NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Held in Public on Thursday 24th February, 2:00 pm

Microsoft Teams

No.	Item	Lead	Recommendation	
1	Apologies for Absence	Chair	Information	2:00 – 2:05
2	Declarations of Interest	Chair	Information	
3	Minutes of the Meeting held on the 28th October 2021	Chair	Approval	
4	Matters Arising	Chair	Discussion	
5	Supporting Primary Care – Primary Care Training Hub and Workforce Update (presentation)	Laura Halden/Kate Usher	Information	2:05 – 2:20
6	HOSC Presentation	Helen Goodey	Information	2:20 – 2:35
7	PCN Quality Improvement Schemes 2021/22 (presentation)	Jo White	Information	2:35 – 2:50
8	Primary Care Delegated Financial Report	Cath Leech	Information	2:50 – 3:00
9	Primary Care Quality Report	Marion Andrews-Evans	Information	3:00 – 3:20
10	Temporary GP contract changes and Additional Funding (presentation)	Jo White	Information	3:20 – 3:35
11	Any Other Business	Chair		3:35
Date and time of next meeting: Thursday 28th April 2021 at 2:00 pm, virtually, via MS Teams				

NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

(Meeting held in public)

Minutes of the meeting held at 2:00 pm on 28th October 2021

Virtually via Microsoft Teams

Present:		
Alan Elkin (Chair)	AE	Lay Member, Patient, and Public Experience
Colin Greaves	CG	Lay Member, Governance
Cath Leech	CL	Chief Financial Officer
Mary Hutton	MW	Accountable Officer
Teresa Middleton (deputising for Marion Andrews-Evans)	TM	Deputy for Executive Nurse and Quality Lead
Julie Clatworthy	JC	Registered Nurse and Lay Member, Quality
In Attendance:		
Lauren Peachey	LP	Governance Manager (minutes)
Jo White	JW	Programme Director, Primary Care
Jeanette Giles	JG	Head of Primary Care Contracting
Kirsty Young	KY	Programme Manager PCN Development
Carole Allaway-Martin	CAM	Councillor, Gloucestershire County Council
Declan McLaughlin	DM	Senior Primary Care Project Manager
Helen Goodey	HG	Director of Locality Development and Primary Care
Kate Usher	KU	Head of Primary Care Workforce Development
Dr Paul Atkinson	PA	Chief Clinical Information Officer
Andrew Hughes	AH	Associate Director, Commissioning
Dr Caroline Cole	CC	Yorkleigh Surgery

Dr Daniel Fox	DF	Overton Park Surgery
Dr Bob Hodges	BH	Aspen Medical Centre
Dr Mark Thatcher	MT	Overton Park Surgery
Dr Andrew Green	AG	Yorkleigh Surgery
Dr Sophia Sandford	SS	Brunston and Lydbrook Practice

1.	**Apologies**
1.1	Apologies were received from Jo Davies
1.2	It was confirmed that the meeting was quorate.
1.3	The chair welcomed the members of the public who had joined the meeting.
2.	**Declarations of Interest**
2.1	There were no declarations of interest raised for the items on the agenda.
3.	**Minutes of the Previous Meeting**
3.1	The minutes of the previous meeting were agreed as an accurate record.
4.	**Matters Arising**
4.1	**17.12.2020, Item 4.2,** An integrated reporting tool that included ILP data and linked with emergency hospital attendances and admissions will be factored into the quality dashboard the following year. **Item to remain open**
4.2	**24.6.2021, Item 7.6,** AE explained that the additional reimbursable roles would increase the workforce, however it was important to ensure the benefit of these roles was realised. HG explained that to ensure the maximum benefit and ensure health inequalities were not being created, that these roles should be recruited evenly across the county. HG added that these new roles needed to be supported and mentored when they were

	new in the role. AE advised that a further update on the Additional Reimbursable Roles should be bought back to PCCC. ACTION: An update on the Additional Reimbursable Roles to be bought back to PCCC. HG. **Item to be closed**
4.3	**24.6.2021, Item 8.12,** Report on the numbers of unregistered patients who had received vaccinations. HG advised that this information was not on the system so the data could not be pulled into reports. **Item to be closed**
5.	**Overton Park & Yorkleigh Project proposal to develop primary care facilities in Cheltenham**
5.1	AH explained that within the infrastructure plan there was a series of strategic priorities. The Infrastructure Plan was refreshed in 2019 and one of the additional priorities that was agreed on at that time were Overton Park and Yorkleigh Surgeries.
5.2	AH summarised that the Primary Care Commissioning Committee Members were being requested to approve the practice to move forward to develop a business case to bring back to the Committee.
5.3	DF explained that the space available in the current premises was insufficient and the list size continued to increase. DF added that the Overton Park Surgery had unfortunately stopped taking in medical students and registrars due to the limited space available. DF said that the sustainability of Overton Park Surgery relied on increasing the space available for clinical and staff areas.
5.4	DF summarised the initial options that had been discussed around developing the existing site, renting or purchasing a new site. DF had had an early discussion with a development consultant who was experienced in delivering similar projects.
5.5	JC said that it was great to see the proposal and that there had been a lot of work and thought gone into it so far. JC asked what the Patient Participation Group's

	(PPG) reaction to the proposal was. DF responded that this had been discussed with the PPG who were keen that the practice remained in a central Cheltenham location. The PPG also acknowledged the challenges that the practice faced in terms of the existing site.
5.6	JC asked for the views of the office and administration employees at Overton Park Surgery. DF responded that they had not expressed a view in terms of location however they were finding it difficult to work in the practice with limited space.
5.7	HG highlighted that the practice needed support in developing their resilience and sustainability. HG added that getting the location right was imperative.
5.8	CG acknowledged that Overton Park and Yorkleigh Surgeries had faced challenges with the location which had been outlined in the project proposal.
5.9	DF clarified that if Overton Park Surgery was developed it would be to also house Yorkleigh Surgery.
5.10	AG explained that Yorkleigh Surgery had been working closely with colleagues at Overton Park Surgery. AG added that Yorkleigh Surgery was experiencing the same challenges as Overton Park Surgery, particularly regarding limited space.
5.11	MH emphasised that the practices were to be commended for progressing this proposal at such a challenging time.
5.12	AE observed that the net additional revenue costs to the CCG would be £216,610 and asked CL if this was planned for. CL responded that this was built into future financial projections. CL added that there were significant financial pressures on the Primary Care delegated budget and the overall CCG budget. CL explained that, in a business case, the benefits of a project needed to be clearly articulated; that may be financial or non-financial.
5.13	**<u>RESOLUTION</u>: The members supported the Overton Park and Yorkleigh Surgery Project proposal to develop a detailed business case for primary care**

	facilities in Cheltenham for future consideration by the PCCC.
6.	**Primary Care Infrastructure Plan (PCIP) 2021/2022 mid-year report**
6.1	AH explained that the 2021/ 2022 annual programme for the 5-year Primary Care Infrastructure Plan was brought to the committee at April 2021 PCCC.
6.2	CG observed that there did not seem to be any progress made on the Minchinhampton Surgery project which had been approved by the committee. AH responded that this project had unfortunately been delayed. The practice and their advisors had advised that they were experiencing delays in the progress of their planning application, which appeared to be as a result of Covid-19. It was noted that the delay might lead to financial implications as the construction market had changed significantly over the last two years. AH would be asking for a financial risk assessment from the Practice. Any additional investment would need to be considered by the PCCC and this may be available to present to the committee in February 2022.
6.3	AH summarised some of the highlights of development work over the recent year including a £250k extension on Bartongate Surgery had been completed; works were undertaken at Newent Surgery to create additional capacity; the opening of the Quayside House Primary Care Centre; and construction had commenced at the Five Valleys Medical Centre.
6.4	AH reported that some projects were being affected by delays and shortages in supplies and labour; resulting in the new Prestbury Road scheme being approximately 7 weeks behind schedule.
6.5	DM reported that the refurbishment and extension of Quedgeley Medical Centre might need slight revisions to meet planning requirements. This was likely to impact the ability of the practice to complete the project this financial year.

6.6	DM reported that work on the refurbishment of Frithwood surgery to increase the number of clinical consultation rooms was progressing.
6.7	DM explained that the refurbishment and extension of Rendcomb Surgery was expected to cost slightly more than initially planned; the work was expected to be completed by the end of March 2022.
6.8	AH said that he was working with NHS Property Services to progress a project regarding Beeches Green.
6.9	AE highlighted that the risk section of the report was useful in drawing attention to potential issues that were likely to arise in providing facilities for the future.
6.10	JC asked at what point will the PCIP be refreshed to be handed over to the Integrated Care Board. AH responded that the strategy spanned need over 15 years however this was broken down into five-year delivery plans. Currently, the plan covered priorities to 2026 and a forward look beyond this. AH explained during 2022 he planned to refresh the strategy; which would also need to consider the challenges of moving to net-zero carbon, the consideration of PCN plans (particularly additional roles) in more detail and explore further opportunities with wider ICS partners. The refresh would need to factor in the priorities until 2031, and assess the anticipated population up to 2036. In the meantime, AH would provide a PCIP overview at the February 2022 PCCC as part of the handover arrangements to a new ICB.
6.11	There was also discussion around new arrangements contained within the legislation around the formation of an ICB and ownership/leases. CG observed that the legislation hadn't yet been passed but if there is parliamentary approval, there will be some flexibility. CG suggested that detail could be presented to PCCC in February when it was likely that more information was available. AH responded that the responsibilities, financial implications and flexibilities needed to be well understood.

6.12	**<u>RESOLUTION</u>: The members noted the contents of the presentation on the Primary Care Infrastructure Plan (PCIP) 2021/ 2022 mid-year report**
7.	**Primary Care Delegated Financial Report**
7.1	CL explained that the NHS was operating under an interim financial framework for the first half of the year. The national framework for the second half of the year had recently been received but it is not thought that it will impact delegated budgets. CL explained that the Finance Report presented detailed the first six months.
7.2	CL explained that the financial plan was set based on the CCGs anticipated spending at the beginning of the six-month period. There was a very small underspend in terms of the overall position (£22k). Within this, there were underspends and overspends. The largest area of overspends was related to enhanced services, particularly for the Learning Disabilities DES. CL added that this was due to a higher claiming rate for the Enhanced Service.
7.3	CL explained that there were some overspends around dispensing and prescribing and the Quality and Outcome Framework budget (QOF).
7.4	CL said that there were some small underspends in several other areas, particularly around maternity and sickness locum expenditure. There had also been a small underspend in premises linked to the new waste contract.
7.5	CL explained that budget levels will be reviewed in the second half of the year within the overall allocation which, informed by more frequent data flows would give a better understanding of the position.
7.6	AE asked if there would be changes to the finance reports being brought to PCCC. CL responded that this was in development and would be subject to feedback on report information and format before changes were introduced. AE highlighted that the finance report explained the detail well.

7.7	**<u>RESOLUTION</u>: The members noted the contents of the Primary Care Delegated Financial Report**
8.	**Primary Care Quality Report**
8.1	TM summarised that the Annual Safeguarding Report, which covered the period from April 2020 to the end of March 2021, had been finalised. TM added that the safeguarding strategic health groups enabled health providers and commissioners to focus on safeguarding children and adults and these meetings had been strengthened. TM explained that it had been a challenging year however, the CCG and health providers have sustained safeguarding teams as a priority one service.
8.2	TM explained that although the CCG Safeguarding Team were able to assure the progression of priority work from a health perspective, there are still challenges to the work areas in part linked to the Covid pandemic. These will now progress accordingly through 2021-2022 and will be closely linked to the development of the integrated care system.
8.3	The GP Safeguarding Forums were well attended. A safeguarding newsletter to raise awareness was being produced regularly.
8.4	TM highlighted that Safeguarding had formed part of the Primary Care Offer for 2020/21 and was extended due to the pandemic. Safeguarding training courses had been delivered virtually due to the pandemic and had been well received. The Safeguarding Team had been actively involved in rapid reviews, local child safeguarding practice reviews, thematic reviews and safeguarding adult reviews. The actions and local learning and themes informed the training moving forward.
8.5	TM explained that the Gloucestershire Annual Review of all Unscheduled Care Attendances for children between 2019 and 2020 had been produced as an Appendix to a report to the Quality and Governance Committee. AE

	asked that the report be shared with the Primary Care Commissioning Committee. **ACTION: Circulate Gloucestershire Annual Review of all Unscheduled Care Attendances to Primary Care Commissioning Committee members and attendees. LP.**
8.6	In terms of patient experience and engagement, TM highlighted that the NHSE/I guidance around the ICS Design Framework set the expectation that partners in an Integrated Care System should agree on how to consistently listen to, and collectively act on, the experience and aspirations of local people. The guidance set out ten principles for how Integrated Care Boards would develop their approach to working with people and communities.
8.7	In terms of Medicines Optimisation, TM explained that the prescribing spending compared to July last year had increased by 2.5%. The Medicines Optimisation team are working on an updated medicines optimisation plan. TM added that there was a significant amount of work being planned which focussed on quality prescribing, safe prescribing, reduction of polypharmacy and multiple medicines being prescribed on patient prescriptions.
8.8	TM explained that the rate of Clostridium Difficile (C. Difficile) had increased in Gloucestershire as well as the Southwest region. As a consequence, Southwest launched an Infection Prevention and Control collaborative in which Gloucestershire was involved. TM explained that the Medicines Optimisation Team had focussed on developing an antibiotic prescribing dashboard and data had showed a reduction in antibiotic prescribing.
8.9	In terms of Influenza (Flu), TM explained that the Flu Vaccination programme commenced at the beginning of September 2021. TM highlighted that no Flu had been reported in the county. TM explained that the delivery of Flu Vaccines to the practices had been delayed. However, the regional and national teams had informed Primary Care that Flu Vaccines can be accessed through

	the National Stock. TM highlighted that GPs had delivered over 73,000 vaccinations in Gloucestershire and Community Pharmacists had delivered over 34,000 vaccinations in Gloucestershire.
8.12	**<u>RESOLUTION</u>: The members noted the contents of the Primary Care Quality Report**
9	**Primary Care Network (PCN) Directed Enhanced Service (DES) contract 2021/22**
9.1	KY explained that the new Network Directed Enhanced Services (DES) variation went live on the 1st of October 2021 and Primary Care Networks (PCNs) were automatically enrolled, with one calendar month for practices to opt-out from the release date. There had also been a gradual introduction of the remaining specifications with two of these going live from October 2021.
9.2	KY explained that there had been new Impact and Investment Fund (IIF) Indicators introduced for the remainder of the 2021/22 financial year and 2022/23 financial year, both aligned to five areas of focus. In addition to this, c £450k of funding was introduced for PCN leadership and management support for Gloucestershire. It will be for the Clinical Director to recommend how the funding is to be deployed to create capacity in support of the work of the PCN.
9.3	KY explained that the Extended Access element had been postponed until October 2022 to provide a single combined extended access offer funded through the PCN DES going forward. Additional detail on this had not yet been received.
9.4	KY summarised that the five areas of focus for PCNs over the next 18 months were around prevention and tackling health inequalities; better patient outcomes in the community through proactive primary care; improved patient access; better outcomes for patients on medication; and creating a more sustainable NHS.

