

Chair: Eleri de Gilbert

Enquiries to: [ncccg.notts-committees@nhs.net](mailto:ncccg.notts-committees@nhs.net)

## Meeting Agenda (Open Session)

### Primary Care Commissioning Committee Wednesday 20 October 2021 09.00 -10.30 Zoom Meeting

Time	Item	Presenter	Reference
<b>09:00</b>	<b>Introductory Items</b>		
	1. Welcome, introductions and apologies	Eleri de Gilbert	PCC/21/132
	2. Confirmation of quoracy	Eleri de Gilbert	PCC/21/133
	3. Declarations of interest for any item on the agenda	Eleri de Gilbert	PCC/21/134
	4. Management of any real or perceived conflicts of interest	Eleri de Gilbert	PCC/21/135
	5. Questions from the public	Eleri de Gilbert	PCC/21/136
	6. Minutes from the meeting held on 15 September 2021	Eleri de Gilbert	PCC/21/137
	7. Action log and matters arising from the meeting held on 15 September 2021	Eleri de Gilbert	PCC/21/138
	Matters arising:		
	<ul style="list-style-type: none"> <li>Impact Investment Fund update on summary of achievements</li> </ul>	Helen Griffiths	
	8. Actions arising from the Governing Body meeting held on 06 October 2021	Eleri de Gilbert	PCC/21/139
<b>09:10</b>	<b>Commissioning, Procurement and Contract Management</b>		
	9. Monthly contract update	Lynette Daws	PCC/21/140
	10. GP Extended Access – Christmas & New Year 2021	Joe Lunn	PCC/21/141
<b>09:20</b>	<b>Strategy, Planning and Service Transformation</b>		
	11. Primary Care Estates update	Lynne Sharp	PCC/21/142
	12. Primary Care Networks – Quarter two update	Helen Griffiths	PCC/21/143
	13. Local Enhanced Service Review 2021/22	Joe Lunn	PCC/21/144
<b>09:50</b>	<b>Covid-19 Recovery and Planning</b>		
	14. Overview of General Practice Additional Expenses in Relation to Covid-19 - Final report	Joe Lunn	PCC/21/145
	15. Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting	Joe Lunn	PCC/21/146
	16. Clinical Director uplift payments to support the Covid-19 vaccination programme	Fiona Callaghan	PCC/21/147

<b>10:05</b>	<b>Financial Management</b>		
	17. Finance report – month six	Michael Cawley	PCC/21/148
<b>10:15</b>	<b>Risk Management</b>		
	18. Risk Report	Jo Simmonds	PCC/21/149
<b>10:25</b>	<b>Closing Items</b>		
	19. Any other business	Eleri de Gilbert	PCC/21/150
	20. Key messages to escalate to the Governing Body	Eleri de Gilbert	PCC/21/151
	21. Date of next meeting: 17/11/2021	Eleri de Gilbert	PCC/21/152

**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 15 October 2021 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	Erewash Borough Council	Lay Member of the Remuneration Committee				✓	01/01/2019	Present	This interest will be kept under review and specific actions determined as required.
AINSWORTH, David	Locality Director Mid-Notts	Consultancy	Ad hoc nurse consultancy to provider organisations	✓		✓		01/03/2019	Present	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 discussions relating to this practice but be excluded from decision-making.
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.
AUDIS, Adrian	NHS England/NHS Improvement Commissioning Manager	No relevant interests declared	Not applicable					-	-	Not applicable
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.
BEEBE, Shaun	Non-Executive Director	Nottingham University Hospitals NHS Trust	Patient in Ophthalmology			✓		-	Present	This interest will be kept under review and specific actions determined as required.
BURNETT, Danni	Deputy Chief Nurse	NHS England and Improvement	Spouse employed as Senior Delivery and Improvement Lead		✓		✓	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	Nottingham and Nottinghamshire CCG	Family member employed as Head of Service Improvement and BCF		✓		✓	01/07/2018	Present	This interest will be kept under review and specific actions determined as required.
BURNETT, Danni	Deputy Chief Nurse	Nottingham and Nottinghamshire CCG	Family member employed as Primary Care Commissioning Manager		✓		✓	-	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.
BURNETT, Danni	Deputy Chief Nurse	Castle Healthcare Practice	Registered Patient			✓		01/07/2018	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CALLAGHAN, Fiona	Locality Director - South Nottinghamshire	Radcliffe on Trent Health Centre	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CAWLEY, Michael	Operational Director of Finance	Castle Healthcare Practice	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/10/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Pelham Homes Ltd – Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	✓				01/01/2008	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	✓				01/12/2016	Present	First for Wellbeing CIC is currently in the process of being closed. This interest remains on the register whilst this takes place.
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.

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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	Sherwood Medical Partnership – Farnsfield Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DE GILBERT, Eleri	Non-Executive Director	Middleton Lodge Surgery	Individual and spouse registered patients at this 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.
DE GILBERT, Eleri	Non-Executive Director	Rise Park Practice	Son and Daughter in Law 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 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.

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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 be excluded from decision-making.
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.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Musters Medical Practice	Registered Patient			✓		01/04/2013	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Castle Healthcare Practice (Rushcliffe Practice)	Spouse is GP Partner				✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by this practice

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GRIFFITHS, Helen	Associate Director of Primary Care Networks	Embankment Primary Care Centre	Spouse is Director	✓			✓	01/10/2015	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	NEMS Healthcare Ltd	Spouse is shareholder	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Partners Health LLP	Spouse is a member	✓			✓	01/10/2015	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Principia Multi-specialty Community Provider	Spouse is a member	✓			✓	01/10/2015	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Nottingham Forest Football Club	Spouse is a Doctor for club	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
LUNN, Joe	Associate Director of Primary Care	Kirkby Community Primary Care Centre	Registered Patient			✓			Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
STRATTON, Dr Richard	GP Representative	Belvoir Health Group	GP Partner	✓				01/08/2012	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by GP Practices.
STRATTON, Dr Richard	GP Representative	Partners Health LLP - a membership organisation of general practices in Rushcliffe. Provider of extended access service and non-core provider for Rushcliffe PCN and employer for additional roles staff for the PCN	GP member and is entitled to receive profit shares (although profit shares are not currently paid out to members). Also acts in an advisory capacity to Partners Health Board which is not remunerated.	✓				01/11/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by Partners Health LLP; and Services where it is believed that Partners Health LLP could be an interested bidder.
STRATTON, Dr Richard	GP Representative	Fosse Medicare Ltd: a property company which owns the Cotgrave Surgery which Belvoir Health Group have a lease to occupy.	Director/Shareholder	✓				01/11/2018	Present	This interest will be kept under review and specific actions determined as required.
STRATTON, Dr Richard	GP Representative	Nottingham University Hospitals NHS Trust	NUH Clinical Director for Integration	✓				01/04/2021	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottingham University Hospitals Trust.
SUNDERLAND, Sue	Non-Executive Director	Joint Audit Risk Assurance Committee, Police and Crime Commissioner (JARAC) for Derbyshire / Derbyshire Constabulary	Chair		✓			01/04/2018	Present	This interest will be kept under review and specific actions determined as required.

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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.
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	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	Practice Support Services Limited - Nottinghamshire	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	LMC Buying Groups Federation	Manager	✓				01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	GP-S coaching and mentoring	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	Nottinghamshire GP Phoenix Programme	Manager		✓			01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
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.



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WRIGHT, Michael	LMC Representative, CEO	Notspar and Trent Valley Surgery Special Allocation Schemes (violent patient schemes)	Chair				✓	01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
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**  
**15/09/2021 09:00-11:00**  
**MS Teams Meeting**

**Members present:**

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

**In attendance:**

Andrea Brown	Associate Director, Planning and Workforce Transformation (for item 12 PCC/21/099)
Lynette Daws	Head of Primary Care
Siân Gascoigne	Head of Corporate Assurance
Esther Gaskill	Head of Quality – Primary Care
Andy Hall	Associate Director of Performance and Information (item 12 PCC 21 099)
Steve Murdock	Head of Primary Care IT (for item 16. PCC 21 125)
Rachel Rees	Head of Primary Care Network (PCN) Development
Michael Wright	Nottinghamshire Local Medical Committee
Sue Wass	Corporate Governance Officer (minute taker)

**Apologies:**

Helen Griffiths	Associate Director of Primary Care Networks
Dr Richard Stratton	GP Representative

<b>Cumulative Record of Members' Attendance (2021/22)</b>					
<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>
Shaun Beebe	06	06	Joe Lunn	06	06
Michael Cawley	06	05	Dr Richard Stratton*	06	04
Lucy Dadge	06	06	Sue Sunderland	06	06
Eleri de Gilbert	06	05	Dr Ian Trimble	06	06
Helen Griffiths	06	04	Danielle Burnett	06	06

\* Dr Stratton left 24/09/2021

### Introductory Items

- PCC/21/110 **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.  
 Noting that Dr Stratton had given apologies, the Chair confirmed that this was his last meeting as a member of the Committee and extended her thanks to Dr Stratton for his insightful and valuable contribution to the Committee.  
 Members queried whether Dr Stratton would be replaced by another practicing GP, as it was considered a valuable resource to have at the Committee. It was agreed that this would be confirmed with the Associate Director of Governance outside of the meeting.
- ACTION:**

  - **Lucy Dadge to confirm Dr Stratton's replacement with the Associate Director of Governance**
- PCC/21/111 **Confirmation of Quoracy**  
 The meeting was confirmed as quorate.
- PCC/21/112 **Declaration of interest for any item on the shared agenda**  
 Item 12. PCC 21 121 – Primary Care Workforce update: Michael Wright is conflicted due to his role with the Nottinghamshire GP Phoenix programme.
- PCC/21/113 **Management of any real or perceived conflicts of interest**  
 Item 12. PCC 21 121 – Primary Care Workforce update: Michael Wright is conflicted. As this is a public meeting, Michael may be present and participate in the discussion, as no decision is required.
- PCC/21/114 **Questions from the public**  
 No questions had been received.
- PCC/21/115 **Minutes from the meeting held on 18 August 2021**  
 The minutes were agreed as an accurate record with the following amendment under item PCC 21 096: Monthly contract Update:  
     b) All contractual changes follow the process outlined in the NHS England/Improvement Primary *Medical* Care Policy and Guidance Manual (PGM).
- PCC/21/116 **Action log and matters arising from the meeting held on 18 August 2021**  
 Action PCC 21 104 was noted as completed following circulation ahead of the meeting of a written briefing on the impact of Covid 19 on routine vaccination and screening programmes.  
 All other actions were noted as complete and there were no matters arising.

### Commissioning, Procurement and Contract Management

- PCC/21/117 **Monthly contract update**  
 Lynette Daws presented the item and highlighted the following key points:  
     a) Letters had been sent to patients of Queen's Bower Surgery informing them of their allocated new practice following the decision to allocate patients to nearby

GP practices and the closure of the Queen's Bower branch at the end of September 2021.

- b) An update would be given at the next meeting on the transition of Grange Farm Medical Centre to the new contract holder Nottingham City GP Alliance.

The following points were raised in discussion:

- c) No further points were raised.

The Committee:

- **NOTED** the Contract Update

PCC/21/118

### **Oakwood Surgery – reduction in operating hours at Bull Farm**

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

- a) Oakwood Surgery had submitted a business case to reduce the opening hours of their Bull Farm branch by two hours a day. The reduction would enable the redistribution of reception staffing hours to give increased telephone cover during periods of highest demand. This was a response to the most common patient complaint at the surgery and would not affect clinical services or clinical activity.
- b) The business case contained an assessment of footfall; the increased number of calls received by the surgery over recent months; and a comparison in the opening hours of other local surgeries.
- c) The Practice had undertaken engagement with their patients on the proposal and although there were very few respondents, 64% were supportive.
- d) An Equality and Quality Impact Assessment had been undertaken on the proposal.

The following points were raised in discussion:

- e) Members discussed the need to consider that this was an area of significant deprivation and whether the proposal would increase health inequalities.
- f) The application had a lack of comparative data and therefore it was difficult to see whether the practice was an outlier
- g) Members noted that a precedent had been set by neighbouring branches, with two branches opening for fewer hours than the proposal for Bull Farm.
- h) Noting the need for the Practice to operate more efficiently in response to patient complaints, the Committee agreed to approve the reduction of hours for a three month period but that a review be undertaken of the impact of the reduction to ensure that it did not adversely impact on the patient population.

**ACTION:**

- **Joe Lunn to bring an impact assessment on the reduction of opening hours at Bull Farm Surgery to the February Committee meeting**

The Committee:

- **APPROVED** the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery for 3 months with effect from 01 October 2021.

PCC/21/119

### **Sherrington Park Medical Practice – List closure**

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

- a) Sherrington Park Medical Practice had requested the closure of their patient list for a period of twelve months.
- b) The reasons for the request were noted as an increase in their list size; absorbing patients following the closure of a neighbouring surgeries; a change in the local patient population with complex health needs; and administration pressures within the Practice.
- c) The Practice had had an informal list closure during 2019 and since that time there had been a reduction in their list size of 1.1%. Five neighbouring practices had seen an increase in their list sizes over the same period.
- d) The Practice currently had a GP/Patient ratio that was significantly lower than the CCG average.
- e) Anomalies with the workforce data supplied in the application and the data held in the National Workforce Reporting System were highlighted.
- f) The national GP Survey had rated the Surgery as above average for key indicators.
- g) Engagement had been undertaken and neighbouring practices had been concerned on the impact to their own workloads.
- h) The recommendation to the Committee was for a deferral of a decision until clarification and further information was gained in a number of areas; and to receive detail on the actions that the Practice proposed to take during the list closure to mitigate the pressures outlined in the proposal.

The following points were raised in discussion:

- i) Members recognised that this was a well performing Practice keen to maintain the quality of their services.
- j) Recognising that statistics may not give a rounded picture of the pressures that the Practice was under, the Committee agreed with the proposal to defer the decision and for the CCG to work with the Practice to develop a more robust application, with plans for mitigating their current pressures if the request was supported.
- k) Members emphasised the need for the Practice to be mindful of the impact of their list closure on neighbouring practices at a time of great strain for General Practice but also to be clear how such breathing space would be used by the practice to improve the situation going forward.

The Committee:

- **DEFERRED** the approval decision until further information is provided by the practice with clearer rationale for the closure and plans for mitigating the pressures if the request is to be supported.

## Strategy, Planning and Service Transformation

### PCC/21/120 Primary Care Workforce Update

Andrea Brown presented the item and highlighted the following points:

- a) The report provided the Committee with an update on the approaches and strategies in place to support workforce planning and development in Primary Care.
- b) The focus since the last report had been on the completion of April to June planning returns; the development and submission of proposals for transformation funding and the development and submission of Primary Care Network (PCN) workforce plans.
- c) In addition, Health Education England had also made system allocations for workforce development. These funds were allocated directly to the Nottinghamshire Alliance Training Hub to manage and coordinate across the system.
- d) The latest workforce profile was discussed, as detailed in the report. Overall, the workforce position was noted as relatively stable; however, there had been a reduction in the number of practice nurses and advanced nurse practitioners. Work was being undertaken with nursing leads on how the Nursing Strategy was being delivered.

The following points were made in discussion:

- e) Members noted the need to ensure that locums were recognised as an important element of the primary care workforce and supported, although it was acknowledged this cohort was difficult to quantify.
- f) Members noted the need for closer engagement with PCNs on workforce planning. This was acknowledged; however, current operational pressures were impacting on engagement.
- g) Members queried what actions were being taken to improve nursing retention. It was noted that a strategy was in place and work continued with nursing leads, but there was further work that needed to be undertaken to understand why support that was in place had not had the desired impact.
- h) Members noted that the sustained operational pressure on practices was having an impact on mental and physical well-being of staff and resilience and would undoubtedly affect retention.
- i) Members noted that a further update was scheduled for January 2022.

