

Chair: Eleri de Gilbert

Enquiries to: ncccg.notts-committees@nhs.net

Meeting Agenda (Open Session)

Primary Care Commissioning Committee Wednesday 18 May 2022 09.30 -10:30 Zoom Meeting

Time	Item	Presenter	Reference
09:30	Introductory Items		
	1. Welcome, introductions and apologies	Eleri de Gilbert	PCC/22/020
	2. Confirmation of quoracy	Eleri de Gilbert	PCC/22/021
	3. Declarations of interest for any item on the agenda	Eleri de Gilbert	PCC/22/022
	4. Management of any real or perceived conflicts of interest	Eleri de Gilbert	PCC/22/023
	5. Questions from the public	Eleri de Gilbert	PCC/22/024
	6. Minutes from the meeting held on 20 April 2022	Eleri de Gilbert	PCC/22/025
	7. Action log and matters arising from the meeting held on 20 April 2022	Eleri de Gilbert	PCC/22/026
09:35	Commissioning, Procurement and Contract Management		
	8. Monthly Contract Update	Lynette Daws	PCC/22/027
	9. Oakwood Surgery – impact of reduction in opening hours at Bull Farm branch	Joe Lunn	PCC/22/028
	10. Winter Access Fund update & evaluation	Joe Lunn	PCC/22/029
	11. Winter Access Fund – Primary Care Security	Lynette Daws	PCC/22/030
	12. Local Enhanced Services 2022/24: GP Practice Sign Up	Joe Lunn	PCC/22/031
10:05	Quality		
	13. Primary Care Quality Briefing	Esther Gaskill	PCC/22/032
10:10	Covid-19 Recovery and Planning		
	14. Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting	Joe Lunn	PCC/22/033
10:20	Financial Management		
	15. Finance report – month one	Michael Cawley	PCC/22/034
10:25	Risk Management		
	16. Risk Report	Sian Gascoigne	PCC/22/035
10:30	Closing Items		
	17. Any other business	Eleri de Gilbert	PCC/22/036
	18. Key messages to escalate to the Governing Body	Eleri de Gilbert	PCC/22/037

19. Date of next meeting: This is the last meeting of the Committee in this format. Eleri de Gilbert PCC/22/038

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 140 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 publicly available on the CCG's website).
This document was extracted on 12 May 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.

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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	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.
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.

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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.
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.

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LUNN, Joe	Associate Director of Primary Care	The Surgery Lowmoor Road	Family member employed by the Practice and family members registered at the Practice			✓			Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
SIMMONDS, Joanne	Head of Corporate Governance	Elmswood Surgery	Registered Patient			✓			Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
SUNDERLAND, Sue	Non-Executive Director	Joint Audit Risk Assurance Committee, Police and Crime Commissioner (JARAC) for Derbyshire / Derbyshire	Chair		✓			01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	NHS Bassetlaw CCG	Governing Body Lay Member		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Nottinghamshire Healthcare NHS Foundation Trust	Non-Executive Director (not yet commenced in post)		✓			08/02/2022	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Derbyshire Integrated Care Board	Non-Executive Director		✓			08/02/2022	Present	This interest will be kept under review and specific actions determined as required.
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

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WRIGHT, Michael	LMC Representative, CEO	GP-S coaching and mentoring	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Nottinghamshire GP Phoenix Programme	Manager		✓			01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Castle Healthcare Practice	Registered Patient				✓	30/09/2016	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
WRIGHT, Michael	LMC Representative, CEO	Notsparr 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.

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.



**NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Unratified minutes of the meeting held on
20/04/2022 09:00-10:15
MS Teams Meeting**

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Shaun Beebe	Non-Executive Director
Joe Lunn	Associate Director of Primary Care
Sue Sunderland	Non-Executive Director
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor
Lucy Dadge	Chief Commissioning Officer

In attendance:

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

Apologies:

Danielle Burnett	Deputy Chief Nurse
Jo Simmonds	Head of Corporate Governance

Cumulative Record of Members' Attendance (2022/23)

Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	01	01	Joe Lunn	01	01
Michael Cawley	01	01	Danielle Burnett	01	00
Lucy Dadge	01	01	Sue Sunderland	01	01
Eleri de Gilbert	01	01	Dr Ian Trimble	01	01

Introductory Items

PCC/22/001 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 noted as above.

PCC/22/002 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/22/003 Declaration of interest for any item on the shared agenda

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

PCC/22/004 Management of any real or perceived conflicts of interest

As no conflicts of interest were identified, no management action was required.

PCC/22/005 Questions from the public

No questions had been received from the public.

PCC/22/006 Minutes from the meeting held on 16 March 2022

The minutes were agreed as an accurate record of proceedings.

PCC/22/007 Action log and matters arising from the meeting held on 16 March 2022

One action remains open and will report to the May meeting.
There were no matters arising.

PCC/22/008 Actions arising from the Governing Body meeting held on 06 April 2022

Governing Body discussion focused on the ongoing pressures experienced in primary care, particularly in relation to workforce. The Governing Body highlighted the areas of workforce, IT and Estates for particular focus in the Primary Care Strategy.

Commissioning, Procurement and Contract Management

PCC/22/009 Monthly Contract update

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

- a) Two entries have been removed from the contract log as they are now resolved.
- b) The merger of Springfield Medical Centre with The Practice St Albans and Nirmala has taken place with no adverse publicity or issues reported.

No further points were made in discussion.

The Committee:

- **NOTED** the contract update.

PCC/22/010 Winter Access Fund update

Joe Lunn presented the item and highlighted the following key points:

- a) The Winter Access Fund (WAF) has been reported to the Committee since November 2021 and runs to 31 March 2022. The report provides detail of the most recent submission to NHSEI including information about risks, mitigations and progress against the financial trajectory.
- b) There is one further report to submit to NHSEI before the WAF closes.
- c) The next step is to evaluate the benefits and effectiveness of the schemes delivered under the WAF to ensure that positive initiatives are captured and fed into the ICB Primary Care Strategy. The evaluation will be reported to the Committee in May 2022.

No further points were raised in discussion.

The Committee:

- **NOTED** the update on the winter access fund and plans to evaluate schemes.

Strategy, Planning and Service Transformation

PCC/22/011 Primary Care Strategy Update

Joe Lunn provided a verbal update highlighting the following key points:

- a) The CCG is currently delivering against year four of the existing primary care strategy. Alongside this, development of the ICB Primary Care Strategy is underway. The process, approach and timeline for production was provided.
- b) The approach focuses on the key domains for primary care delivery and will include Pharmacy, Optometry and Dentistry services as they will be incorporated into the ICB from April 2023. The strategy will set the vision and way of working to achieve the primary care mandate for Nottingham & Nottinghamshire, including Bassetlaw.
- c) Named leads have been identified to lead each domain workstream covering mandated services, enhanced services and areas for innovation such as research and innovation and NHS Green.
- d) Engagement and open and honest communication is considered a key feature in development of the strategy. Several engagement events have taken place with others planned, including, regular meetings with Clinical Directors and the Clinical Design Authority (CDA), workshops held on 16/17 March 2022 to consider design and enabling functions, a workshop on 21 April 2022 to focus on workforce and estates, a public question and answer webinar on 18 May 2022 and on 19 May 2022 events for primary care practices will take place.
- e) The Associate Director of Primary Care and one of the Joint Clinical Leaders will attend the PPEC on 26 April 2022 to share plans and receive their input to the design of the strategy.
- f) Underpinning enablers including the workforce model, IT infrastructure and estates are essential elements to the resilience of the strategy to facilitate transformation of the primary care delivery model.
- g) A draft Primary Care Strategy will be shared with the Committee in May 2022. The strategy will be in final form by 01 July 2022.

The following points were raised in discussion:

- h) The importance of an open dialogue with the public was considered critical given the pressures in primary care and the impact of the Covid-19 pandemic. Members urged public engagement to honestly address the limitations of the strategy as well as its ambition.

- i) The Local Medical Committee (LMC) are keen to be involved in strategy development on both the established enablers, particularly access and the innovation agenda e.g., NHS Green.
- j) Members recognised that evolution to the ICB offers both a challenge and opportunity to primary care to develop resilience and promote transformation.

The Committee:

- **NOTED** the process, approach and timeline to develop the ICB Primary Care Strategy.

Covid-19 Recovery and Planning

PCC/22/012 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 reporting their Operational Pressures Escalation Levels (OPEL) daily. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice.
- b) During this period there has been a small increase in number of practices reporting OPEL three and slightly fewer practices consistently reporting OPEL two. Five practices regularly reported OPEL one during the period.
- c) The report includes details of staff absence which shows an increase in absence due to sickness since the last report.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report for the four-week period to 25 March 2022.
- **NOTED** the staff absence report for the period 08 March to 07 April 2022.

Financial Management

PCC/22/013 Finance report – month twelve

Michael Cawley presented the item and highlighted the following points:

- a) The report is presented in a different format due to the timing of the meeting in relation to finalising the year-end position.
- b) The year to date (M1-12) position shows a £4.06 million underspend (2.32% of year-to-date budget). The main drivers being PCCC reserves (£5.79 million), offset by the overspend relating to spend associated with Enhanced Services (£0.18 million) and an adverse variance on the Premises Cost Reimbursement (£1.42m) line of expenditure following review of the latest rates review information.
- c) PCCC reserves are designed to manage any in-year unforeseen pressures that may arise on budgets delegated by the CCG to PCCC. PCCC reserves up to H1 (£2.64 million, 1.56%) were not required and were released back into the overall CCG position. For accounting purposes, the total PCCC reserves position remains reported as part of the overall PCCC position.

- d) Since the month eleven position was reported, allocations for both the Winter Access Fund (£1.529m) and Additional Roles Reimbursement Scheme (ARRS) (£4.435m) have been received as anticipated.

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 ending March 2022.

Risk Management

PCC/22/014

Risk Report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are six risks within the remit of the committee. A reduction in one risk since the March 2022 meeting.
- b) Two risks are rated high. Risk RR 160 relates to the pressure on the primary care workforce and has a score of 16. The second, risk RR 171 with a score of 16 addresses the loss of public confidence in primary care due to increased demand and waiting times.

The following points were made in discussion:

- c) Given discussion at this meeting, particularly in respect of OPEL reporting, the WAF and development of the Primary Care Strategy members agreed to maintain the risk scores for RR 160 and RR 171 at this time.

The Committee:

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

Committee Business

PCC/22/015

Committee Annual Report

Eleri de Gilbert presented the item and highlighted the following points:

- a) The report is compiled on an annual basis to capture the work the Committee has undertaken to fulfil its statutory duties.

The following points were made in discussion:

- b) Members confirmed that the report reflects the focus and activity of the Committee during 2021/22.

The Committee:

- **REVIEWED** the report and **NOTED** that its content will be reflected in the CCG Annual Governance Statement.

Information Items

- PCC/22/016** **NHS England Memorandum of Understanding (MOU) 2022**
The Committee received the item for information.

Closing Items

- PCC/22/017** **Any other business**
No further business was raised.

- PCC/22/018** **Key messages to escalate to the Governing Body**
The Committee:
- **RECEIVED** an update on the development of the Primary Care Strategy detailing plans for engagement, communication and production.

- PCC/22/019** **Date of next meeting:**
18/05/2022
MS Teams meeting

**Primary Care Commissioning Committee
 Action Log from the public Committee meeting held on 20 April 2022**

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING						
			<i>No actions outstanding</i>			
ACTIONS ONGOING/NOT YET DUE						
			<i>No actions ongoing</i>			
ACTIONS COMPLETED						
16.03.2022	PCC 21 239	Oakwood surgery - impacts of reduction in opening hours at Bull Farm branch surgery	Practice to undertake further patient engagement to assess the impact of the reduction in hours at both surgeries. In addition, the practice will be asked to review their staffing model to address the number of unanswered calls.	Joe Lunn/Lynette Daws	18.05.2022	On the agenda at item 10, PCC 22 029.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022	
Paper Title:	Nottingham and Nottinghamshire Public Contract Update	Paper Reference:	PCC 22 027	
Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	Public Contract Update	
Presenter:	Lynette Daws, Head of Primary Care			
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input checked="" type="checkbox"/>
				<ul style="list-style-type: none"> 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	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>

Strategic Planning		<input checked="" type="checkbox"/>		
Conflicts of Interest:				
<input checked="" type="checkbox"/> No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Risk(s):				
No risks are identified within the paper				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
1. The Committee is asked to RECEIVE the Public Contract Update.				

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

Contracts Update – Public Meeting

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

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

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

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

			<p>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.</p> <p>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.</p> <p>A second patient letter was sent to all registered patients at Springfield Medical Centre on 24 January 2022.</p> <p>Springfield Medical Centre closed on 31 March 2022.</p>	
4.	August 2021	Sherrington Park Medical Practice – List Closure	<p>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.</p>	Completed
5.	August 2021	Rise Park Surgery – Boundary Change	<p>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.</p>	Completed
6.	July 2021	Oakwood Surgery (Bull Farm Branch) – Branch Opening Hours	<p>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.</p> <p>The patient consultation started on 5 July 2021 and the engagement event took place on 19 July 2021. A paper was presented to the Primary Care Commissioning Committee in September 2021 and the proposal was approved. A review of the</p>	Completed

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

			<p>impact of the change in hours is to be presented to PCCC within 6 months. The outcome has been communicated to the practice.</p> <p>A paper was presented to PCCC at the March 2022 meeting to review the impacts in reduction of hours at the Bull Farm branch site and the main Oakwood Surgery site. PCCC feedback was that more engagement with patients needed to take place; this has been communicated to the practice.</p> <p>A paper will be presented to PCCC at the May 2022 meeting outlining further engagement carried out by the practice on any impacts following the reduction in hours.</p>	
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Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	Oakwood Surgery – impact of reduction in opening hours at Bull Farm branch	Paper Reference:	PCC 22 028
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Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	Appendix 1: PCCC paper (March 2022) Appendix 2: Survey Responses
Presenter:	Joe Lunn, Associate Director of Primary Care		

Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 4 – *Decisions in relation to the commissioning, procurement, and management of primary medical services contracts*

PGM, 7.12.1: Changes to Services – “Commissioners will need to consider changes to local service provision as a consequence of a health needs assessment of the local community with particular regard to the diverse nature of the community and reducing health inequalities in access and outcomes.” This was achieved through completion of an EQIA, Consultation and Engagement as detailed in this previous paper presented at the October Committee meeting.

The purpose of this paper is to provide feedback regarding any impact resulting from the reduction in opening and closing hours at Oakwood Surgery’s branch site (Bull Farm), effective from 1st October 2021. This was approved by Committee in September 2021; an impact assessment was provided in March 2022, but Committee requested the practice undertake further assessment, directly with patients.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Risk(s):				
No risks identified.				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
<ol style="list-style-type: none"> The Committee is asked to NOTE the outcome of further patient engagement on the impacts relating to the reduction in opening hours of Oakwood Surgery's Bull Farm branch site. 				

Oakwood Surgery – Bull Farm branch reduction in opening hours

1. Introduction

In September 2021, the Committee considered and approved a paper to reduce the opening hours of Bull Farm, effective from 1st October 2021 this was subject to a review of all impacts across both sites. An impact assessment was presented to the Committee in March 2022 (Appendix 1), however the Committee requested that more direct patient engagement was needed.

Following feedback from the Committee, the practice conducted further engagement to assess the impact of reduction in hours, as detailed in this paper.

The table below shows the previous and current opening hours:

	Oakwood Surgery (unchanged)	Bull Farm (previous)	Bull Farm (current)
Monday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Tuesday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Wednesday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Thursday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Friday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm

2. Background

The main rationale for reducing the hours at Bull Farm branch was to redistribute receptionists to increase cover over both sites at the busiest times, with the highest volume of calls. The surgery's most common patient complaint related to telephone hold times to speak to a receptionist, and the surgery required a minimum of 2 receptionists at each site Monday to Friday 8:00am-6:30pm.

3. Impact assessment

In addition to the paper presented to the March 2022 meeting (Appendix 1) the practice has carried out further patient engagement, as requested by the Committee.

3.1. Patient engagement approach

A patient engagement exercise was carried out between Friday 22nd April and Tuesday 3rd May 2022. Patients were asked to provide views and opinions regarding the reduction in opening hours at Bull Farm branch site. A survey was created and was made available to patients in both electronic and paper formats. The online survey link was sent to all Bull Farm patients via text message, this was also published on the practice website and Facebook. Paper copies were available in reception at both sites and were handed out by receptionists. PPG representatives attended reception on two occasions to encourage patients to complete the survey and answer any questions they may have.

As Oakwood Surgery has Bull Farm set up as a branch site in SystmOne the practice were able to identify Bull Farm patients. The survey was made available to all 1,388 Bull Farm patients. In terms of text messaging, the practice has consent to send text messages to 446 patients, 419 text messages were delivered (the rest of the messages failed).

In total the practice received 95 completed surveys, a good response and higher than the practice expected.

