NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Held in Public on Thursday 28th April 2022, 2:00 pm

Microsoft Teams

No.	Item	Lead	Recommendation
1	Apologies for Absence	Chair	Information
2	Declarations of Interest	Chair	Information
3	Minutes of the Meeting held on the 24th February 2022	Chair	Approval
4	Matters Arising	Chair	Discussion
5	Primary Care Infrastructure Plan 2022/23 Work Programme	Andrew Hughes	Information
6	PCN Quality Improvement Schemes Update (presentation)	Jo White	Information
7	Primary Care Delegated Financial Report	Cath Leech	Information
8	Primary Care Quality Report	Marion Andrews-Evans	Information
9	General Practice Contract Changes 2022/23 (presentation)	Jo White	Information
10	Newnham/Westbury Practice	Jeanette Giles	Information
11	Community Enhanced Services – inflationary uplift proposal	Jo White	Decision
12	Any Other Business	Chair	
Date and time of next meeting: Thursday 30th June 2022 at 2:00 pm, virtually, via MS Teams			

NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

(Meeting held in public via MS Teams)

Minutes of the meeting held at 2:00 pm on 24th February 2022

Present:		
Alan Elkin (Chair)	AE	Lay Member, Patient, and Public Experience
Dr Andy Seymour	AS	Clinical Chair
Colin Greaves	CG	Lay Member, Governance
Cath Leech	CL	Chief Financial Officer
Mary Hutton	MW	Accountable Officer
Julie Clatworthy	JC	Registered Nurse and Lay Member, Quality
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Helen Goodey	HG	Director of Primary Care & Locality Development
Vareta Bryan	VB	Lay Member Developmental Role
Denise Johnson-Carr	DJC	Lay Member Developmental Role

In Attendance:		
Dr Laura Halden	LH	Chair Gloucestershire Primary Care Training Hub
Kate Usher	KU	Head of Primary Care Workforce Development

Becky Parish	BP	Associate Director Engagement & Experience
Katrice Redfearn	KR	PCN Service Implementation Manager
Jeanette Giles	JG	Head of Primary Care Contracting
Jo Davies	JD	Lay Member, Public & Patient Engagement
Carole Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning
Jo White	JW	Deputy Director of Primary Care and Locality Development
Mia Doyle	MD	General Management Trainee
Dawn Collinson	DC	Admin for Corporate Governance (minutes)

1.	**Apologies**
1.1	No apologies were received.
1.2	It was confirmed that the meeting was quorate.
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 from 28th October 2021 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. *HG said that the dashboard is developing, and ED attendances will be part of this. This should be placed under the PCN dashboard in the absence of an ILP dashboard for reporting.* **Item to remain open**
4.2	**28.10.21, Item 8.5,** LP to circulate the Gloucestershire Annual Review of all Unscheduled Care Attendances to Primary Care Commissioning Committee members and attendees. **Item to be closed.**
5.	**Supporting Primary Care: Training Hub and Workforce Update**
5.1	AE asked for clarification on how the Primary Care Training Hub was funded. LH explained that the majority of the funding came from Health Education England (HEE), and NHSE/I who funded Primary Care Training Hubs nationally.
5.2	LH explained the training work that the Training Hub had been undertaking and what the roles involved. Some roles were mandated by the Care Quality Commission (CQC). LH explained that the roles had been funded through the Additional Roles Reimbursement (ARR) scheme however supervision was not funded and remained a challenge. LH explained that there were plans to recruit into Supervision Fellowships. LH highlighted that further GP fellowships had been recruited.
5.3	In terms of the upcoming plans for the Primary Care Training Hub, LH explained that the Primary Care Training Hub was working with the Local Medical Council (LMC) to reinstate Practice Manager appraisals which would be undertaken by an external Practice Manager. The role of GP Assistants, who would take on some administrative duties of the GP, were also being promoted. There was an Education Lead within each PCN. Over 50 GPs were supported on the Spark GP

	Programme. Funding had been received from HEE to continue work to support GP recruitment and retention.
5.4	LH explained the Training Hub induction programme. It was expected that not all staff commencing work in Primary Care had a background or working knowledge in this area. The aim was to provide an induction programme for all staff (clinical and non-clinical) who were new to working in Primary Care. The induction would include relevant information on PCNs, CCG, Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs); using clinical computer systems; keeping up to date with continuing professional development (CPD) needs and other training needs, and staff wellbeing and access to support.
5.5	JD said that she would like to see well-being permeate more across the discussion in light of the challenging experiences of front-line staff over the past two years during the pandemic. This should be at the very forefront so that staff get the most rewarding experience from their roles, thus supporting employee retention of Primary Care staff in Gloucestershire. LH explained that wellbeing is at the forefront of the Training Hub and a lot of work had been undertaken including securing some funding from NHSE to support the well-being agenda. LH explained that the Wellbeing Line had been invited to attend the next LMC meeting to discuss the Wellbeing Line offer.
5.5	KU explained that there were three key areas of focus in terms of staff wellbeing in Primary Care. The first was to provide practices with a software solution for people to input how they were feeling on a day to day basis. The data could then be used to identify areas and groups of people to enable timely intervention. KU explained that the second element was to hold Health and Wellbeing Masterclasses, to create a more in-depth understanding of health and well-being and to encourage this to become part of daily activity. KU said that the third part would be sponsoring a Health and Wellbeing Champion in each of the 71 practices in the county. The role of the Champion would be to advocate health and wellbeing on a daily basis and for it to be on every practice's agenda to be discussed regularly.

5.6	JD responded that these health and well-being initiatives would be valuable to Primary Care staff. JD advised remaining clear on the approach to Primary Care health and well-being to ensure Gloucestershire was an attractive place to work. JD suggested LH and KU made podcasts about the breadth of excellent work happening to promote health and wellbeing.
5.7	VB advised that this health and well-being model could be rolled out to support the workforce in the community and social care sectors, particularly the Associate Nurse and the Assistant roles. LH said she was keen to discuss further with VB how this could be implemented within the community and social care settings.
5.8	VB asked whether the induction programme could include safeguarding and health inequalities as the ICB will want staff to be aware of these two very important areas. LH said that the Primary Care Training Hub signposted to information and training for safeguarding, health inequalities and personalised care.
5.9	JC said that it was difficult for newly qualified nurses to come into Primary Care as they often lack the basic training in specific areas; or were qualified nurses who had experience in a different area. JC asked how these nurses would be supported. LH responded that the fellowship scheme only supported newly qualified nurses. LH added that the ICS Nurse Preceptorship Programme will support newly qualified nurses and those new into Primary Care with specific clinical skills; the Nurse Lead will help to develop one to one support.
5.10	HG explained that a hybrid model was being developed, where a dual role would be recruited to and they would work across Primary Care and Community Care. This would commence in the South Cotswolds.
5.11	MAE said that it was important to increase the number of student placements in Primary Care; if students had a good experience in their placements, they were likely to remain in Primary Care. MAE would also like to see the leadership role in the PCN

	localities developed, which will enable career development opportunities.
5.12	KU explained that recruitment and retention of receptionists was challenging. KU said there had been a receptionist recruitment open day at Rosebank and Aspen practices which had been successful and each practice had recruited receptionists from this event. KU added that recruitment open days could be arranged for any practice. KU highlighted that the Training Hub could host these types of events, whilst supporting both clinical and non-clinical roles across Primary Care.
5.13	KU explained the overall aim of the Primary Care Flexible Pool. This was to increase capacity in general practice and create a new offer for local locum GPs and other staff wishing to work flexibly. This Primary Care Flexible Pool was an NHSE/I initiative that was currently out to tender, with the intention to go live in April.
5.14	KU explained the digital platform which will support professionals to work flexibly. It will enable practices to quickly fill vacant shifts and gain confirmation of a locum's ability to work. It allowed practices to look at standard documentation to assess individuals' suitability to work in the practice. KU said that the Primary Care Flexible Pool would initially start with GPs however will expand to cover additional roles.
5.15	CGi asked whether the Reservist Scheme was linked to the Primary Care Flexible Pool. KU explained that the Primary Care Flexible Pool was for those currently working and the Reservist Scheme was for those who had left work but could be called upon to return.
5.16	KU explained that another element of the Flexible Pool was a GP Chambers offer to enable locums to be brought together. The organisation who was awarded the contract will provide the digital platform and the GP Chambers. This will incorporate the provision of pastoral care, clinical governance and administrative support. This will help locums who cannot

	access our GP Fellowship Scheme SPARK and the retainer programme.
5.17	JC asked whether the digital provider had been chosen and KU said that several bids had been received and moderation was due to take place early in March. It was mandated that the same provider of the digital platform will deliver the GP Chambers. It was also mandated that the digital solution would be available to have a flexible pool for staff other than GPs.
5.18	JC suggested that staff from the Covid Vaccination Teams could be identified to progress into receptionist roles or as bank staff.
5.19	KU said there were a large number of GP locums in the county already and it was hoped to engage as many of them as possible to add them to the Primary Care Flexible Pool. JC said that there was a huge opportunity for the workforce such as receptionists, admin, HCAs and nurses to be included on the Primary Care Flexible Pool. KU responded that there were no limitations to the number or types of roles that could be included. For the first two years, there will be no cost to practices or locums as this was fully funded by NHSE/I.
5.20	CG asked whether the GP Chambers was a national programme. CG asked for further details about the registration, control and oversight. KU responded that not all areas had the GP Chambers model however this was considered very important locally. KU explained that the models from the bid varied slightly however they included a GP Chambers manager which would usually be a clinician. All legal documents were checked and verified by the provider and the practice for whom the locum would be working.
5.21	CG asked if there are any GP Chambers models which had been implemented elsewhere in the country and whether there would be any learning from these. LH explained that there will be learning from other areas in terms of how GP Chambers were set up.