The Committee:

- **NOTED** the current workforce position and the continued focus on supply, recruitment and retention strategies.
- **NOTED** the workforce development plans and intended impact which includes meeting the training needs as submitted by PCNs.
- **NOTED** the risk management in place.

*Andrea Brown left the meeting*

*Agenda items were taken out of turn to aid the smooth running of the meeting*



*Andy Hall and Steve Murdoch joined the meeting*

PCC/21/124

### **Primary Care IT Strategy**

Andy Hall and Steve Murdock presented the item and highlighted the following points:

- a) The six former CCGs in Nottingham and Nottinghamshire had previously collaborated on a strategic plan for IT services, the Information Governance Management and Technology Strategy, which had now expired.
- b) Taking into account new national initiatives, the Integrated Care Systems (ICS)' Data, Analytics and Information Technology (DAIT) Strategy and compliance with General Medical Services (GMS) contract requirements, a new strategy had been developed in collaboration with the GP IT Steering Group.
- c) The vision and strategic aims of the Strategy were detailed, along with the requirements for clinical systems, infrastructure considerations, and the approach to financial sustainability and workforce development.
- d) The Committee was asked to approve the Strategy.

The following points were made in discussion:

- e) Members were encouraged to hear that the strategy had been developed in collaboration with colleagues in primary care and built on the way that the COVID 19 pandemic has changed the way primary care works and interacts with patients.
- f) Members queried whether patients had been engaged in the development of the Strategy. The Committee considered it would be helpful if a presentation of the Strategy would be made to the Patient and Public Engagement Committee.
- g) Members queried timescales for the delivery of the Strategy. It was noted that many of the projects would be driven by national procurements. The Committee requested an update on timescales for the delivery of the Strategy at the January 2022 meeting.
- h) Members queried whether any discussions with Bassetlaw CCG had taken place regarding the Strategy. It was noted that Bassetlaw's IT assets were not managed by Nottinghamshire Health Informatics Service and it would be a long term process to secure a common IT provider. The Committee considered that it was important to engage with Bassetlaw on the ICS' strategic direction for IT, which was agreed.

The Committee:

- **APPROVED** the Primary Care IT Strategy.

#### **ACTION:**

- **Steve Murdoch to bring a progress update to the January 2022 Committee meeting to confirm that the Strategy has been shared with Bassetlaw CCG, presented to a future PPEC meeting and to provide timescales for the delivery of the Strategy.**

*Andy Hall and Steve Murdoch left the meeting*

PCC/21/121 **Primary Care Networks - Contract Changes**

Rachel Rees presented the item and highlighted the following points:

- a) NHS England had issued a letter on 23 August 2021 setting out plans for the phased introduction of new service requirements for PCNs, and confirmed how PCNs would access the funding available for their activities through the Investment and Impact Fund (IIF) across the second half of 2021/22 and 2022/23.
- b) This new contract package recognised the current pressures on general practice whilst acknowledging the work that needed to be achieved on recovery and the urgency of tackling health inequalities. Two service specifications would be commencing in October 2021 with an initial set of focussed requirements; two further service specifications were delayed, and would now be introduced in April 2022.
- c) NHS England was providing new funding to support PCN leadership and management to support Clinical Directors to work with local partners, such as community pharmacy and community services.
- d) This was a substantial change during a time of significant pressure for General Practice and the practical implementation of the services would need careful consideration by the wider ICS. Further detailed guidance was expected.

The following points were made in discussion:

- e) Members welcomed the new service requirements as being consistent with the ICS' own priorities; however noted that PCNs were relatively immature organisations and questioned their capacity to respond to the service specifications at a time of considerable stress for General Practice.
- f) It was noted that the CCG's capacity to monitor the specifications was also a concern.
- g) It was agreed that the issues would be discussed under item PCCC 21 128 to consider whether a new risk should be raised.

The Committee:

- **NOTED** the changes as outlined within the NHS England contract letter dated 23 August 2021.

PCC/21/122 **Primary Care Networks – Unclaimed Fund 2021-22**

Rachel Rees presented the item and highlighted the following points:

- a) The provenance of the Unclaimed Fund under the Primary Care Networks Specification was detailed; and the criteria and the process for bidding into the fund were explained.
- b) The CCG had supported PCNs with this process.
- c) The outcome of the Unclaimed Fund bidding process would be shared with the Committee at their meeting in November once the process was complete.

The following points were made in discussion:

- d) It was noted that the funding in the Unclaimed Fund was non-recurrent and

spend needed to be incurred by 31 March 2022.

The Committee:

- **NOTED** the PCN Unclaimed Fund process as per PCN Directed Enhanced Services Specification for 2021/2022

PCC/21/123

### **Primary Care Networks – Investment & Impact Fund 2020/21**

Rachel Rees presented the item and highlighted the following points:

- a) Detail was given regarding the Investment and Impact Fund, which had been introduced under the 2020/21 Network Contract Directed Enhanced Service and ran from 1 October 2020 until 31 March 2021.
- b) This had been an incentive scheme focusing on tackling health inequalities and providing high quality care, similar to the Quality and Outcomes Framework.
- c) The report detailed the achievements of the PCNs, noting that five PCNs were yet to have their data verified.

The following points were made in discussion:

- d) It was agreed that an updated report should be presented to the October Committee under matters arising.

**ACTION:**

- **Rachel Rees to bring an updated summary of achievements under the Investment and Impact Fund to the October meeting.**

The Committee:

- **NOTED** the Primary Care Networks – Investment & Impact Fund 2020/21 Report

## **Covid-19 Recovery and Planning**

PCC/21/125

### **Overview of GP practice additional expenses in relation to COVID-19**

Joe Lunn present the item and highlighted the following points:

- a) No further claims had been reported in the period and a final position and close down process would be reported to the next Committee meeting.

The following points were made in discussion:

- b) No further points were raised in discussion.

The Committee:

- **NOTED** the verbal update

PCC/21/126

### **Covid-19 Practice level update: Operational Pressures Escalation Levels (OPEL)**

Joe Lunn present the item and highlighted the following points:

- a) The paper provided an overview of OPEL reporting for the four weeks to 27 August.
- b) 20 practices reports level three; 98 level two and 26 level one. This was a similar position to the last report; although practices were beginning to spend a

shorter amount of time in level three.

The following points were made in discussion:

- c) No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL Reporting overview for General Practice

## Financial Management

### PCC/21/127 Finance report – month five

Michael Cawley presented the item and highlighted the following points:

- a) The financial position remained stable, with both the year to date and year end forecast at or around budget.
- b) The CCG was still operating under the revised financial regime 'H1', implemented by NHS England/Improvement. Guidance for 'H2' for months October to March was awaited; however, a similar profile for the budget for the first half of the financial year was anticipated.

The following points were made in discussion:

- c) Members queried the impact of slippage of the Mansfield Supported Living capital spend. It was noted that discussions with the Local Authority had confirmed that the spend would be incurred by year end. It was recommended that the CCG should ensure that contingency measures were in place in case further slippage was notified.

The Committee:

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

## Risk Management

### PCC/21/128 Risk Report

Siân Gascoigne presented the item and highlighted the following points:

- a) There were currently six risks relating to the Committee's responsibilities, the same number of risks that was presented to the last meeting.
- b) There was one high risk on the register, risk RR 160, relating to the potential risk in relation to staff exhaustion.

The following points were made in discussion:

- c) In the context of the workforce update item (PCC 21 120) taken earlier in the meeting, the Committee discussed whether the risk score of 12 for risk RR 32 remained appropriate. Although many of the metrics had remained static, concern was raised in the reduction of the number of nurses; and it was agreed to take a wider look at the Nursing Strategy and whether any further actions could be taken forward.
- d) In the context of the PCN contract changes, discussed under item PCC 21 121, the Committee agreed that discussions would be held prior to the next meeting

to determine whether a new risk was required regarding the potential for the PCNs to become disengaged.

The Committee:

- **NOTED** the Risk Report

**ACTIONS:**

- **Sian Gascoigne to ensure a full review of the primary care workforce risk (RR 032) was undertaken at the October 2022 Committee meeting, alongside further assurance being received around the primary care nursing workforce.**
- **Sian Gascoigne to discuss with Rachel Rees and Ian Trimble the scope of a potential new risk relating to potential GP disengagement in PCNs following the publication of the new contract guidance.**

**Closing Items**

PCC/21/129

**Any other business**

There was no other business raised.

PCC/21/130

**Key messages to escalate to the Governing Body**

The Committee:

- a) Approval of the IT Strategy
- b) Reduction in hours at Bull Farm

PCC/21/131

**Date of next meeting:**

**20/10/2021**

MS Teams meeting

**Primary Care Commissioning Committee  
 Action Log from the public Committee meeting held on 15 September 2021**

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
<b>ACTIONS OUTSTANDING</b>						
			<i>No actions outstanding</i>			
<b>ACTIONS ONGOING/NOT YET DUE</b>						
15.09.21	PCC 21 118	Reduction in operating hours at Bull Farm	To bring an impact assessment on the reduction of opening hours at Bull Farm Surgery to the February Committee meeting	Joe Lunn	16.02.2022	Not yet due
15.09.21	PCC 21 124	Primary Care IT Strategy	To bring a progress update to the January Committee meeting to confirm that the Strategy has been shared with Bassetlaw CCG; presented to a future PPEC meeting and to provide timescales for the delivery of the Strategy	Steve Murdoch	19.01.2022	Not yet due

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
<b>ACTIONS COMPLETED</b>						
15.09.21	PCC 21 110	Welcome & Apologies	To confirm Dr Stratton's replacement with the Associate Director of Governance	Lucy Branson	17.11.2021	Lucy Branson is in discussion with the Clinical Leads regarding a new GP member for PCCC. It is intended that this will be in place for the November 2021 PCCC.
15.09.21	PCC 21 124	PCN Investment and Impact Fund	To bring an updated summary of achievements under the Investment and Impact Fund to the October meeting.	Rachel Rees	20.10.2021	Update provided at matters arising, item 7, PCC 21 138a.
15.09.21	PCC 21 128	Risk Report	To ensure a full review of the primary care workforce risk (RR 032) was undertaken at the October 2022 Committee meeting, alongside further assurance being received around the primary care nursing workforce.	Siân Gascoigne	20.10.2021	Updated at Risk Register, item 18, PCC 21 149.

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
15.09.21	PCC 21 128	Risk Report	To discuss with Rachel Rees and Ian Trimble the scope of a potential new risk relating to potential GP disengagement in PCNs following the publication of the new contract guidance.	Siân Gascoigne	20.10.2021	Updated at Risk Register, item 18, PCC 21 149.



### Action Log PCC 21 124: Investment & Impact Fund 2020/2021 – Year End position

PCN Code	PCN Name	Maximum Points	Maximum £	Achieved Points	Achieved £	Status	Appeal	Updated Achieved Points	Updated Achieved £	Payment Raised
U51200	Arnold & Calverton PCN	194.00	16,905.52	194.00	16,905.52	Declared				26/07/2021
U47851	Arrow Health PCN	194.00	18,108.28	140.52	13,642.20	Awaiting Service Provider Approval				07/10/2021
U85198	Ashfield North PCN	194.00	27,385.26	194.00	27,385.26	Declared				30/07/2021
U53963	Ashfield South PCN	194.00	21,732.15	146.51	15,530.66	Declared	Yes	147.00	15,569.46	12/08/2021
U10998	BACHS PCN	194.00	22,527.56	147.00	14,436.40	Declared	Yes	147.00	14,436.40	01/09/2021
U44561	Bestwood & Sherwood PCN	194.00	21,805.32	163.60	17,914.68	Declared				26/07/2021
U63129	Bulwell & Top Valley PCN	194.00	20,655.27	141.09	13,629.73	Declared				26/07/2021
U06437	Byron PCN	194.00	18,067.85	153.82	14,273.14	Awaiting Service Provider Approval				07/10/2021
U29053	City South PCN	194.00	15,564.01	190.51	15,323.32	Declared				01/09/2021
U19169	Clifton & Meadows PCN	194.00	14,558.37	155.80	11,301.49	Declared				09/08/2021
U32323	Mansfield North PCN	194.00	30,529.76	133.15	19,891.91	Declared	Yes	141.29	21,148.88	30/07/2021
U65095	Newark PCN	194.00	43,111.73	164.16	37,113.63	Declared	Yes	173.03	38,890.29	16/08/2021
U47242	Nottm City East PCN	194.00	22,331.06	150.33	15,451.70	Declared - through no appeal				01/10/2021
U99463	Nottingham West PCN	194.00	52,018.35	188.11	50,492.85	Declared	Yes	193.94	51,996.95	01/09/2021
U94342	Radford & Mary Potter PCN	194.00	10,740.09	166.88	7,936.64	Declared				21/09/2021
U18267	Rosewood PCN	194.00	23,855.17	147.00	17,046.47	Declared	Yes			01/09/2021
U12563	Rushcliffe PCN	194.00	61,606.32	194.00	61,606.32	Declared				30/07/2021
U90349	Sherwood PCN	194.00	35,088.14	170.30	29,807.93	Declared				30/07/2021
U12949	Synergy Health PCN	194.00	12,991.39	122.00	8,327.95	Awaiting Service Provider Approval				07/10/2021
U59216	Unity PCN	194.00	3,488.81	122.00	534.36	Declared				26/07/2021



<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
<b>Paper Title:</b>	Public Contract Update	<b>Paper Reference:</b>	PCC 21 140
<b>Sponsor:</b>	Joe Lunn, Associate Director of Primary Care	<b>Attachments/ Appendices:</b>	Public Contract Log
<b>Presenter:</b>	Lynette Daws, Head of Primary Care		
<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>

**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 log provides an update on contractual action in respect of individual providers’ contracts, across Nottingham and Nottinghamshire, 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. These items will be included in the public contracts log 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 type="checkbox"/>		
<b>Conflicts of Interest:</b>				
<input checked="" type="checkbox"/> No conflict identified				
<b>Completion of Impact Assessments:</b>				
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.
<b>Risk(s):</b>				
No risks are identified within the paper				
<b>Confidentiality:</b>				
<input checked="" type="checkbox"/> No				
<b>Recommendation(s):</b>				
1. <b>RECEIVE</b> the Public Contract Update.				

NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Primary Care Commissioning Committee – October 2021 Public Meeting

### Contracts Update – Public Meeting

This public contracts update provides an update 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.	August 2021	Sherrington Park Medical Practice – List Closure	Sherrington Park Medical Practice submitted a formal list closure application; a paper was presented to the Primary Care Commissioning Committee in September 2021. <b>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.</b>	Completed
2.	August 2021	Rise Park Surgery – boundary change	Rise Park Surgery submitted an application to extend their practice boundary. A paper was presented to the Primary Care Commissioning Committee in August 2021 and the proposal was approved. The outcome has been communicated to the practice.	Completed
3.	July 2021	Oakwood Surgery (Bull Farm Branch) – Branch Opening Hours	Oakwood Surgery has expressed an interest in reducing the current operating hours at Bull Farm branch site – the proposal for change is to reduce the hours by two hours per day. The practice has reviewed attendance data at the surgery since taking on the branch site and activity levels at the beginning and end of each day has been extremely low. The patient consultation started on 5th July 2021 and the engagement event took place on 19 July 2021. <b>A paper was presented to the Primary Care Commissioning Committee in September 2021 and the proposal was approved. A review of the impact of the change in hours is to be presented to PCCC within 6 months. The outcome has been communicated to the practice.</b>	Completed

NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Primary Care Commissioning Committee – October 2021 Public Meeting

Ref.	Date reported to Committee	Description of Contractual Issue	Update	Status
4.	March 2021	Queens Bower Surgery – contract termination	<p>The GP took the decision to end the contract and a caretaking arrangement was put in place. Rise Park Surgery is providing a temporary caretaking arrangement until 30 September 2021, from the Queens Bower Surgery premises.</p> <p>Patient engagement has taken place and a report has been prepared. Options appraisal presented to Primary Care Commissioning Committee in July 2021 and decision supported to allocate patients to practices near to their home address. The mapping process to allocate patients has been completed.</p> <p>A letter to inform patients of the allocation process has been sent. A further letter was sent in September providing patients with their allocated new practice details.</p> <p><b>The practice closed on the 30 September 2021.</b></p>	Completed
5.	March 2021	Platform One Practice – Contract Update	<p>The Platform One Practice contract ended on 30 June 2021. Following an external procurement process, Nottingham City GP Alliance (NCGPA) was awarded the contract to provide primary care services from Upper Parliament Street, Nottingham. The new practice is called Parliament Street Medical Centre. The new contract with NCGPA commenced 1 July 2021.</p> <p>The new boundary for the practice means that 7,800 patients that reside in the boundary (currently registered with Platform One Practice) transferred to the new practice. The remaining 3,000 patients that reside outside the boundary (previously registered with Platform One Practice) were allocated to a practice closest to their home address.</p> <p>Communications were sent to all patients, the CCG recognised that a letter is not the only or always the best method. A Stakeholder Group was established as an expert panel to support patient engagement during the mobilisation period. Meetings took place on 3 March 2021, 7 April 2021, 5 May 2021 and 7 July 2021 with a number of agreed actions for the Group to progress (the development of Key Worker Briefings, Posters and Wallet Cards, which have been distributed to key stakeholders). Highlight reports from the Group were provided to the Committee.</p>	Completed

NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Primary Care Commissioning Committee – October 2021 Public Meeting

Ref.	Date reported to Committee	Description of Contractual Issue	Update	Status
			<p>Regular mobilisation meetings have taken place with NCGPA. Exit planning meetings took place with the incumbent provider.</p> <p>All patients on the allocation list were sent a letter containing further details regarding the transfer to their new practice; patients were registered by their new practice.</p> <p>Parliament Street Medical Centre opened 1 July 2021, the website went live on the same day and patients have been booking appointments. The PCCT remain in regular contact with the new provider.</p>	
6.	December 2020	Whyburn Medical Practice – Contract Update	<p>Primary care services for Whyburn Medical Practice patients were being provided through a temporary caretaking arrangement. An external procurement process took place to secure a permanent provider; the successful provider is Primary Integrated Community Services (PICS) – the temporary caretaker provider.</p> <p>This is a contract change. There will be no change to patient care; patients will continue to receive primary care services from the current location. The new APMS contract for Whyburn Medical Practice commenced 1 July 2021; contract and quality review meetings have been scheduled.</p>	Completed
7.	December 2020	Peacock Healthcare – Contract Update	<p>Primary care services for Peacock Healthcare patients were being provided through a temporary caretaking arrangement. An external procurement process took place to secure a permanent provider; the successful provider is Primary Integrated Community Services (PICS) – the temporary caretaker provider.</p> <p>This is a contract change. There will be no change to patient care; patients will continue to receive primary care services from the current location. The new APMS contract for Peacock Healthcare commenced 1 July 2021; contract and quality review meetings have been scheduled.</p>	Completed
8.	December 2020	Bilborough Medical Centre – Contract Update	<p>Primary care services for Bilborough Medical Centre patients were being provided through a temporary caretaking arrangement. An external procurement process took place to secure a permanent provider; the successful provider is Nottingham City GP Alliance (NCGPA) – the temporary caretaker provider.</p>	Completed

NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
 Primary Care Commissioning Committee – October 2021 Public Meeting

Ref.	Date reported to Committee	Description of Contractual Issue	Update	Status
			This is a contract change. There will be no change to patient care; patients will continue to receive primary care services from the current location. The new APMS contract for Bilborough Medical Centre commenced 1 July 2021; contract and quality review meetings have been scheduled.	
9.	December 2020	Grange Farm Medical Centre – Contract Update	<p>The Grange Farm Medical Centre contract will come to its natural end 30 September 2021. An external procurement process took place to secure a provider; the successful provider is Nottingham City GP Alliance (NCGPA). The contract with NCGPA will start 1 October 2021.</p> <p>This is a contract change. There will be no change to patient care; patients will continue to receive primary care services from the current location. The new APMS contract for Grange Farm Medical Centre commenced 1 October 2021; contract and quality review meetings have scheduled.</p>	Completed



**Nottingham and Nottinghamshire**  
Clinical Commissioning Group

<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	GP Extended Access – Christmas & New Year 2021/22	<b>Paper Reference:</b>	PCC 21 141
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<b>Sponsor:</b>	Joe Lunn – Associate Director of Primary Care Commissioning	<b>Attachments/ Appendices:</b>	N/A
<b>Presenter:</b>	Joe Lunn – Associate Director of Primary Care Commissioning		

<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>	

### Executive Summary

#### Arrangements for Discharging Delegated Functions

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

The purpose of this paper is to outline the Nottingham and Nottinghamshire CCG commissioned GP Extended Access Services offer over Christmas and New Year 2021/22 for routine primary medical services.

#### 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 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.*

#### 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 is a risk that not opening on Christmas and New Year's Day reduces access to routine primary care



services for patients and may attend Urgent Care Centre or secondary care services. However, CCG commissioned GP Extended Access service is for routine appointments and patients can still book an appointment with their GP practice during core hours.

The risk is low as the activity for the GP Extended Access Service on Christmas and New Year in previous years has been very low.

**Confidentiality:**

No

**Recommendation(s):**

1. **NOTE** current arrangements for GP Extended Access services for Christmas and New Year 2021/22.

## GP Extended Access – Christmas & New Year 2021/22

### 1. Introduction

In line with NHS England and Improvement requirements the Nottingham and Nottinghamshire CCG commissions a seven-day service for all patients. The GP Extended Access service is for routine appointments at evenings and weekends (outside core hours, 8:00am to 6:30pm Monday to Friday), including bank holidays. Each service is required to provide 30 minutes per 1,000 population each week.

### 2. Background

The GP Extended Access services were commissioned by the former CCGs in response to the General Practice Forward View, published in April 2016, to improve access to GP services. The service is available to all Nottingham and Nottinghamshire patients, delivered as follows:

- Nottingham City: Nottingham City GP Alliance (NCGPA)
- Nottingham North & East, Nottingham West: Primary Integrated Community Services (PICs)
- Mansfield & Ashfield: Mansfield & Ashfield PCN and PICs
- Newark & Sherwood: Newark & Sherwood PCN
- Rushcliffe: Partners Health

The contract end date for these APMS contracts is 31<sup>st</sup> March 2022. GP Extended Access services will be incorporated into the Network Contract Directed Enhanced Service (DES) from 1<sup>st</sup> April 2022.

### 3. Christmas and New Year 2021/2022 – GP Extended Access

GP Extended Access services support winter pressures and will be available to patients over the 2021/22 festive period.

The requirement is to provide the service 7 days a week, 365 days of the year. The only caveat, agreed with NHS England, is that the services commissioned by the former Nottingham North & East (NNE), Nottingham West (NW), Rushcliffe and Nottingham City (City) CCGs close Christmas Day and New Year's Day.

The Mansfield & Ashfield (M&A) and Newark & Sherwood (N&S) commissioned services open Christmas Day and New Year's Day.

In line with existing contracts, GP Extended Access services will offer the following service across Christmas and New Year in 2021/22:

Christmas Eve (Friday 24 December)	Existing Normal hours
Christmas Day (Saturday 25 December)	Closed: NW, NNE, Rushcliffe, City Open: M&A, N&S – Sunday Hours
Boxing Day (Sunday 26 December)	Existing Sunday hours
Bank Holiday (Monday 27 December)	Existing Sunday hours
Bank Holiday (Tuesday 28 December)	Existing Sunday hours
New Year's Eve (Friday 31 December)	Existing Normal hours
New Year's Day (Saturday 1 January)	Closed: NW, NNE, Rushcliffe, City Open: M&A, N&S – Sunday Hours
Sunday 2 January	Existing Sunday hours
Bank Holiday (Monday 3 January)	Existing Sunday hours

Providers of the extended access service, across the CCG, are expected to provide a service over Christmas and New Year although activity data from previous years demonstrates that there is limited demand for appointments on these days. However, some providers would argue that opening on these

days enables them to meet the needs of their vulnerable, isolated population who often attend A&E over the festive season. This also supports the wider system with winter pressures.

In previous years (2020/21 and 2019/20) the Committee has approved an approach that enables providers to stand down their service, on Christmas Eve and New Year's Eve only, if no appointments have been booked by 2:00 pm the previous day. This gives providers sufficient time to adjust their rotas and inform staff that they are not required or enable staff to finish early. The Committee also approved the same approach for Mansfield & Ashfield and Newark & Sherwood providers for Christmas Day and New Year's Day, that they could stand down the service if no appointments have been booked by 2:00pm the previous day.

If, as a result, providers have not met the number of hours they need to provide each week, they will be required to deliver additional hours across the following two weeks.

For 2020/21, NHS England stated that Extended Access services must be available across Christmas and New Year Bank Holidays but were supportive of the approach to stand down the services on Christmas Eve and New Year's Eve if no appointments have been booked. We have not yet received any guidance from NHS England and therefore do not know if they would be supportive of the same approach for 2021/22. Consideration must also be given on how this would be presented and perceived across the wider system.

Contact has been made with colleagues at Derby & Derbyshire CCG and Lincoln & Lincolnshire CCG to find out what their plans are for 2021/22. Both CCGs have confirmed that they have not yet agreed their Christmas and New Year arrangements for 2021/22.

#### **4. Christmas & New Year 2021/2022 - core GP services**

GP practices will continue to deliver core services during core hours, 8:00am to 6:30pm Monday to Friday, across Christmas and New Year (except Bank Holidays).

The extended hours provided within PCNs through the Network Contract DES will be expected to be provided during the Christmas and New Year period, albeit with flexibility. When the day of the week that extended hours are provided falls on a bank holiday, with NHS England approval, this can be changed to another weekday (e.g. within a 2-week period). This enables practices to respond to the surge in demand between Boxing Day and New Year's Day and immediately after the New Year.

As with CCG commissioned GP Extended Access Service, PCNs are required to provide 30 minutes per 1,000 population each week.

#### **5. Finance**

There will be no financial impact, providers are reimbursed according to their contract.

#### **6. Recommendation**

PCCC is asked to **NOTE** current arrangements for GP Extended Access services for Christmas and New Year 2021/22.



<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	Primary Care Estates Update	<b>Paper Reference:</b>	PCC 21 142
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<b>Sponsor: Presenter:</b>	Michael Cawley Operational Director of Finance	<b>Attachments/ Appendices:</b>	
	Lynne Sharp Associate Director of Estates		

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

#### Executive Summary

The purpose of this paper is to bring members of the Primary Care Commissioning Committee up to date with developments in primary care estates across the CCG over the last six months.

The paper gives the current position statement and highlights some key areas of work for this year.

#### 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 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"/>	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):

- Continued availability of ETTF funding as both schemes are experiencing significant delays
- Ability to spend BAU capital funding caused by delays in practices obtaining three quotes due to unavailability of contractors; and increased costs and availability of materials post COVID

#### Confidentiality:

No

**Recommendation(s):**

1. The Committee is asked to **NOTE** the paper for information.
2. The Committee is asked to **ENDORSE** the management action not to draw down Wave 1 STP capital funding for Strelley Health Centre.

**Report Summary**

**Cavell Centre**

Hucknall was put forward to be one of six pioneer projects for a new community hub concept called a Cavell Centre aimed at supporting the health and wellbeing of the local population rather than just treating illnesses. The Project Initiation Document (PID) was approved in May 2021 with agreement from NHS England/Improvement (NHSE/I) to move forward and develop the Outline Business Case/Full Business Case (OBC/FBC). The OBC was originally planned to be completed by the end of July 2021 but unexpected complications with emerging guidance from the NHSE&I central team have caused delays along with difficulties in settling the Schedule of Accommodation at a floor area compatible with cost limits, specific Cavell Centre requirements and accommodating the planned services.

A long list of options was narrowed down to five at a workshop in August 2021, three of the sites being relatively central in Hucknall with one owned by the District Council and two in private ownership and the remaining two sites located on the edges of town.

The second workshop to carry out the qualitative analysis for the preferred option was held at the end of September 2021.

NHSE&I have not yet defined how funding will work and there are currently four options:

1. Local systems pay capital charges at 3.5% and depreciation over 60 years;
2. Systems pay no capital charges, but pay depreciation over 60 years;
3. Systems pay no capital charges but pay depreciation difference from current costs to new;
4. Systems pay no capital charges or depreciation (though this is very unlikely).

The eventual solution will enable a decision to be made on affordability at the local level but all options are still on the table so it is difficult to assess the impact at this stage.

The occupation of a Cavell Centre will be free of charge to users with costs being picked up by the system and with new flexible occupation agreements. Discussions have started with the potential tenants around the details of how this will work in practice.

NHSE&I central team has employed an architect to oversee standardisation of design across the six pilot schemes that will lead into the national Cavell programme and this has resulted in local differences of opinion with the project designers, which is slowing progress.

The initial programme set by the centre was to have the new building operational at the end of the first quarter of 2024. This was always an ambitious target and slippage has already occurred for the reasons noted above. A detailed revised programme is currently being drafted.

The central NHSE&I team has indicated that the construction company must be procured via Procure 22 (P22) which is a national NHS framework for construction works that has an available panel of six contractors. Details of how this will be carried out are awaited from the central team.

**Business Cases**

Work has now paused on the production of other Outline Business Cases covering priority areas across the CCG in Eastwood, East Leake and Newark due to the absence of central capital funding through the ICS.

Some work has taken place on the possibility of applying for Levelling Up Funding led by local authorities, however this has not so far resulted in a bid in these areas. The regeneration of Kirkby town centre under the Ashfield Towns Fund initiative is still progressing.

### Wave 1 STP Capital – Strelley Health Centre

In 2017 Nottingham City CCG submitted a £1.8m bid for Wave 1 STP capital based on a feasibility study for an extension and internal reconfiguration of Strelley Health Centre. The feasibility study was limited in scope and the financial support requested was underestimated. It did not reflect the ambitions of the practice at the time who argued for a new build or nothing for this most deprived area of Nottingham. An Outline Business Case was developed which included both scenarios and progressed to options appraisal stage. The projected costs for the extension option were considerably more than the original £1.8m. In addition, at this point the CQC took urgent action to close the practice causing the scheme to stall. Subsequently, the contract was re-procured and Operose Health moved into Strelley Health Centre as Broad Oak Surgery. To date no formal request has been made for any expansion space although some minor alterations were completed at mobilisation to provide a modest amount of additional clinical space.

*NHSE/I have made it clear that funding cannot be re-purposed, so it has not been possible to make use of this allocation elsewhere. Therefore, there is no alternative now other than to formally notify NHSE/I that the CCG will not be drawing down this funding allocation.*

### Section 106

Contributions from developers for infrastructure services as a result of housing developments continue to be requested from each of the district councils in Nottinghamshire when planning applications are being proposed. The CCG has good relationships with all the planning authorities and is consulted where applications or requests for advice are received for developments over 25 dwellings.

