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

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Agenda (Open Session)

Primary Care Commissioning Committee
Wednesday 16 March 2022 09.00 -10:00
Zoom Meeting

Time	Item	Presenter	Reference
09:00	**Introductory Items**		
	1. Welcome, introductions and apologies	Eleri de Gilbert	PCC/21/232
	2. Confirmation of quoracy	Eleri de Gilbert	PCC/21/233
	3. Declarations of interest for any item on the agenda	Eleri de Gilbert	PCC/21/234
	4. Management of any real or perceived conflicts of interest	Eleri de Gilbert	PCC/21/235
	5. Questions from the public	Eleri de Gilbert	PCC/21/236
	6. Minutes from the meeting held on 16 February 2022	Eleri de Gilbert	PCC/21/237
	7. Action log and matters arising from the meeting held on 16 February 2022	Eleri de Gilbert	PCC/21/238
09:10	**Commissioning, Procurement and Contract Management**		
	8. Oakwood Surgery – impacts of reduction in opening hours at Bull Farm branch surgery	Lynette Daws	PCC/21/239
	9. Winter access fund update	Lynette Daws	PCC/21/240
	10. NHS England General Practice Contract Arrangements 2022/23	Lynette Daws	PCC/21/241
09:25	**Strategy, Planning and Service Transformation**		
	11. Primary Care Network delivery – year-end report	Helen Griffiths	PCC/21/242
09:40	**Covid-19 Recovery and Planning**		
	12. Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting	Lynette Daws	PCC/21/243
09:45	**Financial Management**		
	13. Finance report – month eleven	Michael Cawley	PCC/21/244
09:50	**Risk Management**		
	14. Risk Report	Sian Gascoigne	PCC/21/245
-	**Information items** *The following items are for information and will not be individually presented.*		
	15. Monthly Contract update	Lynette Daws	PCC/21/246
09:55	**Closing Items**		

16. Any other business	Eleri de Gilbert	PCC/21/247
17. Key messages to escalate to the Governing Body	Eleri de Gilbert	PCC/21/248
18. Date of next meeting: 20/04/2022	Eleri de Gilbert	PCC/21/249

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

Register of Declared Interests

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

•This document is extracted, for the purposes of this meeting, from the CCG's full Register of Declared Interests (which is publically available on the CCG's website).
This document was extracted on 09 March 2022 but has been checked against the full register prior to the meeting to ensure accuracy.

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

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

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

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

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BURNETT, Danni	Deputy Chief Nurse	Castle Healthcare Practice	Registered Patient			✓		01/07/2018	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CALLAGHAN, Fiona	Locality Director - South Nottinghamshire	Radcliffe on Trent Health Centre	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CAWLEY, Michael	Operational Director of Finance	Castle Healthcare Practice	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/10/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Pelham Homes Ltd – Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	✓				01/01/2008	30/09/2021	Interest expired no action required.
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	✓				01/12/2016	01/10/2021	Interest expired no action required.
DADGE, Lucy	Chief Commissioning Officer	Valley Road Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Nottingham Schools Trust	Chair and Trustee			✓		01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Care Workers Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Cleaners Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DAWS, Lynette	Head of Primary Care	Rivergreen Medical Centre	Family members are registered patients				✓	01/04/2020	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

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

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GRIFFITHS, Helen	Associate Director of Primary Care Networks	Musters Medical Practice	Registered Patient			✓		01/04/2013	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Castle Healthcare Practice (Rushcliffe Practice)	Spouse is GP Partner	✓			✓	01/10/2015	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Embankment Primary Care Centre	Spouse is Director	✓			✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by this provider; and Services where it is believed that the provider could be an interested bidder.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	NEMS Healthcare Ltd	Spouse is shareholder	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Partners Health LLP	Spouse is a member	✓			✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by Partners Health LLP; and Services where it is believed that Partners Health LLP could be an interested bidder.
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Principia Multi-specialty Community Provider	Spouse is a member	✓			✓	01/10/2015	Present	Participate in discussion or service redesign as clinical expert if organisation is potential provider, withdraw from voting unless otherwise agreed by the meeting chair
GRIFFITHS, Helen	Associate Director of Primary Care Networks	Nottingham Forest Football Club	Spouse is a Doctor for club	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
LUNN, Joe	Associate Director of Primary Care	Kirkby Community Primary Care Centre	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
LUNN, Joe	Associate Director of Primary Care	The Surgery Lowmoor Road	Family member employed by the Practice and family members registered at the Practice			✓			Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

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SIMMONDS, Joanne	Head of Corporate Governance	Elmswood Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
SUNDERLAND, Sue	Non-Executive Director	Joint Audit Risk Assurance Committee, Police and Crime Commissioner (JARAC) for Derbyshire / Derbyshire Constabulary	Chair		✓			01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	NHS Bassetlaw CCG	Governing Body Lay Member		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Nottinghamshire Healthcare NHS Foundation Trust	Non-Executive Director (not yet commenced in post)		✓			08/02/2022	Present	Management action to be agreed with Accountable Officer.
SUNDERLAND, Sue	Non-Executive Director	Derbyshire Integrated Care Board	Non-Executive Director (not yet commenced in post)		✓			08/02/2022	Present	Management action to be agreed with Accountable Officer.
TILLING, Michelle	Locality Director - City	No relevant interests declared	Not applicable					-	-	Not applicable
TRIMBLE, Dr Ian	Independent GP Advisor	Victoria and Mapperley Practice, Nottingham	Registered Patient			✓		01/10/2020	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TRIMBLE, Dr Ian	Independent GP Advisor	National Advisory Committee for Resource Allocation	Independent GP Advisor		✓			01/04/2013	Present	Participate in discussion or service redesign as clinical expert if organisation is potential provider, withdraw from voting unless otherwise agreed by the meeting chair
WRIGHT, Michael	LMC Representative, CEO	Practice Support Services Limited - Nottinghamshire	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	LMC Buying Groups Federation	Manager	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	GP-S coaching and mentoring	Support service as for profit subsidiary of LMC	✓				01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote

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WRIGHT, Michael	LMC Representative, CEO	Nottinghamshire GP Phoenix Programme	Manager		✓			01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Castle Healthcare Practice	Registered Patient				✓	30/09/2016	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
WRIGHT, Michael	LMC Representative, CEO	Notspar and Trent Valley Surgery Special Allocation Schemes (violent patient schemes)	Chair				✓	01/04/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote
WRIGHT, Michael	LMC Representative, CEO	Radcliffe-on-Trent Practice	Parents are registered patients				✓	-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Managing Conflicts of Interest at Meetings

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

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

3. Conflicts of interest include:

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

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

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

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

6. The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:
    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Unratified minutes of the meeting held on
16/02/2022 09:00-10:30
MS Teams Meeting

Members present:

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

In attendance:

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Fiona Callaghan	South Nottinghamshire Locality Director (for item PCC 21 218)
Andrea Brown	Associate Director, Planning and Workforce Transformation (for item PCC 21 220)
Andrew Fearn	Director of Digital Services NUH and SRO Digital Analytics (for item PCC 21 216)
Alexis Farrow	Head of Strategy and Transformation SFH (for item PCC 21 216)
Sian Gascoigne	Head of Corporate Assurance
Sarah Allcock	Primary Care Commissioning Manager (Observing)
Louise Espley	Corporate Governance Officer (minute taker)
Stuart Hague	Nottinghamshire Local Medical Committee

Apologies:

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	11	11	Joe Lunn	11	11
Michael Cawley	11	09	Dr Richard Stratton*	06	04
Lucy Dadge	11	10	Sue Sunderland	11	11
Eleri de Gilbert	11	10	Dr Ian Trimble	11	11
Helen Griffiths	11	09	Danielle Burnett	11	10

** Dr Stratton left 24/09/2021*

Introductory Items

PCC/21/208 Welcome and Apologies

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

PCC/21/209 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/21/210 Declaration of interest for any item on the shared agenda

The register of interests was provided.

The following conflict of interest was noted:

Item 11. Primary Care Support to Care Homes – South Notts
Helen Griffiths has an interest as the spouse of a practicing GP.

PCC/21/211 Management of any real or perceived conflicts of interest

In terms of management of the conflict Helen Griffiths received the paper and was invited to remain in the meeting but not take part in the discussion or decision in relation to the paper.

PCC/21/212 Questions from the public

No questions had been received from the public.

PCC/21/213 Minutes from the meeting held on 19 January 2022

The minutes were agreed as an accurate record of proceedings.

PCC/21/214 Action log and matters arising from the meeting held on 19 January 2022

The Bull Farm impact assessment will be reported to the Committee in March 2022.

As a reflection of the transitionary nature of the CCG, a GP representative will not be identified to replace Dr Stratton on the Committee.

There were no matters arising.

PCC/21/215 Actions arising from the Governing Body meeting held on 02 February 2022

The Governing Body expressed a lot of interest in matters related to primary care at the February 2022 meeting with discussion focused on PCN development and maturity; the development of and engagement in the draft primary care strategy and the importance of a Primary Care IT strategy which did not increase inequalities by omitting the digitally excluded. The Governing Body requested greater visibility of PCN development. A report on the role of PCNs is scheduled for the March 2022 meeting of the ICS Transition and Risk Committee.

The Governing Body has also sought further assurance with regard to the reporting of variations in performance and access in primary care. The Associate Director of Primary

Care will attend the PPEC meeting in April 2022 to discuss the data available and the oversight of delivery in primary care.

Strategy, Planning and Service Transformation

PCC/21/216 Primary Care IT

Andrew Fearn and Alexis Farrow joined the meeting for this item.

Andrew and Alexis were welcomed to the meeting. The PCCC recognises that IT is an essential enabler to the development of primary care. The Committee received the Primary Care IT Strategy in September 2021 and had requested an update on its implementation and progress.

Andrew Fearn and Alexis Farrow provided a verbal update, highlighting the following key points:

a) There are lots of changes at a national level in respect of Primary Care IT with four bodies involved in IT coming together as one, to create a national digital strategy. The national strategy describes what good looks like and sets expectations for each ICS.

b) Funding streams for IT have been aligned and there is significant finance available to allow all systems to 'level up' in terms of technology. The aim is to enable information to be shared across all health and care sector boundaries.

c) Consequently, the strategy presented in September 2021 will be revised. External support has been engaged to support this work and key to its development will be engagement with stakeholders across the system. The resulting primary care IT strategy will align with the overarching ICS strategy. The team is working to a tight timeline to develop the strategy by 30 April 2022.

d) There is significant work underway to support digital and health literacy skills and a Digital Inclusion Manager at PCN level will take the lead on engagement as this is seen as critical to the development of a meaningful strategy.

The following points were made in discussion:

e) Members welcomed the update which provided clarity on the position both nationally and locally. Alignment of bodies responsible for IT nationally was considered a positive change alongside the focus on a revised local strategy that has the engagement of stakeholders as a key driver.

f) Discussion ensued regarding the user based design based approach that will be used in development of the strategy.

g) The ambition of the new strategy was commended in terms of the focus of investment in primary care. In terms of current IT pressures in primary care, members were encouraged to hear that there is opportunity to access existing and emerging funding to resolve the practical issues faced by primary care.

h) The importance of PCN engagement in development of the primary care IT strategy was stressed and will be discussed with PCN Clinical Directors.

i) The Committee will receive an update on development of the strategy in April/May 2022.

The Committee:

- **NOTED** the update.

Andrew Fearn and Alexis Farrow left the meeting.

Commissioning, Procurement and Contract Management

PCC/21/217 The Practice St Albans & Nirmala – Boundary extension application

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

a) The paper details the application from The Practice St Albans & Nirmala to extend their practice boundary. The boundary extension will include Acer Court Care Home (which they are aligned to as part of the Enhanced Health in Care Home DES).
b) The boundary change also encompasses the geographical area covered by Springfield Medical Centre and reflects the merged practice boundary.
c) Maps were provided to demonstrate the proposed boundary changes.

The following points were raised in discussion:

d) Members noted that the Practice merger and Care Home alignment had been subject to discussion and agreement at a previous meeting and approved the resultant boundary change.

The Committee:

- **APPROVED** the application from The Practice St Albans & Nirmala to widen their practice boundary.

PCC/21/218 South Nottinghamshire Primary Care support to Care Homes – preferred option

Fiona Callaghan presented the item and highlighted the following key points:

a) Following initial presentation of the proposal in January 2022 the report has been revised to include the further detail requested by members. The revised report provided greater clarity regarding the risk of not progressing in the short term and more detail related to the impact on the service.
b) In terms of the community services contract, work is taking place in the South Nottinghamshire Care Homes Steering Group to determine a Care Homes model for South Nottinghamshire.
c) The section in the report related to the Community Services review has been strengthened. The ethos of the Community Services transformation work will influence this.
d) Further detail is included with respect to the NHT contracts.

The following points were raised in discussion:

e) Members thanked Fiona for the significant amount of work to update the proposal.
f) It was noted that there are different models of service delivery across Nottingham and Nottinghamshire and Bassetlaw. Further work will take place to develop the most effective model of delivery for the ICS.

The Committee:

- **APPROVED** the direct award for the provision of the South Nottinghamshire Primary Care Support to Care Homes to the South Nottinghamshire PCNs (via GP Federations) for a two-year period from 01 April 2022 until 31 March 2024.

PCC/21/219 Winter access fund update

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

a) The report details the submission to NHSE/I (on 01 February 2022) against the winter access fund plans. Templates from NHSE/I for submissions have changed significantly for this reporting period (November and December 2021).

b) The original plan suggested 200k appointments would be available between November 2021 and March 2022 as part of the winter access fund. Despite the diversion of primary care staff to the Covid-19 vaccination programme and higher than anticipated staff absence, 41k appointments have been delivered (to date) as part of the winter access fund.

c) Staff absence remains a key risk to delivery of the winter access fund plans. Further detail of absence levels is provided in paper PCC 21 223. Absences are stabilising and activity is increasing as a result.

d) Two financial allocations have been received and spend profiled to March 2022. The CCG anticipates full utilisation of the fund.

The following points were raised in discussion:

e) Members noted the high level of scrutiny from NHSE/I in respect of the winter access fund.

f) The impact and outcome of the increase in primary care access was discussed the query being raised was on increased activity and whether this had created additional pressure on secondary care services or are health issues being resolved in primary care. At this stage it was too early to assess the impact on secondary care. There is a focus on general practice that involves testing different ways of delivering services which will be evaluated over the coming months. For example, one PCN is testing a service where there is a home visiting nurse dealing with demand on the day.

g) NHSE/I has expressed an interest in the CCG's approach and has asked the CCG to share some examples of working differently.

h) The importance of analysis of the system wide impact of increased access was accepted. It was also noted that the original purpose of the winter access fund was to improve primary care face to face access. As infection prevention and control measures are eased a new normal will emerge regarding the delivery of services.

The Committee:

- **NOTED** the update in relation to the monthly reporting process for "Improving Access for Patients and Supporting General Practice" (Winter Access Fund) and the submission made to NHSE/I on 01 February 2022.

Strategy, Planning and Service Transformation

PCC/21/220 Primary Care Workforce Planning – Quarterly update

Andrea Brown joined the meeting for this item.

Andrea Brown presented the item and highlighted the following key points:

a) The report provides an update on the approaches and strategies in place to support workforce planning and development in general practice. It includes the

most current reported workforce profile, progress of workforce schemes currently in place and the next steps regarding workforce development.

b) The methodology for workforce profiles has changed over the last four months. Overall trends remain the same as previously reported. General Practitioner numbers remain static, concern remains with regard to nursing numbers which is reflective of the regional and national position.

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

d) Additional roles recruited via PCNs is going well and is positive when benchmarked across the region.

e) The CCG is working with colleagues from Health Education England (HEE) to look at supply issues and identification of pressure points and their mitigation.

f) Appendix 2 and 3 of the report relate to retention strategies particularly in respect of General Practitioners. The CCG is on track with exception of two schemes.

g) Next steps are important in taking the workforce strategy forward. It is important that the opportunity provided by development of the primary care strategy is harnessed to create a strategy that addresses the workforce as a whole and its place in the system. This will help develop a concerted approach to recruitment in addition to retention.

h) Risks are presented in the report and remain constant. The training hub procurement has enabled a continuation of support to PCN workforce development.

The following points were raised in discussion:

i) Members thanked Andrea for the candid report highlighting progress and risks. Concern remains regarding the general practice nursing workforce position, both in terms of actual numbers and the age profile of nurses currently working in primary care. It was noted that the position in Nottingham and Nottinghamshire is no different to the regional and national picture. Strategies to support routes of entry to nursing in general practice, apprenticeships, and the creation of career pathways in primary care were discussed.

j) The importance of alignment of the workforce strategy with the emerging primary care strategy for the ICS was agreed.

k) The need for accurate workforce data from practices was highlighted. Work is underway with NHS Digital to address this and the Primary Care Team are undertaking validation of data and commencing business continuity discussions with practices where the age profile of staff indicates vacancies are on the horizon.

l) Members requested that future trend graphs show statistical significance.

m) PCNs are performing well in terms of regional and national workforce expectations. Further work will focus on joint recruitment and rotational posts as we move to system working. The variation in roles across PCNs was noted and is discussed at the PCN emerging roles group. Population health data will influence role requirements in the future. A workshop is planned in February 2022 where innovative roles will be shared along with the impact they have had.

n) Members noted that the report is information/data rich and would benefit from additional reference to the aims of the workforce strategy and the progress made in achieving those aims.

o) The revised workforce strategy will be presented to the Committee in April/May 2022.

The Committee:

- **NOTED** the current workforce position and continued focus on supply, recruitment, and retention strategies.
- **NOTED** the progress and impact made in delivering the workforce development plans for General Practice and PCNs to date.
- **NOTED** the intentions regarding future priorities in the next steps.
- **NOTED** the risk management in place.

Andrea Brown left the meeting.

PCC/21/221 Primary Care Network (PCN) delivery

Lucy Dadge and Helen Griffiths provided a verbal update, highlighting the following key points:

a) The routine quarterly report on PCN delivery will be presented to the Committee in March 2022.

b) The ICS Transition and Risk Committee will focus on PCN development at its March 2022 meeting and will receive a report on intentions for PCN development in its broader sense, including Place development, GP sustainability and the development of the Primary Care Strategy.

The following points were raised in discussion:

c) Members noted the increased focus on PCN development as the move to system wide working progresses.

The Committee:

- **NOTED** the update.

Quality

PCC/21/222 Primary Care Quality Briefing

Esther Gaskill presented the item and highlighted the following key points:

a) The report includes a summary of the quarter three quality dashboard ratings, primary care quality team activity and CQC ratings.

b) Primary Care Quality dashboard - One practice achieved an overall 'Green Star' rating. This is a decrease from the previous quarter when three practices achieved a green star rating. The majority of practices achieved an overall 'Green' rating (83 out of 124). This is a decrease of 12 from the previous quarter. 40 practices achieved an overall 'Amber' rating, an increase from the previous quarter when 26 practices were rated amber. No practices received an overall 'Red' rating. The change in performance is attributed to the flu uptake target. Last year saw the highest flu vaccine uptake rates ever achieved, which, combined with this year's COVID-19 booster vaccination programme falling

around the same time as the flu vaccination programme made it particularly challenging for practices to achieve the same uptake level for flu vaccines.

c) The Primary Care Patient Safety Incidents Report provides a quarterly update on the patient safety incidents within primary care that have been reported to the CCG. During Quarter three, 41 (previous quarter 47) patient safety incidents were received by the CCG relating to primary care. One incident met the national serious incident (SI) framework threshold. The incident was a stage three pressure ulcer. The practice involved identified that there was a missed opportunity to prevent development of the pressure ulcer. The practice identified learning points following this incident.

d) The CQC's overall rating of practices in Nottingham and Nottinghamshire as of 01 February 2022 is; 18 practices rated 'Outstanding', 102 'Good', with one 'Requires Improvement'. No practices are rated inadequate, and three practices are not yet rated due to recent changes in provider. The CQC has published inspection reports for Bilborough Medical Centre, Broad Oak and JRB Healthcare and all have been rated as 'Good' overall. This is a commendable achievement given the COVID-19 pandemic and the challenges primary care has experienced as a result.

e) During quarter three the quality team provided enhanced support to a number of practices.

