Chair: Eleri de Gilbert
Enquiries to: nnccg.notts-committees@nhs.net

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Agenda (Open Session)

Primary Care Commissioning Committee
Wednesday 20 April 2022 09.00 -10:15
Zoom Meeting

Time	Item	Presenter	Reference
09:00	**Introductory Items**		
	1. Welcome, introductions and apologies	Eleri de Gilbert	PCC/22/001
	2. Confirmation of quoracy	Eleri de Gilbert	PCC/22/002
	3. Declarations of interest for any item on the agenda	Eleri de Gilbert	PCC/22/003
	4. Management of any real or perceived conflicts of interest	Eleri de Gilbert	PCC/22/004
	5. Questions from the public	Eleri de Gilbert	PCC/22/005
	6. Minutes from the meeting held on 16 March 2022	Eleri de Gilbert	PCC/22/006
	7. Action log and matters arising from the meeting held on 16 March 2022	Eleri de Gilbert	PCC/22/007
	8. Actions arising from the Governing Body meeting held on 06 April 2022	Eleri de Gilbert	PCC/22/008
09:10	**Commissioning, Procurement and Contract Management**		
	9. Monthly Contract Update	Lynette Daws	PCC/22/009
	10. Winter access fund update	Joe Lunn	PCC/22/010
09:25	**Strategy, Planning and Service Transformation**		
	11. Primary Care Strategy update	Joe Lunn	PCC/22/011 (verbal)
09:50	**Covid-19 Recovery and Planning**		
	12. Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting	Joe Lunn	PCC/22/012
09:55	**Financial Management**		
	13. Finance report – month twelve	Michael Cawley	PCC/22/013
10:00	**Risk Management**		
	14. Risk Report	Sian Gascoigne	PCC/22/014
10:05	**Committee Business**		
	15. Committee Annual Report	Eleri de Gilbert/Louise Espley	PCC/22/015

-	**ITEMS FOR INFORMATION**		
	16. NHS England Memorandum of Understanding (MOU) 2022	Lynette Daws	PCC/22/016
10:10	**Closing Items**		
	17. Any other business	Eleri de Gilbert	PCC/22/017
	18. Key messages to escalate to the Governing Body	Eleri de Gilbert	PCC/22/018
	19. Date of next meeting: 18/05/2022	Eleri de Gilbert	PCC/22/019

Confidential Motion:
The Primary Care Commissioning Committee will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960)

Register of Declared Interests

• As required by section 14O of the NHS Act 2006 (as amended), the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interests.

•This document is extracted, for the purposes of this meeting, from the CCG's full Register of Declared Interests (which is publically available on the CCG's website).
This document was extracted on 29 March 2022 but has been checked against the full register prior to the meeting to ensure accuracy.

• The register is reviewed in advance of the meeting to ensure the consideration of any known interests in relation to the meeting agenda. Where necessary (for example, where there is a direct financial interest), members may be fully excluded from participating in an item and this will include them not receiving the paper(s) in advance of the meeting.

• Members and attendees are reminded that they can raise an interest at the beginning of, or during discussion of, an item if they realise that they do have a (potential) interest that hasn't already been declared.

• Expired interests (as greyed out on the register) will remain on the register for six months following the date of expiry.

Name	Current position (s) held in the CCG	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
AINSWORTH, David	Locality Director Mid-Notts	Consultancy	Ad hoc nurse consultancy to provider organisations	✓		✓		01/03/2019	Present	Involvement in commissioning work relevant to this interest will be kept under review and specific actions determined as required.
AINSWORTH, David	Locality Director Mid-Notts	Saxon Cross Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in
AINSWORTH, David	Locality Director Mid-Notts	Merco Agency (nursing agency)	Ad hoc clinical work in a variety of settings	✓				01/07/2020	Present	Involvement in commissioning work relevant to this interest will be kept under review and specific actions determined as required.
AINSWORTH, David	Locality Director Mid-Notts	Sherwood Forest Hospitals Foundation Trust	Member of the Council of Governors		✓			2020	Present	Involvement in commissioning work relevant to this interest will be kept under review and specific actions determined as required.
AINSWORTH, David	Locality Director Mid-Notts	Erewash Borough Council	Lay representative, Remuneration Committee				✓	2020	Present	This interest will be kept under review and specific actions determined as required.
BEEBE, Shaun	Non-Executive Director	University of Nottingham	Senior manager with the University of Nottingham	✓				-	Present	This interest will be kept under review and specific actions determined as required.
BURNETT, Danni	Deputy Chief Nurse	NEMS Community Benefit Services Ltd	Family member employed as Finance Accountant				✓	01/07/2018	Present	This interest will be kept under review and specific actions determined as required.
BURNETT, Danni	Deputy Chief Nurse	Academic Health Science Network	Family member employed in Project Team		✓		✓	01/07/2018	Present	This interest will be kept under review and specific actions determined as required.

Name	Current position (s) held in the CCG	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
BURNETT, Danni	Deputy Chief Nurse	Castle Healthcare Practice	Registered Patient			✓		01/07/2018	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CALLAGHAN, Fiona	Locality Director - South Nottinghamshire	Radcliffe on Trent Health Centre	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CAWLEY, Michael	Operational Director of Finance	Castle Healthcare Practice	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/10/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	✓				01/12/2016	01/10/2021	Interest expired no action required.
DADGE, Lucy	Chief Commissioning Officer	Valley Road Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Nottingham Schools Trust	Chair and Trustee			✓		01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Care Workers Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Cleaners Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DAWS, Lynette	Head of Primary Care	Rivergreen Medical Centre	Family members are registered patients				✓	01/04/2020	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

Name	Current position (s) held in the CCG	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
DAWS, Lynette	Head of Primary Care	Hill View and Farnsfield Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DE GILBERT, Eleri	Non-Executive Director	Middleton Lodge Surgery	Individual and spouse are registered patients at this practice				✓	-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Rise Park Practice	Son, Daughter in law are registered patients				✓	18/10/2019	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DE GILBERT, Eleri	Non-Executive Director	Nottingham Bench	Justice of the Peace		✓			-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Major Oak Medical Practice, Edwinstowe	Son, daughter in law and grandchildren are registered patients				✓	-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
GASCOIGNE, Sian	Head of Corporate Assurance	Nottingham University Hospitals NHS Trust	Husband is the Integration Manager	✓		✓		01/08/2019	Present	This interest will be kept under review and specific actions determined as required.
GASCOIGNE, Sian	Head of Corporate Assurance	Radcliffe Health Centre Patient Participation Group	Father is a member				✓	01/01/2019	Present	This interest will be kept under review and specific actions determined as required.
GASCOIGNE, Sian	Head of Corporate Assurance	Nottinghamshire Healthwatch	Father is a volunteer				✓	01/01/2019	Present	This interest will be kept under review and specific actions determined as required.
GASCOIGNE, Sian	Head of Corporate Assurance	Castle Healthcare Practice	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but
GASKILL, Esther	Head of Quality Intelligence	Mapperley and Victoria Practice	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

Name	Current position (s) held in the CCG	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
LUNN, Joe	Associate Director of Primary Care	Kirkby Community Primary Care Centre	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
LUNN, Joe	Associate Director of Primary Care	The Surgery Lowmoor Road	Family member employed by the Practice and family members registered at the Practice			✓			Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
SIMMONDS, Joanne	Head of Corporate Governance	Elmswood Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
SUNDERLAND, Sue	Non-Executive Director	Joint Audit Risk Assurance Committee, Police and Crime Commissioner (JARAC) for Derbyshire / Derbyshire	Chair		✓			01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	NHS Bassetlaw CCG	Governing Body Lay Member		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Nottinghamshire Healthcare NHS Foundation Trust	Non-Executive Director (not yet commenced in post)		✓			08/02/2022	Present	Management action to be agreed with Accountable Officer.
SUNDERLAND, Sue	Non-Executive Director	Derbyshire Integrated Care Board	Non-Executive Director		✓			08/02/2022	Present	Management action to be agreed with Accountable Officer.
TILLING, Michelle	Locality Director - City	No relevant interests declared	Not applicable					-	-	Not applicable
TRIMBLE, Dr Ian	Independent GP Advisor	Victoria and Mapperley Practice, Nottingham	Registered Patient			✓		01/10/2020	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TRIMBLE, Dr Ian	Independent GP Advisor	National Advisory Committee for Resource Allocation	Independent GP Advisor		✓			01/04/2013	Present	Participate in discussion or service redesign as clinical expert if organisation is potential provider, withdraw from voting unless otherwise agreed by the meeting chair

Name	Current position (s) held in the CCG	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
WRIGHT, Michael	LMC Representative, CEO	Practice Support Services Limited - Nottinghamshire	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	LMC Buying Groups Federation	Manager	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	GP-S coaching and mentoring	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Nottinghamshire GP Phoenix Programme	Manager		✓			01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Castle Healthcare Practice	Registered Patient				✓	30/09/2016	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
WRIGHT, Michael	LMC Representative, CEO	Notspar and Trent Valley Surgery Special Allocation Schemes (violent patient schemes)	Chair				✓	01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Radcliffe-on-Trent Practice	Parents are registered patients				✓	-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Managing Conflicts of Interest at Meetings

1. A "conflict of interest" is defined as a "set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold".

2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.

3. Conflicts of interest include:
   - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
   - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
   - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
   - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.

   The above categories are not exhaustive and each situation must be considered on a case by case basis.

4. In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

5. At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:

    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

Nottingham and Nottinghamshire
Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Unratified minutes of the meeting held on
16/03/2022 09:00-10:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Shaun Beebe	Non-Executive Director
Helen Griffiths	Associate Director of Primary Care Networks
Sue Sunderland	Non-Executive Director
Danielle Burnett	Deputy Chief Nurse
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor
Lucy Dadge	Chief Commissioning Officer

In attendance:

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Sian Gascoigne	Head of Corporate Assurance
Louise Espley	Corporate Governance Officer (minute taker)
Stuart Hague	Nottinghamshire Local Medical Committee

Apologies:

Joe Lunn	Associate Director of Primary Care

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	12	12	Joe Lunn	12	11
Michael Cawley	12	10	Dr Richard Stratton*	06	04
Lucy Dadge	12	11	Sue Sunderland	12	12
Eleri de Gilbert	12	11	Dr Ian Trimble	12	12
Helen Griffiths	12	10	Danielle Burnett	12	11

** Dr Stratton left 24/09/2021*

Introductory Items

PCC/21/232 Welcome and Apologies

Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were received from Joe Lunn.

PCC/21/233 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/21/234 Declaration of interest for any item on the shared agenda

The register of interests was provided. No conflicts of interest were identified in relation to this meeting.

Sue Sunderland's role with Derbyshire ICB is now active.

PCC/21/235 Management of any real or perceived conflicts of interest

No management action was required.

PCC/21/236 Questions from the public

No questions had been received from the public.

PCC/21/237 Minutes from the meeting held on 16 February 2022

The minutes were agreed as an accurate record of proceedings.

PCC/21/238 Action log and matters arising from the meeting held on 16 February 2022

All actions are closed or addressed on the agenda.
There were no matters arising.

Commissioning, Procurement and Contract Management

PCC/21/239 Oakwood Surgery - impacts of reduction in opening hours at Bull Farm branch surgery

In September 2021 the Committee approved the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery and asked for a review of the impact of the decision to be reported to the Committee three/four months post implementation.

Lynette Daws presented the item, highlighting the following key points:

a) The rationale for reducing the hours at the Bull Farm branch surgery was to reallocate receptionists time in order to improve cover at both sites during times when the highest volume of calls is experienced. This was considered appropriate action in response to the number of patient complaints related to telephone access.
b) The report provided data on de-registrations and telephone call analysis to assess the impact of the reduction in opening hours at Bull Farm. There has been a reduction in calls since October 2021 which could be attributed to factors wider than the reduction in opening hours e.g. the impact of the Omicron virus on general practice. There has been an increase in the percentage of calls

answered and a reduction in abandoned calls. Data suggests there has also been an increase in unanswered calls.

c) No formal or informal complaints have been received regarding the change in opening hours and no reports of adverse social media.

The following points were made in discussion:

d) Members noted the positive impact for the practice and staff as a result of the reduction in opening hours at the Bull Farm branch surgery but suggested that a more proactive approach to assessing the impact for patients should have been considered
e) Rather than relying on complaints data and social media activity as a measure of impact it was suggested the practice conduct a patient engagement exercise specifically focused on assessing the patient experience of the change. The patient engagement should address the impact at both Oakwood and Bull Farm.
f) Whilst there had been an improvement in average wait time for calls to be answered there had also been a significant reduction in the number of calls; yet 30% of calls remain unanswered. This raised a question about whether the practice has the right staffing model in place but also suggested there could be other reasons affecting reduction in calls.
g) The practice will be asked to undertake a proactive exercise to further assess the impact of the reduction in opening hours and to consider their response to the volume of unanswered calls.
h) The outcome will be reported to the Committee in May 2022.

The Committee:

- **NOTED** the impact assessment and requested further assessment, direct with patients takes place and be reported to the Committee in May 2022.