Since the last update in April 2021 the following progress has been made on two of the major developments:

- **Rushcliffe BC: Fairham Pastures south of Clifton 3000 dwellings**  
Several meetings have taken place to progress the reserved site for a new medical facility serving this new population of c7000 patients. Rushcliffe PCN is actively involved in producing a schedule of accommodation and commenting on the overall design features. Discussions have commenced on the commercial delivery model with a view to getting the maximum outcome for the Section 106 contribution. These details will be captured in a business case and brought to the PCCC for approval in due course.
- **Broxtowe BC: Chetwynd Barracks 1500 dwellings**  
Developers for this site have recently requested health requirements for the reserved site on this development. The CCG has provided a preliminary report on assessment of land take, building size and cost estimate. This has been in conjunction with Nottingham West PCN, taking into account not just the immediate growth in population, but the PCN's ambition to consolidate estate in the Chilwell area. There is some significant work to do on this development but ultimately a business case will be brought to the PCCC for approval.

### Estates and Technology Transformation Fund (ETTF)

The following two improvement grant schemes are in progress in this final year of ETTF:

- **Rise Park** – approved by the PCCC at the March 2021 meeting. Although some site preparation has been completed construction is still yet to start on site. The reason for the delay has been cited as due diligence requirements by the bank for the practice's contribution. This delay has brought about a price refresh from the main contractor as the tender response is almost 12 months old.
- **Deer Park, Wollaton Vale Health Centre** – NHSPS has requested some legal input on the practice's current lease terms in order to attempt to unlock the historical debt position. However, it remains a risk to the scheme.

### **Commissioner Capital (Business as Usual Capital)**

Invitations to bid for funding were sent out in May 2021 via Team net. A total of 21 bids were received totalling approx. £1.286m (66%). An initial eligibility review was completed by the Estates Team followed by IPC and the locality teams' input to the prioritisation process. 14 bids have been supported in principle to enter the due diligence stage. Bids ranged from minor IPC/DDA works to small building extensions. The Estates team is working with practices to gather due diligence documentation by 31 October 2021 to ensure funding is spent by 31 March 2022. One practice is nearly ready to be submitted for sign off. Feedback from the practices is that they are finding it difficult to obtain quotes due to the contractors being busy or no guarantees of materials to complete project.

### **Primary Care Data Gathering Pilot**

The programme was restarted in May 2021 where pre-populated data was verified by the CCG. In June each practice was sent a password protected data set and was asked to verify the existing data and complete the missing data fields. 80% of practices returned their datasets within the 10-week window. Initial verification has been done which identified some inaccuracies in the data. Work is underway to rectify the information received. Verification has proved to be a lengthy process with all queries handled by the national project team. The next steps are to agree an approach for any further missing data and how to engage with practices who failed to submit any information; and to agree a staged plan for completing facet surveys prioritising those not completed within the last 5 years.

### **Primary Care Estates Strategy**

Funding has been secured from NHSE/I to undertake this work and a brief is currently being prepared to invite proposals through an NHS framework agreement.

In the meantime, PCNs have been asked to capture their ambitions and vision for the future, highlighting challenges and opportunities presented by their estate and that of their integration partners. This will ensure a bottom up approach strategy which will be relevant and valuable in addressing their current and future pressures. The strategy will also feed upwards into the ICS Estates Strategy formalising a system approach across all ICS partners.

It is anticipated that this work will start after Christmas.



**Nottingham and Nottinghamshire**  
Clinical Commissioning Group

<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	Primary Care Networks Quarter Two Update	<b>Paper Reference:</b>	<b>PCC 21 143</b>
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<b>Sponsor: Presenter:</b>	Lucy Dudge – Chief Commissioning Officer	<b>Attachments/ Appendices:</b>	Appendix 1 – ARRS September Position Appendix 2 – Summary of PCN Workforce Plans for 21/22
	Helen Griffiths - Associate Director for Primary Care Network Development		

<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>	

### Executive Summary

This paper provides an overview of the development of the Primary Care Networks (PCN) within Nottingham and Nottinghamshire over the past 3 months (July – September 2021), summarising the key deliverables and achievements, as well as highlighting on-going considerations, as we move into year three of the five year NHS England PCN development programme.

### 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 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  
 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.



<b>Risk(s):</b>
No risks identified
<b>Confidentiality:</b>
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please indicate why it is confidential by ticking the relevant box below)
<b>Recommendation(s):</b>
1. <b>NOTE</b> the progress and continued development of the PCNs during quarter two.
2. <b>NOTE</b> and <b>CONSIDER</b> the on-going considerations, priorities and considerations for 2021/22.

## Primary Care Networks Quarter Two Update

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### 1.0 Introduction

This paper provides an overview of the development of the Primary Care Networks (PCN) within Nottingham and Nottinghamshire over the past 3 months (July – September 2021), summarising the key deliverables and achievements, as well as highlighting on-going considerations, as we move into year three, of the five year NHSE PCN development programme.

### 2.0 Achievements

#### 2.1 Workforce and Additional Roles

The PCN workforce has increased over quarter two with a total of 236.74 WTE (as of September 21) additional roles across the system in line with the Additional Roles and Reimbursement Scheme (ARRS), as detailed in Appendix 1.

The PCNs completed their first workforce plans for 2021/22 and this information was submitted to NHS England on 31<sup>st</sup> August 2021. The summary of the plans is shown in Appendix 2. It is noted that the workforce plans state there is an ARRS financial overspend, this is reflected since the NHSE template that the PCNs are required to complete assumes:

- Workers start on the first day of the quarter only
- Workers leave on the last day of the quarter only
- All workers are employed at the top of the incremental band
- That the PCN will recruit to all posts recorded in their plans.

The CCG has worked closely with the PCNs; Locality Teams and GP Federations to further understand the invoicing to date, and where there is a projected overspend showing. All PCNs have provided a more in-depth review of their plans and actual costings and confirmed their ARRS budgets for the remainder of the year.

In line with the PCN DES contract any underspend on the ARRS budget as of August 2021 is declared as a System ARRS Unclaimed Fund Pot which all PCNs can bid for. This process is now underway, with the Unclaimed Fund for 2021/22 being circa £500k. The CCG plans to inform PCNs of the outcome of the bidding process by 29 October to enable spend to be maximised in year.

A further plan is required by 31 October providing the PCN workforce intention to 2024.

An assurance meeting was held with NHSE Regional Team on 8 October to review workplans and the delivery of the ARRS. The Nottingham and Nottinghamshire system received positive feedback on the ongoing work and efforts in delivering the ARRS, in particular for the commitment to the quality and data which is submitted to NHSE.

#### 2.2 Additional Roles for 2021/22

##### 2.2.2 Community Paramedic

The employment model for the community paramedic role across the PCNs does vary. Several of the PCNs are recruiting independently, and others continue to engage with East Midlands Ambulance Service (EMAS) to look to develop a rotational model. The CCG continues to engage with EMAS to support the co-production of this role, with the consideration to not destabilise the paramedic workforce.

##### 2.2.3 Mental Health Practitioner

The PCNs and CCG have been working with Nottingham Healthcare Trust to co-produce the role of Mental Health Practitioner and supported the recruitment process. 14 positions have been appointed and it is expected that these new roles will commence from October 2021, a

further 6 positions remain vacant, and Nottinghamshire Healthcare Trust are continuing their recruitment drive.

### **2.3 Response to Covid**

The PCNs have continued to support the Covid response and played an active role in the development of the Covid Vaccination Centres, as well as the 'Pop-up' Clinics which are located in general practice and within the community centres such as the local mosques and the roll out of the Booster campaign, and in planning the delivery of Phase 3 of the vaccination programme.

### **2.4 Leadership & Development**

The monthly ICS Clinical Directors Network meetings have continued to be well attended and provides dedicated time to enable the PCN Clinical Directors to share information and learning across the system.

A number of training and development opportunities have taken place over the past few months including; the locally designed ABILITY Clinical Director & Emerging Leaders Development Programme, which is a three day programme to support the needs of those leading within PCNs and the Clinical Directors have had a designated regroup focusing on their personal development and refreshing their next steps for leading their PCNs.

The Clinical Directors are just about to embark on a series of Group Coaching sessions that are focused around Place and the next steps of their journey in supporting PCNs within the Integrated Care Board.

A comprehensive Training Programme is currently being developed for all staff working in, or with, PCNs, this will include topics such as: Managing Conflict of Interest; Finance; Procurement; Engaging with Partners; Active Sign Posting in primary care.

### **2.5 PCN Mid-Career Fellowships**

A new and innovative scheme has been developed with The Phoenix Programme, hosted by the LMC, as part of the workforce retention scheme to support mid-career GPs. It is understood that Nottingham and Nottinghamshire are the only area in the country offering this type of portfolio working opportunity for mid-career GPs. The fellowships allow an opportunity to undertake a project to benefit the needs of the PCN. The projects should be largely self-directed with 'scaffold support' from The Phoenix Programme, with the PCN to ensure that the project work is in line with for the local population needs. There have been 20 mid-career fellow that have been appointments and about to commence their individual pieces of work.

### **2.6 PCN Estates**

Estates continues to be a challenge for the PCNs, due to the increase of new staff and emerging primary care roles that have commenced across the system. A scoping exercise is underway with all the PCNs, to capture their ambitions and vision to deliver health and care and further progress their integration plans with system partners and estate that might be available. The information will support and inform the development of a Primary Care Estates Strategy; it is recognised that the development of the strategy has a 'bottom up' approach and that the PCNs fully engage in the process. PCNs have been asked to provide additional insights to their estates needs and planning by November 2021, with the Primary Care Estates Strategy being started to be drafted in Q4.

## 2.7 Maturity Matrix

The PCN's have been asked by NHS England to update their position on the PCN Maturity Matrix and complete additional questions relating to their development within the ICB by 8<sup>th</sup> October 2021. Their development will be shown across 5 domains: -

- Leadership, planning and partnerships
- Use of data and population health management
- Integrating care
- Managing resources
- Working in Partnership

A summary report on the PCNs progress will be provided to the Committee in due course to show the ongoing progress of the PCNs, as well as a system action plan to support ongoing development.

## 2.8 Social Prescribing

Significant progress continues to be made across with all PCNs, and across the system, to continue to develop social prescribing. In summary, achievements include:

**PCN's** - working to actively recruit, retain, support and develop the roles of Link Workers, Care Coordinators and Health and Well-Being Coaches increase access to primary care services and offer proactive support and care to patients.

**Place** – working to develop a shared local plan for social prescribing using Population Health Management (PHM) data and working in partnership working with commissioners, Local Authorities and Voluntary Community and Social Enterprise (VCSE) organisations.

**Specialist Roles** – further development of roles, for example, Link Worker roles for Children and Young People, Mental Health and Learning Disability patients.

**Elective Care** - community support to maximise elective activity and embed personalised care into the elective recovery programmes with the 'Waiting Well' pilot.

**Proactive Care @home pathway** - support restoring and increasing access to primary care by the implementation of a Proactive Care @home pathway. A target of 'out of 40% with sustained BP – 50% to be referred to either the Social Prescribing Link Worker or Health and Wellbeing Coach for a personalised care and support plan, including stress management, living well'.

**Workforce development** – working in with Nottingham Alliance Training Hub, ICS Work Force development and VCSE partners to align training offers, ensure a consistent and equitable offer to all Link Workers.

**Green Social Prescribing Programme** - Provide social prescribing expertise for the Green Social Prescribing Test & Learn Project which is being implemented into Nottingham City in year 1 and rolled out to Nottinghamshire County in year 2.

**Benefits of Social Prescribing** - work is underway to align system data and outcomes measures to assist in identifying gaps, opportunities and share learning across the system, regionally and nationally. Headline figures show:

- 93% of case study samples from Social Prescribing Providers state that 'Wellbeing' scores have improved, and anxiety levels decreased' through the support they received from their Social prescribing Link Workers.
- 4260 onward referrals were made by Link Workers to Community assets during Q1

### **3 On-going considerations**

#### **3.1 Contract and Engagement**

The NHSE letter dated 23<sup>rd</sup> August 2021 summarised significant contract changes and detail to the PCN DES. It is recognised that although these changes are in line with the ambitions of the PCN DES the 'ask' on primary care and PCNs comes at a time when they are focussed on the ongoing day to day operational delivery of primary care, and the delivery of the flu and Covid vaccination programmes over the coming winter months. It is acknowledged that the additional workload which includes: the introduction of two new service specifications from this October, a further two service specifications from April 2022, the introduction of 19 new indicators on the Impact and Investment Fund, as well as planning a state of readiness for the new extended access service specification, is contributing to significant additional demands for the PCNs. Collectively the system is working together to collaboratively consider the increasing requirements on the PCNs, to ensure an enabling and cohesive approach to the delivery of the contract, and support the PCN model.

#### **3.2 Workforce**

The PCN workforce plans highlight the scale of the increase in PCN workforce expected over the next three years. These plans not only demonstrate the desire for the PCNs to develop their models of care but also the transition and offer of care within the community. The biggest challenge continues to be the availability of workforce. The CCG are working closely with the Nottingham Alliance Training Hub, Health Education England, the AHP Clinical Cabinet, and the ICS People and Culture Board to ensure that PCNs are informed of local training provision and support, as well as explore more creative employment models, such as rotational positions.

A further challenge is the remit of the Additional Roles Reimbursement Scheme. The scheme is very prescriptive regarding how the roles that can be employed and the level of reimbursement that can be received by the PCN. The scheme does not recognise the appropriate 'on costs' associated with the posts, which can restrict recruitment and impact on financial risk for the PCNs which in turn may limit the ambitions of the PCNs.

Despite the new roles being created to support general practice and release clinical time, the variety of the now, 15 new roles, adds further complexities for PCNs due to the increased time that has to be dedicated to the emerging roles in the developing the model of delivery, supporting their induction, developmental needs, training, supervision both clinical and non-clinical and day to day management and leadership and the overall impact this has on general practice time.

All the above constraints highlight the on-going need to have a focus and dedicated resource within the system to support the primary care workforce portfolio.

#### **3.3 IT Infrastructure**

IT infrastructure for the emerging roles continues to be a challenge as there has not been any allocated funding nationally to support the provision of their IT equipment. This has been further heightened due to the required agile working due to the Covid restrictions. The CCG was successful in obtaining additional funds through a Regional IT Capital Funds bid to support the IT infrastructure for the additional roles in the short term. There is a risk that as more additional roles are appointed within PCNs over the coming years that the funds will not be sufficient to support the equipment required. This is being monitored on a monthly basis and further discussions around Primary Care IT are taking place. The establishment of the GP IT Steering Group has assisted bringing together Clinical Leads and CCG Officers to discuss the needs and future requirements collectively.

### 3.4 Financial Flow

The PCN Network DES is supported by a range of payments which for 2021/22 included: Practice Participation (£1.76); Clinical Director (0.25WTE); Core PCN Funding (£1.50); Additional Roles and Reimbursement Scheme (£12.314 per weighted population); Extended Hours (£1.44); Care Home Premium (£10.00 per bed per month); Impact and Investment Fund (£200.00 per point). Locally it is fortunate that all PCNs are supported by GP Federations to manage the PCN finances. Monthly meetings are now held with the GP Federations to assist and support in understanding this new finance regime, as well as providing on-going support to the Locality Teams to enable PCNs to be supported at an individual level.

### 3.5 Transformation Agenda

It is recognised that there is a significant transformational agenda facing PCNs as we progress through this financial year. Early consideration is being given to the resources and infrastructure to support the business unit delivery of primary care as well as the policy and transformational resource to enable PCNs to be represented in the statutory ICS from April 2022.

A Market Place event is scheduled with key system transformational programmes for 4 November 2021, to understand and discuss the interface and impact of primary care on such programmes as: Community Services; Planned Care; Emergency Care; Prevention; Children and Young People, and Mental Health.

Furthermore, although the pandemic has enabled PCNs to build relationships, trust and resilience across practices it is important that there is an increasing broader focus to build engagement with wider system partners, community assets and the 'patient voice'.

