectural and design works progressing – initial Schedule of Accomodation being finalised – to be discussed with GPs over coming months
- FBC due to Primary Care Commissioning Committee in April 2023 – build completion Nov 2024

TelDoc Estates Rationalisation

- Outline Business Case for next stage of TelDoc estates rationalisation programme due to PCCC Apr 2022
- Expected to be some uplift in rent and rates reimbursement which will be an ongoing cost pressure to the CCG – details to be costed in the OBC

Ironbridge Power Station Development

- Original planning application submitted by the site developers was turned down and subsequently resubmitted including improved provision for healthcare and affordable housing on the site
- Resubmitted planning application was approved at the meeting on 20 September 2021
- CCG has secured some capital funding from the developers for healthcare provision – although the first instalments of this are not likely to materialise until after stage 2 of the housing development has been completed (estimated by 2026 – full project runs to 2032)
- Discussions to continue with the neighbouring practices (including Ironbridge, Much Wenlock [Cressage branch] and Broseley, as well as others) as all will be affected by the development

Estates Strategy Revision

- Current estates strategies are now out of date (despite latest updates being in 2019 & 2020)
- Data gathering, SHAPE updates and housing information activity now completed
- Data now being realigned to current PCN structures - NHSE has commissioned support for PCNs to produce estates and workforce plans – 6x PCNs covered under NHSE criteria but funding has been identified to support the remaining two PCNs – NHSE provider to commence work in late March – completion expected by late July 2022
- Plan to produce first draft in July/Aug 2022 – around time of transition to ICS

Contracting update:

Investment & Impact Fund 2020/21

PCNs have not been paid for the DES IIF 2020/21. The configuration of PCNs was not correct in CQRS at the time the calculations were run therefore a manual calculation needs to be completed. This exercise hasn't been as simple as first thought. The CSU have re-run the searches as the numerator, denominator and exceptions needed to be re-checked. The PCN configuration is now correct for 2021/22.

Investment & Impact Fund 2021/22 suspended indicators

NHSE/I letter of 8th December (Temporary GP contract changes) advised that due to the acceleration of Covid-19 vaccinations all except three indicators would be suspended and the funding allocated (worth £112.1m) repurposed. £62.4m of the funding allocated to the suspended indicators will instead be allocated to PCNs via a PCN support payment, subject to a simple confirmation from the PCN that it will be reinvested into services or workforce. The team and finance colleagues are working through the guidance to calculate the values.

Community Pharmacy Consultation Service

STW CCG now have three practices actively referring into Community pharmacies. All practices have been offered an enhanced local incentive scheme to implement the scheme funded via the Winter Access Fund. NHS E/I have provided the LPC with funding to support with CPCS implementation funding. The LPC are currently advertising for implementation leads (advert 4th Jan, close date 18th Jan) they are looking to appoint 2 individuals based on the council areas, Shropshire / Telford, this has generated some interest so the leads will work closely (hands on) with practices to support them to implement CPCS. The EMIS / CPCS integrated software that supports practices with electronic referrals directly via the clinical system has now been installed.

Afghanistan families – TB screening

TB screening has been for arranged for the families residing at the two bridging hotels in Telford for 1st Feb and 8th Feb. This will involve; Nurses from SaTH and Royal Wolverhampton Trust, colleagues from the Local Authority, interpreters from MPFT and the GP practice will be informed about the results. Any positive cases will be referred directly into SaTH clinics.

GP IT Update:

The Digital Leads/Partnership Managers within the CCG meet weekly with the MLCSU IT Project Team, to discuss on-going projects, progress reports and any risks and issues through the Digital Operational Group meeting.

Domains:

A single domain across Shropshire, Telford & Wrekin will secure the Primary Care estate and mitigate against the very real threat of cyber-attack faced by Primary Care and other health and care sector organisations.

Through a fully Midlands & Lancashire Commissioning Support Unit (MLCSU) 'managed' GP domain infrastructure the IT provider will replace all GP Practice and branch Practices existing standalone configurations. This would include installation of a central core infrastructure at Halesfield and replacements of existing local GP EMIS servers with new servers to provide domain, file/print services and EMIS spoke services. In-addition a new perimeter edge firewall device will be installed at each site to provide an enhanced layer of security

- Delays caused by the pandemic and teething issues at the early adopter sites have delayed the project from the original agreed timescales. Through additional resource the CCG are committed to completing the final phase of the domain project by Mid-May.
- 16 sites are now live on the new Zeus Domain.
  The final phase of the domain project is underway. 27 site surveys have been completed with a further 8 sites surveys to be scheduled.
- 6 sites are booked in for their domain migration.

Electronic Prescription Service (EPS):

- 41/51 sites are now completed. A further practice has a revised go-live date scheduled for the February 2022.
  The project team have been engaging with the dispensing practices who are yet to migrate to understand their rational and this is being reviewed by the CCG.

Notes Digitisation:

- Procurement for the Notes Digitisation has commenced, and contract award is currently scheduled for mid-February.
- Based on the financial allocation available from NHSEI and the anticipated costs per patients notes to be digitised, the CCG reviewed and scored the practice surveys that were collated and agreed a priority list of 8 practices for the initial pilot phase within the allocation.
- NHSE have indicated that future funding streams for the Notes Digitisation Project will be through a 'scan on demand' service whereby all notes are held centrally. At this stage no further update on the 'scan on demand' project or timeframe has been shared.

N365: Microsoft Office 365 tailored for the NHS and repurposing of the allocation.

- N365 is currently on-hold as there is a dependency on the domain project migrations being completed prior to implementation. The deployment of N365 is now in the IT Programme for 22/23 post domain migration.

Primary Care Capital Repurposing

As described above the CCG are currently implementing a domain within Primary Care, but the slippage of this project has meant the allocation set aside for N365 this year will need to be repurposed, due to the implementation of N365 requiring the domain as a pre-requisite.

A proposal to repurpose the funding to be used for Speechwrite and Docman Share has been discussed at PCOG and approved by NHSE and the budget holder.

Following NHS Digital's Policy of 'Internet first' the proposal is to migrate existing practices who are using the local Speechwrite version to their latest Speechwrite 360 cloud-based version which is future proofed and offers the latest functionality and features including improved flexibility for users.

As Shropshire, Telford & Wrekin CCG are one of only a small number of CCG's still funding Digital Dictation, the proposal is to fund the upgrade, training, and implementation of the cloud-based 360 version up until March 2024. Future costs would then need to be funded at practice level. The full costs of Speechwrite 360 up until the end of March 2024 is £139,680 inc. VAT.

All practices in Shropshire, Telford & Wrekin CCG are using Docman 10 for secure document management and workflow. Building on this 'Docman Share' supports Extended Access by providing secure access to Docman clinical documents stored as part of the Primary Care GP record ensuring professionals have a complete view of a patients' clinical documents. Costs for Docman Share including training and implementation for 2 years is £99,199 Inc VAT. Again, this will be funded until the end of March 2024 at which time this will need to be funded at practice level.

These services are not items that are required to be funded by CCGs and are being offered as a gesture of goodwill due to the benefits that these services bring to practices and the underspend position on funding in this financial year. For these services to be provided the CCG will require practices to formally acknowledge that the funding will end in March 2024 and for Docman Share to be implemented a Data Sharing Agreement (DSA) between sites will require sign-off.

Workforce Update:

- The main areas of work relate to the following six, funded NHSE/I workforce programmes:
  - GP/GPN Fellowships
  - Supporting Mentors Scheme
  - Local GP Retention
  - Flexible Pools
  - Practice Resilience
  - ARRS

GP/GPN Fellowships

- The GP Fellowship part of this scheme is well advanced. We have 20 Fellows on the scheme with a few more due to join in the next few months. We are delivering against all of the 10 components – the highlight being a commissioned Leadership/Quality Improvement Programme – an online suite of development tools which the Fellows can access both in their own time and via action learning sets.
- We have appointed a new Clinical lead for this programme with details to be announced shortly
- We carried out a Survey Monkey of all the Fellows to ensure that we are delivering in a way that provides them with support and development. The results were generally very positive, with a few issues for improvement that we are following up

- The GPN Fellowship part of this scheme is not yet as fully developed as the GP part. There are significant differences between the two parts of the scheme, which are understood nationally, which have led to challenges to operationalising the GPN scheme.
- One of the key components of the scheme is to ensure that Fellows are linked up with one of our PCNs to enable them to develop and deliver project/QI work – the linking process for this is underway and we have allocated some additional funding for this work

Supporting Mentoring Scheme

- Funding is available to:
  - train GPs to be mentors, and
  - pay them for delivering mentoring sessions to other GPs.
- New processes have been agreed for this scheme and is now being operationalised. The CCG workforce lead is working closely with the two GP Mentor leads to ensure that a single team of mentors (likely to be around 10) are fully trained and able to provide mentoring to any local GP.
- There is significant scope to expand and publicise this scheme once the new arrangements are embedded.