ACTION:

- Lynette Daws to provide the practice with feedback from the Committee and request further patient engagement takes place to assess the impact of the reduction in hours at the Bull Farm surgery. In addition, the practice will be asked to review their staffing model in the light of the high number of unanswered calls.

PCC/21/240 **Winter Access Fund update**

Lynette Daws presented the item and highlighted the following key points:

a) The Winter Access Fund has been reported to the Committee since November 2021 and runs to 31 March 2022. The report provides detail of activity to 31 January 2022 and information about additional funding received from NHSE/I.
b) In December 2021 NHSEI Midlands Region asked CCGs to submit potential schemes against a further £500k to provide additional support to deliver the Improving Access Winter Plan and/or Long-Term Plan priorities. The proposed schemes were supported to the level of £565k with four additional schemes being requested by NHSEI Midlands totalling £177k. The total allocation received in relation to this funding was £742k.

c) An additional funding allocation of £120k has been received to support delivery of increased benefits aligned to Long Term Plan priorities and to enable closer collaboration across providers.
d) The associated MOUs were attached to the report for information.

The following points were raised in discussion:
e) Thanks were expressed to the Primary Care Team in recognition of the ongoing effort in respect of the Winter Access Fund.
f) It was confirmed that all schemes are on track to deliver by 31 March 2022.
g) Discussion ensued regarding analysis of the impact of investment and the potential impact on access when the fund ends in March 2022.
h) Members were keen to ensure that the positive initiatives resulting from the fund are captured and incorporated into the primary care strategy and investment strategy for primary care.
i) In terms of analysis, a retrospective review will be undertaken to quantify the impact of the initiatives employed across the CCG. An update on the approach to this review will be provided in April 2022.

The Committee:
- **NOTED** the update on the winter access fund and additional funding.

PCC/21/241 **NHS England General Practice Contract Arrangements 2022/23**

Lynette Daws presented the item and highlighted the following key points:
a) NHS England published a letter on 01 March 2022 outlining updates to General Practice contract arrangements in 2022/23. The key changes place additional requirements on PCNs, with the absence of additional funding.
b) The letter has been received negatively in general practice who felt that the changes were being imposed. NHSEI considers that the changes were negotiated with the BMA as part of the five-year plan to develop PCNs.
c) It was felt that locally practices are well placed to deliver; working with federations and that the contents of the letter were not a surprise.
d) Extended access is the greatest area of concern. Support from GP Federations will be key to implementation of the new arrangements locally.
e) Detailed guidance is still expected around implementation.

The following points were raised in discussion:
f) It was confirmed that PCNs will submit plans by 31 July 2022, with a final iteration agreed by 31 August 2022.

The Committee:
- **NOTED** the NHSE/I letter and arrangements for general practice.

Strategy, Planning and Service Transformation

PCC/21/242 **Primary Care Network Delivery – Year-end Report**

Helen Griffiths presented the item and highlighted the following key points:
a) The paper provides an overview of the development of Primary Care Networks (PCNs) within Nottingham and Nottinghamshire over the last 12 months,

highlighting key deliverables, achievements and on-going considerations as year three of the five-year programme commences.

b) Appendix one details the six service specifications delivered as part of the PCN DES contract demonstrating the enhanced service offer from PCNs.
c) Appendix two provides detail of increasing numbers of additional roles/skills appointed across PCNs.
d) Appendix three provides the NHSE/I trajectory for recruitment of additional roles. The CCG is currently above trajectory with 310 posts in place.
e) The Impact Investment Fund (IIF) is delivered at PCN level, the indicators were protected in the latter part of 2021 due to the impact of the Covid-19 vaccination programme and an increase in workload associated with the winter access fund.
f) Primary Care Transformation money has been used to support a number of developments focused on leadership, organisational development and engagement with system partners. The benefits of this investment were captured in the maturity matrix reported to the Committee in December 2021. Focused work on leadership development and succession planning will continue into 2022/23.
g) Nottingham and Nottinghamshire PCNs continue to receive positive feedback from the regional team who are keen to share elements of local work more widely.
h) The financial allocation for recruit of additional staff will increase in 2022/23. PCNs will continue to have flexibility to recruit into any of 15 different roles.
i) Extended access will be a significant focus for PCNs in 2022/23.
j) Two new service specifications, anticipatory care and personalised care will be implemented from 01 April 2022.
k) The report highlights familiar issues facing PCNs such as, the digital agenda, workforce pressures, limitations resulting from primary care estates and the wider transformation agenda.
l) Moving into the final two years of the five-year programme there will be a focus on maintaining delivery of the contract and assessing the impact of PCNs at place and system level.
m) The system dashboard which is subject to ongoing development will be important in understanding PCN activity and performance. The dashboard is expected by September 2022.
n) A future focus will be to connect the work of PCNs, particularly with respect to the wider multidisciplinary workforce with the Community Transformation programme.
o) Community engagement will be a key focus as will the PCN role in the development of the primary care strategy.

The following points were raised in discussion:

p) Members noted the significant progress with PCN development and that this has been achieved whilst primary care has faced very challenging time. It was agreed that as PCNs take on greater accountability additional managerial support will be required.
q) In terms of workforce plans it was accepted that future plans are ambitious and will require creative solutions, for example, rotational posts and secondments to be successful. It is anticipated that the ICB People and Culture Group will focus on achievement of plans in the ICB.
r) The link between PCNs and the Community Transformation Programme was considered a key focus for 2022/23.

s) The Chair thanked PCNs and Helen Griffiths for what was evidently a success story to date.
t) The system dashboard under development will be crucial to target support as well as providing evidence of return on investment.

The Committee:

- **NOTED** the progress and continued development of PCNs over the last 12 months.
- **NOTED** the priorities and considerations for 2022/23.

Covid-19 Recovery and Planning

PCC/21/243 **Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting**

Lynette Daws presented the item and highlighted the following key points:

a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham) reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice.
b) The report covers the four-week period to 25 February 2022.
c) OPEL levels are stabilising with a circa 50% reduction in level three reporting in Mid and South Nottinghamshire. Level three reporting in the City remains the same as reported in February 2022.
d) The report includes details of staff absence which is also stabilising.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report to 25 February 2022.
- **NOTED** the staff absence report for the period 07 February to 04 March 2022.

Financial Management

PCC/21 244 **Finance report – month eleven**

Michael Cawley presented the item and highlighted the following points:

a) The report covered the year-to-date / forecast out-turn position for 2021/22 and also high-level draft indicative budgets for 2022/23.
b) The financial position for month eleven 2021/22 continues to be prepared in the context of the revised financial regime implemented by NHS England/Improvement (NHS/I) in response to the COVID-19 pandemic. Under the H2 regime, the CCG is required to report on the financial year to date position (cumulative from M1 to current month), as opposed to treating H1 and H2 separately.

c) The year to date (M1-11) position shows a £1.35million overspend (0.8% of year to date budget). The main drivers of the position being PCCC reserves forming part of the position (£2.64 million); offset by the overspend relating to spend associated with Additional Roles (ARRS) that will be reimbursed (£2.35 million) and an adverse variance on the Primary Care Reimbursement (£1.28m) line of expenditure. The CCG is taking a prudent approach to this expenditure following the latest rates review information.

d) Reserves are designed to manage any in-year unforeseen pressures that may arise on those budgets delegated by the CCG to the Primary Care Commissioning Committee (PCCC). For accounting purposes, the total PCCC reserves position remains reported as part of the overall PCCC position.

e) The current forecast position is £2.55million overspend (1.51% of total budget). This accounts for a forecast overspend spend associated with ARRS (£4.44million) and WAF (£1.53million) both of which will be funded by NHSE/I. The CCG has been advised by NHSEI to present the financial information in this way as part of the national reporting process to secure the relevant funding.

f) The 2022/23 budgets for Primary Care Commissioning included in the report are based on the anticipated allocation provided by NHSE/I. They represent high level opening budgets. More detailed reports will be shared at a future meeting. The non-delegated budget is presented for information only.

g) The presentation of budgets is on a three months/nine months basis to reflect the anticipated disestablishment of the CCG on 30 June 2022 and the establishment of the ICB on 01 July 2022 (subject to legislation). The ICB will be required to approve its budgets once the ICB has been established.

The following points were raised in discussion:

h) It was confirmed that the high-level financial allocation received to date covers plans detailed in the delegated budget.

i) The new draft delegation agreement infers that there will not be same demarcation (ring fencing) of the primary care delegated budget in the ICB.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending February 2022.
- **APPROVED** the 2022/23 Budgets as set out in Section 2 of the Primary Care Commissioning Finance Report.
- **NOTED** the 2022/23 budgets set out in section two for the non-delegated Primary Care element.

Risk Management

PCC/21/245

Risk Report

Sian Gascoigne presented the item and highlighted the following points:

a) There are currently seven risks relating to the Committee's responsibilities, a reduction in one risk since the February 2022 report. Two risks are rated red/high.

b) Risk RR 160 *(primary care workforce resilience, exhaustion and burn-out*) has a score of 16 and remains red. Following discussion at this meeting it is considered that this remains appropriate.

c) Risk RR 138 is recommended for archiving. The risk relates to the impact of COVID-19 test, track and trace on the workforce. In response to the *'Living with*

COVID-19' guidance the legal requirements around test, track and trace have been removed. As such the likelihood of this risk has reduced to an overall risk score of three. It is recognised that workforce capacity continues to be an issue, as such it is captured by two risks, RR 032 (*insufficient primary care workforce capacity*) and RR 126 (*quality of primary care services*).

No further points were made in discussion.

The Committee:

d) **NOTED** the Risk Report and did not highlight any new risks for inclusion on the risk register.

e) **APPROVED** the archiving of risk **RR 138** (*COVID-19 test, track and trace).*

Information Items

PCC/21/246 **Monthly Contract Update.**

The Committee received this item for information.

Closing Items

PCC/21/247 **Any other business**

No further business was raised.

PCC/21/248 **Key messages to escalate to the Governing Body**

The Committee:

- **RECEIVED** the year-end report on Primary Care Network Development noting the progress made and priorities for 2022/23.
- **NOTED** the NHS England General Practice Contract Arrangements 2022/23 letter and the key requirements for general practice.

PCC/21/249 **Date of next meeting**:

20/04/2022

MS Teams meeting

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Primary Care Commissioning Committee
Action Log from the public Committee meeting held on 16 March 2022

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING						
			No actions outstanding			
ACTIONS ONGOING/NOT YET DUE						
16.03.2022	PCC 21 239	Oakwood surgery - impacts of reduction in opening hours at Bull Farm branch surgery	Practice to undertake further patient engagement to assess the impact of the reduction in hours at both surgeries. In addition, the practice will be asked to review their staffing model to address the number of unanswered calls.	Joe Lunn/Lynette Daws	18.05.2022	Future agenda item.
ACTIONS COMPLETED						
			No actions completed			

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	20 April 2022

Paper Title:	Nottingham and Nottinghamshire Public Contract Update	Paper Reference:	**PCC 22 009**

Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	Public Contract Update
Presenter:	Lynette Daws, Head of Primary Care		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

Arrangements for Discharging Delegated Functions
Delegated function 2 – *Plan the primary medical services provider landscape, including considering and making decisions in relation to agreeing variations to the boundaries of GP practices.*
Delegated function 4 – *Decisions in relation to the commissioning, procurement and management of primary medical services contracts*
Delegated function 7 – *Approving GP practice mergers and closures*
Delegated function 10 – *Decisions in relation to the management of poorly performing GP practices, including decisions and liaison with the CQC where the CQC has reported non-compliance with standards*

This public contract update provides the latest information on contractual action in respect of individual providers' contracts, across Nottingham and Nottinghamshire, which have been discussed by the Primary Care Commissioning Committee (PCCC) in the previous 12 months.

Some items, due to their commercially sensitive and confidential nature, may have been previously discussed by the Primary Care Commissioning Committee in the confidential session of the meeting. These items will be included in the public contracts update as soon as they are able to be shared in public.

There are various contractual requests or changes which practices can apply to undertake including boundary changes, practice mergers, branch closures and formal list closures. This overview will be given to ensure the Committee is sighted on the progress of agreed contractual changes.

All contractual changes follow due process in line with the NHS England Primary Care Policy and Guidance Manual (PGM). The PGM provides Commissioners of GP services with the context and information to commission and manage GP contracts ensuring that all providers and patients are treated equitably.

The following lines will be removed following the April 2022 meeting as these contractual issues are now completed and were first reported to PCCC 12 months ago. These will be moved to archive:

Line 7 Queens Bower Surgery – Contract Termination
Line 8 Platform One Practice – Contract Update

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐
Performance Management	☒	Procurement and/or Contract Management	☒
Strategic Planning	☒		

Conflicts of Interest:
☒ No conflict identified

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Risk(s):
No risks are identified within the paper

Confidentiality:
☒No

Recommendation(s):
1. The Committee to **NOTE** the Public Contract Update.

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee Public Meeting – April 2022

Contracts Update – Public Meeting

This public contracts update provides latest information on contractual action in respect of individual providers' contracts which have been discussed by the Primary Care Commissioning Committee in the previous 12 months. Some items due to their commercially sensitive and confidential nature may have been previously discussed by the Primary Care Commissioning Committee in the confidential session of the meeting; however, this decision can now be shared in the public domain.