3.2. Purpose of the survey

The survey was designed to gain an understanding of the impact on patients following changes to Bull Farm opening hours. The practice asked patients the following questions:

- Which surgery were you registered at prior to 1st October 2021

- Since 1st October 2021, please choose how many times you have attended the following (Bull Farm branch surgery and Oakwood Surgery, Church Street – following options: 0, 1-2, 3-4, 5+ times)
- Since 1st October 2021 have you wanted to visit the reception at the Bull Farm branch in person between 5pm and 6.30pm Monday to Friday?
 - If yes, for what reason did you need to visit reception at the Bull Farm branch in person?
 - If yes, how did you contact reception instead?
- How do you travel to Bull Farm surgery (tick all that apply)? (options: car, walk, cycle, public transport, taxi, housebound patient)
- On a scale of 1-10, how much of an impact has the reception at Bull Farm Branch surgery closing at 5pm since October 2021 had on you? (options: 0 – 10)
 - If you selected high impact, please state the reason below
- We would welcome any additional comments or feedback in response to the change of Bull Farm reception's opening hours since October 2021. Please state these below
- What is your gender?
- Which age band do you fall into?

3.3. Key findings

Key findings from the survey results were as follows:

- 35% of patients who completed the survey were registered at Bull Farm before the changes to the reception opening hours were made in October 2021
- 2% of patients who completed the survey were not patients at either Oakwood Surgery or the Bull Farm branch before the changes were made
- 61 patients (64%) who completed the survey stated that they had visited Bull Farm Branch Surgery at least once since October 2021
- 66 patients (69%) who completed the survey stated that they had visited Oakwood Surgery at least once since October 2021
 - Of the 61 patients who have visited Bull Farm branch since October 2021, 38 (62%) have also visited Oakwood Surgery within the same time frame
- 17 patients (18%) responded that they had wanted to visit Bull Farm reception after 5pm since October 2021, 74 patients (82%) of patients responded that they had not
 - Of the 17 patients who stated they did want to visit Bull Farm Branch in person between 5pm-6.30pm, 5 (29%) stated that they were registered at Oakwood Surgery and 11 (65%) stated that they travel to Bull Farm Surgery by car
- 60 patients (79%) selected 0 out of 10 or "no impact" when asked "how much of an impact has the reception at Bull Farm Branch closing at 5pm since October 2021 had on you?" Only 5 (6%) patients selected an impact of >5 due to the change.

The patient survey showed little impact on patients with the change in hours at Bull Farm. Patients can contact reception via telephone in core hours, and face to face at Oakwood Surgery main site or by email between 5pm-6.30pm. The full survey results are available as Appendix 2.

4. Appointment availability

The reduction in reception opening hours for Bull Farm has not had any impact on appointments; the practice has made no changes to the times that patients can access appointments at either site.

5. Recommendation

The Committee is asked to **NOTE** the outcome of further patient engagement on the impacts relating to the reduction in opening hours of Oakwood Surgery's Bull Farm branch site.

Appendix 1



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	16 March 2022
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Paper Title:	Oakwood Surgery – impacts of reduction in opening hours at Bull Farm branch surgery	Paper Reference:	XX 20 XXX
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Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	Appendix 1: PCCC paper from September 2021
Presenter:	Lynette Daws, Head of Primary Care		

Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 4 – *Decisions in relation to the commissioning, procurement, and management of primary medical services contracts*

PGM, 7.12.1: Changes to Services – “Commissioners will need to consider changes to local service provision as a consequence of a health needs assessment of the local community with particular regard to the diverse nature of the community and reducing health inequalities in access and outcomes.” This was achieved through completion of an EQIA, Consultation and Engagement as detailed in the previous paper presented at the October 2021 Committee meeting.

The purpose of this paper is to provide feedback regarding any impact resulting from the reduction in opening and closing hours at Oakwood Surgery’s branch site (Bull Farm), effective from 1 October 2021. This was approved by the Primary Care Commissioning Committee in September 2021 (paper included in Appendix 1).

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	If the answer is No, please explain why
Risk(s):				
No risks identified.				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
1. The Primary Care Commissioning Committee is asked to NOTE the impacts, from Oakwood Surgery, since the reduction in opening hours of Bull Farm branch surgery.				

Oakwood Surgery – Bull Farm branch surgery reduction in opening hours

1. Introduction

In September 2021, the Primary Care Commissioning Committee (PCCC) considered and approved an application to reduce the opening hours of Bull Farm branch surgery, effective from 1st October 2021, this was subject to a review of impact across both sites. The paper presenting feedback from Oakwood Surgery was due to be presented to PCCC in February 2022; due to current winter pressures Oakwood Surgery requested this be delayed until March 2022.

The table below shows the previous and current opening hours:

	Oakwood Surgery (unchanged)	Bull Farm (previous)	Bull Farm (current)
Monday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Tuesday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Wednesday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Thursday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm
Friday	8:00am-6:30pm	8:00am-6:30pm	8:30am-5:00pm

2. Background

The main rationale in reducing the hours at Bull Farm branch surgery was to redistribute receptionists to increase cover over both sites at the busiest times, with the highest volume of calls. The practice's most common patient complaint related to the telephone hold times taken to speak to a receptionist. Prior to approval of the change of opening hours for the Bull Farm branch surgery, the practice needed a minimum of 2 receptionists at each site Monday to Friday 8:00am-6:30pm.

3. Impacts

This section of the paper will consider all impacts noted following the reduction of Bull Farm branch surgery opening hours.

3.1. De-registrations

Since the reduction in opening hours, 314 patients have been de-registered at the practice (55 were deceased patients). The practice are not able to establish why the other 259 patients de-registered due to no longer having access to their patient records. The reason could simply be as a result of patients moving outside the practice boundary and therefore needing to register with another practice nearer to their new address..

Of the above 314 de-registered patients, 63 were previously registered at the Bull Farm branch surgery (11 of these are included in the total number of deceased patients).

3.2. Telephone call data

The table below shows the calls received by the practice between January 2021 - January 2022.

Month (2021)	Call quantity
January	13,169
February	13,781
March	22,507
April	28,314
May	26,361
June	23,606
July	13,583
August	16,790
September	23,664

October	21,930 *reduction in opening hours from this month*
November	18,972
December	12,591
January 2022	9,357

The call data shows a steady reduction in calls from October 2021. Other factors that may have contributed to this reduction are:

- Bank Holidays over the Christmas and New Year period
- The impact of the Omicron variant
- Change to government guidance January 2022, self-certification for 28 days reducing the need for Fit Notes.

Since the change in opening hours, the practice has made adjustments to working patterns of two of their reception team who now assist in answering telephones during the busiest time in the mornings. This enables calls to be answered more quickly, has reduced call lengths and the likelihood of patients needing to 'try again later'.

The table below shows the practice call data by month from August 2021 to February 2022:

	Total Calls Quantity	Total Calls Total Call Duration Average	Answered Calls Quantity	Answered Calls Total Call Duration Average	Answered Calls Talk Time Average	Abandoned Calls Quantity	Abandoned Calls Total Call Duration Average	Unanswered timed out Calls Quantity	Unanswered Timed Out Calls Total Call Duration Average	Maximum total call time	% of calls answered
11th-31st Aug 21	16910	00:05:25	10072	00:07:17	00:01:02	4655	00:02:08	25	00:04:42	01:32:33	59.5623891
Sep-21	35925	00:05:20	23646	00:05:59	00:00:40	9038	00:02:39	180	00:25:41	02:16:33	65.8204593
Oct-21	32812	00:05:33	21928	00:06:02	00:00:36	8381	00:02:58	122	00:26:10	01:48:50	66.8292088
Nov-21	30831	00:06:06	18970	00:06:50	00:00:40	9238	00:03:10	124	00:25:53	01:50:10	61.5289806
Dec-21	20424	00:06:12	12591	00:07:35	00:00:58	6579	00:02:42	536	00:13:34	01:40:44	61.6480611
Jan-22	14424	00:04:13	9353	00:05:41	00:01:46	4398	00:01:18	257	00:05:42	00:39:10	64.8433167
1st-10th Feb 22	7142	00:03:52	5061	00:04:54	00:01:19	1868	00:01:12	65	00:04:31	00:44:14	70.8625035

This shows an increase in the percentage of calls answered, a reduction in abandoned calls and an increase in unanswered calls that subsequently timed out (see below **NOTE**):

- The data from the telephone system shown above, identifies that there has been a gradual increase in the percentage of calls answered at the practice, from 59.5% between 11-31 August 2021, up to 70.9% between 1-10 February 2022. This demonstrates the positive impact due to the two receptionists being moved to work in the busier times.
- The practice will continue to focus on reducing the number of calls abandoned and unanswered as the figures to date (since the change of hours) at the Bull Farm surgery branch have remained consistent:
 - In the 7-weeks and 1 day prior to the reduction in hours (11 August – 30 September 2021), the practice answered 33,718 calls, with 13,693 (25.9%) calls abandoned and 205 (0.39%) unanswered timed out calls.
 - After the change in opening hours (1st October 2021) to the calendar year end (October to December 2021), the practice answered 53,489 calls, with 24,198 (28.8%) calls abandoned and 782 (0.93%) unanswered timed out calls.
 - In 2022 (January 2022 – 10 February 2022), the practice answered 14,414 calls, with 6,266 (29%) abandoned calls and 322 (1.49%) unanswered timed out calls.

From the above table, it was possible to calculate that the average wait time for answered calls has decreased during the period of January - 10 February 2022:

	Average wait time for answered calls
11th-31st Aug 21	00:06:15
Sep-21	00:05:19
Oct-21	00:05:26
Nov-21	00:06:10
Dec-21	00:06:37
Jan-22	00:03:55
1st-10th Feb 22	00:03:35

NOTE: Oakwood Surgery raised a concern with the CCG on 17 January 2022, in relation to feedback from patients that indicated their telephone lines were terminating calls in queue position one after 1.5 minutes. The practice also received a number of complaints in relation to this issue and the cut off time has now been increased to 3 minutes. This will also have impacted on the number of calls abandoned detailed above during this period, the benefit of redeploying two staff members has not been fully recognised due to this issue.

The practice use the CCGs MITEL system hosted by NHIS and this concern was raised with the team that supports telephony. We now know that the time allowed to be on hold at queue position one is part of an industry standard which is being enforced by the new provider of the telephony system in line with industry standards but wasn't as strictly enforced by the previous provider.

The Primary Care Commissioning Team note four recent complaints relating to telephone contact and difficulty/cut off calls from December 2021 (NHS Choices – 3, Google Reviews – 1). This matter is being dealt with separately and is not of direct relation to the reduction in opening hours at Bull Farm branch surgery.

3.3. Ease of access

Altering the opening hours of Bull Farm branch surgery has improved the practices' ability to utilise reception staff at the busiest times. The practice believes this has helped them to flexibly use the staff to meet demand at their busiest times and has been paramount in reducing call wait times particularly when compounded with the added pressures of Omicron and staff isolation over the .

4. Feedback

4.1. Practice feedback

No formal or informal patient complaints have been received regarding the change in opening hours. Receptionists have not reported any comments received regarding the change in opening hours.

4.2. CCG feedback

The CCG Patient Experience Team confirmed that five contacts have been received about Oakwood Surgery since October 2021, none of which specifically related to the reduction in opening hours at the Bull Farm branch surgery. One contact related to difficulties contacting the surgery by telephone.

The Primary Care Commissioning Team have not received any comments from other practices regarding any impact resulting from the reduction in hours at Bull Farm branch surgery.

4.3. Websites / Social Media

There have been no negative comments or reviews left on the NHS website or Facebook page regarding the change to the opening hours at Bull Farm branch surgery.

The Primary Care Commissioning Team reviewed NHS Choices, Google Reviews and the practice Facebook page and there was no negative feedback regarding the reduction in opening hours at Bull Farm branch surgery.

5. Recommendation

The Primary Care Commissioning Committee is asked to **NOTE** the impacts, from Oakwood Surgery, since the reduction in opening hours of Bull Farm branch surgery.

Oakwood Surgery: The Branch of Bull Farm Change of Opening Hours

Understanding Impact To Patients April 2022

Contents

Summary

Findings

Key Messages

Summary

Oakwood Surgery submitted a business case the CCG to change the opening hours of Oakwood Surgery: the Branch of Bull Farm to 8.30am-5pm. The paper was heard by the Primary Care Commissioning Committee on 15th September 2021.

The PCCC agreed the proposal in principle, subject to a review in February 2022 that would consider *the impact across both sites; looking at information including patient complaints and comments, workload, telephone efficiency and footfall*. The committee were happy for the proposed changes to Bull Farm branch opening hours to be made from 1st October 2021.

Oakwood surgery submitted the requested information to the CCG on 4th February 2022, and additional details on 11th February 2022. The CCG presented their paper to the Primary Care Commissioning Committee on 16th March 2022.

Following this the PCCC requested Oakwood surgery engage further with the PPG and provide an opportunity for patients to give feedback, e.g. through a small survey, social media. The Committee believed engagement would provide patients with an opportunity to come forward with views/feedback, which they may not proactively communicate without being approached by the practice. On 20th April 2022 it was asked that this engagement be undertaken, and an update presented to the Committee in May.

Patients had the opportunity to share their views and opinions through a survey available online and in paper copies between Friday 22nd April 2022 and Tuesday 3rd May 2022. 95 patients chose to register their views regarding the change in opening hours of Oakwood Surgery: the Branch of Bull Farm's reception. **No changes have been made to the times that patients can access appointments between at Bull Farm Branch, or Oakwood Surgery, as a result of the changes to the opening hours of Bull Farm Branch's reception.**

The key findings included:

- 81% of patients stated that they had not wanted to visit Bull Farm's reception after 5pm since October 2021
- Of the 17 patients who stated they had wanted to visit Bull Farm's reception after 5pm since October 2021, 82% (14 of them) contacted reception in another way
- 79% of patients selected 0 out of 10 or 'no impact' when asked *how much of an impact has the reception at Bull Farm Branch closing at 5pm since October 2021 had on you?*

Further detail is included in this report.

Findings

The survey was open between Friday 22nd April 2022 and Tuesday 3rd May 2022 and was completed by 95 respondents.

The survey was designed to understand the impact on patients following the change to the opening hours of reception at Oakwood Surgery: the Branch of Bull Farm. Questions were asked to understand:

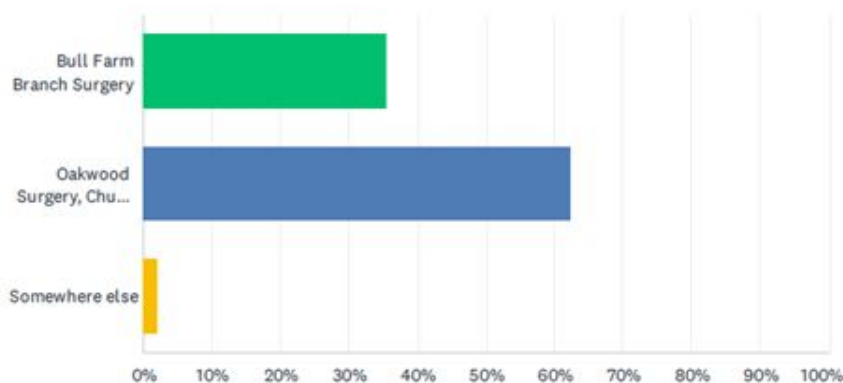
- Which site patients were registered at before October 2021 when the changes were made?
- Since October 2021 what percentage of patients had wanted to visit Bull Farm reception after 5pm, and for what reason?
- For the patients who did want to visit Bull Farm reception after 5pm, how did they contact reception instead?
- How do patients travel to Bull Farm site?
- Overall what impact has the change to the opening hours of Bull Farm reception had on patients?
- The equality and diversity of the patients who completed the survey.

Original Site of Patient’s Registration

35% of patients who completed the survey were registered at Bull Farm before the changes to the reception opening hours were made in October 2021. The PCCC are seeking to understand the impact the change has made on patients registered at both sites. 2% of patients who completed the survey were not patients at either Oakwood Surgery or the Bull Farm Branch before the changes were made.

Q1 Which surgery were you registered at before 1st October 2021?