5.22	**<u>RESOLUTION</u>: The members noted the contents of the presentation on Supporting Primary Care**
6.	**Health Overview and Scrutiny Committee (HOSC) Presentation**
6.1	HG explained that the past 12 months had been very challenging. HG highlighted that, despite the significant challenges seen during this period, Primary Care in Gloucestershire continued to see patients in practice and virtually, oximetry at home was introduced, Gloucestershire had one of the highest numbers of LD health checks completed, and also achieved some of the highest numbers of Covid vaccinations nationally.
6.2	HG said that due to the intense workload in Primary Care over recent years, there was an increase in burnout and sickness across the General Practice workforce. Although the press drew attention to the lack of access to GPs, this was not reflected in Gloucestershire's practices. HG explained that all local practices had remained open and continued to offer services. Gloucestershire performed at 88% compared to the national 83%.
6.3	HG explained that during the period from June 2021 to November 2021, Gloucestershire GP practices saw 11.3% (100,442) more total 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. HG explained that Gloucestershire had one of the highest levels of demand in England; online demand had remained at around 55-60k patient requests per month in the last 6 months.
6.4	HG explained that the G-care website launched in 2015. Pathways added to G-Care were developed jointly between GPs and specialists and provided clear and consistent guidance. In July 2015 there were 349 pathways; this had since increased to 463 which have been extremely well received.

6.5	HG said that Gloucestershire was a national exemplar in the use of Advice & Guidance. HG explained the introduction of Cinapsis, which took a similar approach to Advice and Guidance, dealt with the immediate urgent needs of the patient. This has been hugely successful and will be built further, with the increasing demand.
6.6	HG said that Gloucestershire had achieved over 90% delivery of booster vaccinations for Cohorts 1-15 and had an extremely successful vaccination model. The enthusiasm of the voluntary sector and other partners that helped with the success of the vaccination programme was key, and opportunities will be given to volunteers to work within our system in the near future.
6.7	HG explained that the use of the Covid Virtual Ward had been extremely successful and had avoided many hospital admissions, whilst still giving staff the ability to closely monitor patients with pulse oximeters and to admit those patients whose conditions deteriorated.
6.8	HG highlighted that many GP premises and estates had been developed since the CCG took over the commissioning of general practice.
6.9	**<u>RESOLUTION</u>: The members noted the contents of the HOSC presentation**
7.	**PCN Quality Improvement Schemes 21/22**
7.1	JW explained that Gloucestershire CCG released £1.7m of funding in March 2021, as non-recurrent funds to the 15 PCNs in Gloucestershire. Funding was to pump-prime the transformation and development of PCNs taking a Quality Improvement (QI) approach and use Population Health Management methodologies. This could complement/enhance existing ideas or schemes but could not duplicate any funding flows. A further £1m had since been made available to strengthen the QI projects.

7.2	JW summarised the governance processes around the QI funding. JW explained that schemes put forward by PCNs were shared with the PCN Development Group for review, who then made recommendations to the CCG Core Executive for agreement. Conflicts of Interests were managed through that process and MOUs were also put in place to support the implementation of those schemes.
7.3	JW explained that the PCNs received a toolkit including templates to support projects and evaluations. A training offer was being developed for QI Project Managers, with the support of a QI lead from the CCG.
7.4	JW summarised the list of schemes which had been approved and highlighted the significant amount of work taking place to meet the specific needs of the PCN populations.
7.5	HG praised the Primary Care Team for their input for this dynamic project. HG suggested that an update on QI projects was brought back to a future PCCC. AE agreed with this suggestion and also recognised the enormous work that the PCNs had undertaken in order to further improve health in their communities.
7.6	**RESOLUTION: The members noted the contents of the PCN Quality Improvement Schemes 21/22 presentation**
8.	**Primary Care Delegated Financial Report Quality Report (Month 10)**
8.1	CL explained that the financial position as at 31st January 2022 on delegated Primary Care budgets was a year to date overspend of £256k with a forecast variance of £77k. The forecast had changed around dispensing and prescribing budgets. Premises costs were showing an underspend, with the new waste contract providing some savings.

8.2	CL explained that claims against the new Long Covid Enhanced Service had been good, with over £190k of payments having been made by 67 different practices to date.
8.3	AE queried variances on the contract payments for GMS and PMS. CL informed that some of these variances related to General Practice changes which were updated every quarter. CL explained that if practice lists changed more than what was initially forecast, then those will show a variance. **Action: CL will obtain some more detail on contract payment variances.**
8.4	**RESOLUTION: The members noted the contents of the Primary Care Delegated Financial Report**
9	**Primary Care Quality Report – February 2022**
9.1	MAE explained that there had been an enhanced level of detail concerning safeguarding within the quality report. Unfortunately, the attendance at Safeguarding Forums had not been as high as hoped, and more focus was needed on the Practice Quality Assurance Statement. MAE explained that there was a Primary Care Offer for Safeguarding.
9.2	MAE highlighted that attendance at the Safeguarding training programmes had been good since meetings had been conducted virtually. Going forward there will be a mixture of face to face and virtual training to ensure good engagement. MAE explained that there was 100% compliance on case reports from practices which were welcomed by CCG partners.
9.3	MAE highlighted that Hadwen Medical Practice provided an excellent service in performing the initial health assessments for Children in Care; the workload had risen significantly in this area. There had been an increase in the number of children placed into care from outside the county.

9.4	MAE explained that the CCG had been in discussions with the Local Authority following the Somerset Judgement about the local Adoption Medical Advisors. MAE said that one Adoption Medical Advisor had been recruited however this was a challenging role to recruit into. MAE said that due to shortages of doctors, there were likely to be delays in carrying out adoption medicals.
9.5	AS spoke about attendance at the Safeguarding Forums and said that mitigating circumstances around Covid had meant reduced attendances at these forums. AS explained that staff sickness had been high and it was possible that many practice staff were absent due to sickness on days where Safeguarding Forums were planned. MAE acknowledged that sickness will have contributed to the attendance level at Safeguarding Forums and added that the Practice Manager Forums were well attended.
9.6	In terms of Serious Incidents reporting, MAE explained that a new national system called 'Learn from Patient Safety Events (LFPSE) was being implemented. This system encouraged all healthcare settings, including GPs to report more Serious Incidents. Education events will be provided for GPs to inform them of the change.
9.7	BP explained that work was underway to support the engagement associated with the development of the ICS. An Engagement exercise was launched on 1st February 2022 and was planned to run until the end of March 2022. BP said that there had been a recent CCG staff drop-in session conducted by the ICS Chair and the ICB Chair. Although engagement numbers had been low the conversations had been useful and of good quality.
9.8	BP explained Get Involved in Gloucestershire and said that people would be asked about how people wanted to be involved with the ICS going forward; what priorities the ICS should be focussing on; and what can be done to improve the health and well-being of people who live in Gloucestershire?

9.9	BP highlighted that the Gloucestershire ICS has been successful in securing £20,000 match funding to support the development of a local Citizens' Panel; one of seven systems were selected in England to receive this funding. BP explained that an action plan was submitted to NHSE/I on the 7th January 2022. A local Steering Group had been developed to take the Citizens' Panel forward, with the next steps being the development of the specification.
9.10	BP explained that an Insights Repository was going to be established. This will hold all information about services that had been gathered across the county for all staff to access and prevent duplication of work.
9.11	BP highlighted that an Insights Manager for Equality, Diversity & Inclusion had joined the Patient Experience and Engagement Team. They had planned to meet with various communities in Gloucestershire.
9.12	BP said that the the GP Patient Survey was underway. A template was being developed for the PPGs for our GP practices to enable them to create their own local surveys for patients registered to their own particular practices. A small working group of representatives from the PPGs had been established.
9.13	In terms of Primary Care Education, MAE highlighted the work being done by the Primary Care Training Hub. MAE said that HEE have offered funding to support a large number of nursing posts however caution needed to be exercised in taking on these nurses as they would likely come from General Practice.
9.14	MAE explained that there was a new two-year training programme for the pre-registration pharmacy technicians (PTPT) underway. At the end of this, they will be registered pharmacy technicians, with a wide experience of roles and sectors.

9.15	MAE reported that Clostridium Difficile (C.Diff) rates were increasing in the South West. C.Diff was associated with an older population. MAE said that local practices were not over-prescribing antibiotics which can be one of the causes of C.Diff. MAE said that our E-Coli rates remain some of the lowest in England.
9.16	MAE explained that Covid infection rates remained very high. It was highest in working-age adults and teenagers. There was no flu being reported. Flu vaccination uptake this year in the general population was improved from last year. Figures for staff working in health care settings was significantly lower than in previous years.
9.17	JD asked why the Flu vaccinations were not given alongside the Covid vaccinations. MAE responded that at the time staff were receiving their Covid vaccinations, the clinics were not set up to deliver both vaccines at the same time.
9.18	MAE informed that the Covid vaccine uptake for 5-11 year olds was only around 14%. MAE explained that this was due to the children contracting Covid and then not being able to have a vaccine for 12 weeks. Preparations were being made for the 5-11-year-old general population and the second booster for the over 75's, care homes and vulnerable people which was going to commence in the spring.
9.19	**<u>RESOLUTION</u>: The members noted the contents of the Primary Care Quality Report for February 2022**
10	**Temporary GP Contract Changes and Additional Funding**
10.1	JW provided an overview of the temporary GP contract changes which had taken place over recent months. There had been a vast amount of guidance and change that practices had managed through the pandemic.