## 4 Next Steps and Priorities

Key priorities that the PCNs will be focusing for 2021/22 include:

- Support PCN, Federations and Locality Teams to implement the contract changes from 1 October 2021 and prepare for ongoing delivery requirements from April 2022
- Continue to consider the delivery, impact and outcomes of the Network DES at PCN, Place and System level.
- Support the implementation and delivery of the two service specifications: Cardiovascular Disease Diagnosis and Tackling Health Inequalities from 1 October 2021.
- Continued enhancement of the multidisciplinary models of working; drawing on the wider skill sets the new roles and teams can offer.
- Continue to establish a broader workforce as identified in the PCN workforce plans.
- Progress the implementation of PHM, particularly with the launch of the Ageing Well PHM pack.
- Continue to support the Covid vaccination programme.
- Make the best use of people and technology to improve efficiency maximise income and strengthen their workforce including remote consultations, Patients Knows Best and TeamNet.
- Delivery of a Leadership Programme to support the Clinical Director's both across the system and in localities, as well as support succession planning and broadening the multi-professional leadership.

## 5 The Primary Care Commissioning Committee is asked to:

- **NOTE** the progress and continued development of the PCNs
- **NOTE AND CONSIDER** the on-going considerations, priorities and considerations for 2021/22



**Appendix 1 – Roles employed by the PCNs (September 2021)**

PCN	Clinical Pharmacist		SP Link Worker		First Contact Physio		Pharmacy Technician		Physician Associate		Care Coordinator		Occupational Therapist		H&W Coach		Dietitian		Advanced Practitioner		Community Paramedic	
	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE
<b>Mid Notts Locality</b>																						
Ashfield North	6	5.16	3	2.60	3	2.27	1	1.00			1	1.00							1	1.00		
Ashfield South	3	3.00	2	1.21	2	1.83	2	2.00					1	1.00							1	1.00
Mansfield North	5	4.49	2	1.80	1	1.07	1	1.00			1	1.00			2	2.00			1	0.85	2	2.00
Newark	9	8.85	3	3.00	2	2.07					1	1.00					1	1.00				
Rosewood	2	2.00	2	1.80	1	1.07	1	0.60			1	1.00	1	1.00					1	0.80		
Sherwood	5	4.60	4	3.60	2	2.07	1	0.80	1	0.64												
<b>City Locality</b>																						
Bulwell & Top Valley	4	2.83	2	1.98	2	2.00																
BACHS	6	4.94	4	3.48	2	1.80	1	0.80														
Radford & Mary Potter	5	4.39			2	2.00	1	1.00														
Bestwood & Sherwood	4	3.16	2	1.79					3	3.00												
Nottingham City East	3	2.83	2	1.99	2	2.00	1	1.00	2	2.00	1	1.00			1	1.00						
Nottingham City South	3	2.71	1	0.99				1	0.99													
Clifton & Meadows	3	2.59			2	2.00																
Unity (Nottingham)	2	1.81			1	1.00							2	1.77	1	1.00	1	0.05				
<b>South Locality</b>																						
Arnold & Calverton	3	2.28	3	1.73	2	2.00	1	0.60			1	1.00					1	0.40			1	1.00
Arrow Health	6	4.72	3	1.73	2	2.00															2	2.00
Byron	3	2.50	3	1.73	3	2.30	3	3.00									1	0.60			2	2.00
Nottingham West	7	5.96	5	5.00	5	4.53	3	2.37			6	5.67	4	3.60	1	1.00	1	1.00			5	4.60
Rushcliffe	8	8.00	8	7.80	5	5.00	3	2.60	1	1.00	4	3.53	1	1.00					2	1.85	1	0.83
Synergy Health	1	1.00	4	2.59	2	1.64					1	1.00					1	0.50				
<b>Total</b>	<b>88</b>	<b>77.821</b>	<b>53</b>	<b>44.82</b>	<b>41</b>	<b>38.65</b>	<b>20</b>	<b>17.76</b>	<b>7</b>	<b>6.64</b>	<b>17</b>	<b>16.2</b>	<b>9</b>	<b>8.37</b>	<b>5</b>	<b>5.00</b>	<b>6</b>	<b>3.55</b>	<b>5</b>	<b>4.50</b>	<b>14</b>	<b>13.43</b>



## Appendix 2 – Summary of PCN Workforce Plans for 21/22

To use this template: PCNs (or CCGs or primary care training hubs on their behalf) should complete all fields highlighted in this colour (as appropriate).

PCN ODS code:

Name of PCN:

CCG: **NHS Nottingham and Nottinghamshire CCG**

PCN Clinical Director:

ICS: **Nottingham and Nottinghamshire Health and Care STP**

Region: **Midlands**

Last updated:

### Allocation available to the PCN under the Additional Roles Reimbursement Scheme

PCN weighted population as at January 2021:	1,114,016
PCN-level ARRS Allocation 2021/22:	13,718,448

### WTE actuals for end of 2020/21 and Q1. WTE intentions for Q2 - Q4 (Due by 31 August)

### WTE Intentions for future years (due by 31 October)

	Total staff in post (WTE) at end of each quarter for 2021/22					Indicative spend per role 2021/22	Total staff in post (WTE) at end of year	
	In post 31 March 2021	Quarter 1 April - Jun Actual	Quarter 2 Jul - Sept Plan	Quarter 3 Oct - Dec Plan	Quarter 4 Jan - Mar Plan		Financial year end 2022/23	Financial year end 2023/24
Pharmacy Technicians	12.90	12.90	17.50	29.13	30.46	£812,475	0	0.00
Clinical Pharmacists (excluding Advanced Practitioner)	74.16	71.25	79.39	90.60	91.60	£4,728,684	0	0.00
Advanced Practitioner (Clinical Pharmacist)		3.35	6.00	7.15	7.15	£370,587	0	0.00
Dietitians (excluding Advanced Practitioner)	3.05	3.05	3.24	4.58	4.58	£211,709	0	0.00
Advanced Practitioner (Dietitian)		0.00	0.00	0.00	0.00	£0	0	0.00
First Contact Physiotherapists (excluding Advanced Practitioner)	32.15	36.20	38.45	54.45	56.85	£2,641,881	0	0.00
Advanced Practitioner (Physiotherapist)		0.00	0.00	0.10	0.10	£3,135	0	0.00
Occupational Therapists (excluding Advanced Practitioner)	3.60	4.60	8.10	9.40	13.90	£493,569	0	0.00
Advanced Practitioner (Occupational Therapist)		0.00	0.00	0.00	0.00	£0	0	0.00
Paramedics (excluding Advanced Practitioner)		8.10	13.09	22.43	24.43	£932,983	0	0.00
Advanced Practitioner (Paramedic)		0.00	0.00	0.00	0.00	£0	0	0.00
Podiatrists (excluding Advanced Practitioner)	0.00	0.00	0.00	1.00	1.00	£27,421	0	0.00
Advanced Practitioner (Podiatrist)		0.00	0.00	0.00	0.00	£0	0	0.00
Physician Associates	1.64	2.64	7.64	11.64	12.14	£466,971	0	0.00
Care Co-ordinators	12.53	13.06	16.03	41.78	43.78	£852,021	0	0.00
Health and Wellbeing Coaches	4.00	4.00	10.60	15.60	16.60	£422,534	0	0.00
Social Prescribing Link Workers	48.67	47.58	52.58	68.41	70.08	£2,154,652	0	0.00
Nursing Associates	0.00	0.00	1.80	6.80	7.80	£121,877	0.00	0.00
Trainee Nursing Associates	0.00	0.00	0.00	8.00	9.00	£111,299	0.00	0.00
Adult Mental Health Practitioner		0.00	2.00	14.00	16.00	£208,168	0.00	0.00
Children and Young Persons Mental Health Practitioner		0.00	0.00	0.00	0.00	£0	0.00	0.00
<b>Total WTE</b>	<b>192.70</b>	<b>206.73</b>	<b>256.42</b>	<b>385.06</b>	<b>405.46</b>		<b>0.00</b>	<b>0.00</b>
					Remaining funding (allocation minus indicative spend)	<b>-£841,516</b>		

Please complete MH practitioner info for 2021/22 in section below; this section will auto-populate. However, for planned MH recruitment in 2022/23 and 2023/24 please use this section



<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
<b>Paper Title:</b>	Local Enhanced Service Review 2021/22	<b>Paper Reference:</b>	PCC 21 144
<b>Sponsor:</b>	Joe Lunn, Associate Director of Primary Care	<b>Attachments/Appendices:</b>	
<b>Presenter:</b>	Joe Lunn, Associate Director of Primary Care		
<b>Purpose:</b>	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"> <li>• Assurance</li> <li>• Information</li> </ul>

### Executive Summary

#### Arrangements for Discharging Delegated Functions

##### Delegated function 5 – Decisions in relation to enhanced services

The Primary Care Commissioning Committee gave approval at the December 2019 meeting to direct award a two-year contract to the GP practices of Nottingham & Nottinghamshire CCG. A review was undertaken at nine months (December 2020) the outcome of which was reported to Committee at its February and March 2021 meetings. The contract is due to end 31 March 2021.

The purpose of this paper is to set out the scope of the review of Local Enhanced Services (LES) with a view to direct award a new two year contract to the GP practices of Nottingham & Nottinghamshire CCG to deliver services to their registered population (list based service).

The paper includes a timetable for the review and how the Primary Care Commissioning Team will be engaging with key stakeholders in reviewing the services and communicating the offer to practices.

The review will also consider the priorities in the Primary Care Strategy and different approaches for the delivery of services to support the wider system.

There are no financial implications as a result of this review, any changes to individual Local Enhanced Services activity/budget will be absorbed within the overall LES budget.

#### 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 checked="" type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>		

<b>Conflicts of Interest:</b>				
<input checked="" type="checkbox"/> Conflict noted, conflicted party to be excluded from meeting <b>GPs are conflicted as providers of primary care services</b>				
<b>Completion of Impact Assessments:</b>				
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.
<b>Risk(s):</b>				
<p>Delay in offering Local Enhanced Services to practices. This is due to a possible delay in receiving PCCC approval and specialist input from clinical pharmacists, GP clinical leads, secondary care clinicians and public health colleagues as a result of their COVID priorities.</p> <p>A delay in the timescale set out in the paper will reduce the time available to communicate changes to practices and sign up before 01 April 2021.</p> <p>Five Nottingham City practices are not signed up to deliver the Enhanced Services Delivery Scheme (ESDS). The current provider, commissioned to deliver the ESDS basket of services on behalf of these practices has confirmed they are not looking to extend the contract past the 31 March 2022 end date. The ESDS offer is scheduled to be made to practices at the end of January 2022, sign up will not be known until early February 2022.</p>				
<b>Confidentiality:</b>				
<input checked="" type="checkbox"/> No				
<b>Recommendation(s):</b>				
1. <b>NOTE</b> the scope and timetable for the review of Primary Care Local Enhanced Services.				

## Review of Primary Care Local Enhanced Services: Scope & Timetable

### 1. Introduction

Primary Care Local Enhanced Services (LESs) are schemes that meet the identified needs and priorities of the local population, commissioned and managed by CCGs and delivered by GP practices to their registered population. The services to be delivered are over and above essential services, additional services and out-of-hours services as set out in the GP contract. Practices are commissioned through a direct award (non-competitive opportunity) to provide services to their registered patients. Sign up to deliver LESs is voluntary, practices are not mandated to provide them.

### 2. Scope of Review

The current LESs are contracted via the NHS Standard Contract with an end date of 31 March 2021 with no option to extend. The review will look at the services to be included in a proposed two-year contract, funded through the LES budget.

#### 2.1 Enhanced Services Delivery Scheme (ESDS)

The Enhanced Services Delivery Scheme (ESDS) comprises a Gateway Section for providing a consistent range of services to patients (phlebotomy, spirometry, ear irrigation, ECG, Treatment Room and minor injury) and a Quality Section, aligned to the delivery of Population Health Management (PHM).

Being mindful of the continued pressures on primary care and the capacity for a wholesale redesign of the ESDS Quality Scheme at this time, it is proposed to work with the Locality Teams to discuss their approach to PHM. This is to see if revisions to the 2020/21 ESDS Quality Scheme could improve engagement with the scheme and support the Locality Teams to better engage practices with PHM at a PCN level.

The portfolio of services will also be reviewed with the Locality Teams, and wider, to discuss any problems that have arisen with delivery of the existing services and whether Localities have considered or are considering alternative modes of provision and, if so, how these would be commissioned. There will also be discussions with the wider commissioning teams to understand their plans, if any, with regards these listed services.

#### 2.2 Primary Care Local Enhanced Services: Overview of Actions

Shared Care Protocol (SCPs) Monitoring LES

- Develop a process for including additional SCPs into the LES
- Provide further clarity on claiming based on feedback from practices

Monitoring of Stable Prostate Cancer LES

- An East Midlands Cancer Alliance Group review was undertaken in 2020 to produce guidelines on community monitoring for stable prostate cancer. The Nottingham guidelines were felt to be the ideal template and no changes were required to the LES, this will be revisited

Warfarin Anticoagulation Monitoring LES

- Aim for a clinical review, previously delayed in 2020 due to the impact of COVID on clinical capacity available to support the work, to be undertaken in November / December 2021. This will also be dependent upon clinical capacity

Asylum Seekers & Home Office Resettlement Scheme

- The scheme was reviewed in 2020 and the level of pay per patient was lowered from £200 to £150. The review will look at any impact of change

Interpreter Assisted Appointments (IAA) LES

- The scheme was extended to include Nottinghamshire County practices from April 2021. The review will look at any impact of change

Three new LES were introduced on the 1 May 2021 with an end date of 31 March 2023, subject to review at nine months:

- **Homeless & Severe Multiple Disadvantage LES**  
The working group will be re-established to engage with clinicians and providers of services for this cohort of patients to review the sign up, activity and the requirements of the service
- **Physical Health Checks for Severe Mental Illness LES**  
Work has commenced in the Mental Health Team and there will be a review undertaken in relation to the activity and reporting template.
- **Safeguarding Reports LES**  
May and June 2021 activity suggests an increase in response rates for the completion and submission of reports by the registered GP for safeguarding conferences, meetings and assessments. However, feedback from the Local Authority and practices shows a misunderstanding of what can be claimed for. The review will provide clarity through engagement with practices about the type of reports supported by the LES and the benefits noted by those at the conferences and meetings

The review will also consider the priorities in the Primary Care Strategy and different approaches for the delivery of services to support the wider system.

### 3. Timeline

#### 3.1 Review

Action	Date
Stakeholder Engagement & Clinical Review with Clinical Leads, PCN CDs, Locality Teams, LMC and specialist providers	October / November 2021
Draft Service Specifications	December 2021
Formal notice (three months) of contract end date	December 2021
EQIA Process (including feedback from HealthWatch)	EQIA update with outcome of review: November 2021 EQIA Quality Team: 29 November 2021 EQIA Monday Meeting: 6 December 2021 EQIA Monday Meeting: 20 December 2021 EQIA Panel Sign Off: 29 December 2021
PCCC Approval of 2022/24 LES Offer	PCCC Paper Deadline: Friday 7 January 2022 PCCC Meeting: Wednesday 19 January 2022

#### 3.2 Offer to Practices

Date	Action
W/C 24 January 2022	- Share the proposed communications to practices with the LMC for comment ahead of distribution
W/C 31 January 2022	- Local Enhanced Services (LES) and Enhanced Services Delivery Scheme (ESDS) 2022/24 offer circulated to practices by email: <ul style="list-style-type: none"> <li>○ A link to the service specifications uploaded to TeamNet will be included in the email</li> <li>○ Practices will be given the option to accept or decline the offer via</li> </ul>

	<ul style="list-style-type: none"> <li>○ TeamNet, a link to the TeamNet survey will be included in the email</li> <li>○ Practices will be provided with the primary care generic email address to direct any queries to</li> <li>- An email will be sent to Clinical Directors, Locality Teams and LMC making them aware of the communication, the deadline and to forward any queries to the primary care generic email</li> </ul>
Friday 25 February & Tuesday 8 March 2022	<ul style="list-style-type: none"> <li>- A reminder will be sent to practices of the deadline for sign up. Links to the TeamNet Survey and service specifications will be included. Practices will be provided with the primary care generic email address to direct any queries to</li> </ul>
Friday 11 March 2022	<ul style="list-style-type: none"> <li>- Deadline for Sign Up</li> <li>- Practices that didn't complete the TeamNet Survey, by the deadline, will be sent an email, sign up will be completed by email</li> </ul>
Monday 28 February to Friday 18 March 2022	<ul style="list-style-type: none"> <li>- Practice sign up to LES will be extracted from TeamNet</li> <li>- The sign up will be communicated to the primary care commissioning team, senior managers, Locality Teams and the LMC</li> </ul>
W/C Monday 21 March 2022	<ul style="list-style-type: none"> <li>- Practices will be sent an information pack outlining where to access claim forms, service specifications, templates via TeamNet and other sources (F12)</li> </ul>
1 April 2022	<ul style="list-style-type: none"> <li>- 2022/24 delivery of LESs will commence</li> </ul>
April / May 2022	<ul style="list-style-type: none"> <li>- The LES Contract will be issued by email to senior practices</li> </ul>

#### 4. Recommendation

PCCC is asked to **NOTE** the scope and timeline for the review of Primary Care Local Enhanced Services.