Local GP Retention

- Following engagement with a number of leading GPs, we sent out an "invitation to bid" document to practices with a number of example projects/initiatives. This resulted in 29 practices submitting bids, all of which were accepted, with funding being sent to the practices. The funded projects mainly consisted of training and development opportunities for GPs. Monitoring of this funding will take place in the 22/23 financial year.
- In addition, this funding stream may be used to provide funding for additional training and support for "struggling" ST3s, and to continue to fund the STW First 5 GP Network.
- In addition to this funding, a key piece of work designed to "retain" GPs in our system was the holding of two speed-dating events which took place in December for current ST3s who are soon to qualify, and practices interested in recruiting newly-qualified GPs. An important sub-set of these ST3s are those currently on a Tier 2 Visa who need to work at a sponsoring practice. 13 ST3s attended the events along with Partners/PMs from 8 practices, some of which are sponsoring practices. Anecdotal feedback suggests that these events resulted in a number of the ST3s being offered jobs by practices.
- A GP (General Practitioner) Strategy is being developed, focusing on the three STW ICS People Plan priorities of Attract, Recruit and Retain. A reference group has been established which met in December – this group will produce a draft GP Strategy which will them be subject to consultation with all key stakeholders. A draft of this strategy will be presented to PCCC at the earliest possibility.
- Two new GP "Champions" have been recruited – an "Ethnically Diverse GP Champion" whose role, primarily, will be to work with the growing number of BAME and OMG doctors on the VTS to support them in remaining in STW after they qualify, and a "Newly-Qualified GP Locum Champion" who will mainly work with ST3s and newly-qualified GPs who choose to work as locums to provide them with support and networking (this cohort of newly-qualified GPs are not able to join the GP Fellowship scheme). Both of these GP Champions are local GPs who themselves went through our local VTS.

Flexible Pools

- Following the decision at August's and October's PCCCs to authorise the CCG to work with Shropdoc and Lantum (one of the NHSE/I approved providers of online staff banks) the Lantum online booking platform went live in December. Over 30 practices have signed up to the Platform, along with over 25 GP locums.

- Ongoing communication and engagement with practices and GPs will take place over the next few months in an effort to increase these numbers
- Part of the contract with Lantum includes the purchase of licences for our PCNs to use the platform's functionality to help them roster their ARRS staff and plan vaccination programmes. Ongoing engagement is taking place with PCNs to promote this.

Practice Resilience

- Following engagement with practices about the potential use of this funding, the decision was made to allocate the money to practices, on a fair-shares basis, but with encouragement to pool the money across their PCN.
- Although the funding can be used for a range of projects and initiatives, a number of examples of potential uses was provided to Practices as part of the allocation process of the funding.
- Practices will be asked to report on the use and impact of this funding in the 22/23 financial year.

ARRS

- Recruitment of staff continues steadily across all eight of our PCNs with around 120 ARRS-funded staff currently in post.
- A number of facilitators have been recruited to support the individual staff groups (e.g., Physician Associates and First Contact Physios) with more facilitators to be recruited soon.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee Meeting held on 2 February 2022

Item Number:	Agenda Item:
PCCC-22-02.07	Shifnal ETTF New Build – Full Business Case

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships	Darren Francis – Primary Care Estates Lead

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

History of the Report :		
Committee	**Date**	**Purpose (A,R,S,D,I)**
PCCC – Full Business Case paper (including commercially sensitive information)	January 2022 – Extra Ordinary PCCC	Decision – Approved

Executive Summary :

Shifnal Medical Practice has previously submitted papers for approval to Primary Care Commissioning Committee for proposed new premises to be built on the corner of Newport Road and Haughton Road in Shifnal. The GPs and their patients have been making representations to the CCG for new premises since the submission of their original business case in 2010. The case for new GP premises in Shifnal is now becoming urgent, particularly in relation to the wider PCN strategy and introduction of more innovative models of primary and community care.

Whilst the previous schemes were originally 3rd Party Developer-led schemes (on the same site), the proposal is now for a GP-led scheme for a new build premises sized at 929sqm to accommodate the expected increase in patients into the local area resulting from the planned housing developments.

In May 2021, Primary Care Commissioning Committee approved the Outline Business Case and confirmed that the practice could progress, at pace, to production of a Full Business Case for the project.

The Full Business Case was discussed at a Confidential session of Primary care Committee in January 2022 – due to the commercially sensitive nature of the report contents – and the decision was made for the project to move to the construction stage, pending final approval being given (in January 2022) by NHS England (at both Regional and National level.

The purpose of this paper is to formally confirm, in the Public domain, the decisions made at the January 2022 meeting when Primary Care Commissioning Committee:

- Confirmed that the proposals in the Full Business Case for the new premises fit with the current CCG Primary Care Estates Strategy

- Noted the content of the latest District Valuer (DV) report (and that an interim report had been requested and was awaited. It was also noted that it was expected that both the interim DV report and the final DV report (due following completion of the build) would show further rises in the Current Market Rent valuation for the premises and the Committee confirmed that this has been considered in the CCG position from next financial year onwards)
- Noted that the reimbursable abated rent calculation includes £900,000 capital funding from NHSE which made the scheme affordable. (Should the practice decline the ETTF funding, the Committee confirmed that the scheme may no longer represent good value for money and a revised business case would then be required in order to determine the level of rent reimbursement that the CCG would be able to pay based on the DV reports)
- Approved the increased recurrent revenue costs for which the CCG will be liable (subject to the caveats outlined in the meeting that the rent is covered under the current position as long as it is an incremental increase and not a significant rise)
- Approved payment of the VAT on the rent reimbursement (if VAT is to be applied in the Lease on completion)
- Approved the non-recurrent revenue costs in the final business case for which the CCG will be liable
- Approved, in principle, the new Agreement for Lease and Heads of Terms for the new premises
- Agreed to receive regular updates as the project progresses (over the 10-12 month build phase) until estimated completion by February/March 2023

Recommendations/Actions Required:

Primary Care Commissioning Committee is asked to:

- Note the content of the paper
- Confirm the decisions made in the Confidential section of the January 2022 meeting
- Agree to receive regular updates in the Public session of future PCCC meetings as the project progresses (over the 10-12 month build phase)

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? Whilst some members of Committee may have a conflict in this paper, the paper is for information only and just confirms, in the Public domain, the decisions of PCCC at the January 2022 meeting (held in Private due to the commercially sensitive nature of the contents of the paper)	No
2.	Is there a financial or additional staffing resource implication? Recurrent and non-recurrent revenue costs are described in the Business Case It is recognised that there is a risk to clinical sustainability should a new medical facility not be realised in Shifnal	Yes
3.	Is there a risk to financial and clinical sustainability? Recurrent and non-recurrent revenue costs are described in the Business Case It is recognised that there is a risk to clinical sustainability should a new medical facility not be realised in Shifnal	Yes
4.	Is there a legal impact to the organisation? None anticipated	No
5.	Are there human rights, equality and diversity requirements? None anticipated - Updated EQIAs will be provided as the project progresses	No
6.	Is there a clinical engagement requirement? Engagement has already been completed on this project. Any further engagement will be undertaken, as required	No
7.	Is there a patient and public engagement requirement? Engagement has already been completed on this project. Any further engagement will be undertaken, as required	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. Further details can be found in the Full Business Case (discussed in the confidential section of this meeting)	Yes
2.	To identify and improve **health outcomes** for our local population. Further details can be found in the Full Business Case (discussed in the confidential section of this meeting)	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. Further details can be found in the Full Business Case (discussed in the confidential section of this meeting)	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. Further details can be found in the Full Business Case (discussed in the confidential section of this meeting)	Yes
5.	To achieve **financial balance** by working more efficiently. Further details can be found in the Full Business Case (discussed in the confidential section of this meeting)	Yes

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee Meeting held on 2 February 2022

Item Number:	Agenda Item:
PCCC-22-02.08	Shropshire, Telford and Wrekin CCG GP Practice Caretaking Policy.