Answered: 93 Skipped: 2



ANSWER CHOICES	RESPONSES	
Bull Farm Branch Surgery	35.48%	33
Oakwood Surgery, Church Street	62.37%	58
Somewhere else	2.15%	2
TOTAL		93

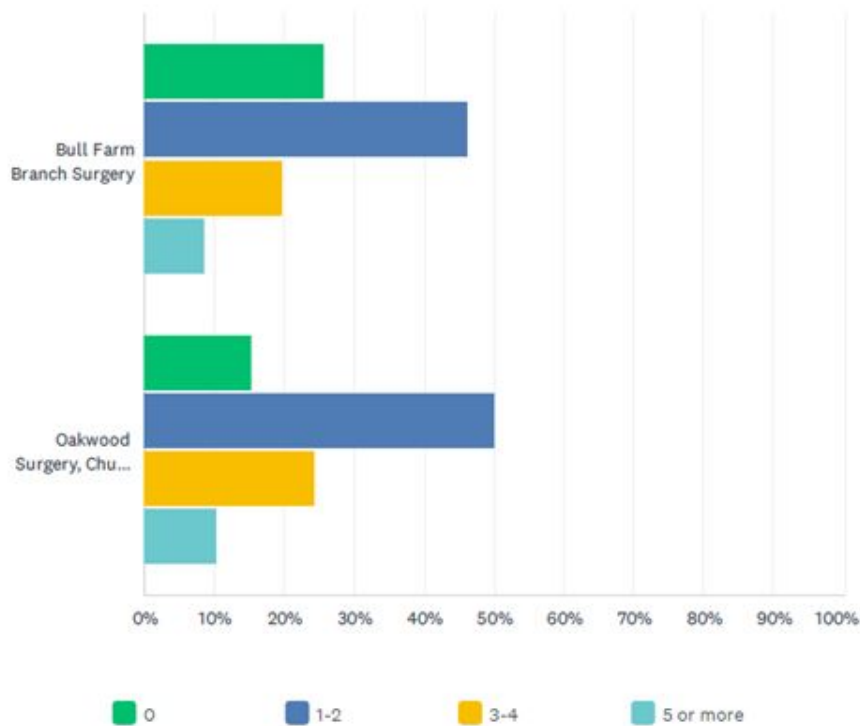
Visiting Bull Farm Reception

61 patients (64%) who completed the survey stated that they had visited Bull Farm Branch Surgery at least once since October 2021.

66 patients (69%) who completed the survey stated that they had visited Oakwood Surgery at least once since October 2021.

Q2 Since 1st October 2021, please choose how many times have you attended the following:-

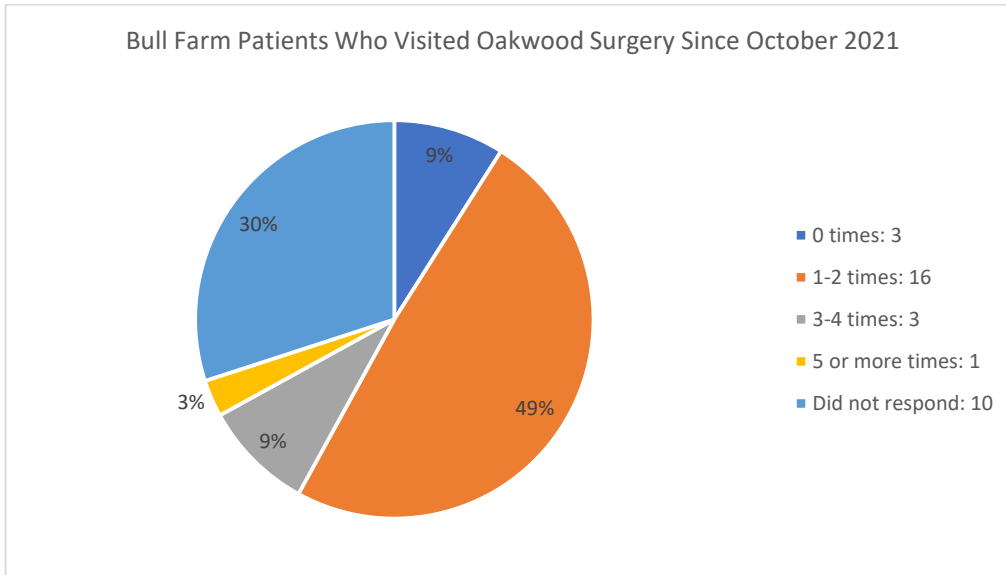
Answered: 94 Skipped: 1



	0	1-2	3-4	5 OR MORE	TOTAL	WEIGHTED AVERAGE
Bull Farm Branch Surgery	25.61% 21	46.34% 38	19.51% 16	8.54% 7	82	2.11
Oakwood Surgery, Church Street	15.38% 12	50.00% 39	24.36% 19	10.26% 8	78	2.29

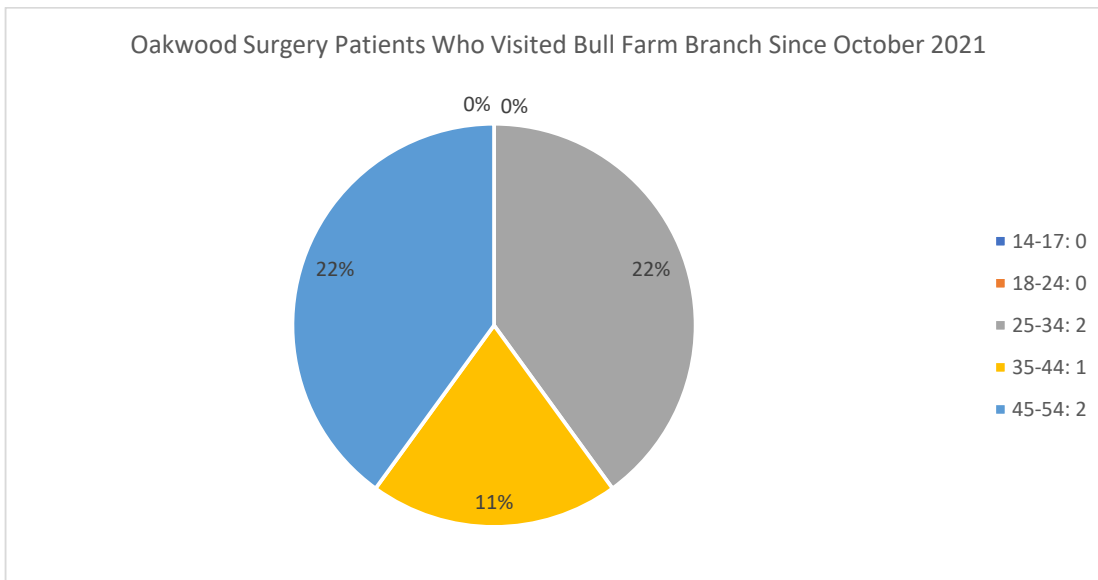
Of the 61 patients who have visited Bull Farm Branch since October 2021, 38 (62%) have also visited Oakwood Surgery, Church Street within the same time frame.

Of the 33 patients who stated that they were registered at Bull Farm before the changes to the reception opening hours were made, 20 (61%) stated that they visited Oakwood Surgery Church street since the changes were made in October 2021:



All 33 patients who stated that they were registered at Bull Farm before the changes to the reception opening hours were made stated that they had visited at least one of our sites since October 2021. 2 of these patients stated that they had not visited Bull Farm Branch since October 2021; both of these stated that they had visited Oakwood Surgery Church Street in the same time period.

Of the 58 patients who stated that they were registered at Oakwood Surgery Church Street before the changes to the reception opening hours were made, 28 (48%) stated that they visited Bull Farm Branch since the changes were made in October 2021:

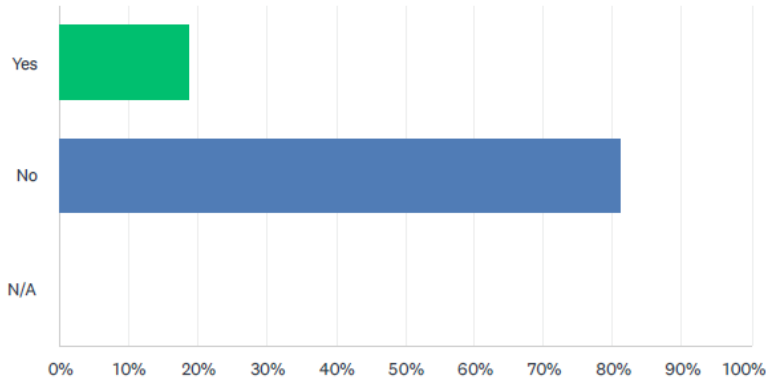


Of the 58 patients who stated that they were registered at Oakwood Surgery Church Street before the changes to the reception opening hours were made, 5 (9%) stated that they had not visited either site since October 2021.

81% of patients stated that they have not wanted to visit the reception at Bull Farm Branch in person between 5pm-6.30pm since October 2021:

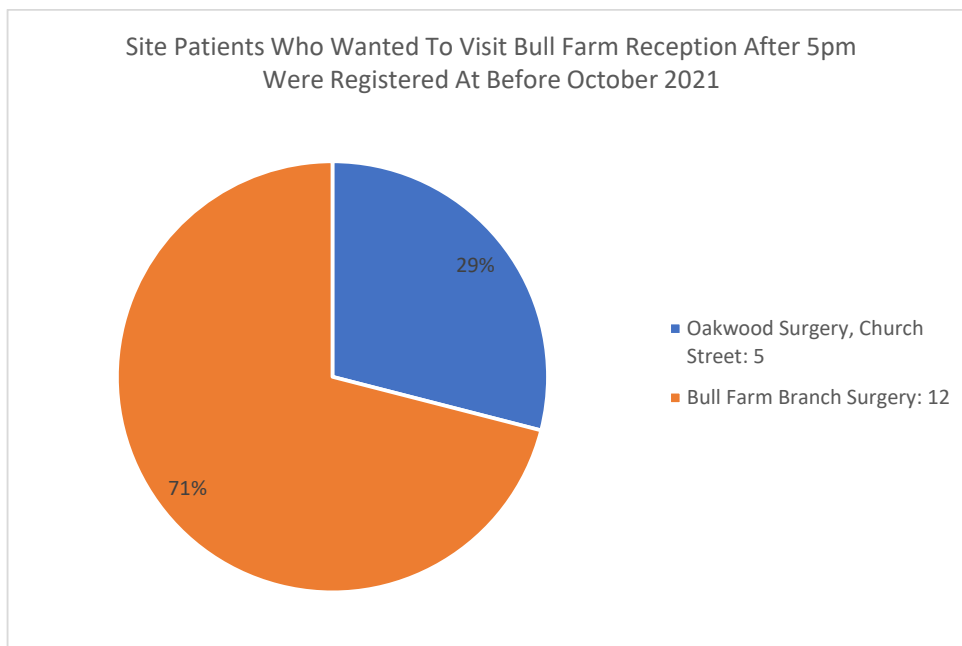
Q3 Since 1st October 2021 have you wanted to visit the reception at the Bull Farm Branch in person between 5pm and 6.30pm Monday – Friday?

Answered: 91 Skipped: 4

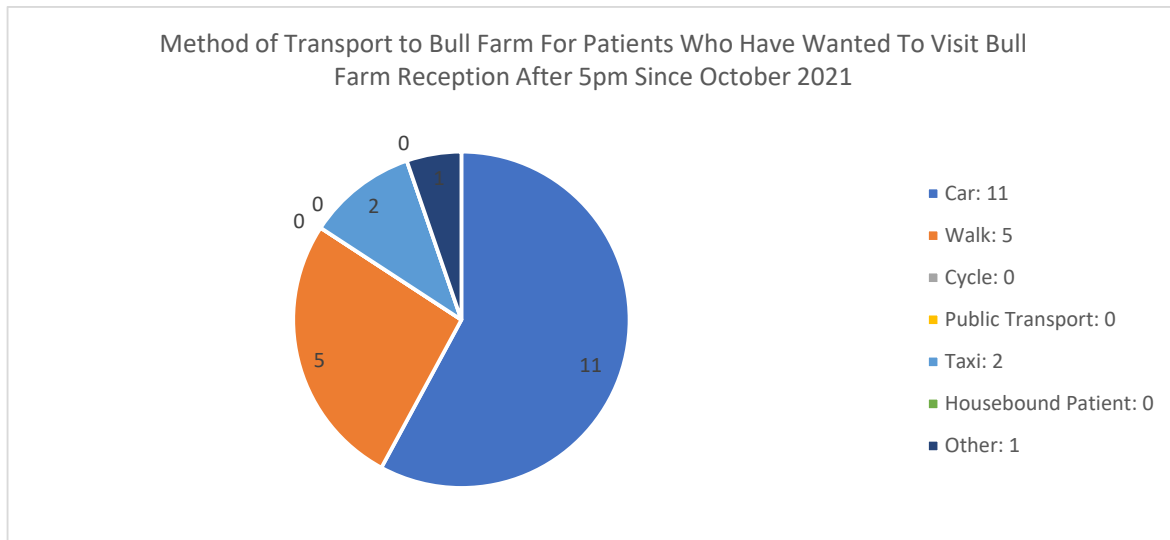


ANSWER CHOICES	RESPONSES	
Yes	18.68%	17
No	81.32%	74
N/A	0.00%	0
TOTAL		91

Of the 17 patients who stated they did want to visit Bull Farm Branch in person between 5pm-6.30pm since October 2021, 5 (29%) stated that they were registered at Oakwood Surgery Church Street before the changes to the opening hours of Bull Farm Branch reception were made:



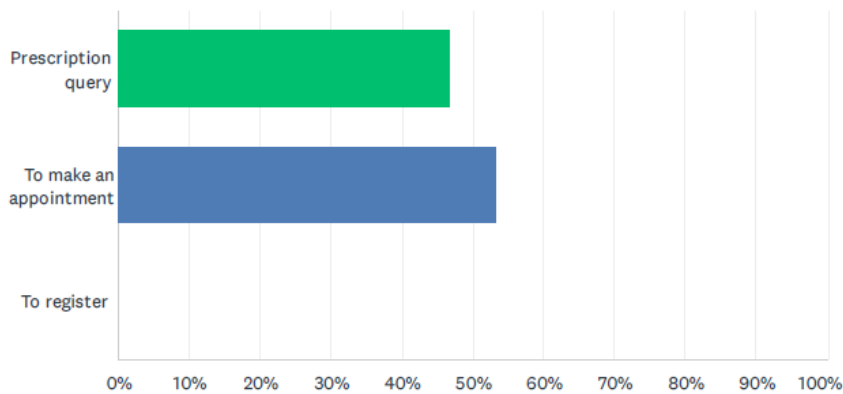
Of the 17 patients who stated they did want to visit Bull Farm Branch in person between 5pm-6.30pm since October 2021, 11 (65%) stated that they travel to Bull Farm Surgery by car; 5 (29%) stated that they travel to Bull Farm by walking, however 3 of these patients stated that they also travel to Bull Farm by car:



Of the 17 patients who stated they did want to visit Bull Farm Branch in person between 5pm-6.30pm since October 2021, 15 of them stated their reason was for a prescription query or to make an appointment:

Q4 If yes, for what reason did you need to visit reception at the Bull Farm Branch in person?

Answered: 15 Skipped: 80



ANSWER CHOICES	RESPONSES
Prescription query	46.67% 7
To make an appointment	53.33% 8
To register	0.00% 0
TOTAL	15

#	OTHER (PLEASE SPECIFY)	DATE
1	vaccine, covid booster	4/28/2022 2:24 PM
2	Can not get appointments	4/23/2022 8:43 AM
3	To speak to a receptionist because you can never get through	4/22/2022 9:54 PM

All of the reasons that the 17 patients provided could have been dealt with in another way between 5pm-6.30pm, other than by visiting Bull Farm Reception in person.

Patients with a prescription query could have:

- Phoned reception between 5pm-6.30pm
- Emailed the surgery between 5pm-6.30pm
- Visited Oakwood Surgery Church Street between 5pm-6.30pm

To make an appointment patients could have:

- Phoned reception between 5pm-6.30pm
- Visited Oakwood Surgery Church Street between 5pm-6.30pm

To speak to a receptionist patients could have:

- Phoned reception between 5pm-6.30pm
- Visited Oakwood Surgery Church Street between 5pm-6.30pm

To enquire about or receive a covid booster patients could have:

- Phoned reception between 5pm-6.30pm
- Visited Oakwood Surgery Church Street between 5pm-6.30pm

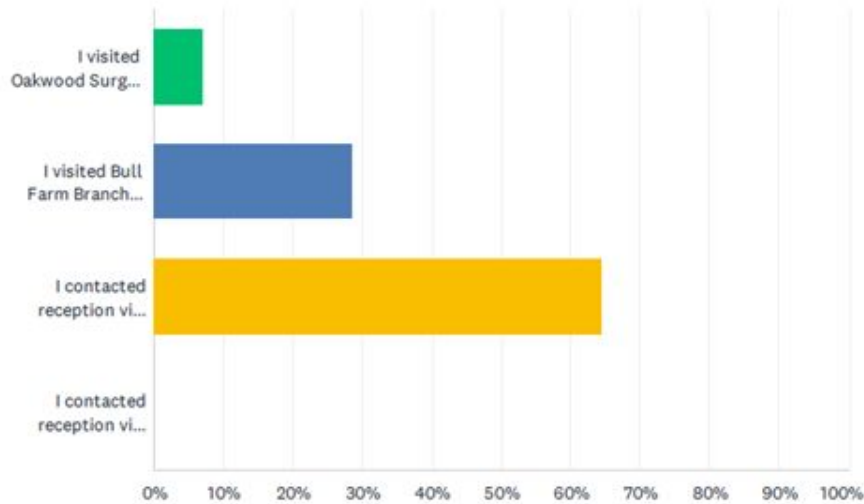
However, we have not offered Covid Vaccines in surgery since July 2021. We did not administer covid booster jabs to any patients other than those in care homes or housebound patients. Patients wanting covid vaccines or boosters were directed to 119 or their NHS app, and attended either mass vac centres, or the PCN hub based at Mansfield Community hospital.