An outcome of the review, including proposals, will be presented to PCCC in January 2022.



<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	Overview of GP Practice Additional Expenses in Relation to COVID-19	<b>Paper Reference:</b>	PCC 21 145
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<b>Sponsor:</b>	Joe Lunn, Associate Director of Primary Care	<b>Attachments/ Appendices:</b>	
<b>Presenter:</b>	Joe Lunn, Associate Director of Primary Care		

<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>	

**Executive Summary**

**Arrangements for Discharging Delegated Functions**

**Delegated function 3 – Management of the delegated funds**

This paper provides the Committee with an update on Exceptional COVID Support claims for the period up to 30 September 2021.

No new claims have been received as practices should be accessing the ‘Additional £120 Million of Funding – General Practice COVID Capacity Expansion Fund’, to support staff absences. The funding was paid directly to practices.

Any outstanding claims that required further clarification, prior to approval, have now been processed. As a result, the COVID Exceptional Support Fund has now ended.

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

## Exceptional COVID Support Requests for GP Practices

### 1. Exceptional COVID Support Fund

This paper provides the Committee with an update on Exceptional COVID Support claims for the period up to 30 September 2021.

No new claims have been received as practices should be accessing the 'Additional £120 Million of Funding – General Practice COVID Capacity Expansion Fund', to support staff absences. The funding was paid directly to practices.

Claims included in this paper were received in April 2021 but required further clarification prior to approval. The practices have now provided the additional information requested; the claims have been approved and were processed during September 2021.

### 2. Overview of claims processed in September 2021

#### 2.1. Exceptional COVID Support – New Claims

No new claims.

#### 2.2. Exceptional COVID Support – Outstanding Claims

The below claims were approved for payment and reimbursed via the COVID Exceptional Support Fund to support staff cover due to COVID related sickness:

- A total of 8 claims were reviewed on behalf of 3 GP Practices across Nottingham and Nottinghamshire.
- All 8 claims were approved for payment totalling the sum of £7,854.01 for COVID related expenditure, primarily nursing absence. These claims were processed in September 2021.

### 3. Summary and Recommendation

The COVID Exceptional Support Fund has now ended and no further papers will be provided to the Committee.

The Committee is asked to **NOTE** the paper for assurance purposes and to **NOTE** that this item will be removed as a standing agenda item.





<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021	
<b>Paper Title:</b>	COVID – GP Practice OPEL Reporting – 5 weeks to 01 October 2021	<b>Paper Reference:</b>	PCC 21 146	
<b>Sponsor:</b>	Joe Lunn, Associate Director of Primary Care	<b>Attachments/ Appendices:</b>		
<b>Presenter:</b>	Joe Lunn, Associate Director of Primary Care			
<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>

### 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 01 October 2021.

#### 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				
<b>Completion of Impact Assessments:</b>				
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.
<b>Risk(s):</b>				
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.				
<b>Confidentiality:</b>				
<input checked="" type="checkbox"/> No				
<b>Recommendation(s):</b>				
1. The committee is asked to <b>NOTE</b> the OPEL Reporting overview for General Practice for the five-weeks to 01 October 2021.				

## 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.

#### **2.1. Practice summary**

During the five-weeks to 1 October 2021 (24 working days - this period contained one bank holiday) practices reported the following:

- 24/125 practices reported days where they were at OPEL Level 3 – Red (having previously reported Amber or Green).
  - This was for a total of 117 days across all practices
  - Equates to 19% of practices (2 practices in Mid Notts, 16 practices in the City and 6 practices in South Notts).
- 103/125 practices reported days where they were at OPEL Level 2 – Amber
  - 79 practices reported this level for 10 days or more (13 practices in Mid Notts, 43 practices in the City and 23 practices in South Notts)
  - 24 practices reported this level for less than 10 days (10 practices in Mid Notts, 4 practices in the City and 10 practices in South Notts)
- 22/125 practices reported they were consistently OPEL Level 1 – Green
  - 18% of practices reported OPEL Level 1 – Green for the full 24 days (16 practices in Mid Notts, 0 practice in the City and 6 practices in South Notts)

There are currently 125 practices across Nottingham and Nottinghamshire. One Nottingham City practice closed on 30 September 2021; this will be reflected in the paper for the November meeting:

- Mid Notts – 39 practices (31%)
- Nottingham City – 47 practices (38%)
- South Notts – 39 practices (31%)

### 3. Recommendation

The Primary Care Commissioning Committee is asked to **NOTE** the OPEL Reporting overview for General Practice for the five weeks to 01 October 2021.



**Nottingham and Nottinghamshire**  
Clinical Commissioning Group

<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	PCN Clinical Director uplift to support the Covid-19 vaccination programme	<b>Paper Reference:</b>	<b>PCC 21 147</b>
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<b>Sponsor: Presenter:</b>	Lucy Dadge – Chief Commissioning Officer	<b>Attachments/ Appendices:</b>	Appendix 1 – CD Uplift Financial Appendix 2 – Practice signed up to enhanced service
	Fiona Callaghan – South Nottinghamshire Locality Lead/ CCG General Practice Vaccination Programme Lead		

<b>Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>	

### Executive Summary

In addition to previous papers presented to the Primary Care Commissioning Committee, this paper provides a briefing and update on the payment to Primary Care Network (PCN) Clinical Directors to support the Covid-19 Vaccination Programme, following the NHS England (NHSE) letter issued 15 September 2021. It provides a summary of the NHSE letter; the financial guidance to transact the monies and re-confirmed input from the CCG General Practice Vaccination Programme Lead regarding the proposed use and purpose of the funds.

The PCCC is asked to consider the use of the payment, the proposed approach to accessing the monies, and for final sign off/approval of the funds.

### 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 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
<b>Confidentiality:</b>
<input checked="" type="checkbox"/> No
<b>Recommendation(s):</b>
1. <b>NOTE</b> the revised NHSE guidance on the allocation of this PCN Clinical Director payment.
2. <b>CONSIDER</b> the CCG's proposal on the approach to manage this transaction.
3. <b>APPROVE</b> the authorisation of the payments by NHSE to the PCNs.

## **PCN Clinical Director uplift to support Covid vaccination programme**

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### **1. Introduction**

Further to the NHSE letter of 15<sup>th</sup> September 2021, this paper will provide a briefing to the Primary Care Commissioning Committee on the proposed payment to PCN Clinical Directors, to support the Covid Vaccination Programme. It will provide a summary of the NHSE letter; the NHSE financial guidance to transact the monies, and input from the CCG General Practice Vaccination Programme Lead, as to the proposed use and purpose of the funds.

### **2. Context**

The Covid Vaccination Programme (CVP) is commissioned by NHS England Improvement (NHSEI) as part of the NHS Public Health Functions Agreement under Section 7a of the NHS Act 2006. The commissioning and contractual relationship is between NHSEI and the providers only.

The paper is being presented to the Committee for consideration because NHSEI have requested CCGs “sign-off” the payments before they are made to those eligible practices.

The Primary Care Co-Commissioning Committee is considered to be the most appropriate Committee for such a discussion on this paper to take place and be recorded.

### **3. Freeing up practices to support COVID vaccination NHSE letters – 11 March 2021, 17<sup>th</sup> June 2021 and 15<sup>th</sup> September**

NHS England issued a letter on 11<sup>th</sup> March 2021:

- Which recognised the role of PCN Clinical Director in managing the COVID vaccination response.
- NHS England committed that they would provide further funding for PCN Clinical Director support temporarily for Q1 (April - June 2021),

A further extension detailed in letter 17<sup>th</sup> June:

- Extending into Q2 (July to September 2021), equivalent to an increase from 0.25 WTE to 1.0 WTE.

A further letter issued 15<sup>th</sup> September:

- A further extension into Q3 and Q4 (October to March 2022), equivalent to an increase from 0.25 to 0.75 WTE for those PCNs where at least one practice is participating in the Covid-19 Vaccination Programme Enhanced Service.
- In recognition of the on-going additional demands on the role in managing the COVID response, vaccination process and coordinating the engagement and access for harder to reach groups.
- It also recognised that many Clinical Directors may have clinical and other commitments, and therefore this funding would be able to be flexibly deployed by PCNs to support the leadership and management of the COVID response:

- *The additional PCN Clinical Director support for October 21 – March 2022 is equivalent to an increase in Clinical Director time per PCN from 0.25 WTE to 0.75 WTE for this period.*
- *It will be made separately from the 0.25 WTE Clinical Director payment under the Network Contract DES and must be calculated and paid manually outside CQRS. Where a PCN is eligible, the additional funding of £0.368 per patient for the quarter (using the PCN registered list size as of 1 January 2021, or a later date if this has been agreed with the commissioner) should be paid to the PCN's nominated payee by the commissioner via a manual payment.*
- *PCNs are eligible for this further support payment where at least one Core Network Practice is signed up to the Covid-19 Vaccination Programme Enhanced Service.*
- *The payment will be made to the PCN's nominated payee on behalf of the PCN and, similar to the Network Contract DES, must be deployed across the PCN in the manner which has been agreed by the Core Network Practices to support the leadership and management of the Covid response.*

#### **4. NHSE Financial Guidance**

It is recognised that payments are to be made imminently via Section 96 of the NHS Act 2006 as 'Assistance and support: Primary Medical Services' in relation to the increase in Clinical Director time from 0.25wte to 0.75 WTE for October to March 2022.

Following further guidance received from NHSE, these payments will be made by NHSEI with sign off from the CCG and the payments will be based on £0.368 / raw patient per PCN.

Due diligence will be carried out to ensure that the PCNs will be utilising the money effectively, for its intended purpose, as outlined below, and also that this payment will not cause a 'duplicate' payment situation following individual Clinical Directors completing work in the Mass Vaccination sites as part of their own personal contribution, for example, in their own time.

Appendix 1 outlines the values to be paid to each PCN

#### **5. Eligibility for Payment**

As again noted in the 15<sup>th</sup> September **letter** '*PCNs are eligible for this further support payment where at least one Core Network Practice is signed up to the Covid-19 Vaccination Programme Enhanced Service*'.

PCNs/Practices were invited to sign up to provide a vaccination service in accordance with a nationally prescribed Enhanced Service (ES) specification in August 2021. PCNs who have signed up to deliver the Phase 3 booster vaccinations will directly deliver the programme through PCN designated sites and **not** through a subcontract (as delivered in Phase 1 and 2). There are 18 designated PCN sites across Nottingham and Nottinghamshire (plus 3 in Bassetlaw). The Phase 3 booster programme was confirmed by NHSE on 15<sup>th</sup> September and PCNs were asked to begin administering booster doses as a soon as possible. PCNs began delivering the booster programme from 20<sup>th</sup> September.

Appendix 2 outlines the list of GP practices who have signed up to the Covid-19 Vaccination Programme Enhanced Service Scheme for Phase 3.



PCNs/ Practices are eligible to claim the Clinical Director uplift payments if they have signed up to provide the ES. Furthermore, of note, payments are not made to Clinical Directors but to the PCNs and practices that they represent.

Appendix 2 indicates that

- 3 PCNs have opted out of delivering Phase 3 of the ES
  - Rosewood PCN (Mid Notts)
  - Radford and Mary Potter (City)
  - Bulwell and Top Valley (City)
- Bulwell and Top Valley PCN have not signed up to the ES on advice from NHSE as they are delivering a collaborative model with the local community pharmacy as part of the community pharmacy ES
- In addition, there are 6 Practices who are part of 'opted in PCNs', who have chosen not to opt in and deliver to their PCN model
- Following the confirmation of booster doses in the letter dated 15<sup>th</sup> September
  - Nottingham City South PCN have given notice to participate in the ES
  - Broad Oak Medical Practice (part of BACHS PCN) have also given notice

#### **6. Recommended purpose and use of funds**

Fiona Callaghan, CCG General Practice Vaccination Programme Lead, has re-confirmed the on-going 'asks' of PCNs to support the vaccination programme, as described for the Q3 and Q4 payments:

The CD uplift money has been used to support the programme as follows:

- Planning and mobilisation of Phase 3 – from July to September 2021
  - Developing a model for PCN delivery – moving from a mass vaccination model in Phases 1 and 2, to a PCN model in Phase 3
  - 16 new sites and full logistical set up
  - Deliver a booster dose to priority groups 1 to 9
- Administer booster doses from PCN designated sites
- Arrange for the vaccination of care homes and care home staff
- Provide vaccinations for those patients who are housebound
- Ensuring an 'evergreen' offer to ensure a new first and second dose of the vaccine is available to all eligible patients and continuing to tackle health inequalities
- Ensuring all patients who fall within scope of the JCVI guidance for severe immunosuppression are offered a third dose vaccination. All eligible patients have been contacted and the optimal timing for administering a third dose has been provided, and where appropriate discussed.
- Addressing health inequalities
  - Supporting meetings to discuss the approach to address uptake with our most vulnerable communities
  - Designing the vaccination model for faith groups with pop up clinics in mosques and community centres
  - Covering media requirements – radio and TV sessions to discuss vaccine hesitancy
  - Attending meetings with local community groups and leaders to address vaccine concerns and questions

- Supporting staff in working in the vaccine bus and talking with individuals and families who attend for vaccination
- Working with local authority colleagues from district/borough/county/city councils
- Increasing uptake
  - Identifying using eHealthscope those people yet to be vaccinated and setting up sessions to specifically call these patients to have a trusted conversation about vaccine uptake
  - Booking patients directly into vaccination sites for appointments.
- Attendance at a weekly PCN COVID Vaccination Implementation group from January 2021 to on-going, to discuss vaccine uptake, issues and mobilisation of Phase 3
- Contributing to the weekly practice covid-19 vaccination bulletin (published weekly from January 2021 to on-going) and sharing the latest information and data across the PCNs with Practices
- Supporting the set-up of Practice Based Clinics or targeted roving services to increase vaccine uptake across the current cohorts and in areas of low uptake. This includes review of e-Healthscope data to identify patients yet to be vaccinated as well as activity to engage patients, text messaging, and telephone calls to actively book patients in for appointments
- Re-purposing PCN 'emerging roles' to support the vaccination programme e.g. use of social prescribing link workers to encourage and support patients to attend for vaccination, use of PCN clinical pharmacists to ensure pharmaceutical requirements are adhered to for vaccine usage and use of this staffing capacity to support the practice based clinic model
- Supporting local Pop-up clinic model - nationally data showed that vaccination uptake was lower amongst the BAME community and vaccine hesitancy and misinformation amongst our ethnic communities.
- Supporting the Vaccination Bus at sites within PCNs

## 7. Conclusion

The Primary Care Commissioning Committee is asked to:

- **NOTE** the revised NHSE guidance on the allocation of this PCN CD payment,
- **CONSIDER** the CCG's proposal on the approach to manage this transaction,
- **APPROVE** the authorisation of the payments by NHSE to the PCNs.