9.5	KY explained that there was a gradual introduction of the specifications. KY detailed that from October 2021, two of the specifications went live. One of which focussed on Cardiovascular Disease (CVD) Prevention and Diagnosis; the other focussed on Tackling Neighbourhood Health Inequalities.
9.6	KY identified that two specifications had been nationally delayed. These delayed specifications were Anticipatory Care and Personalised Care.
9.7	KY explained that there were new IIF indicators released for the second half of the 2021/22 financial year; in total there were 19 indicators of which 13 were new from October 2021. For the year 2022/23, there had been 28 IIF indicators announced and a specification had been released. These IIF indicators had been aligned to the five areas of focus.
9.8	KY explained that to support PCNs, the CGG had developed a local PCN IIF Dashboard which has been well received by PCNs. This is being updated on a monthly basis. JW added that in addition to the dashboard being useful for the PCNs in keeping track of their progress it had also supported PCN discussions with practices.
9.9	AE stated that the five areas of focus did not appear to be aligned with the current challenges being faced by Primary Care and asked if they would be delivered. HG acknowledged that it was a challenging time for Primary Care and the areas of focus were ambitious, however, they would maximise opportunities to deliver. HG added that the areas of focus were on delivering the greatest quality outcomes.
9.10	AE expressed concern about Improved Access. HG said that from an Improved Access perspective, Gloucestershire performed well. Gloucestershire performed above average for face to face appointments and overall appointments offered. HG added that the coding of activity in General Practice did not provide a true picture of Improved Access.

9.11	CG suggested that the committee would value seeing the framework which was described within the presentation. CG added that the function of monitoring performance within the PCNs may lie with the ICB.
9.12	BH put forward that the criteria in the IIF had been in place since before the Covid pandemic and may not have a major impact on outcomes for patients during the current challenges. BH explained that there had been a significant increase in demand of up to approximately 30%. AE commented that the increased demand may not necessarily represent an increase in clinical need. BH agreed and advised that many contacts to General Practice were low-level clinical need. BH emphasised the challenges this created within General Practice.
9.13	**<u>RESOLUTION</u>: The members noted the contents of the Primary Care Network (PCN) Directed Enhanced Service (DES) contract 2021/22**
10	**Impact of Additional Reimbursable Roles (ARR) in Primary Care**
10.1	KU explained that, under the PCN contract DES, funding was made available to PCNs through the Additional Roles Reimbursement (ARR) scheme. The ARR scheme was intended to create additional capacity.
10.2	KU explained that in terms of the ARRs, many different roles could be recruited by Primary Care, e.g. mental health practitioner, clinical pharmacist, dietitian, and health and wellbeing coach.
10.3	KU explained that within the Primary Care training hub, PCNs and practices were supported to recruit and embed those roles within Primary Care. Some roles were easier to recruit than others.
10.4	KU summarised the latest position in terms of the number of ARRs which had been recruited by the end of June 2021 and the projected outturn position in March 2022.
10.5	AE stated that there was a significant variation between PCNs in terms of the number of projected appointments.

	AE asked if this reflected the requirement or the bidding. KU responded that this could reflect a combination of the requirement and the bidding. KU added that this could also be reflective of the population demographic of the PCN.
10.6	CG raised a concern around the lack of ARRs within the Forest of Dean. CG added that the Forest of Dean was an area that would benefit greatly from having these roles in place. KU responded that the Forest of Dean had struggled with recruitment more so than other areas of the county. KU added that the Primary Care Team were developing bespoke proposals for PCNs who were experiencing recruitment challenges. HG added that there had recently been successful recruitment of an additional role in the Forest of Dean.
10.7	JC asked how the ARRs were linked to the practice profiles, particularly in terms of having the right skills in the right place to meet the needs of the patient. JC further asked if there were standard Terms and Conditions of ARR employment across the PCNs; thereby avoiding competitive terms within the county. KU responded that the PCNs would make decisions on specifically which ARRs that they wanted to focus on recruiting; which was likely to be based on the population demographic of the PCN.
10.8	BH added that recruitment was reliant on the availability of candidates. BH explained that the operational model relied on the successful recruitment of ARRs. BH emphasised that continuity of care relied on continuity of colleagues.
10.9	KU explained that there was a wide variety of benefits to practices and patients from having the ARRs in place. KU added that another role that would be embedded was the first contact Physiotherapist Role.
10.10	KU explained that in addition to the ARRs there was also a Trainee Nursing Associate role which Gloucestershire had had some success in recruiting to and this role would be promoted further.

10.11	SS explained that the social prescribing link workers for children and young people in the Forest of Dean had been a recent project for Brunston and Lydbrook Practice. SS highlighted that there were many benefits for the children and young people as a result of this project and detailed three case studies, highlighting the benefits seen by the service users. Many referrals were related to mental health and many referrals came from schools.
10.12	SS explained that referrals decreased significantly during the lockdown periods and increased when the lockdown was eased. During the lockdown, many of the social prescribing link workers for children and young people were redeployed.
10.13	JC asked how the service linked with the school nursing service. SS responded that the school nurses and the social prescribing link workers met monthly. JC asked if safeguarding was linked to these meetings. SS responded that it was.
10.14	BH explained that Aspen Medical Practice had a Physician Associate role in post who joined the practice in 2019. BH described the role of the Physician Associate.
10.15	HG added that the social prescribing link worker project was aligned to the Forest of Dean Integrated Locality Partnership and utilised the population health management data.
10.16	JC said that other parts of the country had also seen a benefit from having Physician Associate roles in place. JC highlighted the importance of career progression, professional development, and supervision.
10.17	HG highlighted that the success of the Primary Care Training Hub was due to the commitment and the hard work of the Primary Care team and how it aligned with the CCG.

10.18	**<u>RESOLUTION</u>: The members noted the contents of the presentation on the Impact of Additional Reimbursable Roles (ARR) in Primary Care**
11 11.1	**Any Other Business** There was no other business raised
	The meeting closed at 4:00 pm
	The next meeting will take place on the 16th December 2021 at 2 pm

Agenda Item 4

Primary Care Commissioning Committee (PCCC)
Matters Arising – February 2022

Reference	Description	Action with	Due Date	Status
17.12.2020 Item 4.2	An integrated reporting tool which included ILP data and linked with emergency hospital attendances and admissions will be factored into the quality dashboard the following year.	HG	February 2022	Open
28.10.2022 Item 8.6	Circulate Gloucestershire Annual Review of all Unscheduled Care Attendances to Primary Care Commissioning Committee members and attendees.	LP	February 2022	Open

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Supporting Primary Care - Primary Care Training Hub and Workforce update

Dr. Laura Halden, Chair Gloucestershire Primary Care Training Hub
Kate Usher, Head of Primary Care Workforce Development
Helen Edwards, Deputy Director of Primary Care and Locality Development

Primary Care Training Hub – future plans

- Primary Care Education supervision fellows
- At least two Primary Care Training Hub (PCTH) fellowships - leadership, education and late career/wise 5 fellow
- Public Health fellow
- Health Inequalities fellows - Inner City and Forest of Dean
- Trainee Nurse Associate - Practice Education Facilitator
- Dedicated nursing/Health Care Assistant lead time
- Health Care Assistant training

GLOUCESTERSHIRE PRIMARY CARE TRAINING HUB

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Primary Care Training Hub – future plans

- Induction program for staff new to Primary Care
- Practice Manager appraisals
- Introduction of GP Assistants (GPA) planned
- PCN education lead funding 22/23
- Spark GP new cohort March 22
- Nurse preceptorship program
- Video group consultations

Introduction to Primary Care – Induction Programme

- Not all staff coming to work in Primary Care have a background or working knowledge of this area
- We want to provide a standardised induction program for all staff (clinical and non-clinical) new to Primary Care
- Programme will include:
  - Introduction to Primary Care (PC), PC Networks (PCN's), the CCG (Clinical Commissioning Group) and ICS (Integrated Care system)
  - How the training hub can support you in your role
  - How do you keep up to date with your own continuing professional development (CPD) needs and other training needs
  - Getting started with clinical computer systems
  - Understanding pensions
  - Wellbeing of staff and where to get support
  - Introduction to Personalised care

Receptionist recruitment open days

- Challenges with Practice receptionist retention
- Offer of higher salaries from other sectors e.g. retail
- Receptionist role varied - requires high level of patient interaction
- Supported recruitment via ‘Receptionist’ open days

- 2 practice open days held on 12th January 2022
- CCG Communications team promoted open days via press/radio
- 1 practice now fully recruited to receptionists, 2nd partially recruited
- Gloucestershire Primary Care Training Hub working with PCN’s and Practices to support non-clinical career development

Primary Care Flexible Pool - Background

- NHS England and Improvement's 'supporting general practice' letter of 9 Nov 2020 referenced support for flexible pools to aid the process of recruiting and deploying GPs (initially for COVID-19 response).

- Gloucestershire has a COVID-19 flexible staff pool to support COVID-19 Local Vaccination Sites and has a commissioned Parachute Nursing Service and a Parachute Pharmacy Service.

- Overall aim is to increase capacity in general practice and create a new offer for local locum GPs and other staff wishing to work flexibly.

What will this include?

- **Digital platform:**
  - Encourages and enables professionals to work flexibly and can be rolled out immediately.
  - Enables practices to easily and quickly fill vacant shifts and gain confirmation of a locums ability to work.
  - Can be used by Allied Health Professionals (AHPs) and others in future.

- **GP Chambers/support offer:**
  - Coaching and mentoring.
  - Pastoral Care, Clinical Governance, Administrative support.
  - Support for Post CCT (Certificate of Completion of Training) newly qualified Locum GP's who can't access other nationally funded programmes of work e.g. GP fellowship scheme (SPARK) and the GP retainer programme.
  - Training and support in line with agreed Locum GP and practice requirements building on current offers.

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Thank you for listening

Any questions or comments?

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Primary Care in Gloucestershire

Health Overview and Scrutiny Committee

January 2022

Setting the scene - 2021

In 2021, whilst managing the ongoing needs of their patients, Primary Care in Gloucestershire has rapidly mobilised to run COVID 19 Vaccination Centres.

Care has been clinically prioritised for those most in need of support, including those with urgent health care needs.

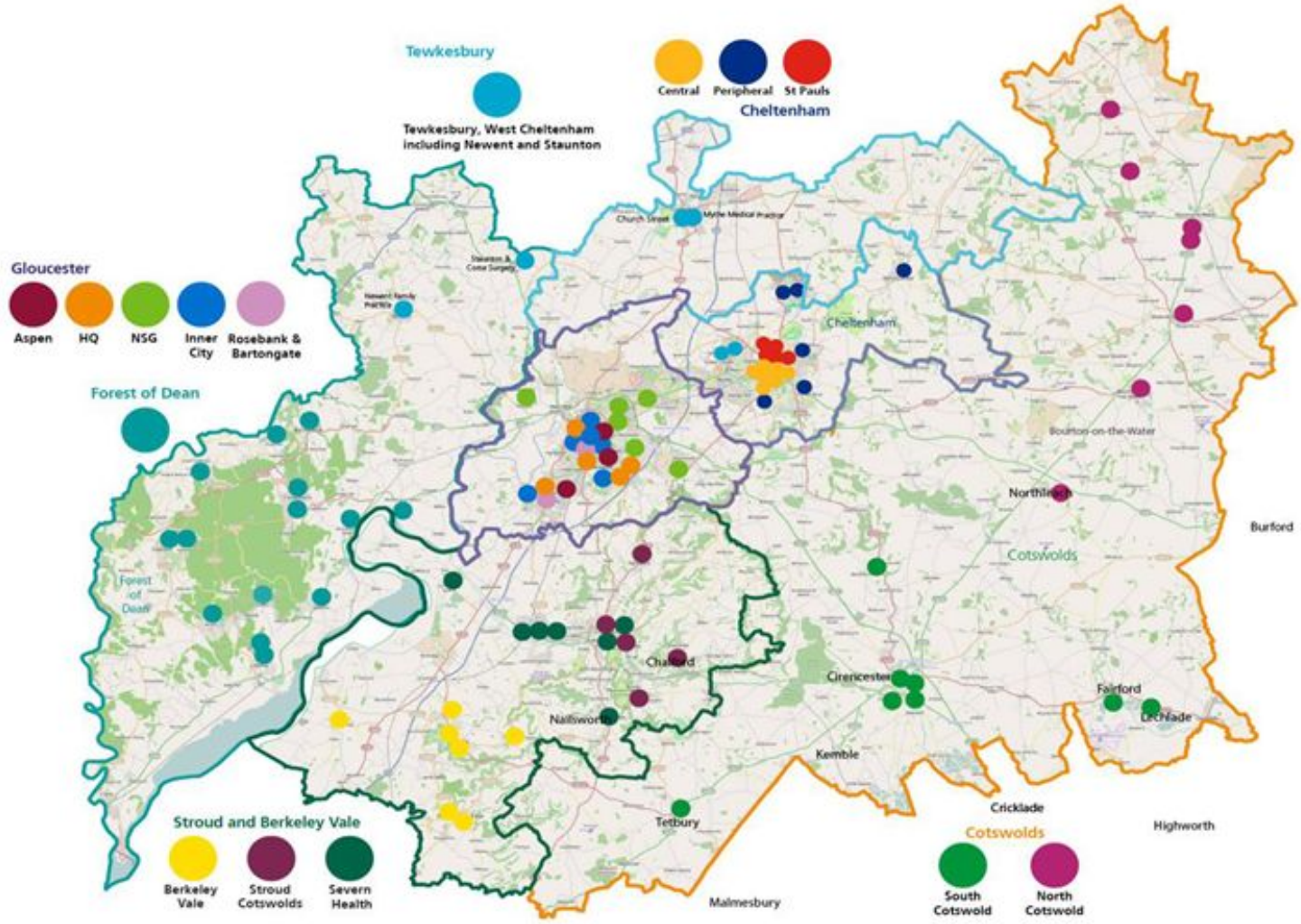
Since January 2021 there has been a focus on:

- Remaining fully and safely open for patients, including maintenance of appointments.
- Supporting the establishment of the simple COVID oximetry@home patient self-monitoring model (to measure blood oxygen levels) and identifying and supporting patients with Long COVID.
- Continuing to support clinically extremely vulnerable patients and maintaining the shielding list.
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations.
- Making significant progress on learning disability health checks and ethnicity recording.

