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 16 February 2022 09.00 -10:30
Zoom Meeting

Time	Item	Presenter	Reference
09:00	**Introductory Items**		
	1. Welcome, introductions and apologies	Eleri de Gilbert	PCC/21/208
	2. Confirmation of quoracy	Eleri de Gilbert	PCC/21/209
	3. Declarations of interest for any item on the agenda	Eleri de Gilbert	PCC/21/210
	4. Management of any real or perceived conflicts of interest	Eleri de Gilbert	PCC/21/211
	5. Questions from the public	Eleri de Gilbert	PCC/21/212
	6. Minutes from the meeting held on 19 January 2022	Eleri de Gilbert	PCC/21/213
	7. Action log and matters arising from the meeting held on 19 January 2022	Eleri de Gilbert	PCC/21/214
	8. Actions arising from the Governing Body meeting held on 02 February 2022	Eleri de Gilbert	PCC/21/215
09.10	**Strategy, Planning and Service Transformation**		
	9. Primary Care IT	Andrew Fearn/Alexis Farrow	PCC/21/216 (verbal)
09:25	**Commissioning, Procurement and Contract Management**		
	10. The Practice St Albans & Nirmala – Boundary extension application	Joe Lunn	PCC/21/217
	11. South Nottinghamshire Primary Care support to Care Homes – preferred option	Fiona Callaghan	PCC/21/218
	12. Winter access fund update	Joe Lunn	PCC/21/219
09:55	**Strategy, Planning and Service Transformation**		
	13. Primary Care Workforce Planning – quarterly report	Andrea Brown	PCC/21/220
	14. Primary Care Network delivery	Lucy Dadge/Helen Griffiths	PCC/21/221 (verbal)
10:10	**Quality report**		
	15. Primary Care Quality Briefing	Esther Gaskill	PCC/21/222
10:15	**Covid-19 Recovery and Planning**		
	16. Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting	Joe Lunn	PCC/21/223

10:20	**Financial Management**		
	17. Finance report – month ten	Michael Cawley	PCC/21/224
10:25	**Risk Management**		
	18. Risk Report	Sian Gascoigne	PCC/21/225
-	**Information items** *The following items are for information and will not be individually presented.*		
	19. Monthly contract update	Lynette Daws	PCC/21/226
	20. Winer Access Fund – Primary Care Security	Lynette Daws	PCC/21/227
	21. NHS England 2022/23 Priorities and Operational Planning Guidance	Joe Lunn	PCC/21/228
10:30	**Closing Items**		
	22. Any other business	Eleri de Gilbert	PCC/21/229
	23. Key messages to escalate to the Governing Body	Eleri de Gilbert	PCC/21/230
	24. Date of next meeting: 16/03/2022	Eleri de Gilbert	PCC/21/231

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 11 February 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	Pelham Homes Ltd – Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	✓				01/01/2008	30/09/2021	Interest expired no action 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
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Musters Medical Practice	Registered Patient			✓		01/04/2013	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.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Castle Healthcare Practice (Rushcliffe Practice)	Spouse is GP Partner	✓			✓	01/10/2015	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.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Embankment Primary Care Centre	Spouse is Director	✓			✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by this provider; and Services where it is believed that the provider could be an interested bidder.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	NEMS Healthcare Ltd	Spouse is shareholder	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Partners Health LLP	Spouse is a member	✓			✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by Partners Health LLP; and Services where it is believed that Partners Health LLP could be an interested bidder.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Principia Multi-specialty Community Provider	Spouse is a member	✓			✓	01/10/2015	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
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Nottingham Forest Football Club	Spouse is a Doctor for club	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
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.

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
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 Constabulary	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 (not yet commenced in post)		✓			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
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

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	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
19/01/2022 09:00-09:45
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
Joe Lunn	Associate Director of Primary Care
Sue Sunderland	Non-Executive Director
Danielle Burnett	Deputy Chief Nurse
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor

In attendance:

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Sian Gascoigne	Head of Corporate Assurance
Shannon Wilkie	Corporate Governance Officer (minute taker)
Michael Wright	Nottinghamshire Local Medical Committee
Jo Simmonds	Head of Corporate Governance

Apologies:

Lucy Dadge	Chief Commissioning Officer

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	10	10	Joe Lunn	10	10
Michael Cawley	10	08	Dr Richard Stratton*	10	04
Lucy Dadge	10	09	Sue Sunderland	10	10
Eleri de Gilbert	10	09	Dr Ian Trimble	10	10
Helen Griffiths	10	08	Danielle Burnett	10	09

** Dr Stratton left 24/09/2021*

Introductory Items

PCC/21/192 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 Lucy Dadge.

PCC/21/193 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/21/194 Declaration of interest for any item on the shared agenda

There were no identified conflicts of interest.

PCC/21/195 Management of any real or perceived conflicts of interest

No management action was required.

PCC/21/196 Questions from the public

No questions had been received from the public.

PCC/21/197 Minutes from the meeting held on 15 December 2021

The minutes were agreed as an accurate record of proceedings.

PCC/21/198 Action log and matters arising from the meeting held on 15 December 2021

Actions PCC 21 1118 and PCC 21 124 were not yet due.

In relation to action PCC 21 110, a replacement is still being sought for Dr Stratton.

Action PCC 21 183 was on the agenda at item PCC/21/204 for information and was therefore complete.

Action PCC 21 184 was complete and national letters C1487 and C1488 were attached as appendices for information.

There were no matters arising.

Covid-19 Recovery and Planning

PCC/21/199

Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Joe Lunn 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 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.

b) The report provides an overview of OPEL reporting for the five weeks to 31 December 2021. The report also includes the comparator data for the prior reporting period.

c) 45 of 124 practices reported days where they were at OPEL Level 3 during the five week period (297 days across those practices), 103 practices have reported OPEL Level 2 for the period and 17 practices reported they were consistently OPEL Level 1.

d) Practices had been asked to begin recording additional staff absence information as part of OPEL reporting, from 29 December 2021 in order to show the impact on staffing due to the Omicron variant of the COVID-19 virus.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL reporting for General Practice for the five-week period to 31 December 2021.
- **NOTED** staff absence reporting for the period 29 December 2021 to 7 January 2022.

PCC/21/200 Primary Care Support to Care Homes

Fiona Callaghan was in attendance to present the item and highlighted the following key points:

a) The paper requested approval of a two-year direct award for the Primary Care Support to Care Homes service. An extension to the existing contract had been approved at the February 2021 PCCC meeting and there is no further option to extend. The existing contract is due to expire 31 March 2022.

b) The Prioritisation and Investment Committee recently extended the existing Community Services contracts, and the aim is to align these with the Primary Care Support to Care Homes contracts as both facilitate the delivery of Enhanced Health in Care Homes (EHCH). This work aims to achieve an equitable service provision across Nottingham and Nottinghamshire.

c) As the original intention was to have achieved community transformation before the contract expiration, there is no alternative offer for Primary Care Support to Care Homes in the South Nottinghamshire area.

d) The South Nottinghamshire Place Based Partnership will work with the Integrated Care Board (ICB) to enable this contract to be held by the Place Based Partnership, recognising that this is unlikely to be a contract that the ICB will continue to hold.

e) The budget for the proposed option is recurrent.

The following points were raised in discussion:

f) Members questioned why an equitable solution for the service in the meantime had not been identified. It was explained that the aim is to align with the existing Community Services contracts. It was noted that there is the ability to implement contract variations should a solution be identified before the two year extension period is over.

g) Members queried what service provision is in place in Bassetlaw and whether this will be aligned with the Nottinghamshire solution. It was explained that the CCG had reached out to Bassetlaw for an initial conversation on this matter.
h) Members discussed what the future model would look like. It was noted that in order to provide the best care to patients, it is likely a hybrid approach will be taken to ensure services are not delivered solely in a community setting.
i) Members were assured that targeted work is ongoing to improve individual services whilst the overarching transformation programme is underway and explained that a two year direct award does not mean that work will cease to improve accessibility, patient outcomes and patient experience in the meantime.
j) Members felt that the report did not reflect the context of the wider work that is happening. It was agreed that input from commissioning and quality colleagues was needed to help inform decision-making.
k) Members considered the risks detailed in the report should there be no service provision in place at the contract end date. These include the negative impact on patients and the disruption to ongoing pieces of work which add value to the service, such as implementation of the EHCH framework and the Primary Care Network (PCN) Directed Enhanced Service (DES).
l) Members supported the proposal however it was agreed that further context and input was needed from commissioning and quality colleagues before a decision could be made. In view of the timeline, it was agreed that wider input would be sought and the paper submitted virtually for approval. The outcome of the decision would be reported back to the Committee at the February 2022 meeting.

The Committee:

- Whilst supporting the proposal in principle **AGREED** further work should take place with commissioning and quality teams before bringing a more detailed proposal for approval. Given timeline it was recognised this may have to be virtually and feeding back to the Committee at the February 2022 meeting.

Financial Management

PCC/21/201 Finance Report – Month Nine

Michael Cawley presented the item and highlighted the following points:

a) The paper reported the financial position for month nine 2021/22 and has been 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 the H1 and H2 separately.

b) The year to date position shows a £2.57 million underspend (2.05% of year to date budget). This is primarily due to the reserves forming part of the position (£2.64 million) offset by small overspends relating to spend associated with Additional Roles (ARRS). The 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.

c) The current forecast position is £2.65m overspend (1.59% of total budget). This overspend accounts for forecast spend associated with ARRS (£5.09m) and Winter Access Fund (WAF) (£3.20m) both of which will be funded by NHSEI. 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.

No further points were raised in discussion.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ended December 2021.

Risk Management

PCC/21/202 Risk Report

Sian Gascoigne presented the item and highlighted the following points:

a) There are currently eight risks relating to the Committee's responsibilities, there has been no change since the previous meeting.

b) There were no proposed changes to the existing risks and no further risks to be added to the register.

No further points were made in discussion.

The Committee:

- **NOTED** the Risk Report

Information Items

PCC/21/203 Monthly Contract Update.

The Committee received this item for information.

PCC/21/204 Winter Access Fund Update

The Committee received this item for information.

Closing Items

PCC/21/205 **Any other business**

No further business was raised.

PCC/21/206 **Key messages to escalate to the Governing Body**

The Committee did not have any messages for escalation to the Governing Body.

PCC/21/207 **Date of next meeting**:

16/02/2022

MS Teams meeting

Nottingham and Nottinghamshire Clinical Commissioning Group

Primary Care Commissioning Committee
Action Log from the public Committee meeting held on 19 January 2022

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING						
			No actions outstanding			
ACTIONS ONGOING/NOT YET DUE						
15.09.21	PCC 21 118	Reduction in operating hours at Bull Farm	To bring an impact assessment on the reduction of opening hours at Bull Farm Surgery to the February Committee meeting	Joe Lunn	~~16.02.2022~~ 16.03.2022	Deferred to March meeting.
ACTIONS COMPLETED						
15.09.21	PCC 21 124	Primary Care IT Strategy	To bring a progress update to the January Committee meeting to confirm that the Strategy has been shared with Bassetlaw CCG; presented to a future PPEC meeting and to provide	Steve Murdoch	~~19.01.2022~~ 16.02.2022	Andrew Fearn & Alexis Farrow attending to provide a verbal update at item 9 PCC 21 216.

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
			timescales for the delivery of the Strategy			
15.09.21	PCC 21 110	Welcome & Apologies	To confirm Dr Stratton's replacement with the Associate Director of Governance	Lucy Branson/Jo Simmonds	17.11.2021 15.12.2021 19.01.2022	Action closed, no replacement to be identified.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	The Practice St Albans & Nirmala Boundary Extension Application	**Paper Reference:**	**PCC 21 217**

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 - *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*

An application to extend the boundary for The Practice St Albans & Nirmala was submitted by the practice.

This is 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). The Committee has previously been sighted on the intention of The Practice St Albans & Nirmala to submit this boundary change.
- include the Springfield Medical Centre boundary to ensure the geographical areas covered by the merged practice The Practice St Albans & Nirmala from 1 April 2022 covers the combined area of the two practices.

The purpose of this paper is to seek approval for the boundary change.

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 ☐	The proposed boundary change would not affect access to primary care services for patients.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☒	N/A ☐	Not required as patients registering will be following the usual process for GP registrations. The proposed boundary change would not affect the processing of personal data.

Risk(s):

Neighbouring practices who have an interest in increasing their practice list could potentially challenge the proposal for The Practice St Albans & Nirmala to extend their boundary. The Primary Care Commissioning Team contacted the Bulwell and Top Valley PCN member practices inviting them to comment on the proposal. The practices were given 3 weeks to comment.

Parkside Medical Practice, Leen View Surgery and Southglade Medical Practice all responded to confirm that they have no objections to the proposal. Despite several requests for a response no comments on the boundary change proposal have been received from the other three practices in the PCN.

The Primary Care Commissioning Team have also communicated with the Local Medical Committee (LMC) and PCN Clinical Director on the proposal. The PCN Clinical Director has responded to confirm support for the boundary change proposal.

Confidentiality:

☒No

Recommendation(s):

1. The Primary Care Commissioning Committee is asked to **APPROVE** the application from The Practice St Albans & Nirmala to increase their practice boundary.

The Practice St Albans & Nirmala – Boundary Extension

1. Introduction

The Practice St Albans & Nirmala have requested an extension to their current practice boundary to include Acer Court Care Home and the boundary of the Springfield Medical Centre.

2. Background

The Practice St Albans & Nirmala is a member of the Bulwell and Top Valley PCN. The Bulwell and Top Valley PCN have 7 member practices providing primary medical services to a total population of 47,168 (weighted) patients.

2.1. Acer Court Care Home

As part of the Enhanced Health in Care Home (EHCH) DES specification and GP contract, there is a requirement to align care homes to a GP practice within the geographical PCN Boundary.

A paper was presented at the April 2021 meeting of the Primary Care Commissioning Committee (PCCC) which confirmed that Parkside Medical Practice and The Practice St Albans & Nirmal practices will be aligned to Acer Court Care Home. It was noted that the boundary of The Practice St Albans and Nirmala did not extend to Acer Court Care Home and that a boundary extension would be submitted to rectify this.

Acer Court Care Home is a residential care home for older people located 2.2 miles from The Practice St Albans main site on Bulwell High Road. As part of the EHCH DES residents will be included in a proactive weekly home round, provided by the aligned GP practices and in addition will be supported by visits to the care home where appropriate. Some residents may attend the practice with support from care home staff if necessary, however this is not an expectation as a requirement of the DES is for the aligned practices to provide a proactive care approach to the home.

The Practice St Albans & Nirmala currently have 18 registered patients at Acer Court Care Home.

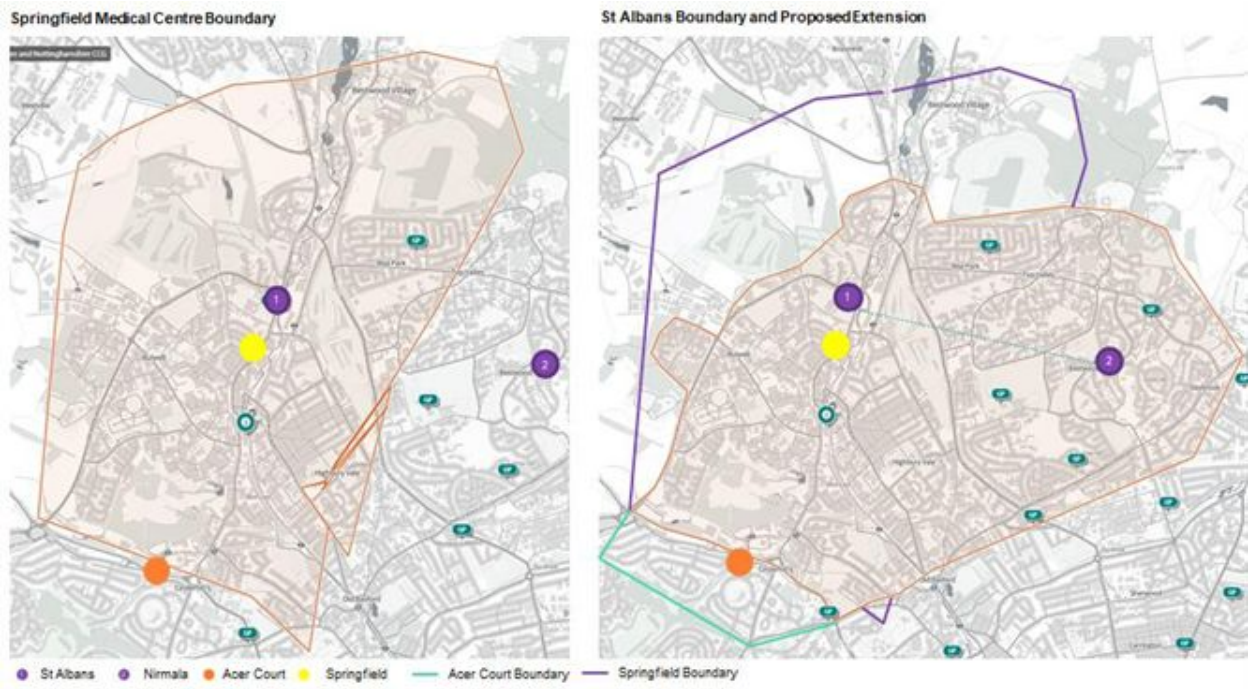
2.2. Springfield Medical Centre

PCCC supported the proposal for Springfield Medical Centre to merge into The Practice St Albans & Nirmala, with the closure of the Springfield Medical Centre site, at their meeting in August 2021. This will be effective from 1 April 2022 and will create a list size of approximately 10,300 patients, of which 2,500 patients will transfer from Springfield Medical Centre to The Practice St Albans & Nirmala.

The boundary change requested extends the geographical area covered by The Practice St Albans & Nirmala to include any areas covered by Springfield Medical Centre. This will ensure that the merged practice boundary after 1 April 2022 covers the two combined practice areas, with patients registered at the practice continuing to be able to access primary medical services, including home visits for patients that are housebound. There are a small number of patients (approximately 25) that reside within proximity of The Practice Nirmala branch who are registered with Springfield Medical Centre. Patients registered with Springfield Medical Centre that transfer to The Practice St Albans & Nirmala will have the option of accessing services at The Practice Nirmala branch site.

The maps below provide the current boundaries for Springfield Medical Centre and The Practice St Albans & Nirmala. It also shows the proposed boundary extension to accommodate both Acer Court Care Home and Springfield Medical Centre.

- The green line on the proposed boundary extension highlights the Acer Court boundary
- The purple line on the proposed boundary extension highlights the Springfield Medical Centre boundary.



3. Premises

The proposed extension to the practice boundary and the transfer of Springfield Medical Centre patients to The Practice St Albans & Nirmala will increase the list size. The practice has given assurance that the work to expand the workforce and the optimisation of space has commenced and will be completed by early Spring 2022.

4. Engagement

The LMC and all practices within Bulwell and Top Valley PCN were contacted to make them aware of the application and to provide them with the opportunity to comment on the proposal. PCN practices were given 3 weeks to comment on the proposal. Parkside Medical Practice, Leen View Surgery and Southglade Medical Practice all responded to confirm that they have no objections to the proposal. Despite several requests, no comments on the boundary change proposal have been received from the other three practices in the PCN. The PCN Clinical Director has responded to confirm support for the boundary change proposed.

The change may be viewed as positive for local practices, providing an increase in patient choice in the area, potentially relieving the pressures faced by some practices with growing list sizes. It may also benefit the PCN, should the PCN want to develop other services.

5. Recommendation

The Primary Care Commissioning Committee is asked to **APPROVE** the application from The Practice St Albans & Nirmala to increase the practice boundary.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022
Paper Title:	South Nottinghamshire Primary Care Support to Care Homes Service	**Paper Reference:**	**PCC 21 218**
Sponsor: **Presenter:**	Joe Lunn, Associate Director of Primary Care Fiona Callaghan, South Nottinghamshire Locality Director	**Attachments/ Appendices:**	

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

Executive Summary

In February 2021 the Primary Care Commissioning Committee (PCCC) approved the request to extend the Primary Care Support to Care Homes contract in South Nottinghamshire for 12 months to 31 March 2022.