The following points were raised in discussion:

f) Members commended the three practices that had moved to a good rating following CQC inspections and noted the positive outcomes following intervention by the quality team.

The Committee:

- **NOTED** the Primary Care Quality report for February 2022.

Covid-19 Recovery and Planning

PCC/21/223 **Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting**

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

a) General Practice continues to progress through the COVID 19 outbreak with practices, across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham City), reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice each day.

b) The report covers the four-week period to 28 January 2022. Overall, the position has slightly improved since January 2022. 37 practices reported days at OPEL level three, 122 practices reported days at OPEL two and two practices reported OPEL level one consistently.

c) Absence reporting continues and covers the period 10 January 2022 to 04 February 2022. The position is steadily improving across the three localities.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report to 28 January 2022.
- **NOTED** the staff absence report for the period 10 January 2022 to 4 February 2022.

Financial Management

PCC/21 224 Finance report – month ten

Michael Cawley presented the item and highlighted the following points:

a) The paper reported the financial position for month ten 2021/22 and has been prepared in the context of the revised financial regime implemented by NHS England/Improvement (NHS/I) in response to the COVID-19 pandemic. Under the H2 regime, the CCG is required to report on the financial year to date position (cumulative from M1 to current month), as opposed to treating the H1 and H2 separately.

b) The year to date position shows a £1.78 million underspend (1.28% of year to date budget). This is primarily due to the reserves for the delegated primary care budget forming part of the position (£2.64 million) offset by small overspends relating to spend associated with Additional Roles (ARRS) that will be reimbursed. [It was separately noted that significant reserves are also being held against the CCG's non-delegated primary care budget as well as those budgets that have been delegated to PCCC].

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

d) The current forecast position is £1.64m overspend (0.98% of total budget). This accounts for a forecast overspend spend associated with ARRS (£4.83m) and WAF (£2.32m) both of which will be funded by NHSE/I. The CCG has been advised by NHSEI to present the financial information in this way as part of the national reporting process to secure the relevant funding.

The following points were raised in discussion.

e) It was clarified that in relation to the capital funding for the Mansfield Supported Living Scheme, the slippage with this scheme will not adversely affect the CCG capital funding position in future years.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending January 2022.

Risk Management

PCC/21/225 Risk Report

Sian Gascoigne presented the item and highlighted the following points:

a) There are currently eight risks relating to the Committee's responsibilities, the same number of risks as presented in January 2022. Two risks are rated

red/high, RR 160 (risk to staff resilience, exhaustion and burnout) and RR 171 (potential loss of public confidence in primary and secondary health services). Risk RR 171 will be reviewed with the Accountable Officer ahead of the next report to the Committee.

b) It was proposed that RR 137 (increased risk of Covid-19 infection to clinically vulnerable staff) be archived following a reduction in the risk score to 6.

c) Risks related to workforce will be reviewed against the mitigations presented as part of the workforce planning update provided at PCC 21 220.

No further points were made in discussion.

The Committee:

- **NOTED** the Risk Report and did not highlight any new risks for inclusion.
- **APPROVED** the recommendation to archive RR 137.

Information Items

PCC/21/226 **Monthly Contract Update.**

The Committee received this item for information.

PCC/21/227 **Winter Access Fund – Primary Care Security**

The Committee received this item for information.

PCC/21/228 **NHS England 2022/23 Priorities and Operational Planning Guidance**

The Committee received this item for information.

Closing Items

PCC/21/229 **Any other business**

No further business was raised.

PCC/21/230 **Key messages to escalate to the Governing Body**

The Committee:

- **APPRPOVED** the boundary extension to The Practice St Albans & Nirmala
- **APPROVED** the direct award for the provision of the South Nottinghamshire Primary Care Support to Care Homes to the South Nottinghamshire PCNs (via GP Federations) for a two-year period from 01 April 2022 until 31 March 2024.
- **RECEIVED** an update on developments related to Primary Care IT and the refresh of the local strategy with a focus on meaningful engagement with PCNs.
- **RECEIVED** an update on primary care workforce planning. Noting the concerns in respect of nursing in general practice and the importance of alignment of the workforce strategy with the ICS primary care strategy.

PCC/21/231 **Date of next meeting**:

16/03/2022

MS Teams meeting

Nottingham and Nottinghamshire Clinical Commissioning Group

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

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING						
			No actions outstanding			
ACTIONS ONGOING/NOT YET DUE						
ACTIONS COMPLETED						
15.09.21	PCC 21 118	Reduction in operating hours at Bull Farm	To bring an impact assessment on the reduction of opening hours at Bull Farm Surgery to the February Committee meeting	Joe Lunn	~~16.02.2022~~ 16.03.2022	On the agenda at item 8 PCC 21 239.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Paper Title:	Oakwood Surgery – impacts of reduction in opening hours at Bull Farm branch surgery	**Paper Reference:**	**PCC 21 239**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	Appendix 1: PCCC paper from September 2021
Presenter:	Lynette Daws, Head of Primary Care		

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

Executive Summary

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

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

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

Relevant CCG priorities/objectives:

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

Conflicts of Interest:

☒ No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Risk(s):				
No risks identified.				
Confidentiality:				
☒No				
Recommendation(s):				
1. The Primary Care Commissioning Committee is asked to **NOTE** the impacts, from Oakwood Surgery, since the reduction in opening hours of Bull Farm branch surgery.				

Oakwood Surgery – Bull Farm branch surgery reduction in opening hours

1. Introduction

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

The table below shows the previous and current opening hours:

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

2. Background

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

3. Impacts

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

3.1. De-registrations

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

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

3.2. Telephone call data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3. Ease of access

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

4. Feedback

4.1. Practice feedback

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

4.2. CCG feedback

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

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

4.3. Websites / Social Media

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

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

5. Recommendation

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

Appendix 1

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	15 September 2021

Paper Title:	Oakwood Surgery – Bull Farm branch reduction in opening hours	**Paper Reference:**	**XX 20 XXX**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	Appendix 1: EQIA Appendix 2: Patient involvement report
Presenter:	Joe Lunn, Associate Director of Primary Care		

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

Executive Summary
Arrangements for Discharging Delegated Functions **Delegated function 4** – *Decisions in relation to the commissioning, procurement and management of primary medical services contracts* **PGM, 7.12.1: Changes to Services – "***Commissioners will need to consider changes to local service provision as a consequence of a health needs assessment of the local community with particular regard* to *the diverse nature of the community and reducing health inequalities in access and outcomes."* This has been achieved through completion of an EQIA, Consultation and Engagement as detailed in this paper. Oakwood Surgery has submitted a business case to reduce the opening hours of their Bull Farm branch by two hours per day, Monday to Friday. The purpose of this paper is to outline the proposed changes in hours of the Bull Farm branch site. The practice request to reduce the opening hours is to enable the redistribution of reception staffing hours for increased cover during times of highest patient demand. The surgery's most common patient complaint relates to telephone hold times in order to speak to a receptionist. The reduction in hours, and subsequent redistribution of reception staffing hours, would enable telephone waiting times to be reduced. There would be no reduction to clinical services or clinical activity.

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

Conflicts of Interest:
☒ No conflict identified

Appendix 1

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☒	No ☐	N/A ☐	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Risk(s):				
No risks identified.				
Confidentiality:				
☒No				
Recommendation(s):				
1. The Primary Care Commissioning Committee is asked to **APPROVE** the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery				

Appendix 1

Oakwood Surgery – Bull Farm branch reduction in opening hours

1. Introduction

The purpose of this paper is to outline the proposed reduction in hours at the Bull Farm branch site of Oakwood Surgery. The reduction in hours would enable the redistribution of reception staffing hours to cover peak demand and reduce telephone waiting times for patients. There would be no reduction to clinical services or clinical activity.

2. Background

Oakwood Surgery took over Bull Farm as a branch surgery in October 2020, which saw 2,603 patient added to Oakwood's patient list. The practice believes that if they had not taken on the branch site, 2,603 patients would potentially have been unable to continue to access primary care services from Bull Farm Primary Care Centre.

The main reason for the proposed reduction in hours for Bull Farm branch is to enable receptionist hours to be redistributed to provide increased cover during the busiest times, with the highest volume of calls. The surgery's most common patient complaint relates to telephone hold times in order to speak to a receptionist. Oakwood Surgery currently requires a minimum of 2 receptionists at each site between 8:00am-6:30pm, Monday to Friday.

3. Current opening hours / proposed reduction

The table below shows the current opening hours for Oakwood Surgery (main site) and Bull Farm (branch site), along with the proposed opening hours for Bull Farm:

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

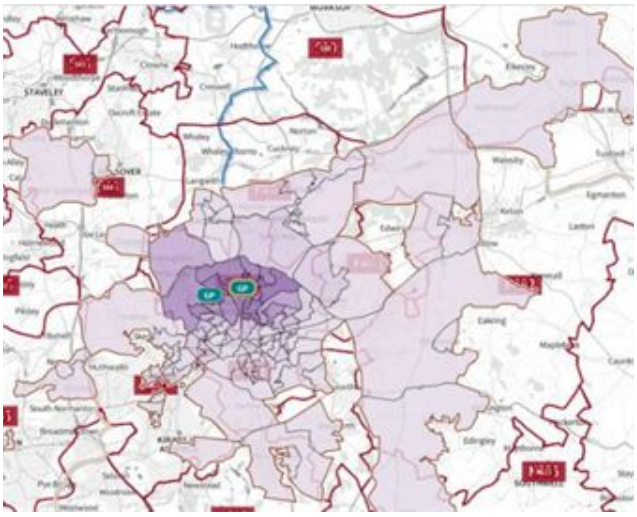
The proposal would see a reduction in Bull Farm opening hours, by two hours per day Monday to Friday. Whilst patients would be unable to speak to a receptionist face to face at Bull Farm between 8:00am-8:30am and 5:00pm-6:30pm, they could access a receptionist via telephone. During the two hours of reduced opening, telephone and face to face appointments would be available at Oakwood Surgery for all Oakwood Surgery and Bull Farm patients.

Oakwood Surgery offers extended hours in addition to the core hours shown above, a minimum of 4 days a week. This is accessible to all patients of the practice. Face to face appointments would continue to be available during weekday evenings and Saturday mornings across the Mansfield North PCN sites.

Although reception shutters would be down until 8:30am and after 5:00pm, the door to the building is open to the public from 7:00am, Monday to Friday, with security present from 6:00am. Prescription boxes have currently been removed within the PCN due to COVID-19, however the practice are working with the PCN to ensure the prescription box would still be accessible to patients between 8:00am-6:30pm.

The distance between Oakwood Surgery main site and Bull Farm branch is 1.6 miles, which is approximately 6 minutes by car, 33 minutes walking or 35 minutes by bus. The map below shows the proximity of Bull Farm (green oval), Oakwood Surgery (green oval, orange outline) and the location of the registered patients (purple shading):

Appendix 1



3.1. Local branch surgery opening times
Other local branch surgeries have reduced opening hours; Roundwood Surgery and Forest Medical (Oak Tree Lane branch) open 35 hours per week; 7.5hours less than the proposed Bull Farm hours.

	Bull Farm (proposed)	**Roundwood Surgery**	**Forest Medical (Oak Tree Lane branch)**
Monday	8:30am-5:00pm (8.5hrs)	9am-5.30pm (8.5hrs)	8:00am-2:00pm (6hrs)
Tuesday	8:30am-5:00pm (8.5hrs)	9:00am-4:00pm (7hrs)	8:00am-5:00pm (9hrs)
Wednesday	8:30am-5:00pm (8.5hrs)	9:00am-3:30pm (6.5hrs)	8:00am-5:00pm (9hrs)
Thursday	8:30am-5:00pm (8.5hrs)	9:00am-4:30pm (7.5hrs)	8:00am-5:00pm (9hrs)
Friday	8:30am-5:00pm (8.5hrs)	9:00am-2:30pm (5.5hrs)	1:00pm-3:00pm (2hrs)

3.2. Footfall assessment
In order to assess the potential patient impact, Bull Farm branch recorded and analysed all face to face patient contacts with reception between 2 October 2020 and 14 May 2021. During this period, 9 patients visited reception between 8:00am-8:30am. Of these:

- 4 could have been dealt with via telephone
- 4 patients did not require a clinician, but did need to see a receptionist face to face
- 1 patient required clinician contact (Healthcare Assistant appointment)

11 patients visited reception between 5:00pm-6:30pm. Of these:

- 9 could have been dealt with via telephone
- 2 did not require a clinician, but did need to see a receptionist face to face

The practice commented that the combined 6 patients who did need to see a receptionist face to face could have been dealt with at Oakwood Surgery main site at that particular time. The recorded footfall during the stated times was minimal and the practice acknowledged that the period of the above data collection was during the COVID-19 pandemic (included two national lockdowns and a government message to protect the NHS, which may have reduced footfall). However, the practice noted that footfall numbers to the Bull Farm branch site have not shown an increase following the national gradual lifting of restrictions since March 2021.

3.3. Telephone call data
The practice has recorded a significant increase in telephone calls received since the beginning of 2021:

Month (2021)	**Telephone calls**
January	13,169
February	13,781

Appendix 1

March	22,507
April	28,314
May	26,361

This shows a significant increase with April receiving 15,145 more calls than in January; an increase of 115%. Recognising the increase in demand, Oakwood Surgery recruited five additional receptionists (an increase of 3.2 WTE) to work across both sites. A reduction in opening hours would enable receptionists working patterns to be reorganised to provide additional cover for the busiest telephone times, reducing the telephone waiting time for patients and associated complaints.

3.4. Deprivation

Bull Farm branch surgery lies within the 'Bull Farm and Pleasley Hill' ward of Mansfield. It is a relatively deprived area and amongst the 20% most deprived neighbourhoods in the country. The deprivation score for Mansfield is 28.5 (IMD 2019) whereas the England deprivation score is 21.7.

4. Consultation and Engagement

4.1. Patient engagement

Oakwood Surgery engaged with patients to understand the perceived impact in reducing the opening hours at Bull Farm branch site. The surgery wanted to reach as many patients as possible across both sites. The practice developed patient and stakeholder briefings and communicated via email, text message, practice website, reception posters and social media. The practice arranged an online engagement session on Monday 19 July 2021; however this was cancelled due to a lack of interest.

Between 5 July and 1 August 2021, the practice provided an opportunity for patients to share their views and opinions through a survey (available electronically and in paper formats). The PPG actively supported patient engagement by visiting Bull Farm branch site to take part in the survey. Findings analysed by the practice showed that of the 64 patients who completed the survey:

- 64% support the plan for a reduction in opening hours at Bull Farm
- Of the patients who stated that they were registered at Bull Farm Surgery prior to Oakwood Surgery taking over the practice, 55% support the plan for reduction in opening hours
- 71% travel to Bull Farm via car
- 75% patients could travel to Oakwood Surgery using the same method of transport that they use to access Bull Farm branch site
- 56% patients would attend Bull Farm surgery between 8:30am-5:00pm if the opening hours are reduced
- 67% patients would attend the main Oakwood Surgery site if branch opening hours reduce

Oakwood Surgery recognised that there were limitations of the engagement due to the impacts of COVID-19 and the associated restrictions, along with the need to ensure patient/staff safety. Due to this, it was not possible to hold a face to face engagement event, however the practice utilised online approaches. See Appendix 2: Patient involvement report.

4.2. PCN engagement

The PCN clinical director is the Senior Partner at Oakwood Surgery. All PCN member practices received a copy of the stakeholder briefing, along with all PCN practice managers on 5 July 2021. Oakwood Surgery also raised the briefings at the PCN practice managers zoom meeting on Thursday 22 July. In addition, the briefing was sent to the PCN Business manager and PCN Development Manager. It is noted that no comments or concerns were raised by the PCN following engagement.

5. Recommendation

It is recommended that the Primary Care Commissioning Committee **APPROVE** the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery.

Nottingham and Nottinghamshire Clinical Commissioning Group

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

Paper Title:	Winter Access Fund & NHSE/I Midlands Region Improving Access Funding Update	**Paper Reference:**	**PCC 21 240**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	**Appendix 1** – NHSE/I Midlands Region - MOU £742k (£730k supported) **Appendix 2** – NHSE/I Midlands Region – MOU £120k **Appendix 3** – List of schemes for utilisation of the £177k and £120k
Presenter:	Lynette Daws, Head of Primary Care		

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

Executive Summary

Winter Access Fund (WAF)

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

Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against WAF to 31 January 2022. The latest submission details how our three Place Based Partnerships continue to deliver against plans and was submitted on 1 March 2022.

Midlands Region – Improving Access Funding

In addition to the WAF, in December 2021 NHSE/I Midlands Region asked CCGs to submit potential schemes against a further £500k that would provide additional support to deliver the Improving Access Winter Plan guidance and/or aligned to Long Term Plan priorities.

The proposed CCG schemes were supported to the level of £565k with four additional schemes being requested by NHSE/I Midlands totalling £177k. The total allocation received in relation to this funding was £742k.

An Additional Programme Funding allocation of £120k has also been received from the NHSE/I Midlands Region to support delivery of increased benefits aligned to Long Term Plan priorities and enable closer collaboration across contractor groups and other providers.

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

Conflicts of Interest:
☒ No conflict identified

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

Risk(s):
General Practice staffing risk due to increased support to the COVID Vaccination Programme. General Practice staff absence due to COVID isolation requirements impacting on delivery of additional face to face appointments.

Confidentiality:
☒No

Recommendation(s):
1. **NOTE** the update in relation to the monthly reporting process for “Improving Access for Patients and Supporting General Practice” (Winter Access Fund) and the submission made to NHSE/I on 1 March 2022. **2.** **NOTE** the additional funding received from NHSE/I Midlands Region under Improving Access and the schemes for planned utilisation.

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

1. Introduction

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

Included within this paper is the monthly report submitted to NHSE/I in relation to delivery against WAF to 31 January 2022. The latest submission details how our three Place Based Partnerships continue to deliver against plans was submitted on 01 March 2022.