Primary Care - current challenges

- GPs are at significant risk of burnout.
- Sickness levels and vacancies are expected to rise.
- There has been much goodwill to date. However, GPs are feeling unsupported nationally.
- Morale is very low across all GP practice staff – receptionists are often in tears, practice managers are leaving.
- GP levels in Gloucestershire are better than England Average and South West. However, the local trend is showing a deterioration, which is different to the national and regional picture.
- Gloucestershire historically has weathered storms well, continuing to provide a robust service and good outcomes. The current climate is unprecedented.

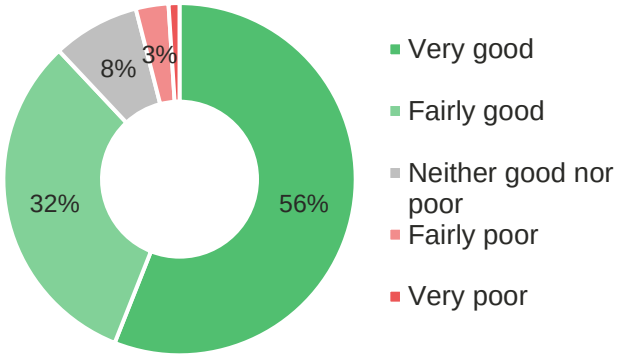
71 GP practice sites, 15 Primary Care Networks (PCN), 6 Integrated Locality Partnerships (ILP) across One Gloucestershire Integrated Care System (ICS)



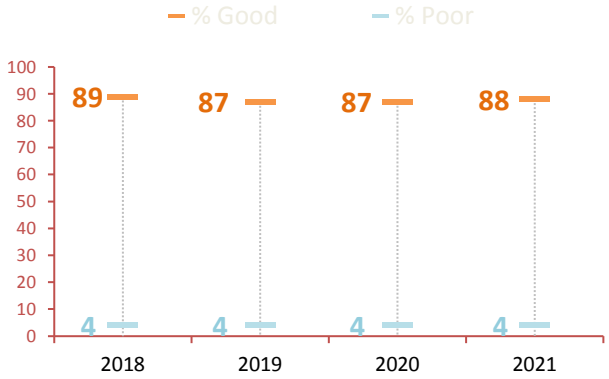
Overall experience of GP practice in Gloucestershire – 2021 National GP Patient Survey

Q30. Overall, how would you describe your experience of your GP practice?

CCG's results



CCG's results over time

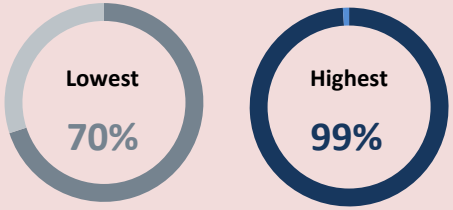


Comparison of results

	CCG	National
	88%	83%
	Good	Good
	4%	7%
	Poor	Poor

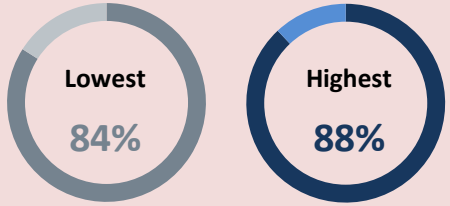
Practice range within NHS Gloucestershire CCG

% **Good**



CCG range within South West region

% **Good**



Base: All those completing a questionnaire: National (836,008); CCG 2021 (9,701); CCG 2020 (8,342); CCG 2019 (8,906); CCG 2018 (8,885); Practice bases range from 102 to 167; CCG bases range from 7,702 to 16,742

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

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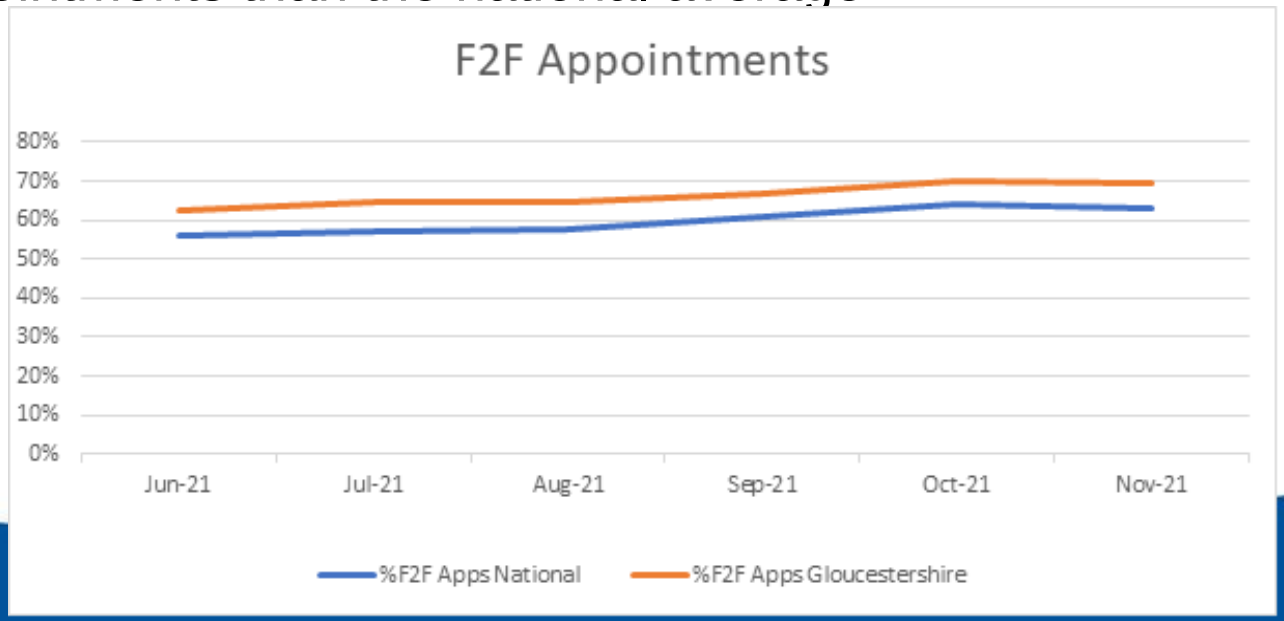
#glosSTP

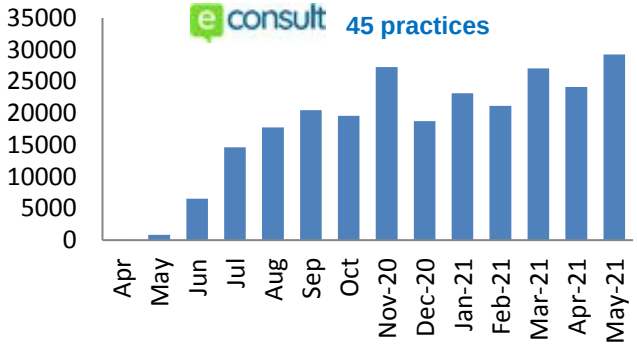
Activity and Access

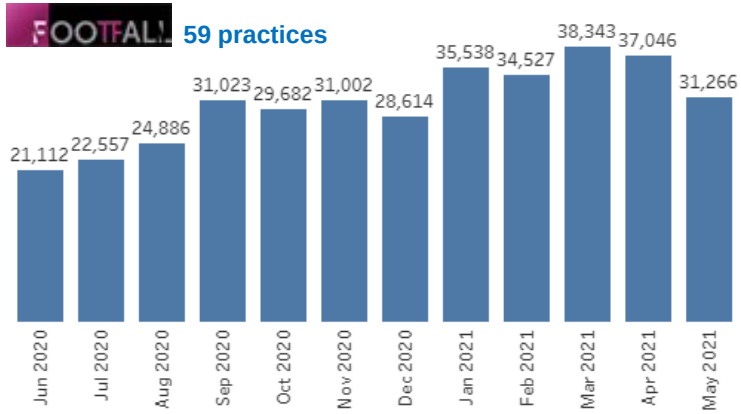
- During the period June – November 2021, Gloucestershire GP practices saw 11.3% (100,442) more total appointments (face to face appointments, home visits, telephone and video/online appointments) when compared to the same period in 2019.
- 22,654 more appointments with a GP were provided in November 2021 than in November 2019
- Patients have continued to be seen face-to-face if clinically appropriate. As shown in the graph below our practices are providing more face-to-face appointments than the national average.



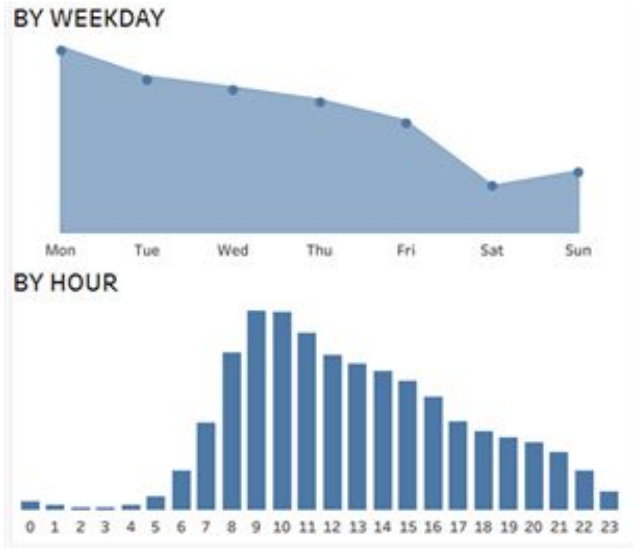
Online Demand – Gloucestershire has one of the highest levels in England

NHS Gloucestershire Clinical Commissioning Group





- Two online consultation platforms: e-Consult and Footfall.
- Demand has been steady at around **55-60k patient requests a month** in the last 6 months.
- Around **40k requests require GP intervention, a**round 10% of e-Consults and 30% of Footfall submissions don't require a GP intervention, 40%+ of Footfall requests are Repeat Prescription.
- 13% of Footfall requests come in at weekends, with 22% on a Monday and slowly tailing off. 65% of Footfall requests are between 9am-5pm.
- 23% of e-Consults are out of hours and weekends, this has dropped from 28% earlier on due to some practices switching it off then.



Joined up care and communities

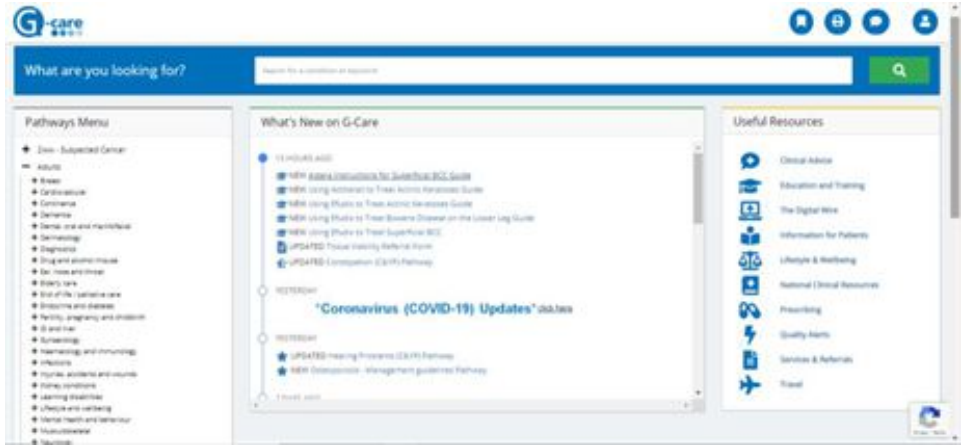
Important: There is no clear indication of non-digital demand to understand channel shift or overall demand , as we don't have equivalent phone and walk in data

G-care – local GP website

NHS Gloucestershire Clinical Commissioning Group

A central element of demand management has been the development of standardised local care pathways, well used by local GPs, made available through our G-care website, launched in 2015.

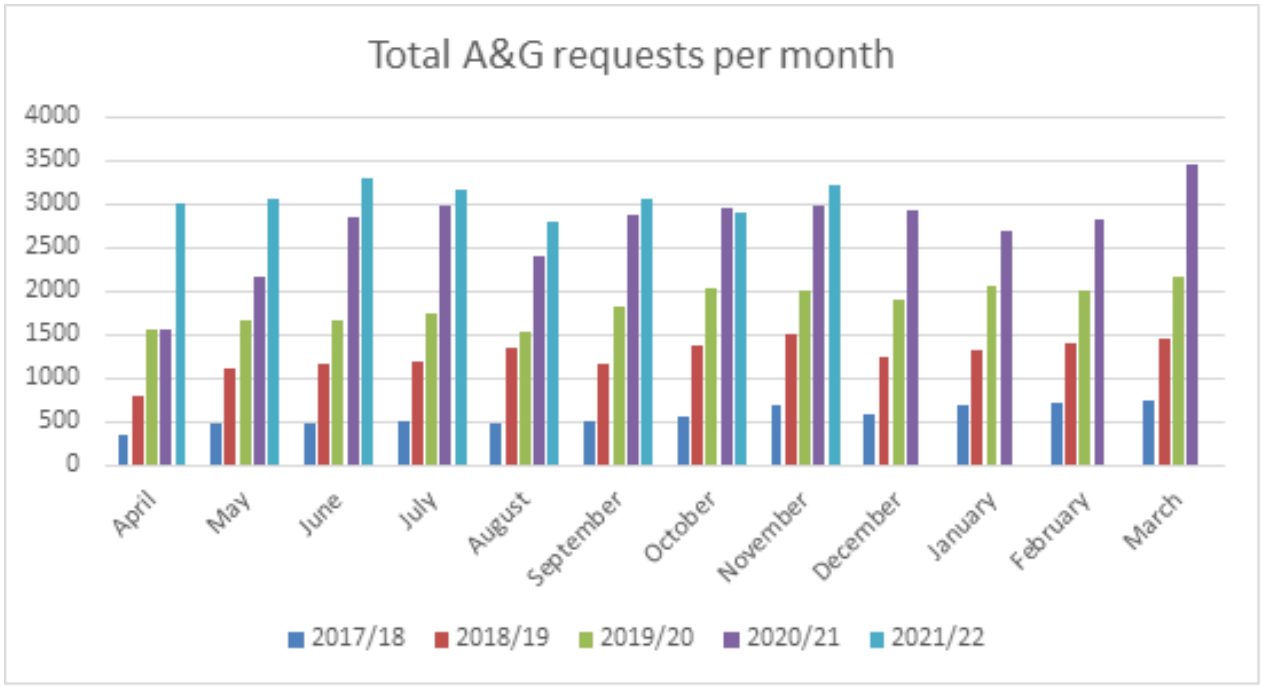
Pathways are developed jointly between GPs and specialists to provide clear and consistent guidance on how things should be done in Gloucestershire.



- Supports GPs to manage patients in primary care, whilst also ensuring that patients are ready and prepared when a referral needs to be made.
- Aims to support improved patient experience through standardised care, which helps to reduce avoidable hospital appointments.
- G-care usage has grown year on year. In 2020 the site was relaunched to take into account the many views of its users, improving the search facility, adding more content and making the site easier to navigate.
- Views are around 280% higher now than in the first year. This equates to around 295 site views per day, compared to 77 a day in 2015-16 when G-care first launched.
- In July 2015 there were 349 pathways, which increased through the first year to 463. Since that time content has continued to increase with an additional 211 pathways being added to date.