Alternatives to Accessing Bull Farm reception between 5pm-6.30pm

Of the 17 patients who stated they did want to visit Bull Farm Branch in person between 5pm-6.30pm since October 2021, 14 (82%) of them accessed reception in another way:

Q5 If yes, how did you contact reception instead?

Answered: 14 Skipped: 81



ANSWER CHOICES	RESPONSES
I visited Oakwood Surgery Church Street reception in person between 5pm and 6.30pm	7.14% 1
I visited Bull Farm Branch Surgery reception in person before 5pm	28.57% 4
I contacted reception via telephone	64.29% 9
I contacted reception via email	0.00% 0
TOTAL	14

#	OTHER (PLEASE SPECIFY)	DATE
1	Can not get appointments	4/23/2022 8:43 AM

Of the 3 patients that did not state if they accessed reception in another way:

The first stated that they access Bull Farm reception by car and stated that since the change to Bull Farm reception’s opening hours they have visited Oakwood Surgery Church Street at least once.

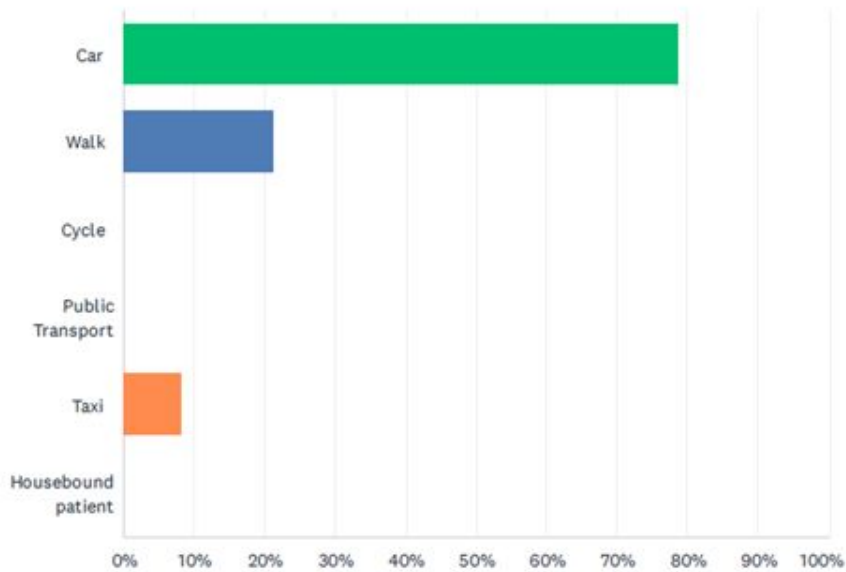
The second stated that before the change to Bull Farm reception’s opening hours they were registered at Oakwood Surgery, and did not respond to question 7 which asked what impact the change had on them.

The third stated that before the change to Bull Farm reception’s opening hours they were registered at Oakwood Surgery, that they travel to Bull Farm by car, and for question 7 which asked what impact the change had on them they stated 0 ‘no impact’.

Travelling to Bull Farm

Q6 How do you travel to Bull Farm Surgery? (tick all that apply)

Answered: 75 Skipped: 20



ANSWER CHOICES	RESPONSES	
Car	78.67%	59
Walk	21.33%	16
Cycle	0.00%	0
Public Transport	0.00%	0
Taxi	8.00%	6
Housebound patient	0.00%	0
Total Respondents: 75		

#	OTHER (PLEASE SPECIFY)	DATE
1	rang	4/29/2022 11:28 AM
2	Does Not	4/28/2022 2:43 PM
3	not at all	4/28/2022 2:29 PM
4	N/A	4/28/2022 2:28 PM
5	We don't attend Bull Farm	4/27/2022 4:45 PM
6	electric wheelchair	4/22/2022 4:51 PM

Of the 16 patients who stated that they walk to Bull Farm, 6 (38%) stated that they travel to Bull Farm by Car.

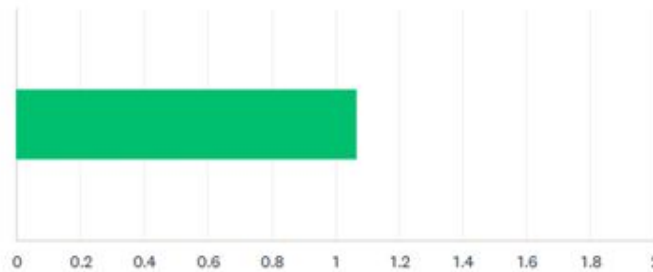
Of the 10 patients who selected walk as their only method of travel to Bull Farm, 9 (90%) stated in question 7 when asked what impact the change had on them they stated 0 'no impact'.

Overall Impact

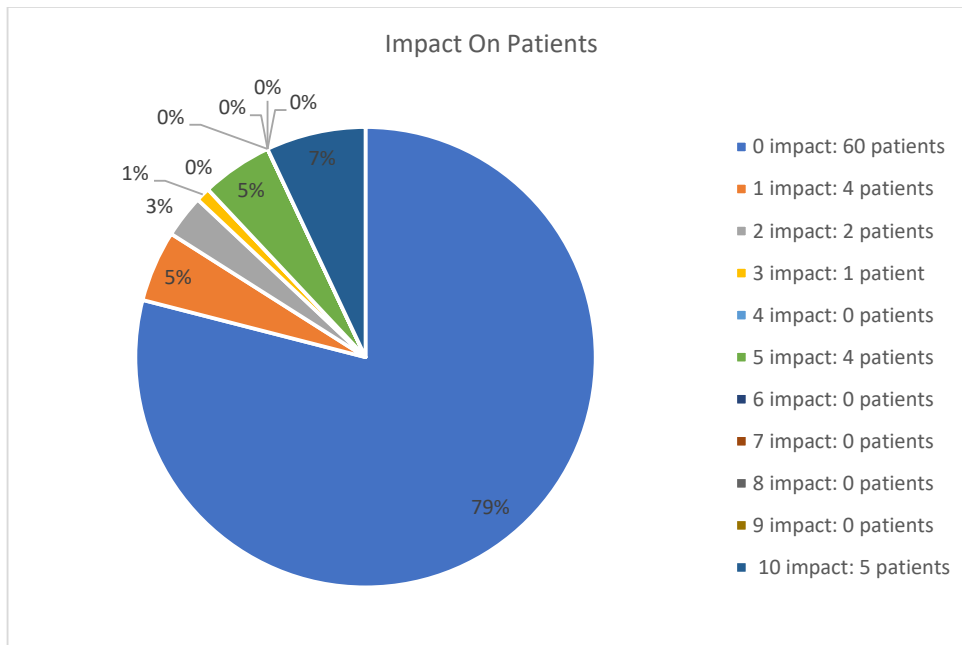
76 patients answered question 7. The average score was 1, with 60 (79%) respondents selecting 0 'No Impact':

Q7 On a scale of 1-10, how much of an impact has the reception at Bull Farm Branch Surgery closing at 5pm since October 2021 had on you?

Answered: 76 Skipped: 19



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	1	81	76
Total Respondents: 76			



Of the 76 patients that answered question 7, 5 (7%) stated that the change had more than a 5/10 impact on them.

Of these 5 patients:

- 3 (60%) stated that they were registered at Bull Farm Branch Surgery before the change took place
- 5 (100%) stated that they access Bull Farm Branch Surgery by car
- 4 (80%) stated that they have visited Oakwood Surgery Church Street at least once since October 2021
- 1 (20%) only answered question 6 (How do you travel to Bull Farm Surgery?) and question 7 (how much of an impact has the reception at Bull Farm Branch surgery closing at 5pm since October 2021 had on you?)

Of the total number of patients who completed the survey, 5 (5%) stated that the change to the opening hours of Bull Farm reception had a 'high impact' on them, however all use a car to travel.

5 patients stated why they had selected high impact:

Q8 If you selected high impact, please state the reason below

Answered: 5 Skipped: 90

#	RESPONSES	DATE
1	Finish work after 5pm to get to Bullfarm	5/3/2022 1:32 PM
2	I work until 5pm	4/28/2022 2:45 PM
3	I work full time. I am unable to spend so much time waiting to be connected to an actual person so wud need to visit surgery in person to try and see a doctor at some point	4/22/2022 9:58 PM
4	Just come in the day	4/22/2022 4:46 PM
5	I think the surgery is rubbish now don't know why they had to merge with Oakwood!	4/22/2022 2:38 PM

Comment 4 is from a patient who scored 0 'no impact' for question 7.

24 respondents chose to leave an additional comment when completing the survey:

Q9 We would welcome any additional comments or feedback in response to the change of Bull Farm Reception's opening hours since October 2021. Please state these below:

Answered: 24 Skipped: 71

#	RESPONSES	DATE
1	6PM would be better with work related	5/3/2022 1:32 PM
2	Noticed no change	4/29/2022 3:36 PM
3	No comment	4/29/2022 12:50 PM
4	Vast improvement	4/29/2022 11:42 AM
5	Unaware of changes	4/29/2022 11:33 AM
6	Wasnt aware, mainly use Oakwood, prefer appointments after 5pm = work	4/29/2022 11:30 AM
7	Harder to get an appointment now	4/28/2022 2:45 PM
8	Not affected	4/28/2022 2:43 PM
9	Vast improvement	4/28/2022 4:58 AM
10	Vast improvement	4/27/2022 5:00 PM
11	An appointment after 5pm and access to reception may be good for people who work	4/26/2022 11:49 AM
12	If my Husband didnt drive i wouldnt be able to get to bullfarm.	4/26/2022 11:44 AM
13	The buses are unreliable. A Taxi to bullfarm is £6.50 but this is the only way to see GP of choice in person (Dr Sanders)	4/26/2022 11:41 AM
14	It should be open later because you can not get appointments rubbish surgery .	4/23/2022 8:48 AM
15	I think you need to tackle the telephones first instance this would have a huge impact on all issues at this surgery	4/22/2022 9:58 PM
16	would prefer oakwood surgery, only been to bull farm once, my husband doesn't like driving now so i would never be here at 5pm	4/22/2022 4:56 PM
17	happy with the opening times	4/22/2022 4:51 PM
18	The reception at Oakwood Surgery needs to be addressed. It takes well over 30 phone calls and nearly an hour to get through to make an appointment. Not great when you're ill or your child is ill	4/22/2022 4:49 PM
19	no concerns	4/22/2022 4:46 PM
20	No change	4/22/2022 4:42 PM

21	Have an option to book an appointment through the website	4/22/2022 4:38 PM
22	I have trouble booking appointments due to working 12 hour shifts, I leave at 5 am and return at 18.45 pm or leave at 17.00pm at night and return at 6.45 am . How am I supposed to book an appointment as we are not allowed phone at work. Used to book on line but stopped. When ever I go to the doctors it's empty, not a sole in sight but they always say they are very busy.	4/22/2022 3:17 PM
23	Yes you can never get an appointment but when you finally do the surgery isn't busy at all this service has gone completely down hill!!	4/22/2022 2:38 PM
24	the changes make a better use of resources where they are most needed and allow for an improvement to the service provided where it is most needed	4/22/2022 2:12 PM

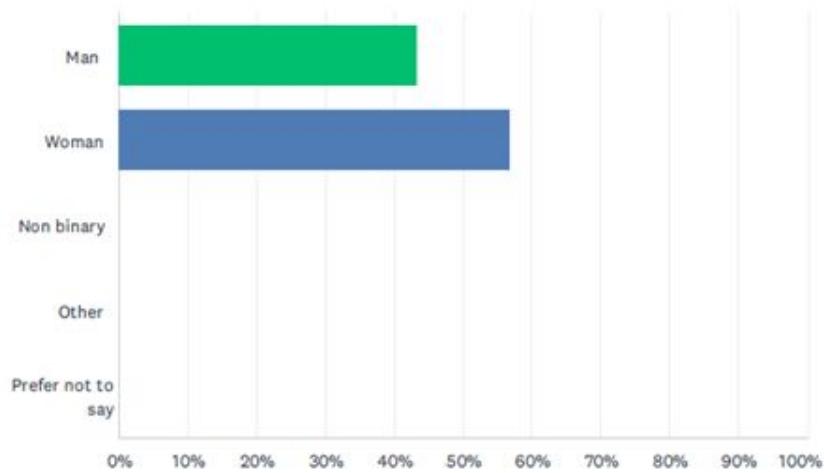
Equality and Diversity

We had a range of patients reply to the survey. There is no significant theme of impact for any particular cohort.

Of the 95 patients who completed the survey, 39 stated their gender as male, and 51 as female:

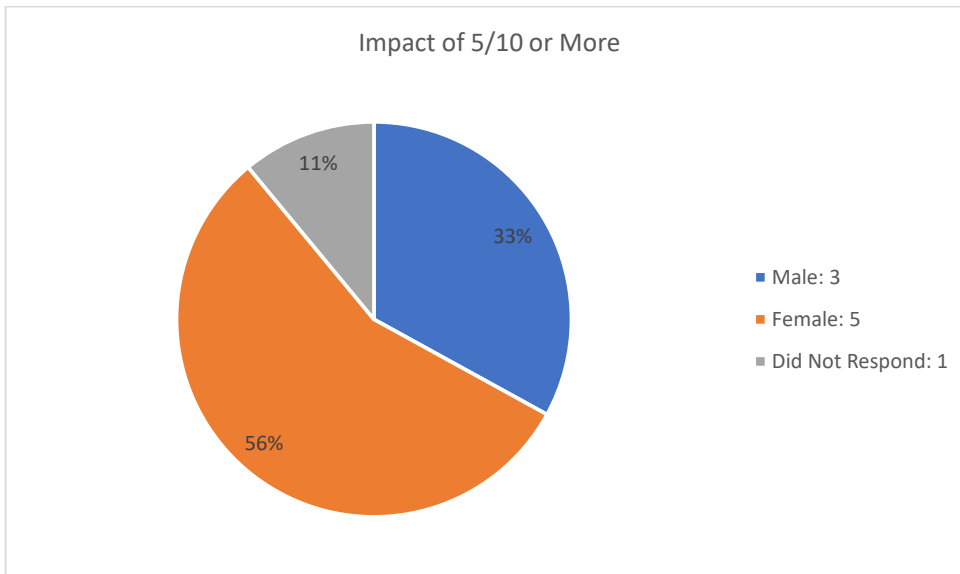
Q10 What is your gender?

Answered: 90 Skipped: 5



ANSWER CHOICES	RESPONSES	
Man	43.33%	39
Woman	56.67%	51
Non binary	0.00%	0
Other	0.00%	0
Prefer not to say	0.00%	0
TOTAL		90

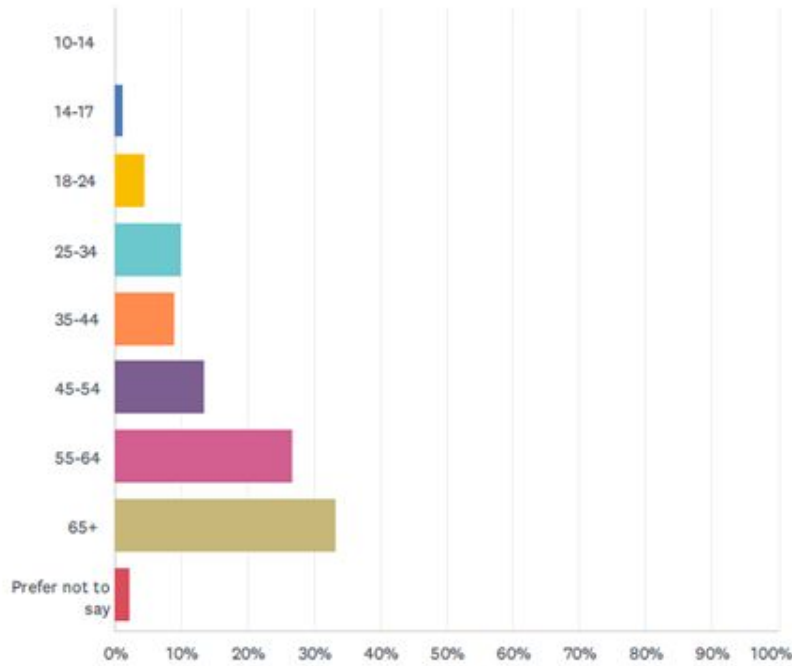
Of the 9 patients who stated the change to the opening times of Bull Farm reception had an impact of 5/10 or higher, 5 stated they were female, 3 stated they were male:



All but one of the age categories had at least one respondent:

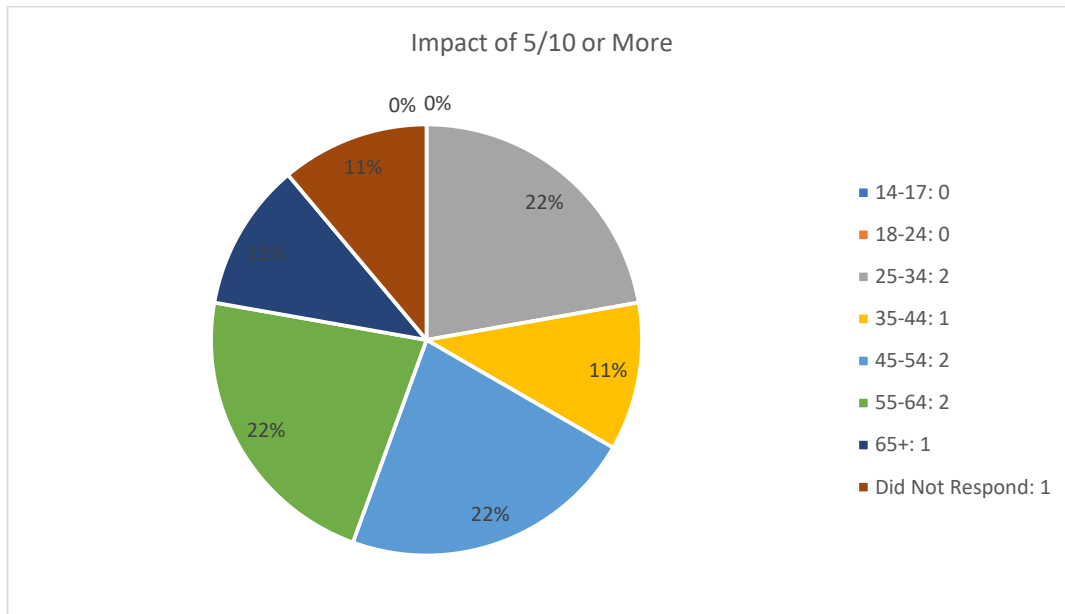
Q11 Which age band do you fall into?