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships	Bernadette Williams – Primary Care Lead Contracting

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

History of the Report :		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary :

Shropshire, Telford and Wrekin (STW) Clinical Commissioning Group (CCG) has a statutory obligation (legal duty) to ensure all STW residents are able to access primary medical care services.

When a GP practice closes at short notice, it is important that commissioners respond and act in a timely way. Such closures may be the result of actions by the CQC, for example voluntary closure in response to an adverse inspection or cancellation of the practice's registration, or due to the sudden inability of a provider to continue providing a service for some other reason such as bankruptcy.

The risks of such circumstances are increasing as primary care medical practices become more challenged by the changing landscape of health service provision, financial pressures and more robust monitoring of service delivery standards under CQC. It is essential that the CCG can act quickly to ensure the continuity of services for the registered patient population whilst being able to fully consider the most appropriate longer term arrangements that would need to be put in place.

As well as adhering to the NHS England Policy and Guidance Manual (PGM) a policy has been produced to support commissioners with the process to ensure the appropriate measures are put in place.

Recommendations/Actions Required:

Primary Care Commissioning Committee is asked to:

- Approve the Caretaking policy

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication?	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities.	Yes
2.	To identify and improve **health outcomes** for our local population.	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money.	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.	Yes
5.	To achieve **financial balance** by working more efficiently.	Yes

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Urgent contract for Primary Medical Care provision or Caretaking policy

Insert contents

1. Introduction

Primary Care Commissioning is delegated to Shropshire, Telford and Wrekin CCG by NHS England and NHS Improvement.

The CCG has developed this process to enable them to act quickly to source appropriate and high quality alternative primary care provision to ensure continuity of care for patients in urgent situations.

Circumstances may arise that require the CCGs to put in place an urgent services contract that due to time limitations has not gone through the due procurement processes ordinarily required.

These may include:

- Unforeseen circumstances; for example the unexpected death of a single handed contractor.
- At short notice: for example the failure to comply with a contractual breach notice or Care Quality Commission (CQC) essential standards.
- At short notice: for example termination notice issued by existing contractor or partnership dissolution

The risks of such circumstances arising are increasing as primary care medical practices become more challenged by the changing landscape of health service provision, financial pressures and more robust monitoring of service delivery standards under CQC.

It is essential that the CCG can act quickly to ensure the continuity of services for the registered patient population whilst being able to fully consider the most appropriate longer term arrangements that would need to be put in place.

Where continuity of service is required, the short timescales involved may not allow the CCG to undertake a managed closedown and transfer to new provider/s. Due to these restrictions the CCG may look to award a contract to a specific party that is able to step in, often at very short notice, to provide the service necessary to meet the needs of patients to a high standard.

Assigning a contract to a single provider under such circumstances risks being a breach of procurement law, in which case the CCG could be challenged in Court. It is therefore essential that the CCG is able to fully consider the extent of the risk prior to an award of contract:

- Will the current premises be available and suitable for any new short term provider to continue to deliver services from?
- What is the value of the new contract and is it best value for money?
- What is the duration of the new contract (a shorter contract period would allow for a full competitive procurement to happen later, mitigating the risk?
- What is the identity of the new contractor and could it be argued that they are the only provider capable of providing the service?
- What is the number of potential new contractors?

- Is there any cross-border interest of the new contract?
- What was the extent to which the need to procure a new contract was foreseeable?

Once it is determined that an immediate contract services is required without the time to allow for a full competitive process to be followed, the CCG can enter into a temporary (caretaking) contract that provides time for the proper consideration and actions to be arranged and followed.

The CCG will take pre-emptive steps to mitigate the risk by undertaking a planned process to prepare a register of potential framework providers, identified through evaluation of expressions of interest against a set of desirable criteria – Appendix 1.

Once the framework is established the urgent situation has arisen and the most appropriate care taker provider identified, the next stage is the decision as to which form of contract would fit most appropriately with that individual circumstance. Given that this is for a short term arrangement only, it is likely that there are two main contractual routes that the CCG could follow:

A temporary General Medical Services (GMS) contract can be used if the commissioner wishes to enter into a temporary contract for a period specified within the terms of the contract (usually a maximum of 12 months) for the provision of services. This is likely to be the most appropriate contractual route where the identified provider is a GP or a GP partnership that meets the requirements set out in the regulations to enter into a GMS contract.

Where the identified provider may not meet the requirements for entering into a GMS contract, for example if it is a company that is not made up of GP providers then the most appropriate contractual route may be a short term Alternative Provider Medical Services (APMS) contract. In many case APMS is likely to be the only appropriate contractual route to follow, due to the flexibility it provides round types of organisations that can enter into an APMS agreement, types of services and payment mechanisms that can be agreed and the duration and termination provisions.

A time limited Personal Medical Services (PMS) agreement is an attractive option for providers of essential services however PMS regulations provide a right to revert to GMS therefore providers would be able to request a non-time limited GMS contract (contract in perpetuity) at any time during the short term PMS arrangement. This puts the CCG at risk and should therefore be avoided.

Each situation will vary dependent on the services to be provided and the most appropriate provider for those services. Where there may be doubt as to the eligibility of a provider to hold a certain type of contract, legal advice must be sought. Clear records must be maintained of how, in awarding the contract, the CCG has fulfilled its duties in relation to effectiveness, efficiency, improvement in the quality of services and promoting integration alongside adherence to NHS England and NHS Improvement policies and guidance.

2. Purpose and Scope

This policy has been prepared to ensure that the CCG has taken all the necessary steps to mitigate the risk of challenge wherever possible and are able to ensure that patient services can continue, without interruption, under such circumstances.

This policy sets out the actions the CCG needs to take in order to prepare in advance, where possible, for such circumstances to ensure that urgent service contracts can be issued where necessary and to provide a clear and concise step by step process to follow in order to do so.

This policy does not cover beyond the issue of an “urgent” contract for primary medical services, procurement processes for longer term new providers, full practice closure and /or list dispersal.

This policy has been prepared in accordance with GMS and PMS regulations and APMS directions and having full regards to the NHS England Primary Medical Care Policy and Guidance Manual (PGM)

3. Options

Each urgent situation will have different factors that would need to be considered prior to awarding a short term contract and would be reviewed dependent upon the individual circumstances that present at that time.

The CCG will need to consider:

3a. Can the list of patients continue to receive primary medical services at the current premises from a new provider? In this instance, the CCG will then consider commissioning temporary services from any of the potential framework providers meeting the selection criteria.

3b. Would the list of patients need to be temporarily assigned to the new provider at an alternative location, having full regard to patient choice and accessibility? In this instance, the CCG will then consider commissioning temporary services only from those potential framework providers whose premises are closest geographically to the current practice site.

4. Process and Guidelines

The CCGs should take a pre-emptive approach to establishing a framework of potential caretaking providers in anticipation of any such “urgent contracting” circumstances arising.

Through a local expression of interest process, bidders should be required to indicate the nature of the arrangements that they would be capable of providing – Appendix 2. There will be variation in potential circumstances under which such an arrangement would need to be put into place which may impact on the level of service that a provider may be able to support.

Under most circumstances, any potential provider must be prepared to take on existing practice staff under TUPE and to utilise existing premises (where possible) under a short term sub-lease or license agreement.

Furthermore the registered list size of a practice will impact on which of the framework providers would be best suited or capable of taking on the short term arrangement.

When an urgent situation arises the CCG will send out an application form to each eligible framework provider in order for them to outline their proposal for the caretaking arrangements. The business case/proposal will cover access, staffing, skill mix, financial and organisational viability and sustainability.