Advice and Guidance (A&G)

- Advice and Guidance in Gloucestershire is provided via two IT platforms eRS (all specialties) and Cinapsis (dermatology and paediatrics).
- Year on year growth in usage – **one of the top ten users nationally.**

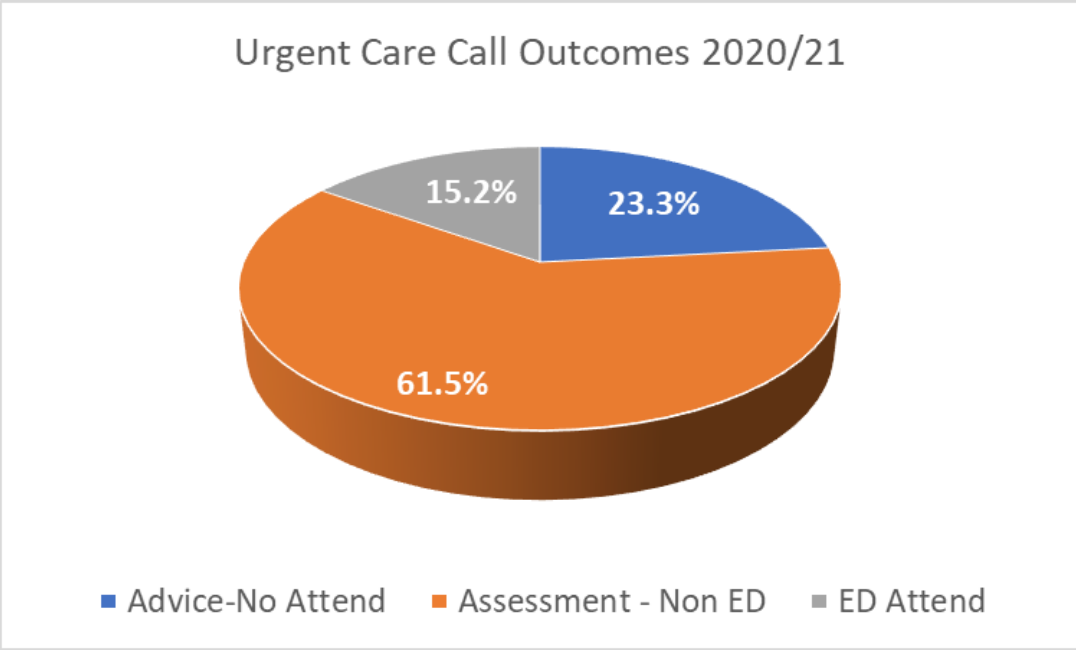


Quick stats (2020/21):

- **86%** of requests responded to within 2 days
- **95%** of requests responded to within 5 days
- **73%** of requests provide primary care management advice
- **19** specialities in total
- **90%** of requests via eRS, 10% via Cinapsis
- **30%** of total requests are in dermatology

Why use Advice & Guidance (A&G) in Urgent Care?

- 23.2% of Referrals were retained in Primary Care / Community negating a hospital visit
- 61.5% were able to be sent direct to an assessment unit avoiding Emergency Department.
- 15% directed to Emergency Department.
- 84.8% of A&G Calls did not result in an Emergency Department visit.



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Focus on COVID 19 response

January 2022

Covid -19 – Omicron response

NHS Gloucestershire Clinical Commissioning Group

"A new national mission" – Amanda Doyle

The NHS was asked to offer every eligible adult over the age of 18 a booster vaccination by 31 December

NHSE/I letter dated 13th December 2021 'National call: Next steps for the NHS Covid-19 vaccine deployment'

- All General Practice teams to clinically prioritise services to free up maximum capacity to support the Covid-19 vaccination programme alongside delivering urgent or emergency care and other critical services such as cancer.
- This could include pausing routine and non-urgent care and redeploying staff to support delivery of covid-19 vaccinations

Gloucestershire Covid Vaccinations (as at 08/02/22)

Boosters

Of those eligible, over 87.2% have had a booster (see cohort breakdown below)

Cohort	Cohort Name	Boosted as % of eligible
1	Care Home residents & staff	76.6%
2	80+ & Health Care workers	90.2%
3	75-79	94.8%
4	70-74 & CEV	93.0%
5	65-69	96.4%
6	At Risk	88.7%
7	60-64	94.9%
8	55-59	93.7%
9	50-54	92.3%
10	40-49	87.0%
11	30-39	77.5%
12	18-29	68.5%
13	12-15 At Risk	40.4%
14	12-17 Living in h/hold with Immunosuppressed	54.8%
15	16-17	57.0%
C1-15 Totals	All Booster Eligible cohorts	87.2%

First Doses

Alongside the booster campaign, Gloucestershire continues to provide the Evergreen Offer.

Gloucestershire consistently performs exceptionally well at a regional and national level across all phases of the vaccination programme particularly in continuously improving first doses.

Cohort	First dose %
1-12	90.5
1-16	89.0

Next steps

Guidance has been released for the vaccination of 5-11 year olds clinically extremely vulnerable c.1300 children. PCNs are starting to run clinics.

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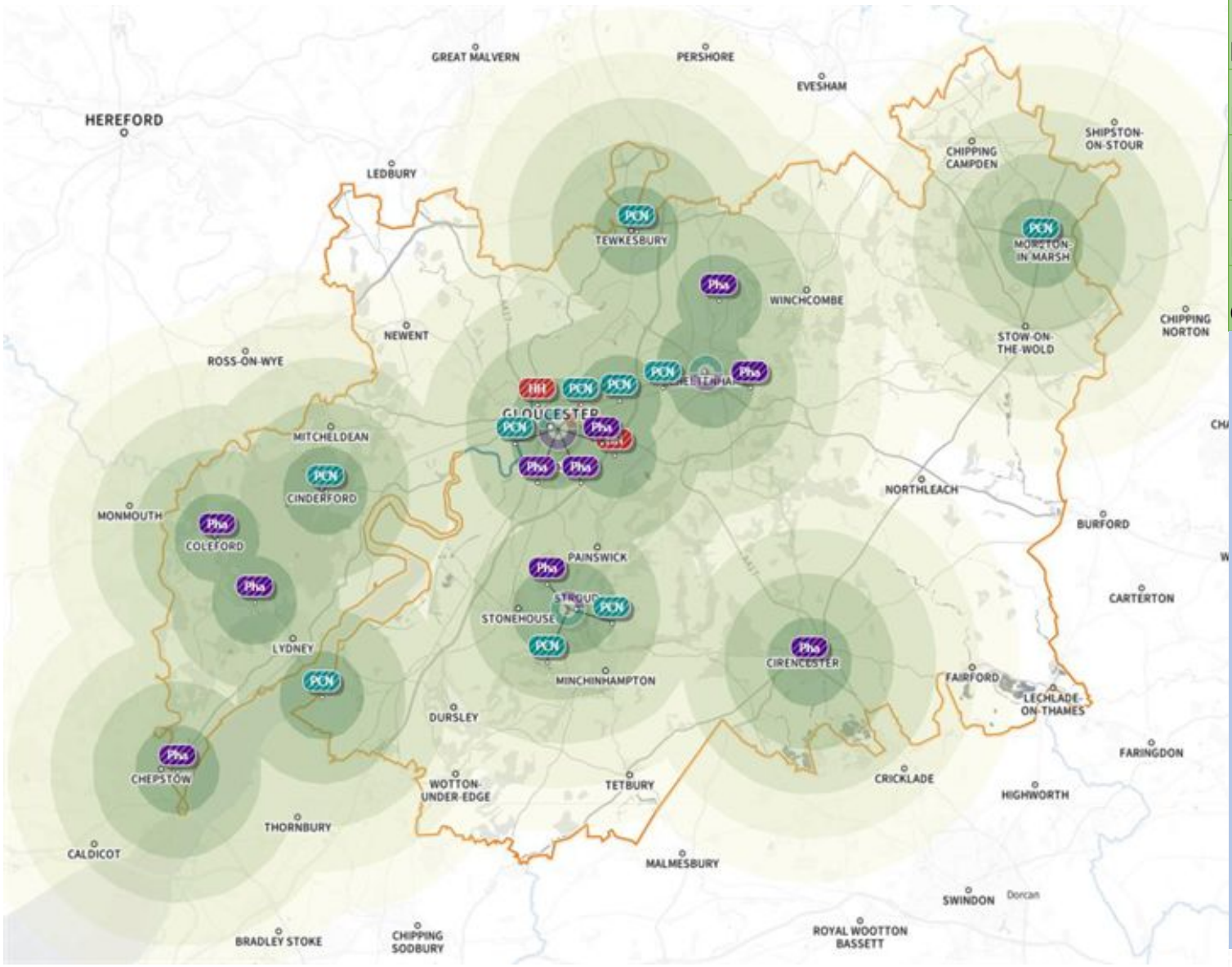
ICS/STP GLOUCESTERSHIRE – Site Delivery Network In Travel Times & Distance



Pillars	Number of Sites
Hospital Hubs	2
LVS - PCN	11
LVS - Pharmacy	8
Grand Total	21

The lighter colour shown on the Map represents 10 miles radius with an average travelling time of 60 minutes by car to a Local Vaccination Site (LVS) subject to rush hour

Partnership working

- Community nursing support to Primary Care Networks to vaccinate housebound patients.
- Gloucestershire Health and Care (GHC) NHS Trust is providing the 12-15 year old school vaccination programme with an expert school immunisation team visiting two schools a day. In addition PCNs are offering walk-in clinics for this age group.
- Originally 3 PCN vaccination sites in GHC premises: North Cotswolds, Cirencester and The Vale Community Hospitals. Others at Churchdown Community Centre and South Gloucestershire and Stroud College.
- Vaccine equity group established January 2021 including Gloucestershire Voluntary Community Services Alliance, Inclusion Gloucestershire and Healthwatch. Online survey on vaccine hesitancy attracted in excess of 900 responses. Information translated into the 9 most commonly spoken languages in Gloucestershire. Use of community venues to encourage take up.
- Many Volunteers including, but not limited to, Gloucestershire Fire and Rescue Service, Gloucestershire Constabulary, county and district councils, Rotary clubs and local people.

COVID Virtual Ward

Started November 2020

Over 2800 Referrals to date

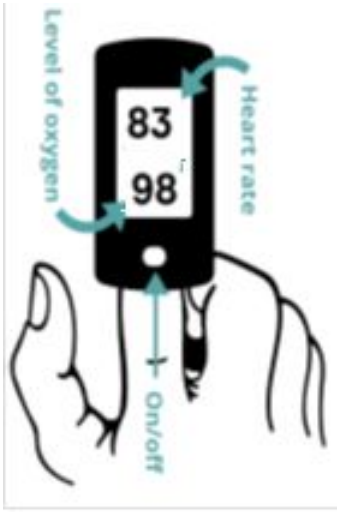
18% patients referred to secondary care

Criteria: Patients at increased risk of severe disease

Referrals via patients GP

In COVID-19 blood oxygen levels can get dangerously low without patients realising.

Pulse oximeter: device to monitor own blood oxygen levels via fingertip. Patient measures at least twice a day, so they can take appropriate action if their oxygen levels get too low (chart below).



Oxygen level 92% or less
- Rest and wait for 10 minutes before taking it again
- If the next reading is still 92% or lower, **call 999 for an urgent assessment**
- Input your reading into the COVID Virtual Ward App if possible.

Oxygen level 93% or 94%
- Rest and wait for 10 minutes before taking it again
- Input your reading to the Virtual Ward app and we will call you later.
- If not yet using the App, phone your GP or 111 for medical advice
- Or: Input your reading into the COVID Virtual Ward app.

Oxygen level 95% and above
- This is a satisfactory readings that shows you doing OK
- Input your reading into the COVID Virtual Ward App

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Primary Care Infrastructure

January 2022

New GP Premises - Building a lasting legacy

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Primary Care in Gloucestershire

Questions

January 2022

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PCN Quality Improvement (QI) Schemes 2021/22

Jo White, Deputy Director of Primary Care and Locality Development

February 2022

1

PCN Quality Improvement (QI) Funding

- Gloucestershire CCG released £1.7m of funding (£2.50 per weighted patient) in March 2021 as non-recurrent funds to all 15 PCNs.
- Funding was to pump-prime the transformation and development of PCNs taking a QI approach and PHM methodologies.
  - This could complement/enhance existing ideas or schemes but must not duplicate any funding flows.
  - A further £1m has since been made available to strengthen the QI projects.

Governance Process:

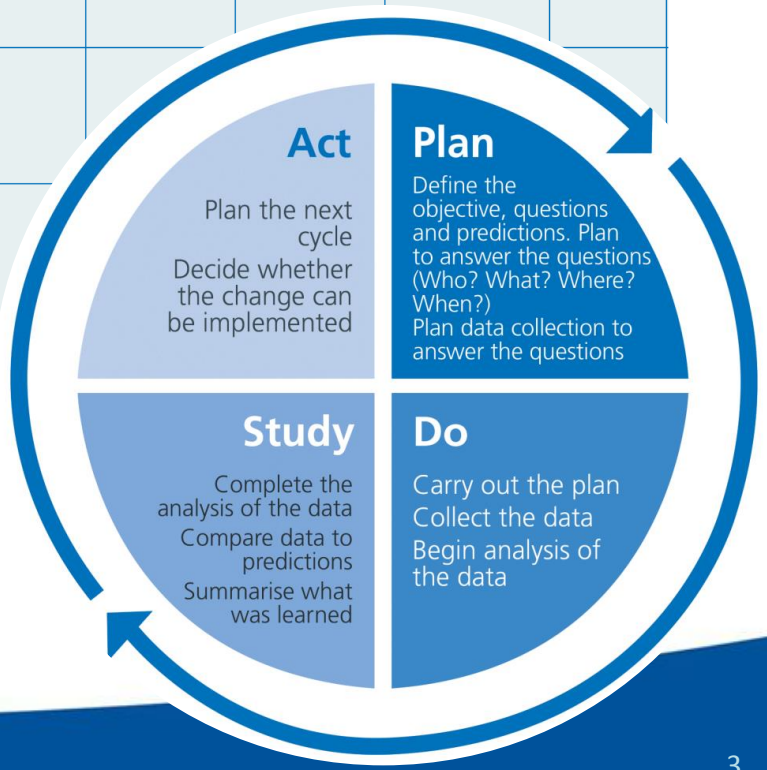
1. PCNs received proforma template to complete detailing proposed activity, spend & outcomes – June 21
2. Submitted proposals reviewed by CCG to sense check and ensure fit the funding remit
3. Returns that fitted the remit shared with PCN Development Group (PCNDG) for review and recommendation to CCG Core Executive.
   - Proposals that didn't fit the criteria were discussed with PCNs to seek clarity/resubmission.
4. PCNDG reviewed bids and advised if they recommended proposals for approval by Core
   - any members with conflicts of interest were asked to not comment on that PCNs proposal.
5. Issues or queries raised by PCNDG discussed with the PCN to clarify and/or to revise their proposal. Fully revised proposals taken back to PCNDG for further review and recommendation.
6. Bid proposals recommended by PCNDG submitted for approval by CCG Core Executive
7. MOUs put in place between PCN and CCG

QI Scheme Outcomes

- PCNs submitted initial outcomes with their QI projects proposals
- Supporting PCNs to identify what data they need for those measures
- Promote utilisation of the **benefits realisation planning** to identify if intended benefits have achieved and sustained following implementation of QI project.