10.2	JW explained that in early December 2021, NHSE/I had set out plans to accelerate the vaccination programme following the emergence of the Omicron Covid variant. NHSE/I followed this with more detail on support for GPs and PCNs to expand the vaccination programme and for priority for patient access to General Practices this winter.
10.3	JW explained the QOF changes for 2021/22 whereby practices were told to focus on vaccination and immunisation; cervical screening; the disease register; and prescribing.
10.4	JW summarised income protection and explained that practices were asked to agree a plan with the CCG about how they would deliver care. There was also a key indication that priority was to be given according to clinical risk and accounting for inequalities.
10.5	JW explained that the Investment and Impact Fund (IIF) also had some significant changes with only the Flu and Appointment categorisation indicator continuing to operate. The remaining Indicators were suspended and over £112m was repurposed nationally; £62m of this funding was allocated to a PCN support payment. Dispensary services were allowed to reduce the requirement for medication reviews from 10% to 7.5%.
10.6	As part of the wider measures, there was a new binary IIF indicator for PCNs being signed up to Phase 3 of the vaccination programme until the end of March which applied to all Gloucestershire PCNs. From December to the end of March, there was income protection for minor surgery and routine health checks on request for over 75's who have not had a consultation in the last 12 months, and for new patients, who may be deferred where contractors consider it clinically appropriate.

10.7	JW explained that the NHSE/I letter dated 27.1.22 stressed the importance of the restoration of routine services, although practices were asked to focus on the continued delivery of GP services; management of symptomatic Covid patients in the community; and the ongoing delivery of the Covid vaccination programme.
10.8	JW said that part of the investment to support practices was around the Winter Access Fund. This fund supported increased capacity to address variation; Gloucestershire's indicative allocation was around £2.7m. There was flexibility around Covid vaccinations and improved access, the administration was reduced on Fit Notes and DVLA, PCN and new IA specification rollouts were reduced.
10.9	JW highlighted that a number of local schemes were implemented effectively. JW highlighted that 62 out of 71 practices signed up to a scheme to offer additional appointments from December to March which equated to around 30,000 additional appointments being offered.
10.10	JW explained the Winter Incentive Scheme which helped with additional capacity for answering telephones and signposting patients/support for reception teams. Funding was used to recruit additional receptionist/care navigator capacity, improve training/development of existing staff, and incentivise existing receptionists in order to retain staff.
10.11	CAM said that the presentation underlined the challenges that Primary Care has faced during a difficult two years. CAM asked how projects which were funded as one-off national payments would be funded going forward. HG responded that she hoped the ICS would support evidence-based work and that more outcomes should be generated around this good practice.
10.12	CG acknowledged the good work of the Primary Care Team in managing the bureaucracy and the pressure involved in managing these additional income streams. CG emphasised that non-recurrent funding that needed to be spent at short

	notice was not an effective way of funding projects for long term sustainability.
10.13	AE said that in the context of limited staffing and a great many vacancies, this would be quite difficult to sustain longer-term, and it was of great credit to HG and her team that it had been sustained and he thanked those involved for their efforts.
10.14	**<u>RESOLUTION</u>: The members noted the contents of the Temporary GP Contract Changes and Additional Funding presentation**
11	**Any Other Business**
11.1	There was no other business raised.
	The meeting closed at 4:00 pm
	The next meeting will take place on Thursday 28th April 2022 at 2.00 pm

NHS Gloucestershire Clinical Commissioning Group

Agenda Item 4

Primary Care Commissioning Committee (PCCC)
Matters Arising – April 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	April 2022	Open

NHS Gloucestershire Clinical Commissioning Group

Agenda Item

5

Primary Care Commissioning Committee

Meeting Date	**Thursday 28th April 2022**
Title	**Primary Care Infrastructure Plan 2021/2022 work programme review and key objectives for 2022/ 2023**
Summary	NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. The CCG's responsibilities with regards to premises are set out in The National Health Service (General Medical Services - Premises Costs) Directions 2013 (PCDs) and include: • Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant • Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant • Determining improvement grant priorities: the NHS can provide some funding to help surgeries improve or extend their building • Determining new primary care premises priorities • Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements

	Currently, any capital funding requirements are not delegated to the CCG and NHS England approval is required. The CCG primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, the CCG has a prioritised Primary Care Infrastructure Plan (PCIP), which covers targeted proposals for consideration up to 2026. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding. Whilst individual proposals are presented to PCOG and the PCCC for decision, the purpose of this report is to provide members of the meeting with an update on PCIP progress made during 2021/2022, the key objectives for 2022/2023, financial assumptions and key strategic risks that, subject to legislation, will transfer to a new Integrated Care Board from the 1st July 2022.
Risk Issues: Original Risk Residual Risk	All individual projects have their own risk register. Key programme risks covering financial, commercial and reputational matters are set out in the report.
Financial Impact	Subject to business case approval and in light of existing commitments, the additional financial impact for 2022/ 2023 is anticipated to be £150k for capital (Improvement Grants plus GPIT) and £428k for additional recurrent revenue requirements related to premises developments.
Legal Issues (including NHS Constitution)	The CCG will need to apply PCDs to rights and responsibilities of the practice and the CCG. In terms of the NHS Constitution the

	author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to this scheme.
Impact on Health Inequalities	No health inequalities assessment has been completed for this report.
Impact on equality and Diversity	No equality and diversity impact assessment has been completed for this report.
Impact on Sustainable Development	The Building Research Establishments Environmental Assessment Method (BREEAM) is the national standard for assessing the sustainability of new construction developments. It aims to differentiate between developments with higher environmental performance by providing a sustainability ratings across 9 indicators (management, health and wellbeing, energy, transport, water, materials, wastes, land use and technology and pollution)There are 6 performance levels (unclassified, pass, good, very good, excellent and outstanding) There is a national government requirement that generally for new public buildings, the rating should be excellent. The NHS oversees compliance with this, although the NHS stipulates this applies to schemes that cost over £0.5m to complete.
Patient and Public Involvement	The Primary Care Infrastructure Plan sets out a clear engagement and involvement approach and provides a recommended checklist. All specific business case proposals will include patient engagement feedback

Recommendation	Members of the PCCC are asked to note the contents of the report, and in the context of the PCIP strategy 2021/ 2026, support the 2022/2023 programme.
Authors	Stephen Ball, Andrew Hughes and Declan McLaughlin
Designation	Senior Management Accountant, Primary Care & Partnership, Associate Director, Commissioning and Senior Primary Care Project Manager respectively
Sponsoring Director	Helen Goodey Director of Locality Development and Primary Care

Report written 7th April 2021

Primary Care Commissioning Committee

Thursday 28th April 2021

Primary Care Infrastructure Plan (PCIP) review of 2021 / 2022 and objectives for 2022/ 2023

1.0 Purpose

The purpose of this report is to provide members of the meeting with an update on PCIP progress made during 2021/2022, the key objectives for 2022/2023, financial issues and key strategic risks.

2.0 Background

NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. The CCG's responsibilities with regards to premises are set out in the PCDs and include:

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Determining improvement grant priorities: the NHS can provide some funding to help surgeries improve or extend their building;
- Determining new primary care premises priorities;
- Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements.

Currently, any capital funding requirements is not delegated to the CCG and NHS England approval is required.

The CCG primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose.

Within the strategy, the CCG has a prioritised Primary Care Infrastructure Plan (PCIP), which covers targeted proposals for consideration up to 2026.The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding.

3.0 2021/ 2022 Plan - review

The key objectives of the 2021/ 2022 plan are set out in the table below along with progress made and the status as at the 31st March 2022.