The CCG must make rapid decisions on contract placement through a simple framework provider selection criteria, assessed through a CCG evaluation panel, based on each individual urgent circumstance having given due consideration to all influencing factors and the providers business case (see EXAMPLE at Table 1)

Criteria	Response	Rating
Distance of framework provider to current practice site:		*0-2 miles……..5* *2-4 miles……..3* *4-6 miles……..1*
Availability of Workforce: *GP/1000 population ratio* *Nurse/1000 population ratio* *Other clinical capacity/1000 ratio*		
Availability of premises – if not applicable include N/A		
Mobilisation readiness:		
Current performance *a) CQC rated Good or Outstanding* *b) QOF* *c) Performance/breach notices* *d) Dashboard RAG rating*		*a) Outstanding…5* *Good……3* *<Good……..0* *b) QOF* *100%.....5* *90%……3* *80%.....1* *<80%.....0* *c) No……..5* *Yes……0* *d) Green……5* *Amber……3* *Red……...0*
Additional list size preferences:		
Geographical coverage:		
Financial viability:		

Table 1: brief example of evaluation criteria

The outcome of the review panel evaluation will be provided to the Primary Care Commissioning Committee possibly via an extraordinary virtual meeting for the authorisation to process with the appointment of the interim provider and award of short term caretaking contract. The process that this decision making will need to follow will be dependent entirely on the urgency of the circumstances at that time.

5. Duties and Responsibilities

This process will be overseen by the Primary Care Commissioning Committee and managed by the Director of Primary Care or a senior representative member of the primary care team.

The CCG review panel will include as a minimum:

- Senior member of primary care team
- Senior member of the Quality team
- Senior finance team representation
- Independent external evaluator

6. Implementation

This policy will be available to all staff for use in the circumstances described on the title page. All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

7. Documentation

Other related Policy documents.

This policy should be read in conjunction with the NHS England Primary Medical Care Policy and Guidance Manual (PGM)

Primary care regulations (GMS, PMS, APMS)

8. Review and Archiving

8.1 Review

This policy will be reviewed on an annual basis, or at such times that associated guidelines and regulations are amended by the Head of primary care contracting or a representative member of the Primary Care Team against the current NHS England PGM and other related documentation.

If the review results in changes to the document then the initiator should inform the policy and corporate governance lead who will renew the approval and re-issue under the next version number. If however the review confirms that no changes are required, the title page

should be renewed indicating the date of the review and date for the next review and the title page only should be re-issued.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.2 Archiving

The Director of Corporate service will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

9. Equality Impact Assessment Statement

NHS Shropshire, Telford & Wrekin CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications. The policy applies to all groups. The policy has been assessed using the former CCGs Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues:

Age	Disability	Gender	Gender Reass.	Sexual Orient.	Religion	Preg /Mat	Race	Marital Status	Total Points	Impact

Points	Scoring

Rationale:
The equality target groups are all covered by the policy. This policy is intended to ensure that all individuals are treated fairly during recruitment and selection process. It is intended to bring clarity for both managers and staff.

a) Please provide a brief description of the function/strategy/policy/service:

As a public body, NHS Shropshire, Tellford and Wrekin CCG have a duty to ensure fairness and honesty in its relationships with suppliers, contractors, service providers and service users. All employees and others acting on behalf of the CCGs must uphold the highest

standards of business conduct within such relationships. This policy covers all business activities, employees or others acting on its behalf. The policy provides guidance and advice on the offer and or receipt of gifts, hospitality, sponsorship, or the provision of gifts, hospitality or sponsorship to others in connect with business activities.

b) What type of positive and negative equality and diversity implications are you aware of that arise from your function/strategy/policy/service?

This policy applies equally to all members of staff and contains no negative equality and diversity implications.

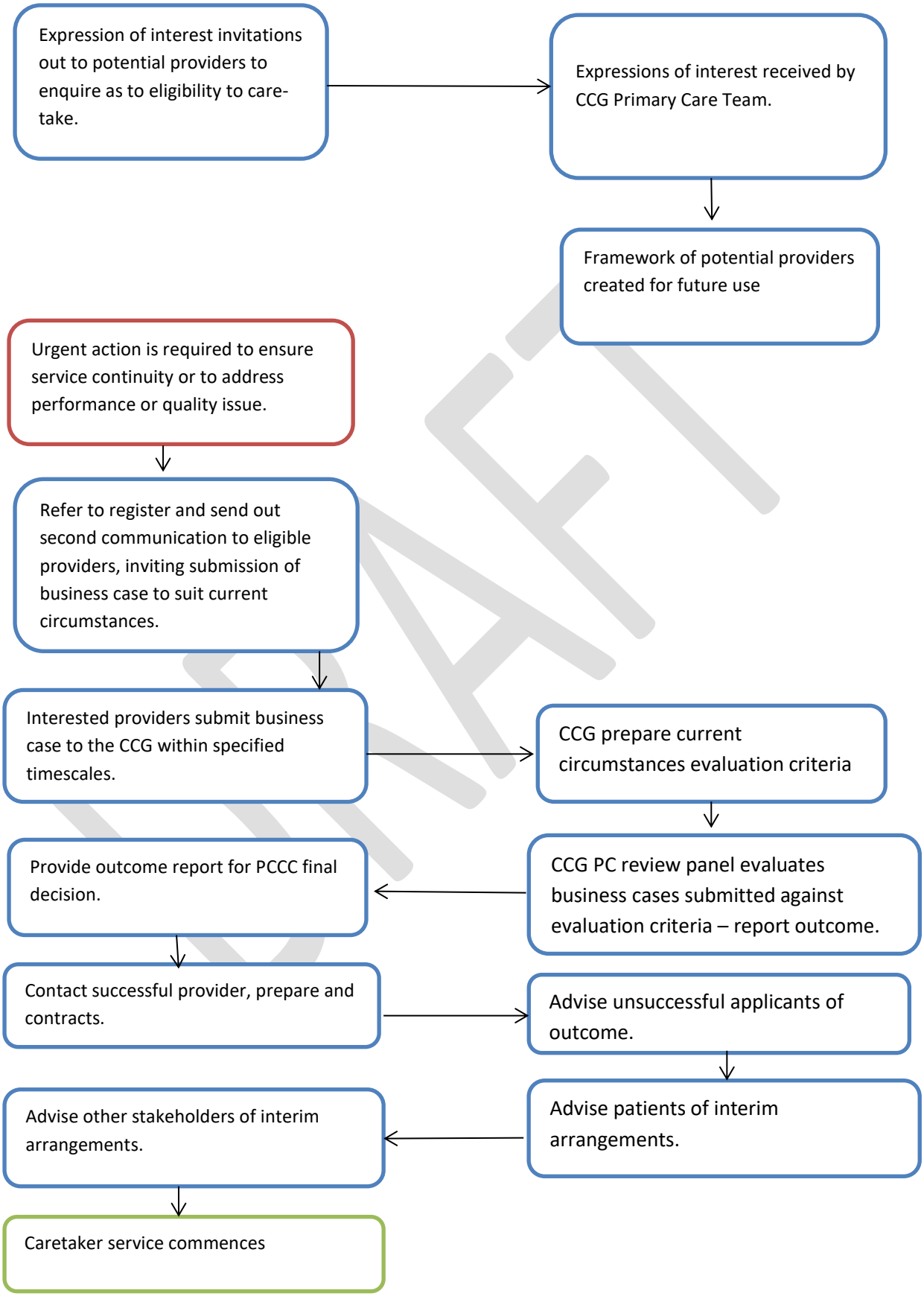
c) In line with our statutory duty under equality legislation do your functions/strategies/policies/services make reference to equality wherever relevant?

In line with the Equality Act 2010 and in order to eliminate discrimination, harassment, promoting equality of opportunity and good relations between people of different racial groups NHS Shropshire, Telford and Wrekin CCG aspire to the highest standards of corporate behaviour and clinical competence to ensure that safe , fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, NHS Shropshire, Telford and Wrekin CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

Stakeholder engagement

Name	Designation

Appendix 1 – Urgent contract for primary medical care process flowchart



Appendix 2 – Expression of Interest

Dear colleague

Expression of Interest: Urgent caretaking contract for primary medical care provision.

NHS Shropshire, Telford and Wrekin CCG has delegated responsibility for the commissioning and contracting of Primary Care contracts and for the provision of GP services, we must develop a process by which we can speedily source appropriate and high quality alternative primary care provision to ensure continuity of care for patients in urgent situations.

We are all aware that circumstances may arise that require the CCGs to put in place an urgent services contract that, due to the time limitations, has not gone through the due procurement processes ordinarily required.

These circumstances may include:

- Unforeseen circumstances; for example the death of a single handed contractor
- At short notice; for example the failure to comply with a contractual breach notice or CQC essential services
- At short notice; for example termination notice issued by existing contractor or partnership dissolution.