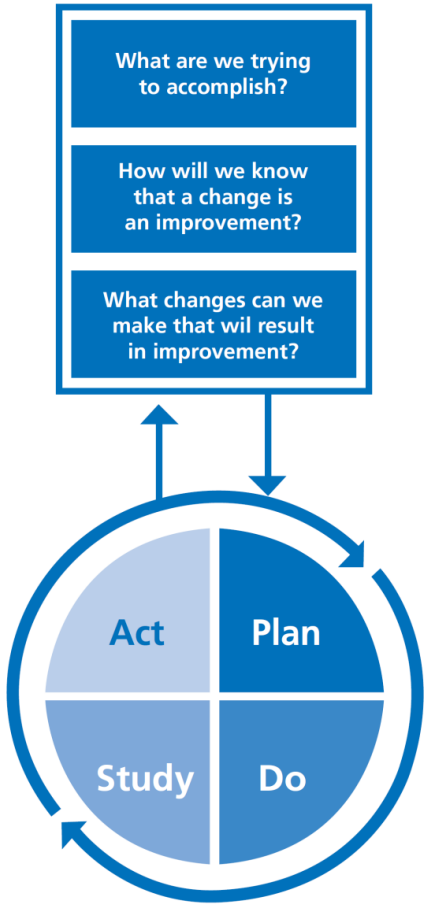
Figure 1: Benefits realisation plan

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefit realised	Current baseline measure	Who is responsible?	Target date



QI Project Themes Approved

- Frailty / Dementia:
  - Implementation of Frailty Service (utilising best practice f of the county)
  - Virtual Ward Round
- Health Inequalities:
  - Increasing Cancer Screening
  - Utilising PHM methods
- Community Respiratory:
  - PCN Respiratory Clinics
  - MDTs
- Community Nursing:
  - Integration between primary and community care
- Mental Health:
  - SPLW with Mental Health Focus for Young People
- Community/Volunteer Development
- PCN Development / Strategy
- Community Dermatology Service
- Healthy Lifestyle Support
- Diabetes
  - Implementation of a support team
  - PCN level diabetes provision



PDSA cycle, QSIR Tools, NHSE/I

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**24th February 2022**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At the end of January 2022, the CCG's delegated primary care co-commissioning budgets were £256k overspent. The forecast outturn highlights a likely overspend of £77k.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 4= 12 Residual Risk: 3 x 2 = 6
Management of Conflicts of Interest	None
Financial Impact	The current year to date and forecast position has been included within the CCG's overall financial position.
Legal Issues (including NHS Constitution)	None
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	The PCCC is asked to • note the content of this report.
Author	Andrew Beard
Designation	Deputy Chief Finance Officer
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer

8

Primary Care Commissioning Committee - January 2022

Delegated Primary Care Commissioning financial report as at 31st January 2022

Introduction

This paper outlines the financial position on delegated primary care co-commissioning budgets as at the end of January 2022.

Financial Position

The financial position as at 31st January 2022 on delegated primary care budgets is a year to date overspend of £256k with a forecast variance of £77k

The national financial framework for the second half of the year has been received and, although efficiency expectations for the overall CCG are higher, this will not impact on delegated budgets.

The primary care network DES (PCN DES) has the largest overspend. Additional Roles Reimbursement (ARR) is the main driver of this position. The CCG has £4.38m of budget within its main Delegated Primary Care budget for ARR, with an extra £3.49m claimable from central funds. The CCG is on target to exceed the budget we hold by around £1.3m (i.e. total spend of around £5.68m) on ARR this year. The potential call down of additional funding to support this level of costs is under review with NHSEI as part of an ongoing discussion regarding the overall CCG outturn position.

Previous year to date overspends against dispensing and prescribing have now switched to an underspend. September data was lower than expected and had been factored into predicted spend in future months. However, subsequently, early indications of October data were marginally higher than our forecast model predicted. Therefore, at this time, the CCG believes year end spend will be broadly in line with the budget.

Premises costs are showing an underspend, with the new waste contract providing some savings alongside delays in the opening of new build practices, reducing rent and rates expenditure.

The underspend against other GP services is mainly due to maternity and sickness locum expenditure where there has been a reduction in activity.

Work against the national Winter Access Fund (WAF) continues, and costs are within the “Other GP Services” section of the table overleaf. Spend is currently expected to be around £980k, which is less than the original £1.2m initially planned. This is based on responses from practices to date, so could increase if further responses are received. There have been low levels of practices declining the schemes (around 2 or 3 practices per scheme).

Claims against the new Long Covid Enhanced Service have been good, with over £190k of payments having been made to date, by 67 different practices. Claims against the Weight Management Enhanced Service have been lower (less than £10k), but claims have nonetheless been made by 45 different practices.

The IIF (Impact and Investment Fund), which is within the “PCN” area, is reporting a small forecast overspend. This relates to 2020/21 activity which exceeded earlier estimates made at the end of the last financial year (also, being above the allocation provided) and, therefore, has resulted in an in year overspend for 2021/22.

Outside of the reported position, the CCG has agreed to fund practice minor equipment requirements to a total of £500k in 2021/22. Responses from practices are currently being collated but it is anticipated that the full planning total will be committed.

Recommendation(s)

The PCCC are asked to:
Note the contents of the paper

NHS Gloucestershire Clinical Commissioning Group

Gloucestershire CCG

2021/22 Delegated Primary Care Co-Commissioning Budget

			Jan-22						
	Area	2021/22 Total Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	Actual YTD	YTD Variance	Forecast Variance
		£	£	£	£	£	£	£	£
SPEND	Contract Payments - GMS	58,604,448	4,904,712	4,905,775	1,063	48,795,025	48,816,987	21,962	
	Contract Payments - PMS	2,445,569	192,563	316,914	124,351	2,060,442	2,405,431	344,989	
	Contract Payments - APMS	2,281,850	196,846	244,772	47,926	1,888,157	2,057,667	169,509	
	Enhanced Services	2,999,720	311,438	271,248	(40,190)	2,376,844	2,237,629	(139,215)	
	Other GP Services	2,641,917	256,832	275,407	18,574	2,128,253	1,948,811	(179,442)	
	Premises	10,635,362	818,586	765,012	(53,574)	8,998,190	8,318,503	(679,687)	
	Dispensing/Prescribing	3,390,363	317,123	266,774	(50,349)	2,756,117	2,592,387	(163,730)	
	QOF	9,850,389	842,886	826,081	(16,805)	8,164,616	8,212,440	47,824	
	PCN	8,832,064	768,860	1,045,831	276,971	7,294,344	8,127,644	833,300	76,830
	TOTAL	**101,681,682**	**8,609,847**	**8,917,814**	**307,967**	**84,461,989**	**84,717,500**	**255,511**	**76,830**
	Funding Allocation (YTD)	**101,681,682**							

Global Sum per weighted patient moved from £93.46 to £96.78 in April 2021
The value of a QOF point increased from £194.83 to £201.06 in April 2021
(there are also an additonal 98 pts added for the 21/22 Financial Year)
Other GP Services includes:

>Legal and Professional Fees
>Doctors Retainer Scheme
>Locum/adoption/maternity/paternity payments
>Other General Supplies and Services

PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

February 2022

Introduction
This report provides assurance to Primary Care Commissioning Committee (PCCC) that quality and patient safety issues are given the appropriate priority within Gloucestershire CCG and that there are clear actions to address such issues that give cause for concern.

The Quality Report includes County-wide updates on:

- NICE
- Clinical Effectiveness
- Safeguarding
- Patient Experience and Engagement
- Primary Care
- Prescribing Update
- Infection Control
- Immunisation and Vaccination

PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

NICE

	Q1 (Apr - Jun20)	Q2 (Jul - Sept 20)	Q3 (Oct -Dec 20)	Q4 (Jan - Mar 21)	Total Apr 20 to	Q1 (Apr- Jun21)	Q2 (Jul - Sept 21)	Q3 (Oct -Dec 21)	Q4 (Jan - Mar 22)	Total Apr 22 to date)	
Number issued	12	65	16	21	114	23	18	24	13	78	including terminated TAs
Number relevant to GCCG	3	1	3	5	12	4	4	3	3	14	

The Gloucestershire Joint Formulary is up to date with regards to inclusion of all relevant NICE TAs demonstrating that treatments are available in Gloucestershire within the required time frame. (Chart updated 2/2/22)

Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group met on 8th Nov 2021.

The Effective Clinical Commissioning Working Party met on 9th Dec 2021.

Safeguarding
Primary Care:

Primary Care offer update

There are 6 components of the Safeguarding element of the Primary Care Offer:

1. Practice Safeguarding Leads – evidenced fully.
2. Attendance at CCG Safeguarding Forums
    a. The GP Forums is the expected training for GP safeguarding leads (both children and adults) within the practice and is the conduit for information for the partnership to be shared with in practice and vice versa; only 36/71 (51%) practices sent GP Safeguarding leads to 2/3 or more of the Safeguarding forums held in 2021 (PCO >75%).
    b. Children Forum Attendance – 36/71 (1 forum left for 2021/22)
    c. Adult Forum Attendance – 24/71

3. Recording safeguarding correctly
    a. The nationally and locally agreed read codes are on G-Care and are also embedded in the Ardens Safeguarding templates. PCCAG undertook a read code audit in 2020 evidencing minimal use of appropriate read codes.
    b. it is unknown how many practices are using Ardens templates and we are therefore proposing to repeat the audit in the coming months.
4. Quality
    a. In place of a section 11 audit (Childrens Act 2004) we proposed a quality assurance statement for each GP practice to complete
    b. 9/71 practices still to return the QA statement

   c. Non-compliance has been raised directly to primary care commissioning
5. Training
   a. CCG Safeguarding Team maintain records of attendees at training that we fund
   b. There is consistent attendance at these training events but we have no way of ensuring that primary care staff who require it attend
   c. Compliance is with individual practices and assessed by CQC
6. Production and compliance of Multi-Agency Case Conference Reports.
   a. A recent dip sample audit of 30 case conferences (October 21) demonstrated that when invited GPs have provided a case conference report in 100% of cases

Practice Managers forum

We have delivered two Practice Managers Safeguarding Forums now with positive feedback received.

A range of subjects are on the agenda, updates are given and queries and concerns on safeguarding procedures are discussed.

Children in Care:

The number of CiC in Gloucestershire per 10,000 0-17 years population (61.2) is higher than our peer comparators (53.8, Mar-20). **The number of CiC has been increasing, and numbers continue to rise, which is having an ongoing impact on health services.** This has resulted in an increase in the number of statutory Initial Health Assessments (IHAs) and subsequently of Review Health Assessments (RHAs) that are required alongside providing all other aspects of the service. At week commencing 24/01/22 the numbers of CiC stood at;

- Gloucestershire CiC: 837
- CiC placed in Gloucestershire by Other Local Authorities: 337

This compares with 789 Gloucestershire CiC as of March 2021 and 737 in March 2020 and reflects a national trend.

There are higher numbers of teenagers and unaccompanied asylum seekers coming into the care system. Children are often placed outside their local authority area due to the availability of local placements. They frequently have complex and multiple needs and this can disproportionately impact on local health services, particularly CiC specialist health services, CAMHS and unscheduled care settings. They often present higher safeguarding risk due to the well known links with exploitation.

According to Statutory Health Guidance 2015, CCGs and local authority officers are required to;

"ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, including those placed in their area by other local authorities, based on the range of data available about their health characteristics"

Use of virtual technology employed during the Pandemic by necessity, was found to be a helpful tool for the engagement of young people who would otherwise be reluctant to access health services. This is often used as a first step in the engagement of young people who have often lost faith in statutory services or prioritise other things in their lives.

GHC have successfully recruited an experienced doctor to the vacant Adoption Medical Advisor post, this post holder will also fulfil the Named Doctor for CiC role which has been been vacant. This will be a statutory operational leadership post based in GHC and working closely with the Named Nurse in GHC and Designated Doctor and Nurse in the CCG.

Permanency (adoption team) are trying to address legal technicalities that have arisen following a court judgement in respect of a case in Somerset. These relate to:

1. The appointment of the adoption medical advisor by the local authority
2. The adoption medical advisor reports for legal decision making (which has been severely affected by doctor capacity)

In order to mitigate the risk:

1. The local authority have formally appointed 2 adoption medical advisors
2. There is ongoing review of all health reports involved in the adoption process to prevent the need for them to go back to court

Note: this has been identified as a national issue. Gloucestershire are not an outlier and are working fully with the South West Adoption Corsortium.

Prevent Conter Terrorism

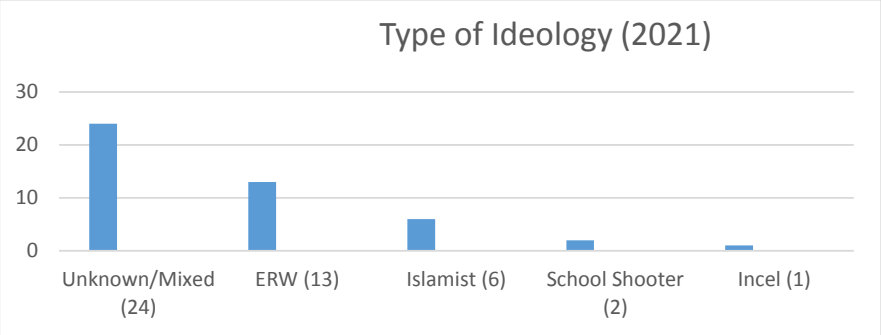
Prevent Statistics 2021

Total referrals in 2021– **46 (15 taken to channel)**

26 referrals in the whole of 2020

32 referrals in the whole of 2019

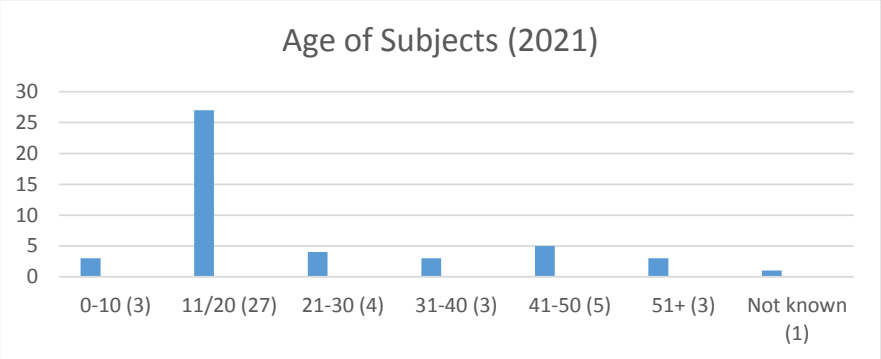
PCCC Quality Report



ERW- Extreme Right Wing

Incel- is short for "involuntary celibate".