Item	Planned date	Status
Completion of refurbishment and extension of Bartongate Surgery.	May 2021	Completed
Completion of internal reconfiguration works at Newent surgery.	May 2021	Completed
Completion and opening of new Quayside House Primary Care Centre.	June 2021	Completed and fully opened in July 2021
Development of a new primary facility in Lydney supported and detailed Business Case commenced.	By August 2021	Practices selected Assura Ltd as 3rd party development partner in early September 2021. Project live from 15th September 2021.
Construction starts for New Stroud Town Centre to co-locate Locking Hill and Stroud Valleys Family practice.	September 2021	Building work commenced and completion expected by the end of September 2022
Project proposal for the development of a new primary care facility for Chipping Campden supported and detailed Business Case commenced.	By October 2021	Approved in August 2021 and Business Case now commenced.
Project proposal for the development of a new primary care facility for Central Cheltenham completed and detailed Business Case commenced.	By October 2021	Completed, approved and Business Case project live

A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed.	By October 2021	Not achieved
Subject to planning approval and successful tender, construction of new Minchinhampton surgery starts.	By November 2021	Planning approval granted in March 2022. Practice now reviewing financial framework
Completion and opening of the new Cheltenham, Prestbury Road Primary Care Centre.	November 2021	Building work delayed. Completion and opening now expected end of May 2022 with opening of new surgery in June 2022
A Business Case for a new Brockworth surgery on a Section 106 site located within the Perrybrook Housing development.	By December 2021	Business Case completed but commercial framework being reviewed
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery completed.	By December 2021	Commercial negotiations on land purchase continue. Business Case not yet completed
Subject to planning approval and successful tender, construction of new Coleford Medical Centre to accommodate Coleford Family Doctors and Brunston & Lydbrook Practice started.	By March 2022	Now expected at the planning committee in April 2022.
Subject to NHSE/I improvement grant funding and planning permission, the refurbishment and extension of Quedgeley Medical Centre completed.	By March 2022	Subject to various delays and issues, e.g. COVID, Planning & redesign inflation, etc. Construction work commenced in March 2022 with

		completion by September 2022.
Subject to NHSE/I improvement grant funding and planning permission, the refurbishment and extension of Underwood Surgery completed.	By March 2022	Subject to various delays and issues, e.g. COVID, Planning & redesign inflation, etc. Construction work commenced in March 2022 with completion by September 2022.
Subject to final plan from the surgery, NHSE/I improvement grant funding and planning permission, the refurbishment and extension of Marybrook Medical Centre completed.	By March 2022	Revised scheme agreed, and project commenced with completion by September 2022.
Subject to NHSE/I improvement grant funding, the refurbishment of Frithwood surgery to increase the number of clinical consultation rooms completed.	By March 2022	Scheme withdrawn
Subject to NHSE/I improvement grant funding and any planning permission, the refurbishment and extension of Rendcomb Surgery completed.	By March 2022	Completed
Subject to NHSE/I improvement grant funding various improvement works at Hilary Cottage Surgery completed.	By March 2022	Completed
Subject to the agreed practice strategy, a Business Case for a new Beeches Green surgery commence	By March 2022	Commercial negotiations commenced with NHSPS, but Business Case not started.
To have maximised opportunities for further national funding to improve local facilities. This includes the ongoing of identifying and ranking Estates priorities for any Business as Usual Capital Planning submission to NHSE/I.	By March 2022	Team continue to meet and discuss opportunities with various practices

To have supported transition to a new ICB Board and continue to work as part of wider ICS partnership working arrangements and One Public Estate	March 2022	Work being taken forward as part of the CCG Transition and close project.
To have worked with NHSE/I colleagues on the completion of the Primary Care Premises Estates Data Programme	March 2022	Completed. Also successfully obtained £244k funding from NHSE/I to undertake a PCN toolkit programme with Community Health Partnership across Gloucestershire in 2022/ 2023
Development of new primary care facilities in Hucclecote, Gloucester	By February 2022	Business Case completed but commercial framework being reviewed

4.0 2022/ 2023 Plan

The table below sets out key objectives for the financial year 2022/2023.

Item	**Planned date**
Review of PCIP, refinement, consideration of business case and governance process changes, including consideration of a strategic move towards/ to net zero carbon and additional strategic priorities between 2026 to 2031.	April to December 2022
PCN service planning and estates implications (also digital and workforce) toolkit programme.	April to December 2022
Business Case for new Severnbank & Lydney Practices completed and submitted for consideration.	June 2022
A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed.	June 2022
Completion of extension to Underwood surgery.	September 2022

Minchinhampton request for additional funding request submitted for consideration by PCCC.	June 2022
Completion of refurbishment and extension of Quedgeley Surgery.	September 2022
Business case for new Brockworth surgery considered by PCCC	By August 2022
Revised Business Case for new Hucclecote Surgery submitted and considered	By August 2022
Business Case for new Chipping Campden Surgery completed and submitted for consideration.	August 2022
Completion of modernisation of Marybrook Medical Centre in Berkeley.	September 2022
Opening of new Stroud Town Centre Primary Care Centre (Five Valleys) to co-locate Locking Hill and Stroud Valleys Family practice.	September 2022
Subject to planning approval and successful tender, construction of new Coleford Medical Centre starts.	By November 2022
A Business Case for a new surgery in Central Cheltenham to accommodate Overton Park and Yorkleigh surgeries completed and submitted	By March 2023
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery completed and submitted	By March 2023
A Business Case for primary care premises development relating to Beeches Green Surgery commences	By March 2023
A PID submitted to NHSE for approval to offer up to £150k for minor improvements to various Gloucestershire GP buildings. If approved Expressions of Interest will be sought from practices.	By March 2023

5.0 Financial framework

The table below sets out planned increased expenditure for 2022/ 2023 based on the anticipated delivery of new proposals. It includes revenue costs, and capital investment made/ to be made through improvement grant investments.

Scheme	21/22 Revenue	22/23 Revenue Inc part year from 21/22	Grant Expenditure 21/22	Grant Expenditure 22/23
NOT YET ALLOCATED				£150,000
CULVERHAY SURGERY			£340,698	
HILARY COTTAGE SURGERY			£19,626	
RENDCOMB SURGERY			£122,125	
UNDERWOOD SURGERY			£204,868	
QUEDGELEY MEDICAL CENTRE			£523,821	
QUAYSIDE HOUSE	£302,032	£80,192		
MERRYWALKS, STROUD		£109,664		
PRESTBURY ROAD		£210,080		
TOTAL	**£302,032**	**£399,936**	**£1,211,138**	**£150,000**

6.0 Risks

Each business case and proposal have its own risk registers, from an overall plan perspective, the key strategic risks are set out below: -

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	The costs of delivering the Primary Care infrastructure Plan are no longer affordable to the CCG due to competing financial pressures or substantial increase in costs	5	4	15 (High)	Prioritisation of proposals, involvement of District Valuation to ensure proposals achieve Value for Money, minimising financial expenditure wherever possible (e.g. reducing fee support or offering fee support to reduce recurrent costs) encouraging joint developments, progressing improvement and extension grants to surgeries wherever possible.	5 x 3 =15 (High)

Risk	**Description**	**Severity** (1-5)	**Likelihood** (1-5)	**Score**	**Mitigation**	**Revised score**
Financial	There is a risk that the costs of schemes rise following business case approval and by the time of construction are no longer affordable and cannot proceed	5	3	15 (high)	Financial appraisal considers proposed construction date. Process for review by PCCC in exceptional circumstances and further DV review. Consideration of supplementary 'top up' payments.	5 x 2 = 10 (medium)
Reputational	Specific proposals are not supported by large number of patients and other key stakeholders	4	2	8 (medium)	Business Case process includes requirements for detailed patient engagement. Regular communication and information sharing with patients and key stakeholders. Sharing on long term plan with key priorities identified	4 x 1 = 4 (low)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Commercial	There is a risk that a key priority cannot be delivered due to a practice, or practices, not being willing to take forward a proposal due to development costs, financial and commercial risks	4	3	12 (medium)	Reviewing different delivery models, reviewing risk management arrangements, particularly around lease provision. Further as part of the PCIP review look at opportunities available to the new body offered through legislations	4 x 2 = 8 (medium)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Organisation	Due to organisational changes to the CCG over the period 2021/2022, decisions are delayed, or programmes reviewed, delaying progress	3	3	9 (medium risk)	Clear programme in place for 2022/ 2023. Part of transition and closedown. Continuity in staff.	3 x 2 = 6 (low)

Andrew Hughes

7th April 2022

One Gloucestershire
Transforming Care, Transforming Communities

PCN Quality Improvement (QI) Schemes

Jo White, Deputy Director of Primary Care and Locality Development

April 2022

1

PCN Quality Improvement (QI) Funding

- Further to the £1.7 million of non-recurrent funding that was made available to PCNs in March 2021 for QI Projects, an additional allocation of £1 million of non-recurrent funding was available for all 15 PCNs in March 2022, to develop their QI projects through:
  - adding capacity to existing QI project or
  - adding a new strand to an existing QI project or
  - a new QI project.

- **Process for additional allocation:**
  - PCNs received proforma template to complete detailing proposed activity, spend & outcomes – Feb 22
  - PCN proposals bids were submitted end of Feb 22
  - Bids received reviewed by CCG/PCN Team to sense check and ensure fit the funding remit
  - Bids were discussed at PCNDG on 9th March for review/recommendation
  - Projects that were a new theme/project for the PCN, required CCG Core approval following PCNDG recommendation.
  - CCG advised PCNs of the outcome following PCNDG/Core and shared MOUs with PCNs for their signature before the end of March 2022.