Updates since the last meeting are highlighted in bold. This item is for information only.

Ref.	Date reported to Committee	Description of Contractual Issue	Update	Status
1.	February 2022	The Practice St Albans & Nirmala – Boundary Change	The Practice St Albans & Nirmala submitted a request for a boundary change to extend the current boundary to include the site of Acer Court Care Home, which they are aligned to as part of the Enhanced Health in Care Home DES, and to align with the Springfield Medical Centre boundary.	Completed
2.	January 2022	Balderton Primary Care Centre - Media Coverage	Balderton Primary Care Centre received media coverage (local and national) relating to patient concerns about access and getting through on the telephone. The provider responded with a statement highlighting the improvements being made. This includes a new telephone system to make it easier for patients to get through, which enables staff to monitor call volumes and waiting times in real time. The practice is also actively recruiting to increase staff numbers. The Primary Care Team meets regularly with the practice in line with the APMS contract requirements and provides ongoing support.	Completed
3.	December 2021	Springfield Medical Centre – Merge into The Practice St Albans and Nirmala	Dr and Mrs Mohindra, partners on the Springfield Medical Centre contract, have taken the decision to retire in 2022. Having considered their options, they approached The Practice St Albans and Nirmala, as their closest neighbouring practice, to agree a sustainable and long-term succession plan. Following discussions Springfield Medical Centre will merge into The Practice St Albans and Nirmala.	Completed

			The Primary Care Commissioning Committee supported this approach at the Confidential August 2021 meeting. A letter was sent to all registered patients at Springfield Medical Centre on 15 October 2021 advising them of the change. The Primary Care Commissioning Team has liaised with multiple support services, stakeholders and other system partners to ensure they are aware of the change and can offer support to their clients. Tailored communication resources have also been shared with stakeholders to help reach vulnerable patient groups. A second patient letter was sent to all registered patients at Springfield Medical Centre on 24 January 2022. **Springfield Medical Centre closed on 31 March 2022.**	
4.	August 2021	Sherrington Park Medical Practice – List Closure	Sherrington Park Medical Practice submitted a formal list closure application; a paper was presented to the Primary Care Commissioning Committee in September 2021. PCCC supported the recommendation to defer the list closure application approval as additional supporting information was required from the practice. The outcome has been communicated to the practice and a follow up discussion has taken place.	Completed
5.	August 2021	Rise Park Surgery – Boundary Change	Rise Park Surgery submitted an application to extend their practice boundary. A paper was presented to the Primary Care Commissioning Committee in August 2021 and the proposal was approved. The outcome has been communicated to the practice.	Completed
6.	July 2021	Oakwood Surgery (Bull Farm Branch) – Branch Opening Hours	Oakwood Surgery expressed an interest in reducing the current operating hours at Bull Farm branch site – the proposal for change is to reduce the hours by two hours per day. The practice has reviewed attendance data at the surgery since taking on the branch site and activity levels at the beginning and end of each day has been extremely low. The patient consultation started on 5 July 2021 and the engagement event took place on 19 July 2021. A paper was presented to the Primary Care Commissioning Committee in September 2021 and the proposal was approved. A review of the	Completed

			impact of the change in hours is to be presented to PCCC within 6 months. The outcome has been communicated to the practice. A paper was presented to PCCC at the March 2022 meeting to review the impacts in reduction of hours at the Bull Farm branch site and the main Oakwood Surgery site. PCCC feedback was that more engagement with patients needed to take place; this has been communicated to the practice.	
7.	March 2021	Queens Bower Surgery – Contract Termination	The GP took the decision to end the contract and a caretaking arrangement was put in place. Rise Park Surgery provided a temporary caretaking arrangement until 30 September 2021, from the Queens Bower Surgery premises. Following patient engagement an options appraisal was presented to Primary Care Commissioning Committee in July 2021, with the decision supported being to allocate all patients to practices near their home address. A mapping process to allocate patients to their nearest practice took place. A letter to inform patients of the allocation process was sent (August 2021), with a follow up letter (September 2021) providing patients with their allocated new practice details. Queens Bower Surgery closed on the 30 September 2021.	Completed
8.	March 2021	Platform One Practice – Contract Update	The Platform One Practice contract ended on 30 June 2021. Following an external procurement process, Nottingham City GP Alliance (NCGPA) was awarded the contract to provide primary care services from Upper Parliament Street, Nottingham. The new practice is called Parliament Street Medical Centre. The new contract with NCGPA commenced 1 July 2021. The new boundary for the practice means that 7,800 patients residing within the boundary (currently registered with Platform One Practice) transferred to the new practice. The remaining 3,000 patients that reside outside the boundary (previously registered with Platform One Practice) were allocated to a practice closest to their home address. Communications were sent to all patients, the CCG recognised that a letter is not the only or always the best method. A Stakeholder Group was established as an expert panel to support patient engagement during the mobilisation period. Meetings took	Completed

			place on 3 March 2021, 7 April 2021, 5 May 2021 and 7 July 2021 with a number of agreed actions for the Group to progress (the development of Key Worker Briefings, Posters and Wallet Cards, all distributed to key stakeholders). Highlight reports from the Group were provided to the Committee. Regular mobilisation meetings took place with NCGPA. Exit planning meetings took place with the incumbent provider. All patients on the allocation list were sent a letter (June 2021) containing further details regarding the transfer to their new practice; patients were automatically registered by their new practice. Parliament Street Medical Centre opened 1 July 2021, the website went live on the same day and patients have been booking appointments. The Primary Care Commissioning Team remain in regular contact with the new provider.	

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	20 April 2022

Paper Title:	Winter Access Fund Update	**Paper Reference:**	**PCC 22 010**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	
Presenter:	Joe Lunn, Associate Director of Primary Care		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary
Winter Access Fund (WAF) At the Open Session of the Primary Care Commissioning Committee since November 2021 and December 2021 updates have been provided outlining the guidance issued and plans submitted by the CCG to meet NHS England & Improvements (NHSE/I) document “Our plan for improving access for patients and supporting general practice”. This is now referred to as the “Winter Access Fund” (WAF) and comes with funding of £250m nationally to support delivery. Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against WAF to 28 February 2022. The latest submission details how the three Place Based Partnerships continue to deliver against plans was submitted on 29 March 2022.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐
Performance Management	☒	Procurement and/or Contract Management	☒
Strategic Planning	☐		

Conflicts of Interest:
☒ No conflict identified

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Risk(s):
General Practice staffing risk due to increased support to the COVID Vaccination Programme. General Practice staff absence due to COVID isolation requirements impacting on delivery of additional face to face appointments.
Confidentiality:
☒No
Recommendation(s):
The Committee is asked to: • **NOTE** the update in relation to the monthly reporting process for “Improving Access for Patients and Supporting General Practice” (Winter Access Fund) and the submission made to NHSE/I on 29 March 2022.

Our plan for improving access for patients and supporting general practice (Winter Access Fund)

1. Introduction

At the Open Session of the Primary Care Commissioning Committee in November and December 2021, an update was provided outlining the guidance issued and plans submitted by the CCG to meet NHS England & Improvements (NHSE/I) document "Our plan for improving access for patients and supporting general practice" with additional funding of £250m nationally to support delivery. This is now referred to as the "Winter Access Fund" (WAF).

Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against WAF to 28 February 2022. The latest submission details how our three Place Based Partnerships continue to deliver against plans was submitted on 29 March 2022.

2. WAF Submission for Nottingham and Nottinghamshire CCG – 29 March 2022

NHSE/I provided updated template for completion, the completed response for the submission made on 29 March 2022 are shown below:

2.1. <u>WAF – Activity Delivery</u>

Scheme	Iniaitive	How much WAF is available to support initiatives/scheme?	How many [additional] appointments were delivered over the whole duration of the initiative/scheme?	How many appointments delivered to date? Mar 2022 (Number only)	Are these appointments already recorded via the GP appointment data (GPAD)? Yes/No/ Split	If appointments are split please provide a breakdown of appointments that are in GPAD and those that aren't.	How are systems recording schemes' benefits?	What benefits has the service deliverd for patients and/or practice staff? These could be qualitative such as from local patient/staff satisfaction surveys or quantiative e.g. reduced waiting time.	Please describe any risks and issues that relate to the initiatives/schemes RAG (see RAG KEY tab)
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in South Notts	1379161	The whole duration is not at an end as yet. The overall plan was to deliver 83,248 additional appointments between November and March	57485	Yes	N/A	Direct monitoring of additional sessions, requested feedback from practices.	Practices have identified that the additional capacity has been well utillised by patients, has allowed them to provide more on the day care and has helped maintain staff morale. Practices have also reported that patient feedback around has been positive. A higher proportion of people are being seen within 7 days than in the comparable time period in 2019. The proportion of face to face appointments has increased compared to the April to August period of 2021 inspite of the Omicron wave.	Omicron wave impact on staff availability will have reduced capacity, as will the request to prioritise COVID vaccinations in December 2021.
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in Nottingham City	1770749	The whole duration is not at an end as yet. Forecast is 73,316	49,162	Split	46794 - GPAD 2368 - Not GPAD	As part of the monthly reporting process we are asking practices for feedback of the scheme and benefits they are seeing.	Data shows that access within 7 days has increased overall by 17.99% and slightly less with the practices requiring additional support by 14.91% (comparsion January 2019 - January 2022). General feedback from practices has shown a reduction in complaints from patients relating to appointments and waiting times.	Risks are highlighted in the enclosed risk tab
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in Mid Notts	1549090	The whole duration is not at an end as yet. Forecast additional appointments are 42,700	27103	Split	GPAD: 26,869 | Non-GPAD: 234	Recording of appointment numbers and type in clinical systems which allows easy reporting. Patient feedback collected through sampling. Practice feedback sought monthly.	Benefits have been reported both from patients and practices: waiting times reduced - patients seen on the day rather than waiting days or attending ED face to face appointment rather than remote when preferred patient preference additional workforce within practices to ease the pressure on clinical and non-clinical staff	Two key issues remain: high levels of sickness due to Omicron are affecting appointment levels both within core practice staff and WAF temporary staff hard stop on 31 March will affect patient experience as appointment availability reduces back to normal levels.