**Appendix 1****Clinical Director Covid uplift values per PCN**

<b>South Notts Locality</b>	<b>Sum of PCN Clinical Director Support @ £0.368 PP / qtr</b>
Arnold & Calverton	12264.7
Arrow Health	15419.93
Byron	13676.35
Nottm West	38949.85
Rushcliffe	48202.48
Synergy Health	11032.64
<b>Total</b>	<b>139545.95</b>
<b>Mid Notts Locality</b>	<b>Sum of PCN Clinical Director Support @ £0.368 PP / qtr</b>
Ashfield North	18852.64
Ashfield South	14606.66
Mansfield North	21474.63
Newark	28246.22
Sherwood	22435.84
Rosewood	17702.63
<b>Total</b>	<b>123318.62</b>
<b>City Locality</b>	<b>Sum of PCN Clinical Director Support @ £0.368 PP / qtr</b>
PCN 1 - Bulwell & Top Valley	16712.36
PCN 3 - BACHS	21964.08
PCN 4 - Radford & Mary Potter PCN	17329.12
PCN 5 - Bestwood & Sherwood	18935.81
PCN 6 - Nottingham City East	24354.25
PCN 7 - City South	13782.71
PCN 8 - Clifton & Meadows	11876.83
PCN U - Unity	18899.75
<b>Total</b>	<b>143854.91</b>

## Appendix 2

## Eligibility for Payment

PCN	Pr ODS	Practice	Phase 3 opt-in
Ashfield North	C84077	Brierley Park Medical Centre	Yes
Ashfield North	C84061	King's Medical Centre	Yes
Ashfield North	C84114	Skegby Family Medical Centre	Yes
Ashfield North	C84012	Willowbrook Medical Practice	Yes
Ashfield South	C84067	Ashfield House (Annesley)	Yes
Ashfield South	C84074	Family Medical Centre (Kirkby)	Yes
Ashfield South	C84629	Health Care Complex, Kirkby	Yes
Ashfield South	C84654	Jacksdale Medical Centre	No
Ashfield South	Y05690	Kirkby CPCC	Yes
Ashfield South	C84076	Kirkby Health Centre	No
Ashfield South	C84140	Lowmoor Road Surgery	Yes
Ashfield South	C84142	Selston Surgery	No
Mansfield North	C84658	Meden Medical Services	Yes
Mansfield North	C84016	Oakwood Surgery	Yes
Mansfield North	C84051	Orchard Medical Practice	Yes
Mansfield North	C84057	Pleasley Surgery	Yes
Mansfield North	C84127	Riverbank Medical Services	Yes
Mansfield North	C84637	Sandy Lane Surgery	Yes
Mansfield North	C84031	St Peters Medical Practice	Yes
Newark	Y05369	Balderton Surgery	Yes
Newark	C84009	Barnby Gate Surgery	Yes
Newark	C84045	Collingham Medical Centre	Yes
Newark	C84019	Fountain Medical Centre	Yes
Newark	C84660	Hounsfield Surgery	Yes
Newark	C84029	Lombard Medical Centre	Yes
Newark	C84049	Southwell Medical Centre	Yes
Rosewood	C84679	Acorn Medical Practice	No
Rosewood	C84020	Churchside Medical Practice	No
Rosewood	C84036	Forest Medical	No
Rosewood	C84106	Millview Surgery	No
Rosewood	C84069	Roundwood Surgery	No

PCN	Pr ODS	Practice	Phase 3 opt-in
Sherwood	C84037	Abbey Medical Group	Yes
Sherwood	C84123	Bilsthorpe Surgery	Yes
Sherwood	C84656	Hill View Surgery	Yes
Sherwood	C84113	Major Oak Medical Practice	Yes
Sherwood	C84021	Middleton Lodge Practice	Yes
Sherwood	C84087	Rainworth Health Centre	Yes
Sherwood	C84059	Sherwood Medical Partnership	Yes
BACHS	C84091	Aspley Medical Centre	Yes
BACHS	Y06356	Bilborough Medical Centre	Yes
BACHS	Y06792	Broad Oak Medical Practice	No
BACHS	C84034	Churchfields Medical Practice	Yes
BACHS	C84676	Greenfields Medical Centre	Yes
BACHS	C84704	JRB Healthcare Beechdale Surgery	Yes
BACHS	C84694	Lime Tree Surgery	Yes
BACHS	C84116	Melbourne Park Medical Centre	No
Bestwood and Sherwood	C84011	Elmswood Surgery	Yes
Bestwood and Sherwood	C84078	Hucknall Road Medical Centre	Yes
Bestwood and Sherwood	C84682	Sherrington Park Medical Practice	Yes
Bestwood and Sherwood	C84628	Sherwood Rise Medical Centre	Yes
Bestwood and Sherwood	C84695	The Alice Medical Centre	Yes
Bestwood and Sherwood	C84151	The Medical Centre (Irfan)	Yes
Bestwood and Sherwood	C84619	Tudor House Medical Practice	Yes
Bestwood and Sherwood	C84664	Welbeck Surgery	Yes
Bulwell and Top Valley	C84043	Leen View Surgery	No (under pharmacy ES)
Bulwell and Top Valley	C84064	Parkside Medical Centre	No (under pharmacy ES)
Bulwell and Top Valley	C84135	Queens Bower Surgery	No (under pharmacy ES)
Bulwell and Top Valley	C84129	Rise Park Surgery	No (under pharmacy ES)
Bulwell and Top Valley	C84717	Riverlyn Medical Centre	No (under pharmacy ES)
Bulwell and Top Valley	Y05622	Southglade Medical Practice	No (under pharmacy ES)
Bulwell and Top Valley	C84138	Springfield Medical Centre	No (under pharmacy ES)
Bulwell and Top Valley	C84004	St Albans Medical Centre	No (under pharmacy ES)
Clifton & Meadows	C84092	Bridgeway Practice	Yes
Clifton & Meadows	C84046	Clifton Medical Practice	Yes
Clifton & Meadows	C84081	John Ryle Medical Practice	No
Clifton & Meadows	C84144	Meadows Health Centre (Larner)	Yes
Clifton & Meadows	C84060	Rivergreen Medical Centre	Yes

PCN	Pr ODS	Practice	Phase 3 opt-in
Nottingham City East	C84693	Bakersfield Medical Centre	Yes
Nottingham City East	C84018	Family Medical Centre (Sood)	Yes
Nottingham City East	C84063	Greendale Primary Care Centre	Yes
Nottingham City East	Y02847	Parliament Street Medical Centre	Yes
Nottingham City East	C84072	Wellspring Surgery	Yes
Nottingham City East	C84683	The Windmill Practice	Yes
Nottingham City East	C84085	Victoria and Mapperley Practice	Yes
City South	C84044	Deer Park Family Medical Practice	No
City South	C84039	Derby Road Health Centre	No
City South	Y03124	Grange Farm Medical Centre	No
City South	C84122	Wollaton Park Medical Centre	No
Radford and Mary Potter	C84105	Fairfields Practice	No
Radford and Mary Potter	C84691	Highgreen Practice (Khan)	No
Radford and Mary Potter	C84117	Radford Medical Practice (Kaur)	No
Radford and Mary Potter	C84136	St. Luke's Surgery	No
Radford and Mary Potter	C84103	The Forest Practice	No
Unity PCN	C84714	Sunrise Medical Practice	Yes
Unity PCN	C84023	The University of Nott'm Health Svc	Yes
Arnold and Calverton	C84055	Highcroft Surgery	Yes
Arnold and Calverton	C84026	Stenhouse Medical Centre	Yes
Arnold and Calverton	C84047	The Calverton Practice	Yes
Arrow Health	C84066	Daybrook Medical Practice	Yes
Arrow Health	Y06507	Peacock Healthcare	Yes
Arrow Health	C84115	Plains View Surgery	Yes
Arrow Health	C84646	The Ivy Medical Group	Yes
Arrow Health	C84150	Unity Surgery	Yes
Arrow Health	C84033	Westdale Lane Surgery	Yes
Byron	C84095	Oakenhall Medical Pract	Yes
Byron	Y00026	The Om Surgery	Yes
Byron	C84053	Torkard Hill Medical Centre	Yes
Byron	Y06443	Whyburn Medical Practice	Yes

PCN	Pr ODS	Practice	Phase 3 opt-in
Nottingham West	C84065	Abbey Medical Centre	Yes
Nottingham West	C84112	Bramcote Surgery	Yes
Nottingham West	C84120	Chilwell Valley and Meadows Practice	Yes
Nottingham West	C84032	Eastwood Primary Care Centre	Yes
Nottingham West	C84667	Giltbrook Surgery	Yes
Nottingham West	C84624	Hama Medical Centre	Yes
Nottingham West	C84705	Hickings Lane Medical Centre	Yes
Nottingham West	C84131	Newthorpe Medical Practice	Yes
Nottingham West	C84042	Saxon Cross Surgery	Yes
Nottingham West	C84107	The Linden Medical Group	Yes
Nottingham West	C84080	The Manor Surgery	Yes
Nottingham West	C84030	The Oaks Medical Centre	Yes
Rushcliffe	C84017	Belvoir Health Group	Yes
Rushcliffe	C84605	Castle Healthcare Practice	Yes
Rushcliffe	C84025	East Bridgford Medical Centre	Yes
Rushcliffe	C84090	Musters Medical Practice	Yes
Rushcliffe	C82040	Orchard Surgery	Yes
Rushcliffe	C84084	Radcliffe-on-Trent Health Centre	Yes
Rushcliffe	C84086	St George's Medical Practice	Yes
Rushcliffe	C84703	Gamston Medical Centre	Yes
Rushcliffe	C84028	Ruddington Medical Centre	Yes
Rushcliffe	C84005	Village Health Group	Yes
Rushcliffe	C84621	West Bridgford Medical Centre	Yes
Rushcliffe	C84017	Belvoir Health Group	Yes
Rushcliffe	C84605	Castle Healthcare Practice	Yes
Rushcliffe	C84025	East Bridgford Medical Centre	Yes
Rushcliffe	C84090	Musters Medical Practice	Yes
Rushcliffe	C82040	Orchard Surgery	Yes
Rushcliffe	C84084	Radcliffe-on-Trent Health Centre	Yes
Rushcliffe	C84086	St George's Medical Practice	Yes
Rushcliffe	C84703	Gamston Medical Centre	Yes
Rushcliffe	C84028	Ruddington Medical Centre	Yes
Rushcliffe	C84005	Village Health Group	Yes
Rushcliffe	C84621	West Bridgford Medical Centre	Yes
Synergy Health	C84613	Jubilee Park Medical Partnership	Yes
Synergy Health	C84010	Trentside Medical Group	Yes
Synergy Health	C84696	West Oak Surgery	Yes



**Nottingham and Nottinghamshire**  
Clinical Commissioning Group

<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
<b>Paper Title:</b>	Finance Report Month SIX	<b>Paper Reference:</b>	PCC 21 148
<b>Sponsor: Presenter:</b>	Michael Cawley – Operational Director of Finance	<b>Attachments/ Appendices:</b>	
<b>Purpose:</b>	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"> <li>• Assurance</li> <li>• Information</li> </ul>

### Executive Summary

This paper presents the financial position for Primary Care Commissioning Committee (PCCC) spend for month six 2021/22. This report has been prepared in the context of the revised financial regime implemented by NHSEI in response to the current COVID-19 pandemic for M1-6 (H1).

The year to date (full H1) position shows a £2.83 million underspend (3.44% of year to date budget). This is primarily due to the release of accrued reserves into the position (£2.64 million, which is equal to 3.2% of the total 3.44% total underspend). By way of re-cap, those reserves are designed to manage any in-year unforeseen pressures that may arise on those budgets delegated by the CCG to PCCC. As we come to the end of H1, the accrued reserves are not expected to be required, meaning they can be released.

The other factors driving the variances are the reversal of prior year accruals in relation to APMS Caretakers (£0.25m) alongside favourable variances in areas such as Dispensing / Prescribing Drs and Premises Cost Reimbursement. This month there are additional charges in relation to a rent review for a practice; backdated to 2017 totalling £0.20m and final caretaking charges of £0.05m.

The CCG is currently working on the H2 Financial Plan which is currently being agreed with the ICS and NHSEI with a submission deadline of 18<sup>th</sup> November. A comparable level of reserves will be set aside for H2 PCCC delegated budgets. By taking this approach means the risk of compromising the PCCC's balanced position target for the rest of the year is minimised.

### 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:



<input checked="" type="checkbox"/> No conflict identified				
<b>Completion of Impact Assessments:</b>				
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.
<b>Risk(s):</b>				
Risks detailed within the paper.				
<b>Confidentiality:</b>				
<input checked="" type="checkbox"/> No				
<b>Recommendation(s):</b>				
1. <b>NOTE</b> the contents of the Primary Care Commissioning Finance Report.				
2. <b>APPROVE</b> the Primary Care Commissioning Finance Report for the period ending September 2021.				

## Primary Care Co-Commissioning – Finance Report – SEPTEMBER 2021

### NHS Nottingham & Nottinghamshire CCG

#### Introduction

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

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

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

#### Month Six PCCC Financial Position

The position is summarised in the table below:

##### **Month 6 Position**

Variance - under / (over)

<b>Co-Commissioning Category</b>	<b>M1-6 Plan (£m)</b>	<b>M1-6 Budget (£m)</b>	<b>M1-6 Actual (£m)</b>	<b>M1-6 Variance (£m)</b>
Dispensing / Prescribing Drs	0.98	0.98	0.82	0.16
Enhanced Services	2.59	2.59	2.59	(0.00)
General Practice - APMS	3.92	3.92	3.57	0.35
General Practice - GMS	37.26	37.26	37.52	(0.26)
General Practice - PMS	10.93	10.93	10.93	(0.00)
Other GP Services	1.11	1.11	1.04	0.06
Other Premises Costs	1.60	1.60	1.84	(0.24)
Premises Cost Reimbursement	8.01	8.01	7.89	0.12
Primary Care Networks	6.18	6.18	6.18	0.00
QOF	7.12	7.12	7.12	0.00
Reserves	2.64	2.64	0.00	2.64
<b>Grand Total</b>	<b>82.33</b>	<b>82.33</b>	<b>79.50</b>	<b>2.83</b>

#### H1 Final Position

There is a year to date underspend position of £2.83 million, this is an increased underspend from previous months and the main drivers of this are:

- Reserves - £2.64m – The PCCC reserve held at month six and has now been released into the final H1 position. Up to this point they have been accrued as they are designed to manage any in-year unforeseen pressures on PCCC budgets. Any pressures that have arisen have been managed without the need to use those reserves. This means the reserves accrued for the first six months can be released into the position. (A comparable level of reserves will be set aside for H2 PCCC delegated budgets).

- General Practice - APMS - £0.35m – £0.25m of this position is in relation to the release of prior year end accruals, whilst the remaining £0.10m relates to the commencement of the new APMS contracts and the cessation of caretaking agreements that were previously in place at a rate higher than Global Sum rates.
- Dispensing / Prescribing Drs - £0.16m – The spend in this area generally follows a profile like that of Prescribing although the budget is phased evenly across the period.
- Premises Cost Reimbursement - £0.12m – This small underspend relates to the reduction in the value of the claims so far received in relation to Business Rates.