One Gloucestershire
Transforming Care, Transforming Communities

Quality Improvement Project Themes

Frailty / Dementia Link
Education
Pharmacy Link
Health Inequalities
Community Respiratory
Community Nursing
CVD
Palliative Care
PCN DES Development / Strategy
Diabetes
Community / Volunteer Development
Community Dermatology
Mental Health
IT
Healthy Lifestyles
CYP
Sustainability

PCNs Quality Improvement Projects

PCN	Theme	Funding
Peripheral	PCN Development and Sustainability	Original Allocation
	Respiratory Clinics	
	Nursing Team Development & Community Integration	
	Health Inequalities	
	CVD (Lifestyle bus)	
	New Theme – Long Covid Pathway	Additional Allocation
	New Theme – Environmental Sustainability	
Central	PCN DES Development & Strategy	Original Allocation
	Advanced Care Planning	
	Nurse Leadership	
	Community Engagement	
	Prescribing - Pharmacist Chronic Pain Programme/Course	
	Extension – PCN DES Development & Strategy	Additional Allocation
	Extension – Advanced Care Planning	
	Extension- Nurse Leadership	
	Extension – Community Engagement	
St Pauls	SPLW with Mental Health Focus for Young People	Original Allocation
	Pharmacy Team Leadership	
	Community Pharmacy Joint Working	
	Medicines Optimisation - Inhalers, PPI, MCA/MDS - Clinical Pharmacist/Pharmacy Technician	
	Volunteer Development	
	Community Respiratory Clinics	
	Extension – PCN-wide respiratory clinics	Additional Allocation
	New Theme- Leadership & mentorship for ARR	
	NEW THEME - clinical coder development	

One Gloucestershire
Transforming Care, Transforming Communities

PCNs Quality Improvement Projects

PCN	Theme	Funding
HQ	Dementia & Frailty Service Development (over 2 years)	Original Allocation
	New Theme – Palliative Care – Nurse, CPD, Workshops & Message in a bottle	Additional Allocation
	New Theme - Review of complex patients with extensive medical records	
	New Theme – Temporary employment of ANP -review patients on our respiratory registers deemed at higher risk	
	New Theme - VBA training- Smoking Cessation and Training (NCSCT)	
	New Theme - Review of patients that have transitioned from female to male or registered as non-binary to invite for cervical screening	
Rosebank	Cancer Screening & Health Inequalities link	Original Allocation
	New Theme – Childhood Immunisations	Additional Allocation
	New Theme- Care Co-ordinate for CYP	
	New Theme – Frailty Care Co-Ordinator	
Inner City	Community Respiratory Clinics	Original Allocation
	Community Development - Team of Volunteer Health Champions - Alltogether Better Company	
	Cancer Screening & Health Inequalities link (joint working with Rosebank)	
	Extension – Community Respiratory Clinic	Additional Allocation
	Extension – Community Development	
	Extension- Cancer Screening	

PCNs Quality Improvement Projects

PCN	Theme	Funding
NSG	PCN DES Development & Strategy	Original Allocation
	Community Development - Prevention & PHM Programme - Team of Volunteer Health Champions - Alltogether Better Company	
	End of Life Virtual MDT	
	Nurse Leadership	
	Extension – PCN DES Development	Additional Allocation
	Extension – Community Development	
	Extension – End of Life Virtual MDT	
	New Theme – Health Inequalities	
Aspen	Dermatology Clinics	Original Allocation
	Extension – Dermatology Clinics	Additional Allocation
	New Theme – Respiratory Clinics	
	New Theme – Women's Health	
	New Theme – Diabetes Care	
TWNS	Frailty Service (over 2 years)	Original Allocation
	New Theme - PCN Palliative Care Specialist Nurse	Additional Allocation

PCNs Quality Improvement Projects

PCN	Theme	Funding
FOD	Dementia MDTs	Original Allocation
	Develop a PCN Respiratory MDT	
	Develop a PCN Pain Management MDT	
	Forest Hub Respiratory Diagnostic Service.	
	Forest Respiratory Outpatient Clinic	
	PCN Development: Training for new Project Manager role and Care Coordinator	
	Pain Management Education Event	
	Lead Nurse role to standardise Chronic Disease Management across PCN	
	Education Lead GP	
	PCN Strategy	
	Extension - Lead Nurse role to standardise Chronic Disease Management	Additional Allocation
	New Theme – Improve relations between practice and district nursing	
	New Theme – Improve at risk patients diet	
	New Theme – Network wide PPG	
	New Theme – Training for ARR staff	
	New Theme – ILP Health Inequalities project to help patients with substance misuse	

PCNs Quality Improvement Projects

PCN	Theme	Funding
North Cotswold	Frailty Service	Original Allocation
	Development of a Diabetes Support Team	
	Nurse Integration	
	Extension – Frailty Service	Additional Allocation
	Extension – Development of Diabetes Support Team	
	Extension – Nurse Integration	
South Cotswolds	Frailty Virtual Ward - 2 years funding for 2 virtual ward clerks	Original Allocation
	Geriatrician	
	Nurse Integration	
	Extension – Frailty virtual ward	Additional Allocation
	Extension – Nurse Integration	

PCNs Quality Improvement Projects

PCN	Theme	Funding
Stroud Cotswolds	Diabetes - Sharing of Best Practice & Opportunities for Network Level Care Provision	Original Allocation
	Young Peoples Mental Health Investment in The Door and Teens in Crisis (both Stroud) for additional capacity for young people.	
	Extension – Young people's mental health	Additional Allocation
	New Theme – Lipid optimisation	
Severn Health	Suite of options to support patients with obesity, smoking cessation, prediabetic & hypertension	Original Allocation
	IT Project Support to utilise PHM & Practice Data	
	Mental Health Worker for Children	
	Volunteer Development	
	Extension - IT Project Support to utilise PHM & Practice Data	Additional Allocation
	New Theme – Green Sustainability Initiative	
Berkeley Vale	Mental Health – Eating Disorders	Original Allocation
	Frailty Service	
	Extension – Mental Health – Eating Disorders	Additional Allocation
	Extension – Frailty Service	

QI Project Presentations

- TWNS PCN: Frailty Project
  - https://youtu.be/jp-N82AOi3U

- FoD PCN: Pain Management Pilot Project
  - https://youtu.be/9pkDTnryib4

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**28th April 2022**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At the end of March 2022, the CCG's delegated primary care co-commissioning budgets were £147k overspent.
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 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

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Primary Care Commissioning Committee - April 2022

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

Introduction

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

Financial Position

The financial position as at 31st March 2022 on delegated primary care budgets is an annual overspend of £147k for the financial year.

The "Other GP Services" section of the table overleaf, is showing the largest overspend. This comes mostly from late claims on some WAF (Winter Access Fund) schemes and Maternity and Sickness claims. With late movement on the WAF schemes, spend (including accruals for expected late claims) is at levels expected at the start of the scheme (i.e. £1.2m).

The underspend previously reported against dispensing and prescribing has continued. Having reported previously that September data was lower than expected, this has continued through to the December resulting in the £227k underspend shown in the table. This expenditure includes an accrual covering 3 months and so the total 2021/22 spend may vary slightly from that amount.

Enhanced Services are showing a £208k underspend. The majority of this is from the Learning Disability DES. The budget was increased significantly this year (c.£400k), having overspent last year, and a continued push to increase activity. This has not quite kept up with the new higher budget, though spend is up c.£200k year on year. There is also a small underspend on the Long Covid enhanced service of around £30k.

The Primary Care Network DES (PCN DES) has moved to a small underspend overall. A reduction in the total Additional Roles Reimbursement (ARR) spend is the main driver of this change. The regular recruitment seen throughout the year has slowed slightly, and with some staff also leaving roles, claims for February were

around £50k lower than forecast in January (based on data to December). With exact claim figures still due for March, the figure for the month is also expected to be significantly lower than that previously forecast. That is not to say that significant increases have not been made during the year, with April's claims totalling just less than £356k, whilst February's claims had increased to in excess of £542k. Claims are now also being made for 11 different roles having only covered 7 different roles at the start of the financial year.

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

			Mar-22		
	Area	**2021/22 Total Budget**	**YTD Budget**	**Actual YTD**	**YTD Variance**
		£	**£**	**£**	**£**
SPEND	Contract Payments - GMS	58,604,448	58,604,448	58,629,582	25,134
	Contract Payments - PMS	2,445,569	2,445,569	2,502,153	56,584
	Contract Payments - APMS	2,281,850	2,281,850	2,497,168	215,318
	Enhanced Services	3,001,720	3,001,720	2,793,106	(208,614)
	Other GP Services	3,041,917	3,041,917	3,436,583	394,666
	Premises	11,094,362	11,094,362	11,080,701	(13,660)
	Dispensing/Prescribing	3,390,363	3,390,363	3,162,810	(227,553)
	QOF	9,850,389	9,850,389	9,812,803	(37,586)
	PCN	10,157,064	10,157,064	10,099,840	(57,224)
	TOTAL	**103,867,682**	**103,867,682**	**104,014,747**	**147,064**
	Funding Allocation (YTD)	**103,867,682**			

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

PCCC Quality Report
April 2022

NHS Gloucestershire Clinical Commissioning Group

Introduction
This report provides assurance to the 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-Jun21)	Q2 (Jul-Sept 21)	Q3 (Oct-Dec 21)	Q4 (Jan-Mar 22)	Total Apr 21 to
Number issued	23	18	24	21	86
Number relevant to GCCG	4	4	3	7	18

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. (Table above last updated 15/3/2022)

Clinical Effectiveness Group (CEG)
The Clinical Effectiveness Group met on 24th January 2022 and the next meeting is scheduled for 25th April 2022.

The Effective Clinical Commissioning Working Party met on 10th March 2022 and the next meeting is scheduled for 9th June 2022 .

Safeguarding
Primary Care

Integrated Safeguarding Teams Project update
The project continues, predominantly working virtually with Directors of Nursing and Safeguarding Leads from the three organisations (the Project Board). At the outset, Gloucestershire was recognised by NHSE/I National Safeguarding Team as innovative and progressive in our approach to developing this Integrated Service. The national team (NHSE/I and DofE) has sustained their interest in outcomes and attend at Project Board level.

The Project has enabled a thorough oversight of the functions and scope of health-related safeguarding work, providing understanding of activity that is both common and unique to the teams. The task groups are addressing this 'common function' work, aiming to give standard operating processes that can then support the integration of work; advice line, communications, training, safeguarding supervision, policies and partnership working.