2.2 WAF – Key Lines of Enquiry (KLOEs)

Ref	KLOE	Comments
1	What actions have been taken in relation to the practices requiring enhanced support to date and what impact have they had? Please provide an update on practice's involvement in the Enhanced Access Improvement Programme to date?	Practices have been provided with additional financial support to allow them to deploy additional staff. In December and January, practices were particularly challenged due to the impact of the Omicron wave on staff absence, the instruction to increase vaccination activity and staff having to work from home due to isolation requirements. Within South Nottinghamshire, the practices identified for enhanced support saw an increase in appointments comparing January 22 to January 20 of 9.9%; the average for South Nottinghamshire was a 4.7% increase. The growth in appointments in these practices has been higher than the South Notts average in every month of the WAF. The drop in F2F appointments in these practices in January due to the Omicron wave was only 10% compared to the same month in 2019; the figure for the whole of South Notts was a 24.8% drop. Within Nottingham City Place, the practices requiring enhanced support saw an increase in appointments comparing January 21 to Janaury 2019 of 4.34%; the increase for Nottingham City was 9.32% increase. In Mid Notts, these practices identified for enhanced support remained challenged with a reduction in total appointments overall even with the additional WAF appointments. These practices have reported that the additional WAF capacity substantially helped with their resilience with an even greater reduction in appointments being experienced without the additional support.
2	Have all practices recovered to 2019 appointment levels? If not, what steps are being taken over the next few months to support practices to recover?	In spite of the additional pressures on practices due to the Omicron wave and the standing down of routine general practice to support COVID vaccinations, four of the six PCNs in South Nottinghamshire offered more appointments in January 22 compared to January 20, across South Nottinghamshire there was a 4.7% increase in total appointments. In January 22 there was a reduction in face to face appointments of 24.8% compared to January 19 due to the Omicron wave. Yes, data shows that Nottingham City has increased above the 2019 levels by 9.32% for Janaury 2022. Within Nottingham City we have supported practices to think about the different roles available to them to increase productivity. We are currently working with a PCN where a number of practices are identified as required enhanced support looking at their processes for managing urgent same day demand. In the Mid Notts Locality not all practices have recovered - whilst practices are starting to see an upward trend in appointment levels some are still struggling to get back to the levels of 2019. This is attributed to the following: Maintaining available F2F appointments (over 70% of all appointments in Mid Notts are face to face) which take much longer now with IPC controls; Significant covid related practice sickness; Different workforce models; Covid vaccination and covid booster taking a priority and appts not recorded in practice systems; and Seasonal flu being delivered earlier than previous years to concentrate on Covid Booster. The CCG continues to support practices to resolve these issues, particularly around non clinical staffing and technological improvements to help with resilience and patient experience.
3	Has there been an increase in both practices utilising GP CPCS and referral figures?	Data as of 21st March 2022 -We have 22 practice that are live with CPCS - 662 patients have been referred through the scheme. 328 of this activity has taken place since November during the WAF reporting.
4	What are the ICS doing to support those practices that have not yet implemented GP CPCS?	- All practices have confirmed that they are wanting to engage with the service. There have been capacity issues within the practices and pharmacists due to workforce pressures and supporting the vaccination programme that is delaying the implementation of the service, however, we do have a plans to support all practices/PCN and their local pharmacies as soon as they are in a position to go live. - We have a representative from the LPC who is supporting this implementation alongside the ICS and this relationship is working well. We are have a fleet of tools to support the Practices with their implementation including; - A local integrated referral tool that supports both SystmOne and EMIS practices - Hints & Tips Guide - 1-1 support with conversations between practices and pharmacies - Training support for practices on the referral process. - Support the review of the service post 7 days once live to ensure that all is working ok. - Weekly drop in sessions available. - Review outcomes data to aid shared learning between practice and community pharmacy. - PCCC are offering dedicated support to Practices and PCN as part of the National Programme. We are facilitating engagement. Awaiting further details from PCCC on their start dates.
5	How are the ICS ensuring referral levels into CPCS continue to increase?	ICS will continue to promote the scheme and work with individual practices, PCNs and Community Pharmacy have the capacity to go live. We are reviewing individual practice and community pharmacy positions on a monthly basis and pick up any specific issues as they arise. Once we have a good coverage of the service across the system we will look to promote wider with a public campaign. We continually review the data to allow shared learning across all involved and those that are yet to go live.
6	What are systems putting in place to ensure that they take every opportunity to use community pharmacy to support in the delivery of care processes, for example hypertension and optimise the use of pharmacy services around smoking cessation on hospital discharge, the expanded new medicines service and the discharge medicines service?	**Hypertension Service** - We are working with the LPC to support a Hypertension opportunities within Community Pharmacy and supported a training event on 23/02/22. - Currently obtaining a full list of pharmacies that are signed up to the Hypertension service so that we can share this information with the PCNs and encourage further discussions to take place to support the role out for patients - Discussions have taken place with the ICS CVD lead on 27/01/22 to understand how this scheme fits in with the wider CVD offers. Information has been shared with all practices via TeamNet of the local pathway, information and support available. - CVD lead attending Clinical Director meeting in May along with the LPC. - Further discussions due to take place once new specification for PCNs have been issued to follow up and discuss next steps. **Acute Discharge Medicines Service** - Currently liaising with the LPC to understand which pharmacies are supporting this scheme to enable us to inform PCNs of this service. - Request has been made to Regional Team to understand what levels of activity are being referred through this scheme, so that we can ensure that practices and community pharmacy are supported by the system. **Public Health (Promotion of Healthy Lifestyles)** - Currently liaising with the LPC to understand which pharmacies are supporting this scheme to enable us to inform PCNs of this service. - Once we are aware of what is available we intend to share the information with primary care and Additional roles to enable further promotion within the system. **PCN Community Pharmacy Representatives** - The majority of the PCNs within Nottinghamshire have a dedicated PCN Community Pharmacy lead. We continue to encourage engagement with PCNs to understand what opportunities for greater collaboration can take place. **Future PCN Specification support from Community Pharma**cy - Review the new PCN specification once issued in April 22 to understand what further opportunities are available to support greater integration between general practice, community pharmacy and the wider community of services
7	What is the ICS doing to maximise implementation of the locum pool, including increasing the GPs and practices which are registered and active with the digital solution?	Each of the three Federations across Nottingham & Nottinghamshire hold locum pools to support member practices, there has also been consideration by the Local Medical Committee (LMC) of hosting a Locum Chambers. Ongoing considerations in relation to whether this can be moved into one organisation or if this better serves the Place Based Partnerships by retaining at a place level. Digital solutions for Locum Pools and reviewing wider national solutions has also been considered. The review of the support and digital booking systems available continues and we are looking to finalise the system wide Flexible Workforce Pool operating on a digital platform from a recognised provider of the HSE framework .
8	What is the ICS doing to promote longer term retention of the current workforce and any additional capacity funded through the WAF?	Each Place Based Partnership (x3) have developed a model that supports the member practices and utilises workforce available to support delivery. This has come from a mix of increased sessions and overtime for existing practice staff and using locum staff to provide additional capacity. Retention of workforce will now be considered as we focus on WAF delivery following the focus on the COVID vaccination programme over Christmas & New Year.
9	How is the ICS ensuring that there is a focus on the health, wellbeing and safety of our staff in Primary Care?	The CCG is engaging with NHSE/I in relation to the Health & Wellbeing Funding for Investment in Primary Care. Criteria for this funding is to be utilised for: - (1)Undertake a baseline across the system footprint of the current offers available to primary care, providing feedback and insights on the take up by 31 March 2022. (2)Work collaboratively with local stakeholders including LMCs, LPCs, LDCs and LOCs in the investment and promotion of health and wellbeing offers. (3)Oversee in-year investment in health and wellbeing tools as appropriate to support the breadth of primary care contractor groups. (4)Explore other 'quick win' opportunities recognising the current strategic importance of looking after the workforce alongside the current pressures e.g.: - Wellbeing conversation tool kit and stress risk assessment tools. - Enhanced Occupational Health offers for stress and burnout. - On-line health and wellbeing health checks and reports. - Promotion of links to other services and support e.g. Mental Health Hub, Local Authority wellbeing programme, third sector initiatives etc. - Other opportunities as locally determined. (5)Utilise investments as locally determined to support health and wellbeing, including champions, professional leads and/or project management and support as required.
10	Please provide a case studies for one or more of your WAF schemes. If you have previously provided a case study please provide a new case study	Dr James Bignall, GP Partner @ Fountain Medical Centre said The winter access fund has enabled us to provide additional appointments and we have used these appointments to work with our most vulnerable patients. The funding has allowed us to provide additional clinical and also non clinical support appointments. We have used these additional appointments for patients who frequent out of hours services and are frequent users of general practice appointments. Using date from November 2021, one patient was using NHS 111 daily and on some occasions up to 5 calls made per day. Since contacting these patients and using the Winter Access Fund this has now been reduced to just once per week. Natalie Scott – Practice Nurse @ Forest Medical Practice said As a practice nurse found the extra service a benefit. As in one case a Diabetic gentleman was having side effects to treatment, feeling very unwell - impacting on his daily life and work. Needed an urgent nurse review of his Diabetes. Would have been waiting weeks otherwise for his diabetes to be fully reviewed. Reviewed. Educated about Diabetes provided, and medication regime adjusted. Since the appointment patient has been followed up and is feeling much better - therefore avoiding hospital attendance and improving patients quality of life.

2.3 WAF – Risks, Mitigations & Support

Key Issues/Risks	**Summary of Issue/Risk** (please include narrative where risk may impact on appointments and/or finance forecast)	**Mitigation** (please include narrative where mitigation may support the recovery of your appointment and/or finance forecast)	Area of Support
Impact of COVID infections and other staff sickness / absences	Practice and WAF staffing levels have been substantially impacted by COVID infections and isolation requirements; this impacts on the availability of staff to deliver additional hours and the number of appointments practices have been able to deliver in core hours therefore the full impact of the additional appointments supported through the WAF may not be fully visible in the practice data that is extracted from systems. This has meant that the additional capacity during December and January in some cases is masked by the reduction in BAU appointments and some WAF appointments had to be delayed and rephased.	Data on actual appointments supported via the WAF is being collected from practices. Practices and PCNs are re-profiling any underspend in November and December to catch up in the remainder of the year	Support for re-profiled plans at ICS and regional level
Difficulties in securing additional sessions and attracting locums	Concerns from practices at the ability to obtain/attract locums to deliver additional sessions within the cost envelope.	Practices and PCNs continue to re-profile underspends in November and December to catch up over the remainder of the year. All places working hard to secure additional staff now the covid vaccination programme has reduced down to normal levels. Expanded rotas now in place.	Support for re-profiled plans at ICS and regional level
Prioritisation of vaccination activity and standing down of routine care	Standing down of routine care is likely to have reduced appointment provision in core hours; where vaccinations are recorded as appointments on practice systems this may compensate but where PCNs are vaccinating from hubs the vaccination activity is unlikely to be visible on practice systems	Data on actual appointments supported via the WAF is being collected from practices.	
Late notification of approval to start and clarification of regional flexibilities around locum payment rates	Delayed confirmation that funding was available as planned and that the reasonable market rate for locums could be reimbursed impacted on what practices have been able to mobilise in November and December	Practices and PCNs continue to re-profile underspends in November and December to catch up in the remainder of the year	Support for re-profiled plans at ICS and regional level
Clinician fatigue and burn out	Some practices are reporting that the pressure on staff over the winter period is excessive and their ability to maintain the level of work they are currently undertaking is a risk to ongoing delivery	Daily OPEL reporting for BAU and project management of WAF to idenitfy issues as soon as they arise and provide appropriate support if possible. Escalations under OPEL reporting are stabalising.	
Estates	Additional capacity in some PCNs is constrained by estate availability. NHS estate is fully utilised in some areas therefore even when workforce has been available it has not always been possible to provide appointments in the right location or consistently through the week.	Community spokes have been rescheduled in locations where estate is available and at times when free.	Support for re-profiled plans at ICS and regional level
Patient expectations following hard stop on 31 March 2022	Patients and practices have been very postiive about the additional capacity and there is likely to be significant impact on patient experience when the funding stops on 31 March 2022.	Patient comms explain the fixed term nature of the additional service to manage the message for patients.	Consideration of an extension

2.4 WAF – Finance Monitoring

Nottingham & Nottinghamshire		Forecast Position							For ICS Colleagues to populate		
Initiative	Description	Plan £'000	FOT £'000	Surplus/ (Deficit) £'000	March Expenditure profile £'000	YTD Expenditure £'000	YTD Expenditure as % of FOT	Regional comments	Level of accruals Inc. in M11 YTD position £'000	Is this initiative live Yes/No	System Commentary (please see Notes to aid completion below)
a) Funding additional seasons from existing staff		3,079	3,079	0	998	2,081	68%	Please advise the level of accruals and the confidence in achieving FOT.	1056	Yes	There has been a level of slippage in the schemes in the early part of the Winter Access Fund process but the recovery actions are in place and Financial Delivery will be met with increased activity in both February and March 22. The Finance team are working closely with the localities to ensure that the latest position is accurate, whilst the localities are working with PCNs / Practices to ensure that delivery of the Winter Access Fund is met. These values do include the additional £181k. Within these accruals are £1.4m in relation to the plan for February 22, of which we have received claims totalling £1m of this value currently in March with claims continuously being uploaded to the portal. The total required allocation for March 22 is £1.529m
f) Increasing the resilience of the urgent care system		0	0	0	0	0	0%		0		
g) Using / developing primary care hubs	Development of a hub and spoke model to deliver additional on the day appointments (Enhanced Support programme)	1,620	1,620	0	712	908	56%	Please advise the level of accruals and the confidence in achieving FOT.	781	Yes	There has been a level of slippage in the schemes in the early part of the Winter Access Fund process but the recovery actions are in place and Financial Delivery will be met with increased activity in both February and March 22. The Finance team are working closely with the localities to ensure that the latest position is accurate, whilst the localities are working with PCNs / Practices to ensure that delivery of the Winter Access Fund is met. These values do include the additional £181k. Within these accruals are £1.4m in relation to the plan for February 22, of which we have received claims totalling £1m of this value currently in March with claims continuously being uploaded to the portal. The total required allocation for March 22 is £1.529m
h) Other actions to support the creation of additional appointments	Additional sites and additional capacity to see more patients closer to home.		0	0	0	0	0%		0		
	Improved data management.	0	0	0	0	0	0%		0		
	Maximise ARRS.	0	0	0	0	0	0%		0		
	Violence and aggression Communications.	0	0	0	0	0	0%		0		
	Violence and aggression police initiative.	0	0	0	0	0	0%		0		
	SOP & IPC Application Review.	0	0	0	0	0	0%		0		
i) Other actions to support improvements to patient experience of access		0	0	0	0	0	0%		0		
Totals (£'000)		**4,699**	**4,699**	**0**	**1,710**	**2,989**		-	**1,837**		-
Overall envelope available (share of £250m)		**4,518**	**104%**			**64%**					
Under/(over) overall envelope		**-181**						Regional overview: Non ISFE needs further comments on schemes and the impact of YTD spend on FOT delivery. YTD expenditure is 66% of overall FOT, what has been accrued? System finance colleagues agreed their March allocation and confirmed their FOT position. CCG finance contact is Sarah Szubert.			

3. Evaluation and Next Steps

Activity under WAF continued to be delivered until the end of March 2022. Locality Teams are in the process of pulling together final activity delivery and finances to the end of the scheme.

Next steps are to evaluate the benefits and achievements of the schemes delivered under WAF to capture the positive impact the additional WAF funding has helped primary care across Nottingham and Nottinghamshire to deliver. The teams are starting to collate this information now and we are hoping to be able to present this to the PCCC at the meeting in May 2022.

The findings and impacts will be captured to support future investments proposals aligned to the Primary Care Strategy to support the development of new business, provider and financial models for general practice.