- The aim of the contract is to facilitate the delivery of the Enhanced Health in Care Homes (EHCH) specification of the PCN Network Contract Directed Enhanced Service (DES) and The Framework for EHCH
- Over the last year the contract has enabled PCNs and practices to work with care home residents and care homes to develop key areas of patient care. The monitoring data shows that since the Primary Care Support to Service commenced in 2020 there has been a reduction in the average number of hospital admissions and average number of EMAS calls from a care home.
- The funding for this service is £303K per year (recurrent budget)

The proposal is that:

- The Committee approves a new direct award for the Primary Care Support to Care Homes service from 01 April 2022 to 31 March 2024 to align with the Community Transformation timeline and the recent decision of the Prioritisation and Investment Committee to extend the existing South Notts and Mid Notts Nottinghamshire Health Care Trust community services contracts, where enhanced care homes services are provided for other parts of the Integrated Care System (Mid Nottinghamshire)
- The new direct award for the Primary Care Support to Care Homes service will maintain appropriate provision and support for care homes, residents and parts of the wider health and care system and enables the understanding of the impact of Community Transformation
- In addition, the South Nottinghamshire Place Based Partnership (PBP) will work with the Integrated Care Board (ICB) to enable this contract to be held by the Place Based Partnership, recognising that this is unlikely to be a contract the ICB would continue to hold. This work has started with the PBP's Care Homes Steering Group with consideration for a South Notts integrated care homes model.

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

☐ Conflict noted, conflicted party can participate in discussion and decision

☐ Conflict noted, conflicted party can participate in discussion, but not decision

☒ Conflict noted, conflicted party can remain, but not participate in discussion or decision

☐ Conflict noted, conflicted party to be excluded from meeting

Helen Griffiths has a conflict of interest as her spouse is a practicing GP.

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☒	N/A ☐	Completion of EQIA is underway and will be taken through for approval.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Risk(s):

The risks associated with not approving the direct award for the provision of the Primary Care Support to Care Homes service in South Notts are:

- Care in care homes is compromised resulting in poorer outcomes for residents and increased clinical risk for affected patients
- The continued implementation of the EHCH framework of the PCN DES is unachievable
- Lack of care home support may result in increased EMAS call outs, hospital admissions and system pressure within primary and secondary care, which are already experiencing severe pressure due to the pandemic
- Engagement and relationship damage across general practice, community services and care home facilities
- Increased concerns and complaints raised, possible patient safety issues and reputational risk to the CCG especially given the current high profile of the care homes sector and the impact of the pandemic
- Inequity of care home provision across the Nottingham and Nottinghamshire system. Not continuing the Primary Care Support to Care Homes service in advance of the development of a new community model would further drive inconsistency of service user access across the system and leave commissioning gaps.

The risks associated with approving the direct award for the provision of the Primary Care Support to Care Homes service in South Notts are:

- Financial – however, recurrent funding for the contract is included in the CCG budget; this has been confirmed by the CCG's Deputy Chief Finance Officer.
- Workforce – as this is a continuation of an existing service the workforce involved in delivering primary care support are in place.
- Quality – alongside existing quality monitoring, the recently established South Notts Care Home Steering Group will be able to review KPIs and outcome measures associated with the service.
- Challenge - the CCG's Associate Director of Procurement & Commercial Development has advised that this service should be transacted as a new direct award from 1st April 2022. There is no extension provision within the current contract and the utilisation of a direct award is considered the most appropriate approach.

Confidentiality:
☒No ☐Yes (please indicate why it is confidential by ticking the relevant box below) ☐The document contains Personal information ☐The CCG is in commercial negotiations or about to enter into a procurement exercise ☐The document includes commercial in confidence information about a third party ☐The document contains information which has been provided to the CCG in confidence by a third party ☐The discussion relates to policy development not yet formalised by the organisation ☐The document has been produced by another public body ☐The document is in draft form
Recommendation(s):
1. **APPROVE** the direct award for the provision of the South Nottinghamshire Primary Care Support to Care Homes to the South Nottinghamshire PCNs (via GP Federations) for a 2-year period from 01 April 2022 until 31 March 2024.

South Nottinghamshire Primary Care Support to Care Homes Service

1. Background/ Context

In February 2021 the Primary Care Commissioning Committee (PCCC) approved the request to direct award the Primary Care Support to Care Homes Contract to March 2022. The historic GP Care Homes Local Enhanced Service (LES) in South Nottinghamshire ceased at the end of Q2 2020/21, and the remainder of the year's funding was redeployed into a new Primary Care Support to Care Homes contract, effective from the start of Q3 2020/21, delivered by Primary Care Networks (PCN).

The aim of the Primary Care Support to Care Homes contract is to facilitate the delivery of the Enhanced Health in Care Homes (EHCH) specification of the PCN Network Contract Directed Enhanced Service (DES) and The Framework for EHCH. Over the last year the contract has supported PCNs and practices to work with care home residents and care homes to develop key areas of patient care:

- To support end of life conversations and the completion of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms
- To provide help, documentation and training in hydration and nutrition support and to enhance and promote Care Home Multi-Disciplinary Team (MDT) meetings
- To support approaches to falls risk and the completion of risk assessments
- To promote personalised approaches to care and support planning
- To deliver integrated care to patients living in Care Homes, utilising MDT strategies and approaches where possible, alongside an understanding of local care homes and residents
- To educate and upskill flexibly, dependent on need and areas of focus, together with involvement in the development of training packages that can be utilised across Nottingham and Nottinghamshire and in some cases nationally
- To Increase the confidence and ability of care homes to deliver high quality and coordinated care
- To improve PCN collaboration across the PCNs in South Nottinghamshire for a more joined up approach to care and the sharing of good practice and diverse solutions
- To provide greater emphasis on preventative and proactive care for patients residing in care homes
- To develop a culture of partnership working across the PCNs and community service providers.

Looking forward the PCNs across South Nottinghamshire aim to build upon what has been achieved over the last year whilst utilising the learning that has emerged from the experience of working with care homes and partner organisations, particularly amidst the pandemic.

A recently established South Nottinghamshire Care Homes Steering Group with representation from PCNs, Care Homes and Partners are working together across the Place Based Partnership (PBP) to review support for education, training and upskilling and further building of relationships and communication. This is alongside the removal of barriers and how to factor in the continuing need to prioritise and flex support for ongoing vaccination programmes and monitoring of care home residents.

The group will also provide a South Nottinghamshire focus on the care home support that is delivered across the PCN, PBP and Integrated Care System (ICS). This will enable a more joined up approach to EHCH support to make a positive difference to the population. The framework for EHCH is an integral part of the Ageing Well programme and as such forms an important part of the specification and the steering group. Alongside the support of the EHCH lead for Nottingham and Nottinghamshire, the group will agree roles and approaches across organisations and footprints (PCN, PBP, ICS) that best support the delivery of the EHCH Framework and associated services for South Nottinghamshire. The specification supports the proactive care model that is centred on the needs of individual residents, their families and care home

staff within the framework for EHCH. An approach that is recommended by organisations such as The Kings Fund through extending enhanced health in care homes to all areas, supporting and developing leaders, and ensuring that people living in care homes can access high-quality health care.[1]

Community Services provision to support Care Homes

Due to historical commissioning arrangements the level of care home support differs across the Integrated Care System, additional dedicated care home provision is in place from community service providers in the City and Mid Notts Place Based Partnership. As outlined in previous PCCC papers, Nottinghamshire Healthcare Trust (NHT) do not provide enhanced support to South Nottinghamshire care home patients which leaves an inequity of provision across the Nottingham & Nottinghamshire system.

To address this inequity, the Primary Care Support to Care Homes contract was designed to run in parallel with the Community Services Transformation Programme, to align with the original aim of an all-inclusive comprehensive service offer from April 2022. The outcome of that work is awaited and indications from the early phases of the Community Services Transformation Programme is that the first stage of development will focus on place-based transformation, followed by a second stage covering specialist services with an expectation that new contractual arrangements will be in place from 1 April 2024.

Continuation of the Primary Care Support to Care Homes service will ensure maintenance of a local support for care homes across South Nottinghamshire. This approach would also remain consistent with the recent approval by the Prioritisation and Investment Committee, for the continuation of the Nottinghamshire Health Care Trust community services contract and associated contract management processes, through a 2-year direct award from 1st April 2022 until 31 March 2024. This ensures the maintenance of a continued local focus on reporting, delivery of outcomes and service delivery until decisions are finalised during the Community Services Transformation process, whilst providing the time and flexibility to best support that process.

It should be noted that within the contract extensions described above are care home services delivered at a place-based partnership level across the Integrated Care System.

2. Proposal

In no change to previous arrangements, the proposal of this paper is to direct award to the PCNs (via GP Federations) for a 2-year period. This will ensure:

- Maintenance of appropriate provision in line with the reviewed timeframe for the Community Services Transformation Programme
- The understanding of the impact of Community Transformation on care home support, provide assurance and continuity and allow care home residents to receive the right care and support as they need it
- That during the contract period, the South Nottinghamshire Place Based Partnership works with the Integrated Care Board (ICB) to enable this contract to be held by the Place Based Partnership, recognising that this is unlikely to be a contract the ICB would continue to hold. This work has started with the PBP's Care Homes Steering Group with consideration for a South Notts integrated care homes model.

There is recurrent funding for the contract included in the CCG budget; this has been confirmed by the CCG's Deputy Chief Finance Officer. The value of which is £303K per year.

The CCG's Associate Director of Procurement & Commercial Development has advised that this service should be transacted as a new direct award from 1st April 2022. There is no extension provision within the current contract and the utilisation of a direct award until 31 March 2024 when decisions are finalised during the Community Services Transformation Programme is consistent with the approach taken across Community Services contracts.

[1] Enhanced health in care homes: learning from experiences so far (Alex Baylis and Susie Perks-Baker, December 2017)

Not agreeing the service provision raises the following risks:

- Care in care homes is compromised resulting in poorer outcomes for residents and increased clinical risk for affected patients
- Without the Primary Care Support to Care Homes, PCNs may not be able to achieve the outcomes within the DES
- Lack of care home support may result in increased EMAS call outs, hospital admissions and system pressure within primary and secondary care, which are already experiencing severe pressure due to the pandemic. The data shows that there has been a reduction in the average number of hospital admissions from a care home per month since the Primary Care Support to Care Homes service, from 138 (Apr18-Sep20) to 121 (Oct20-Dec20). There has also been a reduction in the average number of calls to EMAS from a care home since the service commenced from 281 per month to (Apr18-Sep20) to 269 (Oct20-Dec20).
- Engagement and relationship damage across general practice, primary care, community services and care homes
- Increased concerns and complaints raised, possible patient safety issues and reputational risk to the CCG especially given the current high profile of the care homes sector and the impact of the pandemic
- Inequity of care home provision across the Nottingham and Nottinghamshire system. Not continuing the Primary Care Support to Care Homes service in advance of the development of a new community model would further drive inconsistency of service user access across the system and leave commissioning gaps.

3. Recommendation

The PCCC **APPROVE** the direct award for the provision of the South Nottinghamshire Primary Care Support to Care Homes to the South Nottinghamshire PCNs (via GP Federations) for a 2-year period from 1st April 2022 until 31 March 2024.

Kelly Wallace
PCN Development Manager - South Nottinghamshire Locality
NHS Nottingham and Nottinghamshire CCG
February 2022

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	Winter Access Fund – Update	**Paper Reference:**	**PCC 21 219**

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

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

Executive Summary

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).

NHSE/I have updated the requirements for monthly reporting against WAF since the first submission on 05 January 2022, with templates now provided to capture key deliverables.

The latest submission detailing how our three Place Based Partnerships are implementing and delivering against plans to date was submitted on 01 February 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):
1. **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 01 February 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).

NHSE/I have updated the requirements for monthly reporting against WAF since the first submission on 5 January 2022, with templates now provided to capture key deliverables.

The latest submission detailing how our three Place Based Partnerships are implementing and delivering against plans to date was submitted on 1 February 2022.

2. Submission for Nottingham and Nottinghamshire CCG – 1 February 2022

NHSE/I provided updated template for completion, the completed response for the submission made on 1 February 2022 are shown below:

2.1. WAF – Activity Delivery

Reference	Scheme	Iniaitive	Planned additional appointments (system level)	What is the number of additional appointments to date?	Are plans in place to recover appointments if below trajectory?	Has there been and increase/decrease in appointments? (include appointment type, i.e. F2F, other)	RAG (see RAG KEY tab)
1	h) Other actions to support the creation of additional appointments	Additional staff and sessions - November - NC	7969	5425	Yes, the shortfall in delivery will be recovered between January and March.	Increase; appointments in November 2021 compared to November 2019 saw an 8.9% increase with the majority of these being delivered non face to face.	Amber
2	h) Other actions to support the creation of additional appointments	Additional staff and sessions - December - NC	15678	9418	Yes, the shortfall in delivery will be recovered between January and March.	Increase through WAF, data on overall appointment numbers not yet been shared.	Amber
3	h) Other actions to support the creation of additional appointments	Additional staff and sessions - hub NOVEMBER - NC	384	384	Planned activity was based on locum availability. The Hub is deliverying for one PCN who is behind trajectory overall. Shortfall in delivery will be recovered between January and March.	As above	Amber
4	h) Other actions to support the creation of additional appointments	Additional staff and sessions - hub December - NC	672	688	Yes, the shortfall in delivery will be recovered between January and March.	As above	Amber
5	h) Other actions to support the creation of additional appointments	Additional staff and sessions - November - SN	10918	9211	Yes, the shortfall in delivery will be recovered between January and March. PCN financial claims for November are in line with the level of delivery and the resource released will support the additional activity Jan to March.	Increase; the proportion of Face to Face Activity in South Nottinghamshire has increased from 58-59% between April and August to over 65% in November. The Omicron wave and number of staff having to self isolate in November is likely to have negatively impacted on the amount of face to face activity.	Amber
6	h) Other actions to support the creation of additional appointments	Additional staff and sessions - December - SN	17426	11764	Yes, the shortfall in delivery will be recovered between January and March. PCN financial claims for November are in line with the level of delivery and the resource released will support the additional activity Jan to March.	Increase through WAF, data on overall appointment numbers not yet been shared.	Amber
			Planned additional appointments (practice level)	What is the number of additional appointments to date?	Are plans in place to recover appointments if below trajectory?	Has there been and increase/decrease in appointments? (include appointment type, i.e. F2F, other)	RAG (see RAG KEY tab)
7	Development of a hub and spoke model to deliver additional on the day appointments (Enhanced Support programme)	Using and developing primary care hubs - MN	5,907	4,300	Yes, workforce challenges in late December and early Jan due to accelerated covid vacc programme reduced the additional appointments delivered. Additional sessions planned for late January through to March. Rotas substantially booked.	Overall increase in total appointments by November. Face to face appointments yet to show increase in data (only November available to date). WAF schemes did not start until December.	Amber

2.2 WAF – Key Lines of Enquiry (KLOEs)

Ref	KLOE	Comments
1	What governance process is in place within the ICS to monitor progress and delivery of the WAF plan?	WAF Plans were reviewed before submission by the Nottingham & Nottinghamshire CCG Executive Directors and then submissted to the Primary Care Comissioning Committee (PCCC). Monthly updates are also provided to PCCC to provide an update in relation to reporting and delivery to date.
2	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?	The ICS has developed a place-based approach to provide additional resource to practices to deploy additional staff in practices in South Notts and Nottm CIty and establish primary care hubs with community spokes in Mid Notts PCNs. - Within Nottingham City Place, the practices requiring enhanced support saw an increase in appointments comparing November 21 to November 2019 of 10.3%; the average for Nottingham City was a 8.9% increase. - Within South Nottinghamshire Place, the practices identified for enhanced support saw an increase in appointments comparing November 21 to November 2019 of 38.1%; the average for South Nottinghamshire was a 19.9% increase. These practices saw an increase in face to face appointments of 13.4% over the same period compared to a 0.2% reduction in South Nottinghamshire as a whole. - Across Mid Notts Place practices, the PCNs with practices with lowest resilience have been prioritised for hub and spoke development and access. All six PCNs went live in December. Three PCNs provided substantial additional apointments in December. See WAF plan slide. Overall impact cannot yet be assessed due to timing of December data.
3	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?	Overall the ICS provided 12.6% more appointments in November 2021 than in November 2019 with some local variations across the three places: - All the PCNs in Nottingham City are offered more appointments in November 2021 compared to November 2019, across Nottingham City there was a 8.9% increase in total appointments with the majority of these being delivered non face to face. There has been a 17.4% increase in the number of appointments seen within 7 days over the same period so the proportion of people being seen more promptly has also increased. - All the PCNs in South Nottinghamshire offered significantly more appointments in November 2021 compared to November 2019, across South Nottinghamshire there was a 19.9% increase in total appointments and a reduction in face to face appointments of only 0.2% despite the increase in virtual appointments in response to the pandemic. There has been a 29% increase in the number of appointments seen within 7 days over the same period so the proportion of people being seen more promptly has also increased. - Mid Notts practices provided 10.4% increase in appointments overall (based on November data) but with some individual practices still needing to fully recover. All PCNs have provided more appointments during December albeit within the constraints of the accelerated covid vacc programme. Recovery in all practices not yet seen in the GPAD data due to timing. Plans in place to continue to expand the hub and spokes with increases through January and high volumes in February and March. Rotas are in place and substantially staffed.
4	Has there been an increase in both practices utilising GP CPCS and referral figures?	Since the start of November 2021 we have 15 practices that are live with the service and seen an increase of 43.1% of referrals between November and 24th January 22.
5	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.
6	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.
7	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 training session with the community pharmacies 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 are taking place with the ICS CVD lead on 27/01/22 to understand how this scheme fits in with the wider CVD offers 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. 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 Pharmacy 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.

Ref	KLOE	Comments
8	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, this included a review of the support and digital booking systems available
9	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.
10	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.
11	What outcomes/benefits have been realised to date as a result of the WAF, including VFM and appointments?	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. However, a number of practices have identified difficulties in obtaining locums. In Nottingham City the funding has enabled a hub and spoke model to implemented by one PCN, this has allowed a test and learn opportunity to look at different operating models 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. However, several practices have also highlighted the ongoing unacceptable behaviour of some patients and the impact this has on staff. Additional sessions from a wide range of HCPs providing capacity to improve access from what it otherwise would have been. Patients willing to attend outside registered practice. Practices and PCNs aware of WAF delivery models ensuring that the additional appts are offered to Mid Notts patients Practices reporting that they are receiving fewer complaints and negative feedback from patients. Positive feedback from patients who have attended WAF appts

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 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 are re-profiling any underspend in November and December to catch up in 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 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
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.	
Estates	Additional capacity in some PCNs is constrained by estate availability. NHS estate is fully utilised in some areas hence even when workfroce 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

2.4 WAF – Finance Monitoring

Nottingham & Nottinghamshire		Forecast Position									For ICS Colleagues to populate		
Initiative	Description	Plan £'000	FOT £'000	Surplus/ (Deficit) £'000	January Expenditure profile £'000	February Expenditure profile £'000	March Expenditure profile £'000	YTD Expenditure £'000	YTD Expenditure as % of FOT	Regional comments	Level of accruals Inc. in M9 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	173	2,906	0	0	0	173	100%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and how you will get back on track to achieve full delivery by 31st March 2022. How much has been accrued?	173	Yes	The coding of the plans has been amended in M10 due to the additional level of information in 'Other Actions' that the spend does not fit into this recently expanded criteria and is more appropriate to be coded here. There has been a level of slippage in these schemes across the localities, but the forecasts have been revised and this has led to the recovery actions being taken in February and March to ensure that Financial delivery is met by 31st March 22. There are high level of accruals due to the Portal being utilised not being able to set up Practices / PCNs appropriately and therefore they are unable to make claims for spend that has already been incurred, these issues are gradually being resolved and the number of claims that are coming though are increasing therefore the level of accruals going forward will be reducing. The accruals that are being input are based on the current forecasts provided by the Locality teams that are working closely with the PCNs / practices to ensure that this is as accurate as possible.
f) Increasing the resilience of the urgent care system		0	104	-104	21	21	21	41	40%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and	41	No	The coding of the plans has been amended in M10 due to the additional level of information provided by the CCG Locality Teams, the spend no longer is appropriate to be here .
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	1,626	-6	415	363	662	186	11%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and how you will get back on track to achieve full delivery by 31st March 2022. Added £245k to March profile as per e-mail exchange with finance colleagues to manually adjust the M9 Non ISFE FOT figures. How much has been accrued?	186	Yes	There has been a level of slippage in these schemes across the localities, but the forecasts have been revised and this has led to the recovery actions being taken in February and March to ensure that Financial delivery is met by 31st March 22. There are high level of accruals due to the Portal being utilised not being able to set up Practices / PCNs appropriately and therefore they are unable to make claims for spend that has already been incurred, these issues are gradually being resolved and the number of claims that are coming though are increasing therefore the level of accruals going forward will be reducing. The accruals that are being input are based on the current forecasts being provided by the Locality teams that are working closely with the PCNs / practices to ensure that this is as accurate as possible.
h) Other actions to support the creation of additional appointments	Workforce pool IT platform.	0	1,661	-1,661	387	386	398	490	29%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and how you will get back on track to achieve full delivery by 31st March 2022. How much has been accrued?	490	No	The coding of the plans has been amended in M10 due to the additional level of information in 'Other Actions' that the spend no longer fits into and is more appropriate to be coded here. There has been a level of slippage in these schemes across the localities, but the forecasts have been revised and this has led to the recovery actions being taken in February and March to ensure that Financial delivery is met by 31st March 22. There are high level of accruals due to the Portal being utilised not being able to set up Practices / PCNs appropriately and therefore they are unable to make claims for spend that has already been incurred, these issues are gradually being resolved and the number of claims that are coming though are increasing therefore the level of accruals going forward will be reducing. The accruals that are being input are based on the current forecasts being provided by the Locality teams that are working closely with the PCNs / practices to ensure that this is as accurate as possible.
	Improved data management.	0	0	0	0	0	0	0	0%				
	Maximise ARRS.	0	0	0	0	0	0	0	0%				
	Violence and aggression	0	0	0	0	0	0	0	0%				
	Violence and aggression	0	0	0	0	0	0	0	0%				
	SOP & IPC Application	0	0	0	0	0	0	0	0%				
i) Other actions to support improvements to patient experience of access		0	954	-954	257	232	234	231	24%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and how you will get back on track to achieve full delivery by 31st March	231	No	The coding of the plans has been amended in M10 due to the additional level of information provided by the CCG Locality Teams, the spend no longer is appropriate to be here. There has been a comprehensive review and M10 Non ISFE will reflect this return - please see embedded file for a version of this based on Mth 10 below.
Totals (£'000)		**4,699**	**4,518**	**181**	**1,080**	**1,002**	**1,315**	**1,121**		-	**1,121**		-
Overall envelope available (share of		**4,518**	**100%**					**25%**		Regional overview: Non ISFE needs comments on schemes and whether they are in progress or slipping and the impact on FOT delivery as current comments relate to clearing validation errors. YTD expenditure is 25% of overall FOT, what has been accrued? System finance colleagues agreed their January allocation and confirmed their FOT position which was increased by £245k. CCG finance contact is Sarah Subert.			
Under/(over) overall envelope		-181											

3. 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 1 February 2022.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022
Paper Title:	Primary Care Workforce Update	**Paper Reference:**	**PCC 21 220**
Sponsor: **Presenter:**	Stuart Poyner, Chief Finance Officer Andrea Brown, Associate Director Planning and Workforce Transformation	**Attachments/ Appendices:**	*Appendix 1: Workforce Profiles* *Appendix 2: Summary of scheme delivery* *Appendix 3: Flexible Pool performance*

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

Executive Summary

This paper seeks to provide the Primary Care Commissioning Committee (PCCC) with an update on the approaches and strategies in place to support workforce planning and development in general practice. It specifically advises of the most current reported workforce profile, the progress of workforce schemes currently in place and the next steps regarding workforce development.