The Plymouth shooting occurred on 12 August 2021. The gunman, 22-year-old Jake Davison, shot and killed five people and injured two others before fatally shooting himself. In online videos Davison said he was socially isolated, struggled to meet women and made references to "incels" - the misogynistic online groups of "involuntary celibate" men, who blame women for their sexual failings and who have been linked to a number of violent acts around the world.



The Channel Panel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. It is chaired by the local authority and brings together a range of multi-agency partners to collectively assess the risk and decide whether a support package is needed. The group may include statutory and non-statutory partners, as well as lead Safeguarding professionals. Individuals can only be dealt with through the Channel process if they have agreed to participate in this process. If the individual is under 18 their guardian's permission is also required.

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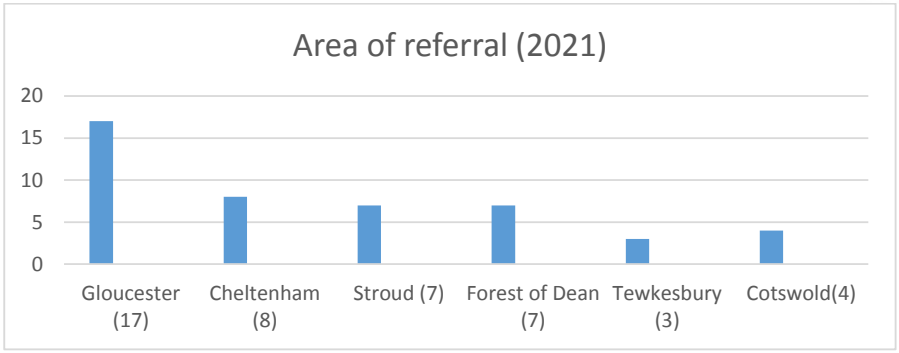

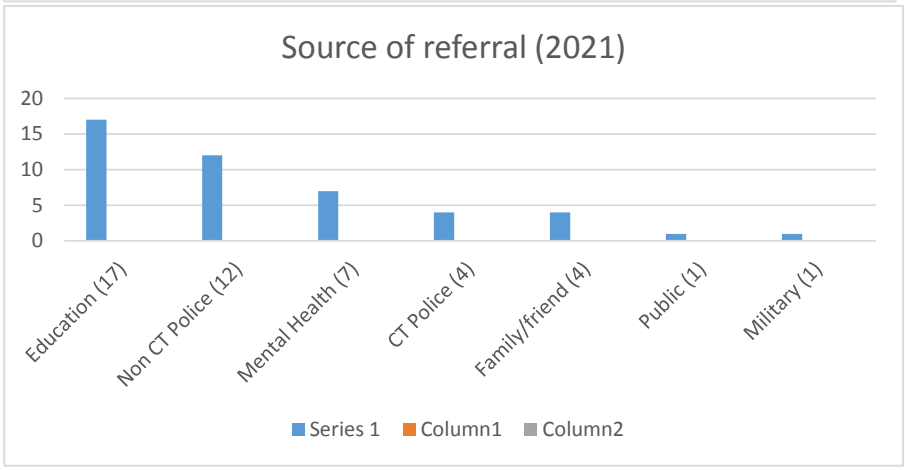

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We have noticed an increase in referrals from education of young men aged 14-17. We now have representation from education at the meetings. Often these young men are isolated and vulnerable due to break down in relationships and non-attendance at school. They generally are spending a lot of time in online chat rooms and have expressed racist/anti -Semitic/ misogynistic views. Communication and social interaction difficulties are common.

Gloucestershire Safeguarding Children Partnership (GSCP)

Gloucestershire Safeguarding Children Partnership (GSCP) continues to meet using virtual platforms.

Local Child Safeguarding Practice Reviews / Serious Case Reviews (ongoing):
Publication dates amended as of 07/02/22

Review	Commenced	Theme	Publication expected
Joint LCSPR - * Surrey SCP	End August 2021	Child exploitation / Elec home Education	***Awaiting Surrey's completion date.***

LCSPR – 'HB'	November 2020	CIC – placement abuse	***Report completed. pub expected March 2022 but criminal processes may delay***

*Surrey Partnership undertook a RR following a child death related to exploitation. Child had been resident in Glos in the recent past and some Children Social Care involvement.

Rapid Reviews
No Rapid Reviews have occurred in this reporting period.

Following the recent fatal stabbing of a young person in December 2021, the Police led Gold level meetings alongside a series of 3 complex strategy discussions. The Partnership will progress decision making on the utilising the most appropriate method for learning from this tragic event.

Links to the GSCP published reports: Gloucestershire Statutory Reviews

Adults Safeguarding Board

Gloucestershire Safeguarding Adults Board (GSAB) (virtual) meetings continue. There is currently a focus on developing the new Strategic Plan with partners.

Safeguarding Adult Reviews (SAR): Publication dates amended as of 07/02/2021

Review	Commenced	Referral / Theme	Publication expected
Thematic Review – 'five women'	March 2020	Nelson Trust / ACEs & wider vulnerability	***Published to GSAB website Jan 2022***
Learning review - JK	Feb 2021	Transitioning: child-adult services	***TBC***

Links to the GSAB published reports: Safeguarding Adult Reviews

Domestic Homicide Reviews

Gloucestershire County currently have a high number of Statutory DHRs *in progress*. Six Reviews are Domestic Abuse related deaths. This work requires a high level of practitioner contribution, both in providing analytical information and in panel meetings, oversight and report scrutiny.

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NHS Gloucestershire Clinical Commissioning Group

Serious incidents and significant events in Primary Care

Serious Incidents in GP practices are normally referred to as Significant Events. The majority of Significant Events are reviewed internally in practices, and some are also uploaded to the National Reporting and Learning System (NRLS) via a GP Eform. No NRLS reports were made in Q3 2020/21.

The NHS is now switching over to a new national system known as 'Learn from Patient Safety Events (LFPSE) which encourages all healthcare settings, including GPs to record more events, including best practice events, to share nationally, regionally and locally. No LFPSE events have been recorded.

Patient Experience and Engagement

Patient Advice and Liaison Service (PALS)

Contacts to the CCG PALS team continue to rise with the last calendar year seeing record numbers of individuals contacting the service for advice.Reporting of Q3 data is delayed due to unforeseen staff absence. Therefore, it will be presented to the next meeting of the Committee.

Integrated Care System – Engagement - Developing our ICS priorities

An Engagement exercise was launched with a wide range of community partners, local people and communities on 1 February 2022. The Engagement runs until the end of March 2022.

The aim of the engagement is to:

- develop One Gloucestershire ICS priorities - supporting the future direction of both the proposed NHS Gloucestershire Integrated Care Board (to be known as 'NHS Gloucestershire') and the Integrated Care Partnership (to be known as the 'One Gloucestershire Health and Wellbeing Partnership') and;
- inform our future Working with People and Communities Strategy and discover how people would like to get involved in the work of the ICS going forward.

Working together, we want to learn from the COVID-19 pandemic and the challenges of today, continue to transform health and care services for tomorrow based on local needs and shared priorities and improve the county's health over the longer term.

We can only do this effectively if local people and communities are involved and at the heart of our approach to developing priorities and plans and we truly understand what matters to them.

To support the Engagement Dame Gill Morgan has made a short film invitating people to get involved:
https://www.youtube.com/watch?v=x_YBoviGGtA&feature=youtu.be

To support conversations, we have developed a short guide, which sets out our early thinking and also helps people to find out more about NHS Gloucestershire and the One Gloucestershire Health and Wellbeing Partnership. Inclusion Gloucestershire is producing an Easy Read version of the The Guide. The Guide, together with information about the Information Bus Tour and a short survey can be found on the Get Involved in Gloucestershire online participation platform: https://getinvolved.glos.nhs.uk/ics-gloucestershire.

The Engagement has been promoted to key stakeholders, and the wider public. Each Integrated Locality Partnership will have the opportunity to participate in the Engagement.

Citizens' Panel

As previously reported, the One Gloucestershire ICS has been successful in securing £20,000 match funding to support the development of a local Citizens' Panel (one of only 7 systems selected in England).

The first meeting with NHSE/I and Picker took place on 3 December 2021 and an action plan was submitted to NHSE/I on 7 January 2022.

Two Learning & Growth support workshops run by Picker will take place during March 2022 covering the following areas:

- Intro to research methodologies
- Best practice in survey design & collecting feedback
- Effective data analysis & reporting
- Closing the feedback loop

Locally we have developed a local Steering Group to take the Project forward, with next steps being the development of the specification and procurement. Project Management support has been secured from the CCG PMO.

10 Steps to even better engagement

As previously reported, Caroline Smith, GCCG Senior Manager Engagement and Inclusion has created a compact version of the full day NHSE/I *10 Steps to even better engagement* training. The 3 hour session takes participants through the 10 steps to ensure good engagement with people and communities**.**

Members of Communications, Engagement and Experience Teams from across the ICS attended a joint training session in February 2022; at which it was unanimously concluded that this training be recommended for use across the ICS. Work will take

place to stylise the training materials in line with ICS branding for incorporation into the supporting documents for the systemwide strategy for Working with people and communities.

Engagement and Experience Staff Update

Natalia Bartolome Diez joined the Engagement Team on 1 February as Insights Manager – Equality, Diversity & Inclusion. Natalia joins us from the charitable sector having previously held roles at Cancer UK and most recently at Cardiomyopathy UK.

We are currently reviewing our team structure to support the work of the CCG as we transition into the new People, Culture and Engagement Directorate of the Integrated Care Board. The Engagement and Experience Team will continue to work closely with Quality Team colleagues, ensuring patient experience, one of the three domains of Quality, remains embedded within quality monitoring and improvement activities.

Friends and Family Test (FFT) Update

NHSE/I have still not made a decision on a date for FFT to restart in GP practices. NHSE/I we will make sure practices are notified through primary care channels and networks.

The 2022 GP Patient Survey is launched

The 2022 GP Patient Survey launched on Monday 10 January 2022, with fieldwork continuing for three months. Around 2.4 million people, aged 16 and over, who are registered with a GP practice in England will receive an invitation to take part in Europe's biggest patient experience survey. The survey is a key source of information about primary care in England.

This year's survey was promoted to Patient Participation Groups (PPG) at the countywide PPG Network at the end of January 2022.

Survey results publications

2020 CQC Children and Young People's Patient Experience Survey results

The 2020 CQC Children and Young People's Patient Experience Survey asked children and young people, and their parents and carers, about their experience in English hospitals between November 2020 and January 2021. Children and young people (and their parents/carers) were invited to take part if they were aged between 15 days and 15 years (inclusive) and received care in hospital between November 2020 and January 2021, either as a planned or emergency inpatient, or as a day case.

The sampling period was extended, compared to the previous survey, to include January (previous surveys sampled in November and December only) due to declines in hospital admissions for children and young people related to the COVID-19 pandemic. Whilst this change should be kept in mind when viewing the results and making comparisons to previous years, comparability back to 2016 and 2018 has been maintained.

The results of this survey provide a unique insight into children and young people's experiences of hospital care at a time when NHS services in England were under considerable pressure due to COVID-19, during the "second wave" of cases and hospital admissions in England:

- Most children, young people and their parents or carers were positive about their overall hospital experience.
- The majority of children and young people said that staff looked after them well, were friendly, treated them with privacy and listened to what they had to say.
- Children and young people were less positive about their experiences of the hospital food, involvement in decision making and being discharged.
- This year, children, young people and their parents reported that there was less to do in hospital than in previous years.

The survey featured three individual questionnaires:

- Parent's questionnaire: completed by the parents/carers of children aged 0 – 7 years.
- Children's questionnaire: completed by children aged 8 – 11 years (with a section for their parents/carers to complete).
- Young Person's questionnaire: completed by young people aged 12 – 15 years (with a section for their parents/carers to complete).

The survey received over 27,000 completed questionnaires including over 13,000 completed directly by children and young people aged 8 to 15 years, a national (adjusted) response rate of 24% (25% in 2018).

The published CQC briefing, national tables and trust level results are available at https://www.cqc.org.uk/publications/surveys/children-young-peoples-survey-2020

2021 CQC Community Mental Health Survey results

The results of CQC's 2021 Community Mental Health survey were published on 1 December. Results for NHS trusts and for England as a whole are available on the CQC website.

Respondents were sampled if they were aged 18 or over and used mental health services between September and November 2020, with questionnaires returned between February and June 2021.

The survey showed positive experiences for the organisation of people's care and the purpose of medications being explained. However, respondents reported less positive experiences around access, crisis care, involvement, communication, and support and well-being, with questions in some of these areas recording their lowest result over the previous eight years for which results can be compared (2014 – 2021).

There are two national survey result publications to look out for during February 2022:

- **10 February 2022** – CQC 2021 Maternity Survey
- **10 February 2022** – Finalised Patient Reported Outcome Measures (PROMs) in England for Hip and Knee Replacement Procedures (April 2020 to March 2021)

Primary Care Education

The Primary Care Training Hub signed off the annual Continuing Professional Development (CPD) funding allocated to Primary Care Networks for Registered Nurses and Allied Health Professionals for 2021/22. CPD courses are available for the staff to book directly to align with their learning and development and workforce requirements.

One Gloucestershire's student capacity expansion programme continues into Phase 2. The Matron for Clinical Learning and Development leads specifically to expand the capacity of Adult Nursing Placements within Primary Care and increasing the numbers of Nursing and Midwifery assessors and supervisors. GCCG are working with the Primary Care Training Hub to support the local delivery of a 2-year General Practice Nursing (GPN) Fellowship. Four GPN's have started on this programme which reflects the NHS Long Term Plan commitment. The programme is Nationally funded with allocations made on a quarterly basis to systems.

Trainee Nursing Associate numbers have increased in General Practice. 4 students have progressed to their second year, 2 started in September and 5 are applying to the University of Gloucestershire for the April 2022 cohort. Levy funding for their training is available from the ICS apprenticeship group.

Medicines Optimisation & Prescribing Update

Prescribing Costs as of July 2021

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Prescribing figures available from ePACT (2-3 months behind) indicate that prescribing data in July 2021 shows an increase in items (+2.9%) with an increase in costs (+2.5%, +£798k) compared to the same period in 2020. Gloucestershire prescribers are achieving a little above the national 'polypharmacy avoidance' target levels, namely 18.3% vs 18% (this reduces the risks of possible hospitalisations as a result of patients experiencing ADRs resulting from being over-medicated). However, this is a worsened position vs July 2020.
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Practice Prescribing Support Team (Prescribing Support Pharmacists and Technicians (PSPs and PSTs).