2. WAF Submission for Nottingham and Nottinghamshire CCG – 1 March 2022

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

2.1. WAF – Activity Delivery

Reference	Scheme	Iniaitive	Planned additional appointments (system level)	What is the number of additional appointments to date?	Are the appointments reported in column E included within the GPAD data? (Yes/No)	Are plans in place to recover appointments if below trajectory?	Has there been and increase/decrease in appointments? (include appointment type, i.e. F2F, other)	RAG (see RAG KEY tab)
1	h) Other actions to support the creation of additional appointments	Additional staff and sessions - November - NC	3941	4608	Yes	Yes, the shortfall in delivery will be recovered between January and March. Appoinments delivered to date included in GPAD	Increase; appointments in November 2021 compared to November 2019 saw an 8.9% increase with the majority of these being delivered non face to face.	Amber
2	h) Other actions to support the creation of additional appointments	Additional staff and sessions - December - NC	790	2881	Yes	Yes, the shortfall in delivery will be recovered between January and March. Appoinments delivered to date included in GPAD	Increase; appointments in December 2021 to December 2019 saw an increase of 2.9% increase.	Amber
2a	h) Other actions to support the creation of additional appointments	Additional staff and sessions - January - NC	2250	4243	Yes	We are working with PCNs/Practices to maximise the opportunity of additional primary care access during February and March. Appoinments delivered to date included in GPAD	General increase in the number of appointments delivered this month. Awaiting GPAD data for January.	Amber
3	h) Other actions to support the creation of additional appointments	Additional staff and sessions - hub NOVEMBER - NC	624	481	No	Planned activity was based on locum availability. The Hub is deliverying for one PCN who is behind trajectory overall. Shortfall in delivery will be recovered between January and March. Appointments in addition to GPAD as not captured within a practice system - appt recorded seperately in S1 appt book for NCGPA	As above	Amber
4	h) Other actions to support the creation of additional appointments	Additional staff and sessions - hub December - NC	1732	1405	No	Yes, the shortfall in delivery will be recovered between January and March. Appointments in addition to GPAD as not captured within a practice system - appt recorded seperately in S1 appt book for NCGPA	As above	Amber
4a	h) Other actions to support the creation of additional appointments	Additional staff and sessions - hub January - NC	1444	1518	No	Yes, hub has delivered more than the planned activity for this month and has recovery plans to continue to deliver in February and March.	As above	Amber
5	h) Other actions to support the creation of additional appointments	Additional staff and sessions - November - SN	10918	9250	Yes	Yes, the shortfall in delivery will be recovered between January and March. PCN financial claims for November are in line with the level of delivery and the resource released will support the additional activity Jan to March.	Increase; the proportion of Face to Face Activity in South Nottinghamshire has increased from 58-59% between April and August to over 65% in November. The Omicron wave and number of staff having to self isolate in November is likely to have negatively impacted on the amount of face to face activity.	Amber
6	h) Other actions to support the creation of additional appointments	Additional staff and sessions - December - SN	17426	12532	Yes	Yes, the shortfall in delivery will be recovered between January and March. PCN financial claims for December are in line with the level of delivery and the resource released will support the additional activity Jan to March.	Increase; the proportion of Face to Face Activity in South Nottinghamshire has increased from 58-59% between April and August to remain at over 65% in December. The Omicron wave and number of staff having to self isolate in December is likely to have negatively impacted on the amount of face to face activity.	Amber
6a	h) Other actions to support the creation of additional appointments	Additional staff and sessions - January - SN	18142	16547	Yes	Yes, the shortfall in delivery will be recovered in February and March	Increase through WAF, data on overall appointment numbers not yet been shared.	Amber
6a	h) Other actions to support the creation of additional appointments	Additional staff and sessions - January - MN	192	148	No	Yes, appointments will be delivered either here or in the hubs.	Yes, all appointments are face to face.	Amber

			Planned additional appointments (practice level)	What is the number of additional appointments to date?	Are the appointments reported in column E included within the GPAD data? (Yes/No)	Are plans in place to recover appointments if below trajectory?	Has there been and increase/decrease in appointments? (include appointment type, i.e. F2F, other)	RAG (see RAG KEY tab)
7	Development of a hub and spoke model to deliver additional on the day appointments (Enhanced Support programme)	Using and developing primary care hubs - December - MN	5,907	4,300	Yes	Yes, workforce challenges in late December and early Jan due to accelerated covid vacc programme reduced the additional appointments delivered. Additional sessions planned for late January through to March. Rotas substantially booked.	Overall increase in total appointments by November. Face to face appointments yet to show increase in data (only November available to date). WAF schemes did not start until December.	Amber
7	Development of a hub and spoke model to deliver additional on the day appointments (Enhanced Support programme)	Using and developing primary care hubs - January - MN	10,304	8,727	Yes	Yes, workforce challenges in late December and early Jan due to accelerated covid vacc programme reduced the additional appointments delivered. Additional sessions planned for late January through to March. Rotas substantially booked.	Overall increase in total appointments by November. Face to face appointments yet to show increase in data (only November available to date). WAF schemes did not start until December.	Amber

2.2 WAF – Key Lines of Enquiry (KLOEs)

Ref	KLOE	Comments
1	What governance process is in place within the ICS to monitor progress and delivery of the WAF plan?	WAF Plans were reviewed before submission by the Nottingham & Nottinghamshire CCG Executive Directors and then submitted to the Primary Care Comissioning Committee (PCCC). Monthly updates are also provided to PCCC to provide an update in relation to reporting and delivery to date.
2	What actions have been taken in relation to the practices requiring enhanced support to date and what impact have they had? Please provide an update on practice's involvement in the Enhanced Access Improvement Programme to date?	The ICS has developed a place-based approach to provide additional resource to practices to deploy additional staff in practices in South Notts and Nottm CIty and establish primary care hubs with community spokes in Mid Notts PCNs. - Within Nottingham City Place, the practices requiring enhanced support saw an increase in appointments comparing December 21 to December 2019 of 8.8%; the average for Nottingham City was a 2.9% increase. Practices have been provided with additional financial support to allow them to deploy additional staff. In December, practices were particularly challenged due to the impact of the Omicron wave on staff absence and staff having to work from home due to isolation requirements. - Within South Nottinghamshire, the practices identified for enhanced support saw an increase in appointments comparing December 21 to December 2019 of 24.9%; the average for South Nottinghamshire was a 18.9% increase. For November and December these practices have seen an increase in appointments of 31.5% compared to the same period in 2019. These practices saw 58.5% of appointments face to face in December 2021. - Across Mid Notts Place practices, the PCNs with practices with lowest resilience have been prioritised for hub and spoke development and access. All six PCNs went live in December and face to face appointments in the hubs more than doubled in January to approx. 8,800 with some additional housebound appointments delivered in more rural areas. The PCNs were unable to deliver the full plan due to the priority of covid vaccinations in early January and those practices requiring enhanced support have yet to fully recover. See WAF plan slide. Some impact can be seen in the December GPAD data but it is tempered by the impact of the accelerated covid vaccination programme.
3	Have all practices recovered to 2019 appointment levels? If not, what steps are being taken over the next few months to support practices to recover?	Overall, the ICS provided 7.7% more appointments in December 2021 than in December 2019 and all PBPs increased with some local variations across the three places: - All the PCNs in Nottingham City offered more appointments in December 2021 compared to December 2019, across Nottingham City there was a 2.9% increase in total appointments with the majority of these being delivered non face to face which can be attributed to the change in general practice in response to the pandemic. - In spite of the additional pressures on practices due to the Omicron wave, all the PCNs in South Nottinghamshire offered more appointments in December 2021 compared to December 2019, across South Nottinghamshire there was a 14.3% increase in total appointments and a reduction in face-to-face appointments of 6.8% as a result of the increase in virtual appointments in response to the pandemic and the number of staff having to isolate and work from home due to the Omicron wave. There was an 18.9% increase in the number of appointments seen within 7 days over the same period so the proportion of people being seen within this time frame increased by around 3%. - Mid Notts practices provided 5.0% increase in appointments overall (based on December data) but with some individual practices still needing to fully recover. All PCNs have provided more appointments during January albeit within the constraints of the accelerated covid vacc programme early in the month. Recovery in all practices has not yet been seen in the GPAD data due to timing of the data, covid-related sickness and covid vaccination programme. For those practices benefiting from hub appointments the location of the appointment shows against the host hence some practices appear not to have recovered but are offering more appointments. Hubs and spokes continued to expand through February with high volumes. Rotas are in place and substantially staffed.
4	Has there been an increase in both practices utilising GP CPCS and referral figures?	Across Nottingham and Nottinghamshire the number that are live has increased to 19 practices with 531 referrals made to date as at 8 February 2022.
5	What are the ICS doing to support those practices that have not yet implemented GP CPCS?	All practices have confirmed that they are wanting to engage with the service. There have been capacity issues within the practices and pharmacists due to workforce pressures and supporting the vaccination programme that is delaying the implementation of the service, however, we do have a plans to support all practices/PCN and their local pharmacies as soon as they are in a position to go live. We have a representative from the LPC who is supporting this implementation alongside the ICS and this relationship is working well. We are have a fleet of tools to support the Practices with their implementation including; A local integrated referral tool that supports both SystmOne and EMIS practices Hints & Tips Guide 1-1 support with conversations between practices and pharmacies Training support for practices on the referral process. Support the review of the service post 7 days once live to ensure that all is working ok. Weekly drop in sessions available. Review outcomes data to aid shared learning between practice and community pharmacy.
6	How are the ICS ensuring referral levels into CPCS continue to increase?	ICS will continue to promote the scheme and work with individual practices, PCNs and Community Pharmacy have the capacity to go live. We are reviewing individual practice and community pharmacy positions on a monthly basis and pick up any specific issues as they arise. Once we have a good coverage of the service across the system we will look to promote wider with a public campaign. We continually review the data to allow shared learning across all involved and those that are yet to go live.
7	What are systems putting in place to ensure that they take every opportunity to use community pharmacy to support in the delivery of care processes, for example hypertension and optimise the use of pharmacy services around smoking cessation on hospital discharge, the expanded new medicines service and the discharge medicines service?	Hypertension Service We are working with the LPC to support a Hypertension training session with the community pharmacies on 23/02/22. Currently obtaining a full list of pharmacies that are signed up to the Hypertension service so that we can share this information with the PCNs and encourage further discussions to take place to support the role out for patients Discussions are taking place with the ICS CVD lead on 27/01/22 to understand how this scheme fits in with the wider CVD offers Acute Discharge Medicines Service Currently liaising with the LPC to understand which pharmacies are supporting this scheme to enable us to inform PCNs of this service. Public Health (Promotion of Healthy Lifestyles) Currently liaising with the LPC to understand which pharmacies are supporting this scheme to enable us to inform PCNs of this service. Once we are aware of what is available we intend to share the information with primary care and Additional roles to enable further promotion within the system. PCN Community Pharmacy Representatives The majority of the PCNs within Nottinghamshire have a dedicated PCN Community Pharmacy lead. We continue to encourage engagement with PCNs to understand what opportunities for greater collaboration can take place. Future PCN Specification support from Community Pharmacy Review the new PCN specification once issued in April 22 to understand what further opportunities are available to support greater integration between general practice, community pharmacy and the wider community of services.
8	What is the ICS doing to maximise implementation of the locum pool, including increasing the GPs and practices which are registered and active with the digital solution?	Each of the three Federations across Nottingham & Nottinghamshire hold locum pools to support member practices, there has also been consideration by the Local Medical Committee (LMC) of hosting a Locum Chambers. Ongoing considerations in relation to whether this can be moved into one organisation or if this better serves the Place Based Partnerships by retaining at a place level. Digital solutions for Locum Pools and reviewing wider national solutions has also been considered. The review of the support and digital booking systems available continues and we are looking to finalise the system wide Flexible Workforce Pool operating on a digital platform from a recognised provider of the HSE framework .
9	What is the ICS doing to promote longer term retention of the current workforce and any additional capacity funded through the WAF?	Each Place Based Partnership (x3) have developed a model that supports the member practices and utilises workforce available to support delivery. This has come from a mix of increased sessions and overtime for existing practice staff and using locum staff to provide additional capacity. Retention of workforce will now be considered as we focus on WAF delivery following the focus on the COVID vaccination programme over Christmas & New Year.
10	How is the ICS ensuring that there is a focus on the health, wellbeing and safety of our staff in Primary Care?	The CCG is engaging with NHSE/I in relation to the Health & Wellbeing Funding for Investment in Primary Care. Criteria for this funding is to be utilised for: - (1)Undertake a baseline across the system footprint of the current offers available to primary care, providing feedback and insights on the take up by 31 March 2022. (2)Work collaboratively with local stakeholders including LMCs, LPCs, LDCs and LOCs in the investment and promotion of health and wellbeing offers. (3)Oversee in-year investment in health and wellbeing tools as appropriate to support the breadth of primary care contractor groups. (4)Explore other 'quick win' opportunities recognising the current strategic importance of looking after the workforce alongside the current pressures e.g.: - Wellbeing conversation tool kit and stress risk assessment tools. - Enhanced Occupational Health offers for stress and burnout. - On-line health and wellbeing health checks and reports. - Promotion of links to other services and support e.g. Mental Health Hub, Local Authority wellbeing programme, third sector initiatives etc. - Other opportunities as locally determined. (5)Utilise investments as locally determined to support health and wellbeing, including champions, professional leads and/or project management and support as required.
11	What outcomes/benefits have been realised to date as a result of the WAF, including VFM and appointments?	> Practices have identified that the additional capacity has been well utillised by patients, has allowed them to provide more on the day care and has helped maintain staff morale. Practices have also reported that patient feedback around has been positive. > One example is a hub in Mansfield, located in an area of high deprivation and served by many practices. The winter access fund was used to quickly mobilise an, in core hours, access hub providing face to face appointments for Oak Tree Lane Surgery and surrounding community. This is a purpose built and existing General Practice building and is a branch site of Forest Medical Practice. Fully CQC and DDA compliant with good access to, plenty of parking and a pharmacy on-site.No renovation was required to the building but the practice had to reconfigure existing delivery to free up capacity. To minimise any possible confusion for patients, referrals are made by the patient contacting registered GP practice who will then offer and sgnpost patients to WAF appointments. The majority of appointments are F2F and prebooked. The hub concept was run by a single PCN but opened up appointments to all member practices within the identified geography. See separate WAF stories already submitted.

2.3 WAF – Risks, Mitigations & Support

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

2.4 WAF – Finance Monitoring

Forecast Position							For ICS Colleagues to populate		
FOT £'000	Surplus/ (Deficit) £'000	February Expenditure profile £'000	March Expenditure profile £'000	YTD Expenditure £'000	YTD Expenditure as % of FOT	Regional comments	Level of accruals Inc. in M10 YTD position £'000	Is this initiative live Yes/No	System Commentary (please see Notes to aid completion below)
2,948	131	853	998	1,228	42%	Please update the plan split in line with latest submission.	1061	Yes	The plan has been updated with the latest profile of spend as requested. There has been a level of slippage in the schemes in the early part of the Winter Access Fund process but the recovery actions are in place and Financial Delivery will be met with increased activity in both February and March 22. The Finance team are working closely with the localities to ensure that the latest position is accurate, whilst the localities are working with PCNs / Practices to ensure that delivery of the Winter Access Fund is met. These values do include the additional £181k. The levels of accruals input is reducing month on monthin line with the updated profile of spend.
0	0	0	0	0	0%		0		
1,570	50	556	712	352	22%	There has been a level of slippage in these schemes across the localities, but the forecasts have been revised and this has led to the recovery actions being taken in February and March to ensure that Financial delivery is met by 31st March 22. The accruals that are being input are based on the current forecasts provided by the Locality teams that are working closely with the PCNs / practices to ensure that this is as accurate as possible. The updated plan for this line of expenditure including the £181k is £1,620k	324	Yes	The plan has been updated with the latest profile of spend as requested. There has been a level of slippage in the schemes in the early part of the Winter Access Fund process but the recovery actions are in place and Financial Delivery will be met with increased activity in both February and March 22. The Finance team are working closely with the localities to ensure that the latest position is accurate, whilst the localities are working with PCNs / Practices to ensure that delivery of the Winter Access Fund is met. These values do include the additional £181k. The levels of accruals input is reducing month on monthin line with the updated profile of spend.
0	0	0	0	0	0%	Please update the plan split in line with latest submission. No narrative included in Non ISFE. Please comment on any slippage, delays and how you will get back on track to achieve full delivery by 31st March 2022.	0		
0	0	0	0	0	0%		0		
0	0	0	0	0	0%		0		
0	0	0	0	0	0%		0		
0	0	0	0	0	0%		0		
0	0	0	0	0	0%		0		
0	0	0	0	0	0%		0		
4,518	**181**	**1,409**	**1,710**	**1,580**		**-**	**1,385**		**-**
100%				**35%**					
						Regional overview: Non ISFE needs further comments on schemes and the impact of YTD spend on FOT delivery. YTD expenditure is 35% of overall FOT, what has been accrued? System finance colleagues agreed their February allocation and confirmed their FOT position. CCG finance contact is Sarah Szubert.			

3. Midlands Region – Improving Access Funding

In addition to the WAF, in December 2021 NHSE/I Midlands Region asked CCGs to submit potential schemes against a further £500k, providing additional support to deliver the Improving Access Winter Plan guidance and/or aligned to Long Term Plan priorities.

The proposed CCG schemes were supported to the level of £565k plus a number of additional schemes requested by NHSE/I Midlands totalling £177k. The total allocation received in relation to this funding was £742k.

An Additional Programme Funding allocation of £120k has also been received from the NHSE/I Midlands Region to support delivery of increased benefits aligned to Long Term Plan priorities and enable closer collaboration across contractor groups and other providers.

3.1 MOU for Improving Access Funding of £742k

In Appendix 1, the MOU for Improving Access Funding outlines the requirements and schemes covered by the £742k funding – this includes four schemes added by NHSE/I Midlands Region totalling £177k towards the bottom. One scheme for £12k was not being supported by Midlands Region however this amount was still included in our allocation – our plans deliver against supported schemes which total £730k.

The additional funding is intended to be used to continue development of General Practice across the Midlands Region, offering further support to deliver increased benefits aligned to Long Term Plan priorities and the Improving Access Winter Plan guidance.

This funding is non-recurrent, is required to be spent in 2021/22 and there is no financial impact to the CCG. A paper has been presented to the Service Change Group and CCG Executives for agreement of the utilisation of the funding included for the additional £177k – see Appendix 3.

The schemes that have been developed to make use of this funding are:

- Winter communications campaign to promote self-care and the appropriate use of health services (including community pharmacy and dentistry)
- Implementation of an integrated referral tool to support referrals to community pharmacy from general practice
- Care navigation training to support practice staff to support patients to access care appropriate to their needs

3.2 MOU for Additional Programme Funding of £120k

In Appendix 2, a second MOU outlines the requirements for the utilisation of the Additional Programme Funding of £120k against initiatives that support Primary Care to respond to the NHS Long Term Plan and manifesto commitments; it is intended to support areas of Primary Care that may not be funded via other routes such as (but not limited to):

- Implementation of the Discharge Medicines Service referral processes
- Optimisation of pharmacy services around smoking cessation on hospital discharge
- Support to systems and leadership development / integration across provider and contractor groups
- Initiatives to support improved access to Primary Care over the winter period, not funded elsewhere
- Initiatives to address backlogs in care and deliver long term transformation through integrated approaches

The schemes that have been developed to make use of this funding are:

- Support PCN engagement with the Complete Care Communities Programme
- Secondment of a healthcare professional to increase identification of atrial fibrillation and heart failure
- Capacity to support the spirometry backlog
- Translation of patient information leaflets around long term condition management
- Communications campaign to promote self-care

Again, this funding is non-recurrent, is required to be spent in 2021/22 and there is no financial impact to the CCG. A paper has been presented to the Service Change Group and CCG Executives for agreement of the utilisation of the funding included for the additional £120k – see Appendix 3 for scheme details.

4. Recommendation

1. Primary Care Commissioning Committee are asked to **NOTE** the update in relation to the monthly reporting process for “Improving Access for Patients and Supporting General Practice” (Winter Access Fund) and the submission made to NHSE/I on 1 March 2022.
2. Primary Care Commissioning Committee are asked to **NOTE** the additional funding received from NHSE/I Midlands Region under Improving Access and the schemes for planned utilisation.