The focus since the last update to the Committee has been to deliver the workforce development programme submitted to NHSE, approved by the Primary Care Delivery Board. In addition, the Primary Care Workforce Group has kept a watching brief on the potential workforce implications of other areas of work such as the assurance and support work of the Primary Care Team, the emerging expectations of system transformation of primary care as well as the future training needs of general practice staff linked to the enhanced services and recovery initiatives,

This update details specifically the following:

- Current position of general practice workforce including the additional roles in PCNs
- Delivery of the workforce development programme – progress to date
- Focus on general practice nursing workforce position
- Next steps
- Risks and mitigations

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):				
This paper is for information and assurance and as such has no identified risk. The paper advises of risks around delivery of workforce planning and development and presents mitigations.				
Confidentiality:				
☒No				
Recommendation(s):				
1. To **NOTE** the current workforce position and continued focus on supply, recruitment and retention strategies.				
2. To **NOTE** the progress and impact made in delivering the workforce development plans for General Practice and PCNs to date.				
3. To **NOTE** the intentions regarding future priorities in the next steps.				
4. To **NOTE** the risk management in place.				

Primary Care Workforce Update

Introduction

1. This paper aims to provide a current position against the delivery of the workforce plan within the Primary Care (General Practice) Strategy (2019 - 2024). The paper presents information as it is available to the system at this time and describes the schemes in place around workforce development.

2. The Primary Care Commissioning Committee received in September 2021 an update which informed on how the infrastructure in place to support workforce development had begun to mature with increased collaboration of the Phoenix Programme and Nottinghamshire Alliance Training Hub working together in engaging with PCNs and designing and delivering solutions.

3. This paper informs on the progress made and impact of the workforce programme with a specific focus on the nursing position.

4. This paper also advises on the risks to delivery and intended impact of these recruitment and retention strategies.

System Context

5. The last four months have presented a significant challenge to the system for both health and social care. The OMICRON variant and the impact on the workforce capacity through reduced availability has been significant during a time where services needed to deliver covid management, winter pressures and elective recovery. The focus on increasing vaccination capacity became the prime concern and particularly so for general practice.

6. The system had to collectively manage the increased levels of staff absence, with all partners informing daily sit reps and scenario modelling done to inform system tactical decisions. This included general practice staff absence positions reported through the OPEL process.

7. System partners were also experiencing the impact of high level of vacancies, the key impact being on the home care market which created pressures in the system that needed system wide mitigation to address.

8. The full impact of the workforce in terms of ongoing resilience and wellbeing is yet to be seen

Current Workforce

Practice Level:

9. The latest reported workforce position is as of December 2021. Appendix 1 provides the detail, presenting the profile for the four key workforce groups over the period September 2015 – December 2021. The data is taken from the submissions made by practices through the National Workforce Reporting System (NWRS) and reported by NHS Digital. The reported position is one that has not been validated with an awareness that some practices are not updating their workforce position. NHSE advises periodically of the last date the system was accessed and whether workforce numbers updated with practices contacted.

10. The profiles show an overall increase year on year in these key groups except for General Practitioners that remains static with some evidence of improvement and correlation in the time frames where resources have been made available to target and support GP retention. The Nursing group does not present a straight-line trajectory in recruitment as for Direct Care and Administrative roles.

11. Appendix 2 details a targeted review of the general practice nursing position completed in December 2021. The key aspects highlighted by this review are:

    - Reductions in the wte and headcount, although December returns show an upward movement but not a return to previous higher numbers.
    - 28% of the nursing workforce is 55 years or above
    - Potential Barriers to recruitment are pay and terms and conditions of employment
    - Lack of inclusivity in the developing multidisciplinary makeup of the PCNs
    - Succession planning

12. The system General Practice nurse leads have been working with NHSE colleagues around the delivery of the GPN Strategy and have shared the findings of the review with the following update on national/regional NHSE approaches to tackling the issues or supporting system delivery of recruitment, retention, and reform. These are as follows:
    - Final version of Articulating the Value is aiming to be published by end of February 2022.
    - NHSE are to publish a Nursing Career Framework, end of February 2022.
    - NHSE are liaising with GPC regarding a national survey for GPNs regarding terms & conditions of employment.
    - NHSE have established a GPN National Reference Group to support systems with issues around GPN workforce.
    - NHSE Primary Care Team now has a dedicated role responsible for GPNs (& Practice Managers)
    - NHSE will host monthly webinars for GPNs- March will be around pay, terms & conditions.

13. The system has received some resource in this quarter to support GPN development with funding also for a second cohort of CARE programme which evaluated well.

Primary Care Networks:

14. Primary Care Networks (PCN) recruitment continues to progress with increasing numbers seen, the latest additions including the mental health practitioner roles. Appendix 1 details the workforce profile and shows the recruitment against the PCN intentions and against the regional share of the national target of 26,000 additional roles.

15. The system continues to work on managing any unintended consequences of this recruitment on other system partners through the Emerging Roles Group.

Workforce Transformation 2021-22

16. A primary care transformation approach was agreed through the ICS Primary Care Delivery Board (PCDB) that brought PCN development, resilience and workforce development together focusing

on agreed principles ensuring we were using resources and allocating them to the priorities of transforming general practice.

17. An appointment to the Primary Care Clinical Workforce lead was made with the successful candidate commencing the post from October 2021.

18. The current progress as reported December 2021 is detailed in Appendix 2 and 3 . The schemes are delivered though the infrastructure established of the Nottinghamshire Alliance Training Hub and Phoenix Programme.

19. The evaluation of all the schemes is in progress with all to be presented in April 2022.

20. The HEE procurement of the Training Hub has been completed with Nottinghamshire Alliance successfully securing the contract which sees the training hub in place for the next 3 years with a potential for an extension of a further two years.

Next Steps

21. To develop the submission of the wte return and associated narrative as part of the 22-23 Operational Plan

22. 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 22-23

23. Secure the extension to the Flexible Workforce Pool contract

24. 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

25. Continue to develop an understanding of the transformation plans and associated workforce implications to support where role development, training needs add to the overview of recruitment and retention.

26. Work with Bassetlaw colleagues to incorporate the practice/PCNs operating in this place understanding existing approaches and strategies and harmonising the workforce development approach.

27. To contribute to the development of the Primary Care strategy with a comprehensive workforce plan

28. To better understand the role and responsibility of place based partnership development in relation to PCN and practice development.

Risks

29. The Primary Care Workforce Group informs both the ICS People & Culture Group and ICS Primary Care Delivery Board of risks and issues. In this update three concerns remain as the system continues to be affected by and need to recover from the Covid-19 pandemic. The risk added at the last update regarding procurement of the HEE training hubs is now closed. The current risks are, therefore, around four areas of concern. There is a risk that:

    I. Uncertainty around funding and reliance on short term and non-recurrent external funding does not enable sustainable workforce development

    Mitigation:

    - Workforce lead operating in the system and regional forums that ensures awareness of opportunities and escalations of risk proactively seeking support from Health Education England and NHSE/I on our priorities.
    - Integrated transformation planning via the Primary Care Delivery Board to ensure no duplication and efficient use of any resource received to support primary care network development
    - Stronger collaboration of providers with joint working and sharing of resources enables proactive management of known opportunities and agility to respond to short notice opportunities.

    II. Meaningful 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

    Mitigation:

    - Close working arrangements between CCGs officers with lead roles on Primary Care, PCN development and workforce
    - Appointment of a Primary Care Clinical Workforce lead with accountability to the system Primary Care SRO and responsibility to better understand the Primary Care workforce demand in Nottingham & Nottinghamshire and work with all stakeholders to identify interventions to increase General Practice capacity; through increased GP supply, developing the contribution of other clinical and non-clinical roles in General Practice and new ways of working.
    - The Nottinghamshire Alliance Training Hub maturity as it continues to establish as a recognised infrastructure of the system in supporting not only HEE core functions but system requirements of :
        - Support workforce planning at ICS and PCN level through their understanding of roles and capabilities of the workforce. Through conversations, they can aid decision making as to how and where to invest in planning for future primary care workforce needs and how to maximise, retain and develop the current workforce.
        - Advise on, develop and deliver educational programmes to develop the workforce and where appropriate support service delivery plans through education and training.
        - Assist in ensuring adequate capacity in the training of the primary care workforce through the provision of clinical learning placements at postgraduate and undergraduate level for non-medical staff in general practice, including the training and development of clinical supervisors and educators.
        - In partnership with the Phoenix Programme advise on, develop and facilitate primary care recruitment and retention strategies through delivery of career advice and programmes targeted at all stages of a GP's and other primary care professional's career.

III. The impact of Covid-19 on the workforce sees reduced resilience that will impact on staff career decisions.

Mitigation:

- Inclusion of primary care representation at system wide forums where wellbeing offers are understood and how to access them, the system wide Health and Wellbeing Hub development being an example.
- Development of more proactive support to practices through a combined system understanding of operational pressures and increased offers of tangible support to reduce stress and burnout.
- System wide late careers programme for nurses and Allied Health Professionals linked into the regional vanguard retention programme

30. The CCG risk reflects that challenges in the recruitment and retention of primary care staff presents a risk of insufficient service provision to meet the needs of the CCG population exacerbated by the lack of capacity to establish and embed new roles.

Additional Mitigation:

The approaches outlined in this paper and how they have been established as part of a system approach to workforce development provides assurance of a continuous review of the workforce position and a stable offer of support to practices and PCNs on workforce development. The commitment remains to:

- Bring understanding and influence on future supply of the General Practitioner, nursing and Allied Health professionals working closer with the Health Education Institutes,
- supporting recruitment through partnership working in the system and creating employment models to support specifically the additional roles recruitment ,
- increasing access to training and education to up-skill and retain the existing workforce
- support the development of new roles
- look after our staff through access to increased health and wellbeing offers

Appendix 1

General Practice Workforce Profile: September 2015 – December 2021

General Practice Workforce

Headcount and Full-Time Equivalent (FTE) Time Series
All Staff Groups by Job Role and Gender

September 2015 to December 2021

NHS Digital

Staff Group

GP

Job Role

All Fully Qualified GPs (excludes GPs in Training Gr...

Gender

Female | Male | Other/Unknown

NHS England and Improvement Region

Midlands

Sustainability and Transformation Partnership

Nottingham and Nottinghamshire

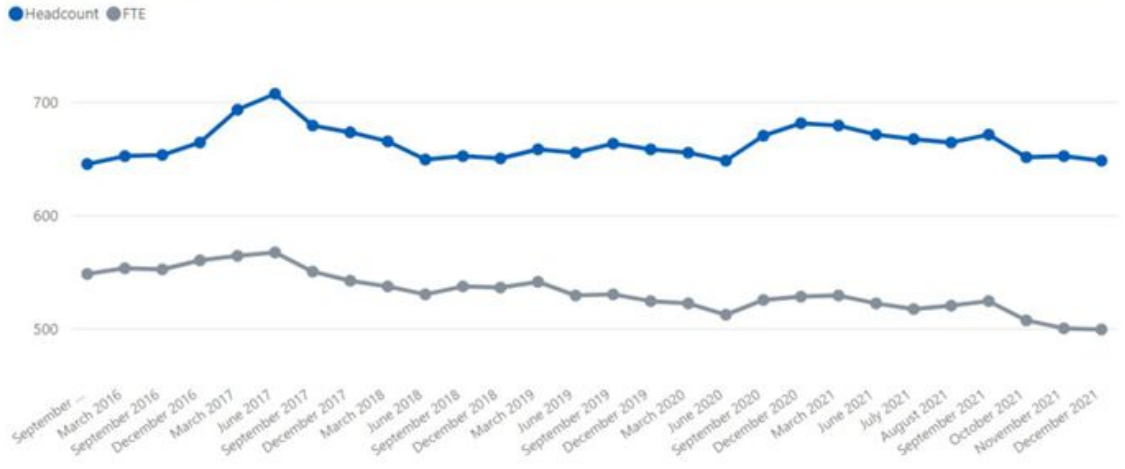
Clinical Commissioning Group

All

Health Education England Region

All

Headcount and FTE by reporting period



For December 2016 and June 2017, only GP figures are available.

Regional figures prior to June 2018 including GPs in training are not comparable to figures from June 2018 onwards. This is due to the higher number of GPs in training whose work location could not be identified and who were therefore allocated to an 'unknown' CCG in the earlier time periods. England level figures are comparable.

Home

General Practice Workforce

Headcount and Full-Time Equivalent (FTE) Time Series
All Staff Groups by Job Role and Gender

September 2015 to December 2021

NHS Digital

Staff Group

Admin/Non-Clinical | GP | Direct Patient Care | Nurses

Job Role

All

Gender

Female | Male | Other/Unknown

NHS England and Improvement Region

Midlands

Sustainability and Transformation Partnership

Nottingham and Nottinghamshire

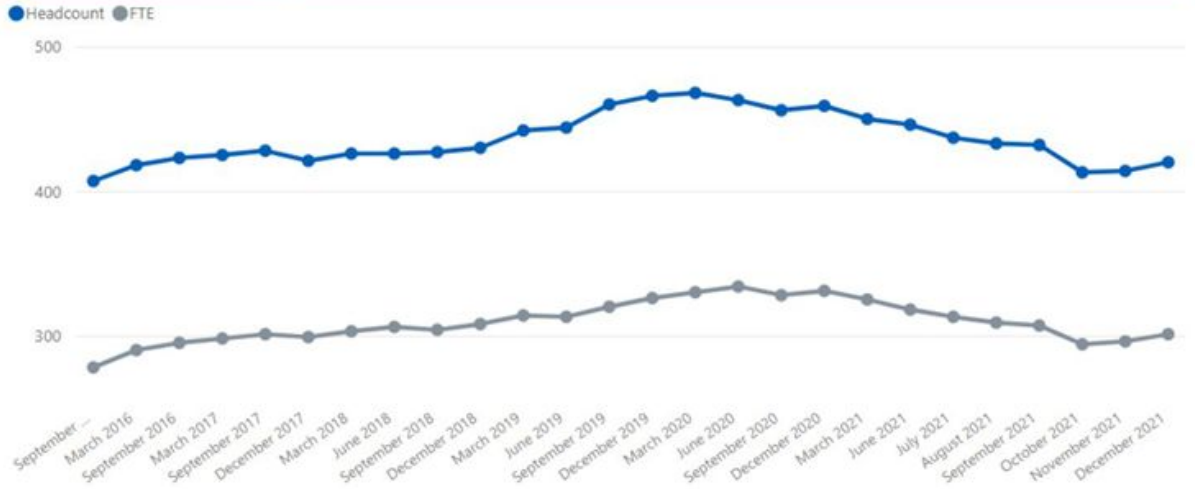
Clinical Commissioning Group

All

Health Education England Region

All

Headcount and FTE by reporting period



For December 2016 and June 2017, only GP figures are available.

Regional figures prior to June 2018 including GPs in training are not comparable to figures from June 2018 onwards. This is due to the higher number of GPs in training whose work location could not be identified and who were therefore allocated to an 'unknown' CCG in the earlier time periods. England level figures are comparable.

Home

General Practice Workforce

Headcount and Full-Time Equivalent (FTE) Time Series
All Staff Groups by Job Role and Gender

September 2015 to December 2021

NHS Digital

Staff Group

- Admin/Non-Clinical
- GP
- Direct Patient Care
- Nurses

Job Role

All

Gender

- Female
- Male
- Other/Unknown

NHS England and Improvement Region

Midlands

Sustainability and Transformation Partnership

Nottingham and Nottinghamshire

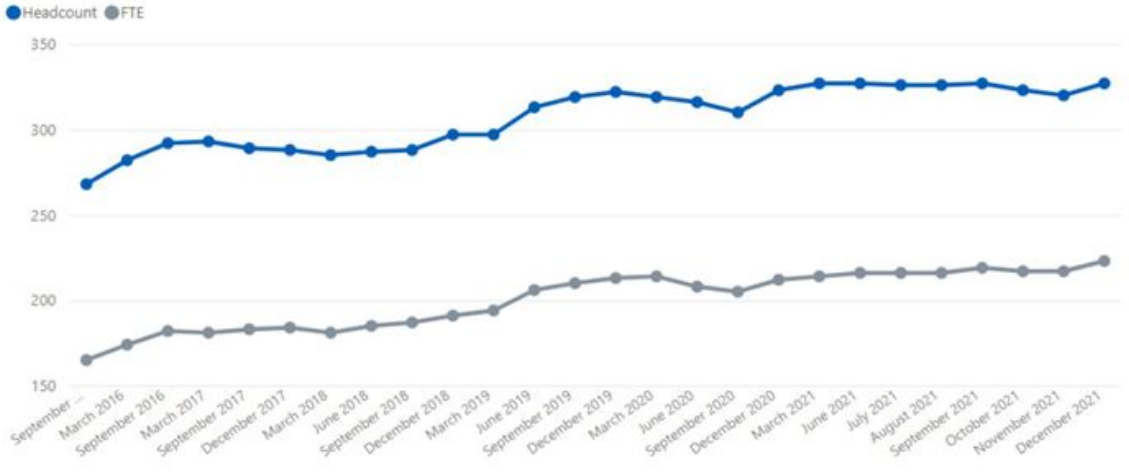
Clinical Commissioning Group

All

Health Education England Region

All

Headcount and FTE by reporting period



For December 2016 and June 2017, only GP figures are available.

Regional figures prior to June 2018 including GPs in training are not comparable to figures from June 2018 onwards. This is due to the higher number of GPs in training whose work location could not be identified and who were therefore allocated to an 'unknown' CCG in the earlier time periods. England level figures are comparable.