Answered: 90 Skipped: 5



ANSWER CHOICES	RESPONSES	
10-14	0.00%	0
14-17	1.11%	1
18-24	4.44%	4
25-34	10.00%	9
35-44	8.89%	8
45-54	13.33%	12
55-64	26.67%	24
65+	33.33%	30
Prefer not to say	2.22%	2
TOTAL		90

Of the 9 patients who stated the change to the opening times of Bull Farm reception had an impact of 5/10 or higher, all but two of the age categories had at least one respondent:



Of the 82 patients who completed question 13, at least 1 respondent selected 9 of the 10 options provided regarding long term impact of their abilities to carry out day to day activities:

ANSWER CHOICES	RESPONSES
No known impairment, health condition or learning difference	59.76% 49
A long standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease or epilepsy	18.29% 15
A mental health difficulty such as depression schizophrenia or anxiety disorder	9.76% 8
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	6.10% 5
A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	1.22% 1
Blind or have a visual impairment uncorrected by glasses	1.22% 1
Deaf or have a hearing impairment	1.22% 1
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	1.22% 1
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	1.22% 1
An impairment health condition or learning different that is not listed above, please state below	0.00% 0
TOTAL	82

#	OTHER (PLEASE SPECIFY)	DATE
1	Osteopenia	5/3/2022 1:29 PM
2	Deaf or have a hearing impairment	4/26/2022 11:50 AM
3	OCD	4/22/2022 4:52 PM
4	Hypertension	4/22/2022 3:29 PM
5	Sciatica and bulging disc	4/22/2022 2:39 PM

Of the 9 patients who stated the change to the opening times of Bull Farm reception had an impact of 5/10 or higher:

- One selected A long standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease or epilepsy
- One selected A mental health difficulty such as depression schizophrenia or anxiety disorder
- Five selected No known impairment, health condition or learning difference

- Two did not answer Question 13
- Two stated that they are a carer providing unpaid support to a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction

Key Messages

The key messages arising from this patient survey are:

- More than 80% of patients have not wanted to visit the reception at Bull Farm between 5pm-6.30pm since the change took place in October 2021.
- The majority of patients, across multiple patient cohorts, stated that the change to the reception opening hours of Bull Farm Branch had 0 'no impact' on them.
- Of the patients who stated the change had a 6/10 – 10/10 'high impact' on them, 100% use a car to access Bull Farm surgery, and 80% stated that they have visited Oakwood surgery at least once since the changes in October 2021
- The views of both Bull Farm registered patients and Oakwood registered patients have been gathered and considered through the patient survey.



Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
Paper Title:	Winter Access Fund Update and Evaluation	Paper Reference:	PCC 22 029
Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	
Presenter:	Joe Lunn, Associate Director of Primary Care		
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> • Assurance • Information

Executive Summary

Winter Access Fund (WAF)

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

Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against the WAF to 31 March 2022. The latest submission details how our three Place Based Partnerships delivered against plans was submitted on 29 April 2022.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.

Risk(s):

As the additional activity provided by the WAF is removed there is a risk that patient access and satisfaction levels may deteriorate.

Confidentiality:

No

Recommendation(s):

Primary Care Commissioning Committee are asked to

- **NOTE** the update in relation to the monthly reporting process for "Improving Access for Patients and Supporting General Practice" (Winter Access Fund) and the submission made to NHSE/I on 29 April 2022.
- **NOTE** the update provided on the WAF Evaluation.

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

1. Introduction

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

Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against WAF to 31 March 2022. The latest submission details how our three Place Based Partnerships continue to deliver against plans was submitted on 29 April 2022.

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

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

2.1. WAF – Activity Delivery

Scheme	Initiative	How much WAF is available to support initiatives/scheme?	How many [additional] appointments were delivered over the whole duration of the initiative/scheme?	How many appointments delivered to date? Mar 2022 (Number only)	Are these appointments already recorded via the GP appointment data (GPAD)? Yes/No/ Split	If appointments are split please provide a breakdown of appointments that are in GPAD and those that aren't.	How are systems recording schemes' benefits?	What benefits has the service delivered for patients and/or practice staff? These could be qualitative such as from local patient/staff satisfaction surveys or quantitative e.g. reduced waiting time.	Please describe any risks and issues that relate to the initiatives/schemes RAG (see RAG KEY tab)
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in South Notts	1379161	The whole duration is not at an end as yet. The overall plan was to deliver 83,248 additional appointments between November and March. Figure in Column F is estimated as 8 claims outstanding.	83872	Yes	N/A	Direct monitoring of additional sessions, requested feedback from practices.	Practices have identified that the additional capacity has been well utilised by patients, has allowed them to provide more on the day care and has helped maintain staff morale. Practices have also reported that patient feedback around has been positive. A higher proportion of people are being seen within 7 days than in the comparable time period in 2019. The proportion of face to face appointments has increased compared to the April to August period of 2021 in spite of the Omicron wave.	Omicron wave impact on staff availability will have reduced capacity, as will the request to prioritise COVID vaccinations in December 2021.
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in Nottingham City	1770749	66,533	66,533	Split	63,429 - GPAD 3104 - Not GPAD	As part of the monthly reporting process we are asking practices for feedback of the scheme and benefits they are seeing.	Practices have reported that there have been less complaints and comments from patients regarding the length of time to wait for an appointment.	Risks are highlighted in the enclosed risk tab
h) Other actions to support the creation of additional appointments	Additional Hubs and individual practice/PCN initiatives in Mid Notts	1549090	The original plan was to deliver 42,700 additional appointments and this has been overshot by just over 3,500.	46335	Split	GPAD: 45,925 Non-GPAD: 410	Recording of appointment numbers and type in clinical systems which allows easy reporting. Patient feedback collected through sampling. Practice feedback sought monthly.	Benefits have been reported both from patients and practices: waiting times reduced - patients seen on the day rather than waiting days or attending ED face to face appointment rather than remote when preferred patient preference additional workforce within practices to ease the pressure on clinical and non-clinical staff	Two key issues remain: high levels of sickness due to Omicron reduced delivery of appointments and increased the cost because more locum staff were needed rather than existing staff doing more hours. the hard stop on 31 March has affected patient experience and staff workload.
				196740					

2.2 WAF – Key Lines of Enquiry (KLOEs)

Ref	KLOE	Comments																														
1	Have all practices in the region/CS achieved pre-pandemic activity levels, compared with the same period in 2019/20?	<p>Within Nottingham City Place, the practices requiring enhanced support saw an increase in appointments comparing March 22 to March 19 of 16.07%; the increase for Nottingham City overall was 12.1%</p> <p>In South Notts Place, Practices have been provided with additional financial support to allow them to deploy additional staff. In December and January, practices were particularly challenged due to the impact of the Omicron wave on staff absence and staff having to work from home due to isolation requirements. Practice activity will also have been impacted by the standing down of routine care to support the vaccination programme. Within South Nottinghamshire, the practices identified for enhanced support saw an increase in appointments comparing January 22 to January 20 of 9.9%; the average for South Nottinghamshire was a 4.7% increase. The growth in appointments in these practices has been higher than the South Notts average in every month of the WAF. The drop in F2F appointments in these practices in January due to the Omicron wave was only 10% compared to the same month in 2019; the figure for the whole of South Notts was a 24.8% drop.</p> <p>In Mid Notts Place, the vast majority of practices are showing recovery with an additional 14k appointments in March. Seven practices have not recovered and these continue to be supported by the Locality Team.</p>																														
2	Have overall appointment volumes in general practice increased, compared with same period in 2019/20?	<p>Overall the CCG's practices delivered 12.2% more appointments in March 2022 than March 2019. All places showed a substantial increase: Nottm City Place increased by 12.1% compared to March 2019. As part of the WAF process Nottingham City locality team have supported and encouraged practices to think about the different roles available to them to increase productivity. We are currently working with a PCN (where a number of practices are identified as required enhanced support through the WAF process) looking at their processes for managing urgent same day demand.</p> <p>In South Notts Place, between November 2021 and February 2022, the number of appointments recorded on GPAD increased by 86,683. 21 practices recorded increases in activity of above 5%. 4 practices recorded increases of below 5%. 10 practices recorded a reduction in activity of less than 5%. 4 practices recorded a reduction in activity of more than 5%. Every PCN in South Nottinghamshire recorded an overall increase in activity comparator period in 2019/20.</p> <p>In Mid Notts Place, there was an increase of 8.5% appointments overall. All PCNs recorded an increase in appointments. Individual practices continue to be challenged with periods of high sickness due to covid and this has reduced the potential for increased appointments. The ccg is supporting them through these incidents and encouraging PCNs to maximise their utilisation of ARRS in 2022/23 to improve resilience.</p>																														
3	Is there evidence that the proportion of face-to-face appointments with GPs increased, subject to clinical need?	<p>The Omicron wave had a massive impact on the ability of practices to offer F2F care across Notts but despite that there has been an increase of 8.6% in these appointments. The majority of PCNs and practices have shown an increase in these appointments.</p> <p>In City Place, March GPAD data shows that the number of face to face appointments have increased by 13.8%. Feedback from practices has been that complaints about access has reduced during the WAF period.</p> <p>Across the South Nottinghamshire Place, in November 2021 F2F appointments were only 315 lower than November 2019, in December it was 9,135 lower, in January 37,376 lower and in February 22,829 lower. In spite of the Omicron wave, the proportion of F2F appointments was higher in November, December and January than it had been between April and August 2021. Only in February did the proportion of F2F activity dip below the levels that had been being delivered between April and August 2021.</p> <p>In the Mid Notts Place, there has been an increase in face-to-face appointments and the majority of practices delivering more than 65% of appointments face to face. Four practices are still showing with low F2F (<20% of appointments) and the CCG is continuing to work closely with them.</p>																														
4	What evidence is there that WAF had a positive impact on in-hours 111 calls and ED attendance?	<p>There is evidence that 111 call times have reduced. It would be expected that due to winter illnesses that times would increase from November however times have reduced from November. This consistently above 200 prior to November but since November, times have remained below 200. Comparing April 2021 to April 2022, there has been a 25% reduction in total 111 call time:</p> <table border="1"> <thead> <tr> <th colspan="2">2021</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>217.7</td> </tr> <tr> <td>May</td> <td>236.0</td> </tr> <tr> <td>Jun</td> <td>204.9</td> </tr> <tr> <td>Jul</td> <td>220.2</td> </tr> <tr> <td>Aug</td> <td>201.8</td> </tr> <tr> <td>Sep</td> <td>200.9</td> </tr> <tr> <td>Oct</td> <td>219.7</td> </tr> <tr> <td>Nov</td> <td>195.0</td> </tr> <tr> <td>Dec</td> <td>193.4</td> </tr> <tr> <th colspan="2">2022</th> </tr> <tr> <td>Jan</td> <td>191.3</td> </tr> <tr> <td>Feb</td> <td>173.8</td> </tr> <tr> <td>Mar</td> <td>187.1</td> </tr> <tr> <td>Apr</td> <td>164.5</td> </tr> </tbody> </table>	2021		Apr	217.7	May	236.0	Jun	204.9	Jul	220.2	Aug	201.8	Sep	200.9	Oct	219.7	Nov	195.0	Dec	193.4	2022		Jan	191.3	Feb	173.8	Mar	187.1	Apr	164.5
2021																																
Apr	217.7																															
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Jun	204.9																															
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Nov	195.0																															
Dec	193.4																															
2022																																
Jan	191.3																															
Feb	173.8																															
Mar	187.1																															
Apr	164.5																															
5	Has there been an increase in CPCS sign-up and use? What is being done to further increase uptake beyond March?	<p>NNCCG has 23 practices that are live with CPCS of 25/04/22.</p> <p>- NOTE the following data has not been available since 21/03/21 due to access to Pharmoutcomes not being available therefore I don't have the current number of referrals that have been made into the service - data as at 21/03/22 - 662 patients have been referred through the scheme. 328 of this activity has taken place since November during the WAF reporting.</p> <p>Future Plans</p> <p>We have a roll out plan that tracks our progress with all practices. We are currently engaging with all PCNs and have a training and implementation plan in place for the below go live dates:-</p> <ul style="list-style-type: none"> - April 2 practices plan to go live - May 9 practices plan to go live - June 3 Practice plan to go live <p>Work will continue with all practices to support, providing dedicated training and offer of support. Training and support over via the National offer with PCC has been shared with all Practices. We will continue to share best practice across our system using TeamNet and through PCNs. This is a key priority for all the locality teams.</p>																														
6	Has there been an increase in cloud-based telephony take-up and use? What is being done to further increase uptake beyond March?	<p>All practices were included in the national solution to access cloud based telephony via MS Teams but utilisation has varied – some of which may be due to own telephone system capabilities.</p>																														
7	What learning from WAF can be shared and implemented as part of the implementation of enhanced access services from 1 October 2022 either locally or regionally?	<p>The WAF has highlighted the challenges around IMT, workforce and estates which will be considerations for EA.</p>																														
8	Is there evidence that security measures supported with the WAF security fund have had a positive impact on the reduction in incidences of assault and abuse against staff.	<p>It is too early to be able to demonstrate a positive impact on reducing incidences against practice staff in terms of the WAF security fund however we can provide a summary of the type of security that has been supported if requested</p>																														

2.3 WAF – Finance Monitoring

Winter Access Fund	Expected Sign	16ACT01	16ACT02	16ACT03	16ACT04	16ACT05	16COMM01
		Winter Access Fund YTD Allocation 31/03/2022 YTD £'000	TOTAL Winter Access Fund available Actual 31/03/2022 Actual £'000	Winter Access Fund YTD 2021/22: Total Spend Actual 31/03/2022 YTD £'000	Value of spend not coded on A1 31/03/2022 YTD £'000	Total spend year to date. 31/03/2022 YTD £'000	Comment Actual 31/03/2022 Year Ending TEXT
Subjective							
				3,079	0	3,079	This position includes accruals of £1.8m (over both areas of spend) which is made up of £1.7m accruals relating to March as per the WAF plan and the remaining element are a very small amount of claims relating to Jan - Feb which are actively being chased and will be claimed within the given period. We have also seen a significant amount of March claims already being submitted. The Finance team are working closely with the Localities to ensure that the claims are sent thorough within deadlines.
C&M-WAF extra session - staff	+/-						
C&M-WAF Locum/digital booking	+/-			0	0	0	
C&M-WAF Expand extended hours	+/-			0	0	0	
C&M-WAF Additional Admin Staff	+/-			0	0	0	
C&M-WAF other physicians	+/-			0	0	0	
A1 Codes	+/-						
WAF Patient access exp'te	+/-			0	0	0	
				1,620	0	1,620	This position includes accruals of £1.8m (over both areas of spend) which is made up of £1.7m accruals relating to March as per the WAF plan and the remaining element are a very small amount of claims relating to Jan - Feb which are actively being chased and will be claimed within the given period. We have also seen a significant amount of March claims already being submitted. The Finance team are working closely with the Localities to ensure that the claims are sent thorough within deadlines.
WAF primary care hubs	+/-						
WAF other actions	+/-			0	0	0	
WAF resilience urgent care	+/-			0	0	0	
WAF CPCS Implementation	+/-			0	0	0	
WAF INTEGRATED URGENT TREATMENT.	+/-			0	0	0	
Totals	+/-	4,518	4,518	4,699	0	4,699	

3. WAF Evaluation

3.1 Introduction

The Winter Access Fund was announced by NHS England on 14th October 2021 in “Our Plan for Improving Access for Patients and Supporting General Practice”. The priorities that the funding had to address were:

- to drive improved access to urgent, same day primary care, ideally from patients’ own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination
- to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings.