Following an extended period of vaccination programme support, the PSP and PST team are now largely back to 'business as usual', and access to practices is often via remote methods. The implementation of the annual PIP savings plan has been delayed due to capacity concerns (resulting from the ongoing primary care pressures) within practices to undertake it. This has affected the number of medicine optimisations projects within practices, although with the team back to BAU, we expect their practice inputs to increase. Part of our pharmacy Technicians hours are also use to support the Prescription Ordering Line (POL), although in early 2022 we anticipate this to reduce significantly.

We are undertaking recruitment currently for additional pharmacists.

Primary Care Network Medicines Optimisation Group

The Primary care Networks within Gloucestershire have utilised their PCN employed medicines optimisation teams quite differently from each other, with some being heavily involved in the vaccination sites, and others remaining within practice carrying out supporting work there. The group meets regularly to share information and ideas across the PCN groups, as well as information from the CCG's Medicines Optimisation team.

Integrated Pharmacy and Medicines Optimisation (IPMO)

The current pre-registration pharmacy technicians (PTPT) are well underway within their 2 yr placements across the Gloucestershire ICS pharmacy sectors, including an educational element and on the job training. At the end of this they will be registered pharmacy technicians, with a wide experience of roles and sectors e.g. hospital or primary care and community.

The IPMO continue to develop the planning and opportunities for the wider pharmacy workforce into the future, and indeed have just obtained funding for a further three PTPTs to commence in early 2022. This will further add to the skilled local pharmacy technician workforce, without creating gaps across the system. This should further improve the local workforce resilience.

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NHS Gloucestershire Clinical Commissioning Group

Infection Control Update

Gloucestershire Healthcare settings bacterial infection prevalence

The aim of this report is to monitor infection prevalence across different healthcare settings, to inform understanding about the origin and spread of these infections.

The data source for this report is Public Health England's Data Capture System (PHE DCS) which provides mandatory surveillance of infection rates of Staphylococcus aureus (MRSA and MSSA), Escherichia coli, (E. Coli) Klebsiella, Pseudomonas aeruginosa bacteraemia and Clostridium difficile.

The data in this report is correct at the time of publishing but is subject to change as data is updated up to two months after initial availability from the PHE DSC and will be updated in this report accordingly. (The figures subject to change are highlighted in orange on the graphs below)

October and November figures are not validated so may be subject to change

Data explanatory notes:

There are two tables which report slightly different infection rates:

- **GCCG:** The GCCG table reports all incidences of infection for all patients residing in a post code within the Gloucestershire CCG area, regardless of the care site that the infection was reported. (e.g. Gloucestershire resident treated in Bristol, Swindon or Wales)
- **GHNHSFT:** The GHNHSFT table reports all incidences of infection for all patients admitted to GHNHSFT sites, regardless of their usual place of residence. (i.e. patient treated in Gloucestershire may not have a 'GL' postcode.)

C difficile Targets

The GCCG threshold for total C. difficile cases per financial year have been published for 2021/22 within the NHS Standard Contract Minimising Clostridium difficile and Gram-negative Bloodstream Infections. This financial year's C. difficile objective has been clarified as 192 slightly less than that for 2019/20 (194) on which all thresholds have been based.

The C. difficile case threshold for 2021/22 for Gloucestershire Hospitals NHSFT is 97.

The analysis below compares the infection rates for year to date with the previous year's data and theoretical extrapolation.

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This summary compares year end 2020/2021 and year to date for 2021/2022

GCCG

There is an increase in the number of C diff cases reported for the CCG as of November 2021 which is up 23% on last year. However, the number of infections last year should be interpreted cautiously as an exceptional year affected by pandemic. Current predictions estimate 206 infections if current trend continues which will exceed the threshold for Gloucestershire of 192. Nationally there has been an increase in C.Diff cases this year.

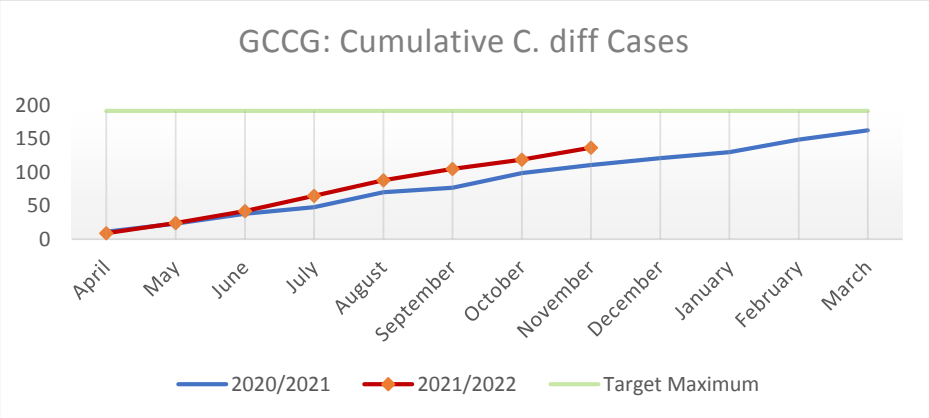
2020/2021 Total C. diff cases	2020/2021 % of Target (194 - previous target)	YTD 2021/2022 C. diff cases	2020/2021 C. diff cases at same point
163	84%	137	111

2021/2022 Percentage of target maximum cases (192) so far:

71%

Percentage difference 2021/2022 compared to 2020/2021:

23%



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	Cumulative Cases											
	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	16	28	43	60	80	101	122	143	158	177	190	199
2020/2021	11	23	38	48	70	77	99	111	121	130	149	163
2021/2022	9	24	42	65	88	105	119	137				

Average cases per month 2019/2020:	16.6
Average cases per month 2020/2021:	13.6
Average cases per month 2021/2022 so far:	17.1

Theoretical total cases for 2021/2022:	206

Estimated range for 2021/2022 calculated using mean and standard deviation of cases per month from 2019/20 and 2020/21.
Theoretical total cases for 2021/2022 based on average cases per month in current year (2021/2022). These should only be referred to as a rough inicator and are not definitive.

Summary table of other Health Care Associated Infections (HCAI) – *(a new report)*

	Count of Infections					
Organism	GCCG Target	GCCG YTD (actual)	GCCG prediction for year end*	GHFT Target – Healthcare Associated infections only	GHFT YTD (actual) – Healthcare Associated infections only	GHFT prediction for year end*
C. diff	192	137	206	97	76	114
E. coli	263	175	263	99	56	84
P. aeruginosa	19	17	26	10	11	17
Klebsiella spp.	84	48	72	38	25	38

Prediction is based on average rate of infections per month for the year to date and does not take possible seasonal fluctuation into account.

Infection summary tables

Gloucestershire Clinical Commissioning Group (GCCG)

The table below summarises the CCG infection episodes

GCCG - Counts or Rates of Infection Episodes

Figures subject to change

		2021/2022													
Infection Name	Infection Origin	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	YTD 2021/2022
Klebsiella spp:-	Hospital Onset	0	0	0	0	3	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	9	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	4	1	2	16	2	3	3	3	3	3	4	1	22
	Community Onset - Healthcare Associated	1	1	1	1	8	2	1	0	1	1	2	0	1	8
	Community Onset - Community Associated	2	3	2	1	29	3	2	2	1	5	3	1	1	18
	Total	3	8	4	4	65	7	6	5	5	9	8	5	3	48
E. coli	Hospital Onset	0	0	0	0	10	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	31	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	2	2	4	3	33	4	6	4	4	1	5	7	7	38
	Community Onset - Healthcare Associated	4	3	1	7	35	6	4	3	0	6	4	4	2	29
	Community Onset - Community Associated	13	10	12	15	123	13	9	11	13	19	16	15	12	108
	Total	19	15	17	25	232	23	19	18	17	26	25	26	21	175
C. difficile	Hospital Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	1	2	7	3	36	4	7	8	6	9	5	1	10	50
	Community Onset - Healthcare Associated	3	2	3	5	39	1	5	5	5	6	4	4	2	32
	Community Onset - Community Associated	4	4	7	4	62	3	3	2	12	6	7	7	2	42
	Community Onset - Indeterminate Association	2	1	2	2	25	1	0	3	0	2	1	2	3	12
	Missing Info/Unknown	0	0	0	0	1	0	0	0	0	0	0	0	1	1
	Total	10	9	19	14	163	9	15	18	23	23	17	14	18	137
Pseudomonas aeruginosa	Hospital Onset	0	0	0	0	3	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	3	1	1	1	7	1	2	1	0	2	1	0	1	8
	Community Onset - Healthcare Associated	1	0	0	0	2	0	0	1	2	1	1	1	0	6
	Community Onset - Community Associated	1	0	1	2	14	0	1	0	0	0	2	0	0	3
	Total	5	1	2	3	27	1	3	2	2	3	4	1	1	17
MRSA	Hospital Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	Community Onset - Healthcare Associated	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Community Onset - Community Associated	0	1	0	1	4	0	0	0	0	0	0	0	0	0
	Total	0	1	0	1	4	0	0	1	0	0	1	0	0	2
MSSA	Hospital Onset	0	0	0	0	4	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	16	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	6	1	2	4	21	1	2	4	4	5	6	0	3	25
	Community Onset - Healthcare Associated	2	0	2	1	6	0	0	2	1	1	1	0	2	7
	Community Onset - Community Associated	0	6	3	6	32	2	7	2	2	2	3	0	6	24
	Total	8	7	7	11	79	3	9	8	7	8	10	0	11	56

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GCCG - Counts or Rates of Infection Episodes															Figures subject to change		
		2020/2021								2021/2022							
Infection Name	Infection Origin	Sep-2020	Oct-2020	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD 2021/2022
Klebsiella spp:-	Hospital Onset	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	1	1	4	0	4	1	2	16	2	3	3	3	3	3	17
	Community Onset - Healthcare Associated	2	0	0	1	1	1	1	8	2	1	0	1	1	2	7
	Community Onset - Community Associated	5	2	6	2	3	2	1	29	3	2	2	1	5	3	16
	Total	**8**	**3**	**10**	**3**	**8**	**4**	**4**	**65**	**7**	**6**	**5**	**5**	**9**	**8**	**40**
E. coli	Hospital Onset	0	0	0	0	0	0	0	10	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	31	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	2	7	4	2	2	4	3	33	4	6	4	4	1	4	23
	Community Onset - Healthcare Associated	7	4	3	4	3	1	7	35	6	4	3	0	6	3	22
	Community Onset - Community Associated	10	15	15	13	10	12	15	123	13	9	11	13	19	16	81
	Total	**19**	**26**	**22**	**19**	**15**	**17**	**25**	**232**	**23**	**19**	**18**	**17**	**26**	**23**	**126**

Infection Name	Infection Origin	Sep-2020	Oct-2020	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD 2021/2022
C. difficile	Hospital Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	1	3	2	1	2	7	3	36	4	7	8	6	9	4	38
	Community Onset - Healthcare Associated	3	6	2	3	2	3	5	39	1	5	5	5	6	4	26
	Community Onset - Community Associated	1	10	6	4	4	7	4	62	3	3	2	12	6	5	31
	Community Onset - Indeterminate Association	2	3	2	2	1	2	2	25	1	0	3	0	2	1	7
	Missing Info/Unknown	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Total	**7**	**22**	**12**	**10**	**9**	**19**	**14**	**163**	**9**	**15**	**18**	**23**	**23**	**14**	**102**
Pseudomonas aeruginosa	Hospital Onset	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	0	0	3	1	1	1	7	1	2	1	0	2	1	7
	Community Onset - Healthcare Associated	1	0	0	1	0	0	0	2	0	0	1	2	1	1	5
	Community Onset - Community Associated	4	2	0	1	0	1	2	14	0	1	0	0	0	2	3
	Total	**5**	**2**	**0**	**5**	**1**	**2**	**3**	**27**	**1**	**3**	**2**	**2**	**3**	**4**	**15**

Infection Name	Infection Origin	Sep-2020	Oct-2020	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD 2021/2022
MRSA	Hospital Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Community Onset - Healthcare Associated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset - Community Associated	1	0	1	0	1	0	1	4	0	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**4**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
MSSA	Hospital Onset	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	16	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	1	1	4	6	1	2	4	21	1	2	4	4	5	6	22
	Community Onset - Healthcare Associated	0	0	0	2	0	2	1	6	0	0	2	1	1	1	5
	Community Onset - Community Associated	3	5	3	0	6	3	6	32	2	7	2	2	2	3	18
	Total	**4**	**6**	**7**	**8**	**7**	**7**	**11**	**79**	**3**	**9**	**8**	**7**	**8**	**10**	**45**

Infection Name	Infection Origin	Sep-2020	Oct-2020	Nov-2020	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD 2021/2022
MRSA	Hospital Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Community Onset - Healthcare Associated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Onset - Community Associated	1	0	1	0	1	0	1	4	0	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**4**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
MSSA	Hospital Onset	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0
	Community Onset	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0
	Hospital Onset - Healthcare Associated	0	1	1	4	1	2	3	13	1	2	2	4	5	5	19
	Community Onset - Healthcare Associated	0	0	0	2	0	1	1	5	0	0	2	1	1	1	5
	Community Onset - Community Associated	3	5	2	0	5	1	6	28	1	6	2	2	2	2	15
	Total	**3**	**6**	**3**	**6**	**6**	**4**	**10**	**62**	**2**	**8**	**6**	**7**	**8**	**8**	**39**

Seasonal Influenza 2020/21

PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

Care home infection control team

In recognition of the level of outbreaks of Covid in care homes and supported living the Public Health service at GCC have funded a team of specialist IPC nurses to advise and support care homes. Support is also being provided to this team from the GHFT and GHCFT IPC teams as required. The team are working closely with the homes and GP practices and a reinforcing the need to maintain high IPC standards, as well encouraging staff to have the covid vaccinations. Additional funding has now been provided by GCC and additional clinical and non-clinical staff are being recruited. The team's activities have been welcomed by the homes with their involvement in a wide range of infections. This is proving to be effective but there is the need for more staff to adequately provide support to both care homes and domiciliary care. It has been agreed with the Director of Public Health that together we need to develop a long-term plan for this service which currently has temporary funding.

Seasonal Influenza 2021/22

This year's flu vaccination season went well, and vaccinations are still being promoted. The challenges this year were some initial reduced vaccine supply and later the effect of the number of people with Covid, including in schools, effecting vaccine uptake. This year we have built on the good practice and lessons learned from last season and the Covid vaccine role out. This included close working within the inequalities team and GHC, use of our rural fire stations co-administration where applicable with Covid vaccine and the good working relationship with our community pharmacy's.