Home

General Practice Workforce

Headcount and Full-Time Equivalent (FTE) Time Series
All Staff Groups by Job Role and Gender

September 2015 to December 2021

NHS Digital

Staff Group

Admin/Non-Clinical | GP | Direct Patient Care | Nurses

Job Role

All

Gender

Female | Male | Other/Unknown

NHS England and Improvement Region

Midlands

Sustainability and Transformation Partnership

Nottingham and Nottinghamshire

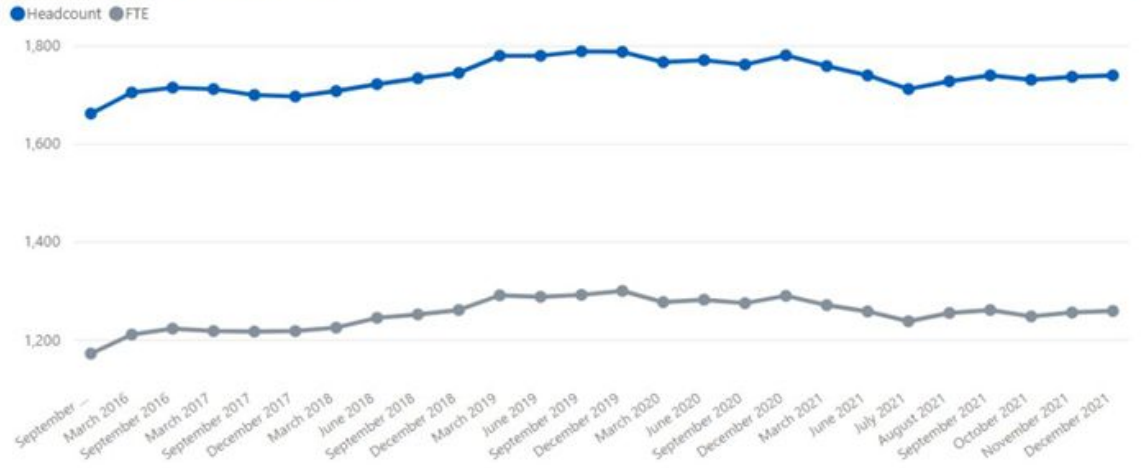
Clinical Commissioning Group

All

Health Education England Region

All

Headcount and FTE by reporting period

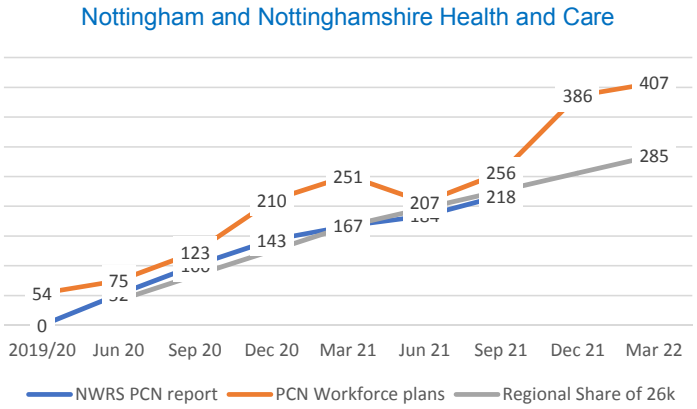


For December 2016 and June 2017, only GP figures are available.

Regional figures prior to June 2018 including GPs in training are not comparable to figures from June 2018 onwards. This is due to the higher number of GPs in training whose work location could not be identified and who were therefore allocated to an 'unknown' CCG in the earlier time periods. England level figures are comparable.

Home

Primary Care Network Workforce Profile:



December position evidences total wte in post as 282.65

Roles employed by the PCN – as at December 2021

PCN	Clinical Pharmacist		SP Link Worker		First Contact Physio		Pharmacy Technician		Physician Associate		Care Coordinator		Occupational Therapist		H&W Coach		Dietitian		Advanced Practitioner		Community Paramedic		Nurse Associate		Trainee Nurse Assoc		Mental Health Practitioner	
	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE
Mid Notts Locality																												
Ashfield North	7	5.80	3	2.60	4	3.27	1	1.00			1	1.00							1	1.00								
Ashfield South	4	4.00	3	2.01	2	1.83	2	2.00					1	1.00							1	1.00					1	1.00
Mansfield North	5	4.49	3	2.80	2	2.07	3	2.91			1	1.00			2	2.00			1	0.85	2	1.85					1	1.00
Newark	9	8.85	4	3.80	2	2.07					4	3.60			1	1.00	1	1.00			1	1.00	1	0.80	1	1.00		
Rosewood	3	3.00	4	3.80	1	1.07	1	0.60			2	2.00	1	1.00	1	1.00			1	0.80			1	0.80				
Sherwood	4	3.60	4	3.60	2	2.07	3	2.80	1	0.64					1	0.60											1	1.00
City Locality																												
Bulwell & Top Valley	4	2.83	3	2.60	2	2.00	1	0.80																			1	1.00
BACHS	6	4.71	4	3.47	2	2.00	1	0.80							2	2.00												
Radford & Mary Potter	5	4.47			2	2.00	1	1.00																				
Bestwood & Sherwood	4	3.16	3	2.99					4	3.50																		
Nottingham City East	3	2.83	2	2.00	2	2.00			3	2.50	1	1.00			1	1.00											1	1.00
Nottingham City South	3	2.70	2	2.00			2	1.99																				
Clifton & Meadows	3	2.99	1	1.00	2	2.00			1	1.00																		
Unity (Nottingham)	2	1.81			1	1.00			1	1.00			2	1.77	1	1.00	1	0.05									1	1.00
South Locality																												
Arnold & Calverton	4	3.19	3	1.73	2	2.00	1	0.60			1	1.00					1	0.40			1	1.00						
Arrow Health	6	4.72	3	1.73	2	2.00					1	1.00									2	2.00						
Byron	3	2.50	3	1.73	3	2.31	1	1.00									1	0.60			2	2.00						
Nottingham West	7	6.06	5	4.67	5	4.28	3	2.37			6	5.67	4	3.60	1	1.00	1	1.00			4	3.60			1	1.00	1	1.00
Rushcliffe	7	7.00	9	8.60	5	5.00	4	3.60	2	2.00	6	5.36	1	1.00			1	1.00	2	1.85	1	0.83			3	3.00		
Synergy Health	1	1.00	4	2.59	2	1.64					1	1.00					1	0.50										
	90	**79.71**	**63**	**53.72**	**43**	**40.59**	**24**	**21.46**	**12**	**10.64**	**24**	**22.63**	**9**	**8.37**	**10**	**9.60**	**7**	**4.55**	**5**	**4.50**	**14**	**13.28**	**2**	**1.60**	**5**	**5.00**	**7**	**7.00**

Appendix 2

Delivery progress on Primary Care Workforce Development Programme – December 2021

The Workforce Development Programme approved by the Primary Care Delivery Board was made up of our response to national schemes of

GP Fellowships – New to Practice
Supporting Mentors

Along with several locally determined schemes to address GP Retention and Training Hub support to wider workforce development of

Multi-professional Support Unit
ICS GPN Nurse Lead
AHP Faculty
Culture/People Plan
Diversity & Inclusion
GP Clinical Remediation
Mid-Career
Senior Career
Return to Work
Trainee Transition

The Culture/People Plan Scheme was discussed in the November 2021 Primary Care Workforce Group meeting and agreement was reached to hold this scheme as engagement with practices/federations was not possible due to the response to the Level 4 incident management of the OMICRON variant.

The following section provides, in summary form, a current position on progress as reported to the Primary Care Workforce Group for the period up to December 2021.

Scheme	New to Practice – Nurses
Start Date	01/04/21
Planned End Date	31/03/22
Delivery Confidence	
Budget Confidence	

Milestones

Scheme Milestones	Ongoing recruitment of nurses to scheme	Ongoing
	Evaluation of Y1 & Y2 scheme	April 22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Covid impact on release of staff to attend sessions	01/06/21	Funded time to practices for release of staff	
Issues	**Date Raised**	**Mitigations**	**RAG Rating**
Low numbers of newly qualified nurses on scheme	01/04/21	Raised with national team	

Impact/Engagement

Total number of Nurse fellows	6
'Live' Fellowships	6
Active Fellows in City	1
Active Fellows in South Notts	3
Active Fellows in Mid Notts	2

Next Steps

Raised with Paul Vaughn about the limitations of scheme excluding nurses who are longer than 12 months qualified- will raise nationally.

Continue to support nurses on the scheme and recruit in to 22/23 scheme when details available.

Scheme	New to Practice GP Fellowship (National Scheme)
Target Group	Early Years GPs within first 2 years post CCT
Start Date	August 2020
Planned End Date	March 2024
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Deliver all aspects of the NSHE New to Practice (NtP) GP fellowship programme for Nottinghamshire	- All aspects of NtP guidance being met through a variety of routes including induction materials, mentoring and coaching programme, facilitation of portfolio opportunities for fellows and monthly programme of CPD with 2 year rolling curriculum.
	Promote recruitment to the NtP fellowship scheme	- Active promotion of the scheme to prospective fellows including via online resources, GP training schemes, regular comms and social media. - Active promotion of the scheme to practices via online resources, regular comms, LMC and employer engagement including practice managers and federations.
	Evaluation	- Quantitative data collected as per NHSE guidance. - Proactively collecting additional data to evaluate scheme via quarterly survey of participants. End of financial year evaluation planned for 21/22.

Risks and Issues

Risks	Date Raised	Mitigations	RAG Rating
Number of fellows not fully active due to delays from practices invoicing for CPD time	Dec21-Jan22	Early 2022 plan to develop further resources/comms for practices and aim to get these fellows fully recruited.	Amber

Impact/Engagement

Total number of GP fellows	93 GPs
'Live' Fellowships	71 GPs
Completed fellowships	22 GPs
Prospective Fellows	18 GPs
Active Fellows in City	26 GPs
Completed Fellows in City	5 GPs
Active Fellows in South Notts	30 GPs
Completed Fellows in South Notts	11 GPs
Active Fellows in Mid Notts	15 GPs
Completed Fellows in Mid Notts	6 GPs

Next Steps

Priority to promote scheme as widely as possible to prospective fellows and liaise with employers to ensure process to join fellowship is smooth and timely.

Scheme	Supporting Mentors (National Scheme)
Target Group	Early Years GPs within first 2 years post CCT
Start Date	February 2021
Planned End Date	March 2024
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Train and match new mentors with NtP GPs	- Initial cohort completed, but training and matching will continue as and when NTP GPs and/or mentors join the scheme
	Monthly mentoring	- Regular monthly mentoring provided for all mentees who are eligible.
	Peer support set up for new mentors	- Monthly peer support provided
	Evaluation	- Evaluate scheme to meet the requirements of NHSE guidance. More detailed evaluation to assess impact for both mentees and mentors completed November 2021.

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GP Mentors	14 GPs
Number of Mentor-Mentee 'Matches'	58
Prospective Mentees	20 GPs

Next Steps

Planning for projected numbers of mentees over coming months to consider needs for recruitment and training of new mentors.

Flexible Workforce Pool

Regional Perspective:

- Pump Prime Funding allocated 21-22 - £120k, i.e., non-recurrent,
- Expectation: Systems implement at least a GP Flexible Pool using one of the digital providers from the provider framework established by NHSE
- Objective to look to coordinate Locum capacity and encourage interest in salaried roles
- Sustainability of the pool linked to other system funds – Capacity, Access, etc.

System response:

- System initially supported a model developed by the LMC this was transferred to a framework provider in November 2021
- System has met the expectation with an agreed contract in place running to March 2022
- The provider has been asked to include wider clinical workforce to recognise the value of the wider roles in clinical capacity and to also test reality of a supply. This also looks to improve the ROI of this regional investment.
- Risks of the pilot to existing arrangements shared by federations with the Pilot team – agreement to work together

Future provision April 2022 onwards:

- Framework provider will continue under the current contract terms for either an 18 month or 24-month period and will include the expansion from GP into wider workforce provision
- NHSE will be providing systems with a further allocation to support this provision for 22-23
- A proposal is currently in development to go through governance processes to secure extension to the contract.

NHSE monitor the provision of this scheme through the Primary Care Monitoring Survey returns monthly. Appendix 4 provides the latest return.

Scheme	Clinical remediation (BUILD)
Start Date	September 2021
Planned End Date	March 2021
Delivery Confidence	
Budget Confidence	

Milestones

Scheme Milestones	Selection of facilitators	30/09/21
	Train Facilitators, Design Interventions &Recruit GPs	31/10/21
	Programme delivery	28/02/22
	Evaluation	31/03/22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Do not recruit enough participants for the scheme	03.11.21	Promotion of scheme in multiple forums	
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of sessions	4
Total number of clinicians supported	2 in progress 3 joining scheme

Next Steps

Continue to promote scheme
Begin evaluation

Scheme	Trainee Transition (Local Scheme)
Target Group	Trainees/Early Years GPs
Start Date	August 2019
Planned End Date	July 2023 (or beyond)
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Educational and pastoral support for local GPs in training	- Locality teaching for 21/22 academic year with Nottingham GPSTP. 6x locality groups assigned to 6 tutors and curriculum planned for this term.
	Signposting GPs in training to become New to Practice (NtP) fellows	- Proactive signposting of NtP fellowship via comms within this scheme internally and via the VTS. Locally trained GPs encouraged to work locally post CCT
	Portfolio opportunity for medical educators	- Development opportunity for early career GPs to gain experience as medical educators by becoming Trainee Transition Scheme (TTS) tutors. Guidance and support given to create content and deliver teaching.
	Evaluation	- Ongoing evaluation of TTS since inception. End of financial year evaluation planned for 21/22.

Risks and Issues

Risks	Date Raised	Mitigations	RAG Rating
Bassetlaw to join CCG/ICS footprint in April 22 and trainees should be offered TTS engagement. Challenge that Bassetlaw trainees remain part of Yorkshire and Humber deanery.	Autumn 2021	Proactive conversations with HEE and GPSTP to raise awareness. Proactive conversations with HEE about widening TTS scheme regionally and/or nationally.	Amber

Issues	Date Raised	Mitigations	RAG Rating
Areas of Notts ICS footprint not covered by TTS need signposting to join NtP fellowship. Sherwood GPSTP has been repeatedly offered input from TTS however has not engaged to date.	August 2019	Continue to promote comms re NtP scheme to Sherwood Forest GPSTP via VTS administrative team. Opportunity to speak to GPs leaving training.	Green

Impact/Engagement

Total number of GP Tutors	6
Number of Trainees	Approx. 200 per annum
Training Schemes Involved	Nottingham (has also been offered to Sherwood Forest)

Next Steps

Discussions with HEE regarding possibility of scheme adoption in other regions.

Scheme	Trailblazer Fellowships (HEE Scheme with small amount local funding)
Target Group	Early Years GPs within 5 years post CCT
Start Date	Oct 2021 (Cohort 2)
Planned End Date	Sep 2022
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Planning and recruitment	- Creation and recruitment to x4 new 12-month posts for early career GPs in practices serving communities in areas of deprivation – original HEE offer. - Creation of x2 additional fellowships as retention initiative – secondary HEE offer due to our initial recruitment success. All in post – started October 21.
	Delivery phase	- Monthly local education programme, project support and peer support throughout fellowship
	Evaluation	- Short evaluation planned on completion cohort 2 October 22. N.B. more detailed independent evaluation completed for cohort 1 due for end of financial year 21/22.

Risks and Issues

Risks	Date Raised	Mitigations	RAG Rating
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GPs (Cohort 2)	6
Total number of Practices (Cohort 2)	6

Next Steps

Confirmation from HEE that Trailblazer Fellowships will continue for 22/23. Discussions ongoing regarding start date and subsequent recruitment and planning for cohort 3.

Scheme	Mid-Career PCN Fellowship (Local Scheme)
Target Group	Mid-Career GPs
Start Date	Oct 2021
Planned End Date	Sep 2022
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Planning/Recruitment phase	- Completed: 16 fellows appointed across 16 PCNs. N.B. Was offered to all 20 PCNs but remaining 4 were not able to recruit or did not engage.
	Delivery phase	- CPD sessions and written guidance provided regarding setting up project work. - Monthly peer support and project support sessions. - Initial contact with ICP leads to share project titles underway in their place and conversations regarding sharing work and collaboration on going.
	Evaluation	- Independent early evaluation expected February 22. Full evaluation of scheme planned on completion – October/November 22.

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GPs	16
Total number of PCNs	16

Next Steps

Based on early evaluation outcomes, consider bids for funding to repeat scheme in 22/23.

Scheme	Mid-Career: Career Conversations (Local Scheme)
Target Group	Mid-Career GPs
Start Date	Oct 2021
Planned End Date	April 2022
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Planning/recruitment	- Via usual comms channels
	Delivery	- Series of x6 group sessions led by 'Phoenix GP'. The learning events offer inspirational speakers, personal and career coaching and workshops to learn new skills led by the Time for Care team. - All dates now booked. Started Nov 21
	Evaluation	- Evaluations collected by organisers and will be shared on completion of scheme in May 22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GPs	16
Total number of Practices	12

Next Steps

Scheme	Senior Career Programme (Local Scheme)
Target Group	Late Career GPs
Start Date	Dec 2021
Planned End Date	Dec 2022
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Planning and recruitment	- Framework for fellowships created and discussions with federations and individuals underway - Creation of broader support for senior career colleagues including signposting to local and national support already available
	Delivery	- Planned monthly project and peer support. - Project and financial review at 3 months.
	Evaluation	- Evaluation on completion of scheme – end of 2022.

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GPs	TBC
Total number of Practices	TBC

Next Steps

As discussed at PCWG December, this scheme experienced a short delay in starting due to the capacity of Phoenix Programme in the autumn. Planned spend for scheme completed and scheme now in early stages.

Scheme	Return to Work (Local Scheme)
Target Group	GP Returners (all career stages)
Start Date	Apr 2021
Planned End Date	Mar 2023 (or beyond)
Delivery Confidence	Green
Budget Confidence	Green

Milestones

Scheme Milestones	Support for GPs who have been out of work for any reason >3 months	- Scheme created based on needs analysis from group and offers: - Materials to support individuals and practices for GPs returning to work - Clinical CPD - Personal confidence coaching - Regular group sessions to prepare for return - Facilitated peer support - One-to-one advice and option for bespoke funded support to gain supervised time in practice to enable return if needed
	Evaluation	- On going evaluation of Return to Work scheme since inception. End of financial year evaluation planned for 21/22.

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of GPs	45

Next Steps

Offer continues to develop based on needs of the group and as a result of evaluation, but no major changes planned at present.

Scheme	Multi-professional support unit
Start Date	April 21
Planned End Date	March 22
Delivery Confidence	
Budget Confidence	

Milestones

Scheme Milestones	Scoping of scheme	30.06.21
	Development of scheme	30.08.21
	Programme delivery	28.02.22
	Evaluation	31.03.22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Scheme does not attract participants	8/10/21	Communications developed detailing and advertising scheme	
Virtual delivery impact on engagement during sessions	8/10/21	Disclaimer when participants sign up detailing engagement expectations	
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

Total number of participants	73
Participants (undefinable)	8
Participants City	32
Participants South Notts	14
Participants Mid Notts	19

Next Steps

Continue with delivery of sessions.
Commence evaluation.

https://www.nottstraininghub.nhs.uk/events-training/multi-professional-support-unit/

Scheme	GPN Lead Nurse Roles
Start Date	1.8.21
Planned End Date	31.3.22
Delivery Confidence	
Budget Confidence	

Milestones

Scheme Milestones	Recruit into roles	30.8.21
	Appoint roles	30.9.21
	Launch PN forum & conference	31.10.21
	Deliver agreed GPN strategy as per action plan	31.3.22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Issues	**Date Raised**	**Mitigations**	**RAG Rating**
Unable to appoint into 3 ICP (PBP) roles	12.21	Review infrastructure needed – 2 leads to cover ICS area including Bassetlaw	

Impact/Engagement

- Webinar to Uni students interested in GPN role, separate webinar for pupils interested in nursing
- Approached by NTU to talk about LTCs to TNAs
- Met with AHP leads to establish process and offer recommendations
- 1st year NTU nursing cohort placed
- GPA evaluations
- Interviewing for TNAs at NTU
- Discussion about GPN representation at PCN meeting
- Professional Nurse Advocate Programme started (3 individuals)
- Professional Nurse Advocate Programme (4 individual identified to start 4.22)
- Ear irrigation training session delivered

Next Steps

Continue with delivery as per plan.
With addition of Bassetlaw to geographical area engage with CCG & South Yorks Training Hub to understand work required to integrate into existing work schemes.