Primary Care – Additional Access Funding 2021/22

MEMORANDUM OF UNDERSTANDING (MOU) between:

Trish Thompson, Director of Primary Care and Public Health Commissioning, Midlands Region, on behalf of the NHS England and Improvement (Party A); and Amanda Sullivan, Accountable Officer, Nottingham and Nottinghamshire CCG (Party B) on behalf of Nottingham and Nottinghamshire ICS

PURPOSE

The purpose of this MOU is to clearly identify the expected deliverables regarding additional access development funding support for General Practice and the roles and responsibilities of each party in ensuring key deliverables are achieved.

BACKGROUND

As part of the continued support for development of General Practice across the Midlands Region, additional funding has been identified to enable ICSs to offer further support to deliver increased benefits aligned to Long Term Plan priorities and the Improving Access Winter Plan guidance.

Funding is being allocated to ICSs to enable closer collaboration between ICS and Urgent Care colleagues to agree how best to spend the budget in the most effective way, considering local needs and current priorities.

This MOU confirms additional access support funding provided for 2021/22.

REQUIREMENTS

This funding and the expenditure of it has specific requirements attached. The funding can only be invested in access initiatives that support General Practice and/or demonstrate integration with pharmacy, optometry and dental services to respond to the NHS Long Term Plan and manifesto commitments; it is intended to support access to Primary Care services over the winter period including same day access and direct booking of appointments that may not be funded via other routes such as (but not limited to):

- Improving 111 direct booking into extended access services, general practice services and other primary care services.
- Monitoring /assurance of 111 bookable appts 1 in 3000 to ensure they are being provided and utilised effectively in line with the requirements.
- Ensuring the DoS is reflective of services available as an alternative in community for 111 bookings.
- Communications and marketing for Primary Care, Community Pharmacy services, and extended access services to ensure they are publicised via General Practice websites and patients are informed regarding how to access appropriate services.
- Supporting same day appointment booking into extended access services when practices are closed to book appointments.

- Implementation across all GP practices of an electronic integrated referral pathway to facilitate referrals from General Practice into the Community Pharmacist Consultation Service (CPCS).
- Roll out of Care Navigation Training across all GP Practices across the ICS which includes information about the referral pathway into CPCS and Community Pharmacy Extended Care Services.
- Support discharge medicines with Acute providers and Community pharmacies
- Demonstrate integration across wider primary care services and joint working
- Linked to prevention of avoidable admissions, access to urgent care or primary care-based management of long-term conditions

This funding is to be spent by 31st March 2021/22 and can be used to obtain specific generalist or specialist resource to support the Improving Access agenda.

The ICS will work with Access, Primary Care (including POD's) and Urgent Care leads to establish the local approach(es).

ASSURANCE

Decision rights about the best way of spending the additional funding will sit jointly with each CCG lead and the ICS lead; the ICS will confirm that the fund is being spent according to the requirements in this MOU.

REPORTING

Under this methodology, we want to operate on a 'light-touch' basis where clinical prioritisation is key; the ICS will submit a brief summary of how the fund has been used at the end of March 2022 providing information regarding the improved outcomes for general practice access or integration with POD's (where required) including progress against the following metrics:

- 100% practices have had a booking via 111 by 31 December 2021
- % Increase in GP bookings - data to be taken from UEC data set
- 100% practice websites advertising Extended Access services
- 100% practices providing 1:3000 111 appointments
- 100% of practices have an electronic integrated referral pathway for GP CPCS referrals into Community Pharmacy.
- 100% of practices have received care navigation training which includes GP CPCS and Extended Care referral pathways.
- POD integration - Summary report of scheme progress by 30th April 2022

Please confirm utilisation of allocation to the Regional Team on completion of the above or by the end of March 2022.

ICS RESPONSIBILITIES UNDER THIS MOU

The Accountable Officer of Nottingham and Nottinghamshire CCG on behalf of the system undertakes to:

- Develop a clear plan that ensures funding is allocated in the most effective and efficient ways across the ICS
- Deliver all deliverables that are linked to the funding
- Maintain adequate records and ensure funding spend is coded correctly at CCG level and tracked
- Manage the budget efficiently and provide reasonable notice if they identify a forecast underspend
- Work closely with CCGs and General Practice to ensure lessons learned and good practice are adopted across the ICS
- Support each of their CCGs to ensure decisions about how funding is shared between them is clearly understood and agreed (if applicable)
- Update the Region as part of the usual relationship arrangements to ensure adequate assurance without creating unnecessary additional reporting burden
- Provide a summary of how the funding has supported General Practice.
- Feed in engagement and implementation progress ensuring representation at the monthly Midlands GP CPCS Oversight Group.

It is mutually understood and agreed by and between the parties that:

Modification of this MOU may only be done writing, through discussion and subsequent clear agreement between both parties as to the changes required and the impact upon the agreed deliverables set out within this MOU.

FUNDING

The total 2021/22 additional development funding for the ICS is £729,650.51 This will be allocated in January 2022.

Requirement	Funding	Outputs
To provide outreach flu vaccination clinics for vulnerable city populations who typically find it more difficult to engage with vaccination.	£12,000	Vaccination outreach would bring together those providers supporting City vulnerable populations with general practice to deliver vaccinations – these include Framework, City Care, City Council, Public Health and CVS groups supporting vulnerable population cohorts.
The Mental Health social prescribing link worker service for Nottingham City Place and it's constituent Primary Care Networks is provided by Framework. The proposal is to purchase	£10,377	The proposal will improve the integration of the Mental Health Social Prescribing Service with practice and community services, helping to provide more integrated care to patients. It will

and implement a dedicated SystmOne unit for Framework to improve the referral process into the service.		become much easier for practice and community staff to refer patients into the MHSP service which will ensure that referral numbers continue to grow, more patients are able to benefit from the service and their use or NHS services will reduce. Framework are also a key provider of additional services to support the City Severe and Multiple Disadvantaged (SMD) population, therefore providing additional opportunity for impact of this unit as part of the City Place Based Priority SMD services.
This proposal is for funding to base Social Prescribers in the Emergency Department at Nottingham University Hospital 7 days a week.	£64,343	The proposal extends a successful primary care model for social prescribing into the acute setting – it is not a standalone service but an extension of the current primary care model. Patients that are bypassing primary care will be engaged with in an acute setting and supported to continue to access the social prescribing service in their PCN.
The aim of this campaign is to help ease pressure on the NHS and social care services by encouraging patients and the public to 'stay well', support each other and ensure they access the right help that is out there.	£33,600	The proposal will ensure all practices have access to a high quality communications toolkit and allow them to put out coordinated messages to their patients. These messages will be supported at Place with a wider staying safe, reducing isolation and promoting wellbeing. All partners from the Place Based Partnership will be engaged in the campaign to

		ensure they are coordinated. This proposal will be closely linked to the Community Empowerment bid in order to ensure all campaigners are informed and supported by the communities which they are seeking to influence.
Nottingham City Place based Partnership are developing community champions models in a number of areas; IAPT uptake by BAME community, Covid hesitancy in black communities and preventative services. This proposal would bring these existing schemes together and increase capacity to engage without population across a wider range of areas.	£100,057	This proposal will have the dual aim of gathering information from local communities about the accessibility of services across the health system whilst also sharing health messages and dispelling misinformation. The intelligence will be feedback into PCN's and the wider Place Based Partnership to allow partners from across the heath system to collaborate and develop solutions to the identified issues.
The social prescribing link worker service for Arnold and Calverton, Arrow, Byron and Synergy Primary Care Networks is provided by Age UK. The proposal is to purchase and implement a dedicated SystmOne unit for Age UK to improve the referral process into the service and the communication with practices and community teams about patients on their caseload.	£10,376.81	The proposal will improve the integration of the social prescribing service with practices and community services, helping to provide more integrated care to patients. It will become much easier for practice and community staff to refer patients into the social prescribing service which will ensure that referral numbers continue to grow, more patients are able to benefit from the service and their use or NHS services will reduce. At present the link workers spend a significant amount of time entering information on multiple systems and

		communicating with stakeholders, much of which would be avoided through the use of their own SystmOne unit.
The South Nottinghamshire Place Based Partnership (PBP) are proposing to develop a 'Community Champions' model and embed this within the communities of each of it's PCN's. The proposal requests funding to support recruitment of a Community Engagement worker, provide training to volunteers and support emerging models of care across the place based partnership.	£24,500	This proposal will bring together PCN's, social prescribing services and the community and voluntary sector with the aim of engaging local communities in their health and wellbeing and providing them with the skills to manage their health and wellbeing independently, as well as the ability to dispel misinformation. The intelligence gained from any community engagement will be feedback into the PCN's and the wider Place Based Partnership to allow partners from across the health system to collaborate and develop solutions to any identified issues.
A heart failure transformation group has been established to address inequalities that exist for current heart failure patients in the South locality. The aim is to pilot a cardio-pulmonary rehabilitation service over a 4 month period to address a current backlog of approximately 167 patients.	£54,500	The pilot demonstrates an integrated approach by testing a mix of health care professionals including primary care to review and rapidly review and manage the backlog of heart failure patients.
We will work with place partners to develop and implement PCN led winter planning.	£22,220	Integrated winter plans at PCN across the Mid Notts place will enable the PCN to achieve synergies in resources and support patients to access the right services through better

		signposting. This will include working with LPC colleagues to provide greater capacity and increase sign up to CPCS; engagement with the acute trust particularly around ED challenges and virtual ward; close working with third sector and local authority partners to focus on wider determinants of health, particularly housing, debt and physical activity.
Lessons from COVID Phase 1 and 2. We will commission the voluntary sector to recruit and manage up to 60 community champions covering Mid Notts with 20 in each local authority area to help.	£60,000	The community champions can support all communities to access care where it is best for them to do so be that accessing vaccinations in pharmacies or general practice, registering with a dentist or signposting to third sector support. They can also support primary care providers by stewarding clinics and encouraging mask wearing, etc. This has benefits across the system. The community champions have demonstrated their ability to develop and strengthen the links from community based NHS bodies to third sector and voluntary organisations to local authorities and central agencies such as the DWP. They help citizens navigate through a complexity of services and support reducing the instances of patients referring to their GP for non health questions or attending ED due to a lack of knowledge of where to go.

This proposal is for funding to base Social Prescribers in the Emergency Department at Sherwood Forest Hospital 7 days a week.	£64,343	The proposal extends a successful primary care model for social prescribing into the acute setting – it is not a standalone service but an extension of the current primary care model. Patients that are bypassing primary care will be engaged with in an acute setting and supported to continue to access the social prescribing service in their PCN.
The aim of this campaign is to help ease pressure on the NHS and social care services by encouraging patients and the public to 'stay well', support each other and ensure they access the right help that is out there.	£33,600	The proposal will ensure all practices have access to a high quality communications toolkit and allow them to put out coordinated messages to their patients. These messages will be supported at Place with a wider staying safe, reducing isolation and promoting wellbeing. All partners from the Place Based Partnership will be engaged in the campaign to ensure they are coordinated. This proposal will be closely linked to the Community Empowerment bid in order to ensure all campaigners are informed and supported by the communities which they are seeking to influence.
Extra project management capacity to support the integration of the delivery of the strength-based approach innovation site programme funded by Nottinghamshire County Council.	£30,000	Extra project management capacity to support the integration of the delivery of the Strength Based approach innovation site programme funded by Nottinghamshire County Council to include the Living Well Social care teams, health, relevant PCN ARRS roles and community and voluntary sector within the innovation sites. Nottinghamshire County Council have commissioned Partners4Change to deliver

		support to identified Innovation sites across the County to enable the changes in culture to use a Strength Based Approach. To date this has been to individual Ageing well or Living Well Teams in each district. The innovation sites are now being set up in South Nottinghamshire: Rushcliffe and Gedling initially. The extra project management capacity would be used to scope and align the delivery of the programme to the wider partners in the locality. The cultural change process takes time however, providing extra capacity to deliver the programme in the same localities will support all members of the neighbourhood teams in understanding the approach and working together with the same principles of : • support people to enjoy meaningful lives where they can make positive contributions to their families networks and communities • support people to live as independently as possible • enabling them to be in control of their lives and support • contribute towards people having a better quality of life • managing resources and work with partners across the department and the wider system effective, efficient and consistent in supporting good outcomes for people.
This proposal is for funding to base Social Prescribers in the Emergency Department at Nottingham University Hospital 7 days a week.	£32,921	The proposal extends a successful primary care model for social prescribing into the acute setting – it is not a standalone service but an extension of the current primary care model.

		Patients that are bypassing primary care will be engaged with in an acute setting and supported to continue to access the social prescribing service in their PCN.
Improving support to practices to improve access to primary care.	£83 601	Easier access to general practice appointments Greater awareness of Extended Access services and availability of appointments – evenings and weekends. Increase in number of practices providing 1:3000 111 appointments
GP CPCS practice Integrated referral tool	£6,250 start up fees £55,105.45 1-year licence fee @0.05p per patient	EMIS, SystmOne and Vision practices integrated referral tool.
General Practice Care Navigation Training	£6856.25	Training which includes GP CPCS and Extended Care referral pathways
Pharmacy and Dental Winter Access Comms Plan	£25,000	Patients directly made aware of services available to support their health needs.

Recovery of allocations against non-delivery of POD integration schemes will be made by 31st July 2022.

The funding shall be transferred to Nottingham and Nottinghamshire CCG.

EFFCTIVE DATE AND SIGNATURE:

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

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

Signatures and dates:

Signed on behalf of Party A: 

Trish Thompson
Director of Primary Care and Public Health Commissioning
NHS England and NHS Improvement

Date: 04.01.2022

Signed on behalf of Party B _____

Amanda Sullivan

Accountable Officer, Nottingham and Nottinghamshire CCG

Date:

Primary Care – Additional Programme Funding 2021/22

MEMORANDUM OF UNDERSTANDING (MOU) between:

Trish Thompson, Director of Primary Care and Public Health Commissioning, Midlands Region, on behalf of the NHS England and Improvement (Party A); and Amanda Sullivan, Accountable Officer, NHS Nottingham & Nottinghamshire CCG (Party B) on behalf of Nottingham & Nottinghamshire ICS

PURPOSE

The purpose of this MOU is to clearly identify the expected deliverables regarding additional programme funding support for Primary Care and the roles and responsibilities of each party in ensuring key deliverables are achieved.

BACKGROUND

As part of the continued support for development of Primary Care across the Midlands Region, additional funding has been identified to enable ICSs to offer further support to deliver increased benefits aligned to Long Term Plan priorities.

Funding is being allocated to ICSs to enable closer collaboration across contractor groups and other providers. Primary Care colleagues should agree how best to spend the budget in the most effective way, considering local needs and current priorities within the ICS landscape; you may choose to work in partnership with other partners to support integration.

This MOU confirms additional programme funding provided for 2021/22.

REQUIREMENTS

You may choose to work in partnership with providers and other partners, reflecting local service configuration.

The funding should be invested in initiatives that support Primary Care to respond to the NHS Long Term Plan and manifesto commitments; it is intended to support areas of Primary Care that may not be funded via other routes such as (but not limited to):

- Implementation of the Discharge Medicines Service referral processes
- Optimisation of pharmacy services around smoking cessation on hospital discharge
- Support to systems and leadership development / integration across provider and contractor groups
- Initiatives to support improved access to Primary Care over the winter period, not funded elsewhere
- Initiatives to address backlogs in care and deliver long term transformation through integrated approaches

The funding is to be spent in 2021/22.

The ICS will work with Primary Care leads to establish the local approach(es).

ASSURANCE

Decision rights about the best way of spending the additional funding will sit jointly with each CCG lead and the ICS lead; the ICS will confirm that the fund is being spent according to the requirements in this MOU.

REPORTING

Under this methodology, we want to operate on a 'light-touch' basis where clinical prioritisation is key; the ICS will submit a brief summary of how the fund has been used at the end of March 2021.

ICS RESPONSIBILITIES UNDER THIS MOU

The Accountable Officer on behalf of the system undertakes to:

- Develop a clear plan that ensures funding is allocated in the most effective and efficient ways across the ICS
- Deliver all deliverables that are linked to the funding
- Maintain adequate records and ensure funding spend is coded correctly at CCG level and tracked
- Manage the budget efficiently and provide reasonable notice if they identify a forecast underspend
- Work closely with CCGs and Providers (Primary, Community and Acute), Local Pharmacy Committees and Local Pharmacy Networks to ensure lessons learned and good practice are adopted across the ICS
- Support each of their CCGs to ensure decisions about how funding is shared between them is clearly understood and agreed (if applicable)
- Update the Region as part of the usual relationship arrangements to ensure adequate assurance without creating unnecessary additional reporting burden
- Provide a summary of how the funding has supported Primary Care

It is mutually understood and agreed by and between the parties that:

Modification of this MOU may only be done writing, through discussion and subsequent clear agreement between both parties as to the changes required and the impact upon the agreed deliverables set out within this MOU.

FUNDING

The total 2021/22 additional development funding for the ICS is £120,000.00. This will be allocated in February 2022.

The CCG the funding shall be transferred to is: NHS Nottingham & Nottinghamshire CCG

EFFCTIVE DATE AND SIGNATURE:

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

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

Signatures and dates:

Signed on behalf of Party A: ……...

Trish Thompson
Director of Primary Care and Public Health Commissioning
NHS England and NHS Improvement

Date: 13.01.22

Signed on behalf of Party B: ……...

Amanda Sullivan
Accountable Officer
NHS Nottingham & Nottinghamshire CCG

Date:

Primary Care – Additional Access Funding 2021/22

Scheme name	Locality	Amount	Description of the spend	Organisation(s) receiving the funding	Description of the process	Rationale
Improving support to practices to improve access to primary care.	South Notts	£27,867	Enhanced winter comms campaign Co-ordinated by the South Notts PBP Communication Lead working wth GP federations (PartnersHealth and PICS) and PCNs. Extended access and winter campaign will be a multichannel campaign, with specific tactics targeted at identified localities and issues. Utilise new and existing materials and communications channels across the system and focus on raising awareness of available local services and extended access and linked to this the development of the Primary Care Networks, the new roles and how the system works together. Target mental and physical health, encouraging people to self-care and choose well, as well as delivering general health and wellbeing messaging.	PICS (On behalf of the South Notts PBP and GP Federations)	Direct Award	Due to value and collaborative work taking place across the South Notts PBP.
	City	£27,867	Enhanced winter comms campaign Co-ordinated by NCGPA on behalf of City PBP, working with GP and PCNs.	NCGPA (on behalf of City PBP)	Direct Award	Due to value and collaborative work taking place across the City PBP.
	Mid Notts	£27,867				
GP CPCS practice Integrated referral tool	ICS wide	£6,250 £55,105.45	Offer practices with one year support for an 'add on' to their clinical clinical system (EMIS and SystmOne practices) with an integrated referral tool to support CPCS service	Individual Practices	- Practices have been shared the integrated tool information. EMIS has a full integrated unit, SystmOne has a separate tool. - Understand levels of interest - Inform Practices of Year Two costs that will hav to be supported by the Practice - Confirm interest - Arrange implementation	We have been directed by our Regional Leads on this process. Funding is specific for this purpose. Should practices not be interested in receiving the 'add on' facility funds can not be repurposed and will be returned to Region.
General Practice Care Navigation Training	ICS wide	£6,856.25	Active signpost training programme under development for all general practice reception staff to enable appropriate navigation of patients with lower acuity to the most appropriate service	Nottinghamshire Alliance Training Hub	- Work is undersay with NATH to support the delivery of general Practice Navigation Training that will be avilable to General Practice. - The training will be available to all new and existing staff within practice, with a focus towards Reception Teams. - We are reviewing all previous training that took pkace through the GPFV funds and enhahancing the training o incorportate wider services that are available to suppoprt patient care; including CPCS, Health & wellbeing services etc.	The MOU informed how these funds were to be spent. The work around care Navigation is underway with NATH and they are central to providing all Training and education support within Primary Care Locally.
Pharmacy and Dental Winter Access Comms Plan	South Notts	£15,000	Enhanced winter comms campaign as described above	PICS (On behalf of the South Notts PBP and GP Federations)	Direct Award	Due to value and collaborative work taking place across the South Notts PBP.
	City	£5,000	Enhanced winter comms campaign	City Care (On behalf of City PBP)	Direct Award	Due to value and collaborative work taking place across the City PBP.
	Mid Notts	£5,000	Winter campaign - to help ease pressure on the NHS and social care services by encouraging patients and the public to 'stay well', support each other and ensure they access the right help that is out there.	PICS	Direct Award	Due to value and collaborative work taking place across the Mid Notts PBP.
	Total	£176,813				

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Paper Title:	NHS England General Practice Contract Arrangements 2022/2023	**Paper Reference:**	**PCC 21 241**

Sponsor:	Joe Lunn, Associate Director of Primary Care	**Attachments/ Appendices:**	Appendix A: NHS England GP Contract Arrangements 2022/2023 letter
Presenter:	Lynette Daws, Head of Primary Care		

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

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 1 – *Planning primary medical care services, including carrying out needs' assessments, and undertaking reviews of primary medical care services*

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

Delegated function 5 – *Decision in relation to enhanced services*

NHS England published a letter on 01 March 2022 outlining the General Practice contract arrangements in 2022/23. It states that the GP contract regulations will be updated in 2022/23 with the intention of making the changes, as outlined in the letter.