The risks of such circumstances arising are increasing as primary care medical practices become more challenged by the changing landscape of health service provision, financial pressures and more robust monitoring of service delivery standards under the Care Quality Commission (CQC).

It is essential that NHS Shropshire, Telford and Wrekin CCG can act quickly to ensure the continuity of services for the registered patient population whilst being able to fully consider the most appropriate longer term arrangements that would need to be put in place.

Where an urgent arrangement is required, the short timescales involved may not allow the CCG to undertake a managed closedown and transfer to a new provider. Due to these restrictions the CCG may look to award a contract to a specific party that is able to step in, often at very short notice, to provide the services necessary to meet the reasonable needs of patients to a high standard.

This is identified as a “parachute” or “caretaking” arrangement which relies on an alternative provider being ready and able to take on the short term management and delivery of services, for up to a maximum of 12 months, whilst due processes are completed to identify the right longer term solution for the patient population.

Contrary to popular belief, this is not always for a small list size with a previous single GP provider so it is important that the CCG is able to quickly identify the most appropriate caretaking provider for each individual circumstance.

In order to support the quick decision making needed in such situations, the CCG is inviting expressions of interest, with a view to establishing a framework of caretaking providers, from

practices or organisations who feel that they would be able to step in at short notice to manage an additional contract for a fixed term period, usually a maximum of 12 months.

Please complete and return the short questionnaire attached to indicate your interest and capability to be considered as a potential caretaking provider for the CCG. We would welcome individual practices, PCN submissions and xxxx

Documents should be returned by XXXX 2022 to XXXX

Yours sincerely

XXXX

Associate Director of Primary Care

cc Director, LMC

Expression of interest and eligibility to hold urgent caretaking primary medical care contract – 2021/22.

Practice(s)/Organisation name(s):

Legal status of organisation, i.e. Limited company, partnership, etc……..

Main contact name, address, telephone number and email……

…….

……

Caretaking preferences

Please indicate your preferred geographical area(s), for providing caretaking arrangements within the Shropshire, Telford and Wrekin CCG area:

Area	**Yes/No**
Shropshire	
Telford and Wrekin	

Please indicate below the preferred list size that you would be capable of caretaking:

a)	Below 2,000 only	
b)	2,000 to 5,000	
c)	5,000 to 10,000	
d)	10,000 to 15,000	
e)	15,000 +	

Please indicate the caretaking mobilisation notice period that you would require:

Less than one week	
One/two weeks	
Two/four weeks	
One month +	

Eligibility/capability background

Current number of **employees:**

GP	
Nurse	
HCA	
Other clinical (please state type and number)	
Managerial	
Admin	
Other (please state type and number)	

What type and number of primary medical care contracts do you currently hold?

GMS	
PMS	
APMS	

What is the number (if any) of the registered population that you currently provide services to:

What (if any) additional workforce resource could you access to provide caretaking services:

What (if any) additional premises capacity could you access to provide caretaking services:

What timescales would you need to mobilise your caretaking arrangements:

TUPE is likely to apply in the majority of cases, what is your understanding and experience of these arrangements in respect of existing workforce:

What is your most recent full year QOF achievement score(s) (where applicable):

What is your current CQC rating(s):

Financial viability and sustainability will be essential – are you able to provide a copy of the last three years accounts (if required) at short notice: Yes/No

What (if any) is your current percentage of locum usage for delivering core services:

Are any of your current contracts operating under any performance, remedial or breach notices? If yes please provide full details below:

Are any of your current contracts operating a closed list for new registrations? If yes please provide full details below including, closing dates, period of closure and expected opening date:

Have any of your current contracts operated with a closed list in the last 6 months? If yes please provide full details below including period of closure and date list was reopened:

Are any of your current practices closed for patient access for any period during core hours of 8.00am to 6.30pm, Monday to Friday, other than for protected learning time? If yes please provide full details below including the times of closure:

Signed: …….. **Name:**…….

For and on behalf of:……..

Date:……

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee Meeting held on 2 February 2022

Item Number:	Agenda Item:
PCCC-22-02.09	GP Practice Boundary Extensions.

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships	Bernadette Williams – Primary Care Lead Contracting

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

History of the Report :		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary :

The purpose of the report is to:

- Provide the committee with progress update on work undertaken by the Primary Care Team
- Seek approval or the change of boundaries for Cambrian Medical Centre, Alveley Medical Practice, The Meadows Medical Practice.
- Seek committee views on additional actions required to extend the boundaries for patients not covered by the practices listed above.

Following recent requests from patients who reside in rural areas of Shropshire wanting to change GP practice, it became apparent there were gaps in the coverage of GP practice boundary mainly across the Shropshire border.

The CCG identified eleven areas that didn't have formal practice boundary stated; the practices within the proximity were contacted to request that the practice extended its boundary. This is unusual, as most times it would be the practice that would submit a request to the CCG to increase or decrease the boundary area.

When any changes are made to the practice boundary this results in a contract variation; this will be undertaken by NHS E/I – General Medical Advice and Support Team (GMAST), GP practices will also need to update the details of the new practice area within their information leaflet, on their website and their annual eDeclaration.

Recommendations/Actions Required:
Primary Care Commissioning Committee is asked to: • Note the contents of the report and the actions by the Primary Care Team to date. • To agree to formalise the extended boundaries for; Cambrian, Aveley and The Meadows (areas 1, 7 and 10). • Where there is no agreement; discuss alternative solutions.

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication? *GMS funding in place (registered patients that reside in the gaps are funded).*	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities.	Yes
2.	To identify and improve **health outcomes** for our local population.	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money.	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.	Yes
5.	To achieve **financial balance** by working more efficiently.	Yes

Purpose

The purpose of the report is to:

- Provide the committee with progress update on work undertaken by the Primary Care Team
- Seek approval or the change of boundaries for Cambrian Medical Centre, Alveley Medical Practice and The Meadows Medical Practice.
- Seek committee views on additional actions required to extend the boundaries for patients not covered by the practices listed above.

Introduction

Shropshire, Telford & Wrekin (STW) Clinical Commissioning Group (CCG) has a statutory obligation (legal duty) to ensure all STW residents are able to access primary medical care services.
The CCG has identified a number of geographical areas in STW where there are gaps in GP practice coverage.

Background

Due to a number of recent requests from patients in rural areas requesting to change their GP practice; it became apparent there were gaps in coverage. Twelve areas across STW have been identified that do not have formal coverage by a GP practice boundary (patient registration area).

Using Shape[1] Place Atlas mapping tool the CCG was able to find these areas; see map in appendix 1.

The CCG has contacted a number of practices in the adjacent and surrounding areas to request expanding their boundary to formally take on the identified areas; see table 1.

To date, three practices have agreed to extend their boundaries; Cambrian for area 1, Alveley for area 7 and The Meadows for area 10. Five practices have declined to extend their boundaries and eight have not responded.

NHS England Policy Guidance Manual (PGM) v3

STW CCG will follow the points in the PGM;

- Any changes to the practice area (main and outer boundary) must be considered a variation to the contract and the definitions of these areas amended under a variation notice. The contractor must notify the Commissioner of its intent to vary its area in writing setting out the reasons for the change and full details of the proposed practice area, with any additional supporting evidence that may assist the Commissioner in reaching its decision (a template application notice is set out in Annex 13 A).
- The contractor and the Commissioner must engage in open dialogue concerning the circumstances that have led to the request to change their boundary and discuss the possible implications of the action, i.e. a reducing patient register, an expanding patient register, the financial implications of both and any possible alternative actions that may be taken by either party to enable the practice to maintain its existing practice area.
- Commissioners must consider the application having regard to other practices' boundaries, patient access to other local services and other health service coverage within a location and may seek to involve the public to seek their views.
- Once a decision is reached on whether to accept or reject the application, the Commissioner should notify the contractor of its decision in writing.

Next Steps

For the practices that have agreed to extend, the CCG will need to formalise the changes to the practice boundaries in line with the application process set out in the NHS England Primary Medical Care Policy and Guidance Manual v3 February 2021 Section 7.14 Boundary Changes. The required template (Annex 13 A) has been drafted (in appendices).The CCG will need to follow up with the remaining practices to remind them of the request and where there is no agreement to extend, alternatives should be discussed.

[1] Shape Atlas: https://shapeatlas.net/

The committee is asked to note that the patients living in the affected areas are registered with a GP practice and receiving primary care services. The aim of this exercise is to ensure full boundary coverage by STW practices thus reducing the number of registration queries from patients and GP practices.