Scheme	AHP Faculty
Start Date	1.7.21
Planned End Date	31.3.22
Delivery Confidence	
Budget Confidence	

Milestones

Scheme Milestones	Collaboration partnership agreed with MOU	07.21
	Launch of OT & Physio networks	09.21
	Launch other AHP networks	11.21
	Evaluate networks & conference	2.22

Risks and Issues

Risks	**Date Raised**	**Mitigations**	**RAG Rating**
Networks not utilised by clinicians in practice	14/09/21	Promotion of networks through various communication channels	
Issues	**Date Raised**	**Mitigations**	**RAG Rating**

Impact/Engagement

- AHP faculty chairs and 6 project managers now formally in post utilising Workforce Transformation funds and Clinical Placement Expansion Project (CPEP) funds, both from HEE.
- 40 laptops ordered for nursing and AHP placements(successful CPEP bid)
- On-going work to recruit Project Manager to deliver Occupational Therapy CPEP for Notts ICS
- Michelle has linked AHP Faculty with some care homes / domiciliary providers interested in offering role emerging OT placements. These have been scoped & look promising, meeting with UoD to discuss further
- PICS OT placement discussions on-going and hopeful for placement offers in the new year

Next Steps

Transition for partnership to become business as usual arrangement with no requirement for funding as AHP Faculty funding will be direct from HEE.
Evaluation of work underway to be published by 04.22

Question Number	Question	Guidance	Level	Mandatory	Reporting period	Area	Comments
5 Scheme Date	When did the Flexible Staff Pool first become available for GPs/practices to register?	This question seeks to ascertain when the scheme first went live. If applicable, please enter the month and year the Primary Care Flexible Staff Pool went live. If the scheme is not live please enter 'not live'. https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes	Sep-20	Workforce	This question is mandatory and answers should be either a) not set up or b) date in format mmyyyy. If the answer to a) is not set up then the rest of the questions cannot be answered
5a	Is the flexible pool you are offering managed through a digital solution?	This question seeks to ascertain if the Flexible pool set up is a digitally managed solution. https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes	Yes	Workforce	Platform changed from Impax Hub to My Locum Manager in November
5b	How many GPs have registered to the pool and completed their onboarding process?	This question seeks to ascertain the total number of GPs, who are registered to the Primary Care Flexible Staff Pool, that have completed their onboarding process. Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	36 registered; 21 onboarded	Workforce	This question is only mandatory if the Primary Care Flexible Pool has been set up.
5c	Of the GPs registered to the pool AND have worked at least one session in the last month, how many are partner GPs?	This question is a subset of question 5b and seeks to ascertain the total number of partner GPs, who are registered to the Primary Care Flexible Staff Pool AND are active (i.e. have worked at least one session in the last month). Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	0	Workforce	This question is only mandatory if the Primary Care Flexible Pool has been set up.
5d	Of the GPs registered to the pool AND have worked at least one session in the last month, how many are salaried GPs?	This question is a subset of question 5b and seeks to ascertain the total number of salaried GPs, who are registered to the Primary Care Flexible Staff Pool AND are active (i.e. have worked at least one session in the last month). Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	3	Workforce	A survey has been sent to those registered to collate this info - the details in column F are results so far.
5e	Of the GPs registered to the pool AND have worked at least one session in the last month, how many are locum GPs?	This question is a subset of question 5b and seeks to ascertain the total number of locum GPs, who are registered to the Primary Care Flexible Staff Pool AND are active (i.e. have worked at least one session in the last month). For the purpose of this question, locum GPs refer to those who are neither salaried or partner GPs. Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	7	Workforce	A survey has been sent to those registered to collate this info - the details in column F are results so far.
5f	Of the GPs registered to the pool AND have worked at least one session in the last month, how many are emergency returner GPs?	This question is a subset of question 5b and seeks to ascertain the total number of emergency return GPs, who are registered to the Primary Care Flexible Staff Pool AND are active (i.e. have worked at least one session in the last month). Emergency returner GPs refer to those who have been temporarily (re)added to the NPL as Emergency Registered Practitioners to support the pandemic response. Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	1	Workforce	A survey has been sent to those registered to collate this info - the details in column F are results so far.
5g	In total, how many hours of clinical work have the registered GPs completed via the pool?	This question seeks to ascertain the total number of hours that have been completed by GPs, who are registered to the Primary Care Flexible Staff Pool AND that have completed their onboarding process. Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Yes if 5a answered	246 hrs	Workforce	This question is only mandatory if the Primary Care Flexible Pool has been set up.
5h	How many practices have registered to the pool and completed their onboarding process?	This question seeks to ascertain the total number of practices that are registered to the Primary Care Flexible Staff Pool. Primary care flexible staff pools: https://www.england.nhs.uk/publication/primary-care-flexible-staff-pools-in-2020-21/	ICS	Optional	29	Workforce	This question is only mandatory if the Primary Care Flexible Pool has been set up.
N/A	Additional information	This space has been left for you to add any additional information. It is not a requirement and can be left blank if you have no additional information.	N/A	No	N/A	N/A	

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022
Paper Title:	Primary Care Quality Briefing February 2022	**Paper Reference:**	**PCC 21 222**
Sponsor: **Presenter:**	Joe Lunn, Associate Director of Primary Care Esther Gaskill, Head of Quality Primary Care	**Attachments/ Appendices:**	

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

Executive Summary

This paper provides an overview of Primary Care Quality for the Nottingham and Nottinghamshire CCG.

It includes:

• Primary Care Quality Dashboard - An overall summary of the Quarter 3 quality dashboard ratings and actions identified to be taken with either individual practices or where an issue has been identified in relation to several practices or all practices.

• Primary Care Quality Groups / Primary Care Quality Team – An update on the activity of the Primary Care Quality groups and Primary Care quality team.

• CQC - An overall summary of current CQC ratings and actions being taken to support practices with either an overall rating of 'Inadequate' or 'Requires Improvement'.

• An overview of any practices currently receiving an enhanced level of support from the Primary Care quality team and activity undertaken to support practices / remain assured of quality of services during the COVID-19 pandemic.

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

☐ Conflict noted, conflicted party can participate in discussion and decision

☐ Conflict noted, conflicted party can participate in discussion, but not decision

☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision

☐ Conflict noted, conflicted party to be excluded from meeting				
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 identified.

Confidentiality:

☒No

☐Yes *(please indicate why it is confidential by ticking the relevant box below)*

☐The document contains Personal information

☐The CCG is in commercial negotiations or about to enter into a procurement exercise

☐The document includes commercial in confidence information about a third party

☐The document contains information which has been provided to the CCG in confidence by a third party

☐The discussion relates to policy development not yet formalised by the organisation

☐The document has been produced by another public body

☐The document is in draft form

Recommendation(s):

1. **NOTE** the Primary Care Quality Report February 2022.

Primary Care Quality Report February 2022

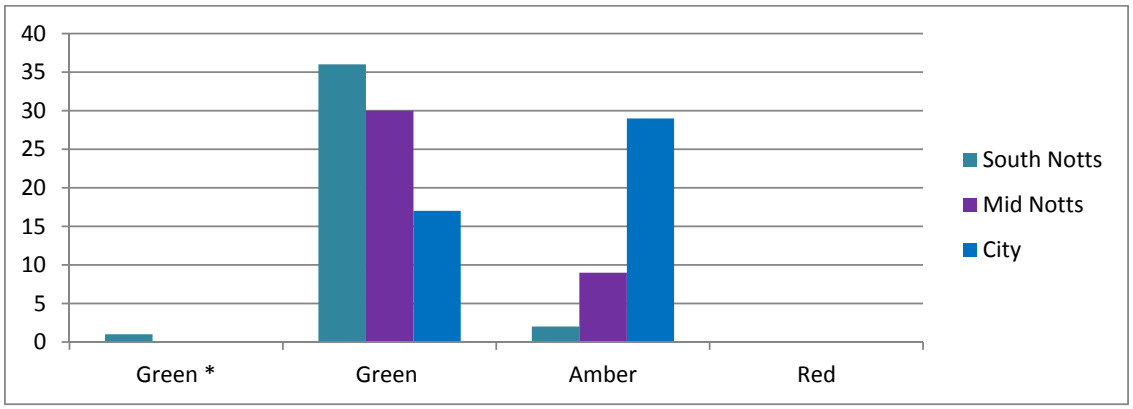
1. Primary Care Quality Dashboard

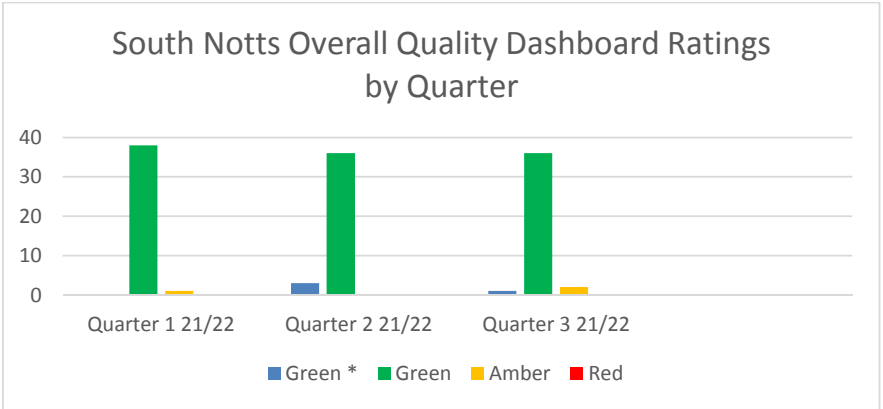
The 2021/22 Quarter 3 quality dashboard results were available for all Nottingham and Nottinghamshire practices at the end of January 2022. One practice achieved an overall 'Green Star' rating, which is a decrease from the previous quarter when 3 practices achieved this. The majority achieved an overall 'Green' rating – 83 out of 124. This is a decrease of 12 from the previous quarter. 40 practices achieved an overall 'Amber' rating, this is an increase from the previous quarter, which was 26 practices. No practices received an overall 'Red' rating.

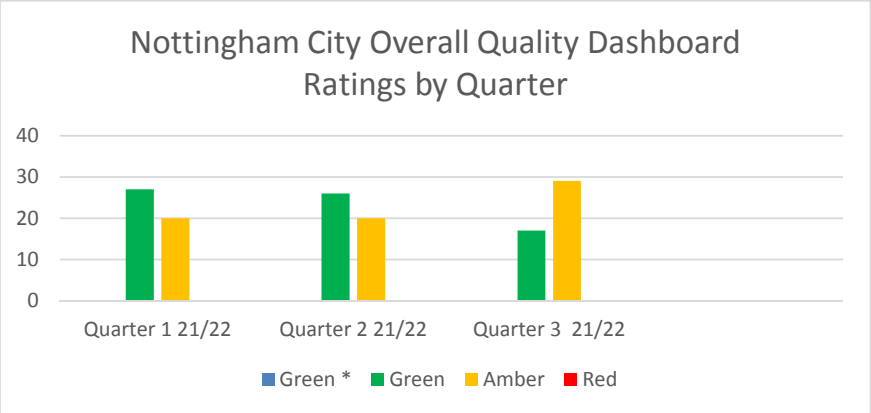
The table below shows the overall Quarter 3 position, followed by tables demonstrating overall ratings for quarters one, two and three for each Place Based Partnership (PBP).

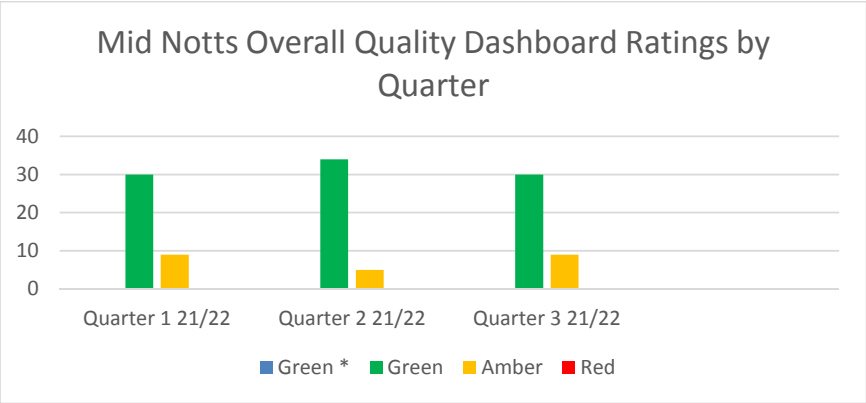
The most significant change is in Nottingham City where 9 practices have gone from an overall 'Green' rating in quarters 1 and 2, to an overall 'Amber' rating in quarter 3. Review of the dashboard identified that this is predominantly due to the flu vaccination uptake indicators, which have been updated on the dashboard to reflect this year's current position. The flu indicator targets are mostly, (with the exception of the over 65s uptake indicator, which has a national ambition target of 85%) a target of either the previous year's national average, or, is in the top 75% for Nottinghamshire. It is recognised that last year saw the best flu vaccine uptake rates ever achieved, which, combined with this year's COVID-19 booster vaccination programme falling around the same time as the flu vaccination programme, made it particularly challenging for practices to achieve the same uptake level for flu vaccines as last year.

As a priority, the flu vaccination uptake in pregnant women indicator has been reviewed in detail, with each practice not achieving the indicator being informed of how many more women need to be vaccinated to achieve the target.









It continues to be acknowledged that some of the overall ratings may not yet reflect either the true impact that COVID-19 has had on service provision, or the recovery work being undertaken by practices, as much of the available data, does have a time lag. For example, bowel and breast screening data is for June 2021. It is also recognised that practices were instructed to focus on the vaccination programme throughout much of quarter 3 and have been significantly impacted upon during that time with staff absences due to having contracted COVID-19 or being required to self-isolate.

For this quarter, there was a focus on the flu vaccination uptake indicator for pregnant women, as described above. In addition, it was noted that just two practices were not achieving the bowel cancer screening indicator. They were both very close to achievement and have been contacted to ensure awareness and with the offer of support through use of the locally developed Bowel Cancer Screening Checklist.

The primary care quality team continue to review the three year data slides held for each practice, to identify any practices where there is a continued downward trend for any indicators since the start of the pandemic, and where recovery is not yet demonstrated through the data available. The quality team will then contact those practices to establish any contributory factors, and if there is any support that can be provided.

2. Primary Care Quality Groups

At the Quarterly Quality Group meeting, in addition to review of the dashboard, Quarterly Patient Experience and Primary Care Patient Safety Incidents reports are presented and reviewed.

The Quarter 3 Patient Experience Report was not available for the meeting. Once completed it will be reviewed virtually by the Primary Care Quality Group to assess and identify any themes, trends or concerns in relation to patient enquiries and complaints.

The Primary Care Patient Safety Incidents Report provides a quarterly update on the patient safety incidents within primary care that have been reported to the CCG. The Primary Care Quality team review all patient safety incidents reported, which can be from a variety of sources (e.g. the practice itself, another provider, a healthcare professional, e-Healthscope or the National Reporting and Learning System). Incidents are categorised as either a serious incident (SI) (meeting the national serious incident criteria) or are deemed 'not an SI'. They are then logged and support/feedback is provided to the practice to ensure appropriate investigation and subsequent sharing of lessons learned facilitated by the Primary Care Quality team. Specialist advice and guidance from CCG colleagues is sought as required, for example, where an issue regarding safeguarding or medicines management has been highlighted.

During Quarter 3, 41 (previous quarter 47) patient safety incidents were received by the CCG relating to primary care. Of these, the main themes were as follows:

- 27 stage 3 or 4 pressure ulcer alerts
- 3 vaccination incidents
- 3 medication incidents
- 3 poor care concerns,

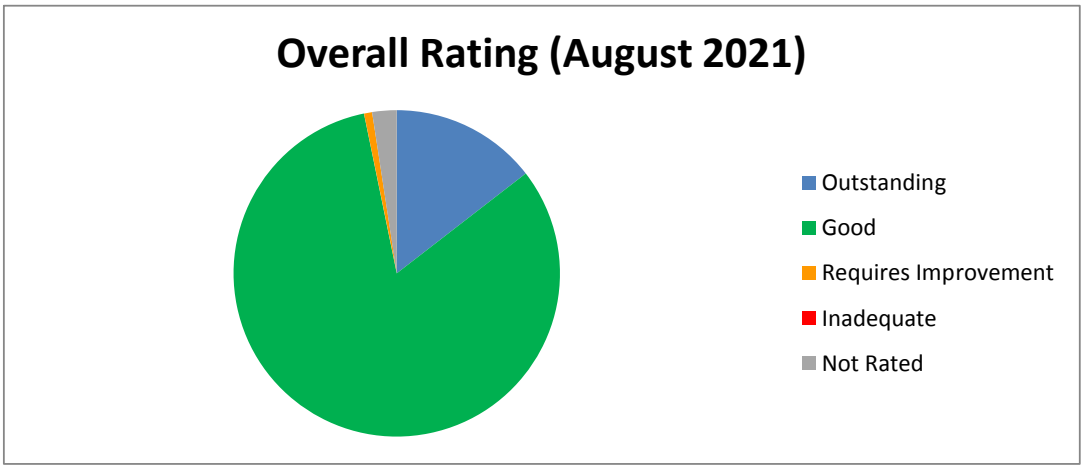
One of the incidents reported met the national SI framework threshold. This was in relation to a stage 3 pressure ulcer where it was identified by the practice that there was a potential missed opportunity to prevent development of the pressure ulcer. The learning from the incident identified ensuring a photo is taken, if appropriate, when a patient presents with a skin condition and, where this is not possible or appropriate, to facilitate a face to face appointment.

The Primary Care Quality group did not identify any specific concerns in relation to a group of practices or an individual practice from review of the patient safety incident report.

3. Care Quality Commission (CQC)

The chart below provides a summary of the CQC's overall rating of practices in Nottingham and Nottinghamshire as of 1 February 2022. 18 are rated 'Outstanding', 102 'Good', 1 'Requires Improvement', 0 'Inadequate' and 3 'Not yet rated' due to recent changes in provider. These are Whyburn, Peacock and Major Oak.

Since the previous quality report, the CQC have published inspection reports for Bilborough Medical Centre, Broad Oak and JRB Healthcare. All have been rated as 'Good' overall. This is a significant and highly commendable achievement given the COVID-19 pandemic and the challenges this has brought across primary care and the wider healthcare system.



Regular meetings continue to take place with CQC colleagues and the Primary Care Quality team to share intelligence and identify where support for practices / clarification on any issues relating to practices is required.

In December 2021 the CQC announced that due to the acceleration of the vaccine booster programme, in response to the spread of the Omicron variant, they were postponing on-site inspection activity in acute hospitals, ambulance services and general practice - except in cases where there was evidence of risk to life, or the immediate risk of serious harm to people. This also included the anticipated GP practice access inspections. At the beginning of February 2022, CQC have announced resumption of some inspections. This will be where there is evidence that people are at risk of harm (in addition to where there is evidence of risk to life or very serious harm).

For GP practices, the CQC's monthly Direct Monitoring Activity (DMA) and subsequent calls with practices where required has also resumed.

The table below identifies practices with either an overall CQC rating of 'Inadequate' or 'Requires Improvement' as of 1 February 2022, and actions being taken to support each practice.

Integrated Care Partnership	Practice	Current Overall CQC Rating (Report Published)	Actions / Support In Place
Nottingham City	Greenfields Medical Practice	Requires Improvement (10.07.18)	Re-inspection anticipated post-merger, CCG's quality team to undertake pre CQC support visit. Infection Prevention and Control (IPC) team to undertake IPC audit.

4. Updates

Covid-19 Pandemic

Each practice continues to submit a daily status report to the CCG which is reviewed by the quality team to identify any potential quality concerns and observe for correlation with other sources of intelligence and information.

During December and January there were significant numbers of practice staff contracting COVID-19 and staff having to self-isolate due to being in contact with COVID-19 positive people. This adversely impacted upon several practices who had to enact business continuity plans, in collaboration with their PCN, for periods of time to ensure urgent patient services continued to be addressed.

A number of practices have continued to support the COVID-19 Vaccination Programme delivering vaccinations to all eligible age groups and cohorts including to the housebound and care home residents and staff. Practices have also contributed through identifying and encouraging their patients who had not yet received vaccinations to come forward. This is in addition to the flu vaccination programme.

During quarter 3 the quality team provided enhanced support to a number of practices. This included:

Quality assurance and contract meetings with 13 practices as a result of recent mergers, contract awards and new caretaker arrangements.

Quality team and quality dashboard introductions with 3 practices following appointments of new practice managers.

Quality and primary care support and assurance to 3 practices following feedback from stakeholders.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	COVID – GP Practice OPEL Reporting: Four-weeks to 28 January 2022	**Paper Reference:**	**PCC 21 223**

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 28 January 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 item.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.
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 28 January 2022 • **NOTE** staff absence reporting for the period 10 January 2022 to 4 February 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 *(five-weeks to 31 December 2021, 23 working days)*. This four-week period contains one bank holiday.

2.1. Practice Summary

During the four-weeks to 28 January 2022 (19 working days) practices reported the following:

- 37/124 (45/124) practices reported days where they were at OPEL Level 3 – Red (having previously reported Amber or Green):
  - This was for a total of 168 (297) days across all practices
  - Equates to 30% of practices: 7 (4) practices in Mid Notts, 16 (22) practices in the City and 14 (19) practices in South Notts.