The letter contains further detail on some of the points captured below:

- Guidance will be provided on what type of appointments practices are expected to be made available for online booking
- Minor changes to vaccinations and immunisations
- Clarification of the ability for patients to register digitally
- No new additional indicators will be added to Quality Outcomes Framework (QOF)
- Primary Care Network Direct Enhanced Service (PCN DES)
    - PCNs will receive additional funding for the Additional Roles Reimbursement Scheme (ARRS)
    - PCN Clinical Director funding will be increased
    - Further details about the requirements for the new Enhanced Access service (formerly Extended Access and Extended Hours)
    - Three new Investment and Impact Fund (IIF) indicators have been added
    - An additional year to implement digitally enabled personalised care and support planning for care home residents
    - An extension to the period that PCNs have to develop their anticipatory care plans
- Early Cancer Diagnosis service requirements will be streamlined and refocussed

Further details on the 2022/23 changes will be published before April 2022, including a revised Network Contract DES Contract specification with Enhanced Access arrangements.

A copy of the letter, with appendices, is available as **Appendix A.**				
Relevant CCG priorities/objectives:				
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☒	
Financial Management	☒	Cultural and/or Organisational Development	☐	
Performance Management	☒	Procurement and/or Contract Management	☒	
Strategic Planning	☒			
Conflicts of Interest:				
☒ No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Risk(s):				
Delivering the new General Practice contract arrangements in 2022/23 could be challenging for primary care. In particular PCNs ability to deliver the Enhanced Access requirements. Further information is expected by April 2022 which will enable wider discussions and further planning to take place.				
Confidentiality:				
☒No				
Recommendation(s):				
1. RECEIVE and **NOTE** the NHS England General Practice Contract Arrangements 2022/2023.				

Classification: Official
Publication approval reference: B1375

To: All GP practices in England
Primary Care Network Clinical Directors
cc. CCG Clinical Leads and Accountable Officers
ICS Primary Care Leads
ICS Chief Executive Designates
Regional Directors of Commissioning
Regional Directors of Primary Care and Public Health
Regional Heads of Primary Care

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

1 March 2022

Dear colleagues

General practice contract arrangements in 2022/23

General practice teams responded swiftly and fully to the Government's request that they reprioritise their work to support the COVID booster programme. Thank you to all those working in general practice for the agility and responsiveness that was shown over these past few months. Your contribution is recognised, valued and appreciated.

As we look ahead, the needs of our populations and patients necessitates that the primary focus of general practice returns to addressing non-COVID needs. In particular this needs to be on long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs, and regaining momentum on the wider Long Term Plan prevention agenda. Responding to COVID, including COVID vaccinations, will continue to be an important subset of activity but on a smaller scale than in 2021/22. The British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) set out guidance at the end of last year stating 'we must reassure the public that general practice remains open and that patients will be seen face to face where it is clinically appropriate', which remains in place.

2022/23 also sees the formal start of NHS Integrated Care Boards, subject to parliament. The success of Integrated Care Systems (ICSs) is dependent on successfully supporting and developing primary care, enabling it to be sustainable and more joined-up with other services. The stocktake led by Dr Claire Fuller will set

out what all ICSs need to do locally, with a particular focus on development of Primary Care Networks (PCNs) so that their potential benefits can be fully realised.

NHS England and NHS Improvement and the Government continue to remain committed to honouring the 5-year settlement that runs to 2023/24, negotiated and agreed with BMA General Practitioners Committee (GPC England) and subsequently enhanced. Through nationally guaranteed entitlements, this provides significant real terms growth in overall investment for general practice.

The GP contract regulations will be updated in 2022/23 with the intention to make the following changes:

- in light of the new models of access to general practice which have been developed during the pandemic, there will be a change to the existing contractual requirement that at least 25% of appointments are available for online booking. The existing requirement, currently drawn from the totality of a practice's appointments, is too crude. It will be replaced with a more targeted requirement that all appointments which do not require triage are able to be booked online, as well as in person or via the telephone. Guidance will be issued on what type of appointments practices are expected to be made available for online booking;
- to require GP practices to respond to Access to Health Records Act (AHRA) requests for deceased patients and to remove the requirement for practices to always print and send copies of the electronic record of deceased patients to Primary Care Support England (PCSE). It is expected that the savings from not having to print and send the electronic record will far outweigh the additional burden of managing a small number of AHRA requests;
- there will be some minor changes to vaccinations and immunisations in 2022/23 (set out at Annex A) which reflect forthcoming changes to the routine vaccination schedule recommended by the Joint Committee on Vaccination and Immunisation (JCVI), including:
    - human papillomavirus (HPV)
    - MMR including support for a national campaign
    - MenACWY Freshers programme;
- there will also be continuation of funding in Global Sum (£20 million) for one additional year (2022/23) to reflect workload for practices from Subject Access Requests (SARs). The original 5-year deal had assumed that this funding would cease beyond 2021/22; and

- to support the modernisation of GP registration there will be a clarification of the ability for patients to register digitally.

No new additional indicators will be added to QOF when the temporary income protection arrangements come to an end in March 2022. The Quality Improvement (QI) modules for 2022/23 will focus on optimising patients' access to general practice and prescription drug dependency. 97% of practices signed up to the Weight Management Enhanced Service in 2021/22 and the service will continue for 2022/23.

Expanding primary care capacity remains a top priority, and PCNs have made excellent progress in recruiting to roles under the Additional Roles Reimbursement Scheme (ARRS). The national target is 15,500 FTEs by the end of 2021/22. Based on NHS Digital (NHSD) data and NHS England and NHS Improvement ARRS financial returns we are confident that we are on track to achieving that target, and to achieving 21,000 FTE by 31 March 2023 and 26,000 FTE by 31 March 2024.

The amount available for PCNs to recruit additional staff will increase as promised by £280 million to just over £1 billion for 2022/23. PCNs will continue to have flexibility to hire into any of 15 different roles. We continue to encourage PCNs to make full use of their ARRS entitlements, including working with mental health providers to take advantage of the doubling of Mental Health Practitioners roles to support people with complex mental health needs, that can be employed on a 50:50 shared reimbursement model. Additional flexibility to help support recruitment to these roles will also be introduced, including a broadening of the role outline to include non-clinical support for patients and an inclusion of band 4 in the eligibility.

The PCN Clinical Director funding for 2022/23 has been agreed as £0.736 per head or £44M nationally as part of the five-year deal. We confirm that this funding will be boosted by a further £43 million. PCNs will continue to be able to draw down the £1.50 per head core PCN funding, meaning that a total of £178 million will be available for PCNs and their Clinical Directors to support core running, leadership and management in 2022/23.

As agreed in the 2019 deal and subsequent updates, we will bring together, under the Network Contract DES, the two funding streams currently supporting extended access to fund a single, combined and nationally consistent access offer with updated requirements, to be delivered by PCNs. This will bring together the current £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access services. This transfer to PCNs was

delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022.

The new enhanced access arrangements aim to remove variability across the country and improve patient understanding of the service. The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner. A summary of the new Enhanced Access requirements is included at Annex B.

NHS England and NHS Improvement has already set out in August 2021 our plans for 2022/23 for PCN service specifications and the PCN Investment and Impact Fund (IIF). There will be a limited expansion of the Cardiovascular Disease Prevention and Diagnosis service, and the Anticipatory Care and Personalised Care services will be introduced in a phased approach from April 2022.

We are now further re-phasing published plans in two ways. First, PCNs will have an additional year to implement digitally enabled personalised care and support planning for care home residents. 2022/23 will now become a preparatory year, with implementation of the requirement required by 31 March 2024. Second, there will be an extension of the period that PCNs have to develop their anticipatory care plans until December 2022. The Anticipatory Care service itself, which will be ICS led, will start in 2023/24.

The Early Cancer Diagnosis service requirements will be streamlined and refocussed in 2022/23 in response to clinicians' feedback. The proposed new requirements are simpler and clearer, while also focusing PCNs on national diagnosis priorities arising from evidence around lower than expected referral rates for prostate cancer. The new requirements are set out in Annex C.

Three new Investment and Impact Fund (IIF) indicators focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals will be introduced in 2022/23. These changes will help to ensure that a greater number of patients with Atrial Fibrillation receive anticoagulation therapy where clinically

appropriate and that more patients with suspected lower gastrointestinal cancer will have their two week wait referral accompanied by a FIT test result. Funding for these indicators amounts to £34.6 million and is wholly additional to the existing £225 million funding envelope for the scheme. The detail of the three new indicators are included at Annex D along with the thresholds for two indicators previously announced.

The current five-year framework of GMS contract changes, agreed by GPC England concludes at the end of 2023/24. The default position is that the existing GMS contract will automatically roll forwards unless it is changed.

In considering options for any future potential changes to the national GMS contract, NHS England and NHS Improvement and DHSC will engage with a range of NHS organisations including the new Integrated Care Boards who will be responsible for commissioning primary care services; and patient and professional representative groups. This will be to understand views and perspectives, including the extent to which further changes to national contractual arrangements, as opposed to additional local support and commissioning, are required to support high quality and accessible general practice services, support the general practice workforce, and enable primary care to work at the heart of ICSs. Taking account of Dr Claire Fuller's stocktake, this will include looking at how PCNs will further develop and support both practices and the wider systems in which they operate.

GPC England has explicitly 'called on the Government to support negotiations in a refreshed fit for purpose contract agreement beyond the 5-year agreement ending in 2023/24'. NHS England and NHS Improvement confirms that it remains fully committed to discussing any proposals for potential future national changes from 2024/25 with GPC England.

Further details on the 2022/23 changes will be published ahead of April including a revised Network Contract DES Contract specification which will set out the PCN changes including the Enhanced Access arrangements.

We will separately communicate with commissioners to advise them of updates to allocations. The detail of the 2022/23 changes are set out in further detail in the annexes below.

We believe that these updates will maintain stability and limit change for general practice, while bolstering investment for the workforce and leadership, supporting our

communities to recover, and ensuring patients continue to receive timely, high quality care. Thank you for your hard work in supporting your populations.

Yours sincerely,

Dr Ursula Montgomery
Director of Primary Care
NHS England and NHS Improvement

Dr Nikita Kanani
Medical Director of Primary Care
NHS England and NHS Improvement

Annex A - Vaccinations and immunisations

1. There will be some minor changes to Vaccinations and Immunisations in 2022/23 which simply reflect forthcoming changes to the routine vaccination schedule recommended by JCVI, including:

    - human papillomavirus (HPV)
    - MMR including support for a national campaign
    - MenACWY Freshers programme.

2. For HPV there will be a transition from Gardasil 4 to Gardasil 9 during 2022/23. Additionally, the JCVI has advised a move from a three-dose schedule to a two-dose schedule (with doses given at least six months apart), for both those aged 15 and over, and for the national HPV MSM vaccination programme. This change will align HPV vaccine doses across age groups, as well as aligning school, sexual health and general practice provision, thus minimising the risk of conflicting or missing doses.

3. This change will not apply to those who are HIV positive or those who are immunocompromised for whom the three-dose schedule will remain. As such, practices will deliver just two doses of the HPV vaccine in most cases from April 2022. Where a three-dose schedule has been started prior to April 2022 this schedule should be adhered to and three doses given. Eligibility for girls is up to the age of 25 years. Eligibility for boys is based on age for those born on or after September 2006.

4. There will be changes to the Measles, Mumps and Rubella (MMR) vaccination programme which will include the cessation of the 10 and 11-year-old catch-up programme along with practice participation in a national MMR campaign as per the current contractual requirement for practices to take part in one catch up campaign per year. The Men ACWY Freshers programme will come to an end on 31 March 2022.

5. There will also be a wider childhood immunisation campaign taking place during the early part of 2022 to support recovery of these programmes. This will primarily be aimed at capturing children that have missed these immunisations due to the COVID-19 pandemic and the reduction in uptake over the last two years. Practices will be asked to support uptake of routine childhood

immunisations for 0 to 5-year olds and will receive the IOS payment of £10.06 per dose.

Annex B - Summary of Enhanced Access offer

The following sets out a summary of the Enhanced Access model and the associated preparatory requirements which will be included in the 2022/23 Network Contract DES.

Preparatory arrangements – from April 2022 to October 2022

1. From 1 October 2022, PCNs will be required to provide Enhanced Access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

2. To prepare for delivery of Enhanced Access from 1 October 2022, PCNs must work with their commissioner to produce and agree an Enhanced Access Plan. This Plan will need to set out how the PCN is planning to deliver Enhanced Access from October, including:

    i. how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand

    ii. what mix of services will be provided during the Enhanced Access period

    iii. what appointment types and channels will be available to patients in Enhanced Access, including how the PCN will meet the requirement to ensure a reasonable number of appointments for in person face-to-face consultations are available

    iv. what the proposed staffing or skill mix will be to deliver services

    v. where the PCN intends the site location(s) to be situated for patients to access in person face-to-face services, taking account of reasonable travel times for local patients as agreed with the commissioner

    vi. proposals for how the PCN will deliver the necessary system interoperability to support delivery of Enhanced Access; and

    vii. any planned sub-contracting arrangements in respect of the Enhanced Access.

3. PCNs must submit their draft Enhanced Access Plan to their commissioner by 31 July, with a final iteration agreed by 31 August. Commissioners will need to ensure the PCN Enhanced Access Plans form part of a cohesive ICS approach.

Service offer from October 2022

4. PCNs will be required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (known as "Network Standard Hours").

5. PCNs will be required to provide bookable appointments during the Network Standard Hours which are:

    i. available to the PCN's registered patients

    ii. are for any general practice services

    iii. for bookable appointments, that may be made in advance or on the same day, regardless of the access route via which patients contact their practice, and the PCN must:

        a) make the appointments available a minimum of two weeks in advance, with the PCN's Core Network Practices utilising appropriate triage and/or navigation as required to book and/or offer patients available appointments

        b) make the Network Standard Hours appointment book accessible to its practices to enable efficient patient bookings into slots following patient contact

        c) make same day online booking for available routine appointments where no triage is required up until as close to the slot time as possible

        d) operate a system of enhanced access appointment reminders

        e) provide patients with a simple way of cancelling enhanced access appointments at all times

        f) in line with published guidance, make available to NHS111 any unused on the day slots during the Network Standard Hours from

6.30pm on weekday evenings and between 9am-5pm on Saturdays, unless it is agreed with the commissioner that the timing for when these unused slots are made available is outside of these hours; and

g) have in place appropriate data sharing and, where required data processing arrangements to support the delivery of Enhanced Access between the PCN's Core Network Practices and where applicable a sub-contractor.

iv. delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and Additional Roles Reimbursement Scheme workforce

v. within Network Standard Hours and are:

a) a mixture of in person face to face and remote (telephone, video or online) appointments, provided that the PCN ensures a reasonable number of appointments are available for in person face-to-face consultations to meet the needs of their patient population, ensuring that the mixture of appointments seeks to minimises inequalities in access across the patient population;

b) in locations that are convenient for the PCN's patients to access in person face-to-face services; and

c) delivered from premises which are is as a minimum equivalent to the number of sites within the PCN's geographical area from which the CCG Extended Access Service was delivered

vi. providing a minimum of 60 minutes of appointments per 1,000 PCN adjusted patients per week during the Network Standard Hours, calculated using the following formula:

additional minutes* = the PCN adjusted population** ÷ 1,000 x 60

*convert to hours and minutes and round, either up or down, to the nearest quarter hour

**PCN adjusted population is based on the CCG Primary Medical Care weighted population as at 1 January 2022

6. If agreed with the commissioner, a proportion of the Enhanced Access minutes may be provided outside of the Network Standard Hours, where it is evidenced by the PCN that such appointments would better meet the needs of the PCN's patients. For example, this could be through the provision of a morning clinic between 7am to 8am, or by exception a proportion of capacity may be used to support management of demand during core hours, where this is regularly high.

7. PCNs must ensure GP cover during the Network Standard Hours, providing in person face-to-face consultations, remote consultations, leadership, clinical oversight and supervision of the MDT.

8. PCNs must actively communicate availability of these enhanced access appointments to their patients, including informing patients how they can be accessed, what and when specific services are available (for example vaccinations and immunisations, screening, health checks, PCN services etc) and what and when different members of the multi-disciplinary team (MDT) are available, through promotion and publication through multiple routes. This may include the NHS website (nhs.uk), the practice leaflet, the practice website, on a waiting room poster, by writing to patients and active offers by staff booking appointments.

9. PCNs must ensure, when available, appropriate telephony and IT interoperability will operate between the practices of the PCN, as well as any other parties involved, such as sub-contracted providers. This must include the ability, once consistently available, to view, book into, and cancel appointments, make referrals and request tests, to view and update patients' records, and for all relevant staff to have the ability to access medical records within the PCN, and to cover other points in the core digital offer provided by member practices as part of their primary medical services contract . Further guidance on IT interoperability will be made available.

10. Following from the above, when available PCNs will utilise core digital capabilities consistently across the PCN, including to:

    i. enable practice and PCN staff to book appointments in Standard Network Hours; and

ii. enable patients to book appointments online where appropriate, including up until as close to the slot time as possible.

Annex C – Updated Early Cancer Diagnosis service requirements 2022/23

The following sets out what will be the updated requirements in the 2022/23 Network Contract DES:

A PCN will be required to:

1. Review referral practice for suspected and recurrent cancers, and work with their community of practices to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower.

2. Work with local system partners – including the NHS England and NHS Improvement Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. This must build on any existing actions across the PCN's Core Network Practices and include at least one specific action to engage a group with low participation locally.

3. Work with its Core Network Practices to adopt and embed:

    i. the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer; and,

    ii. where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals).

4. Focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.

5. Review use of their non-specific symptoms' pathways, identifying opportunities and taking appropriate actions to increase referral activity.