The local system was asked to present PCN based plans to make use of the available funding allocation between October and March 2022. There was an expectation that there would be a particular focus on improving access in the 20% (24) of practices that the local system identified as the most challenged around primary care access.

The funding for Nottingham and Nottinghamshire was £4,699,000 and a locally agreed methodology was used to allocate funding according to the level of primary care access challenges each locality was facing:

- Mid Nottinghamshire: £1,549,041
- South Nottinghamshire: £1,379,161
- Nottingham City: £1,770,749

Localities applied the same methodology to determine PCN funding envelopes.

PCNs were asked to submit plans by 7th November 2021, with implementation to commence once the signed off by the NHSE Regional Team.

3.2 PCN Plans

Within South Nottinghamshire the funding was principally used to increase appointment availability at practice level; the overall plan for South Nottinghamshire was to increase appointments by 83,248. In addition:

- Approx. £43k was used to support the role out of the Community Pharmacy Consultation Service by investing in additional training and staff hours
- Approx. £14k was used to support self-screening health kiosks to free up practice nurse time

Within Mid Nottinghamshire the funding was used to fund a hub and spoke model aligned to the six PCNs and adapted to enhance patient access within estate and IT constraints. The overall plan was to increase appointments by approximately 50,000. In addition:

- £32k was used to expand the acute home visiting service in those areas of high patient need and where estate was particularly constrained
- Approx. £15k was used in Newark to enhance same day urgent primary care at the Minor Injuries Unit.

Within Nottingham City the funding was principally used to increase appointment availability at practice level; the overall plan for Nottingham City was to increase appointments by 76,638. In addition:

- Approx. £56k was used to support the role out of the Community Pharmacy Consultation Service by investing in additional training and staff hours

3.3 Impact

3.3.1 Activity

NHS England monitored the impact of the Winter Access Fund by comparing activity this winter with that which was reported in 2019/20.

Within South Nottinghamshire between November 21 and March 2022:

- 115,866 more appointments were recorded than in the comparator period in 2019/20
- Around 83,872 appointments reported by practices as having been delivered through activity funded by the Winter Access Fund (estimated figure as 8 practice claims for March are outstanding)
- Proportion of people being seen within 7 days increased compared to the same period in 2019/20
- The proportion of face-to-face appointments was higher in every month except February when compared to the April - August period of 2021 in spite of the Omicron wave
- Those practices identified as requiring additional support have seen appointments increase by more than the average for South Nottinghamshire overall and in every individual month

Within Mid Nottinghamshire between November 21 and March 2022:

- 29,478 more appointments were recorded than in the same period in 2019/20
- 46,335 appointments were recorded as having been delivered through activity funded by the Winter Access Fund (from December to March)
- Proportion of people being seen within 7 days increased compared to the same period in 2019/20
- The proportion of face-to-face appointments was higher when compared to the April - August period of 2021 in spite of the Omicron wave - the number of face-to-face appointments increased by 18%.
- Those practices identified as requiring additional support have delivered increased numbers of appointments through the Winter Access Fund but six had not recovered to 2019 levels.

Within Nottingham City between November 21 and March 2022:

- 66,533 appointments were recorded as having been delivered through activity funded by the Winter Access Fund (November - March)
- March GPAD data shows increased activity compared to the same period in 2019/20 for:
 - overall number of appointments increase by 12.1%
 - people being seen within 7 days 15.8%
 - face to face appointments increased by 13.8%
- Those practices identified as requiring additional support have seen appointments increase overall and in every individual month with March data showing an increase of 16.07%

The positive impacts have been achieved at the same time as NHS England were requesting both standing down routine care and focus on COVID vaccination. The Omicron wave also reduced activity delivered especially face-to-face activity, from what it otherwise would have been. The comparator period (2019/20) will also skew figures due to the later delivery of flu, differences in coding and a different approach to triage.

Practices identified additional capacity has been well utilised 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 the additional activity has been positive.

A case study in Rosewood PCN, Mansfield, has been identified by NHSE as an excellent example of partnership working in an area of high deprivation. Estates pressures and local need encouraged the practices to reschedule and consolidate core appointments to other surgery buildings to free up clinical space in Oak Tree Lane Surgery five days a week. Since early December 2021, it has been delivering same day primary care appointments for all Rosewood PCN patients five days a week (and on Saturday from January 2022). The Locality Team continues to evaluate the impact of this project, but early feedback is very positive both from patients and general practice staff.

3.3.2 Community Pharmacy Consultation Service

All practices have confirmed that they are willing to engage with and support the implementation of the service, as of 21st March 2022 there are 22 practice that are live with CPCS and 328 patients have been referred through the scheme since November.

3.4 Risks and Issues faced during the WAF period

Due to a number of factors activity between November and February was lower than planned, the factors that impacted delivery were:

- Plans not signed off until mid-November
- Omicron wave reduced activity (particularly face to face) due to staff absence and reduced availability of staff to take on additional hours funded by the Winter Access Fund
- Request to stand down routine care and focus on COVID vaccination reduced activity and staff availability to take on additional hours funded by the Winter Access Fund

3.5 Final Reflections

PCNs and practices worked hard to maximise activity over the WAF period with extra activity being scheduled into March 2022 to deliver against planned activity levels.

The claiming portal for PCNs closes on 16 May 2022, all available funding needs to be claimed by this deadline. Funding available under WAF ended on the 31st March 2022 and activity delivered after this date is not claimable via the Winter Access Fund.

As the additional activity provided by WAF is removed there is a risk that patient access and satisfaction levels may deteriorate.

Practices and PCNs will be engaged in the development of the Primary Care Strategy, ensuring consideration is given to the benefits identified from the additional WAF activity delivered by primary care over the winter months.

4.0 Recommendation

Primary Care Commissioning Committee are asked to

- 4 **NOTE** the update in relation to the monthly reporting process for “Improving Access for Patients and Supporting General Practice” (Winter Access Fund) and the submission made to NHSE/I on 29 April 2022.
- 5 **NOTE** the update provided on the WAF Evaluation.



Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
Paper Title:	Winter Access Fund – Primary Care Security	Paper Reference:	PCC 22 030
Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	
Presenter:	Lynette Daws, Head of Primary Care		
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> Assurance Information

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 3 – Management of the delegated funds

At the Open Session of the Primary Care Commissioning Committee in February 2022 a paper was provided to inform Committee of a Memorandum of Understanding (MOU) issued to Nottingham and Nottinghamshire CCG by NHS England, for 'Winter Access Fund – Security Funding'.

The aim of 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 funding allocation for Nottingham and Nottinghamshire CCG is £90,500. The Primary Care Commissioning Team implemented a process whereby all Nottingham and Nottinghamshire practices were asked to apply for WAF Security funds.

This paper provides Committee with an update on the WAF Security Funding and a summary of cost breakdown.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Risk(s):				
There are no risks identified with this paper.				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
1. The committee is asked to NOTE the paper.				

Winter Access Fund (WAF) – Primary Care Security Update

1. Introduction

NHS England issued a Memorandum of Understanding (MOU) to Nottingham and Nottinghamshire CCG for the use of 'Winter Access Fund (WAF) – Security Funding'. The purpose of the funding 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 Primary Care Commissioning Team implemented a process whereby all Nottingham and Nottinghamshire practices were asked to apply to access WAF Security Funds. The applications were reviewed by the Primary Care Panel (PCP) on the 15 March 2022. The PCP was established internally as an operational group in July 2021 to consider individual practice appeals and funding application requests. This group includes the following members as part of the group:

- Primary Care Commissioning
- Primary Care Quality
- Primary Care Finance
- Independent GP Advisor
- Other representative as required due to the subject matter

2. Background

On Friday 25 February 2022, the Primary Care Commissioning Team circulated a 'Primary Care Security Template' to all practices across Nottingham and Nottinghamshire. The template introduced the WAF Security Fund and noted key points for consideration in accessing the funding, these are:

- *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.*
- *Retrospective claims for works/subscriptions purchased prior to 17 December 2021 will not be supported.*
- *New works/subscriptions purchased post 17 December 2021 will be considered alongside supporting documentation/rationale that meets the requirements of the Fund.*

Practices completed the template and outlined the security measures they were looking to implement, the total cost and how the security need was identified. The applications submitted by practices included CCTV, security lighting, intercoms, security screens, security coded doors, door fob entry systems, panic buttons, security cameras and camera doorbells.

It was noted on the 'Primary Care Security Template that *"if requests to access the fund exceeded the funding value, requests would be prioritised, and additional information may be required"*. GP Practices were asked to complete the WAF Security Funding Request template and return it to the Primary Care Commissioning Team by Friday 11 March 2022.

3. Summary of WAF Security Funding Application Process

The PCP reviewed the applications and due to the number of requests received a spending cap of £6,000 per practice was implemented. The PCP approved funding requests that met the requirements for WAF Security Funding, subject to a cost breakdown/quotation, signed agreement and an invoice

being provided once works were completed. If an application exceeded £6,000 the practice was advised that they would need to fund the difference.

Practices were advised that applications would not be progressed until the required documentation was provided. This deadline was flexed for those practices that were experiencing delays from contractors in providing the written documentation or technical information.

Once the application was approved, practices were asked to liaise with their contractors to commence the works and submit an invoice to the Primary Care Commissioning Team by Friday 22 April 2022.

4. Summary of Applications

93 applications were submitted across 43 Nottingham and Nottinghamshire practices. The total cost of funding requests received equated to £211,718.53, exceeding the £90,500 value of WAF Security Funding by £121,218.53.

Of the 93 funding requests received, 67 were approved for reimbursement totalling £140,052.21. The additional £49,552.21 was supported by utilising WAF funding. The breakdown of costs across the three Nottingham and Nottinghamshire localities is:

- Nottingham City - £57,000.40 across 31 GP Practices.
- Mid Nottinghamshire - £42,959.38 across 18 GP Practices.
- South Nottinghamshire - £40,092.43 across 18 GP Practices.

The table below shows a breakdown of spend for the approved security works. The highest spend was for CCTV and security door related works.

Area of Spend	Total cost
Alarm/ Intercom systems	£7,692.83
Camera doorbell	£712.80
CCTV	£63,338.48
Door (alarms/fob entry systems, security door locks/keypads, and electronic doors)	£35,528.30
Panic buttons	£1,414.26
Security lighting	£13,348.98
Security gates and gate locks	£10,612.00
Security screens	£3,975.76
Other	£3,428.80
TOTAL	£140,052.21

Invoices have been received for all approved applications and practices have been reimbursed.

4.1. IT Related Security Works

An email was sent to practices to highlight that any additional infrastructure works needed to be undertaken by NHIS for IT related security work would be a practice cost. The email also reminded practices that any Third-Party Hardware and Software needs must be approved by the NHS Cybersecurity Board before being granted access to connect to the data network.

5. Summary

A total of £140,052.21 of WAF Funding was used to support 67 Nottingham and Nottinghamshire practices to improve security measures, ensuring a more safe and secure environment for general practice staff.

6. Recommendation

The committee is asked to **NOTE** the paper.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	Local Enhanced Services 2022/24: GP Practice Sign Up	Paper Reference:	PCC 22 031
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Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	
Presenter:	Joe Lunn, Associate Director of Primary Care		

Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 5 – Decisions in relation to enhanced services

The Primary Care Commissioning Committee approved, at the January 2022 meeting the 2022/24 Primary Care Local Enhanced Services offer to GP practices.

The purpose of this paper is to provide the Committee with an overview of the uptake of Local Enhanced Services for 2022/24 within Nottingham & Nottinghamshire and the alternative commissioning intentions where practices have not signed up to the local enhanced service.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.

Risk(s):

No risks identified. The paper outlines any alternative commissioning intentions where practices have not signed up to the local enhanced service.

Confidentiality:

No

Recommendation(s):

1. The Committee is asked to **NOTE** GP sign up to the Local Enhanced services 2022/24.

Local Enhanced Services 2022/24: GP Practice Sign Up

1. Introduction

The Primary Care Commissioning Committee (PCCC) approved, at the January 2022 meeting, the 2022/24 Primary Care Local Enhanced Services (LES) offer to GP practices.

LES contracts are voluntary; practices are not obliged to provide these services. The services are 'list based' and present a 'non-competitive opportunity' therefore the CCG is able to offer these contracts as a direct award.

The purpose of this paper is to provide PCCC with an overview of the uptake of Local Enhanced Services for 2022/24 by Nottingham & Nottinghamshire practices and the alternative commissioning intentions where practices have not signed up to the local enhanced service.

2. Practice Engagement

Practices confirmed their intentions to deliver local enhanced services via a TeamNet survey for the second year as an alternative to the historic email process. Practices reporting difficulties with using TeamNet were directed to TeamNet Admin for support. For those practices that were unable to respond to the TeamNet survey they were given the opportunity to email their intentions to the Primary Care Commissioning Team.

In line with the communications plan, the offer to practices of local enhanced services was released 31 January 2022, with a closing date of 11 March 2022:

Two Year Service 2022/24

- Primary Care Monitoring
- Anticoagulation Monitoring
- Asylum Seeker Health Check
- Interpreter Assisted Appointments

Year Two of the Service 2022/23

- Homeless and Severe Multiple Disadvantage (SMD)
- Safeguarding Reports & Summaries
- Physical Health Checks for Patients with Serious Mental Illness (SMI)

TeamNet automatically notifies practice staff of surveys to be completed. Following the TeamNet survey closing the Primary Care Commissioning Team sent emails reminding practices of the need to confirm their intentions to deliver services in 2022/23. Sign up was then completed by email.

The Locality Teams have received confirmation of practice sign up to the LESs in their areas for information.

The Enhanced Services Delivery Scheme (ESDS) Offer 2022/24 was circulated to practices by email to the senior partner and practice manager, in line with the communications plan, on 11 February 2022 with a closing date of 11 March 2022. This slight delay was to enable the approval process of the budget uplift through PCCC and Priority & Investment Committee to be completed.

The ESDS Quality Scheme continues to focus on population health management to support this PCN priority area. The Action Plan, whereby the practice sets out the two clinical domains to focus on during year one of the scheme (2022/23), has a closing date of 31 July. Domains chosen and work set out in the Action Plan will be shared with Locality Teams once sign off by the Primary Care Commissioning Team has been achieved.

The new Nottingham & Nottinghamshire Diabetes LES, approved by Committee in March 2022 was offered to practices for sign up on 29 April 2022 with a closing date of 24 May 2022. The new LES will

commence 1 July 2022. In the meantime, the South Nottingham Diabetes LESs remains in place for a further three months (1 April 2022 to 31 June 2022) to ensure no gap in service.

3. Practice Sign Up

As of 27 April 2022, all 123 practices have confirmed their intention to deliver services in 2022/23.

Practices have the flexibility to sign up to deliver local enhanced services in-year, however it's preferable to sign up prior to the start of the year to ensure all activity undertaken in the year is funded.

Practice Sign Up	South Nottingham			Nottingham City			Mid-Nottinghamshire		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Enhanced Services Delivery Scheme (ESDS)	41 / 41	39 / 39	39/39	44 / 50	43 / 48	41/45	38 / 40	39 / 39	39/39
Warfarin Anticoagulation Monitoring	41 / 41	39 / 39	39/39	47 / 50	45 / 48	42/45	33 / 40	32 / 39	33/39
Shared Care Protocol & Stable Prostate Cancer (PSA) Monitoring / Primary Care Monitoring	41 / 41	39 / 39	39/39	50 / 50	48 / 48	45/45	40 / 40	39 / 39	39/39
Asylum Seekers	25 / 41	21 / 39	26/39	35 / 50	32 / 48	34/45	32 / 40	27 / 39	32/39
Interpreter Assisted Appointments		21 / 39	25/39	27 / 50	27 / 48	36/45		23 / 39	33/39
Homeless LES	25 / 41			27 / 50			7 / 40		
Homeless & SMD LES		24 / 39	23/39		32 / 48	33/45		27 / 39	25/39
Physical Health Checks for Patients with SMI		39 / 39	39/39		48 / 48	45/45		37 / 39	39/39
Safeguarding Reports & Summaries		39 / 39	39/39		46 / 48	45/45		37 / 39	38/39

3.1. ESDS

Four Nottingham City practices have declined sign up to ESDS for 2022/24. The registered population access services via a CCG contract. The CCG went out to tender in December 2021 but attracted no complete bids. The PCCT is actively working with Nottingham City GP Alliance to deliver routine phlebotomy (clinic based) as soon as possible, other ESDS services are being provided by them from their Angel Row / GP+ site in Nottingham City.

3.2. Warfarin Anticoagulation Monitoring

Patients registered with a practice that does not provide warfarin monitoring will continue to receive prescriptions for warfarin from their practice, however monitoring will be undertaken by secondary care. There have been no changes in sign up or delivery from last year.

3.3. Asylum Seekers

There has been an increase in sign up for the Asylum Seeker LES which may be linked to the increase in asylum seekers arriving in the area – from 80/126 practices to 92/123 practices. Asylum seekers will continue to have a choice of GP practice to register with, dependent upon their registered home address; with access to and support from their GP practice once registered.