Nationally the areas we have been asked to focus on for next season have already been identified as maternity and preschool age, we will be exploring new approaches to these cohorts looking at engagement with these groups.
The uptake rate for the public in the county is higher than last year. Disapointingly the rate of uptake of flu vaccinations by the staff in out two trusts is significantly lower than previous years. This may be because staff consider it more important to be vaccinated against Covid rather than flu.

Covid Vaccinations

The Covid Vaccination programme in the county has been one of the most successful in the country, the success has been down to multiple reasons and a strong project team. The approach of having 10 well positioned vaccination centres supported by 8 pharmacies and additional pop up sites has worked very well. To deliver this wide range of vaccination opportunities there has been good collaboration between PCNs, GHT and GHC. As with the rest of the country vaccinations have slowed right down and the focus is currently on the vulnerable 5 to 11-year and 12-15 yrs young people at school. planning has commenced for establishing a service which makes Covid vaccinations business as usual.

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Temporary GP Contract Changes and Additional Funding

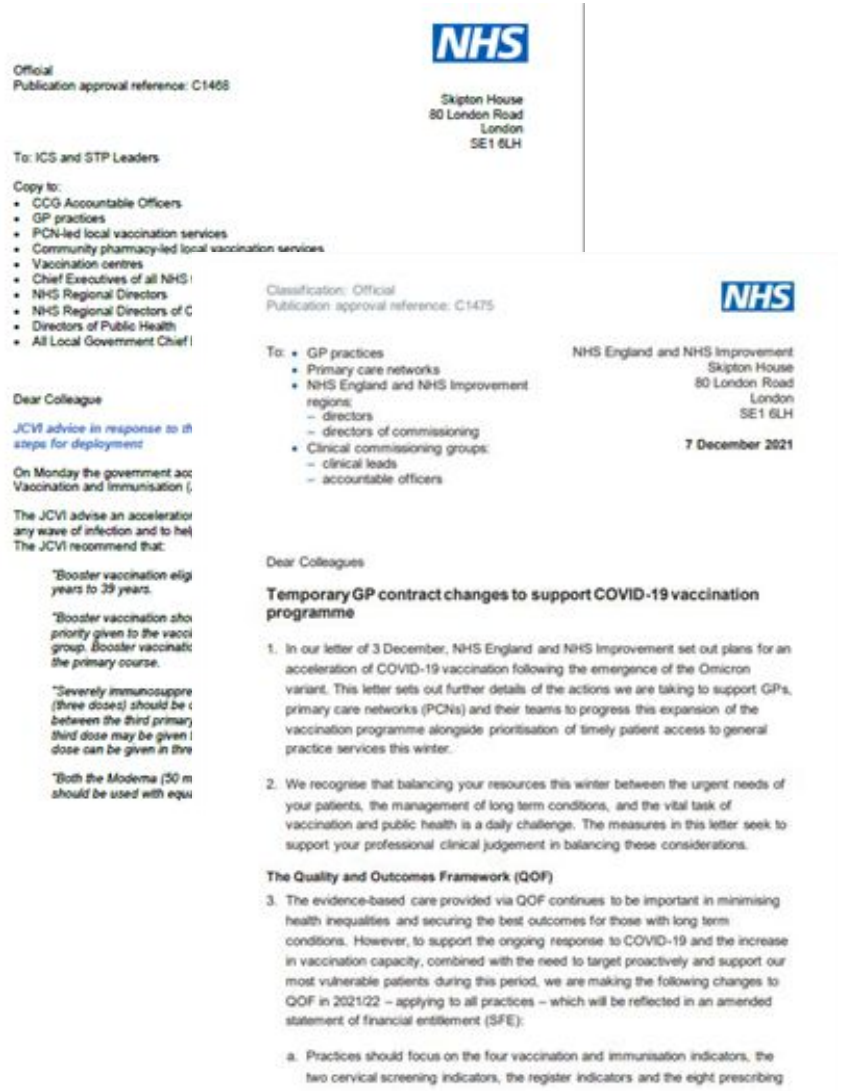
Jo White, Deputy Director of Primary Care and Locality Development

February 2022

Temporary changes to support Covid-19 vaccination programme

NHSE/I letter dated 3.12.21 set out plans for an acceleration of Covid-19 vaccination following the emergence of the Omicron variant

NHSE/I letter dated 7.12.21 set out further details of the actions taken to support GPs and PCNs progress the expansion of the vaccination programme alongside prioritisation of patient access to general practice services this winter.



Official
Publication approval reference: C1468

NHS

Skipton House
80 London Road
London
SE1 6LH

To: ICS and STP Leaders

Copy to:
- CCG Accountable Officers
- GP practices
- PCN-led local vaccination services
- Community pharmacy-led local vaccination services
- Vaccination centres
- Chief Executives of all NHS
- NHS Regional Directors
- NHS Regional Directors of C
- Directors of Public Health
- All Local Government Chief

Dear Colleague

JCVI advice in response to th
steps for deployment

On Monday the government acc
Vaccination and Immunisation (

The JCVI advise an acceleratio
any wave of infection and to hel
The JCVI recommend that:

"Booster vaccination eligi
years to 39 years.

"Booster vaccination sho
priority given to the vacci
group. Booster vaccinatio
the primary course.

"Severely immunosuppre
(three doses) should be
between the third primary
third dose may be given
dose can be given in thre

"Both the Moderna (50 m
should be used with equ

Classification: Official
Publication approval reference: C1475

NHS

To:
- GP practices
- Primary care networks
- NHS England and NHS Improvement regions:
  - directors
  - directors of commissioning
- Clinical commissioning groups:
  - clinical leads
  - accountable officers

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

7 December 2021

Dear Colleagues

Temporary GP contract changes to support COVID-19 vaccination programme

1. In our letter of 3 December, NHS England and NHS Improvement set out plans for an acceleration of COVID-19 vaccination following the emergence of the Omicron variant. This letter sets out further details of the actions we are taking to support GPs, primary care networks (PCNs) and their teams to progress this expansion of the vaccination programme alongside prioritisation of timely patient access to general practice services this winter.

2. We recognise that balancing your resources this winter between the urgent needs of your patients, the management of long term conditions, and the vital task of vaccination and public health is a daily challenge. The measures in this letter seek to support your professional clinical judgement in balancing these considerations.

The Quality and Outcomes Framework (QOF)

3. The evidence-based care provided via QOF continues to be important in minimising health inequalities and securing the best outcomes for those with long term conditions. However, to support the ongoing response to COVID-19 and the increase in vaccination capacity, combined with the need to target proactively and support our most vulnerable patients during this period, we are making the following changes to QOF in 2021/22 – applying to all practices – which will be reflected in an amended statement of financial entitlement (SFE):

   a. Practices should focus on the four vaccination and immunisation indicators, the two cervical screening indicators, the register indicators and the eight prescribing

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QOF 2021/22 changes

- Practices to focus on
  - 4 vaccination and immunisation indicators
  - 2 cervical screening indicators
  - the register indicators
  - 8 prescribing indicators
- 46 QOF points for new indicators where there is no historic performance to use as a basis for income protection have been reallocated to increase the total points available for the 8 prescribing indicators
- Remaining QOF indicators to be income protected using a methodology very similar to that applied in 2020/21
- The Quality Improvement (QI) domain will be paid to practices in full.

A summary of QOF income protection is shown in table below

QOF	Points (total points available 635 points)	Payment	Protection status
Public Health and Prescribing QOF indicators	165 Points (75+90)	Actual 2021/22 performance.	None
Disease Register indicators	81 Points	Actual 2021/22 performance.	None
QOF indicators with income protection	315 Points (244+71)	Income Protection Payment. The remaining indicators will be income protected using a methodology very similar to one applied in 2020/21.	To be eligible for income protection, practices will need to agree with their commissioner a plan that will set out how QOF care will be delivered wherever possible, but with priority according to clinical risk and accounting for inequalities.

Investment and Impact Fund (IIF)

Changes to IIF for 2021/22

- 3 flu immunisation indicators, and the appointment categorisation indicator (as the work is complete) will continue to operate on the basis of PCN performance in 2021/22
- The remaining indicators will be suspended and the funding allocated (£112.1m) repurposed
- £62.4m of the funding repurposed will be allocated to PCNs via a PCN support payment

The Dispensary Services Quality Scheme

- will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22.

Additional Telephony Support

- As a component of the Winter Access programme, NHSX have agreed a time limited offer with Microsoft for general practice to utilise MS teams telephony functionality.
- This solution will enable staff to use MS teams to make outbound only calls independently of the existing telephone solutions.

Wider Measures for practices participating in the vaccine programme

£49.7m will be allocated to a new binary IIF indicator, paid on the basis of all practices within a PCN being signed up to phase 3 of the Covid-19 Vaccination ES as at 31.12.21 and remaining signed up until 31.3.22

From 1.12.21 – 31.3.22

- Income Protection for Minor Surgery DES
- Routine health checks on request for over 75s who have not had a consultation in the last 12 months, and for new patients, may be deferred where contractors consider it clinically appropriate.

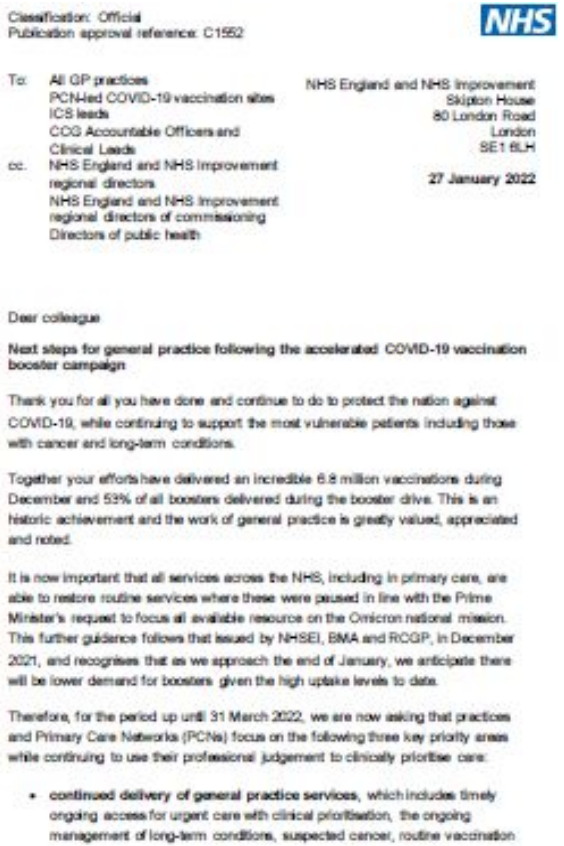
The Dispensary Services Quality Scheme will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22.

Next steps for General Practice following the accelerated Covid 19 vaccination booster campaign

NHSE/I letter dated 27.1.22 stressed the importance of restoration of routine services

Practices and PCNs were asked to focus on 3 priority areas

- Continued delivery of GP services
- Management of symptomatic COVID-19 patients in the community
- Ongoing delivery of the COVID-19 vaccination programme



Classification: Official
Publication approval reference: C1552

NHS

To: All GP practices
PCN-led COVID-19 vaccination sites
ICS leads
CCG Accountable Officers and Clinical Leads
cc. NHS England and NHS Improvement regional directors
NHS England and NHS Improvement regional directors of commissioning
Directors of public health

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

27 January 2022

Dear colleague

Next steps for general practice following the accelerated COVID-19 vaccination booster campaign

Thank you for all you have done and continue to do to protect the nation against COVID-19, while continuing to support the most vulnerable patients including those with cancer and long-term conditions.

Together your efforts have delivered an incredible 6.8 million vaccinations during December and 53% of all boosters delivered during the booster drive. This is an historic achievement and the work of general practice is greatly valued, appreciated and noted.

It is now important that all services across the NHS, including in primary care, are able to restore routine services where these were paused in line with the Prime Minister's request to focus all available resource on the Omicron national mission. This further guidance follows that issued by NHSEI, BMA and RCGP, in December 2021, and recognises that as we approach the end of January, we anticipate there will be lower demand for boosters given the high uptake levels to date.

Therefore, for the period up until 31 March 2022, we are now asking that practices and Primary Care Networks (PCNs) focus on the following three key priority areas while continuing to use their professional judgement to clinically prioritise care:

- **continued delivery of general practice services**, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination

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Winter Access Fund (WAF)

December 2021

WAF - objective and uses

Total fund = £250m Nov 21 to Mar 22
GCCG indicative allocation = £2.714m
The WAF focusses on 3 areas:

- increase and optimise capacity;
- address variation and encourage good practice; and
- improve communication with the public, including tackling abuse and violence against NHS staff.

The WAF is deployable to support:

- Systemwide actions (e.g. hubs or urgent care capacity). This could draw on support from at-scale organisations like local federations;
- Actions relating to specific practices who are in need of enhanced support;
- The wider set of practices across the ICS.

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National support

- Supporting practices to move from older telephony systems to cloud based solutions.
- Option to reconfigure Covid vaccination delivery to target improved access, where required.
- Commitment to reducing bureaucracy e.g. reducing the burden of medical evidence and certificates, such as fit notes and DVLA checks.
- Delay to roll out of PCN specifications to April 2022 (earliest) and delay of Extended Access to October 2022.
- Developing further data transparency.
- Strengthening the Access Improvement Programme.
- £5m fund to achieve zero tolerance of violence and abuse and upgrades to practice security measures.
- Incentivising practices to improve patient satisfaction.

Costs Covered by the Fund

a. Funding more sessions from existing staff
b. Locum capacity through (digital) locum pool
c. Expanding extended hours capacity - including, for example, any contingency planning for bank holiday working
d. Using Administrative staff e.g. at PCN, federation, or practice level
e. Employing other physicians in surgeries
f. Increasing the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity
g. Using primary care hubs – including respiratory hubs (for RSV) or 111 Clinical Assessment Services (CAS) capacity, where general practice is unable to expand.

Local schemes 2021/22

Winter Pressure Scheme

- In line with previous years, additional appointments during December 2021 – March 2022 of clinical professional time.
- 62 practices have signed up to this scheme, with an initial offer of around 30,000 additional appointments.
- GP practices to build in sufficient winter capacity wherever possible over the Christmas and New Year period, to meet their practice's and patients' needs

Winter Incentive Scheme

- Additional capacity for answering telephones and signposting patients/support for reception teams
- Funding can be used to
  - Recruit additional receptionist/care navigator capacity
  - Improve training/development of existing staff
  - Incentivise existing receptionists in order to retain staff
- GP Assistants to support GPs with administrative tasks to maximise GP efficiency to allow them to spend more time with patients
  - Part of a test and learn for different/new ways of working and pump priming of GP Assistant roles
  - 60 practices have signed up to this scheme.

Challenges

There are a number of issues which had the potential to impact on these schemes including;

- Capacity and available additional workforce in general practices and PCNs
- The December covid booster programme and planned cohort extensions
- Covid sickness
- Unknown demand this winter.