Project Board decision making has meant a change of direction from a fully integrated team working model to seeking the integration of some common functions. There remains a commitment to work towards fuller integration in the medium to longer term. However, as the project is moving more towards an improvement process the existing project management and ensuing governance arrangements will be reviewed, ensuring momentum towards the ultimate goal of an integrated single team.

This alteration in direction risks a reduced motivation and engagement of the safeguarding teams; alongside the departure of GCCG Safeguarding Lead, both GHFT and GHC are experiencing challenge in their overall workloads due to staffing capacity.

PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

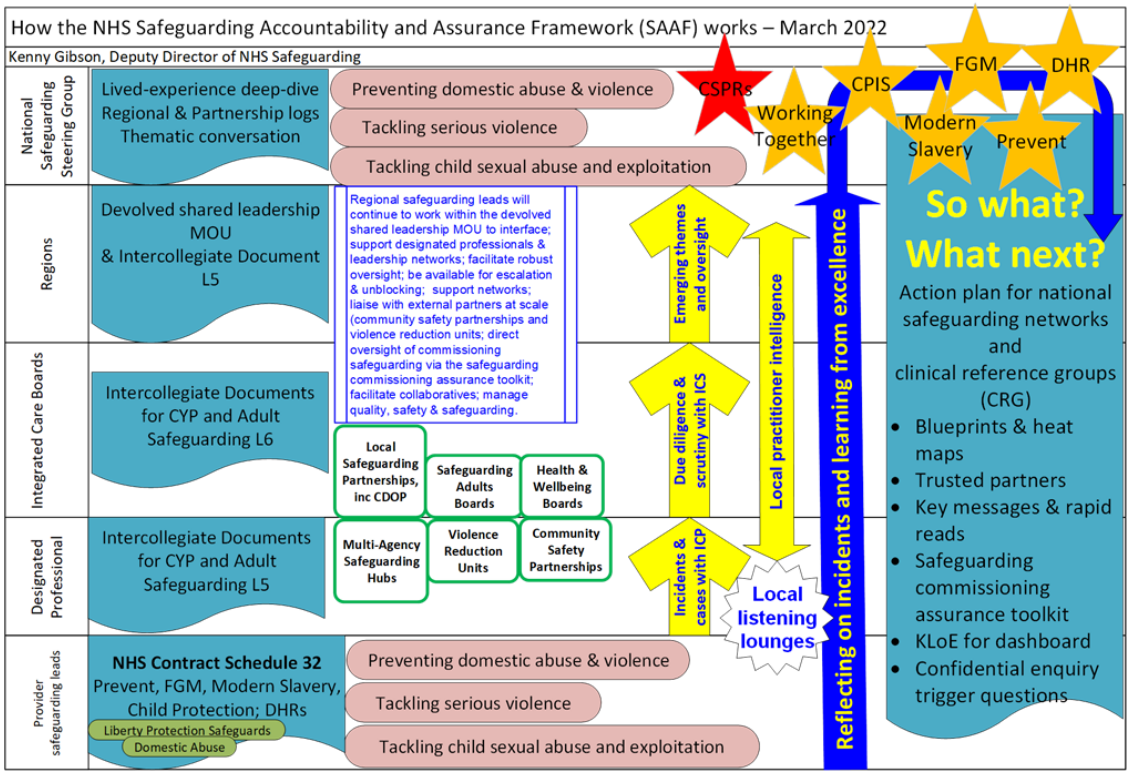
Liberty Protection Safeguards; Mental Capacity (Amendment) Act

After a long delay, the consultation on the draft Code of Practice that is required to support the enactment of the new processes for Liberty Protection Safeguards has been announced. Liberty Protection Safeguards (LPS) will replace the current Deprivation of Liberty Safeguards (DoLS) and this new process for authorising deprivations will impact on health organisations as they are required to become responsible bodies. The actual implementation date of the Act is unconfirmed but is understood to be not before October 2023.

The Government is running the consultation process for 16 weeks, closing on 7 July 2002; the draft Code of Practice has been published alongside Regulations for Training and a new Impact assessment. Gloucestershire's Mental Capacity Act Governance Group, chaired by the GCC/CCGMCA Lead, has planned a number of consultation events and will be engaging with the community as well as professional and provider organisations as part of the consultation response. Link to the consultation: https://www.gov.uk/government/consultations/changes-to-the-mca-code-of-practice-and-implementation-of-the-lps

Safeguarding Assurance and Accountability Framework (SAAF)

The purpose of the SAAF is to set out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations. The helpful infographic below is shared to support a clearer understanding of this framework. Link to the full SAAF is HERE



PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

CCG Safeguarding Team
There will be a period of change and reduced resource for Safeguarding leadership for the CCG, Health Providers and across the Gloucestershire Partnerships (Adult, Children, and wider Safeguarding Boards) as the current post-holder leaves in April. Recognising the breadth and necessity of all Safeguarding workstreams the CCG Nurse Director has recruitment underway for an Associate Director of Safeguarding and Designated Nurse Safeguarding Children. There is also planning for a separate Safeguarding Adult Manager post.
However, we anticipate a potential gap in this position for 4-6 months, depending on recruitment processes. Although line management support will be available within the Quality and Nursing Directorate, this will impact on capacity of the Safeguarding Team and their ability to sustain activity in all areas of this important area of work.

Ofsted report notes significant progress
Ofsted returned to the county council in February to carry out a full inspection of children's services. The report from the visit has been published in a letter this morning. You can find the letter **here.**

Chris Spencer, Executive Director for Children and Young People Services, has written:

"In their report Ofsted recognise the significant progress the council has made in many areas of its children's services. The report goes on to highlight the relentless drive for improvement and significant financial investment made by the council, which has resulted in children being better protected. Inspectors also commend social workers for their passion in achieving the best for children they support and how generally a more stable workforce is helping to deliver better support for children and young people."

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 01/04/22

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 mid***

			2022 but criminal processes mean delays

*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.

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 01/04/2022

Review	Commenced	Referral / Theme	Publication expected
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 suicide related deaths. This work requires a high level of practitioner contribution, both in providing analytical information and in panel meetings, oversight and report scrutiny.

Serious Incidents

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)

Q3 21/22 Contacts with the CCG PALS team have slightly declined over this last quarter, although the nature and level of patient contact have remained both complex and time consuming.

Type	Q3 20/21	Q4 21/22	Q1 21/22	Q2 21/22	Q3 21/22
Advice or Information	112 (PC 22)	128 (PC 14)	136 (PC 23)	130 (PC 18)	78 (PC 16)
Comment	36 (PC 8)	15 (PC 3)	35 (PC 9)	10 (6 PC)	14 (PC1)
Compliment	9	12	24 (PC 1) (CHC related 14)	13 (1 PC)	8 (PC 1)
Concern	126 (PC 37)	113 (PC 31)	105 (PC 32)	193 (74 PC)	168 (PC50)
Complaint about GCCG	0	9	5	6	3
Complaint about provider	39 (PC 8)	54 (PC 7)	33 (PC 11)	23 (10 PC)	13 (PC 4)
NHSE complaint responses copied to GCCG PALS	4	5	7	3 (PC)	4 PC
Gluten Free	1	0	0	0	0

Other	**31**	**7**	**4**	**9**	**3**
Total.,	**358** (PC 78)	**348** (PC 60)	**349** (PC 83)	**386** (112 PC)	**291** (PC 71)

Enquiries received related to GP Primary Care services within the county:

- Car parking at the Aspen Medical Centre
- Help with registering with a new GP Practice
- Accessing medical records
- Accessing Blood Pressure monitors for home use
- Access to medications
- Support given to patient in accessing Primary Care GP registration (complex case)
- Comments that staff from the back office could be heard in reception area where patients wait
- Misplaced medical records
- Accessing face-to-face appointments
- Provision of community micro-suction & ear wax removal
- Medication enquiries
- B12 injections

A total of eight compliments have been received. Two for the CHC team, one for Practice Plus Group (OOH), one GP services at Hadwen Medical Centre, four GHNHSFT, care received, kindness shown, first class treatment at Emergency Department, positive experience in admission.

CCG complaints three in total:

- Covid 19 requesting national information and vaccinations and staff within the CCG being unhelpful.
- NHS CHC funding
- Adult NHS CHC assessment

There has been an increased number of MP Enquiries this quarter with a total of 45 received. Some have been sent to the CCG and are then signposted to the relevant organisation better placed to offer a response (GHNHSFT, GCNHSFT or GCC). Enquires range from access to face-to-face appointments in Primary Care, access to treatments/medications, car parking at Aspen Medical Centre, waiting times for elective surgery, access to covid booster vaccinations.
There has been a significant decline in the covid enquiry contacts and during Q3 21/22 there have been a total of 22.

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 ran until 31 March 2022.
The aim of the engagement was 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.

To support conversations, we 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 produced an Easy Read version of the The Guide. The Guide, together with information about the Information Bus Tour and a short survey were shared on the Get Involved in Gloucestershire online participation platform: https://getinvolved.glos.nhs.uk/ics-gloucestershire.

The Engagement was promoted to key stakeholders, and the wider public. Each Integrated Locality Partnership will have the opportunity to participate in the Engagement. Work is currently underway to prepare the Output of Engagement Report.

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).
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.