Annex D - Three new Investment and Impact Fund (IIF) indicators focused on DOAC prescribing and FIT testing for cancer referrals will be introduced in 2022/23. Funding for these indicators is additional to the existing £225m funding envelope for the scheme.

Area	*Indicator*	*Thresholds*	*Valuation*
CVD	**CVD-12:** Percentage of patients on the QOF Atrial Fibrillation register and with a CHA_2DS_2-VASc score of 2 or more (1 or more for patients that are not female), who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist.	UT: 95% LT: 70%	£14.8m / 66 points
	CVD-15: Number of patients that were prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register and with a CHA_2DS_2-VASc score of 1 or more for men or 2 or more for women and who were prescribed a direct-acting oral anticoagulant (DOAC).	UT: 60% LT: 40%	£14.8m / 66 points
Cancer	**CAN-10:** Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral.	UT: 80% LT:40% (22/23), 65% (23/24)	£5.0m/ 22 points

The previous announcement of the IIF plans for 2022/23[1] did not include thresholds for ACC-02 and SMR-01. The thresholds for these indicators will be as follows:

Area	*Indicator*	*Thresholds*	*Valuation*
Access	ACC-02: Number of online consultation submissions received by the PCN per 1000 registered patients	5 per 1000 per week	£4.1m / 18 points
SMR	SMR-01: Percentage of patients eligible to receive a Structured Medication Review who received a Structured Medication Review	UT: 62% LT: 44%	£12.0m / 53 points

[1] https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-iii-annex-b-investment-and-impact-fund-21-22-22-23.pdf

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Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 March 2022
Paper Title:	Primary Care Networks End of Year Update	**Paper Reference:**	**PCC 21 242**
Sponsor: **Presenter:**	Lucy Dadge Chief Commissioning Officer Helen Griffiths Associate Director of PCN Development	**Attachments/ Appendices:**	App. 1 PCN Specification & Achievements App. 2 Additional Roles & Profile App.3 Workforce Regional position

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

Executive Summary
This paper provides an overview of the development of the Primary Care Networks (PCN) within Nottingham and Nottinghamshire over the past 12 months, 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.

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

Conflicts of Interest:

☒ No conflict identified
☐ Conflict noted, conflicted party can participate in discussion and decision
☐ Conflict noted, conflicted party can participate in discussion, but not decision
☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision
☐ Conflict noted, conflicted party to be excluded from meeting

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

Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.

Risk(s):

On-going considerations have been highlighted.

Confidentiality:

☒No

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

☐The document contains Personal information

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

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

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

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

☐The document has been produced by another public body

☐The document is in draft form

Recommendation(s):

1. **NOTE** the progress and continued development of PCNs over the last 12 months.
2. **NOTE AND CONSIDER** the on-going considerations, alongside the priorities and considerations for 2022/23.

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Primary Care Networks End of Year Update

1. Introduction

Primary Care Networks (PCN) were established in July 2019 to deliver the NHSE PCN Network Directly Enhanced Service (DES). This paper provides an overview of the development of the PCNs across Nottingham and Nottinghamshire over the last year. It summarises the key deliverables and achievements of the networks, as well as highlighting on-going considerations alongside the future contract requirements for 2022/23, for the remaining two years of the five-year NHSE PCN development programme.

Over the last 12 months the PCNs have remained committed to the NHSE PCN development programme, and continued to deliver the PCN Network DES contract, despite facing the increased challenges of providing primary care during the pandemic, both in terms of increased workload and delivery of the Covid vaccination immunisation programme.

2. Achievements

2.1 Delivery of PCN Service Specifications 21/22

The PCN DES contract is designed to deliver commitments made in The NHS Long Term Plan, and PCNs are the key vehicle for delivering the following national service specifications, which to date includes:

- Extended Access
- Standardised Medication Reviews and Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis
- Cardiovascular Disease Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

Appendix 1 details the specifications and summarises the PCNs delivery and achievements to date.

2.1 Workforce and Additional Roles

The PCN Network DES contract allows the PCNs to recruit against 15 roles as part of the Additional Roles and Recruitment Scheme (ARRS). The last financial year has seen a significant increase in the ARRS workforce, from 122.44 WTE posts (March 21) to 294.57WTE posts (January 22).

Appendix 2 provides details of the range and number of roles broken down by PCN, as well as a graph showing the changing profile of the roles across the PCNs since 2019.

2.2 PCN Workforce Planning – 2024

The PCN Network DES requires each PCN to complete and submit workforce plans, to the CCG using the agreed national workforce planning template, providing details of their recruitment plans for 2021/22 and indicative intentions through to 2023/24.

In line with the contract. PCNs have completed a Workforce Plan in October 2021 to forecast their workforce intentions up to 2024:

- 407.43 WTE plans as at 31st March 2022
- 518.84 WTE plans as at 31st March 2023
- 668.34 WTE plans as at 31st March 2024

These plans are ambitious, and there is an extensive support programme to work with the PCNs, the General Practice Federations, and System Partners to support opportunities to deliver the plans.

The graph, as seen in **Appendix 3**, provided by NHS England Regional Workforce Team, shows how the PCNs are progressing against their plans as of November 2021. It is well recognised that the delivery of this aspect of the PCN Network DES is time consuming and has remained a challenge, particularly over the last year. The CCG will continue to work with the PCNs to support their needs to deliver this significant agenda, as well as liaise with Health Education England and System Partners to support the new roles, including the holding of a workshop to share models of good practice, and the development of video material to support how the emerging roles extensive skill set can offer a proactive and comprehensive service to deliver population health management.

2.3 Impact and Investment Fund (IIF) & PCN Dashboard

The Investment and Impact Fund (IIF) was introduced as part of the revised 2020/21 PCN DES contract which commenced 1 October 2020.

The IIF is an incentive scheme focusing on resourcing high quality care in areas where PCNs can contribute significantly towards the 'triple aim':

- Improving health and saving lives (e.g., through improvements in medicines safety)
- Improving the quality of care for people with multiple morbidities (e.g., through increasing referrals to social prescribing services)
- Helping to make the NHS more sustainable.

For 2021/22, the IIF is divided into four domains:

- Improving prevention and tackling health inequalities
- Support better patient outcomes in the community through proactive primary care
- Support improved patient access to primary care services
- Help create a more sustainable NHS

The IIF is a points-based scheme and operates in a similar way to the General Practice Quality Outcomes Framework (QOF), albeit with the calculation of achievements at the PCN level rather than practice level. Several of the indicators have been paused as a result of the response required to support the vaccination campaign. The PCN outcomes and delivery against the IIF will be known around May/June 2022.

A local PCN Dashboard is being developed and supports the PCNs to understand their achievements against the Impact & Investment Fund indicators. This Dashboard will continue to be built over the next 6 months, as part of the System Information Dashboard, and will be key to support PCNs in delivering consistent and high-quality care.

2.4 Primary Care Transformation Monies

The Primary Care Transformation Monies were confirmed for 2021/22 in Quarter 2 as £4.4m. This funding and the allocation to a range of schemes was presented to the Primary Care Commissioning Committee in August 2021. The delivery plan aligns to the four NHSE national priority areas: workforce; integration; access; and health inequalities. Progress has been made to deliver across all the schemes in: Workforce; Digital First; PCN Development and Practice Resilience. A meeting is scheduled with all Primary Care Clinical Leads for 9 March 2022 to report on delivery and the end of year position and commence discussions on priorities for allocations for 2022/23 to support implementation of the primary care strategy.

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2.5 Response to Covid

The PCNs have continued to support the Covid response and played an active role in the Covid Vaccination programme, particularly over the winter months. The PCNs involvement has been instrumental in the delivery of vaccinations within the care home settings, with housebound patients, as well as supporting the uptake in hard-to-reach groups.

2.6 Leadership & Development

Ongoing support and development of the Clinical Directors and the overall leadership of the PCN remains a priority for the system. The locally designed, three-day ABILITY Clinical Director & Emerging Leaders Development Programme has been delivered to support the needs of the emerging leader and support succession planning. The monthly ICS Clinical Directors Network meeting has continued to be held to support the development of a 'network of networks' across the system - this forum enables the PCN Clinical Directors to share information and learning to support the delivery of the PCN DES contract, as well as consider the wider contribution of the PCNs to the success of the system.

The Clinical Directors are also embarking on a series of group coaching sessions that are focused at Place level, allowing dedicated time to consider how PCNs will work and deliver in their neighbourhoods, as well at Place level, and as a key component of the future Integrated Care Board.

A comprehensive Workshop Programme is currently being developed for all staff working in, or with PCNs, this will cover topics such as: Managing Conflict of Interest; Finance; Procurement; Engaging with Partners and will commence in April 2022.

2.7 PCN Maturity Matrix

The PCN Maturity Matrix was introduced in August 2019 and outlines the key components which underpins the successful development and ambitions of a PCN. It sets out a 'progression' model, from the initial establishment of a PCN, through to evolving the scope and scale of the role of networks in delivering an integrated model of care for the population health of their registered population.

The Maturity Matrix is expected to be used pragmatically and flexibly with the networks, as a self-assessment tool, viewing PCN development as a five-year journey to improve and transform care and services for patients and the local population. Local work to date is showing that the PCNs are thriving and maturing to develop in line with the domains of:

1. Leadership, Planning, and Partnerships
2. Use of Data and Population Health Management
3. Integrating Care
4. Managing Resources
5. Working in Partnership with People and Communities

A detailed report was presented to the PCCC at the December 2021 meeting. It is expected that NHSE will ask for a further review of the PCN Maturity Matrix during 2022/23.

2.8 PCN Involvement in Wider Healthcare Provision

Over this last year there have been several programmes of system transformation which are seen to be key enablers for the PCNs as they continue to evolve. These include: the Community Transformation Programme; the Mental Health Transformation Programme; Tomorrow's NUH; and the ICS Organisational Collaborative. It is recognised that PCN engagement and leadership input into these significant programmes is key to both shape the outcomes and support the PCNs in their evolvement. Representation at a range of meetings has been managed across the CCG, the GP Federations, and the Primary Care Clinical

Leads, to enable primary care to be represented and feed into these significant on-going programmes of work.

3 Future Delivery of the PCN DES

3.1 Contract changes for 2022/23

Documentation provided by NHSE on 1st March 2022, has confirmed that that the amount available for PCNs to recruit additional staff will increase as promised by £280 million to just over £1 billion for 2022/23. PCNs will continue to have flexibility to recruit into any of 15 different roles. Additional flexibility to help support recruitment into the Mental Health Practitioner roles will also be introduced, including a broadening of the role outline to include non-clinical support for patients and an inclusion of band 4 in the eligibility.
The PCN Clinical Director funding for 2022/23 has been agreed as £0.736 per head. PCNs will continue to be able to draw down the £1.50 per head core PCN funding, meaning that a total of £178 million will be available for PCNs and their Clinical Directors to support core running, leadership, and management in 2022/23.

Two funding streams currently supporting extended access will be combined to fund a single nationally consistent access offer with updated requirements, will be delivered by PCNs from October 2022. This will bring together the current £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access services. The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations, and health checks, in line with patient preference and need. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.

New specifications that will be implemented from April 2022 will include:

- Expansion of the Cardiovascular Disease Prevention and Diagnosis specification
- Anticipatory Care
- Personalised Care.

NHSE has published the proposed Investment and Impact Fund indicators for 2022/23 and further additional indicators as part of their update on 1st March 2022. The indicators will equate to 999 points available to PCNs bringing total funding for the IIF to £225 million in 2022/23. This will increase further to at least £300 million in 2023/24.

Local allocations for Nottingham and Nottinghamshire PCNs are still to be worked through.

3.2 Additional Roles and Reimbursement Scheme

The PCN workforce plans highlight the scale of the increase in PCN workforce expected over the next two 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 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 and potential of the PCNs.

Despite the new roles being created to support general practice and release clinical time, the variety of the 15 new roles, adds further complexities for PCNs due to the increased time that needs 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 considerations

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 monthly, 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 and work towards the delivery of the Primary Care IT Strategy.

3.4 Transformation Agenda

Over this last year there have been several programmes of system transformation which are seen to be key enablers for the PCNs as they continue to evolve. These include: Community Transformation Programme; Mental Health Transformation Programme; Tomorrow's NUH; and the ICS Organisational Collaborative.

It is recognised that PCN engagement and leadership input into these significant programmes is key to both shape the outcomes and support the PCNs in their evolvement. Representation at a range of meetings has been managed across the CCG, the GP Federations, and the Primary Care Clinical Leads, to enable primary care to be represented and feed into these significant on-going programmes of work.

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 ICB from July 2022.

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'.

3.5 Estates

As the primary care workforce increases and more services are delivered by the PCNs, pressure on the primary care estate continues to grow. A full review is currently taking place to understand the estates state of build, utilisation, PCN delivery plans and availability of wider estates that may be owned by partners and others, for example, Local Authority, voluntary services etc. This review will enable each PCN to have comprehensive estates plans that will feed into the ICS Primary care estates strategy which is under development. Detail will be aggregated at General Practice, PCN. Place and System level and will be an important tool on which to make investment and disinvestment decisions at all levels.

4 Next Steps and Priorities

Key priorities the PCNs will be focusing for 2022/23 include:

- Deliver the implementation of the revised PCN DES Specification from 1st April 2022.
- Continue to consider the delivery, impact, and outcomes of the Network DES at PCN, Place and System level.
- Continued enhancement of the multidisciplinary models of working; drawing on the wider skill sets the new roles and teams can offer across primary care.
- Continued collaboration with system partners to build on community engagement and community assets.
- Improved access, including provision of the extended access specification, as well as support total triage and remote consultation.
- Delivery of the two new service specifications: Anticipatory Care and Personalised Care.
- Progress the implementation of Population Health Management.
- 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.
- Continue the 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.
- Consider allocation of PCN Development Funds, which will be potentially confirmed in Quarter 1 2022/23.
- Support the engagement and delivery of the Primary Care Strategy.

5 The Primary Care Commissioning Committee is asked to:

- **NOTE** the progress and continued development of the PCNs over the last 12 months
- **NOTE AND CONSIDER** the on-going considerations, priorities, and considerations for 2022/23

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Appendix 1 - PCN specifications and achievements 21/22

Service specification	Specification summary
Extended Hours Access	A PCN must provide extended hours access in the form of additional clinical appointments outside of core contracted weekends. This includes early morning, evening, and weekends. As part of the support offer to the pandemic and vaccination programme NHS England confirmed that the additional appointment under the Extended Hours contract could be used COVID vaccination programme. Revised service specification to be introduced from October 2023– full details still be confirmed. PCNs will develop arrangements to join up extended hours with CCG commissioned extended access, supported by a digital enabled primary and community care, to provide a single coherent improved access offer to patients, including ensuring that extended access is offered from locations across the Places.
Structured Medicines Review and Optimisation	All PCNs have employed Clinical Pharmacists and many of the roles have been supporting the Structured Medication Review (SMR) Specification. This requires PCNs to prioritise patients who would benefit from a SMR, which includes patients: • Living in care homes • With complex and problematic polypharmacy, specifically those on 10 or more medications • On medicines commonly associated with medication errors • With severe frailty, who are particularly isolated or housebound or who have had recent hospital admissions and/or falls • Using potentially addictive pain management medication. It is important to note that many of the pharmacists have also supported the Covid Vaccination programme across the system.
Enhanced Health in Care Homes	The PCNs worked with the CCG Locality Teams to align the 363 care homes, across Nottingham and, to their GP Practice, and to also identify a designated Care Home Lead. They have been working closely with the community service providers and other relevant partners to establish and coordinate a multidisciplinary team (MDT) who support delivery of the weekly reviews in line with the service specification requirements. Over the coming months they will continue to develop PCN protocols between the care home and System Partners to support information sharing, shared care planning, use of shared care records, and clear clinical governance.
Supporting Early Cancer Diagnosis	The PCNs have been working to link the Quality & Outcome Framework (QOF) Cancer quality specifications with the PCN DES Requirements, working closely with the Cancer Research UK to identify actions plans and support the delivery of care. PCN's are required to: • Review referral practice for suspected cancers, including recurrent cancers.

	• Contribute to improving local uptake of National Cancer Screening Programmes. • Establish a community of practice between practice-level clinical staff to support delivery through peer to peer learning events, considering data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses. • Engage with local system partners, including GP Practice Patient Participation Groups, secondary care, the relevant Cancer Alliance, and Public Health commissioning teams. Much of this work has been driven as part of the PCN meetings and will continue into 2022/23 with a view to support continued learning and drive development opportunities.
Cardiovascular Disease Prevention and Diagnosis	From October 2021, the requirements on PCNs focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest reductions in premature mortality can be made. Requirements on PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure will be introduced from April 2022.
Tackling Neighbourhood Inequalities	All PCNs have developed an initial plan to identify and engage a population experiencing health inequalities within their area, and to codesign an intervention plan to address the unmet needs of this population. Delivery of this intervention will commence into 2022/23. The information will be incorporated within the ICS Health Inequalities Strategy.
Social Prescribing Service	Nottingham and Nottinghamshire have four Social Prescribing Providers covering the 20 Primary Care Networks: Primary Integrated Community Services, Partners Health, Nottingham City GP Alliance and Age UK. There are currently 57 WTE Link Workers in post across the PCNs. Additional to the main GP Practice referrals, the Link Worker role has really come into its own during the pandemic response. They have been at the heart of the local support offer for vulnerable and shielded patients. This is a practical demonstration of the role that primary care can play in building community resilience and tackling health inequalities. Nottingham & Nottinghamshire is 1 of 7 'Test and Learn' sites that were successful when bidding against a further 15 sites through a national bidding process. Each site has secured £500K for a 2 year period, from April 2021 to March 2023, to run a Green Prescribing project.