- 122/124 (103/124) practices reported days where they were at OPEL Level 2 – Amber:
  - 106 (74) practices reported this level for 10 days or more: 38 (3) practices in Mid Notts, 39 (40) practices in the City and 29 (31) practices in South Notts
  - 16 (29) practices reported this level for less than 10 days: 1 (17) practice in Mid Notts, 7 (6) practices in the City and 8 (6) practices in South Notts

- 2/124 (17/124) practices reported they were consistently OPEL Level 1 – Green:
  - 1.6% of practices reported OPEL Level 1 – Green for the full 23 days: 0 (17) practices in Mid Notts, 0 (0) practice in the City and 2 (0) 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 10 January 2022 to 4 February 2022, the summary below shows absence levels during this period.

Absences	10.01.2022	11.01.2022	12.01.2022	13.01.2022	14.01.2022	17.01.2022	17.01.2022	19.01.2022	20.01.2022	21.01.2022	24.01.2022	25.01.2022	26.01.2022	27.01.2022	28.01.2022	31.01.2022	01.02.2022	02.02.2022	03.02.2022	04.02.2022
Mid Notts	59	62	46	48	25	45	50	56	45	24	47	54	43	40	36	30	28	24	21	26
Nottingham City	72	78	86	74	77	77	69	54	50	73	81	63	74	77	72	72	96	76	69	86
South Notts	81	65	64	78	57	73	86	76	89	84	81	82	91	97	97	101	105	99	71	82
TOTAL	**212**	**205**	**196**	**200**	**159**	**195**	**205**	**186**	**184**	**181**	**209**	**199**	**208**	**214**	**205**	**203**	**229**	**199**	**161**	**194**

4. Recommendation

The Primary Care Commissioning Committee is asked to

- **NOTE** the OPEL Reporting overview for General Practice for the four-weeks to 28 January 2022
- **NOTE** staff absence reporting for the period 10 January 2022 to 4 February 2022.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022
Paper Title:	Finance Report Month 10	**Paper Reference:**	**PCC 21 224**
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 10 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 the H1 and H2 separately.

The year to date (M1-10) position shows a £1.78 million underspend (1.28% of year-to-date budget). This is primarily due to 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. By way of re-cap, PCCC reserves are designed to manage any in-year unforeseen pressures that may arise on budgets delegated by the CCG to PCCC. As previously reported, PCCC reserves up to H1 (£2.64 million, 3.2%) 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 are the reversal of prior year accruals in relation to APMS Caretakers (£0.25m) alongside favourable variances in areas such as Dispensing / Prescribing Drs and Other GP Services.

The current forecast position presents a £1.64m overspend (0.98% of total budget). It accounts for a forecast overspend spend associated with ARRS (£4.83m) and WAF (£2.32m) both of which will be funded by NHSEI. 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.

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):				
1. NOTE the contents of the Primary Care Commissioning Finance Report.				
2. APPROVE the Primary Care Commissioning Finance Report for the period ending January 2022.				

Primary Care Co-Commissioning – Finance Report – JANUARY 2022

NHS Nottingham & Nottinghamshire CCG

Introduction

This Primary Care Commissioning Committee (PCCC) finance report is written in the context of the revised financial regime implemented by NHSEI in response to the current COVID-19 pandemic.

This paper sets out the month 10 reported delegated primary care financial position.

For 2021/22, the temporary financial regime from 2020/21 has continued. For planning purposes, the financial year had been split into two halves (H1 and H2) with each half having a non-recurrent allocation given to the CCG by NHSEI. The overall CCG financial plan for H1 and H2 is a breakeven plan. Within each breakeven plan, an allocation and subsequent budget is included for delegated primary care.

For financial reporting purposes, the CCG is required to report in H2 on the financial year to date position (cumulative from M1 to current month), rather than separately reporting on H1 and H2.

Month 10 PCCC Financial Position

The position is summarised in the table below:

Month 1-10 Position

Variance - under / (over)

Co-Commissioning Category	M1-12 Plan (£m)	M1-10 Budget (£m)	M1-10 Actual (£m)	M1-10 Variance (£m)
Dispensing / Prescribing Drs	2.11	1.73	1.67	0.06
Enhanced Services	4.63	3.95	3.99	(0.04)
General Practice - APMS	7.73	6.46	5.92	0.54
General Practice - GMS	75.15	62.68	63.04	(0.37)
General Practice - PMS	21.99	18.35	18.09	0.26
Other GP Services	2.17	1.81	1.61	0.20
Other Premises Costs	3.26	2.73	3.01	(0.28)
Premises Cost Reimbursement	15.89	13.26	13.25	0.01
Primary Care Networks	13.71	12.46	13.71	(1.25)
QOF	13.50	11.38	11.38	0.00
Winter Access Fund	2.38	1.58	1.58	0.00
Reserves	5.79	2.64	0.00	2.64
Grand Total	**168.30**	**139.03**	**137.25**	**1.78**

Month 10 Position

There is a year-to-date underspend position of £1.78 million comprising:

- Reserves - £2.64m – The total PCCC reserves available have reduced from £6.24m at M9 to £5.79m at M10.This is due to funding the list size adjustments for both PMS and GMS contracts for M1-10 totalling £0.45m. PCCC reserves are designed to fund any in year list size adjustments as well as any unforeseen pressures e.g., Locum costs that may arise.

- General Practice – APMS - £0.54m – £0.25m of this position is in relation to the release of prior year end accruals, whilst the remaining £0.29m relates to the commencement of the new APMS contracts and the cessation of caretaking agreements that were previously in place at a rate higher than Global Sum rates

- Dispensing / Prescribing Drs - £0.06m – The spend in this area generally follows a profile like that of Prescribing although the budget is phased evenly across the period.

- Other GP Services - £0.20m – This underspend is mainly relating to a small underspend on the GP Retainer Scheme.

The above underspends are offset by the following:

- General Practice – GMS - £0.37m – There has been a caretaking contract in place that has cost an additional £0.20m (ceased on 30th September 2021) plus there have been two PMS practices who have transferred to become GMS practices.

- Other Premises Costs - £0.28m – There have been several rent reviews that have taken place and they have contained backdated values to prior years which have subsequently adversely impacted on spend.

Other Matters of Note. Within the Primary Care Networks line there is a budget of £7.562m for ARRS claims. The year-to-date position has exceeded that budget by £1.25m leading to a reported overspend. This reported overspend is expected to be temporary as the CCG is expecting additional funding for the additional spend. However, the CCG is required by NHSEI to present and report the information in this way.

Month Ten PCCC Forecast Position

Co-Commissioning Category	M1 - 12 Plan (£m)	FOT Actual (£m)	FOT Variance (£m)
Dispensing/Prescribing Drs	2.11	2.01	0.10
Enhanced Services	4.63	4.79	(0.16)
General Practice – APMS	7.73	7.10	0.63
General Practice – GMS	75.15	75.65	(0.50)
General Practice – PMS	21.99	21.71	0.28
Other GP Services	2.17	2.43	(0.27)
Other Premises costs	3.26	3.62	(0.35)
Premises Cost Reimbursement	15.89	15.90	(0.02)
Primary Care Networks	13.71	18.54	(4.83)
QOF	13.50	13.50	0.00
Winter Access Fund	2.38	4.70	(2.32)
Reserves	5.79	0.00	5.79
Grand Total	**168.30**	**169.94**	**(1.64)**

The current forecast position presents a £1.64m overspend. It accounts for a forecast overspend associated with ARRS (£4.83m) and WAF (£2.32m) both of which are expected be funded by NHSEI. As already noted, 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.

Primary Care Capital

The CCG has an overall CCG has a capital resource limit of £2.135 million: The capital expenditure lines being:

- GP premises grants £0.6 million
- GP IT £0.306 million
- Grants to support estates rationalisation £0.126 million
- Mansfield supported living (LD premises grant) £1.103 million.

Due to delays in primary care as a result of Covid pressures and supply chain issues, it is forecast that the GP premises grants schemes, together with estates rationalisation, will not deliver against the full planned capital resource limit, circa £0.5 million

The Mansfield Supported Living Scheme legal agreement has now been signed and payment for the land has been made by NHS EI. The contractor is now due to commence on site in the new financial and NHSEI are managing the capital resource implications in relation to this.

The GP IT related expenditure has been incurred.

Primary Care Spend (Non-Delegated Budgets)

Primary care non-delegated spend has been included in the report for the purposes of information and completeness. It is set out in Appendix 1.

Recommendation

The Committee is asked to **NOTE** and **APPROVE** the contents of the Primary Care Commissioning Finance Report for the period ending January 2022.

Appendix 1

Primary Care Spend (Non-Delegated Budgets)

[FOR INFORMATION AND COMPLETENESS ONLY]

The financial position for other areas within the remit of Primary Care (but not the PCCC) is set out below. These budgets are considered and overseen by the CCG's Governing Body.

Month 10 Position

Variance - under / (over)

	M1- 10 Financial Position			
Primary Care Area	**M1-12 Plan (£m)**	**M1-10 Budget (£m)**	**M1-10 Actual (£m)**	**M1-10 Variance (£m)**
Primary Care Transformation (Prev GPFV)	9.33	7.84	7.57	0.27
Local Enhanced Services	10.38	8.65	8.34	0.31
Primary Care Development	1.78	1.47	0.53	0.94
Primary Care Covid	2.31	2.28	2.23	0.05
GP IT	1.07	0.91	0.83	0.08
Out of Hours	12.27	10.05	9.99	0.06
Meds Management Clinical	3.34	2.78	2.37	0.42
Primary Care Corporate Team	0.52	0.43	0.37	0.07
Total	**40.99**	**34.42**	**32.23**	**2.19**
Prescribing	160.64	133.81	133.09	0.72
Total	**160.64**	**133.81**	**133.09**	**0.72**
Other Primary Care Position	**201.63**	**168.22**	**165.32**	**2.91**

Within the areas of Primary Care detailed above, the main variances on both Primary Care Development and Local Enhanced Services relate to the release of prior year accruals, the underspend position within Prescribing due to the PMD data for November 2021 offset with a reduced level of Oxygen costs that are being incurred, as well as the reversal of prior year accruals released.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	Risk Report	**Paper Reference:**	**PCC 21 225**

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. APPROVE the archiving of risk **RR 137** (*COVID-19 infection to clinically vulnerable primary care workforce*);
2. COMMENT on the risks shown within the paper (including the high/red risk) and those at **Appendix A**; and
3. HIGHLIGHT any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

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 **eight** risks relating to the Committee's responsibilities (as detailed in **Appendix A**). This is the same number of risks that was presented to the previous meeting.

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

2.3 The table to the right shows the risk profile of the eight 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		1	2	1	
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. PCN workforce planning and 'roving' workforce support is also in place.* *Routine mechanisms are in place to enable Locality Directors to meet*	Overall Score 16: **Red** (I4 x L4)

	PCN leaders regularly at Place level regarding resilience, business continuity and the vaccination programme, 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.*	
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 CCG's Communication Team is doing a significant media focus on the COVID booster campaign, flu campaign, RSV, mental health support and how the public should access urgent care services. Particular reference is being given to the use of 111 and the urgent treatment centres. There is also continuing effort to boost the public's confidence on the use of community pharmacy services.* *Work is also ongoing 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 Risk **RR 137** (*COVID-19 infection to clinically vulnerable primary care workforce*) was originally identified at the height of the pandemic (May 2020). The risk has been reviewed in light of progress with the COVID vaccination and booster programmes, alongside preparatory work undertaken prior to VCOD being reconsidered nationally. Following the latest discussions with CCG officers, the likelihood score has been reduced from 3 to 2, resulting in an overall risk score of 6. As this is below the threshold for the Corporate Risk Register, the risk is proposed for archiving.

Risk Ref	Risk Narrative	Current Risk Score
RR 137 *(May 2020)*	There is an increased risk of COVID-19 infection to clinically vulnerable (including BAME) primary care workforce which may impact the provision of primary care services across the CCG's population. This may particularly impact areas of Mid-Nottinghamshire and Nottingham City.	Overall Score 6: **Amber** (I3 x L2)

5. Amendments to Risk Score/Narrative

5.1 With the exception of **RR 137** (highlighted in section 4), there have been no amendments to risk scores and/or narrative since the last meeting.

6. Recommendations

6.1 The Committee is asked to:

- **APPROVE** the archiving of risk **RR 137** (*COVID-19 infection to clinically vulnerable primary care workforce*);
- **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

February 2022

NHS Nottingham and Nottinghamshire CCG Corporate Risk Register (February 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
								Impact	Likelihood	Score			Impact	Likelihood	Score			
	(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.)							(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).				(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	**February 2022:** An update in relation to primary care workforce was presented to the September 2021 meeting; assurance was provided in relation to some elements, however, there continued to be questions in relation to delivery of overall Primary Care Workforce Strategy. The risk narrative and score were reviewed, but it was felt that future assurance was required to make any changes to the risk score. A further update is scheduled for the February 2022 meeting of the Committee. It was advised by the Associate Director of Primary Care that work has been undertaken (with support from the CCG's data analysis team) to pull together GP and nursing workforce data for the Primary Care Support and Assurance Frameworks. This should provide further assurance to the Team, and PCCC, of the risks associated with primary care workforce. The risk score will be reassessed once the Primary Care Support and Assurance Frameworks are routinely provided to PCCC. It was agreed the risk score should remain at 12. A meeting was held with the Associate Director of PCNs during January 2022 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. Further work was also undertaken to determine the impact of the mandated COVID vaccination for GP Practice staff, however, this was recognised as minimal and, since this time, the legislation is being further discussed nationally and is currently 'on hold'.	08/02/2022	↔
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 Wedlington	Joe Lunn / Esther Cladd	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 develop and embed the Primary Care Support and Assurance Frameworks and associated reporting.	4	3	12	**February 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 (monthly) and the IMT (once a week). Primary Care is also now considered as part of routine system OPEL meetings. PCCC reporting has been strengthened to enable trend analysis to be undertaken. 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. It was also highlighted that quality staff now 'sit' within the CCG's Primary Care Team.	08/02/2022	↔
RR137	Primary Care Commissioning Committee	Commissioning	May-20	There is an increased risk of COVID-19 infection to clinically vulnerable (including BAME) primary care workforce which may impact the provision of primary care services across the CCG's population. This may particularly impact areas of Mid-Nottinghamshire and Nottingham City.	Workforce	Lucy Dadge	Joe Lunn	3	4	12	• 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.	*No further mitigating actions required as risk proposed for archiving.*	3	2	6	**February 2022:** This risk has been reconsidered in light of progress with the COVID vaccination and booster programme, alongside initial work undertaken around VCOD. It is considered that the likelihood of this risk materialising is 'unlikely' rather than 'possible' and, as such, has been reduced to an overall risk score of 6. This is below the threshold for the CRR so is proposed for archiving.	08/02/2022	↓
RR138	Primary Care Commissioning Committee	Commissioning	Jun-20	The impact of COVID-19 test, track and trace on workforce may impact primary care service provision. The likelihood of this risk materialising is greater for smaller/single-handed practices.	Workforce	Lucy Dadge	Joe Lunn	3	4	12	• 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 develop and embed the Primary Care Support and Assurance Framework and associated assurance reporting.	3	3	9	**February 2022:** The 'track and trace' element of the risk is no longer relevant, however, work is still ongoing with the CCG's IPC Team to develop, and work through, a toolkit for GPs that will allow them to continue to work if a family member/close contact tests positive with COVID-19. GPs will have to continue to self-isolate if they test positive and are required to follow guidelines relating to the Omicron variant. Risk is to remain at a score of 9.	08/02/2022	↔
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 / LucyDadge	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	**February 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 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. PCN workforce planning and 'roving' workforce support is also in place. An update was also provided at the September 2021 PCCC meeting on the development of PCN Workforce Plans. Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business continuity and the vaccination programme, 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. Further discussions are being held with the Associate Director of Primary Care and the Associate Director of PCN Development in relation to mitigations for this risk.	08/02/2022	↔
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 / Nick Crowley	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	4	12	**February 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.	08/02/2022	↔
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	**February 2022:** A meeting was held with the Associate Director of PCNs during January 2022 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. Further work was also undertaken to determine the impact of the mandated COVID vaccination for PCN staff, however, this was recognised as minimal and, since this time, the legislation is being further discussed nationally and is currently 'on hold'.	08/02/2022	↔
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	Jo Lloyd / 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	**February 2022:** The CCG's Communication Team is doing a significant media focus on the COVID booster campaign, flu campaign, RSV, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence on the use of community pharmacy services. Work is also continuing to respond to ongoing media and MP enquiries.	08/02/2022	↔

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
								Impact	likelihood	Score			Impact	likelihood	Score			
	(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.)							(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)				(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)

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	Nottingham and Nottinghamshire Public Contract Update	**Paper Reference:**	**PCC 21 226**

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.

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 is asked to **RECEIVE** the Public Contract Update for information.				

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee Public Meeting – February 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.**	**In Progress**
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 team 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.	In Progress

			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.**	
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 5th 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 impact of the change in hours is to be presented to PCCC within 6 months. The outcome has been communicated to the practice.	Completed

			A paper is due to go to PCCC in February to review the impacts in reduction of hours at Bull Farm, this has been delayed till March 2022 at the request of the practice. Practice is to submit evidence regarding any impacts to their PCCT by 18th February 2022. This will then be presented to the March 2022PCCC.	
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, the decision was to allocate patients to practices near to 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. The practice 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 that reside in 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 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,	Completed

			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:**	16 February 2022

Paper Title:	Winter Access Fund – Primary Care Security	**Paper Reference:**	**PCC 21 227**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	**Appendix A**: Winter Access Fund - Security Funding MOU
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 3 – *Management of the delegated funds*

In December 2021 NHS England issued a Memorandum of Understanding to Nottingham and Nottinghamshire CCG for 'Winter Access Fund – Security Funding'. The Winter Access Fund – Security Funding for 2021/22 is to ensure general practice staff have the right to work free from fear of assault or abuse in a safe and secure environment.

The total 'Security Funding' for the Midlands region is £940,000. Of this total, the 'Security Funding' allocation for Nottingham and Nottinghamshire CCG is £90,500. The Memorandum of Understanding (MOU) is included as Appendix A.

The purpose of this paper is to provide a summary of the approach to utilise the funding.

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:

☒ Conflict noted, conflicted party can participate in discussion, but not decision

GPs are conflicted as providers of primary care services

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):				
There are no risks identified with this paper.				
Confidentiality:				
☒No				
Recommendation(s):				
1. The committee is asked to **RECEIVE** the paper and **NOTE** the approach to utilise funding.				

Winter Access Fund (WAF) – Primary Care Security

1. Introduction

NHS England issued a Memorandum of Understanding for the use of 'Winter Access Fund – Security Funding'. The value of this funding for Nottingham and Nottinghamshire CCG is £90,500. The purpose of this paper is to provide an approach to utilise this funding.

2. Primary Care Security 2021- 22 Funding Requirements

The Primary Care Winter Access Fund (WAF) 2021/22 includes 'Security Funding' to facilitate essential upgrades to practice security measures. The fund is intended to enable a safe and secure environment which would assist in reducing potential abuse and violence, and support winter access plans.

The CCG submitted a plan to work with stakeholders to carry out a risk-based approach to assess priority areas. This including using evidence already available, identifying the most vulnerable areas within a practice, and determining what additional security measures would benefit a practice. This includes training for practice staff in defusing aggressive situations and ensuring practices are utilising NHS England communication material within practice.

Key points for consideration in accessing the funding:

- Funding is non-recurrent
- It is not linked to the Premises Cost Directions and requests can be supported at 100% of the cost if the request is considered appropriate
- Available to all types of buildings
- Must not result in increased rent
- An agreement letter will need signing with practices when providing funding
- Can be deployed for either capital or revenue costs

3. Summary and Next Steps

The Primary Care Commissioning Team has met with the Nottingham City and Nottinghamshire Violence Reduction Unit, the NHS England Violence and Prevention Reduction Team, and the CGG Estates team to consider options to identify need across practices.

Actions include:

- Carry out a Crime Reduction Survey on all Nottingham and Nottinghamshire practices to prioritise support
- Undertake a mapping exercise to identify 'hotspot' areas across Nottingham and Nottinghamshire
- Utilise material currently being piloted by NHS England to support NHS staff in handling difficult situations
- Prioritise and purchase additional security measures for practices

4. Recommendation

The committee is asked to **RECEIVE** the paper and **NOTE** the approach to utilise funding.

Winter Access Fund – Security Funding

MEMORANDUM OF UNDERSTANDING (MOU) between:

Trish Thompson, Director of Public Health and Primary Care Commissioning, Midlands Region, on behalf of NHS England and Improvement (Party A); and

Amanda Sullivan, Accountable Officer, Nottingham and Nottinghamshire ICS (Party B)

PURPOSE

The purpose of this document is to clearly identify the expected deliverables in relation to the Winter Access Fund – Security Funding in 2021/22 and the roles and responsibilities of each party in ensuring key deliverables are achieved.