4. Recommendation

Primary Care Commissioning Committee are asked to **NOTE** the update in relation to the monthly reporting process for “Improving Access for Patients and Supporting General Practice” (Winter Access Fund) and the submission made to NHSE/I on 29 March 2022.

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	20 April 2022

Paper Title:	COVID – GP Practice OPEL Reporting: Four-weeks to 25 March 2022 and Absence Reporting for the period 8 March 2022 to 7 April 2022	**Paper Reference:**	**PCC 22 012**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	
Presenter:	Joe Lunn, Associate Director of Primary Care		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary
Arrangements for Discharging Delegated Functions **Delegated function 2** – *Planning the provider landscape* **Delegated function 4** – *Decisions in relation to the commissioning, procurement and management of primary medical services contracts* General Practice continues to progress through the COVID 19 outbreak with practices, across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham City), reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice each day. General Practices and Primary Care Networks (PCNs) continue to review business continuity plans to ensure robust arrangements are in place for individual practices or multiple practices within a PCN. Considering implications when a practice becomes less resilient including the need to work with a neighbouring practice if / when needed to ensure continued service delivery for patients. This paper provides an overview of OPEL reporting over the four-week period to 25 March 2022 and sickness absence reporting for the four-week period 8 March to 7 April 2022.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☐	Wider system architecture development (e.g. ICP, PCN development)	☒
Financial Management	☐	Cultural and/or Organisational Development	☐
Performance Management	☐	Procurement and/or Contract Management	☒
Strategic Planning	☐		

Conflicts of Interest:				
☒ No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Risk(s):				
General Practice continues to manage the risk of service delivery on a daily basis and the impact varies across all practices. Reporting continues to enable practices, PCNs and the CCG to understand the risks for General Practice service delivery as a result of the COVID outbreak.				
Confidentiality:				
☒ No				
Recommendation(s):				
The committee is asked to: • **NOTE** the OPEL Reporting overview for General Practice for the four-week period to 25 March 2022. • **NOTE** staff absence reporting for the period 8 March 2022 to 7 April 2022.				

General Practice OPEL Reporting

1. Introduction

Nottingham and Nottinghamshire practices started reporting their Operational Pressures Escalation Levels (OPEL), on a daily basis in the early stages of the COVID-19 pandemic, from March 2020.

Practices submit their OPEL status by 11:00am each day.

OPEL reporting was introduced for General Practice to help triangulate the overall pressures and to feed into the wider system reporting across the NHS in Nottingham and Nottinghamshire due to the impact of COVID.

The agreed definitions for OPEL reporting are as follows:

OPEL Level 1 - GREEN
Practice is able to meet anticipated demand within its available resources. Additional support is not anticipated.

OPEL Level 2 - AMBER
Practice is showing signs of pressure. Demand is higher than expected levels or capacity is reduced.

OPEL Level 3 - RED
Practice under extreme pressure, unable to deliver all required services. Practice is only able to provide services for urgent medical needs. Practices seek additional support from neighbouring practice(s) in order to minimise disruption to services.

OPEL Level 4 - BLACK
Practice closed.

2. OPEL Reporting

This paper provides an overview of OPEL reporting for Nottingham and Nottinghamshire practices.

The figures provided in (red/brackets) are what was reported the previous month *(four-weeks to 25 February 2022, 20 working days)*. This four-week period contains no bank holidays.

2.1. Practice Summary

During the four-weeks to 25 March 2022 (20 working days) practices reported the following:

- 29/124 (26/124) practices reported days where they were at OPEL Level 3 – Red (having previously reported Amber or Green):
  - This was for a total of 130 (127) days across all practices
  - This equates to 23% of practices: 5 (3) practices in Mid Notts, 16 (16) practices in the City and 8 (7) practices in South Notts

- 119/124 (122/124) practices reported days where they were at OPEL Level 2 – Amber:
  - 100 (106) practices reported this level for 10 days or more: 36 (38) practices in Mid Notts, 37 (39) practices in the City and 27 (29) practices in South Notts
  - 19 (16) practices reported this level for less than 10 days: 3 (1) practice in Mid Notts, 9 (7) practices in the City and 7 (8) practices in South Notts

- 5/124 (3/124) practices reported they were consistently OPEL Level 1 – Green:
  - 4% of practices reported OPEL Level 1 – Green for the full 23 days: 0 (0) practices in Mid Notts, 0 (0) practice in the City and 5 (3) practices in South Notts

There are currently 124 practices across Nottingham and Nottinghamshire.

- Mid Notts – 39 practices (31.5%)
- Nottingham City – 46 practices (37%)
- South Notts – 39 practices (31.5%)

3. Absence Reporting

As part of planning for the impact on staffing due to the Omicron variant, General Practice were asked, on 29 December 2021, to start to report additional information in relation to staff absence (GPs, Other Clinicians and Admin Teams) as part of the daily OPEL reporting, this includes:

- COVID related sickness
- Other sickness
- Other absence

Over the period 8 March 2022 to 7 April 2022, the summary below shows absence levels during this period.

Absences	08.03.2022	09.03.2022	10.03.2022	11.03.2022	14.03.2022	15.03.2022	16.03.2022	17.03.2022	18.03.2022	21.03.2022	22.03.2022	23.03.2022	24.03.2022	25.03.2022	28.03.2022	29.03.2022	30.03.2022	31.03.2022	01.04.2022	02.04.2022	03.04.2022	04.04.2022	07.04.2022
Mid Notts	34	32	51	36	67	52	43	65	32	62	79	39	46	29	50	47	46	42	39	35	40	21	41
Nottingham City	55	53	63	66	76	60	65	89	63	77	54	84	69	66	70	93	93	85	73	98	91	84	92
South Notts	95	86	102	87	88	88	102	91	94	110	99	125	150	135	111	139	150	132	125	107	124	122	138
TOTAL	**184**	**171**	**216**	**189**	**231**	**200**	**210**	**245**	**189**	**249**	**232**	**248**	**265**	**230**	**231**	**279**	**289**	**259**	**237**	**240**	**255**	**227**	**271**

4. Recommendation

The Primary Care Commissioning Committee is asked to

- **NOTE** the OPEL Reporting overview for General Practice for the four-weeks to 25 March 2022
- **NOTE** staff absence reporting for the period 8 March 2022 to 7 April 2022.

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	20 April 2022

Paper Title:	Finance Report Month 12	**Paper Reference:**	**PCC 22 013**

Sponsor: **Presenter:**	Michael Cawley – Operational Director of Finance	**Attachments/ Appendices:**	

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

This paper presents the financial position for Primary Care Commissioning Committee (PCCC) spend for month 12 2021/22. This report has been prepared in the context of the revised financial regime implemented by NHSEI in response to the current COVID-19 pandemic for M1-6 (H1) and H2 (M7-12). Under the H2 regime, the CCG is required to report on the financial year to date position (cumulative from M1 to current month), as opposed to treating H1 and H2 separately.

The year to date (M1-12) position shows a £4.06 million underspend (2.32% of year-to-date budget). The main drivers of the position being PCCC reserves forming part of the position (£5.79 million); offset by the overspend relating to spend associated with Enhanced Services (£0.18 million); and an adverse variance on the Premises Cost Reimbursement (£1.42m) line of expenditure, following review of the latest rates review information.

Further to M11 position, the allocations for both Winter Access Fund (£1.529m) and Additional Roles Reimbursement Scheme (ARRS) (£4.435m) were both received in M12 and form part of the position as anticipated.

As previously advised, PCCC reserves are designed to manage any in-year unforeseen pressures that may arise on budgets delegated by the CCG to PCCC. PCCC reserves up to H1 (£2.64 million, 1.56%) were not required and were released back into the overall CCG position. For accounting purposes, the total PCCC reserves position remains reported as part of the overall PCCC position.

Other factors driving the variances include General Practice - GMS offset by General Practice - PMS alongside favourable variances in areas such as Dispensing / Prescribing Drs and Other GP Services.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐

Performance Management	☐	Procurement and/or Contract Management	☐
Strategic Planning	☒		

Conflicts of Interest:				
☒ No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.
Risk(s):				
Risks detailed within the paper.				
Confidentiality:				
☒No				
Recommendation(s): The Committee is asked to:				
1. NOTE the contents of the Primary Care Commissioning Finance Report.				
2. APPROVE the Primary Care Commissioning Finance Report for the period ending March 2022.				

PCCC Finance Position Month 12

Month 1-12 Position

Variance - under / (over)

Co-Commissioning Category	M1-12 Plan (£m)	M1-12 Budget (£m)	M1-12 Actual (£m)	M1-12 Variance (£m)	M11 FOT (£m)	M11 FOT Restated for Anticipated Allocations (£m)	Variance between M11 Restated FOT and M12 Position (£m)
Dispensing / Prescribing Drs	2.11	2.11	1.91	0.20	0.15	0.15	0.05
Enhanced Services	4.74	4.74	4.92	(0.18)	(0.39)	(0.39)	0.20
General Practice - APMS	7.73	7.73	7.10	0.63	0.61	0.61	0.02
General Practice - GMS	75.15	75.15	75.84	(0.70)	(0.61)	(0.61)	(0.09)
General Practice - PMS	21.99	21.99	21.69	0.30	0.22	0.22	0.08
Other GP Services	2.17	2.17	2.03	0.14	(0.23)	(0.23)	0.38
Other Premises Costs	3.26	3.26	3.54	(0.28)	(0.30)	(0.30)	0.03
Premises Cost Reimbursement	15.89	15.89	17.31	(1.42)	(1.40)	(1.40)	(0.02)
Primary Care Networks	18.14	18.14	18.15	(0.01)	(4.44)	(0.01)	(0.00)
QOF	13.50	13.50	13.92	(0.41)	(0.41)	(0.41)	(0.00)
Winter Access Fund	4.70	4.70	4.70	0.00	(1.53)	0.00	0.00
Reserves	5.79	5.79	0.00	5.79	5.79	5.79	0.00
Total PCCC Financial Position	**175.17**	**175.17**	**171.11**	**4.06**	**(2.55)**	**3.41**	**0.65**

Note - the restated M11 FOT is in relation to the allocations that were received in M12 in relation to both Primary Care Networks (Additional Roles Reimbursement Scheme (ARRS)) and also the Winter Access Fund (WAF).

MST 09:00-20/04/22

Analysis of M12 Position to Restated M11 FOT

- Dispensing / Prescribing Drs - £0.05m favourable – Claims received less than anticipated.
- Enhanced Services - £0.20m favourable – Additional allocations received in M12 for Weight Management DES and also Covid Medical Assessments.
- General Practice GMS - £0.09m adverse – GMS Contracts slightly higher than anticipated in relation to List Size and PMS contracts transferring to GMS contracts.
- General Practice PMS - £0.08m favourable – PMS Contracts lower than expected due to transfer of PMS Contracts to GMS contracts.
- Other GP Services - £0.38m favourable – The anticipated increases in Locum cover for both Sickness and Maternity / Paternity were not realised.
- Other Premises Costs - £0.03m favourable – Prior year practice rent reviews slightly lower than expected.

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	20 April 2022

Paper Title:	Risk Report	Paper Reference:	**PCC 22 014**

Sponsor:	N/A	Attachments/ Appendices:	Risk Register (Extract) - **Appendix A**
Presenter:	Siân Gascoigne, Head of Corporate Assurance		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary			
The purpose of this paper is to present the Primary Care Commissioning Committee with risks relating to the Committee's responsibilities. The paper provides assurance that primary care risks are being systematically captured across NHS Nottingham and Nottinghamshire CCG and sufficient mitigating actions are in place and being actively progressed.			
Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☒
Financial Management	☒	Cultural and/or Organisational Development	☒
Performance Management	☐	Procurement and/or Contract Management	☒
Strategic Planning	☒		
Conflicts of Interest:			
☒ No conflict identified			

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	None required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	None required for this paper.

Risk(s):
Report contains all risks from the CCG's Corporate Risk Register which fall under the remit of the Primary Care Commissioning Committee.
Confidentiality:
☒No
Recommendation(s):
1. **COMMENT** on the risks shown within the paper (including the high/red risk) and those at **Appendix A**; and
2. **HIGHLIGHT** any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Primary Care Commissioning Committee
Monthly Risk Report

1. Introduction

1.1 The purpose of this paper is to present the Primary Care Commissioning Committee with risks relating to the Committee's responsibilities. It provides assurance that primary care risks are being systematically captured across NHS Nottingham and Nottinghamshire CCG and sufficient mitigating actions are in place and being actively progressed.

2. Risk Profile

2.1 There are currently **six** risks relating to the Committee's responsibilities (as detailed in **Appendix A**). This is a reduction in one risk since the previous meeting.

2.2 Since the last meeting, risks have been reviewed by the Head of Corporate Assurance, in conjunction with the Associate Director of Primary Care.

2.3 The table to the right shows the risk profile of the six risks within the Committee's remit. There are two high / **red** risks as outlined below.