Offset to a smaller extent by an overspend position on:

- General Practice – GMS - £0.26m – There has been a caretaking contract in place that has cost an additional £0.16m although this came to an end on 30<sup>th</sup> September 2021 and there have been two PMS practices transfer to GMS contracts.
- Other Premises Costs - £0.24m – There have been a number of Rent Reviews that have taken place and one that has been backdated to 2017, where the back dated values totalled approx. £0.20m.

Other Matters of Note. In relation to the ARRS element, of the Primary Care Networks line, an additional allocation is expected to fund spend in this area. At the time of writing, that funding has yet to be received thereby creating a temporary adverse variance of £0.90m. In order to reflect the overall position at month 6, the NHSEI National Primary Care Team have advised us to accrue this anticipated income into the position which neutralises the temporary adverse variance. In relation to the EHCH part of the DES, the CCG has been notified by NHSEI that this was part of the additional allocation received in M2 and this has therefore been re-allocated from the PCCC Reserves line into the Primary Care Networks line in order to fund this spend.

The CCG has also been notified that additional funding that was expected in relation to the increased QOF domains and the Impact & Investment Fund (IIF) were also part of the additional allocation that was received in M2, therefore the increase in QOF funding for H1 is £0.75m and the increase in IIF funding is £0.46m and both of these have been transferred out of the PCCC Reserves line and into the relevant line of where the funding should be.

### Primary Care Capital

The CCG has an overall CCG capital resource limit (CRL) of £2.135 million and includes spend in primary care areas. The capital spend lines being:

- GP premises grants £0.6 million
- GP IT £0.306 million
- Grants to support estates rationalisation £0.126 million
- Mansfield supported living (LD premises grant) £1.103 million. The capital grant agreement remains unsigned at this point, but the regional housing lead at NHSEI is expecting this to be signed during quarter three and that the £1.103 million will be spent by the end of this financial year.

Primary Care Spend (Non-Delegated Budgets)**[FOR INFORMATION AND COMPLETENESS ONLY]**

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

**Month 6 Position**

Variance - under / (over)

Primary Care Area	M1- 6 Financial Position			
	M1-6 Budget (£m)	M1-6 Budget (£m)	M1-6 Actual (£m)	M1-6 Variance (£m)
Primary Care Transformation (Prev GPFV)	4.24	4.24	3.13	1.11
Local Enhanced Services	5.20	5.20	4.89	0.31
Primary Care Development	0.06	0.06	0.01	0.05
Primary Care Covid	2.23	2.23	2.20	0.03
GP IT	0.53	0.53	0.44	0.09
Out of Hours	5.61	5.61	5.71	(0.10)
Meds Management Clinical	1.67	1.67	1.50	0.17
Primary Care Corporate Team	0.26	0.26	0.22	0.04
<b>Total</b>	<b>19.80</b>	<b>19.80</b>	<b>18.09</b>	<b>1.71</b>
Prescribing	80.15	80.15	79.93	0.22
<b>Total</b>	<b>80.15</b>	<b>80.15</b>	<b>79.93</b>	<b>0.22</b>
<b>Other Primary Care Position</b>	<b>99.94</b>	<b>99.94</b>	<b>98.02</b>	<b>1.92</b>

Within the areas of Primary Care detailed above, the main variances on both Primary Care Transformation and Local Enhanced Services relate to the release of prior year accruals, the underspend position within Prescribing due to the PMD data for July 2021 offset with a reduced level of Oxygen costs that are being incurred, as well as the reversal of prior year accruals released and the underspends within the Primary Care Team and Medicines Management staffing budgets. (This is after accounting for the recent national pay award that was announced).

**Recommendation**

The Committee is asked to **NOTE** and **APPROVE** the contents of the Primary Care Commissioning Finance Report for the period ending September 2021.



<b>Meeting Title:</b>	Primary Care Commissioning Committee (Open Session)	<b>Date:</b>	20 October 2021
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<b>Paper Title:</b>	Risk Report	<b>Paper Reference:</b>	PCC 21 149
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<b>Sponsor:</b>	N/A	<b>Attachments/ Appendices:</b>	Risk Register (Extract) - <b>Appendix A</b>
<b>Presenter:</b>	Jo Simmonds, Head of Corporate Governance		

<b>Summary Purpose:</b>	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"> <li>Assurance</li> <li>Information</li> </ul>	

### 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 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 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.

<b>Risk(s):</b>
Report contains all risks from the CCG's Corporate Risk Register which fall under the remit of the Primary Care Commissioning Committee.
<b>Confidentiality:</b>
<input checked="" type="checkbox"/> No
<b>Recommendation(s):</b>
<ol style="list-style-type: none"> <li><b>COMMENT</b> on the risks shown within the paper (including the high/red risk) and those at <b>Appendix A</b>; and</li> <li><b>HIGHLIGHT</b> any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.</li> </ol>

## 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 of risks that was presented to the last meeting.

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

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

Risk Matrix						
Impact	5 - Very High					
	4 – High			2	1	
	3 – Medium			2	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>(January 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><b>Update:</b> <i>The quality of primary care services continues to be monitored by the CCG; this includes work which is being undertaken to develop the primary care 'heat map' which is scheduled to be presented at the confidential session of the October 2021 meeting. The LMC continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. PCN workforce planning and 'roving' workforce support is also in place. An update was also provided at the September 2021 PCCC meeting on the development of PCN Workforce Plans.</i></p>	<p>Overall Score 16: <b>Red</b> (14 x L4)</p>

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*However, 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'. As such, the risk score remains at 16.*

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### 3. Risk Identification

3.1 Initial discussions have been held to articulate a new risk relating to the potential disengagement of Primary Care Networks (PCNs) and/or PCN Clinical Directors as a result of the 2021/22 and 2022/23 Plans and requirements of the Investment and Impact Fund. A further meeting is scheduled with the Head of PCN Development in late October to discuss this risk.

### 4. Archiving of Risks

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

### 5. Amendments to Risk Score/Narrative

5.1 At the September 2021 meeting of the Committee, there was a focused discussion on the score for risk **RR 032** (*primary care workforce*) following the Primary Care Workforce Strategy agenda item. This risk has been further reviewed in conjunction with the Associate Director of Primary Care. Work is underway (with support from the CCG's data analysts and ICS workforce lead) to pull together GP and nursing workforce data for the Primary Care 'heat maps'. This would provide further assurance to the Team, and PCCC, of the risks associated with sustainability of primary care workforce. The risk score remains at 12, however, will be reassessed once the 'heat maps' are routinely provided to PCCC.

### 6. Recommendations

6.1 The Committee is asked to:

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

**Siân Gascoigne**

**Head of Corporate Assurance**

**October 2021**



NHS Nottingham and Nottinghamshire CCG Corporate Risk Register (October 2021)

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	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)	(There are operational risks, which are by-products of day-to-day business delivery. They arise from defective events or circumstances and have the potential to impact negatively on the organisation and its objectives.)																		(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"> <li>Uncertainty around funding and reliance, in short term, on non-recurrent external funding does not enable sustainable workforce development;</li> <li>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</li> <li>The impact of COVID-19 on the workforce may result in reduced resilience that will impact on staff career decisions.</li> </ul> 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.	Commissioning	Stuart Payneor Andrea Brown / Helen Griffiths	Stuart Payneor Andrea Brown / Helen Griffiths	4	4	16	<ul style="list-style-type: none"> <li>Role and remit of the Primary Care Commissioning Committee (and supporting governance structures - e.g. primary care quality / contracting teams);</li> <li>Routine Primary Care workforce updates in PCCC's committee work programme for August 2020 and January 2021;</li> <li>Establishment of Primary Care Cell, as part of CCG's COVID-19 incident response;</li> <li>ICS Primary Care Workforce Strategy, ICS Primary Care Board and ICS Primary Care Workforce Group;</li> <li>Establishment of Primary Care Networks (PCNs) (and/or other collaboration/federation activities) and PCN workforce plans;</li> <li>System Planning approach to primary care development and transformation ensuring the best use of System Transformation funding via NHSE/ and System Workforce Development/GPD funding via HEE.</li> </ul>	Action: To ensure that routine Primary Care workforce updates are provided to PCCC.  Action: To continue to deliver requirements of ICS Primary Care Workforce Strategy to request further update regarding delivery of the Strategy to the CCG's PCCC.	4	3	12	October 2021: An update in relation to primary care workforce was presented to the September 2021 meeting; assurance was provided in relation to some elements, however, there continued to be questions in relation to delivery of overall Primary Care Workforce Strategy. The risk narrative and score were reviewed, but it was felt that future assurance was required regarding the primary care nursing workforce to make a final decision on the risk score.  It was advised by the Associate Director of Primary Care that work is underway (with support from the CCG's data analysis team) to pull together GP and nursing workforce data for the Primary Care 'heat maps'. This would provide further assurance to the Team, and PCCC, of the risks associated with primary care workforce. The risk score will be reassessed once the 'heat maps' are routinely provided to PCCC.	12/10/2021	↔				
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"> <li>challenges with GP Practice estate not meeting infection, prevention and control (IPC) requirements; a 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;</li> <li>early warning concerns identified through the Primary Care 'heat map' (which includes workforce, financial, estates and quality indicators).</li> </ul>	Commissioning	Lucy Dudge Joelurn	Lucy Dudge Joelurn	4	4	16	<ul style="list-style-type: none"> <li>Primary Care Quality Groups; Primary Care Support and Assurance Groups (in development);</li> <li>Primary Care 'Cell' within the CCG's emergency response infrastructure;</li> <li>Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.);</li> <li>Routine OPEL reporting and escalation processes;</li> <li>Establishment of CMCs and ability to step up/step down if needed;</li> <li>PCN 'buddying' processes in place;</li> <li>'Roving' workforce support across Practices;</li> <li>Clinical vulnerable COVID risk assessment for all primary care workforce.</li> </ul>	Action: To develop and embed the Primary Care 'heat map' and associated assurance reporting.	4	3	12	October 2021: 'Place based' Primary Care Quality Groups continue to meet. Work has been undertaken to broaden the remit of these meetings to become Primary Care Support and Assurance Groups, which are centred around the 'heat map' / dashboard. Meetings with the widened membership commenced in August 2021. Assurance reporting around quality concerns will be reviewed within this Group. Work has commenced to develop the 'heat maps' across the three places; an update is scheduled for the October 2021 meeting.  OPEL reporting remains in place and is reported, routinely, to the PCCC (monthly). Primary Care is also now considered as part of routine system OPEL meetings. PCCC reporting has been strengthened to enable trend analysis to be undertaken. Work is ongoing with Locality Teams to take appropriate action in relation to any Practices which continually report as 'amber' and 'red'.  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. Work is ongoing to develop the primary care 'heat map' and how this will be reported into the PCCC. Further discussions in relation to the 'heat map' are due to be presented to the October 2021 meeting of the Committee.	12/10/2021	↔				
RR137	Primary Care Commissioning Committee	Commissioning	May-20	There is an increased risk of COVID-19 infection to clinically vulnerable (including BAME) primary care workforce which may impact the provision of primary care services across the CCG's population. This may particularly impact areas of Mid Nottinghamshire and Nottingham City.	Workforce	Lucy Dudge Joelurn	Lucy Dudge Joelurn	3	4	12	<ul style="list-style-type: none"> <li>Primary Care Quality Groups; Primary Care Support and Assurance Groups (in development);</li> <li>Primary Care 'Cell' within the CCG's emergency response infrastructure;</li> <li>Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.);</li> <li>Routine OPEL reporting and escalation processes;</li> <li>Establishment of CMCs and ability to step up/step down if needed;</li> <li>PCN 'buddying' processes in place;</li> <li>'Roving' workforce support across Practices;</li> <li>Clinical vulnerable COVID risk assessment for all primary care workforce.</li> </ul>	Action: To develop and embed the Primary Care 'heat map' and associated assurance reporting.	3	3	9	October 2021: The main mitigation to this risk continues to be the digitalisation of the Primary Care service provision. The CCG has sought assurance from all GP Practices that risk assessments have been completed and any subsequent actions identified. Further actions have also been identified following a review of Primary Care Estate to determine whether it is compliant with new IPC requirements. 100% of GP Practices have responded, providing assurance that appropriate mitigations are in place for their staff. COVID vaccinations have been delivered to all front line health and social care staff, and all clinically vulnerable staff and members of the population.  Risk score remains at 9 in line with the current concerns regarding the Delta variant and easing of restrictions.	12/10/2021	↔				
RR138	Primary Care Commissioning Committee	Commissioning	Jun-20	The impact of COVID-19 test, track and trace on workforce may impact primary care service provision. The likelihood of this risk materialising is greater for smaller/single-handed practices.	Workforce	Lucy Dudge Joelurn	Lucy Dudge Joelurn	3	4	12	<ul style="list-style-type: none"> <li>Primary Care 'Cell' within the CCG's emergency response infrastructure;</li> <li>Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.);</li> <li>Routine OPEL reporting and escalation processes;</li> <li>Establishment of CMCs and ability to step up/step down if needed;</li> <li>PCN 'buddying' processes in place;</li> <li>'Roving' workforce support across Practices;</li> <li>Clinical vulnerable COVID risk assessment for all primary care workforce.</li> </ul>	Action: To develop and embed the Primary Care 'heat map' and associated assurance reporting.	3	3	9	October 2021: The 'track and trace' element of the risk is no longer as relevant, however, work is still ongoing with the CCG's IPC team to develop, and work through, a toolkit for GPs that will allow them to continue to work if a family member/close contact tests positive with COVID-19. GPs will have to continue to self-isolate if they test positive. Risk is the remain at 9.	12/10/2021	↔				
RR160	Primary Care Commissioning Committee	Commissioning	Jan-21	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'.	Commissioning	Stuart Payneor / Lucy Dudge Ade Lavin / Andrea Brown / Helen Griffiths / Elaine Gaskell	Stuart Payneor / Lucy Dudge Ade Lavin / Andrea Brown / Helen Griffiths / Elaine Gaskell	4	4	16	<ul style="list-style-type: none"> <li>ICS HR Directors HR Group (weekly meetings)</li> <li>Locality Teams' relationships with GP Practices</li> <li>Local workforce resilience programmes; informal team meetings</li> <li>Flexible working/shift patterns (effortering)</li> <li>OPEL reporting (sharing of resources); PCN workforce and well-being support</li> <li>LMC pastoral support.</li> </ul>	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	3	12	October 2021: The quality of primary care services continues to be monitored by the CCG; this includes work which is being undertaken to develop the primary care 'heat map' which is scheduled to be presented at the confidential session of the October 2021 meeting. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. PCN workforce planning and 'roving' workforce support is also in place. An update was also provided at the September 2021 PCCC meeting on the development of PCN Workforce Plans.  However, in response to discussions at the July and September 2021 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.	12/10/2021	↔				
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 Helen Griffiths / Nick Cusack	Lucy Dudge Helen Griffiths / Nick Cusack	3	4	12	<ul style="list-style-type: none"> <li>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;</li> <li>Timely payment to the PCNs by CCG;</li> <li>Close working with NHSE in line with requirements/ processes and eligibility, particularly on payments paid directly by NHSE to PCNs;</li> <li>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;</li> <li>Use of the Primary Care Heat Map to understand and provide any early insights into the financial resilience and management of PCN funds.</li> </ul>	Action: To develop and embed the Primary Care 'heat map' and associated assurance reporting.	3	4	12	October 2021: This risk is being managed through close working with NHSE and ensuring their requirements/eligibility for PCN payments are promptly met. Processes are also in place to ensure the approval and 'sign off' of PCN payments through the appropriate governance structure within the CCG.  Work continues on the development of the Primary Care 'Heat Map' which will provide early insight into the financial resilience and management of PCN funds. An initial paper, and discussion, relating to progress with the 'Heat Map' is scheduled for the confidential session of the October 2021 meeting of the Committee.	12/10/2021	↔				



MST 09:00-20/10/21