The Steering Group met to discuss the specification at the end of March 2022. The specification will then be shared for comment with public voice partners, members of the new Working with People and Communities Advisory Group. Procurement will commence in Q1 2022/23.

Learning & Growth support workshops run by Picker , attended by Steering Group members, took place during March 2022 covering the following areas:

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

NHS Information Bus

Core Team approved the refurbishment of the NHS Information Bus in March 2022. The refurbishment is a cost-effective option to 'revitalise' the existing vehicle and

gives us an opportunity to extend the potential use of the Bus by making it more clinically viable (e.g. all wipeable surfaces). The refurbishment is booked in for September after the busy summer period.

Friends and Family Test (FFT) Update

Early on in the COVID-19 pandemic NHSE/I suspended FFT data submission to allow for staff resources to be diverted towards more immediate priorities. FFT data submissions for acute and community providers (including independent sector providers and ambulances carrying out patient transport services) restarted from December 2020. Dentists restarted data submission from July 2021.

The suspension of FFT data submission in GP practices ends at the end of March 2022. GP practices should start to make the FFT available to their patients from April onwards. However, there is no requirement to submit any data prior to July 2022. This is to give practices time to re-establish the FFT collection. NHSE/I We will make it clear that the data is likely to be affected by the pandemic.

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.

PPG Survey: The Gloucestershire Countywide PPG Network focussed its 'spotlight' session in March 2022 on the development of a bespoke local PPG survey template. The CCG Engagement team has worked with PPG representatives to develop a set of core questions as well as a question 'bank' of optional questions for PPGs to select. The CCG Engagement team will administer the surveys using out SMART survey software on behalf of participating PPGs, including the preparation of reports. PPGs will be able to compare and contrast results from their local surveys with the national survey programme responses. This offer to PPGs will start in Q1 2022/23.

Survey results publications

The results of the 2021 CQC maternity survey have been published.

The results are based on the experience of women who gave birth in January or February 2021. This means that for the vast majority of these women, their antenatal care took place during the pandemic between May 2020 and February 2021 and they will have given birth during the third national lockdown. The results therefore provide the first national level insight into the impact of the NHS COVID-19 response on the experience of maternity service users:

Continuity of carer

There were statistically significant improvements since 2019 in questions asking about continuity of carer:

- Forty-one per cent of women said they saw or spoke to the same midwife every time during their antenatal check-ups, up from 37% in 2021
- Postnatally, 30% said they saw or spoke to the same midwife every time, up from 28% in 2019.

Mental health support

- Sixty nine percent of women said that during their antenatal check-ups, the midwife asked them about their mental health.
- Postnatally, 95% said that the midwife or health visitor asked them about their mental health.
- Most women (83%) said that if they needed this, they were given enough support for their mental health during their pregnancy.

Interactions with staff

The majority of women continued to report positive experiences about their interactions with staff. For example:

- 86% of women said they were ‘always’ spoken to in a way they could understand during their antenatal care
- 85% said that they were ‘always’ treated with respect and dignity during labour and birth
- 71% said that they were ‘always’ treated with kindness and understanding while in hospital after the birth.

Postnatal care

In line with previous maternity surveys, results continued to show poorer experiences of care for many women postnatally compared with other aspects of the maternity pathway. This aspect of care has worsened during the pandemic, with the results for several questions showing statistically significant declines. For example:

- 34% of women said they would have liked to have seen a midwife ‘more often’ during their postnatal care compared with 25% in 2019
- 55% of women who needed it said that in the six weeks after the birth of their baby, they ‘definitely’ received help and advice from a midwife or health visitor about feeding their baby, down from 62% in 2019.

How experience varies for different groups of people

- Women who had continuity of carer, women who have had a previous pregnancy and women who had an unassisted vaginal birth consistently reported better experiences
- Women who have a caesarean birth (emergency and elective) and women who have a mental health condition consistently reported poorer experiences.

As in previous years, the 2021 survey results demonstrate that most women continue to report positive experiences of their care across the maternity pathway. However, the results of the 2021 survey undoubtedly demonstrate that there has been an impact of the COVID-19 pandemic, with only a few questions showing a

continuation of the previous improvement in women's experiences. However, while most questions demonstrate a statistically significant reduction in the proportion of women that reported positive experiences between 2019 and 2021, there are only a few results that show a reduction when compared to the longer-term trends going back to 2013 or 2015.

Responses were received from more than 23,000 women. The response rate increased substantially, from 36% in 2019 to 52% in 2021, with 89% of women taking part online. This survey was the first one using mixed-mode collection methods, where respondents were encouraged to complete the survey online but were still offered a postal option if preferred.

CQC's statistical release, national tables, outliers report and trust level results are all available at https://www.cqc.org.uk/publications/surveys/maternity-survey-2021

Experience of Care Storytelling Festival
The NHS England and NHS Improvement Experience of Care team hosted a Storytelling Festival during March 2022. During the festival, topics such as filmmaking, arts therapy, live performance, storytelling for quality improvement, staff stories, digital stories and how volunteers can gather stories were explored. Importantly the festival also showcased how stories are being used across systems as learning tools. Members of Engagement and Experience Teams across the local NHS participated in some of the festival events and are keen to put some of the techniques into practice during 2022/23.

Primary Care Education
The Primary Care Training Hub lead on the annual Continued Professional Development (CPD) funding allocated to Primary Care Networks for Registered Nurses and Allied Health Professionals. CPD courses are available for the staff to book directly to align with their learning and development and workforce requirements.

A six month Preceptorship programme for newly qualified and new to practice nurses started in February and this is joint with Gloucestershire Primary Care and BSW training hubs. There are 26 joining the programme which is a pilot with another cohort running in September. In addition, to support preceptorship a 0.4WTE Lead Nurse has been appointed to work in Primary Care and across the ICS.

Medicines Optimisation & Prescribing Update

Prescribing Costs as of Jan 2022
The latest prescribing figures available from ePACT (2-3 months behind) indicate that 10 months of actuals data to Jan 2022 shows a 3.3% increase in items with an associated increase in costs of £1.13M (+1.4%) compared to the same period a year ago. This level of prescribing growth is in line with national averages and suggests an end of year 21/22 primary care prescribing spend of approximately £98M. The key drug group drivers of the CCGs prescribing growth remain; a) cardiovascular (+760K) - DOACs, antihypertensives and statins; b) GI (+£500K) – PPIs increasing

prices and volumes for gastroprotection; c) Diabetes (+£500K) – increasing use of newer drugs i.e. SGLT2 and GLP1s in line with latest clinical opinions. These increasing prescribing cost pressures have been partly offset by the reducing price of the antidepressant, sertraline, as it returns to it more normal generic drug priced level as a year of inflated prices due to supply chain issues. Therefore, the CCGs overall prescribing cost growth rate of 1.4% remains relatively low.

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 returning back to 'business as usual' but with working with increased levels of remote access to GP practice systems as the 'new norm' which helps to reduce pressure on working space within practices. A new Prescribing Improvement Plan (PIP) 22/23 will be launched in the next few weeks, presented as a prescribing section with the Primary Care Offer (PCO) 22/23. This will represent a formalised return to more proactive practice prescribing support activity. This support will commence from April with a focus on the cost savings opportunities, as well as quality of DOAC prescribing. There will also be an audit of the prescribing of blood glucose monitoring strips across subgroup of diabetes patients where strips usage should be expected to be below current levels e.g. Type 2 diabetics; or on long acting one daily insulin patients; or Type 1 patients being prescribed Freestyle Libre sensors.

Primary Care Network Medicines Optimisation Group
The Primary care Networks within Gloucestershire have utilised their PCN employed medicines optimisation teams differently from each other over the last 12 months, with some being heavily involved in the vaccination sites, and others remaining within practice carrying out ongoing routine support work. Coordinated by the CCG, each PCNs lead pharmacists meet on a monthly basis to share information and ideas across the PCN groups and with the CCG's Medicines Optimisation team in support of Gloucestershire system wide working. From April, the PCN pharmacist workforce is planning to refocus some capacity on the new PCN Impact and Investment Fund (IIF) prescribing targets 22/23 e.g. the increased prescribing of lower carbon inhalers for asthma and COPD.

System wide Pharmacy and Medicines Optimisation Integration
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. An additional three, CCG hosted PTPTs have commenced worked to further increase the systems pharmacy technician capacity in the future. This will add to the skilled local pharmacy technician workforce without creating gaps within the system and should therefore further improve local pharmacy workforce resilience

The Gloucestershire Pharmacy Integration Committee (GPhiC) continue to consider and plan for opportunities for the wider pharmacy workforce development and

integration in the future, benefiting from the dedicated supported of a 3 days per week pharmacist for a 12 month period.

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.

January and February figures are not validated so may be subject to change

Data explanatory notes:

- **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)

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.

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 February 2022 which is up 16% on last year. However, the number of infections last

PCCC Quality Report

NHS Gloucestershire Clinical Commissioning Group

year should be interpreted cautiously as an exceptional year affected by pandemic. Current predictions estimate 184 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.