Appendix 1

Map depicts the current situation;

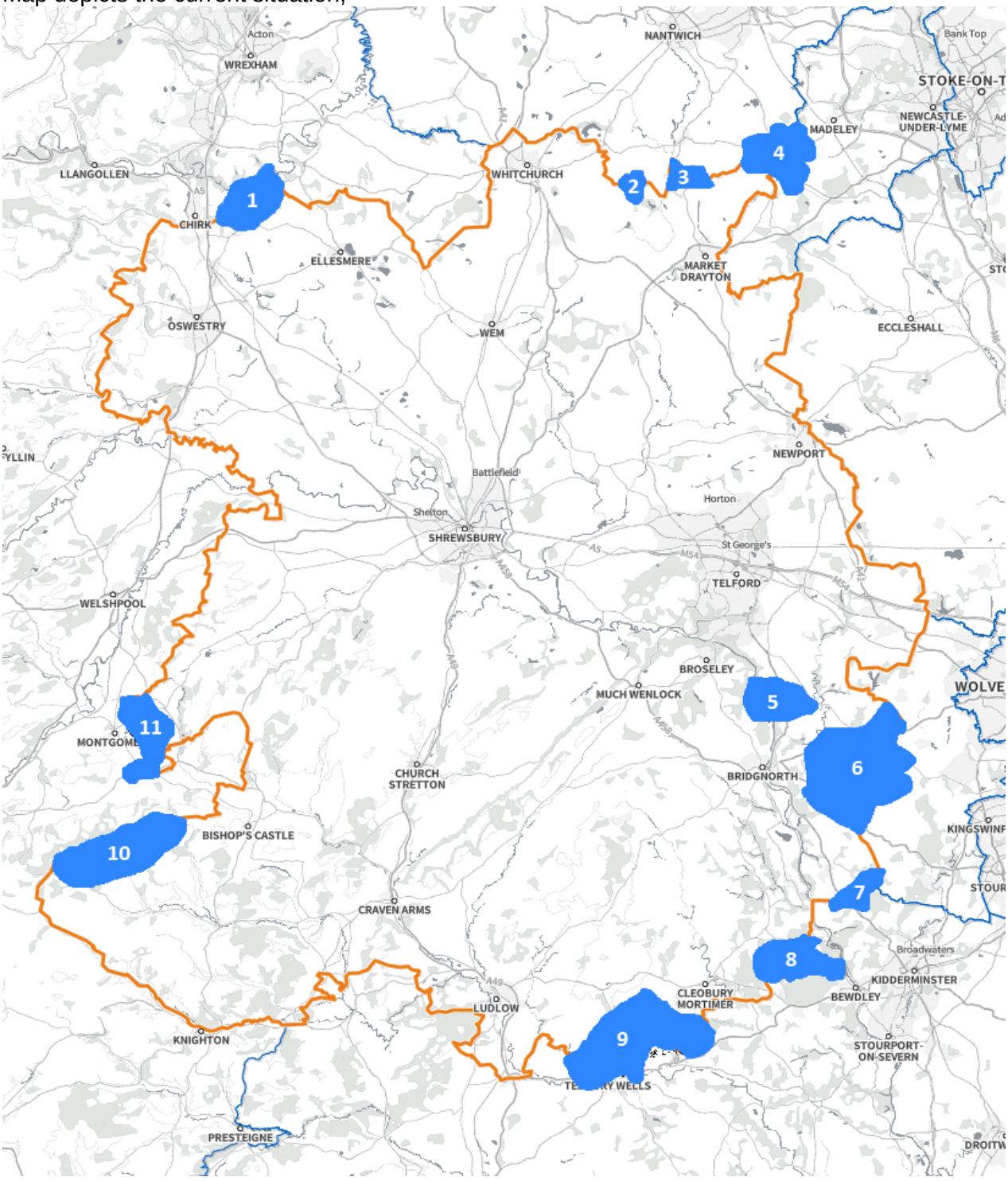


Table 1

Map Area	Practice	No of patients not residing in a GP practice bounday	LSOA	Comments
1	Churchmere	1050		Looking at map. Partners declined.
	Cambrian	210		Cambrian said yes.
	The Caxton	157		
	Plas Fynnon	150		
2	Market Drayton	938	*Proportion of area*	*Partners do not wish to expand inner boundary..*
	Churchmere	335	*Proportion of area*	Partners declined
	Wem	135	*Proportion of*	Sent 23/09
3	Market Drayton	938	*Proportion of*	Partners do not wish to expand inner boundary
	Churchmere	335	*Proportion of*	Partners declined.
	Wem	135	*Proportion of*	Sent 23/09
4	Market Drayton	385		Partners do not wish to expand inner boundary. No other practice to ask. Approached Wem 23/09.
5	Albrighton	979		Practice declined.
	Bridgnorth	535		Request sent 23/09.
	Shifnal	437		
	Stirchley	420		
6	Bridgnorth	570		Sent request 07/09 – to discuss. Claverley is in S Staffs?
	Albrighton	444		
	Alveley	35		
7	Alveley	961		Sent maps as follow up 1/10. Agreed 5/10/21
	Bridgnorth	574		
8	Cleobury	746		Request sent 07/09. Practice declined as distance too great.

Map Area	Practice	No of patients not residing in a GP practice bounday	LSOA	Comments
	Brown Clee	604		Sent 23/09 – response 1/10 partners not able to expand.
	Highley	68		
	Alveley	0		Asked as near practice – over river so difficult.
9	Cleobury	2592		Could take on some of area 9? Need to make contact to discuss further.
	Station Drive	275		
	Portcullis	220		
10	The Meadows	1407		Practice said yes 04/08
11	Bishops Castle	202		Sent request 04/08. Sent map on 23/08.

KEY:
Highlighted practices have agreed to extend their boundary.

Annex 13A

Template Application to Change the Practice Area

[*date*]EXAMPLE

Dear Head of Primary Care, Shropshire, Telford and Wrekin CCG

Application to Change the Practice Area

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

1. Affix practice stamp: M82026 - Cambrian Medical Centre	
2. Provide full details of the proposed practice area:	The proposed area is rural and on the Shropshire and Welsh border – see map area 1.
3. Explain the reasons for the change of practice area:	The identified area is without formal GP coverage. The practice has been asked to extend the practice boundary to cover up to the welsh border.
4. Provide any additional supporting evidence that may be relevant (e.g. current capacity, challenges or underutilised capacity, patient distributions, future service development plans (including knowledge of local developments such as housing):	[insert information]