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Appendix 2 – PCN Additional Roles – January 2022

PCN	Clinical Pharmacist		SP Link Worker		First Contact Physio		Pharmacy Technician		Physician Associate		Care Coordinator		Occupational Therapist		H&W Coach		Dietitian		Advanced Practitioner		Community Paramedic		Nurse Associate		Trainee Nurse Assoc		Mental Health Practitioner	
	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE	No	WTE
Mid Notts Locality																												
Ashfield North	7	5.80	3	2.60	3	2.27	1	1.00			2	2.00							1	1.00							1	1.00
Ashfield South	4	4.00	3	2.01	2	1.83	2	2.00					1	1.00													1	1.00
Mansfield North	5	4.49	4	3.80	2	2.07	2	2.00			1	1.00			2	2.00			1	0.85	2	1.93					1	1.00
Newark	9	8.85	3	2.80	2	2.07	1	0.99			4	3.60			1	1.00	1	1.00			1	1.00	1	0.80	1	1.00		
Rosewood	3	3.00	5	4.80	1	1.07	1	0.60			2	2.00	2	2.00	1	1.00			1	0.80			1	0.80			1	1.00
Sherwood	4	3.60	4	3.20	2	2.07	3	2.80	1	0.64					1	1.00											1	1.00
City Locality																												
Bulwell & Top Valley	5	3.83	3	2.60	2	2.00	1	0.80																			1	1.00
BACHS	6	5.11	5	4.07	2	2.00	1	0.80							2	2.00												
Radford & Mary Potter	5	4.47			2	2.00	1	1.00																				
Bestwood & Sherwood	5	3.66	3	2.99					4	3.50																		
Nottingham City East	3	2.83	4	4.00	2	2.00			4	3.50	1	1.00			1	1.00											1	1.00
Nottingham City South	3	2.70	2	2.00			2	1.99																			1	1.00
Clifton & Meadows	3	2.99	1	1.00	2	2.00			1	1.00																		
Unity (Nottingham)	2	1.81			1	1.00			1	1.00			2	1.77	1	1.00	1	0.05									1	1.00
South Locality																												
Arnold & Calverton	3	2.76	3	1.73	2	2.00	1	0.60			1	1.00					1	0.40			1	1.00						
Arrow Health	6	4.72	3	1.73	2	2.00	1	1.00			1	1.00									2	2.00						
Byron	3	2.50	3	1.73	3	2.31	1	1.00									1	0.60			2	2.00						
Nottingham West	7	6.06	6	5.67	5	4.28	3	2.70			6	5.67	3	2.60	1	1.00	1	1.00			4	3.60			4	4.00	1	1.00
Rushcliffe	7	6.99	9	8.60	5	5.00	4	3.60	2	2.00	5	4.36	1	1.00			1	1.00	2	1.85	1	0.83			3	3.00		
Synergy Health	1	1.00	4	2.59	1	1.00					1	1.00					1	0.50										
	91	**81.17**	**68**	**57.91**	**41**	**38.95**	**25**	**22.88**	**13**	**11.6**	**24**	**22.63**	**9**	**8.37**	**10**	**10.00**	**7**	**4.55**	**5**	**4.50**	**13**	**12.36**	**2**	**1.60**	**8**	**8.00**	**10**	**10.00**

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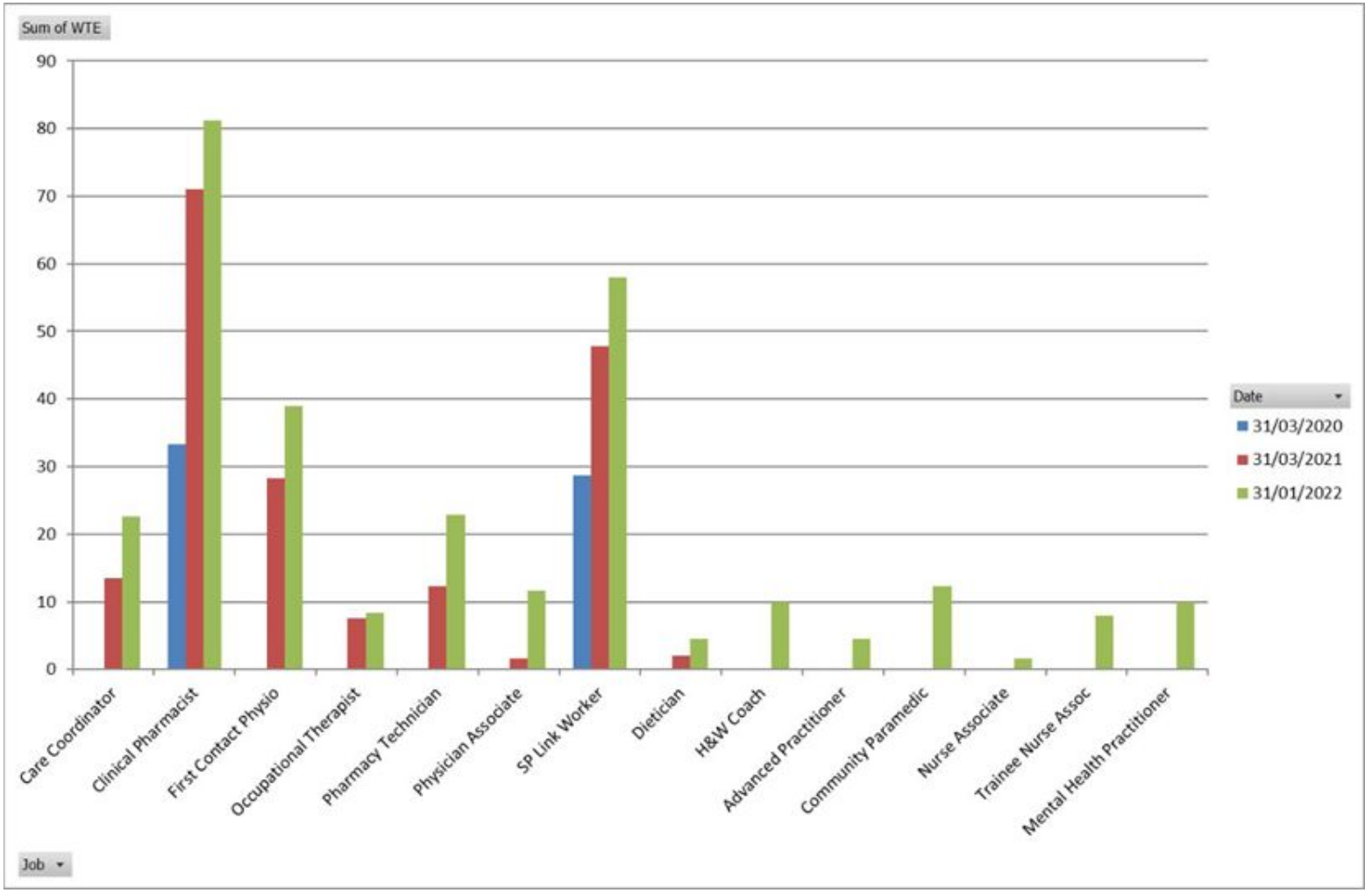
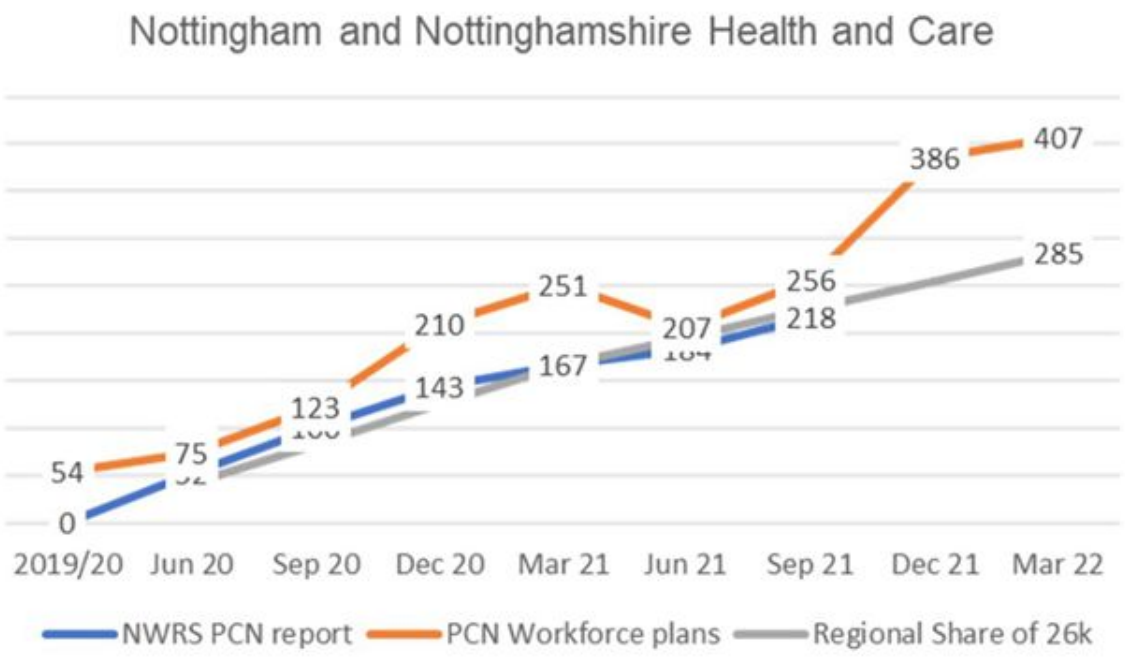
PCN Additional Roles – Changing profile from 2019 - January 2022



Nottingham and Nottinghamshire Clinical Commissioning Group

Appendix 3 – PCN Plans vs Actuals Vs Targets – East Midlands Regional Team Data collected November 21



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

Paper Title:	COVID – GP Practice OPEL Reporting: Four-weeks to 25 February 2022 and Absence Reporting for the period 07 February 2022 to 04 March 2022	**Paper Reference:**	**PCC 21 243**

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

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

Executive Summary

Arrangements for Discharging Delegated Functions

Delegated function 2 – *Planning the provider landscape*

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

General Practice continues to progress through the COVID 19 outbreak with practices, across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham City), reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice each day.

General Practices and Primary Care Networks (PCNs) continue to review business continuity plans to ensure robust arrangements are in place for individual practices or multiple practices within a PCN. Considering implications when a practice becomes less resilient including the need to work with a neighbouring practice if / when needed to ensure continued service delivery for patients.

This paper provides an overview of OPEL reporting over the four-week period to 25 February 2022.

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

Conflicts of Interest:

☒ No conflict identified				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Risk(s):				
General Practice continues to manage the risk of service delivery on a daily basis and the impact varies across all practices. Reporting continues to enable practices, PCNs and the CCG to understand the risks for General Practice service delivery as a result of the COVID outbreak.				
Confidentiality:				
☒ No				
Recommendation(s):				
The committee is asked to • **NOTE** the OPEL Reporting overview for General Practice for the four-week period to 25 February 2022 • **NOTE** staff absence reporting for the period 7 February 2022 to 4 March 2022.				

General Practice OPEL Reporting

1. Introduction

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

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

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

The agreed definitions for OPEL reporting are as follows:

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

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

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

OPEL Level 4 - BLACK
Practice closed.

2. OPEL Reporting

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

The figures provided in (red/brackets) are what was reported the previous month *(four-weeks to 28 January 2022, 19 working days)*. This four-week period contains no bank holidays.

2.1. Practice Summary

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

- 26/124 (37/124) practices reported days where they were at OPEL Level 3 – Red (having previously reported Amber or Green):
  - This was for a total of 127 (168) days across all practices
  - Equates to 21% of practices: 3 (7) practices in Mid Notts, 16 (16) practices in the City and 7 (14) practices in South Notts.

- 121/124 (122/124) practices reported days where they were at OPEL Level 2 – Amber:
  - 102 (106) practices reported this level for 10 days or more: 33 (38) practices in Mid Notts, 40 (39) practices in the City and 29 (29) practices in South Notts
  - 19 (16) practices reported this level for less than 10 days: 6 (1) practice in Mid Notts, 6 (7) practices in the City and 7 (8) practices in South Notts

- 3/124 (2/124) practices reported they were consistently OPEL Level 1 – Green:
  - 2.4% of practices reported OPEL Level 1 – Green for the full 23 days: 0 (0) practices in Mid Notts, 0 (0) practice in the City and 3 (2) practices in South Notts

There are currently 124 practices across Nottingham and Nottinghamshire.

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

3. Absence Reporting

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

- COVID related sickness
- Other sickness
- Other absence

Over the period 7 February 2022 to 4 March 2022, the summary below shows absence levels during this period.

Absences	07.02.2022	08.02.2022	09.02.2022	10.02.2022	11.02.2022	14.02.2022	15.02.2022	16.02.2022	17.02.2022	18.02.2022	21.02.2022	22.02.2022	23.02.2022	24.02.2022	25.02.2022	28.02.2022	01.03.2022	02.03.2022	03.03.2022	04.03.2022
Mid Notts	29	33	23	22	27	56	41	51	43	42	47	27	27	31	22	37	22	15	21	19
Nottingham City	73	50	65	54	61	83	91	53	64	78	86	55	55	56	56	72	66	75	72	82
South Notts	87	85	94	89	75	109	119	124	116	105	85	87	88	102	91	85	87	96	76	68
TOTAL	**189**	**168**	**182**	**165**	**163**	**248**	**251**	**228**	**223**	**225**	**218**	**169**	**170**	**189**	**169**	**194**	**175**	**186**	**169**	**169**

4. Recommendation

The Primary Care Commissioning Committee is asked to

- **NOTE** the OPEL Reporting overview for General Practice for the four-weeks to 25 February 2022
- **NOTE** staff absence reporting for the period 7 February 2022 to 4 March 2022.

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Title:	Primary Care Commissioning Committee (Open Session)	**Date:**	16 March 2022
Paper Title:	Finance Report Month 11	**Paper Reference:**	**PCC 21 244**
Sponsor: **Presenter:**	Michael Cawley – Operational Director of Finance	**Attachments/ Appendices:**	

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

Executive Summary

This month the report comprises of two sections:

Section 1: Section 1 - Month 11 and FOT PCCC Financial Position
Section 2: Section 2 – 2022/23 Financial Plan & Primary Care Budgets

This paper presents the financial position for Primary Care Commissioning Committee (PCCC) spend for month 11 2021/22. This report has been prepared in the context of the revised financial regime implemented by NHSEI in response to the current COVID-19 pandemic for M1-6 (H1) and H2 (M7-12). Under the H2 regime the CCG is required to report on the financial year to date position (cumulative from M1 to current month), as opposed to treating H1 and H2 separately.

The year to date (M1-11) position shows a £1.35 million overspend (0.80% of year-to-date budget). The main drivers of the position being PCCC reserves forming part of the position (£2.64 million); offset by the overspend relating to spend associated with Additional Roles (ARRS) that will be reimbursed (£2.35 million); and an adverse variance on the Primary Care Reimbursement (£1.28m) line of expenditure, following review of the latest rates review information.

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

Other factors driving the variances include enhanced services offset by the reversal of prior year accruals in relation to APMS Caretakers (£0.25m) alongside favourable variances in areas such as Dispensing / Prescribing Drs and Other GP Services.

The current forecast position presents a £2.55m overspend (1.51% of total budget). It accounts for a forecast overspend spend associated with ARRS (£4.44m) and WAF (£1.53m) both of which will be funded

by NHSEI. The CCG has been advised by NHSEI to present the financial information in this way as part of the national reporting process to secure the relevant funding.

The 2022/23 budgets for Primary Care Commissioning contained in this report are based on the anticipated allocation provided by NHSEI. These represent high level opening budgets. A detailed split is in the process of being worked through and will be shared at a future PCCC Committee.

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

Conflicts of Interest:

☒ No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.

Risk(s):

Risks detailed within the paper.

Confidentiality:

☒No

Recommendation(s): The Committee is asked to:

1. **NOTE** the contents of the Primary Care Commissioning Finance Report.
2. **APPROVE** the Primary Care Commissioning Finance Report for the period ending February 2022.
3. **APPROVE** the 2022/23 Budgets as set out in Section 2 of the Primary Care Commissioning Finance Report.
4. **NOTE** the 2022/23 Budgets set out in Section 2 for the Non-Delegated Primary Care element.

Primary Care Co-Commissioning – Finance Report – FEBRUARY 2022

NHS Nottingham & Nottinghamshire CCG

Introduction

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

This paper sets out the month 11 reported delegated primary care financial position.

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

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

Section 1 - Month 11 PCCC and FOT Financial Position

The position is summarised in the table below:

Month 1-11 Position

Variance - under / (over)

Co-Commissioning Category	M1-12 Plan (£m)	M1-11 Budget (£m)	M1-11 Actual (£m)	M1-11 Variance (£m)
Dispensing / Prescribing Drs	2.11	1.92	1.79	0.13
Enhanced Services	4.63	4.29	4.60	(0.31)
General Practice - APMS	7.73	7.10	6.53	0.57
General Practice - GMS	75.15	68.91	69.44	(0.53)
General Practice - PMS	21.99	20.17	19.95	0.21
Other GP Services	2.17	1.99	1.75	0.25
Other Premises Costs	3.26	3.00	3.27	(0.27)
Premises Cost Reimbursement	15.89	14.57	15.85	(1.28)
Primary Care Networks	13.71	13.08	15.46	(2.38)
QOF	13.50	12.44	12.82	(0.38)
Winter Access Fund	3.17	2.99	2.99	0.00
Reserves	5.79	2.64	0.00	2.64
Grand Total	**169.09**	**153.10**	**154.45**	**(1.35)**

Month 11 Position

There is a year-to-date overspend position of £1.35 million comprising:

- General Practice – GMS - £0.53m – There has been a caretaking contract in place that has cost an additional £0.20m (ceased on 30th September 2021) plus there have been two PMS practices who have transferred to become GMS practices.

- Premises Costs Reimbursement - £1.28m – A review has been carried out in relation to the income that is likely to be received in relation to the GL Hearn Business Rates review using the latest data that we have received.

- Other Premises Costs - £0.27m – A number of District Valuer (DV) reviews have been actioned that have been backdated to previous financial years.

- Enhanced Services - £0.31m – The latest data in relation to the Weight Management DES has been received and this has increased the overall spend levels within this area.

The above overspends are offset by the following:

- Reserves - £2.64m – The total PCCC reserves available is £5.79m at M11. PCCC reserves are designed to fund any in year list size adjustments as well as any unforeseen pressures e.g., Locum costs that may arise.

- General Practice – APMS - £0.57m – £0.25m of this position is in relation to the release of prior year end accruals, whilst the remaining £0.32m 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

- Other GP Services - £0.25m – This underspend is mainly relating to a small underspend on the GP Retainer Scheme.

Other Matters of Note. Within the Primary Care Networks line there is a budget of £7.562m for ARRS claims. The year-to-date position has exceeded that budget by £2.35m leading to a reported overspend. This reported overspend is expected to be temporary as the CCG is expecting additional funding for the additional spend. However, the CCG is required by NHSEI to present and report the information in this way.

Month 11 PCCC Forecast Position

Co-Commissioning Category	M1 - 12 Plan (£m)	FOT Actual (£m)	FOT Variance (£m)
Dispensing/Prescribing Drs	2.11	1.96	0.15
Enhanced Services	4.63	5.02	(0.39)
General Practice – APMS	7.73	7.12	0.61
General Practice – GMS	75.15	75.75	(0.61)
General Practice – PMS	21.99	21.77	0.22
Other GP Services	2.17	2.41	(0.23)
Other Premises costs	3.26	3.57	(0.30)
Premises Cost Reimbursement	15.89	17.29	(1.40)
Primary Care Networks	13.71	18.15	(4.44)
QOF	13.50	13.92	(0.41)
Winter Access Fund	3.17	4.70	(1.53)
Reserves	5.79	0.00	5.79
Grand Total	**169.09**	**171.65**	**(2.55)**

The current forecast position presents a £2.55m overspend. It accounts for a forecast overspend associated with ARRS (£4.44m) and WAF (£1.53m) both of which are expected be funded by NHSEI. As already noted, the CCG has been advised by NHSEI to present the financial information in this way as part of the national reporting process to secure the relevant funding.

The above position also comprises of the fallout level of delegated reserves at M12, there are also significant reserves also being held against the CCG's non delegated primary care budget as well as those budgets that have been delegated to PCCC.

Primary Care Capital

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

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

Due to delays in primary care as a result of Covid pressures and supply chain issues, it is forecast that the GP premises grants schemes, together with estates rationalisation, will not deliver against the full planned capital resource limit, now forecast to underspend by £0.583m.

The Mansfield Supported Living Scheme legal agreement has now been signed and payment for the land has been made by NHS EI. The contractor is now on site and a small element of works will now be incurred in this financial year. NHSEI are managing the capital resource implications in relation to this.

The GP IT related expenditure has been incurred.

Primary Care Spend (Non-Delegated Budgets)
Primary care non-delegated spend has been included in the report for the purposes of information and completeness. It is set out in Appendix 1.