BACKGROUND

The Winter Access Fund – Security Funding for 2021/22 is to ensure general practice staff have the right to work free from fear of assault or abuse in a safe and secure environment.

For the Midlands region £940,000 will be available for 2021/22.

REQUIREMENTS

For 2021/22 funding should be used to ensure measures are put in place to meet the aims of the funding.

ASSURANCE

Decision rights about the best way of spending the funding will sit jointly with each CCG Lead and ICS Lead based on the outline plan provided to NHSEI and the agreed principles shared following feedback on the plans. The ICS Lead will confirm that the funds are being spent in accordance with this MOU by 31st March 2022.

REPORTING

Under this methodology a light touch approach to monitoring and managing is proposed.

The regional team will report progress and arrange regional planning and oversight through regular multi-lateral regional collaboration meetings.

ICS/LEAD CCG RESPONSIBILITIES UNDER THIS MOU

The ICS/Lead CCG undertakes to:

- Ensure all the Winter Access Fund – Security Funding deliverables are met.
- Hold responsibility for and manage the budget effectively.
- Ensure any lessons learnt and/or good practice is shared with the regional team.
- Develop a clear plan that ensures Security funding linked to the programmes set out in this MOU is allocated in the most effective and efficient ways.
- Complete any required due diligence as identified in the Winter Access Fund – Security Fund guidance.

REGIONAL RESPONSIBILITIES

The region undertakes to:

- Work with CCG/ICSs.
- Provide any support, advice, guidance and promote engagement as required and identified by the CCG, ICS and/or national teams.
- Maintain regular contact with the ICSs and CCG to ensure awareness of any updates.
- Seek to minimise the reporting requirements for the ICS and its CCGs.
- Feedback all progress through the appropriate channels.

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Modification of this MOU may only be done in writing, through discussion and subsequent clear agreement between both parties as to the changes required and the impact upon the agreed deliverables set out within this MOU. All monies must be committed by 31st March 2022.

FUNDING

For the Nottingham and Nottinghamshire ICS £90,500 will be available for 2021/22 for the delivery of plans as confirmed in the letter dated 17th December 2021.

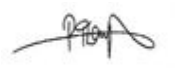
EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the signature of Parties A and B authorised officials. It shall be in force from date of signature until 31 March 2022.

Parties A and B indicate agreement with this MOU by their signatures.

SIGNATURES AND DATES

Signed on behalf of Party A



Trish Thompson

Director of Public Health and Primary Care Commissioning

NHS England and NHS Improvement

Date:17 December 2021

Signed on behalf of Party B _____

Amanda Sullivan

Accountable Officer, Nottingham and Nottinghamshire CCG

Date:

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 February 2022

Paper Title:	NHS England 2022/23 Priorities and Operational Planning Guidance	**Paper Reference:**	**PCC 21 228**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	Appendix 1: NHS England 2022/23 Priorities and Operational Planning Guidance
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 1 – *Planning primary medical care services, including carrying out needs' assessments, and undertaking reviews of primary medical care services*

The 2022/23 Priorities and Operational Planning Guidance was published by NHS England on 14 January 2022. When the plan was being prepared the UK was operating within a Level 4 National Incident in response to the emergence of the Omicron variant. The planning guidance outlines the priorities for systems to focus on for 2022/23.

A summary of the guidance, and the priorities for primary care, is provided in this paper. The full guidance is available as Appendix One.

This paper also provides a summary of the next steps.

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):

There is a risk that the system is not able to achieve the priorities set out in the Priorities and Operational Planning Guidance for 2022/23. For primary care the challenge will include Workforce and Capacity v Demand.

Confidentiality:

☒No

Recommendation(s):

1. **RECEIVE** and **NOTE** the NHS England 2022/23 Priorities and Operational Planning Guidance.

NHS England 2022/23 Priorities and Operational Planning Guidance

1. Introduction

The 2022/23 Priorities and Operational Planning Guidance was published by NHS England on 14 January 2022. The planning guidance asks systems to focus on the following priorities for 2022/23:

A. Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling 2022/23 priorities and operational planning guidance substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
E. Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
F. Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
G. Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
J. Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and place the Prioritisation and Investment Committee to request additional funding for the Enhanced Services Delivery Scheme and primary Care Monitoring LES, as set out in this paper.

For all these areas, focus on preventing ill-health and reducing health inequalities experienced by adults, children and young people, at both the national and system level.

Improved data collection and reporting will drive a better understanding of local health inequalities in access to, experience of and outcomes from healthcare services, by informing the development of action plans to narrow the health inequalities gap.

2. Primary Care Priorities: [E] Improve timely access to primary care – expanding capacity and increasing the number of appointments available

The NHS Long Term Plan commits to increasing investment in primary medical and community services (PMCS) by £4.5 billion real terms investment growth by 2023/24. It is expected that systems maximise the impact of their investment in primary medical care and PCNs with the aim of driving and supporting integrated working at neighbourhood and place level.

Systems are asked to look for opportunities to support integration between community services and PCNs, given they are an integral part of solutions to key system challenges that require a whole system response, including elective recovery and supporting more people in their own homes and local communities. Systems should also consider how community pharmacy can play a greater role in local plans as part of these integrated approaches.

Expanding the primary care workforce remains a top priority to increase capacity. Systems are expected to:

- support their PCNs to have in place their share of the 20,500 FTE PCN roles by the end of 2022/23 (in line with the target of 26,000 by the end of 2023/24) and 2022/23 priorities and operational planning guidance to work to implement shared employment models, drawing on more than £1 billion of Additional Roles Reimbursement Scheme (ARRS) funding across system development funding (SDF) and allocations
- expand the number of GPs towards the 6,000 FTE target, with consistent local delivery of national GP recruitment and retention initiatives, thereby continuing to make progress towards delivering 50 million more appointments in general practice by 2024.

In line with the principles outlined in the October 2021 plan, systems are asked to support the continued delivery of good quality access to general practice through increasing and optimising capacity, addressing variation and spreading good practice. Every opportunity to secure universal participation in the Community Pharmacist Consultation Service should be taken. Systems should drive the transfer of lower acuity care from both general practice and NHS 111 under this scheme, supported by a new investment and impact fund indicator for PCNs which incentivises contributions to a minimum of two million appointments in 2022/23. Performance at the rate of the best early implementers of 50 referrals a week would move more than 15 million appointments out of general practice.

Systems will need to implement revised arrangements for enhanced access delivered through PCNs from October 2022. Systems are asked to support practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered. By ‘digital-first primary care’ we mean a full primary care service that patients can access easily and consistently online, that enables them to quickly reach the right service for their needs (whether in person or remotely), that is integrated with the wider health system, and that enables clinicians to provide efficient and appropriate care.

2022/23 will see the implementation of GP contract changes, including those to the DES. In addition to the five services already being delivered by PCNs, from April 2022 there will be a phased introduction of two new services – anticipatory care and personalised care – and an expanded focus on cardiovascular disease (CVD) diagnosis and prevention.

Systems are asked to support their PCNs to work closely with local communities to address health inequalities. Practices should continue the critical job of catching up on the backlog of care for their registered patients who have ongoing conditions, to 2022/23 priorities and operational planning guidance ensure the best outcomes for them and to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.

Systems are asked to take every opportunity to use community pharmacy to support this; for example, in the delivery of care processes such as blood pressure measurement under new contract arrangements. This will drive detection of hypertension across our communities, address backlogs in care and deliver longer term transformation in integrated local primary care approaches. Systems should also optimise use of pharmacy services around smoking cessation on hospital discharge, the expanded new medicines service and the discharge medicines service.

For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing IPC measures, and targeting capacity to meet urgent care demand, minimise deterioration in oral health and reduce health inequalities.

Subject to the passage of the Health and Care Bill, ICBs will become the delegated commissioners for primary medical services and, in some cases, also dental, community pharmacy and optometry services, during 2022/23 – the target date now being 1 July 2022. Once established, ICBs should develop plans, working with NHS England regional commissioning teams to take on effective delegated dental, community pharmacy and optometry commissioning functions from 2023/24.

3. Next Steps

A meeting took place on 18 January 2022 to review the Priorities and Operational Planning Guidance (2022/23) and to consider what work was currently taking place and other work areas needed.

3.1. Primary Care workforce

- The trajectory for the recruitment of the Additional Roles Reimbursement Scheme (ARRS) across PCNs is on track.
- The increase in GP recruitment is supported through other initiatives and dedicated workforce support, links with other system partners have been established with ongoing dialogue.
- Monthly monitoring of the National Workforce Reporting System (NWRS) is taking place to ensure submissions are validated.
- Further support should be considered for Practice Nurses, Practice Managers and wider practice teams and this will be explored with other system partners, Federations, LMC and training hubs.

3.2. Community Pharmacist Consultation Service (CPCS)

- Increasing the number of practices participating in CPCS remains on track.
- The Local Pharmaceutical Committee (LPC) is engaged to support relationship development between practices and pharmacies.

3.3. Digital First Primary Care

- Work is ongoing to optimise the IT programme, including working with the wider systems to support practices with the offer.
- Patients have access to Patient Knows Best (PKB) and/or other tools through their registered practice to support online access.

3.4. Primary Care Network DES

- Further information awaited providing more detail of the additional services included within the DES and the service specifications.

3.5. Health inequalities

- Each PCN must identify a population within the PCN experiencing inequality in health provision and/or outcomes and develop a plan by 28 February 2022 to tackle the unmet needs of that population.

3.6. Community pharmacy

- Maintain and increase work with community pharmacy and build on learning from the COVID vaccination programmes, exploring how this can be transferred to other screening and vaccination programmes.

3.7. Dental, community pharmacy and optometry services

- The Nottingham and Nottinghamshire Integrated Care Board (ICB) will become delegated commissioners for primary medical services, including dental, community pharmacy and optometry services from 2023/24. This is captured within the ICB workplan.

4. Recommendations

PCCC to **RECEIVE** and **NOTE** the NHS England 2022/23 Priorities and Operational Planning Guidance.

2022-23 priorities and operational planning

Technical Guidance: People

Version 10, 14 January 2022

Contents

1.Introduction

This guidance document outlines the technical guidance for the systems workforce planning returns in the 2022/23 operational planning process.

The purpose of this document is to update systems on the process for producing and submitting operational plans and to provide guidance on the operational plan templates being used this year.

This document provides an overview of the data returns required specifically for the following workforce returns:

- Workforce planning template to be submitted via the Strategic Data Collection Service (SDCS)
- Mental Health workforce planning return (e-collection service)

This document covers the guidance and process for all collections associated with workforce for operational planning 2022/23.

2. Workforce Planning: SDCS

2.1 Introduction

Every system will need to develop whole system workforce plans, building on the progress from the People Plan delivery. Plans must demonstrate a more integrated approach to activity, financial and workforce planning. This document details requirements for the workforce planning collection and user guidance to support completion.

Information governance requirements on the collection of data relating to annual operational and strategic planning, intended data uses and further sharing are included in the relevant templates. Technical definitions available from ***NHS Planning - FutureNHS Collaboration Platform*** should be used to aide completion of the template.

2.2 SDCS Collection

The SDCS workforce planning collection is required to be completed for the Acute, Community, Mental Health and Specialist providers within each system and includes:

- Staff sub-group level (alignment to the Provider Workforce Return (PWR)
- Temporary staffing (agency & bank)
- Optional comments section to provide narrative
- Key performance indicators
- Addition of specific specialty areas for consultants
- Triangulation tool which links key information areas from activity, finance and workforce

2.3 Planning requirements 2022/23

The operational workforce plan is designed to capture workforce information at both system and provider levels as part of integrated planning.

Table 1: Summary of sections in the operational workforce plan (SDCS - see appendix section 5.1)

Workforce planning tab	Summary
1. Front Sheet (Tab 1)	Title page and details planning period to be collected.
2. System Select & User Guidance (Tab 2)	This tab enables selection of the system which then enables for provider completion on relevant tabs. This section also provides specifics concerning imputable cells, validation, upload and details of where further information of where queries can be directed.
3.Data Sharing (Tab 3)	Details specific information of why the information is being collected, who will have access to the information and how it will be used.
4. Template Completeness (Tab 4)	Summary of any errors highlighted, to be cleared before final submission.
5. Summary (Tab 5)	This tab is intended to provide a system-level overview (sum of information submitted in provider tab) of the trust workforce plans.
6. Data Entry Provider (Tab 6)	Substantive, bank and agency, establishment, outturn and planned workforce by staff group, professions and for specific areas as detailed. Information is required at provider level and contains guidance on occupation code mapping.
7. Data Entry Primary Care (Tab 7)	Substantive baseline outturn and planned workforce, required at system level.
8. Data Entry KPIs (Tab 8)	Collection of key workforce indicators for outturn and plan, including sickness absence, turnover rates required at provider level.
9. Data Entry Urgent Community Response (UCR) (Tab 9)	Substantive baseline outturn and planned workforce, required at system level.

For general queries regarding the planning collection, including queries about guidance and definitions, please contact the planning team at NHS England Improvement: england.nhs-planning@nhs.net.
For queries relating to the SDCS and the submission of this template please contact NHS Digital: data.collection@nhs.net

ICS tool

An ICS tool for systems will be available as part of this plan collection. The tool is not for submission but should be used as best practice prior to submission. The desktop tests, outcomes and scores in the tool should be understood by system leads prior to submission, so that narrative description of issues raised will be readily available to regional leads. The tool will triangulate key data points across finance, activity and workforce collections to provide a level of plan assurance. Systems will need to link the tool to all provider finance templates from their provider partners and the activity and workforce templates submitted separately via the Strategic Data Collection Service (SDCS) system.

2.4 Template Sections

2.4.1 Front Sheet (Tab 1)

This section provides details of the period being collected, upon opening, please ensure that content and macros are enabled.

2.4.2 System Select & User Guidance (Tab 2)

This section:

- Enables selection of the relevant system which enables data entry for respective provider organisations within the template
- Provides information on data entry in the template including calculated fields, prepopulated cells, and data entry cells
- Provides guidance concerning data validation errors which are provided to flag to the user of any potential data discrepancies prior to submission
- Useful contacts and links to support the completion of the template

2.4.3 Data Sharing (Tab 3)

This section provides a brief overview of:

- Purpose of this data collection
- Type and level of information being collected
- Who will be able to access the data including NHSEI and other ALB's
- Information storage

2.4.4 Template Completeness (Tab 4)

This tab provides an overview of data completeness of the template and data warning alerts which will flag in the respective tab of completion.

2.4.5 Summary (Tab 5 – see appendix 5.1.1)

This section provides a system-level summary of the systems total provider workforce plans and provides a quick reference overview for use by both the systems and NHS England and NHS Improvement. It provides a staff group view of establishment, outturn and planned staff in post.

This sheet does not require input as it is dynamically linked to other data inputs within the template.

2.4.6 Data Entry Provider (Tab 6 – see appendix 5.1.2)

This section collects whole-time equivalent (WTE) forecast numbers by staff and professional groups for substantive, bank and agency staff.

The forecast outturn should be the 2021/22 (as at 31 March 2022) WTE staff-in-post position.

The all-staff total in line 22 of the template represents the planned total workforce. The substantive staff section should represent planned substantive staffing levels, while any staffing gaps between the substantive position and total planned workforce should be captured in bank and agency figures to indicate how the shortfall is planned to be filled.

'Of which' categories – all roles need to be included within the main staff group heading and then separated out beneath as an 'of which' category. For example, 'of which registered midwives' – all registered roles working in a maternity service should be included in this line, including registered midwives and neonatal nurses. The formula has been set up to ensure the WTE captured for the individual roles is not included in the overall maternity services line. For example, a trust might record a WTE in the forecast outturn column of 100 WTEs for its maternity services, of which 30 WTEs are registered midwives and 10 WTEs are neonatal nurses. Note for some staff groups, the 'of which' total sum is not expected to match the 'Registered nursing, midwifery and health visiting staff' total, due to the 'of which' not being an extensive list of the roles and professions that form staff groups.

Completion of commentary for WTE changes is optional. This narrative is intended to be a complement to the workforce planning template and can be expanded on in the separate narrative template required for completion.

Occupational codes are mapped against each of the staff groups/roles and have been included within the template as a guide for trusts, in the event that retired occupation

codes are still in use, please refer to the occupational coding manual available here.

2.4.7 Data Entry **Primary Care (Tab 7– see appendix 5.1.3)**

This template collects quarterly planning trajectories for primary care at workforce at system level. The information submitted is expected to be developed through consultation with Primary Care Networks and Primary Care Training Hubs in developing these plans, working through the system level training hub for the area. Further information on the measures for collection are detailed within this annex.

Content:

Previously (FY2019/20), primary care workforce plans were collected as part of the commissioner activity plans. In 2020/21, the primary care workforce plan was collected via a separate submission. For 2022/23 a system level plan will be collected for high level staff groups including:

- GPs excluding doctors in training grades
- Nurses
- Direct Patient Care roles* (Additional roles reimbursement scheme - ARRS)
- Direct Patient Care roles* (not ARRS funded)
- Other – admin and non-clinical

*The staff groups are comprised of a number of job roles. Specific information will be collected on the following job roles within the Direct Patient Care roles including Pharmacists, Physiotherapists, Physician associates, Paramedics, Pharmacy technicians, Social prescribing link workers, Care co-ordinators, Health and wellbeing coaches, Mental health practitioners, Nurse Associates, Trainee Nurse Associates and Other Allied Health Professional roles.

NHS Digital's National Workforce Reporting Service also provides relevant reporting at system, CCG, PCN and practice level. These are available as Official Statistics for general practice and PCN workforce.

Table 2: Summary of sections in the primary care tab (SDCS)

GPs excluding doctors in training grades	The 'all GPs' minus 'GPs in Training Grade' categories from the general practice publication should be used for this collection.
Nurses	The 'all Nurses' category from the general practice publication should be used for this collection.
Direct Patient Care roles (ARRS funded)	The total of the 'Other Direct Patient Care Staff' category minus "Health Support Workers" from the PCN publication should be used for this collection.
Direct Patient Care roles (not ARRS funded)	The 'all Direct Patient Care' category from the general practice publication should be used for this collection.
Other – admin and non-clinical	The 'all Admin/Non-Clinical' category from the general practice publication should be used for this collection.

2.4.8 Workforce Key Performance Indicators (KPIs) (Tab 8 – see appendix 5.1.4)

Trust must enter the baseline end-of-year forecast outturn for 2022/23 as both numerator and denominator which will automatically calculate the percentage rate. It is assumed that the trust's year-end position is the trust board's approved target for each key performance indicator (KPI). It is recommended that in developing these forecasts no exemptions are applied to the information, including removal of staff on maternity leave, new starters and long-term sick. Providers should seek to understand trends and patterns in workforce KPIs and map these accordingly.

We recommend that trusts do not set plans based on 1/12ths. Planned sickness absence projections should be complemented by planned intervention addressing levels of sickness absence alongside supportive health and wellbeing interventions.

Where staff are seconded to another organisation, the trust should plan for the role if it has had to back-fill it or is recruiting to it, especially if the secondment is for more than a year.

Table 3: Workforce KPI tab (SDCS)

For illustration:	Denominator	Numerator	Rate %
Sickness absence %	e.g. 1000.0 wte	e.g. 35.0 wte	e.g.

(12 month rolling)	days: Total number of WTE working days available during the 12-month period	days: Total number of WTE days sickness absence during the 12-month period	3.5%
Turnover Rate % (12 month rolling), staff who leave the trust and those individuals moving on to employment at another NHS organisation i.e. it includes movement between trusts. (This will not include inter-organisational transfers (TUPE). Fixed-term contracts are also included in the data.)	e.g. 3000.0 wte, rolling 12-month sum of the WTE of staff in post at a trust i.e. the sum of the WTE of all staff at a trust between May 2021 and April 2022	e.g. 300.0 wte, rolling 12-month sum of the WTE of all leavers from a **trust**, i.e. the sum of the WTE of all leavers from a trust between May 2021 to April 2022	e.g. 10.0%

2.4.9 Data Entry Urgent Community Response (UCR) (Tab 9 – see appendix 5.1.5)

2-hour Urgent Community Response will achieve national coverage by April 2022 and across 2022/23 is expected to support increasing amounts of patients through increasing referrals, contacts and deeper coordination across pathways and systems. This will require ongoing workforce development and expansion in every system.

This template collects quarterly planning trajectories for 2 Hour Urgent Community Response workforce at system level. This information will support national, regional and system planning and support for urgent community response expansion. The information submitted is expected to be developed through consultation with community health service providers of urgent community response. Further information on the measures for collection are detailed within this annex.