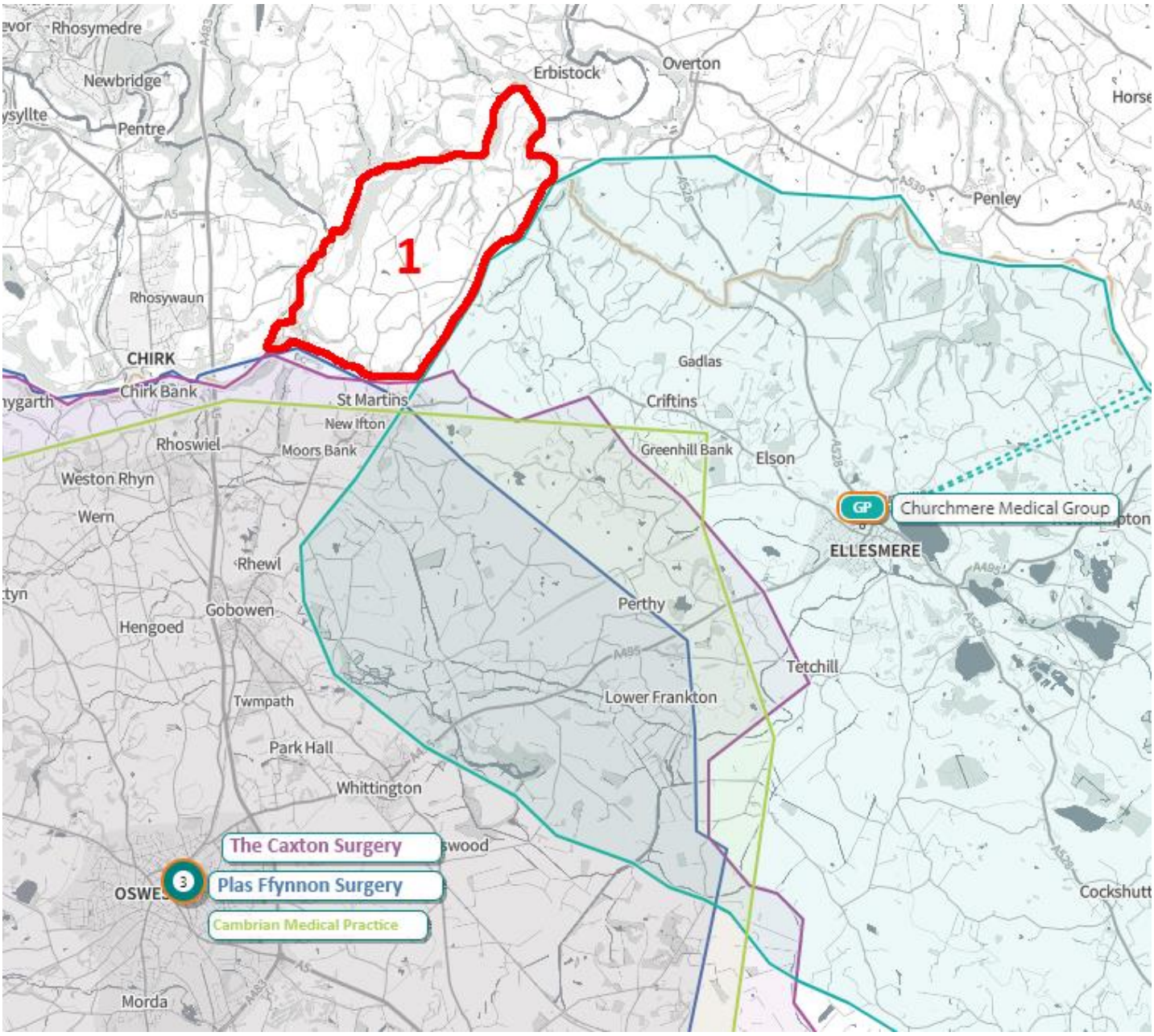
Signed by [insert name] _____

Date _____

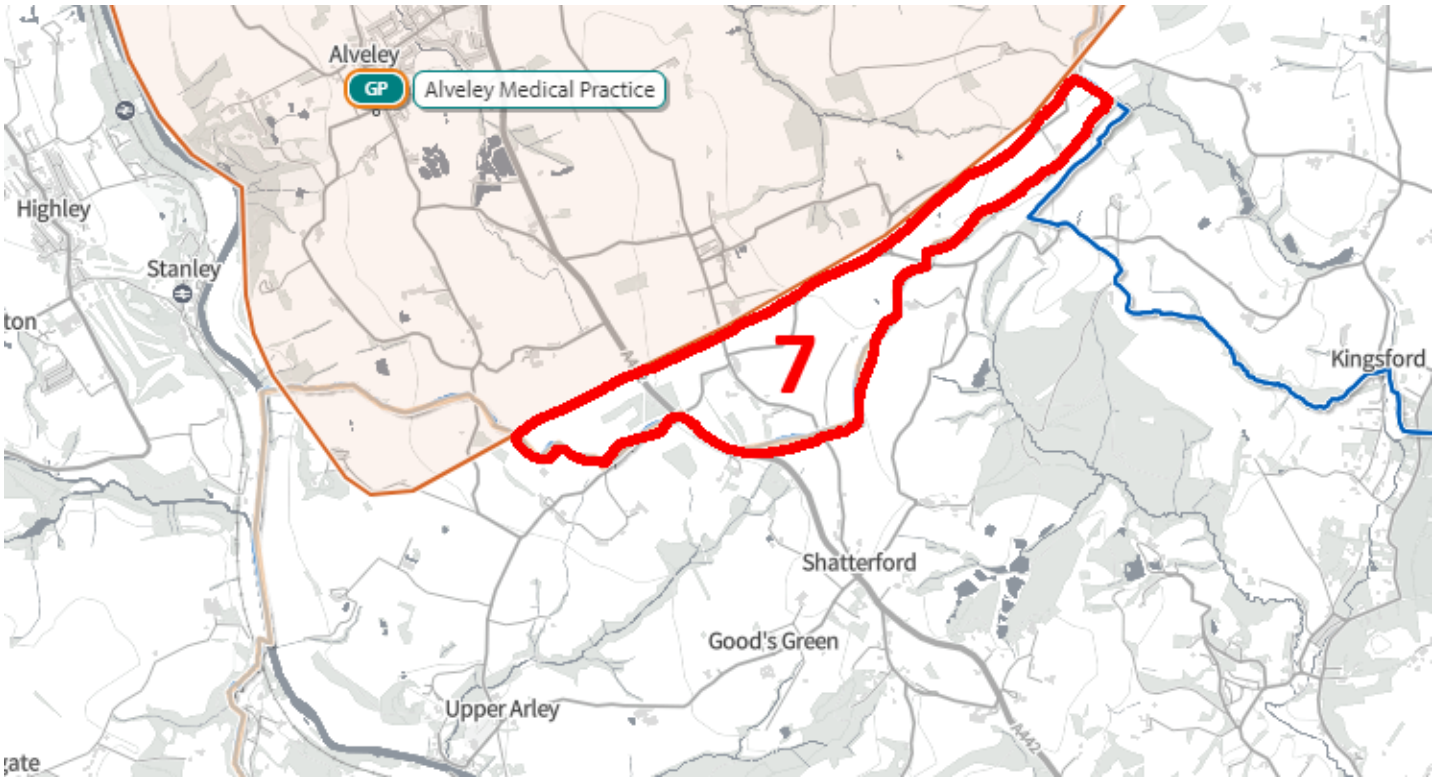
[All persons who constitute the contractor must sign this notice. Please add further signatures lines as necessary]

Please note that this application does not impose any obligation on the Commissioner to agree to this application.

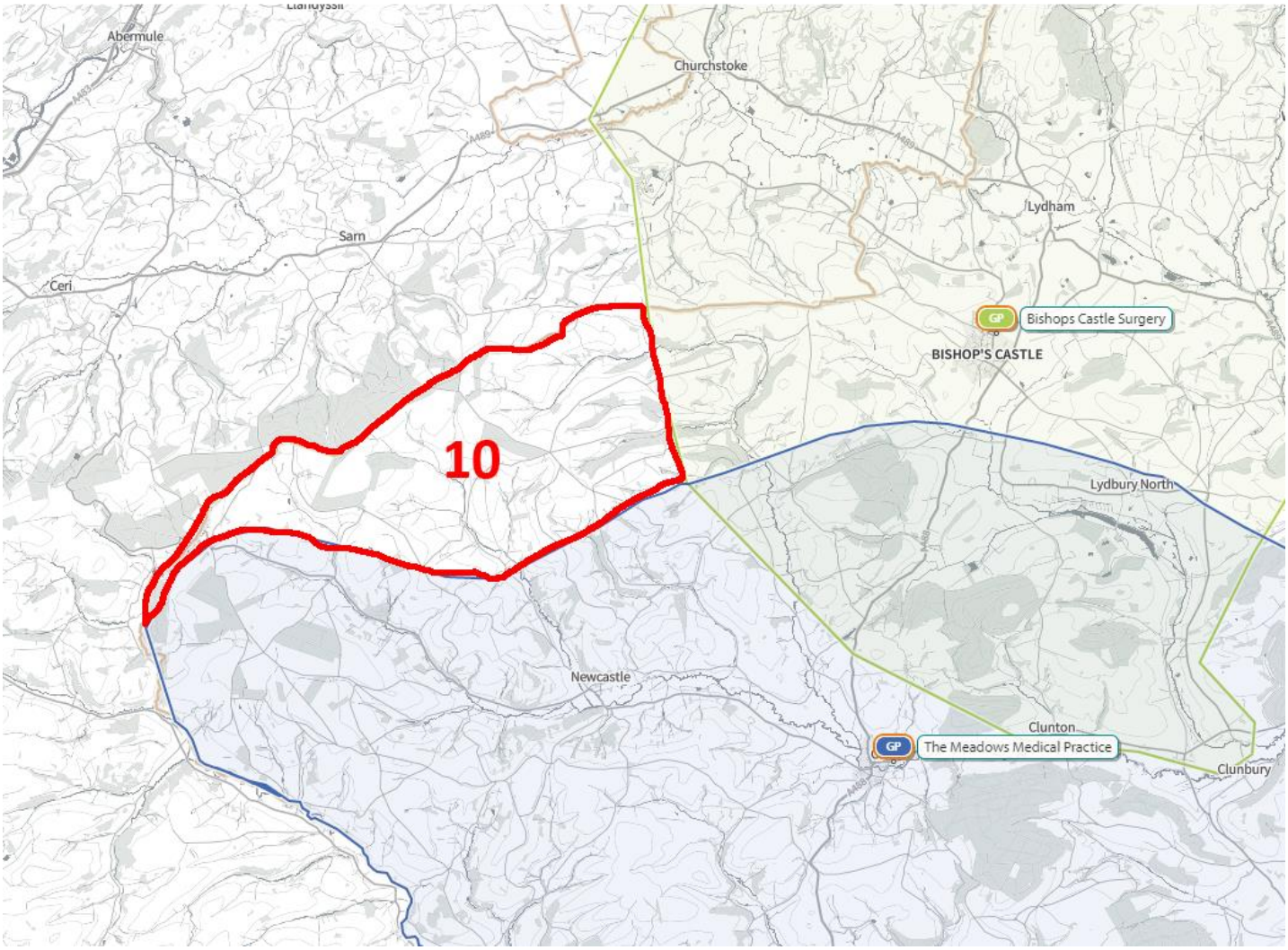
Map area 1. (Cambrian to extend)