Risk Matrix

Impact	1 - Rare	2 - unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 - Very High					
4 – High			2	2	
3 – Medium			2		
2 – Low					
1- Very low					

Likelihood

Risk Ref	Risk Narrative	Current Risk Score
RR 160 *(Jan 2021)*	Sustained levels of significant pressure on primary care workforce, due to the COVID vaccination programme, management of long-term conditions and the impact of deferrals/delays in secondary care activity, present a potential risk in relation to staff resilience, exhaustion and 'burn out'. ***Update:*** *The quality of primary care services continues to be monitored by the CCG; this includes work which has been undertaken to develop the Primary Care Support and Assurance Framework which is now routinely presented to the PCCC meetings. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. Roving workforce support can also be accessed.* *Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business*	Overall Score 16: **Red** (I4 x L4)

	continuity and maintaining relationships and trust. The CCG undertakes an enabling approach with the PCNs, which is largely recognised. *However, in response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.*	
RR 171 *(Oct 2021)*	There is a potential risk of loss of public confidence in local primary and secondary care health services, as a result of national and local media/reports, known quality issues, as well as growing public concerns regarding increasing waiting list times and access to General Practice. Lack of confidence may impact the extent to which citizens interface with healthcare services. This, in turn, presents a risk of increased pressure on urgent and emergency care services as services will not be accessed until a point of crisis. ***Update:*** *The Accountable Officer advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting lists/waiting times for appointments, diagnosis and treatment. It was also recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NUH Maternity).* *Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence in the use of community pharmacy services.* *Work is also continuing to respond to ongoing media and MP enquiries.*	Overall Score 16: **Red** (I4 x L4)

3. Risk Identification

3.1 There have been no new risks identified since the last meeting.

4. Archiving of Risks

4.1 There are no risks proposed for archiving since the last meeting.

5. Amendments to Risk Score/Narrative

5.1 There are no amendments to risk score/narrative since the last meeting.

6. Recommendations

6.1 The Committee is asked to:

- **COMMENT** on the risks shown within the paper (including the high/red risk) and those at **Appendix A**; and
- **HIGHLIGHT** any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Siân Gascoigne

Head of Corporate Assurance

April 2022

NHS Nottingham and Nottinghamshire CCG Corporate Risk Register (April 2022)

Risk Ref	Oversight Committee	Directorate	Date Risk Identified	Risk Description	Risk Category	Executive Lead	Risk Owner	Initial Risk Rating			Existing Controls	Mitigating Actions	Current Risk Rating			Mitigating Actions Progress Update:	Last Review Date	Trend
	(Relevant committee in the CCG's governance structure responsible for monitoring risks relating to their delegated duties)		(Date risk originally identified)	(These are operational risks, which are by-products of day-to-day business delivery. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.)				Impact	Likelihood	Score	(The measures in place to control risks and reduce the likelihood of them occurring).	(Actions required to manage / mitigate the identified risk. Actions should support achievement of target risk score and be SMART (e.g. Specific, Measurable, Assignable, Realistic and Time-bound).	Impact	Likelihood	Score	(To provide detailed updates on progress being made against any mitigating actions identified. Actions taken should bring risk to level which can be tolerated by the organisation).		(Movement in risk score since previous month)
RR032	Primary Care Commissioning Committee	Finance and Resources	Jul-19	There is a potential risk that there may be insufficient primary care workforce to meet the needs of the CCG's population. Factors contributing to this include, but are not limited to, the following: • Uncertainty around funding and reliance, in short term, on non-recurrent external funding does not enable sustainable workforce development; • Engagement with Primary Care Networks on workforce planning, of both traditional and additional roles, is not fully informed due to the operational pressures and competing development pressures and expectations; and • The impact of COVID-19 on the workforce may result in reduced resilience that will impact on staff career decisions. The above risk may be exacerbated due to lack of capacity within Primary Care to establish, and embed, recruitment processes, as well as challenges in the supply and adaptability of staff to transition to working within Primary Care.	Workforce	Stuart Poynor	Andrea Brown / Helen Griffiths	4	4	16	• Role and remit of the Primary Care Commissioning Committee (and supporting governance structures - e.g. primary care quality / contracting teams); • Routine Primary Care workforce updates in PCCC's committee work programme for August 2020 and January 2021; • Establishment of Primary Care Cell, as part of CCG's COVID-19 incident response; • ICS Primary Care Workforce Strategy, ICS Primary Care Board and ICS Primary Care Workforce Group; • Establishment of Primary Care Networks (PCNs) (and/or other collaboration/federation activities) and PCN workforce plans; • System Planning approach to primary care development and transformation ensuring the best use of System Transformation funding via NHSE/I and System Workforce Development/CPD funding via HEE.	Action: To ensure that routine Primary Care workforce updates are provided to PCCC. Action: To continue to deliver requirements of ICS Primary Care Workforce Strategy: to request further update regarding delivery of the Strategy to the CCG's PCCC.	4	3	12	**April 2022:** An update in relation to primary care workforce was presented to the February 2022 meeting of the Committee; it provided an update on the approaches and strategies in place to support workforce planning and development in general practice. The update showed that workforce profiles within Primary Care show an overall increase year on year in these key groups except for General Practitioners, which remains static. It was also highlighted that Primary Care Networks (PCN) recruitment continues to progress with increasing numbers seen, the latest additions including the mental health practitioner roles. A number of next steps were outlined, including: • To develop a workforce programme to consolidate the current programme, informed by the evaluation of each scheme and to also develop targeted approaches linked to resilience of the workforce ahead of NHS allocations for 2022-23; • Secure the extension to the Flexible Workforce Pool contract; • Develop a health and wellbeing approach for general practice and the wider primary care partners utilising a late allocation received from NHSE in January 2022; • Continue to develop an understanding of the transformation plans and associated workforce implications to support where role development and training needs add to the overview of recruitment and retention; • Work with Bassetlaw colleagues to incorporate the practice/PCNs operating in this Place; understanding existing approaches and strategies and harmonising the workforce development approach. • To contribute to the development of the Primary Care strategy with a comprehensive workforce plan; • To better understand the role and responsibility of Place-based partnership development in relation to PCN and practice development.	11/04/2022	↔
RR126	Primary Care Commissioning Committee	Commissioning	May-20	There is a potential risk to the sustainability of safe and effective primary care services as a result of a number of factors. These include, but are not limited to: • challenges with GP Practice estate not meeting infection, prevention and control (IPC) requirements; • pressures on primary care services/capacity due to potential future vaccination programmes, as well as increased levels of primary care activity as a result of activity in secondary care being deferred/delayed; • 'early warning' concerns identified through the Primary Care Support and Assurance Frameworks (which includes workforce, financial, estates and quality indicators).	Quality	Rosa Waddingham	Joe Lunn / Esther Gaskill	4	4	16	• Primary Care Quality Groups; Primary Care Support and Assurance Groups (in development) • Primary Care 'Cell' within the CCG's emergency response infrastructure; • Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.); • Routine OPEL reporting and escalation processes; • Establishment of CMCs and ability to step up/step down if needed; • PCN 'buddying' processes in place; • 'Roving' workforce support across Practices; • Clinical vulnerable COVID risk assessment for all primary care workforce.	Action: To embed the Primary Care Support and Assurance Frameworks and associated reporting.	4	3	12	**April 2022:** 'Place-based' Primary Care Quality Groups continue to meet. Work has been undertaken to broaden the remit of these meetings to become Primary Care Support and Assurance Groups, which are centred around the Primary Care Support and Assurance Framework. Assurance reporting around quality concerns is being reviewed within this Group. Work has been undertaken to develop the Primary Care Support and Assurance Frameworks across the three Places. These continue to be presented quarterly to meetings of the Committee. OPEL reporting remains in place and is reported, routinely, to the PCCC on a monthly basis. Quality/insight processes are in place, working alongside GP Practices to review data and 'soft intelligence' regarding the quality of primary care services being delivered. Quality staff now 'sit' within the CCG's Primary Care Team. A comprehensive quality update was provided to the February 2022 meeting of the Committee which demonstrated positive feedback in a number of areas, including CQC ratings.	11/04/2022	↔
RR160	Primary Care Commissioning Committee	Commissioning	Jan-21	Sustained levels of significant pressure on primary care workforce, due to the COVID vaccination programme (and wider immunisation programmes), increasing levels of demand, management of long term conditions and the impact of deferrals/delays in secondary care activity, present a potential risk in relation to staff resilience, exhaustion and 'burn out'.	Commissioning	Stuart Poynor / Lucy Dadge	Joe Lunn / Andrea Brown / Helen Griffiths	4	4	16	• ICS HR Directors HR Group (weekly meetings); • Locality Teams' relationships with GP Practices; • Local workforce resilience programmes; informal team meetings; • Flexible working/shift patters (eRostering); • OPEL reporting (sharing of resources); PCN workforce and well-being support; • LMC pastoral support.	Action: To seek assurance regarding the support and well-being initiatives been taken forward at PCN and locality level. Action: To receive assurance at PCCC in relation to the quality of primary care services.	4	4	16	**April 2022:** The quality of primary care services continues to be monitored by the CCG; this includes work which has been undertaken to develop the Primary Care Support and Assurance Framework which is now routinely presented to the Primary Care Commissioning Committee meetings. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. Roving workforce support can also be accessed. Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business continuity and maintaining relationships and trust. This also takes place at System level, but less at the moment due to EPRR level 4. The CCG undertakes an enabling approach with the PCNs, which is largely recognised. However, in response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.	11/04/2022	↔
RR163	Primary Care Commissioning Committee	Commissioning	May-21	Due to national, and regional, funding regimes for PCNs, there is a potential risk of service failure if funds for costs associated with mandated service delivery are retrospectively received. This, in turn, presents a potential risk to the quality of primary care services received by the CCG's population.	Service Delivery	Lucy Dadge	Helen Griffiths / Mick Cawley	3	4	12	• Timely and efficient management of approval and sign off of PCN payments, where required, processed through the relevant CCG Committees and ICS Primary Care Programme Board; • Timely payment to the PCNs by CCG; • Close working with NHSE in line with requirements/ processes and eligibility, particularly on payments paid directly by NHSE to PCNs; • Open and transparent dialogue with PCNs on availability of funds/budgets and working with the PCNs to support them in accessing relevant monies available to them; • Use of the Primary Care Support and Assurance Framework to understand and provide any early insights into the financial resilience and management of PCN funds.	Action: To develop and embed the Primary Care Support and Assurance Framework and associated assurance reporting.	3	3	9	**April 2022:** This risk is being managed through close working with NHSE and ensuring their requirements/eligibility for PCN payments are promptly met. Processes are also in place to ensure the approval and 'sign off' of PCN payments through the appropriate governance structure within the CCG. Work has been completed on the development of the Primary Care Support and Assurance Framework which provides early insight into the financial resilience and management of PCN funds. These continue to be presented on a quarterly basis to the Committee. The development and embedment of the Frameworks is recognised as mitigating this risk, as such, the likelihood score has been reduced from 4 to 3, resulting in an overall risk score of 9.	11/04/2022	↔
RR169	Primary Care Commissioning Committee	Commissioning	Sep-21	There is a potential risk that Primary Care Networks (PCNs), PCN Clinical Directors and/or GP Member Practices may become disengaged due to the increasing expectations of PCNs, as outlined in contract changes from October 2021. This may result in resignation from the PCN DES Contract and, in turn, variation in services available to the members of the CCG's population. Further pressures may exacerbate this risk which include, but are not limited to, the required development of PCNs, the broader transformation of primary care, the delivery of the Phase 3 COVID and Flu vaccination programme, managing a surge in primary care demand and management of Long Term Conditions.	Commissioning	Lucy Dadge	Helen Griffiths	3	4	12	• Role and remit of the PCN Team and Locality Teams; ongoing relationships with GP Member Practices; • Role and remit of the LMC; • Support provided by GP Federations.	*In development with relevant CCG officers.*	3	3	9	**April 2022:** A meeting was held with the Associate Director of PCNs to understand work ongoing with PCNs; in particular, actions being taken by the Locality Directors. It was advised that routine meetings are held at Place level regarding staff resilience and business continuity. Work continues in a supportive manner, however, it is recognised that workforce continues to be a fragile situation.	11/04/2022	↔
RR171	Quality and Performance Committee / Primary Care Commissioning Committee	Comms and Engagement	Oct-21	There is a potential risk of loss of public confidence in local primary and secondary care health services, as a result of national and local media/reports, known quality issues, as well as growing public concerns regarding increasing waiting list times and access to General Practice. Lack of confidence may impact the extent to which citizens interface with healthcare services. This, in turn, presents a risk of increased pressure on urgent and emergency care services as services will not be accessed until a point of crisis.	Reputational	Amanda Sullivan	Alex Ball / Lucy Dadge	4	5	20	• ICS Comms and Engagement Team; with routine (and ad-hoc) engagement with key stakeholders (e.g. Local Councillors, MPs, etc.); • CCG attendance at Health Overview and Scrutiny Committees; • Routine communication mechanism (e.g. GP TeamNet, Website, Social Media).	Action(s): 10 high impact actions (Urgent Care) - *To be discussed with Caroline Nolan;* Action: Implementation of the Winter Access Fund.	4	4	16	**April 2022:** The Accountable Officer has advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting lists/times for appointments, diagnosis and treatment. It is recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NUH Maternity). Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence in the use of community pharmacy services. Work is also continuing to respond to ongoing media and MP enquiries.	11/04/2022	↔

Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	20 April 2022

Paper Title:	Committee Annual Report	Paper Reference:	**PCC 22 015**

Sponsor:	Jo Simmonds, Head of Corporate Governance	Attachments/ Appendices:	**Appendix A:** Terms of Reference **Appendix B:** Membership Attendance Record
Presenter:	Eleri de Gilbert, Committee Chair/Louise Espley, Corporate Governance Officer		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary			
The purpose of this Annual Committee Report is to provide assurance that the PCCC is effectively discharging its delegated responsibilities, as set out within its terms of reference. The report includes a summary of the Committee's activity during the year.			
Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☒
Financial Management	☒	Cultural and/or Organisational Development	☒
Performance Management	☒	Procurement and/or Contract Management	☒
Strategic Planning	☒		
Conflicts of Interest:			
☒ No conflict identified			

Completion of Impact Assessment:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	None required for this paper.