Content:

For 2022/23 a system level plan will be collected for two high level staff groups:

- Clinical workforce
- Non-clinical workforce

This is required by organisation within the system for the planned Whole Time Equivalent (WTE) of substantive staff throughout the financial year 2022/23, by quarter. Additionally, please provide the annual WTE of substantive staff for 2021/22 as at the end of quarter four, if an actual number is not available, please provide an estimate of this.

3. 2022/23 Mental Health Return: e-collection

3.1 Introduction

The *Mental Health Implementation Plan* (July 2019), provides a five-year framework for delivery on the *NHS Long Term Plan* mental health commitments from 2019/20 to 2023/24. Building on the 2021/22 plans, 2022/23 requires completion of two-year workforce plans for 2022/23 and 2023/24, in addition to SDCS completion.

These plans will help inform training pipelines and will support the identification of actions required to close the gap between workforce supply and demand. Planned workforce growth in 2023/24 will be triangulated against Systems indicative LTP funding and activity profiles outlined in the *LTP analytical tool* to support validation of plans.

The mental health workforce plan forms an integral part of the overall mental health operational plan, alongside finance and activity. However, there is recognition that due to the impact of Covid-19, systems may be in different states of readiness to complete the mental health workforce collection when operational planning launches. Therefore, whilst the mental health workforce collection will launch as part of the operational planning round, the draft and final submission deadlines will be extended compared to the rest of operational planning to provide flexibility for systems to finalise the process later where needed due to capacity limitations as a result of Covid-19 pressures.

Timeline	**Activity**
Draft submission deadline	Thursday, 28th April 2022
Final submission deadline	Thursday, 23rd June 2022

3.2 Planning requirements 2022/23

The e-collection holds two templates structured using the *Mental Health Implementation Plan* programme areas and staffing groups which will inform the overall system workforce plan for 2022/23 and 2023/24:

1. Provider level template for mental health trusts - mental health trusts are able to submit plans to multiple Systems via the e-collection portal;
2. System level template which will bring together mental health workforce for non-mental health trusts, primary care and non-NHS organisations.

3.3 Template Sections

The mental health workforce collection will be owned at a system level. Each system will nominate a system lead (likely to be, but not limited to, the system mental health lead) who will be responsible for the overall system plan and system submission via the e-collection portal. The system lead should ensure that all mental health trust provider templates are completed and will be required to validate the workforce plans prior to submission.

3.3.1 Mental Health Trust Provider Template:

All mental health trusts are required to populate the mental health trust provider template. If a trust provides services across multiple systems, a template should be completed for each system reflecting the workforce plan aligned to that system. Organisational mapping will reflect the system relationships as submitted in the 2020/21 return, in the event that this has changed, revisions can be provided on request via the e-collection tool.

3.3.2 System-Level Template:

Depending on local arrangements, some mental health services may be full or in part commissioned via a range of providers by non-MH trusts (acute, ambulance, community, specialist), primary care and non-NHS organisations. In this instance organisations will not have direct access to the e-collection and the mental health system lead will support co-ordination and completion of the system level template, capturing aggregated workforce plans from these organisations which will be submitted via a single return via the e-collection.

3.3.3 Content:

Providers that provide mental health services are required to provide baseline establishment and staff in post baseline outturn as of 31st March 2022; a staff in post forecast for 2022/23; and a forecast of funded establishment as of 31st March of 2022/23 and 2023/24. The WTE for each of these elements is to be broken down into the required service areas and staffing groups. Note: the subset 'of which' lines do not represent all of the roles that fall within the main staff group heading – they represent a select few roles which are identified as key roles where more granular level information is required.

Systems should develop their workforce plan based on the service delivery model they require to deliver the LTP commitments up to 2023/24, and investment available to support this.

For the purposes of this mental health workforce planning template; three further categories have been included in the collection (lines 137 – 139 in the templates) that are not identified as part of the mental health LTP programmes:

- Total Learning Disability & Autism Workforce (LDA)

- Total Dementia Workforce
- Non-Clinical Staff

These are included to enable mental health trusts to capture total reported workforce, please note, these categories should not include any WTE already included within the LTP service areas in the template to avoid duplication.

Further guidance on mapping WTE to the mental health service areas and staffing groups can be found within the 'Workforce: Mental Health' section of the Activity, Performance and Workforce Technical Definitions guidance.

3.4 Support

For general queries relating to the mental health workforce planning collection, including queries about definitions, guidance and content, please contact: england.nhs-planning@nhs.net.

Queries relating to E-collection portal access and user issues: please contact dataservice@hee.nhs.uk.

4. Useful links and resources

Community health services two-hour crisis response standard guidance: https://www.england.nhs.uk/wp-content/uploads/2021/07/B0577_Community-health-services-two-hour-crisis-response-standard-guidance-Final-v-19.pdf

E-Collection – Health Education England's platform for cross GROUP data collection: https://ecollection.hee.nhs.uk/

NHS Digital – NHS Occupation Codes: https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes

NHS Digital - Strategic Data Collection Service: https://digital.nhs.uk/services/strategic-data-collection-service-sdcs/content

NHS Mental Health Implementation Plan 2019/20 – 2023/24: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

Primary Care Workforce – General Practice: https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services

Primary Care Workforce – Improving the National Workforce Reporting Service (NWRS): https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-reporting-service-nwrs

Primary Care Workforce - Reporting Tool is available on the Future NHS Platform: https://future.nhs.uk/primarycaredata/grouphome

Stepping forward to 2020/21: The mental health workforce plan for England (July 2017): Stepping forward to 202021 - The mental health workforce plan for england.pdf (hee.nhs.uk)

5.Appendices

5.1 Non-Functional Template - SDCS Workforce Planning Template (All providers, primary care and KPI's)

Please see below detail of content to be collected – full access to the template will be enabled once the submission portal is opened.

Appendix 5.1.1 - Tab 5: Summary

NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION

System Input Summary

		Establishme	Baseline	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Establishment
		2021/2022	Staff in post outturn	As at the end of Apr-22	As at the end of May-22	As at the end of Jun-22	As at the end of Jul-22	As at the end of Aug-22	As at the end of Sep-22	As at the end of Oct-22	As at the end of Nov-22	As at the end of Dec-22	As at the end of Jan-23	As at the end of Feb-23	As at the end of Mar-23	22-23 (End of Year Mar-23)
		Year End (31-Mar-22)	Year End (31-Mar-22)													Whole Year
Workforce (WTE)	**Occ Codes**	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total Workforce (WTE)		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Registered nursing, midwifery and health visiting staff (substantive total)	N0A, N0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered scientific, therapeutic and technical staff	S0A, S0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered ambulance service staff	ABA, ABB,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	G2C, G2D,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total NHS infrastructure support	G0A, G0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical and dental	001, 002,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Any other staff	Z1A, Z1B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Substantive WTE		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Registered nursing, midwifery and health visiting staff (substantive total)	N0A, N0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered scientific, therapeutic and technical staff (substantive total)	S0A, S0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered ambulance service staff (substantive total)	ABA, ABB,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff (substantive total)	G2C, G2D,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total NHS infrastructure support (substantive total)	G0A, G0B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical and dental (substantive total)	001, 002,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Any other staff (substantive total)	Z1A, Z1B,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bank			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Registered nursing, midwifery and health visiting staff	N0A, N0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Registered scientific, therapeutic and technical staff	S0A, S0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Registered ambulance service staff	ABA, ABB,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	G2C, G2D,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Total NHS infrastructure support	G0A, G0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Medical and dental	001, 002,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Any other staff	Z1A, Z1B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Agency			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Registered nursing, midwifery and health visiting staff	N0A, N0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Registered scientific, therapeutic and technical staff	S0A, S0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Registered ambulance service staff	ABA, ABB,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	G2C, G2D,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Total NHS infrastructure support	G0A, G0B,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Medical and dental	001, 002,		0	0	0	0	0	0	0	0	0	0	0	0	0	
Any other staff	Z1A, Z1B,		0	0	0	0	0	0	0	0	0	0	0	0	0	

Appendix 5.1.2 - Tab 6: Data Entry Provider:

System Name

Blank Flag

The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.

	Calculated Field
	Calculated Field
	Blank Cell / Data not needed
	Enter Data in Cell

NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION

Acute, Ambulance, Community, Mental and Specialist Health Organisations

Trust Name

Workforce (WTE)	Occ Codes	Establishment 2021/2022 Year End (31-Mar-22) Total WTE	Baseline Staff in post outturn Year End (31-Mar-22) Total WTE	Plan As at the end of Apr-22 Total WTE	Plan As at the end of May-22 Total WTE	Plan As at the end of Jun-22 Total WTE	Plan As at the end of Jul-22 Total WTE	Plan As at the end of Aug-22 Total WTE	Plan As at the end of Sep-22 Total WTE	Plan As at the end of Oct-22 Total WTE	Plan As at the end of Nov-22 Total WTE	Plan As at the end of Dec-22 Total WTE	Plan As at the end of Jan-23 Total WTE	Plan As at the end of Feb-23 Total WTE	Plan As at the end of Mar-23 Total WTE	Plan 31/03/2023 Year Ending Comment (Optional Free Text - 300 character limit)	Establishment 22-23 (End of Year Mar-23) Whole Year Total WTE
Total Workforce (WTE)		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Substantive		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Bank			0	0	0	0	0	0	0	0	0	0	0	0	0		
Agency			0	0	0	0	0	0	0	0	0	0	0	0	0		
Substantive WTE		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
Registered nursing, midwifery and health visiting staff (substanti	**N0A,**																
of which registered Midwives	**N2C,**																
of which Psychiatry (MH Nurses)	**N0D,**																
of which are Adult Nurses	**N0A,**																
of which are Children's Nurses	**N0B,**																
of which are Learning disabilities/difficulties Nurses	**N0F,**																
Community Nursing staff	**N0D,**																
Critical Care / ICU Nursing	**Register**	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
of which are Adult Critical Care/ICU Nurses	**Register**																
of which are Paediatric ICU Nurses	**Register**																
of which are Neonatal ICU Nurses	**Register**																
Registered scientific, therapeutic and technical staff (substanti	**S0A,**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
of which registered allied health professionals	**S0A,**	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
of which qualified - Art / Music/ Drama Therapy	**S0H,**																
of which qualified - Chiropody/Podiatry	**S0A,**																
of which qualified - Dietetics	**S0B,**																
of which qualified - Occupational Therapy	**S0C,**																
of which qualified - Operating Department Practitioners	**S0T,**																
of which qualified - Orthoptics/Optics	**S0D,**																
of which qualified - Osteopaths	**S0V, S1V**																
of which qualified - Physiotherapy	**S0E,**																
of which qualified - Prosthetics and Orthotics	**S0I, S1I,**																
of which qualified - Radiography (Diagnostic)	**S0F,**																
of which qualified - Radiography (Therapeutic)	**S0G,**																
of which qualified - Speech & Language Therapy	**S0J, S1J,**																

Appendix 5.1.2 - Tab 6: Data Entry Provider (cont):

System Name

Blank Flag

The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.

	Calculated Field
	Calculated Field
	Blank Cell / Data not needed
	Enter Data in Cell

NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION

Acute, Ambulance, Community, Mental and Specialist Health Organisations

Trust Name

Workforce (WTE)	Occ Codes	Establishment 2021/2022 Year End (31-Mar-22) Total WTE	Baseline Staff in post outturn Year End (31-Mar-22) Total WTE	Plan As at the end of Apr-22 Total WTE	Plan As at the end of May-22 Total WTE	Plan As at the end of Jun-22 Total WTE	Plan As at the end of Jul-22 Total WTE	Plan As at the end of Aug-22 Total WTE	Plan As at the end of Sep-22 Total WTE	Plan As at the end of Oct-22 Total WTE	Plan As at the end of Nov-22 Total WTE	Plan As at the end of Dec-22 Total WTE	Plan As at the end of Jan-23 Total WTE	Plan As at the end of Feb-23 Total WTE	Plan As at the end of Mar-23 Total WTE	Plan 31/03/2023 Year Ending Comment (Optional Free Text - 300 character limit)	Establishment 22-23 (End of Year Mar-23) Whole Year Total WTE
of which registered health care scientists	**U0A,**																
of which registered pharmacists	**S0P,**																
of which registered pharmacy technicians	**S4P**																
of which registered other scientific, therapeutic and technical st	**S0K,**																
Registered ambulance service staff (substantive total)	**ABA,**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
of which ambulance paramedics	**ABA,**																
of which ambulance technicians	**AEA,**																
of which other registered ambulance staff	**A0A,**																
Support to clinical staff (substantive total)	**G2C,**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
of which support to nursing staff	**H1A,**																
of which are Nursing support staff in Maternity services	**NFC,**																
of which are Nursing associates	**NGA,**																
of which are Trainee Nursing associates	**NHA,**																
of which are Health care assistants and other support staff (Nursing)	**H1A,**	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
of which are support workers (excluding Maternity services)	**H1A,**																
of which are support workers in Maternity services	**H1C,**																
of which support to allied health professionals	**H1G,**																
of which support to health care scientists and other ST&T	**H1M,**																
of which support to ambulance	**G2E,**																
of which other clinical support	**G2C,**																
Total NHS infrastructure support (substantive total)	**G0A,**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
of which managers & senior managers	**G0A,**																
of which Admin and Estates staff	**G2A,**																
of which Other Infrastructure & Support Staff	**H1R, H2R**																

Appendix 5.1.2 - Tab 6: Data Entry Provider (cont):

System Name

Blank Flag

The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.

	Calculated Field
	Calculated Field
	Blank Cell / Data not needed
	Enter Data in Cell

NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION

Acute, Ambulance, Community, Mental and Specialist Health Organisations

Trust Name

Workforce (WTE)	Occ Codes	Establishment 2021/2022 Year End (31-Mar-22) Total WTE	Baseline Staff in post outturn Year End (31-Mar-22) Total WTE	Plan As at the end of Apr-22 Total WTE	Plan As at the end of May-22 Total WTE	Plan As at the end of Jun-22 Total WTE	Plan As at the end of Jul-22 Total WTE	Plan As at the end of Aug-22 Total WTE	Plan As at the end of Sep-22 Total WTE	Plan As at the end of Oct-22 Total WTE	Plan As at the end of Nov-22 Total WTE	Plan As at the end of Dec-22 Total WTE	Plan As at the end of Jan-23 Total WTE	Plan As at the end of Feb-23 Total WTE	Plan As at the end of Mar-23 Total WTE	Plan 31/03/2023 Year Ending Comment (Optional Free Text - 300 character limit)	Establishment 22-23 (End of Year Mar-23) Whole Year Total WTE
Medical and dental (substantive total)	001, 002,	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
of which Consultants	001, 002,																
of which Acute Internal Medicine	035, 135																
of which Anaesthetics	091, 191																
of which Medical Oncology	012, 112																
of which Clinical Radiology	080, 180																
of which Emergency Medicine	030, 130																
of which General Surgery	021, 121																
of which Histopathology	074, 174																
of which Intensive Care Medicine	034, 134																
of which Neurology	006, 106																
of which Obstetrics and Gynaecology	040, 140																
of which Palliative Medicine	094, 194																
of which Psychiatry	051, 052,																
of which Career/staff grades	001, 002,																
of which Trainee grades/trust grade	001, 002,																
Any other staff (substantive total)	Z1A, Z1B,																
Bank			0	0	0	0	0	0	0	0	0	0	0	0	0		
Registered nursing, midwifery and health visiting staff	N0A,																
Registered scientific, therapeutic and technical staff	S0A,																
Registered ambulance service staff	ABA,																
Support to clinical staff	G2C,																
Total NHS infrastructure support	G0A,																
Medical and dental	001, 002,																
Any other staff	Z1A, Z1B,																
Agency			0	0	0	0	0	0	0	0	0	0	0	0	0		
Registered nursing, midwifery and health visiting staff	N0A,																
Registered scientific, therapeutic and technical staff	S0A,																
Registered ambulance service staff	ABA,																
Support to clinical staff	G2C,																
Total NHS infrastructure support	G0A,																
Medical and dental	001, 002,																
Any other staff	Z1A, Z1B,																

Appendix 5.1.3 - Tab 7: Data Entry Primary Care

System Name	Blank Flag								Enter Data in Cell	
	The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.									

NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION

Primary Care	Baseline	Plan	Plan	Plan	Plan	Plan
	Staff in post outturn	Q1	Q2	Q3	Q4	31/03/2023
System Name	Year End (31-Mar-22)	As at the end of Jun-22	As at the end of Sep-22	As at the end of Dec-22	As at the end of Mar-23	Year Ending
Workforce (WTE)	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Comment (Optional Free Text - 300 character limit)
Total Workforce	0	0	0	0	0	
GPs excluding registrars						
Nurses						
Direct Patient Care roles (ARRS funded)						
Direct Patient Care roles (not ARRS funded)						
Other – admin and non-clinical						

Appendix 5.1.4 - Tab 8 – Data Entry KPI's

System Name		Blank Flag									Enter Data in Cell											
		The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.									Calculated Field											
	NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION																					
	Forecast Outturn			Plan			Plan			Plan			Plan			Plan			Plan			
Key Performance Indicators (KPIs)	Year End			Month 1			Month 2			Month 3			Month 4			Month 5			Month 6			
Trust Name	31/03/2022			30/04/2022			31/05/2022			30/06/2022			31/07/2022			31/08/2022			30/09/2022			
Workforce (WTE)	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	
Sickness absence rate % (12 month rolling)																						
Turnover rate % (12 month rolling)																						

System Name																						
	Plan			Plan			Plan			Plan			Plan			Plan						
Key Performance Indicators (KPIs)	Month 7			Month 8			Month 9			Month 10			Month 11			Month 12						
Trust Name	31/10/2022			30/11/2022			31/12/2022			31/01/2023			28/02/2023			31/03/2023						
Workforce (WTE)	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %	Denominator	Numerator	Rate %				
Sickness absence rate % (12 month rolling)																						
Turnover rate % (12 month rolling)																						

Appendix 5.1.5 - Tab 9 – Data Entry Urgent Community Response (UCR)

B	C	D	E	F	G	H
System Name		Blank Flag				
South Yorkshire And Bassetlaw STP		The blank flag is showing because one or more cells have been left blank. Please make sure all cells have been filled in where applicable. You will still be able to sumbit with blanks.				
	NON FUNCTIONAL TEMPLATE - CANNOT BE USED FOR SUBMISSION					
	Baseline	Plan	Plan	Plan	Plan	Plan
NHS 2 hour Urgent Community Response	Staff in post outturn	Q1	Q2	Q3	Q4	31/03/2023
South Yorkshire And Bassetlaw STP	Year End (31-Mar-22)	As at the end of Jun-22	As at the end of Sep-22	As at the end of Dec-22	As at the end of Mar-23	Year Ending
Workforce (WTE)	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Comment (Optional Free Text - 250 character limit)
Total Workforce	0	0	0	0	0	
Clinical Staff						
Non-clinical Staff						

Appendix 5.2.1: e-collection Workforce Planning Template - MH only

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
Children and Young People	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
of which are Educational Mental Health Practitioners								
of which are Children's Wellbeing Practitioners								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
of which are Trainee Educational Mental Health Practitione								
of which are Trainee Children's Wellbeing Practitioners								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
Perinatal Mental Health	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
IAPT	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
of which are High Intensity Therapists								
of which are Psychological Wellbeing Practitioners								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
of which are Trainee High Intensity Therapists								
of which are Trainee Psychological Wellbeing Practitioners								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
A&E and Ward Liaison	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
Adult Community Crisis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
Community mental health (adult and older adult) including nev	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
of which are Mental Health Wellbeing Practitioners								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
of which are Trainee Mental Health Wellbeing Practitioners								
Physicians Associates								
Admin								
Peer support worker								
Social worker								

Appendix 5.2.1: e-collection Workforce Planning Template - MH only (cont.)

A	D	G	H	I	J	K	T	U
Staffing Categories	Baseline		Plan				Planned Establishment	
	Staff In Post	Establishment	SIP - Quarterly				2022/23	2023/24
	Y/E - 31st Mar 2022	Y/E - 31st Mar 2022	Q1 - 30th Jun 2022	Q2 - 30th Sep 2022	Q3 - 31st Dec 2022	Q4 - 31st Mar 2023	Y/E - 31st Mar 2023	Y/E - 31st Mar 2024
Acute Inpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist - consultant								
Psychiatrist - non consultant								
Nursing								
Pharmacist								
Psychologist								
Psychotherapists and psychological professionals								
Occupational Therapists								
Other therapists \ other STT								
Paramedics								
Support to clinical staff								
of which are Nursing Associates								
of which are Trainee Nursing Associates								
Physicians Associates								
Admin								
Peer support worker								
Social worker								
Mental Health Trust	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total LDA Workforce								
Total Dementia Workforce								
Non-Clinical Staff								