Map area 7. (Alveley agreed to extend)



Map area 10. (The Meadows agreed to extend)



Primary Care Risk Register (Public) - Shropshire, Telford and Wrekin CCG

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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**	**Status**
Active Risks 1.04.21													
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. Primary Care Transformation monies enables practices to create new creative roles 2. The Training Hub is providing a pivotal training service to primary care medical and other health professionals 3. ARRS funding is enabling additional roles to support PCN's	1. Primary care workforce funding projects are in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities. 3. Workforce and training hub are reported to system People Board to give system oversight and to ensure that primary care is looped into the workforce issues	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope 4. Training hub board and group reporting to People Board fro system	1. PCN 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. 4. Report to people board and ensure understanding of primary care workforce issues	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1 04 21 T Jones Amended C Parker june 2021 Updates by Phil Morgan 24.01.22	Open
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. This iuncludes ability to manage the backlog and manage staff shortages either throu positive tests or self isolation	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. information through newsletters and locality meetings, contact with partnership managers 2. refresh of weekly calls to be undertaken to get information to practice managers 3. Support for the national guidance on the return to work processes	1.Limited formal SITREP reporting 2. Demand and activity modelling needs to be done to show system pressure 3. electronic locum support service including all professions	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 5. ensure access to IPC and public health support 6. ensure IMT under new national return to work guidelines are in place	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1.04.21 TJones Amended C Parker June 21	Open
STW - 04		Jane Sullivan 04/21	**Quality Visits** Due to covid 19 pandemic scheduled Practice Quality Visits have been paused since March 2020. Although remote monitoring has continued a Practice Quality Visit allows for further exploration of subjects and conversations between CCG and Practice to gain assurance and understanding.	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Primary care and Quality Lead continue to meet quarterly with CQC to share intelligence. 2. Continue to monitor Practice performance using exisiting sources of assurance and speak to Practices individually if concerns identified.	1. CQC intelligence 2. Significant event reporting to CCG by Practices 3. Monitoring of Patient experience - PALs/Healthwatch/MP letters/ complaints shared with CCG by NHSE/GP Patient Survey/FFT/N2N 4. Quarterly Quality report submitted to Quality and Performace committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunities to share good practice and learning with CCG which discussions during a visit can generate.	3x2= 6 low	1. Proposal to establish a Task and Finish Group to reestablish Practice Quality Visits from Autumn 2021 with identified agenda and terms of reference to provide a unified approach across the CCG. 2. Data and intelligence will be reviewed prior to visit to ensure that they are individual to each Practice and target areas for assurance.	3 x 2 = 6 Low	Claire Parker Zena Young	Newly added 1 4 21 T Jones Amended C Parker June 21 Recommended for closure. A Task & Finish Group was arranged to agree visits to concerning areas. Visits have taken place with only January's planned visits postponed due to system level 4.	Open
STW 05 (Previously S-03)		PCCC 04/19	**Forecasted Expenditure** 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	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time 2. to ensure that opportunties for pilots such as the 'Cavell' project is used to the benfit of the population in the CCG	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases 4. Project boards with risk management and mitigation for each of the projects held at least monthly	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team) 3. Project board oversight for each of the new builds	1. Changes in the primary care team at NHSE 2. Triple lock process for CCG 3. Links to One Public estate	3x4=12 High	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.	3x4=12 High	Exec: C. Skidmore Owner: C Parker	1 04 21 Risk reviewed TJones Ameded C Parker June 21	Open
STW 07		PCCC 06/21 C Parker	**Covid Expansion Fund** Allocation of practice covid expansion fund was incorrectly calculted in the national guidance and left a shortfall of 1.2m for the allocation received which was absorbed into the CCG baseline		1. Funding not utilised as part of the pulseoximetry service was put back into the baseline circa £200k		1. In ability to take any funding from primary care to ensure services are funded appropriately	3x3=9 Moderate		3x3=9 Moderate	Exec: C Parker & C Skidmore	New risk added June 2021	Open
Closed Risks													

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 Request for this to be closed with new risk identifed for Practice visits which incorporates work across STW CCG.	Closed
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C.Ralph	**Primary Care Networks (PCN)** These new organisations will have to establish how they will work together as a network and share resources. There is a risk of potential delay and/or conflict as the new roles and the new ways of working are established. This would mean that their is inconsistent development of PCNs across the CCG which may affect service provision and access to our patients.	1. There is a potential opportunity for PCNs to create additional competition in the market for services traditionally provided by acute/community services. 2.Opportunity to increase the resilience of practices by sharing resources and effort overtime	1. National guidance for PCN development and the associated network agreements signed by all practices 2. Clinical leadership identified by members of each PCN PCNs to follow guidance from NHSE in regards to their establishment. 3. Guidance on the delivery of DES' for 2020 released 4. 8 PCNs now exist within STW CCG - only one practice remains as an orphan practice but patients are allocated	Notes of PCN meetings/assurance meetings - PCN Development meetings re-established, PCN delivering vaccination programme through existing Enhanced services, PCN development feeding into refreshed single CCG governance. Regular formal and informal meetings in place to engage, collaborate and deliver shared working arrangements. PCN's engaged at place	None	3x3=9 Moderate	1. Take opportunities to seek out the views of practices on the PCN development processes (ongoing) 2. Establish regular meetings with CDs to enable monitoring of progress by August 2020 3. Support PCNs to complete/re-visit baseline assessments as part of the developmental programme by September 2020	1x3=3 Low	Exec: C.Parker Owner: S.Ellis/C.Ralph	Reviewed 1 4 21 Tjones Covid has impacted upon planned development work however risk remians low as new ways of working togetehr arising form covid opportunitiesAgreed CLOSE at PCCC June 2021	Closed
STW 06 Previously S-04		PCCC 12/20	Primary Care Services in Whitchurch are under increased pressures due to difficulty in recruiting staff and managing services across several unsuitable small sites. There is a risk that Churchmere Medical Group hand back their contract if the situation continues. The planned closure of Dodington Surgery at end March 2021 adds to this pressure.	To secure the future of Primary Care services in Whitchurch by building a purpose built health care facility - The Pauls Moss Development proposal..	1. GMS Contract in place. 2. Pauls Moss programme proposals in place, although currently awaiting judicial review decision. 3. CCG agreed a transformational funding package to support Churchmere Medical Group to merge with Dodington Surgery and to manage services across 3 sites.	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, 4. Judicial review against Pauls Moss development was not uphed there fore the build will now go ahead		2x1=2 Very low	1. Ensure regular contact with CMG to identify issues early. 2. Ensure close liason with Pauls Moss Development partners to be alerted to judicial review decision and any further appeals. 3. Explore CCG options should a new contract holder be needed	2x1=2 Moderate	Exec: C.Parker Owner: C Parker	Reviewed 1 4 21 Tjones Amended C Parker June 21 Recommend for closure as further risks incorporated into financial risks	Closed

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.