3.4. Interpreter Assisted Appointments

An additional 23 practices have signed up to deliver Interpreter Assisted Appointments this year. This supports practices to provide double or longer appointments for those patients where a professional, independent interpreter is required to support a GP or nurse consultation undertaken at the GP practice.

3.5. Homeless and Severe Multiple Disadvantage (SMD) LES

The Homeless LES was revised for 2021/22 to include those patients with severe multiple disadvantage (SMD). There has been a slight decline in sign up this year, which may reflect that following year one of the service there were no patients to identify on the registered list and the decision taken that the LES doesn't reflect their practice population.

3.6. Safeguarding Reports & Summaries

The Safeguarding LES requirements link to the safeguarding domains of the Quality Dashboard. The Safeguarding Team has reported a positive trend of improvement of GP performance and RAG reviews. Overall, the practices achieving a RAG rating of green has increased from 56% to 80%, with a reduction of Red practices from 6% (8 practices) to 0.8% (1 practice).

Just one of the 123 practices has declined sign up to this LES, they also declined in 2021/22. The registered GP practice is required to respond to requests for information in relation to safeguarding reports and summaries. Practices not signed up to the LES will receive no payment for completed activity.

4. Contracting

The services are awarded through an NHS Standard Contract, if a practice wishes to cease providing a service, prior to the contract end date, they will need to provide three months' notice to the CCG. In turn, if a practice decides to sign up to a LES, they had previously declined, they can do so at any point during the contract term. Payment for activity undertaken will begin from the month the CV to accept the LES is signed.

5. Recommendation

The Primary Care Commissioning Committee is asked to **NOTE** GP sign up to the Local Enhanced services 2022/24.



Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	Primary Care Quality Report May 2022	Paper Reference:	PCC 22 032
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Sponsor: Presenter:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	
	Esther Gaskill, Head of Quality Primary Care		

Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> 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.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Risk(s):				
No risks identified.				
Confidentiality:				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>(please indicate why it is confidential by ticking the relevant box below)</i> <input type="checkbox"/> The document contains Personal information <input type="checkbox"/> The CCG is in commercial negotiations or about to enter into a procurement exercise <input type="checkbox"/> The document includes commercial in confidence information about a third party <input type="checkbox"/> The document contains information which has been provided to the CCG in confidence by a third party <input type="checkbox"/> The discussion relates to policy development not yet formalised by the organisation <input type="checkbox"/> The document has been produced by another public body <input type="checkbox"/> The document is in draft form				
Recommendation(s):				
1. The Committee is asked to NOTE the Primary Care Quality Report, May 2022.				

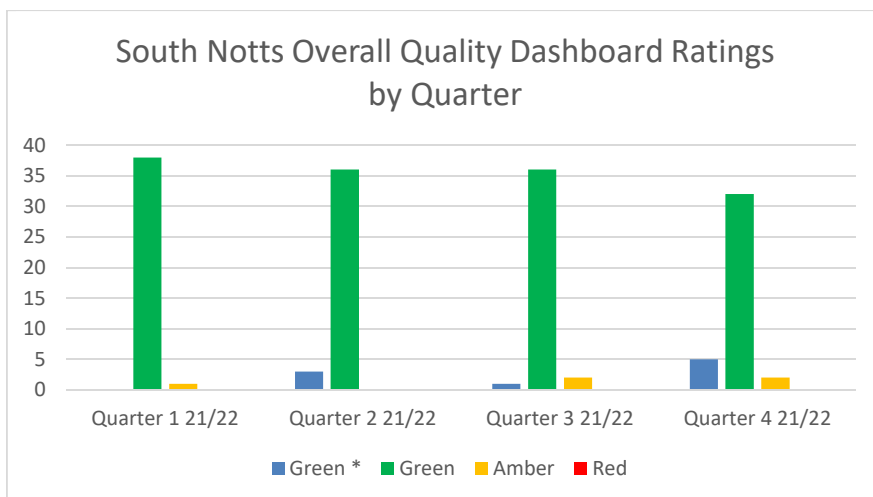
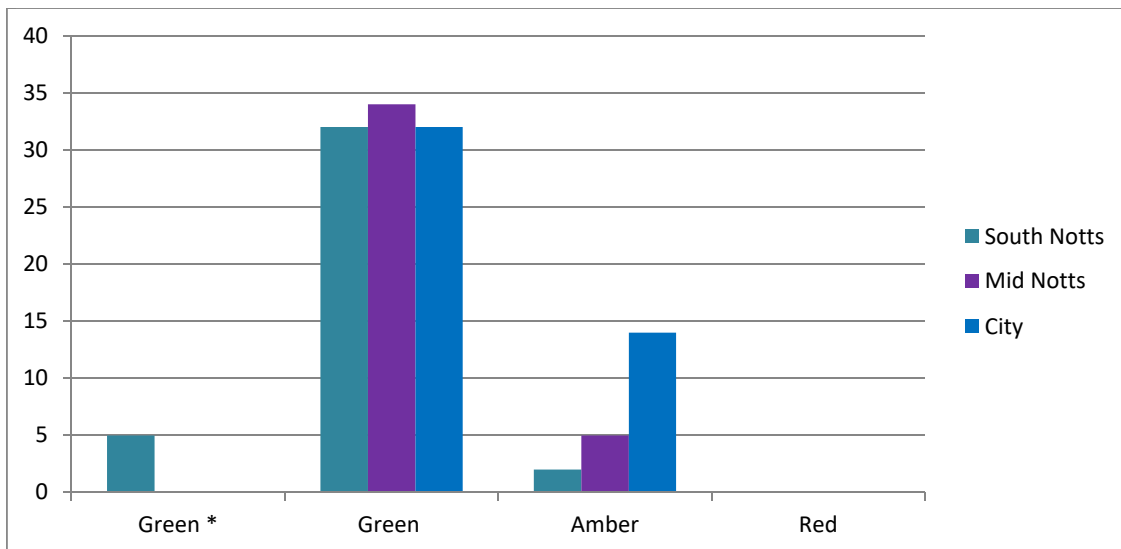
Primary Care Quality Report May 2022

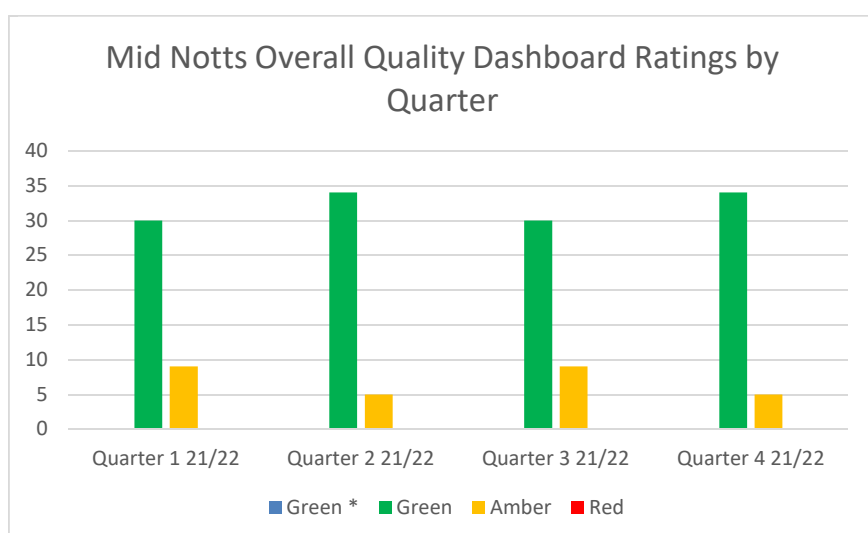
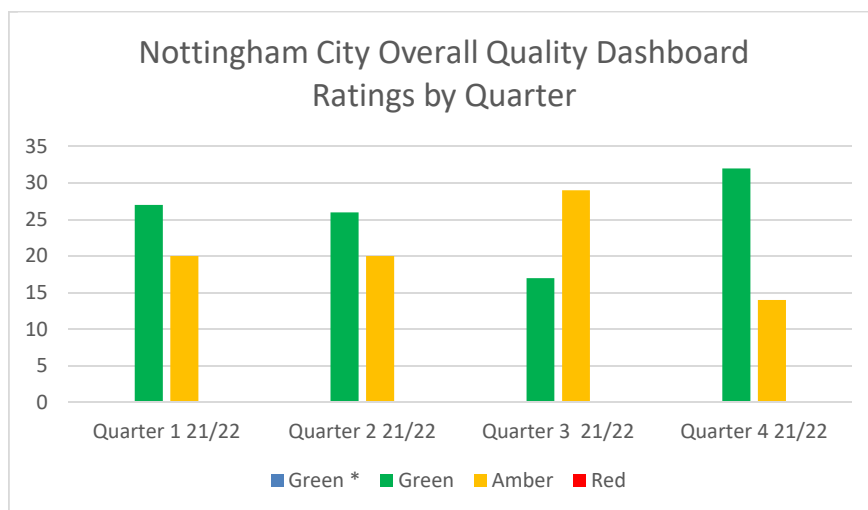
1. Primary Care Quality Dashboard

The 2021/22 Quarter 4 quality dashboard results were available for all Nottingham and Nottinghamshire practices at the end of April 2022. Five practices achieved an overall ‘Green Star’ rating, which is a significant increase from the previous quarter when 1 practice achieved this. The majority achieved an overall ‘Green’ rating – 98 out of 124. This is an increase of 15 from the previous quarter. 21 practices achieved an overall ‘Amber’ rating, this is a decrease from the previous quarter, which was 40 practices. No practices received an overall ‘Red’ rating.

The table below shows the overall Quarter 4 position, followed by tables demonstrating overall ratings for quarters one, two, three and four for each Place Based Partnership (PBP).

The most significant change is in Nottingham City locality where 15 practices moved from an overall ‘Amber’ rating in quarter 3, to an overall ‘Green’ rating in quarter 4. Review of the dashboard identifies that this is predominantly due to the childhood immunisation uptake indicators, (data from December 2021), improving from the previously held data which was from September 2021.





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, has a time lag. For example, bowel and breast screening data has not been updated since June 2021.

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 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 4 Patient Experience Report identified that during Quarter 4 there were 100 contacts received by the CCG about a primary care issue. Of these, 80 were enquiries which were handled by the Patient Experience team, 11 were complaints which at the request of the complainant, were passed to NHS England/Improvement to investigate and 9 were MP enquiries. In addition, 5 contacts were handled about a primary care issue related to the COVID-19 pandemic.

The table below demonstrates the previous quarterly data and by locality.

Locality	Contacts received by month							Rolling Total all quarters
	Q1 21/22	Q2 21/22	Q3 21/22	Jan 21/22	Feb 21/22	March 21/22	Q4 TOTAL	
Nottingham City	121	148	75	27	20	25	72	416
South Nottingham	9	20	16	6	2	7	15	60
Mid Nottinghamshire	21	26	13	7	1	3	11	71
Other CCG	1	1	1	1	0	1	2	5
TOTALS	152	195	105	41	23	36	100	552

The categories of contacts for Quarter 4 are demonstrated in the table below:

Subcategory of contact	Enquiry	Complaint	MP contacts	TOTAL
Appointments– Practice Not Answering Phone	3	0	1	4
Appointments - waiting time	4	0	3	7
Change of address	2	0	0	2
Change of name	2	0	0	2
Commissioning - community services	1	0	0	1
Commissioning - practice closure	1	0	0	1
Community communication - outpatient	1	0	0	1
Commissioning - adult mental health	0	1	0	1
Continuity of care	1	0	0	1
De-registration	2	0	0	2
GP - unable to contact practice by email	1	0	0	1
GP expectation of communication not met	9	0	1	10
GP expectation of treatment not met	13	2	2	17
GP practice closed	3	0	0	3
Information/advice given by NHS staff	0	1	0	1
Manner & attitude of staff - GP surgery	3	1	0	4
Medication	1	0	0	1
New provider enquiry	8	0	0	8
No information provided by complainant	0	1	0	1
Practice boundary change	1	0	0	1
Registration	5	0	0	5
Requesting medical records	1	0	0	1
Subject Access request	3	0	0	3
Diagnosis GP other	1	1	0	2
GP - blood tests	2	1	1	4
Delayed GP referral	0	3	1	4
GP - medication	8	0	0	8
Vaccine booster	1	0	0	1
Vaccine enquiry	3	0	0	3
TOTAL	80	11	9	100

The majority of contacts (27) were from patients making an enquiry relating to their expectation of communication with or treatment needs not being met by their practice.

The Quality Group did not identify any specific concern in relation to either a locality or individual practice.

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 4, 36 (previous quarter 41) patient safety incidents were received by the CCG relating to primary care. Of these, the main themes were as follows:

- 24 stage 3 or 4 pressure ulcer alerts
- 4 vaccination incidents

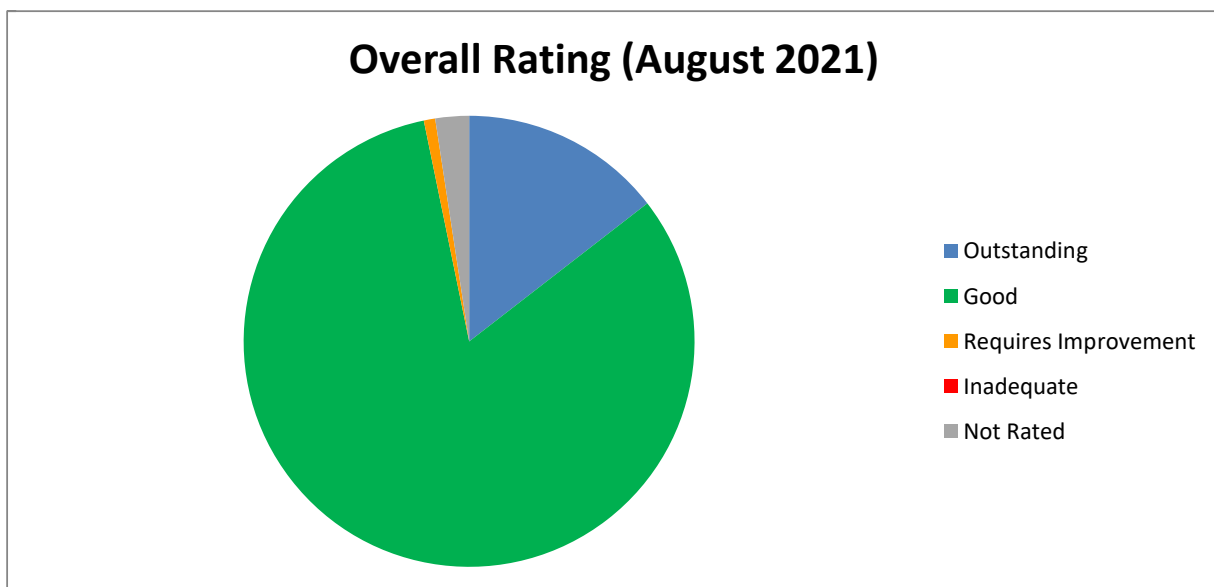
One of the incidents reported met the national SI framework threshold. This was in relation to a stage 3 pressure ulcer where it was recognised by the practice that there was a potential missed opportunity to prevent development of the pressure ulcer. The learning from the incident identified ensuring onward referral to the community nursing team is undertaken as soon as the referring clinician returns to the practice from a home visit.

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 May 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 Medical Practice, Peacock Surgery and Major Oak Medical Practice.

Since the previous quality report, the CQC have undertaken inspection of Whyburn Medical Practice and Greenfield Medical Practice and the outcomes are awaited.



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.

The table below identifies practices with either an overall CQC rating of 'Inadequate' or 'Requires Improvement' as of 1 May 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 undertaken during April 2022, CCG's quality team to undertake pre CQC support visit. Infection Prevention and Control (IPC) team undertook an 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.

Throughout Quarter 4 there have continued to be 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 has adversely impacted upon several practices who have 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 / PCNs have continued to support the COVID-19 Vaccination Programme delivering Spring Booster vaccinations to the 75 years and over age group and housebound and care home residents. Practices have also contributed through identifying and encouraging their patients who had not yet received vaccinations to come forward.

During Quarter 4 the quality team provided enhanced support to a number of practices. This included:

- Quality assurance and contract meetings with 11 practices as a result of recent mergers, contract awards and new caretaker arrangements.
- Quality team and quality dashboard introductions with 4 practices following appointments of new practice managers.
- Quality and primary care support and assurance to 2 practices following feedback from stakeholders.



Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	COVID – GP Practice OPEL Reporting: Five-weeks to 29 April 2022 and Absence Reporting for the period 8 April 2022 to 29 April 2022	Paper Reference:	PCC 22 033
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Sponsor:	Joe Lunn, Associate Director of Primary Care	Attachments/ Appendices:	
Presenter:	Joe Lunn, Associate Director of Primary Care		

Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> 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 five-week period to 29 April 2022 and sickness absence reporting for the period 8 April to 29 April 2022.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Financial Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:				
<input checked="" type="checkbox"/> No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Risk(s):				
General Practice continues to manage the risk of service delivery on a daily basis and the impact varies across all practices. Reporting continues to enable practices, PCNs and the CCG to understand the risks for General Practice service delivery as a result of the COVID outbreak.				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
The committee is asked to				
<ul style="list-style-type: none"> • NOTE the OPEL Reporting overview for General Practice for the five-week period to 29 April 2022 • NOTE staff absence reporting for the period 8 April 2022 to 29 April 2022. 				