Section 2 – 2022/23 Financial Plan & Primary Care Budgets

Below is a table showing the PCCC and Non-Delegated Primary Care budgets for 2022/23:

Nottingham & Nottinghamshire £'000	2022/23 Plan		
	CCG (3 Mths)	ICB (9 Mths)	Total
Delegated Primary Care Services			
Primary Care Contracting	43,876	131,627	175,503
Primary Care Contracting - Reserve	0	0	0
	43,876	**131,627**	**175,503**
Other Primary Care Services			
Prescribing	41,409	124,228	165,638
Prescribing - QIPP	0	0	0
Medicine Management - Clinical	845	2,535	3,380
EH - Primary Care	0	0	0
PC Transformation	2,975	8,924	11,899
Enhanced Services	2,713	8,139	10,852
GPIT	224	672	896
Out of Hours	3,625	10,875	14,500
Primary Care - Other	134	401	534
Primary Care - COVID	14	41	54
Primary Care - Reserve	0	0	0
	51,938	**155,815**	**207,753**
Total Primary Care Services	**95,814**	**287,442**	**383,256**

[The 3 month/ 9 month apportionment assumes the dis-establishment of the CCG on 30th June 2022 and the creation of the Nottingham and Nottinghamshire Integrated Care Boards (ICBs) on 1st July 2022. (The ICB will be the organisation responsible for Primary Care budgets once the CCG has been dis-established). These dates remain subject to the passing of the relevant legislation. Any changes to the intended dates will be reflected in an adjustment to the split of the budgets

The budget for the Primary Care Commissioning area is based on the anticipated allocation information provided by NHSEI. The above table represents initial high level values; the values of reserves, its composition alongside a more detailed level of analysis will be shared at a future PCCC Committee.

Other primary care budgets have been based on the recurrent outturn of 2021/2022 and adjusted for inflation and growth as per the ICS agreed assumptions and non-recurrent items (e.g., SDF expenditure to match the SDF allocations that we have been notified of for 22/23). There are also two specific investments that have also been funded namely; £1m for the NEMS Out of Hours Business Case and £0.5m investment for the Enhanced Services Delivery Scheme uplift for 22/23. At this stage the only efficiency target applied to other primary care budgets is 1.1% which is embedded within the inflationary uplift. Once the financial planning process is concluded, there will be a further efficiency requirement, value to be confirmed, that will need to be applied to opening budgets.

Appendix 1

Primary Care Spend (Non-Delegated Budgets)

[FOR INFORMATION AND COMPLETENESS ONLY]

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

Month 11 Position

Variance - under / (over)

	M1- 11 Financial Position			
Primary Care Area	**M1-12 Plan (£m)**	**M1-11 Budget (£m)**	**M1-11 Actual (£m)**	**M1-11 Variance (£m)**
Primary Care Transformation (Prev GPFV)	9.38	8.63	8.36	0.27
Local Enhanced Services	10.38	9.51	9.71	(0.20)
Primary Care Development	2.04	1.62	1.61	0.01
Primary Care Covid	2.31	2.29	2.24	0.05
GP IT	1.07	0.99	0.20	0.79
Out of Hours	12.27	11.16	10.60	0.56
Meds Management Clinical	3.34	3.06	2.62	0.45
Primary Care Corporate Team	0.52	0.48	0.44	0.04
Total	**41.31**	**37.75**	**35.78**	**1.97**
Prescribing	160.64	147.22	146.25	0.97
Total	**160.64**	**147.22**	**146.25**	**0.97**
Other Primary Care Position	**201.94**	**184.97**	**182.03**	**2.94**

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Paper Title:	Risk Report	**Paper Reference:**	**PCC 21 245**

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

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

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

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

Conflicts of Interest:
☒ No conflict identified

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

Risk(s):
Report contains all risks from the CCG's Corporate Risk Register which fall under the remit of the Primary Care Commissioning Committee.
Confidentiality:
☒No
Recommendation(s):
1. APPROVE the archiving of risk **RR 138** (*COVID-19 test, track and trace)*;
2. COMMENT on the risks shown within the paper (including the high/red risk) and those at **Appendix A**; and
3. HIGHLIGHT any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Nottingham and Nottinghamshire Clinical Commissioning Group

Primary Care Commissioning Committee
Monthly Risk Report

1. Introduction

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

2. Risk Profile

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

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

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

Risk Matrix

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

Likelihood

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

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

3. Risk Identification

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

4. Archiving of Risks

4.1 In response to the HM Government *'Living with COVID-19'* guidance, the legal requirements around test, track and trace have been removed. As such the likelihood of this risk has been reduced from 3 to 1, resulting in an overall risk score of 3. As this is below the threshold for the Corporate Risk Register, risk **RR 138** is proposed for archiving.

It is recognised that there continues to be risk around workforce capacity, however, it is considered that this is sufficiently captured across risks **RR 032** (*insufficient primary care workforce capacity*) and **RR 126** (*quality of primary care services*).

Risk Ref	Risk Narrative	Current Risk Score
RR 138 *(June 2020)*	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.	Overall Score 3: **Green** (I3 x L1)

5. Amendments to Risk Score/Narrative

5.1 With the exception of **RR 138** (highlighted in section 4), there have been no amendments to risk scores and/or narrative since the last meeting.

6. Recommendations

6.1 The Committee is asked to:

- **APPROVE** the archiving of risk **RR 138** (*COVID-19 test, track and trace)*;
- **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

March 2022

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

Risk Ref	Oversight Committee	Directorate	Date Risk Identified	Risk Description	Risk Category	Executive Lead	Risk Owner	Initial Risk Rating			Existing Controls	Mitigating Actions	Current Risk Rating			Mitigating Actions Progress Update:	Last Review Date	Trend
	(Relevant committee in the CCG's governance structure responsible for monitoring risks relating to their delegated duties)		(Date risk originally identified)	(These are operational risks, which are by-products of day-to-day business delivery. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.)				Impact	Likelihood	Score	(The measures in place to control risks and reduce the likelihood of them occurring).	(Actions required to manage / mitigate the identified risk. Actions should support achievement of target risk score and be SMART (e.g. Specific, Measurable, Assignable, Realistic and Time-bound).	Impact	Likelihood	Score	(To provide detailed updates on progress being made against any mitigating actions identified. Actions taken should bring risk to level which can be tolerated by the organisation).		(Movement in risk score since previous month)
RR032	Primary Care Commissioning Committee	Finance and Resources	Jul-19	There is a potential risk that there may be insufficient primary care workforce to meet the needs of the CCG's population. Factors contributing to this include, but are not limited to, the following: • Uncertainty around funding and reliance, in short term, on non-recurrent external funding does not enable sustainable workforce development; • Engagement with Primary Care Networks on workforce planning, of both traditional and additional roles, is not fully informed due to the operational pressures and competing development pressures and expectations; and • The impact of COVID-19 on the workforce may result in reduced resilience that will impact on staff career decisions. The above risk may be exacerbated due to lack of capacity within Primary Care to establish, and embed, recruitment processes, as well as challenges in the supply and adaptability of staff to transition to working within Primary Care.	Workforce	Stuart Poynor	Andrea Brown / Helen Griffiths	4	4	16	• Role and remit of the Primary Care Commissioning Committee (and supporting governance structures - e.g. primary care quality / contracting teams); • Routine Primary Care workforce updates in PCCC's committee work programme for August 2020 and January 2021; • Establishment of Primary Care Cell, as part of CCG's COVID-19 incident response; • ICS Primary Care Workforce Strategy, ICS Primary Care Board and ICS Primary Care Workforce Group; • Establishment of Primary Care Networks (PCNs) (and/or other collaboration/federation activities) and PCN workforce plans; • System Planning approach to primary care development and transformation ensuring the best use of System Transformation funding via NHSE/I and System Workforce Development/CPD funding via HEE.	Action: To ensure that routine Primary Care workforce updates are provided to PCCC. Action: To continue to deliver requirements of ICS Primary Care Workforce Strategy: to request further update regarding delivery of the Strategy to the CCG's PCCC.	4	3	12	**March 2022:** An update in relation to primary care workforce was presented to the February 2022 meeting of the Committee; it provided an update on the approaches and strategies in place to support workforce planning and development in general practice. The update showed that workforce profiles within Primary Care show an overall increase year on year in these key groups except for General Practitioners, which remains static. It was also highlighted that Primary Care Networks (PCN) recruitment continues to progress with increasing numbers seen, the latest additions including the mental health practitioner roles. A number of next steps were outlined, including: • To develop a workforce programme to consolidate the current programme, informed by the evaluation of each scheme and to also develop targeted approaches linked to resilience of the workforce ahead of NHS allocations for 2022-23; • Secure the extension to the Flexible Workforce Pool contract; • Develop a health and wellbeing approach for general practice and the wider primary care partners utilising a late allocation received from NHSE in January 2022; • Continue to develop an understanding of the transformation plans and associated workforce implications to support where role development and training needs add to the overview of recruitment and retention; • Work with Bassetlaw colleagues to incorporate the practice/PCNs operating in this Place; understanding existing approaches and strategies and harmonising the workforce development approach. • To contribute to the development of the Primary Care strategy with a comprehensive workforce plan; • To better understand the role and responsibility of Place-based partnership development in relation to PCN and practice development.	09/03/2022	↔
RR126	Primary Care Commissioning Committee	Commissioning	May-20	There is a potential risk to the sustainability of safe and effective primary care services as a result of a number of factors. These include, but are not limited to: • challenges with GP Practice estate not meeting infection, prevention and control (IPC) requirements; • pressures on primary care services/capacity due to potential future vaccination programmes, as well as increased levels of primary care activity as a result of activity in secondary care being deferred/delayed; • 'early warning' concerns identified through the Primary Care Support and Assurance Frameworks (which includes workforce, financial, estates and quality indicators).	Quality	Reza Waddingham	Joe Lum / Esther Gakiiti	4	4	16	• Primary Care Quality Groups; Primary Care Support and Assurance Groups (in development) • Primary Care 'Cell' within the CCG's emergency response infrastructure; • Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.); • Routine OPEL reporting and escalation processes; • Establishment of CMCs and ability to step up/step down if needed; • PCN 'buddying' processes in place; • 'Roving' workforce support across Practices; • Clinical vulnerable COVID risk assessment for all primary care workforce.	Action: To embed the Primary Care Support and Assurance Frameworks and associated reporting.	4	3	12	**March 2022:** 'Place-based' Primary Care Quality Groups continue to meet. Work has been undertaken to broaden the remit of these meetings to become Primary Care Support and Assurance Groups, which are centred around the Primary Care Support and Assurance Framework. Assurance reporting around quality concerns is being reviewed within this Group. Work has been undertaken to develop the Primary Care Support and Assurance Frameworks across the three Places. These continue to be presented quarterly to meetings of the Committee. OPEL reporting remains in place and is reported, routinely, to the PCCC on a monthly basis. Quality/insight processes are in place, working alongside GP Practices to review data and 'soft intelligence' regarding the quality of primary care services being delivered. Quality staff now 'sit' within the CCG's Primary Care Team. A comprehensive quality update was provided to the February 2022 meeting of the Committee which demonstrated positive feedback in a number of areas, including CQC ratings.	09/03/2022	↔
RR138	Primary Care Commissioning Committee	Commissioning	Jun-20	The impact of COVID-19 test, track and trace on workforce may impact primary care service provision. The likelihood of this risk materialising is greater for smaller/single-handed practices.	Workforce	Lucy Dodge	Joe Lum	3	4	12	• Primary Care 'Cell' within the CCG's emergency response infrastructure; • Roll-out of IT infrastructure/technology to support virtual working (e.g. telephone appointments, etc.); • Routine OPEL reporting and escalation processes; • Establishment of CMCs and ability to step up/step down if needed; • PCN 'buddying' processes in place; • 'Roving' workforce support across Practices; • Clinical vulnerable COVID risk assessment for all primary care workforce.	Action: To develop and embed the Primary Care Support and Assurance Framework and associated assurance reporting.	3	1	3	**March 2022:** In response to the changes in HM Government 'Living with COVID-19', the legal requirements around test, track and trace have been removed. As such the likelihood of this risk has been reduced and is proposed for archiving. It is recognised that there may be some remaining risk around workforce capacity, however, it is considered that this is sufficiently captured across risks RR032 (workforce capacity) and RR126 (quality of primary care services).	09/03/2022	↓
RR160	Primary Care Commissioning Committee	Commissioning	Jan-21	Sustained levels of significant pressure on primary care workforce, due to the COVID vaccination programme (and wider immunisation programmes), increasing levels of demand, management of long term conditions and the impact of deferrals/delays in secondary care activity, present a potential risk in relation to staff resilience, exhaustion and 'burn out'.	Commissioning	Stuart Poynor / Lucy Dodge	Joe Lum / Andrea Brown / Helen Griffiths	4	4	16	• ICS HR Directors HR Group (weekly meetings); • Locality Teams' relationships with GP Practices; • Local workforce resilience programmes; informal team meetings; • Flexible working/shift patters (eRostering); • OPEL reporting (sharing of resources); PCN workforce and well-being support; • LMC pastoral support.	Action: To seek assurance regarding the support and well-being initiatives been taken forward at PCN and locality level. Action: To receive assurance at PCCC in relation to the quality of primary care services.	4	4	16	**March 2022:** The quality of primary care services continues to be monitored by the CCG; this includes work which has been undertaken to develop the Primary Care Support and Assurance Framework which is now routinely presented to the PCCC meetings. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. PCN workforce planning and 'roving' workforce support is also in place. Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business continuity and the vaccination programme, maintaining relationships and trust. This also takes place at System level, but less at the moment due to EPRR level 4. The CCG undertakes an enabling approach with the PCNs, which is largely recognised. However, in response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.	09/03/2022	↔
RR163	Primary Care Commissioning Committee	Commissioning	May-21	Due to national, and regional, funding regimes for PCNs, there is a potential risk of service failure if funds for costs associated with mandated service delivery are retrospectively received. This, in turn, presents a potential risk to the quality of primary care services received by the CCG's population.	Service Delivery	Lucy Dodge	Helen Griffiths / Nick Cowley	3	4	12	• Timely and efficient management of approval and sign off of PCN payments, where required, processed through the relevant CCG Committees and ICS Primary Care Programme Board; • Timely payment to the PCNs by CCG; • Close working with NHSE in line with requirements/ processes and eligibility, particularly on payments paid directly by NHSE to PCNs; • Open and transparent dialogue with PCNs on availability of funds/budgets and working with the PCNs to support them in accessing relevant monies available to them; • Use of the Primary Care Support and Assurance Framework to understand and provide any early insights into the financial resilience and management of PCN funds.	Action: To develop and embed the Primary Care Support and Assurance Framework and associated assurance reporting.	3	3	9	**March 2022:** This risk is being managed through close working with NHSE and ensuring their requirements/eligibility for PCN payments are promptly met. Processes are also in place to ensure the approval and 'sign off' of PCN payments through the appropriate governance structure within the CCG. Work has been completed on the development of the Primary Care Support and Assurance Framework which provides early insight into the financial resilience and management of PCN funds. These continue to be presented on a quarterly basis to the Committee. The development and embedment of the Frameworks is recognised as mitigating this risk, as such, the likelihood score has been reduced from 4 to 3, resulting in an overall risk score of 9.	09/03/2022	↓
RR169	Primary Care Commissioning Committee	Commissioning	Sep-21	There is a potential risk that Primary Care Networks (PCNs), PCN Clinical Directors and/or GP Member Practices may become disengaged due to the increasing expectations of PCNs, as outlined in contract changes from October 2021. This may result in resignation from the PCN DES Contract and, in turn, variation in services available to the members of the CCG's population. Further pressures may exacerbate this risk which include, but are not limited to, the required development of PCNs, the broader transformation of primary care, the delivery of the Phase 3 COVID and Flu vaccination programme, managing a surge in primary care demand and management of Long Term Conditions.	Commissioning	Lucy Dodge	Helen Griffiths	3	4	12	• Role and remit of the PCN Team and Locality Teams; ongoing relationships with GP Member Practices; • Role and remit of the LMC; • Support provided by GP Federations.	*In development with relevant CCG officers.*	3	3	9	**March 2022:** A meeting was held with the Associate Director of PCNs to understand work ongoing with PCNs; in particular, actions being taken by the Locality Directors. It was advised that routine meetings are held at Place level regarding staff resilience and business continuity. Work continues in a supportive manner, however, it is recognised that workforce continues to be a fragile situation.	09/03/2022	↔
RR171	Quality and Performance Committee / Primary Care Commissioning Committee	Comms and Engagement	Oct-21	There is a potential risk of loss of public confidence in local primary and secondary care health services, as a result of national and local media/reports, known quality issues, as well as growing public concerns regarding increasing waiting list times and access to General Practice. Lack of confidence may impact the extent to which citizens interface with healthcare services. This, in turn, presents a risk of increased pressure on urgent and emergency care services as services will not be accessed until a point of crisis.	Reputational	Amanda Sullivan	Alex Bell / Lucy Dodge	4	5	20	• ICS Comms and Engagement Team; with routine (and ad-hoc) engagement with key stakeholders (e.g. Local Councillors, MPs, etc.); • CCG attendance at Health Overview and Scrutiny Committees; • Routine communication mechanism (e.g. GP TeamNet, Website, Social Media).	Action(s): 10 high impact actions (Urgent Care) - *To be discussed with Caroline Nolan;* Action: Implementation of the Winter Access Fund.	4	4	16	**March 2022:** The Accountable Officer has advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting lists/waiting times for appointments, diagnosis and treatment. It was also recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NUH Maternity). Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services. There is also continuing effort to boost the public's confidence in the use of community pharmacy services. Work is also continuing to respond to ongoing media and MP enquiries.	09/03/2022	↔

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Paper Title:	Nottingham and Nottinghamshire Public Contract Update	**Paper Reference:**	**PCC 21 246**

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

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

Executive Summary

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

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

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

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

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

The following lines will be removed and archived following the March 2022 meeting, these contractual issues have been completed and have remained on the Contract Update for 12 months.

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

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

Conflicts of Interest:
☒ No conflict identified

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

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

Confidentiality:
☒No

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

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

Contracts Update – Public Meeting

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

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

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

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

			A paper was due to go to PCCC in February to review the impacts in reduction of hours at Bull Farm, this was delayed till March 2022 following a request from the practice. Practice is to submit evidence regarding any impacts to their PCCT by 18th February 2022. This will then be presented to the March 2022 PCCC.	
7.	March 2021	Queens Bower Surgery – Contract Termination	The GP took the decision to end the contract and a caretaking arrangement was put in place. Rise Park Surgery provided a temporary caretaking arrangement until 30 September 2021, from the Queens Bower Surgery premises. Following patient engagement an options appraisal was presented to Primary Care Commissioning Committee in July 2021, with the decision supported being to allocate all patients to practices near their home address. A mapping process to allocate patients to their nearest practice took place. A letter to inform patients of the allocation process was sent (August 2021), with a follow up letter (September 2021) providing patients with their allocated new practice details. The practice closed on the 30 September 2021.	Completed
8.	March 2021	Platform One Practice – Contract Update	The Platform One Practice contract ended on 30 June 2021. Following an external procurement process, Nottingham City GP Alliance (NCGPA) was awarded the contract to provide primary care services from Upper Parliament Street, Nottingham. The new practice is called Parliament Street Medical Centre. The new contract with NCGPA commenced 1 July 2021. The new boundary for the practice means that 7,800 patients residing within the boundary (currently registered with Platform One Practice) transferred to the new practice. The remaining 3,000 patients that reside outside the boundary (previously registered with Platform One Practice) were allocated to a practice closest to their home address. Communications were sent to all patients, the CCG recognised that a letter is not the only or always the best method. A Stakeholder Group was established as an expert panel to support patient engagement during the mobilisation period. Meetings took place on 3 March 2021, 7 April 2021, 5 May 2021 and 7 July 2021 with a number of agreed actions for the Group to progress (the development of Key Worker Briefings,	Completed

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