Risk(s):
There is a potential risk that the CCG may be unable to discharge all its statutory duties if its committees do not function effectively.
Confidentiality:
☒No
Recommendation(s):
1. **REVIEW** the summary of the PCCC’s activity in advance of inclusion in the CCG’s Annual Governance Statement.

Primary Care Commissioning Committee
Annual Committee Report 2021/22

1. Introduction

1.1 The purpose of this Annual Committee Report is to provide assurance that the Primary Care Commissioning Committee is effectively discharging its delegated responsibilities, as set out within its terms of reference.

1.2 This Annual Committee Report will inform the Accountable Officer's Annual Governance Statement, a key element of the CCG's Annual Report. However, in producing this report, it is recognised that 2021/22 has been another challenging year for the CCG. Governance arrangements have needed to flex in-year to allow the CCG to operate as efficiently and effectively as possible during the COVID pandemic; primarily to ensure the appropriate direction of CCG's resources to the required incident response, whilst also ensuring the continuation of business-critical decision-making.

1.3 In line with national guidance, all formal governance meetings have been, and continue to be, held virtually. This has allowed for the continuation of scrutiny and oversight of the CCG's business critical activities.

2. Summary of Committee Activity

2.1 The Primary Care Commissioning Committee has been established following the issuance of a formal delegation agreement from NHS England to empower the organisation to commission primary medical services for the people of Nottingham and Nottinghamshire.

2.2 The Committee operates as the corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. It exists to make collective decisions on the review, planning and procurement of primary care services in Nottingham and Nottinghamshire, under delegated authority from NHS England. In August 2020, the Committee's remit was widened to include oversight of the development of Primary Care Networks.

2.3 The duties of the Committee, as set out in its terms of reference can be found at **Appendix A**.

2.4 The Primary Care Commissioning Committee meets monthly and reports to the Governing Body by way of a highlight report and the Committee minutes. Its membership is comprised solely of Non-Executive Directors and CCG Officers. The Committee has not had input from a practicing GP since September 2021 but has benefited from the advice and input of an Independent GP Advisor in Dr Ian Trimble.

As of 31 March 2022, the Committee has met twelve times. Meetings are held in public in line with the requirements of the delegation agreement. Confidential sessions are also held to discuss matters that are either commercially sensitive or confidential in nature. As of 31 March 2022, a total of twelve closed meetings have been held along with one development session.

As highlighted above, all meetings have been held virtually using the Zoom platform and Microsoft Teams. **Appendix B** provides detail of members' attendance during 2021/22.

2.5 Conflicts of interest are required to be managed in advance of each meeting of the Primary Care Commissioning Committee. Processes are in place within the Corporate Governance Team to ensure that these are managed, including the identification of any declared interests from the CCG's Register of Interests in advance of the meeting.

2.6 Conflicts requiring management are discussed with the Chair prior to meetings to agree the appropriate management. In addition, at the outset of each meeting, the Chair prompts members to declare any interests that arise during the course of the meeting.

2.7 Since April 2021, a number of complex conflicts of interest linked to potential financial interests of members as current, or potential future, providers have been successfully managed. The CCG has received positive, independent assurance on how its conflicts of interest have been managed across all its committees via the 360 Assurance Conflicts of Interest Review, published in August 2021.

2.8 The Committee agrees an annual work programme at the beginning of the year and this has been adhered to in order to support good governance and appropriately prioritise the Committee's workload to ensure it discharges its statutory duties.

2.9 The following provides some detail of the Committees activities during 2021/22:

The Committee has:

- Considered a number of applications from member GP practices, including decisions relating to the temporary closure of GP practice patient lists, altering GP practice geographic boundaries, changes to practice opening times or practice merger requests. Robust EQIAs have been completed to assess the impact of all significant changes. All decisions made by the Committee continue to be informed by a wide range of views, including the views of patients, stakeholders and the relevant Primary Care Network (PCN).
- Scrutinised assurance reports on access in primary care and primary care workforce challenges in relation to additional pressures placed on GP practices during the emergency response to the pandemic. This includes monthly oversight of primary care Operational Pressures Escalation Levels (OPEL) reports, which facilitate rapid deployment of support to practices in need and feed into wider system resilience discussions. The report evolved during the Winter to include data on primary care staff absence levels as this became a key issue for primary care as a result of the Omicron wave.

- Developed and implemented the Primary Care Support and Assurance process. The framework developed consolidates hard and soft intelligence from a multitude of sources and teams and acts as an early warning system by rating practices red, amber or green. It enables practices requiring support or intervention to be identified proactively. Since implementation two quarterly reports have been received and the process has become a key source of assurance. In addition to the quarterly assurance dashboard the Committee receives a regular briefing on quality issues related to primary care, this also includes information about CQC inspections and ratings.
- Received the annual patient survey report. The CCG response rate was 36%. The CCG surpassed the national average against 'Overall experience of the GP Practice'. In order to improve patient experience further a focus on telephony and online bookings/services was agreed.
- Approved the addition of two Local Enhanced Services (LES) across Nottinghamshire (long Covid and weight management) to meet the needs and priorities of the local population.
- Received on a six-monthly basis a report related to primary care estates which includes plans and priorities to address estate issues and developments. Work has commenced in 2022 to develop an ICB primary care estates strategy.
- Overseen the process for the contracting Interpreter and Translation Services and a Special Allocation Scheme for Nottingham and Nottinghamshire. The Interpreter and Translation Service procurement remains a work in progress. Both contracts are considered key to addressing population health inequalities.
- Reviewed, on a quarterly basis the progression and development of Primary Care Networks (PCNs) and the achievement of plans for additional roles within PCNs. PCNs are two years into a five-year programme of development and performing well against national and regional expectations. The focus for PCNs as they move to year three is to develop their role and accountabilities within the ICB.
- Received a monthly update on the position of the primary care delegated budget and received assurance reports on General Practice COVID-19 additional expenses. The Committee has approved priority areas of spend for primary care transformation monies, for example the winter access fund. The winter access fund is a specific funding stream from NHSE/I available between November 2021 to March 2022 to improve access in primary care. This fund has provided an opportunity for innovative solutions to address access issues to be implemented on a trial basis. Several of the CCG's initiatives have been commended regionally and work is underway to evaluate the impact of the fund and to capture the learning in the ICB Primary Care Strategy which will determine the future direction for Primary Care.
- Scrutinised primary care risks from the Corporate Risk Register monthly, with a particular focus on major risks, new risks, and escalating risks. This includes reviewing the effectiveness and progress of mitigating actions. The risk profile over the year reflects increasing demand on the primary care workforce as a

result of greater demand for primary care services and the ongoing pressures related to the Covid-19 pandemic.

- Received monthly reports related to the transition of primary care to the ICB. A key feature of this being the development of the Primary Care Strategy, governance arrangements and planning for the inclusion of Podiatry, Optometry and Dentistry services from April 2023.

Appendix A: Duties of the Primary Care Commissioning Committee

The Committee has been established in accordance with the above statutory provisions to enable the Committee to make collective decisions on the review, planning and procurement of primary care services in Nottingham and Nottinghamshire, under delegated authority from NHS England.

In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Nottingham and Nottinghamshire CCG, which will sit alongside the delegation and the Terms of Reference.

The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract), including but not limited to the following activities:

i) Decisions in relation to Enhanced Services;

ii) Decisions in relation to Local Incentive Schemes (including the design of such schemes);

iii) Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;

iv) Decisions about ‘discretionary’ payments;

v) Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) The approval of practice mergers;

c) Planning primary medical care services in Nottingham and Nottinghamshire, including carrying out needs assessments;

d) Undertaking reviews of primary medical care services in Nottingham and Nottinghamshire;

e) Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) Management of the delegated funds for primary care medical services;

g) Making decisions on premises costs directions functions; and

h) Co-ordinating a common approach to the commissioning of primary care services generally.

The Committee will also:

i) Oversee delivery of the General Practice Forward View;

j) Oversee and monitor Primary Care Network (PCN) delivery;

k) Review and approve policies specific to the Committee's remit; and

l) Oversee the identification and management of risks relating to the Committee's remit.

Appendix B: Committee Membership Attendance Record

Cumulative Record of Members' Attendance (2021/22) – Public meeting & Confidential session					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	12	12	Joe Lunn	12	11
Michael Cawley	12	10	Dr Richard Stratton*	06	04
Lucy Dadge	12	11	Sue Sunderland	12	12
Eleri de Gilbert	12	11	Dr Ian Trimble	12	12
Helen Griffiths	12	10	Danielle Burnett	12	11

** Dr Stratton left 24/09/2021*

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	20 April 2022

Paper Title:	NHS England Memorandum of Understanding (MOU) 2022	Paper Reference:	**PCC 22 016**

Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	Appendix A: Memorandum of Understanding 2022
Presenter:	Lynette Daws, Head of Primary Care		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

Arrangements for Discharging Delegated Functions – *supporting all delegated functions*

All CCGs across the NHS England and NHS Improvement Midlands Region are fully delegated and decision-making responsibility relating to the provision of Primary Medical Services from NHS England and NHS Improvement transferred to CCGs. To enable CCGs to discharge this responsibility in a secure and effective manner, the General Medical Advice and Support Team (GMAST) was established across the Midlands Region, providing support, advice and administrative services to all CCGs, to facilitate the delivery of delegated functions.

NHS England have prepared a Memorandum of Understanding (MOU) which sets out the principles and working arrangements between GMAST and the CCG from 01 April 2022 to 30 June 2022. This also includes a specification of the GMAST offer to the CCG (Appendix A).

The MOU includes the same overarching principles and working arrangements as the 2021/22 MOU. Page 6 within the MOU outlines the 'Core Offer', and Page 8 within the MOU outlines the 'Extended Offer' available to CCGs, at an additional cost.

The 2022 Activity and Performance reports are prepared by GMAST for the CCG on a quarterly basis, which are presented to the Primary Care Commissioning Committee (PCCC).

The only change between the 2021/22 and 2022 MOU is the GMAST Governance Structure (page 5).

Discussions to consider options for the GMAST provision from 2022/23 onwards with all 11 systems in the Midlands, have been taking place. It isn't clear if additional capacity or resource will transfer with any areas of work transferring from NHS England to the Primary Care Commissioning Team.

There are no direct financial implications for the CCG in relation to the MOU. The MOU could impact on the Primary Care Commissioning Teamand other teams, capacity to meet the increased workload.

The 2022 MOU will be signed and submitted to NHS England following being presented to PCCC at the April 2022 meeting.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐
Performance Management	☒	Procurement and/or Contract Management	☒
Strategic Planning	☒		

Conflicts of Interest:

☒ No conflict identified

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Risk(s):

Risk identified relating to the capacity of the Primary Care Commissioning Team to absorb any additional workload transferring from NHS England within the current structure. Primary Care Commissioning Team Capacity is included on the risk register, following the CCGs restructure and NHS England announcement of their restructure which introduced GMAST. The NHS England restructure was effective from 1 April 2020.

Capacity requirements are being reviewed as part of a wider strategic review in planning for the next phase of Integrating Care and following the publication of the White Paper.

Confidentiality:

☒No

Recommendation(s):

1. PCCC to **NOTE** the content of the 2022 Memorandum of Understanding.

Memorandum of Understanding

General Medical Advice and Support Team (GMAST) NHS England and NHS Improvement, Midlands

And

Nottingham & Nottinghamshire CCG

Service description	
Midlands Primary Medical Services Hub (GMAST) will provide a range of support, advice and administrative services to all CCGs in the Midlands Region. The provision of this support across contracting and premises will enable CCGs to effectively commission primary medical services as per the delegation agreement.	
Provider	NHS England and Improvement
Senior Delivery Manager	Head of Service, General Medical Advice and Support Team (GMAST)
Period for service delivery	1st April 2022 to 30th June 2022

CONTENTS

Introduction....3
Principles....3
Ways of working....3
Required Capability, Skills and Expertise....4
GMAST Governance Structure....5
Reporting....5
APPENDIX A....6
APPENDIX B....8
MEMORANDUM OF UNDERSTANDING 1st April 2022 to 30th June 2022......9

Introduction

All CCGs across the NHS England and NHS Improvement, Midlands Region are now fully delegated and as such have full decision-making responsibility, relating to the provision of Primary Medical Services, from NHS England and NHS Improvement to CCGs. To enable CCGs to discharge this responsibility in a secure and effective fashion, General Medical Advice and Support Team (GMAST) has been established across the Midlands region, providing support, advise and administrative services to all CCGs, to facilitate the delivery of their delegated functions.