General Practice OPEL Reporting

1. Introduction

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

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

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

The agreed definitions for OPEL reporting are as follows:

OPEL Level 1 - GREEN

Practice is able to meet anticipated demand within its available resources. Additional support is not anticipated.

OPEL Level 2 - AMBER

Practice is showing signs of pressure. Demand is higher than expected levels or capacity is reduced.

OPEL Level 3 - RED

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

OPEL Level 4 - BLACK

Practice closed.

2. OPEL Reporting

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

The figures provided in (red/brackets) are what was reported the previous month (*four-weeks to 25 March 2022, 20 working days*). This five-week period contains two bank holidays.

2.1. Practice Summary

During the five-weeks to 29 April 2022 (23 working days) practices reported the following:

- 37/123 (29/124) practices reported days where they were at OPEL Level 3 – Red (having previously reported Amber or Green):
 - This was for a total of 194 (130) days across all practices
 - This equates to 30% of practices: 7 (5) practices in Mid Notts, 20 (16) practices in the City and 10 (8) practices in South Notts
- 120/123 (119/124) practices reported days where they were at OPEL Level 2 – Amber:
 - 106 (100) practices reported this level for 10 days or more: 38 (36) practices in Mid Notts, 39 (37) practices in the City and 29 (27) practices in South Notts
 - 14 (19) practices reported this level for less than 10 days: 1 (3) practice in Mid Notts, 6 (9) practices in the City and 7 (7) practices in South Notts
- 3/123 (5/124) practices reported they were consistently OPEL Level 1 – Green:
 - 2% of practices reported OPEL Level 1 – Green for the full 23 days: 0 (0) practices in Mid Notts, 0 (0) practice in the City and 3 (5) practices in South Notts

There are currently 123 practices across Nottingham and Nottinghamshire (one practice closed 31 March 2022).

- Mid Notts – 39 practices (32%)
- Nottingham City – 45 practices (36%)
- South Notts – 39 practices (32%)

3. Absence Reporting

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

- COVID related sickness
- Other sickness
- Other absence

Over the period 8 April 2022 to 29 April 2022, the summary below shows absence levels during this period.

Absences	08.04 .2022	11.04 .2022	12.04 .2022	13.04 .2022	14.04 .2022	15.04 .2022	18.04 .2022	19.04 .2022	20.04 .2022	21.04 .2022	22.04 .2022	25.04 .2022	27.04 .2022	28.04 .2022	28.04 .2022	29.04 .2022
Mid Notts	46	57	57	33	62	BH	BH	27	23	28	11	20	23	8	20	17
Nottingham City	54	89	77	80	109	BH	BH	77	83	67	48	61	59	49	50	51
South Notts	128	95	131	129	135	BH	BH	108	100	94	90	57	73	72	63	62
TOTAL	228	241	265	242	306	BH	BH	212	206	189	149	138	155	129	133	130

4. Recommendation

The Primary Care Commissioning Committee is asked to

- **NOTE** the OPEL Reporting overview for General Practice for the five-weeks to 29 April 2022
- **NOTE** staff absence reporting for the period 8 April 2022 to 29 April 2022.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	Finance Report Month One	Paper Reference:	PCC 22 034
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Sponsor: Presenter:	Michael Cawley – Operational Director of Finance	Attachments/ Appendices:	
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Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

The planning regime for 2022/23 will consist of a financial plan for the full year 2022/23 (April 22 – March 23) with budgets for the CCG relating to the April 22 – June 2022 period. This reflects the cessation of the CCG on 30th June 2022 and the establishment of Nottingham and Nottinghamshire Integrated Care Board (ICB) on 1st July 2022 serving the Nottingham, Nottinghamshire and Bassetlaw populations.

The month one finance report covers the financial plan for 2022/23, with the split shown for Nottingham and Nottinghamshire CCG (Apr 22 – Jun 22) (alongside Month One 2022/23 out-turn); and the Integrated Care Board (ICB) position (Jul 22 – Mar 23).

The position at month one shows a balanced position across the N&N CCG PCCC budgets, in line with NHSEI Guidance.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.

Risk(s):
Risks detailed within the paper.
Confidentiality:
<input checked="" type="checkbox"/> 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 April 2022.

Primary Care Commissioning – Finance Report – APRIL 2022

NHS Nottingham & Nottinghamshire CCG

Section 1 2022/23 Financial Plan and PCCC Budgets

The planning regime for 2022/23 will consist of a financial plan for the full year 2022/23 (April 22 – March 23) with budgets for the CCG relating to the April 22 – June 2022 period. This reflects the cessation of the CCG on 30th June 2022 and the establishment of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) on 1st July 2022 serving the Nottingham, Nottinghamshire and Bassetlaw populations.

The split of the budgets for PCCC are as below:

2022/23 Nottingham & Nottinghamshire PCCC Budgets

Variance - under / (over)

Co-Commissioning Category	N &N CCG M1 - 3 Budget (£m)	N&N M4 - 12 Budget (£m)	Bassetlaw M4 - 12 Budget (£m)	ICB M4 - 12 Budget (£m)
Dispensing / Prescribing Drs	0.48	1.45		1.45
Enhanced Services	0.54	1.61		1.61
General Practice - APMS	1.84	5.51		5.51
General Practice - GMS	19.79	59.37		59.37
General Practice - PMS	5.56	16.68		16.68
Other GP Services	0.54	1.62		1.62
Other Premises Costs	0.13	0.39		0.39
Premises Cost Reimbursement	4.01	12.03		12.03
Primary Care Networks	6.04	21.51		21.51
QOF	3.29	9.87		9.87
Reserves	1.66	1.59		1.59
Total PCCC Financial Position (incl Bassetlaw)	43.88	131.63	16.13	147.76

Note: The split for PCCC in relation to Bassetlaw isn't yet available but will form part of a later report.

The budgets have been set in accordance with the planning guidance issued by NHSEI including assumptions on inflation and growth, (updated £/Patient for contracts plus any other up to date information that has been received). Of particular note is the following:

- Primary Care Networks – Approximately 62% of the Additional Roles budget is within the PCCC allocation (£11.505m), the remaining amount (£7.135m) will be held centrally by NHSEI and once the CCG has exceeded claims of this amount, the CCG can access the additional funding based on need.

The budgets have been derived from the 2021/22 outturn and adjusted as follows:

- Removal of any non-recurrent items (e.g. allocations that were given in year as well as one-off spend that isn't likely to continue into 2022/23);

- Add updated figures for GP Contracts to reflect the 2022/23 £/patient of £99.70 and the out of hours deduction value of 4.75%.
- Application/ enactment of updated guidance (Updated PCN DES guidance; updated payment values plus guidance around the Additional Roles funding) to ensure that the budgets have been set at an accurate level.

By following this methodology, opening budgets have been calculated accordingly. There is a reserves value of £3.25m set aside to ensure balance back to the notified allocation from NHSEI. It will be used to mitigate any potential risk/ unplanned costs that may occur in year e.g. caretaking fees for contracts, locum cover, QOF being achieved at a higher than expected level. There are additional allocations that once received will increase the level of Reserves held within PCCC budgets. These are Improving Access (H2) that is now part of the Enhanced Access element of the Network DES, Additional PCN Leadership & Management Funding and Additional IIF Funding, totalling Circa £2.4m.

Section 2 - Month One Reported Position

Month One Position

As the CCG has not been through a full monthly closedown process (in line with NHSEI guidance), the month one position is assumed as per plan:

Month 1-3 CCG Position

Variance - under / (over)

Co-Commissioning Category	M1-3 Plan (£m)	M1 Budget (£m)	M1 Actual (£m)	M1 Variance (£m)
Dispensing / Prescribing Drs	0.48	0.16	0.16	0.00
Enhanced Services	0.54	0.18	0.18	0.00
General Practice - APMS	1.84	0.61	0.61	0.00
General Practice - GMS	19.79	6.60	6.60	0.00
General Practice - PMS	5.56	1.85	1.85	0.00
Other GP Services	0.54	0.18	0.18	0.00
Other Premises Costs	0.13	0.04	0.04	0.00
Premises Cost Reimbursement	4.01	1.34	1.34	0.00
Primary Care Networks	6.04	2.01	2.01	0.00
QOF	3.29	1.10	1.10	0.00
Reserves	1.66	0.55	0.55	0.00
Total PCCC Financial Position	43.88	14.63	14.63	0.00

Recommendation

The Committee is asked to **NOTE** and **APPROVE** the contents of the Primary Care Commissioning Finance Report for the period ending April 2022 and Planning / Budgets for 2022/23



Meeting Title:	Primary Care Commissioning Committee (Open Session)	Date:	18 May 2022
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Paper Title:	Risk Report	Paper Reference:	PCC 22 035
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Sponsor:	N/A	Attachments/ Appendices:	Risk Register (Extract) - Appendix A
Presenter:	Siân Gascoigne, Head of Corporate Assurance		

Summary Purpose:	Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> 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	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input checked="" type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	None required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	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:
<input checked="" type="checkbox"/> No
Recommendation(s):
1. APPROVE the archiving of risk RR 163 (<i>PCN funding regime</i>);
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.

Primary Care Commissioning Committee Monthly Risk Report

1. Introduction

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

2. Risk Profile

2.1 There are currently **six** risks relating to the Committee’s responsibilities (as detailed in **Appendix A**). This is the same number as 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 the Associate Director of Primary Care.

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

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

Risk Ref	Risk Narrative	Current Risk Score
RR 160 <i>(Jan 2021)</i>	<p>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'.</p> <p>Update: <i>The quality of primary care services continues to be monitored by the CCG; predominantly this is via the Primary Care Support and Assurance Framework which is routinely presented to the PCCC meetings.</i></p> <p><i>The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. Roving workforce support can also be accessed.</i></p> <p><i>Routine mechanisms are in place to enable Locality Directors to meet</i></p>	<p>Overall Score 16: Red (14 x L4)</p>

	<p><i>PCN leaders regularly at Place level regarding resilience, business continuity and maintaining relationships and trust. The CCG undertakes an enabling approach with the PCNs, which is largely recognised.</i></p> <p><i>However, in response to continued discussions at Committee meetings, it was recognised that there is 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.</i></p>
<p>RR 171 (Oct 2021)</p>	<p>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.</p> <p>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.</p> <p>Update: <i>The Accountable Officer advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting lists/waiting times for appointments, diagnosis and treatment. It was also recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NUH Maternity).</i></p> <p><i>Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence in the use of community pharmacy services.</i></p> <p><i>Work is also continuing to respond to ongoing media and MP enquiries.</i></p>

Overall
Score 16:
Red
(14 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 163** (*PCN funding regimes*) continues to be managed through close working with NHSE and ensuring their requirements/eligibility for PCN payments are promptly met.
- 4.2 The Primary Care Support and Assurance Framework also provides early insight into the financial resilience and management of PCN funds. With the embedment of this process, alongside now routine reporting to the PCCC, the likelihood score has been reduced from 3 to 2, resulting in an overall risk score of 6.
- 4.3 As the risk score now falls under the threshold for the Corporate Risk Register, risk **RR 163** is proposed for archiving.

Risk Ref	Risk Narrative	Current Risk Score
RR 163 <i>(May 2021)</i>	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.	Overall Score 6: Amber (I3 x L2)

5. Amendments to Risk Score/Narrative

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

6. Recommendations

6.1 The Committee is asked to:

- **APPROVE** the archiving of risk **RR 163** (*PCN funding regime*);
- **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

May 2022

NHS Nottingham and Nottinghamshire CCG Corporate Risk Register (May 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 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: <ul style="list-style-type: none"> 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 Poyner Andrea Brown	4	4	16	<ul style="list-style-type: none"> 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	11	May 2022: An update in relation to primary care workforce was presented to the February 2022 meeting of the Committee; it provided an update on the approaches and strategies in place to support workforce planning and development in general practice. The update showed that workforce profiles within Primary Care show an overall increase year on year in these key groups except for General Practitioners, which remains static. Primary Care Networks (PCN) recruitment continues to progress with increasing numbers seen, the latest additions including the mental health practitioner roles. A number of next steps were outlined, including: • To develop a workforce programme to consolidate the current programme, informed by the evaluation of each scheme and to also develop targeted approaches linked to resilience of the workforce ahead of NHS allocations for 2022-23; • Secure the extension to the Flexible Workforce Pool contract; • Develop a health and wellbeing approach for general practice and the wider primary care partners utilising a late allocation received from NHSE in January 2022; • Continue to develop an understanding of the transformation plans and associated workforce implications to support where role development and training needs add to the overview of recruitment and retention; • Work with baselevel colleagues to incorporate the practice/PCNs operating in this Place; understanding existing approaches and strategies and harmonising the workforce development approach; • To contribute to the development of the Primary Care strategy with a comprehensive workforce plan; • To better understand the role and responsibility of Place-based partnership development in relation to PCN and practice development.	11/05/2022	↔	
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: <ul style="list-style-type: none"> challenges with GP Practice estates 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 include workforce, financial, estates and quality indicators). 	Quality	Roo Wadghvani Joe Lumy / EPRR/Guill	4	4	16	<ul style="list-style-type: none"> Primary Care Quality Groups, Primary Care Support and Assurance Groups (in development) Primary Care 'Cell' within the CCG's emergency response infrastructure; Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.); Routine OPEL reporting and escalation processes; Establishment of CMCs and ability to step up/step down if needed; PCN 'buddying' processes in place; 'Roving' workforce support across Practices; Clinical vulnerable COVID risk assessment for all primary care workforce. 	Action: To embed the Primary Care Support and Assurance Frameworks and associated reporting.	4	3	12	May 2022: 'Place-based' Primary Care Quality Groups continue to meet, chaired by the Associate Director of Primary Care. Work has been undertaken to broaden the remit of these meetings to become Primary Care Support and Assurance Groups, which are centred around the Primary Care Support and Assurance Framework. Assurance reporting around quality concerns is being reviewed within this Group. Work has been undertaken to develop the Primary Care Support and Assurance Frameworks across the three Places. These continue to be presented quarterly to meetings of the Committee. OPEL reporting remains in place and is reported, routinely, to the PCCC on a monthly basis. Quality/Insight processes are in place, working alongside GP Practices to review data and 'soft intelligence' regarding the quality of primary care services being delivered. Quality staff now 'sit' within the CCG's Primary Care Team. A comprehensive quality update is scheduled for the May 2022 meeting of the Committee which demonstrates positive feedback in a number of areas, including CQC ratings.	11/05/2022	↔	
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 Poyner / Lucy Dudge Joe Lumy / Andrea Brown	4	4	16	<ul style="list-style-type: none"> ICS HR Directors HR Group (weekly meetings); Locality Teams' relationships with GP Practices; Local workforce resilience programmes; informal team meetings; Flexible working/shift patterns (eRotesting); 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	May 2022: The quality of primary care services continues to be monitored by the CCG, predominantly via the Primary Care Support and Assurance Framework which is now routinely presented to the Primary Care Commissioning Committee meetings. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. Roving workforce support can also be accessed. Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business continuity and maintaining relationships and trust. This also takes place at System level, but less at the moment due to EPRR level 4. The CCG undertakes an enabling approach with the PCNs, which is largely recognised. However, in response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.	11/05/2022	↔	
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 Dudge Joe Lumy / Mick Cawley	3	4	12	<ul style="list-style-type: none"> 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	2	6	May 2022: This risk is being managed through close working with NHSE and ensuring their requirements/obligity 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. The Primary Care Support and Assurance Framework provides early insight into the financial resilience and management of PCN funds. These continue to be presented on a quarterly basis to the Committee. The development and embedment of the Frameworks is considered as mitigating this risk, as such, the likelihood score has been reduced from 3 to 2, resulting in an overall risk score of 6 and as such, this risk is proposed for archiving.	11/05/2022	↓	
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 DSA 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 Dudge Lucy Dudge / Joe Lumy Lucy Dudge / Joe Lumy (BIC)	3	4	12	<ul style="list-style-type: none"> 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	May 2022: A meeting was held with the Associate Director of PCNs to understand work ongoing with PCNs; in particular, actions being taken by the Locality Directors. It was advised that routine meetings are held at Place level regarding staff resilience and business continuity. Work continues in a supportive manner; however, it is recognised that workforce continues to be a fragile situation. A further update from the Locality Directors has been requested.	11/05/2022	↔	
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. Loss 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	Amranda Sullivan Alicia Hill / Lucy Dudge	4	5	20	<ul style="list-style-type: none"> ICS Comms and Engagement Team, with routine (and ad hoc) engagement with key stakeholders (e.g. Local Councilors, 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	May 2022: The Accountable Officer has advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting list/times for appointments, diagnosis and treatment. It is recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NHH Maternity). Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence in the use of community pharmacy services. Work is also continuing to be recognised to support ongoing media and MP enquiries.	11/05/2022	↔	