Set out below are the principles and working arrangements between GMAST and CCG commissioners for the agreed term (1st April 2022 – 30th June 2022) as well as a detailed specification of the GMAST offer to CCGs (Appendix A).

Please note that the term of this Memorandum of Understanding (MOU) is to reflect the proposed creation of Integrated Care Boards (ICBs) and as such it is proposed that a novation to this MOU is to occur effective from 1 July 2022.

Principles

The following overarching principles supporting the proposal are:

- GMAST will support and advise each CCG where appropriate, in line with regulations and directions.
- GMAST **will not** be part of the NHS England and Improvement assurance process for CCGs.
- Working arrangements have been co-designed between GMAST, CCG Commissioners & NHS England and Improvement Commissioners.
- Arrangements will aim to make the best use of NHS resources, enhancing primary care commissioning to improve quality, outcomes and value.
- Arrangements will be practical, reduce duplication and minimise additional workload.
- GMAST and CCGs will conduct business in an open and transparent way.

Ways of working

Functions of GMAST

GMAST will support the delivery of functions specified in Appendix A. It is proposed that GMAST will provide a core specified service (Core Offer) to all CCGs in a consistent and equitable manner.

All work relating to the processes listed below will be carried out in line with the relevant regulations and NHS England and Improvement policies. This is irrespective of whether it is GMAST or the CCG carrying out the function in question.

A set of standard operating procedures aligned to the policies will underpin the day to day work of GMAST. These are defined in the Primary Medical Services, Policy Guidance Manual.

In line with the Delegation Agreement[1], CCGs maintain the responsibility for:

I. Decisions in relation to Enhanced Services;
II. Decisions in relation to Local Incentives Schemes, including the design of such schemes;
III. Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
IV. Decisions about commissioning urgent care for out of area registered patients;
V. The approval of practice mergers;
VI. Planning primary medical care services in the Area, including carrying out needs assessments;
VII. Reviewing primary medical services in the Area;
VIII. Decisions relating to the management of poorly performing GP practices;
IX. Managing the funds delegated to the CCG for the purpose of meeting expenditure in respect of the Delegated Functions;
X. Premises Costs Directions Functions;
XI. Co-ordinating a common approach to primary care commissioning with other commissioners in the Area; and
XII. Such other ancillary activities that are necessary to support the above functions

GMAST will support the delivery of these delegated functions as detailed in Appendix A.

These working arrangements will be kept under review and refined as necessary with updates reflected in further iterations of the Primary Medical Services, Policy Guidance Manual.

Required Capability, Skills and Expertise

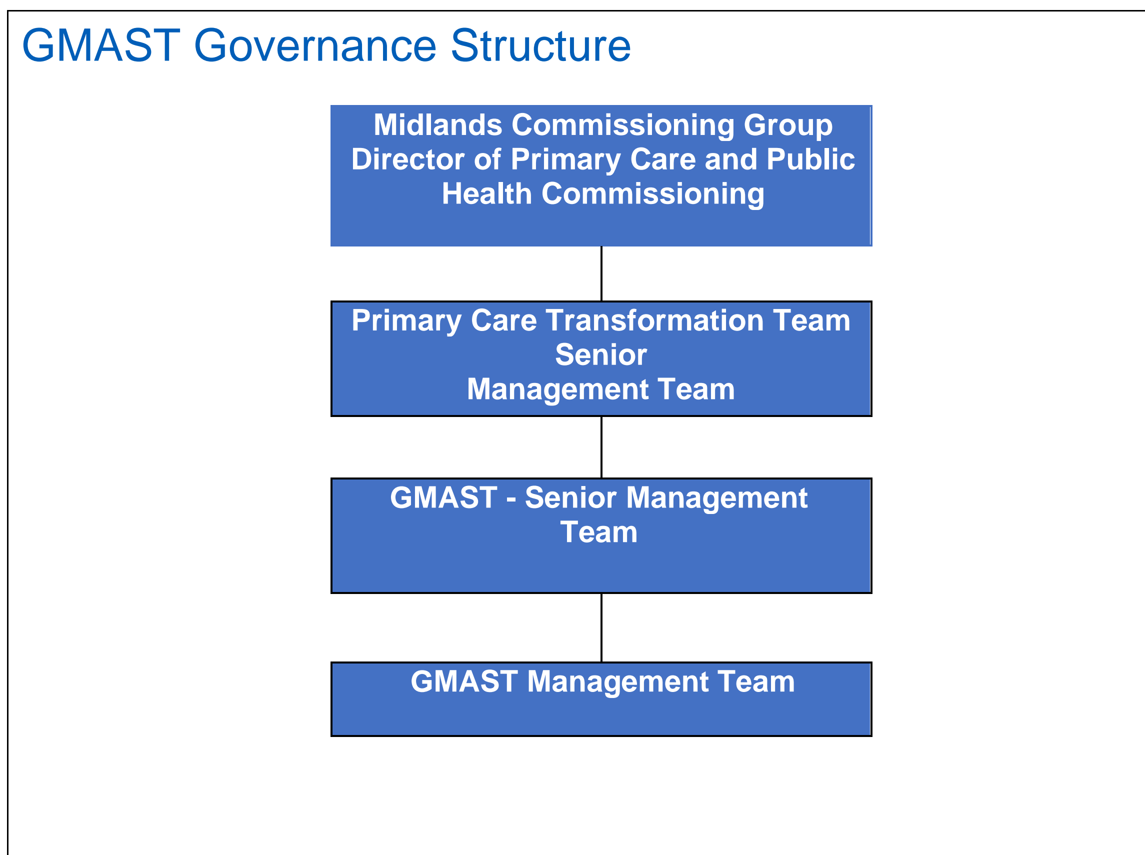
Key interfaces between GMAST and teams within CCGs are included in Appendix. A. It is proposed that each CCG area will have a designated Lead Manager, who would be the CCGs primary contact in GMAST.

GMAST comprises of experienced staff from:

- NHS England and Improvement
- Contracting Services
- Premises Teams

GMAST staffing structure is set at an appropriate level to undertake the functions outlined. The workload for primary care contracting and premises can however be variable and unpredictable. In recognition of this, a regular assessment of workload and capacity will be undertaken.

- GMAST will aim to provide equitable support to each CCG and will endeavour to effectively balance competing priorities.
- In the rare event where a CCG requires support that exceeds the available resources or existing scope of GMAST, then the Head of Service Hub Lead will initiate a discussion with CCGs about how that can be resourced e.g.
  - CCG securing / funding additional resource
  - GMAST securing additional resource (potentially through a CCG).
  - CCG agreeing with other CCGs to focus GMAST resource temporarily on a specific issue
  - CCG divert internal resource and backfill as necessary
  - Solution may require a combination of the above



Reporting

Activity and performance reports will be generated quarterly for each CCG as follows:

Quarter	Report Available
Quarter 1	July (April – June data)
Quarter 2	October (July – September data)
Quarter 3	January (October – December data)
Quarter 4	April (January – March)

APPENDIX A

Delegated Duties – Core Offer
Schedule 1 Delegated Functions/Duties - In line with Schedule 2 of the Delegated Agreement
Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
Provide contract, procurement advice and general Management of GMS, PMS and APMS contracts including options appraisal.
Preparation of annual GMS PMS APMS contract changes.
Advice on caretaking options including STA and CEG.
Draw up contract documentation.
Resolving any legacy contractual issues – Working with CCG using their legal advice.
Administering changes to GP contracts i.e. contract variation – mergers, partnership changes.
Processing of all contract variations via a central process through the GP hub with notification to the commissioner to confirm/advise - via agreement with CCG.
Advising CCGs with identifying and developing plans where there are risks to GP service provision; e.g. where a single hand provider is on sick leave or subject to an investigation
Advising CCGs on requests from practices to change their practice boundary and the managing of boundary disputes.
Authorise PCSE to process 24-hour retirements.
Support and advisory service - in relation to workforce issues, succession planning, partnership issues, 24-hour retirements, seek/advise the CCG decisions.
Support and advisory service – in relation to requests from practices to manage their list size, i.e. list closures.
Administering and chasing the Strategic Data Collection System (SDCS) and annual E-declaration submissions; workforce, returns.
Share intelligence with the CCG.
Processing of locum payment to GP practices for sickness, maternity, paternity and adoptions leave, in line with the national policies.
Decisions in relation to Enhanced Services;
Share national specifications and templates for Directed Enhanced Services (DESs) when released in order to facilitate annual sign up process.
CCG to produce letters inviting practices to participate in DESs, HUB to manage distribution
Distribute, log and receive responses from practices.
Routine reports will be relayed to CCGs, so they may contact practices who have not signed up
Manage and respond to queries from practices relating to DESs
Monitoring and reporting of quarterly and end of year submissions.
Resolving issues relating to submissions via the Calculating Quality Reporting Services (CQRS) payment system. Keeping CCGs updated with any issues.
Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
Advice and guidance due regard to NHSE policies and procedures for primary medical services
Advice and guidance on mobilisation of new practices
Advice and guidance regarding exit plans and managing list dispersals of closing practices
Advice and guidance on caretaking arrangements for practices
Advice and guidance on procurement of new practices
Decisions about ‘discretionary’ payments;
Advice and guidance in relation to ‘discretionary payments’

The approval of practice mergers;
Advice and guidance due regard to NHSE policies and procedures for primary medical services
Share intelligence with the CCG
Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
Advice and guidance around monitoring contractual and quality performance of all constituent GP practices.
Advice and guidance in identifying practices of concern including nature of the issue (contractual versus quality)
Advice and guidance with due regard to Regulation and NHSE policies and procedures for primary medical services including advice on taking contractual action (as required) and monitoring impact.
Advice and guidance in identifying any individual performer issues and raising these with the NHSE medical directorate.
Premises Costs Directions functions; (Strategic premises development support provided by the Transformation Team).
Support the process for improvement grants once agreed by the Transformation Team.
Liaise with individual practices to ensure implementation of proposals within required timescales for improvement grants.
Support to CCGs/Practices where there are landlord issues that may impact on services/contractual obligations.
Rent reviews:
Produce and maintain a three-yearly schedule of rent reviews for each GP practice.
Liaise with the District Valuer regarding the rent payment for each practice.
Issue letter/form to each practice notifying them of their new rent reimbursement level
Inform each CCG of agreed new rent reimbursement levels
Manage associated challenges and any subsequent appeals related to rental figures
Produce reports to enable financial updates to be made.
The Contracting Team will deal with the administration of rent reviews.
Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
Supporting the CCG with the dissemination and implementation of guidance relevant to medical contracts.
Support and advice on the commissioning of SAS patient schemes
Commissioning of a security support service for practices (where current arrangements are in place; future contracts would be transferred to CCG)
Advising on the responses to letters from MPs, Councillors, Health Watch and other external bodies.
Share intelligence with the CCG
Such other ancillary activities as are necessary in order to exercise the Delegated Functions.
Maintain up to date contact database and electronic /paper filing system
Attendance at CCG Primary Care Committee and Primary Care Operational Group by exception
Responding to day to day contract related queries raised by CCGs
Liaison with PCSE regarding ad-hoc contract related matters where applicable raised by CCGs
Advice and guidance on the management of patient allocations
Advice and guidance on supporting the resolution of issues resulting from unexpected events impacting on practices (e.g. contractor death) with a view for CCGs to manage operationally and implement

Support and implement the resolution of issues resulting from unexpected events impacting on practices (e.g. contractor death)
Advice and guidance on use of CQRS
Administration of Users on CQRS
Offer Enhanced Services to practices on CQRS
Process achievement approvals for Enhanced Services and QOF via CQRS

APPENDIX B

Extended Offer

CCGs will be able to approach GMAST for ad-hoc support outside of the core offer. These may include some of the potential areas outlined in the table below but would need to be agreed between CCG/s and GMAST.

The decision to support will be made on a case by case basis depending on capacity within GMAST at the time.

Delegated Duties – Extended Offer
Support the development and management of Local Incentive Schemes (LIS)
Analysis of e-Dec (new system name to be added) and other national reporting outputs
Intensive Support • CQC Closures Resignation of contract with immediate notice • Short term capacity support to CCGs e.g. staff sickness • Other emergencies
Supporting implementation of mobilisation plan for new practices
Supporting implementation of exit plans and managing list dispersals of closing practices
Supporting implementation of caretaking arrangements
Supporting implementation of merger process and action plans – support provided by negotiation
Monitoring of contractual and quality performance of constituent GP practices

MEMORANDUM OF UNDERSTANDING 1st April 2022 to 30th June 2022

For the provision of GMAST services

Signed on behalf of the CCG:

Signed: ______________________________

Print Name: ______________________________

Designation: ______________________________

CCG: ______________________________

Date: ______________________________

Signed on behalf of NHS England:

Signed: ______________________________

Print Name: **Anna Nicholls**

Designation: **Head of Service, General Medical Advice and Support Team (GMAST)**

Date: ______________________________