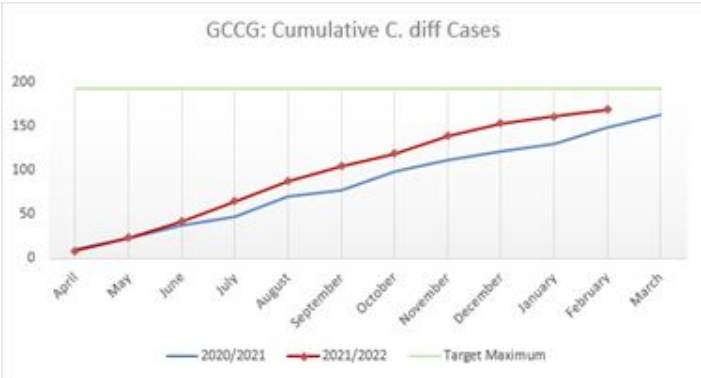
2020/2021 Total C. diff cases	2020/2021 % of Target (194 - previous target)	YTD 2021/2022 C. diff cases	2020/2021 C. diff cases at same point
163	84%	169	149

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

88%

Percentage difference 2021/2022 compared to 2020/2021:

13%



	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	139	153	161	169	

Average cases per month 2019/2020:	16.6
Average cases per month 2020/2021:	13.6
Average cases per month 2021/2022 so far:	15.4

Theoretical total cases for 2021/2022:	184

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PCCC Quality Report

Summary table of other Health Care Associated Infections (HCAI)

NHS Gloucestershire Clinical Commissioning Group

The table below compares the target with actual infections (up to Feb) and the estimated number of infections at financial year end*

HCAI Infection Control Report

Summary

	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	169	184	97	96	105
E. coli	263	231	252	99	73	80
P. aeruginosa	19	22	24	10	13	14
Klebsiella spp.	84	63	69	38	28	31

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

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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 Vaccination Programme 2021/22

This year's flu campaign had a slightly slower to start due to the initial reduced vaccine supply, leading to some early clinics having to be re booked. However, to date in Gloucestershire we exceeded last year's flu vaccine uptake especially in our at-risk cohorts. This year we have Flu vaccinated 261,571 compared to 224,515 last year. This has been achieved by further building on the collaborative approach using effective and well-established systems; offering fire station drive-through clinics in our rural areas and offering flu vaccine at some of the Covid vaccination hubs where appropriate.

We have also used proactive communications with video interviews, social media activity and posters in multiple languages. Collaboration with our community pharmacies is also very good and has helped to reduce pressure on primary care. School age flu vaccinations have been challenging due to Covid outbreaks

and flu vaccination clinics continue to be offered. The inequalities team have continued their good work building on relationships with community and faith leaders.

GCCG still has Flu vaccines available and are continuing to promote the uptake of these.

At present there are no known flu outbreaks in our health community

Covid Vaccinations

The covid vaccination programme continues with a focus on booster doses and the unvaccinated especially the 12-15 yr young people. In the 3 weeks prior to Christmas the team were set a target of giving the booster vaccination to 80% of the eligible population. With a mixture of booked appointments, walk-in clinics, pop-up clinics delivered by our PCNs, GHC and the local pharmacies, the team achieved well in excess of this target. This was acknowledged as Gloucestershire had one of the top vaccination performance in England. Since Christmas the number of vaccinations has reduced but focus on all cohorts of eligible individuals continues and performance has improved to nearly 90% of the eligible population now having had their boosters.
An area of specific focus is the requirement for all health and care workers to have both doses of vaccine by 1st April. For those that remain unvaccinated it is essential that they have their 1st dose by the first week in February if they are to be fully vaccinated by the beginning of April. The uptake of vaccinations in the Trusts is well over 90% and they continue to target the unvaccinated staff. This requirement applies to domiciliary care staff as well and so there is a focused effort to get this group vaccinated in the next two weeks.

ICS Quality Surveillance Group (QSG)

The most recent QSG meeting took place on 16th March.

The meeting covered a wide range of topics which included the ongoing pressure on Urgent and Emergency Care, Never Events in GHNHSFT, the impact of asylum seekers now resident in the county, the early work to respond to Ockenden Maternity Review, staffing pressures and the impact on services. The Group also covered the transition to the ICS.

One Gloucestershire
Transforming Care, Transforming Communities

General Practice Contract Changes 2022/23

NHSE/I letter received 1.3.22

Classification: Official
Publication approval reference: B1375

NHS

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

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

1 March 2022

Dear colleagues

General practice contract arrangements in 2022/23

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

Primary focus to return to addressing non-COVID needs particularly

- Long term condition management
- Chronic disease control
- Timely access for patients with urgent care needs
- Regaining momentum on the wider Long Term Plan prevention agenda

GP contract regulations will be updated with the intention of making the following changes

- On line appointment booking - removal of 25% minimum to be replaced with targeted requirement that all directly bookable appointments which do not require triage are able to be booked online as well as in person or via the telephone.
- Deceased patient records will no longer need to be printed and sent to Primary Care Support England; it is expected that the savings from not having to print and send the electronic record will far outweigh the additional burden of managing a small number of Access to Health Records Act (AHRA) for deceased patients.

Limited changes to some vaccinations and immunisations

HPV – transition from Gardasil 4 to Gardasil 9 during 2022/23. Additionally, the JCVI (Joint Committee on Vaccination and Immunisation) has advised a move from a three-dose schedule to a two-dose schedule (with doses given at least six months apart), for both those aged 15 and over, and for the national HPV MSM vaccination programme.

MMR – cessation of the 10 and 11-year-old catch-up programme along with practice participation in a national MMR campaign as per the current contractual requirement for practices to take part in one catch up campaign per year.

MenACWY Freshers programme – come to an end on 31 March 2022.

The **Weight Management ES** will continue for 2022/23 with the same £11.50 per referral payment

- GP practices must sign up to participate in this ES by 30.4.22

The **Friends and Family Test** (FFT)

- Practices will be required to submit data from Q2 onwards to give practices time to re-establish the FFT collection.

QOF

QOF requirements will be fully reinstated from April

No new additional indicators to be added to QOF for 2022/23 beyond changing the topics for the QI domain

The proposed QI modules for 2022/23 focus on optimising access to general practice and prescription drug dependency

The value of the QOF point will increase by 3.2%

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Network Contract Directed Enhanced Service (DES) 2022/23

Participation

- Practices already signed up in 2021/22 will automatically participate in the updated 2022/23 DES.
  - This means that PCNs with no changes to their membership or information do not need to submit any sign-up information to their CCG to continue to participate.
  - PCNs with changes must notify the commissioner **by 30 April 22** to seek approval of those changes.
  - PCNs who have had a change in the past year (incl. CD and/or PCN Nominated Payee changes) must submit the Participation and Notification Change Form 22/23 to CCG **by 30 April 22** (CCG requested PCNs return by **12 April 22**, due to inclusion of Nominated Persons).

- If a practice wishes to sign up to, or opt out of, the DES, it must inform its clinical commissioning group (CCG) **by 30 April 2022**.
  - The CCG will work with the remaining practices in the PCN to consider the consequences, including whether the PCN remains viable.

ARRS

- For 2022/23 PCNs ARR reimbursement sum is **£16.696 per weighted population** as at 1 Jan 2022.

- The amount available under the 2022/23 Network Contract DES for PCNs to recruit additional staff under the Additional Roles Reimbursement Scheme (ARRS) **increases by £280 million to just over £1 billion**. PCNs will continue to have flexibility to hire into any of **15 different roles**.

- From April 2022, where agreed between the PCN and the local Community Mental Health Provider, PCNs may be reimbursed for a **further Mental Health Practitioner** role (or a further two for PCNs with a population of over 100k) to support people with complex mental health needs, that can be employed on a 50:50 shared reimbursement model. For 2022/23 the **MHP role has been extended to include Band 4-8a**.

- Clarification noted in the Paramedic role regarding qualifications

PCN Funding

- The **PCN Clinical Director** funding for 2022/23 has been agreed as **£0.736 per head** or £44 million nationally as part of the five-year deal.
- **The Core PCN funding** will continue to be **£1.50 per head**
- A further £43 million for a Leadership & Management payment is available nationally, which is calculated at **£0.699 per PCN adjusted population** for 1 April 22 to 31 March 23. This has slightly reduced from last years value of £0.707.
- The **Extended Hours** payment for the period 1 April 22 to 30 September 22 is calculated as **£0.720 per head**.
- The **Enhanced Access** payment for the period 01 October 22 to Access 31 March 23 is calculated as **£3.764 per PCN Adjusted Population** *(further details on next slide).*
- The Care Home Premium payment will continue to be on the basis of **£120 per CQC bed** for 1 April 22 to 31 March 23. (£10 per bed/per month)

Enhanced Access

- From October 22, the DES aims to combine the two funding streams (Extended Hours & Improved Access) bringing together the **current £1.44 per head extended hours funding** and the current CCG-commissioned improved access services moving to £6 per adjusted population. Was previously £5.75 as of Jan 1st 2018 population.
- The new offer is based on PCNs providing **bookable appointments** outside core hours within the Enhanced Access period of **6.30pm-8pm weekday evenings and 9am-5pm on Saturdays**, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need.
- PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.
- PCNs will continue to deliver the current arrangements from April until October 2022.
- Requested NHSE/I clarify with FAQs.
- PCNs will need to provide a draft plan to the CCG by **31 July 2022**, to be reviewed, and agreed before the **31 August 2022**.

PCN Services – CVD Prevention and Diagnosis

- 2022/23 DES includes an expansion of the Cardiovascular Disease Prevention and Diagnosis service.
- **From April 2022**, the focus of the contractual requirements is expanded beyond improving the identification of hypertension to also incorporate:
  - detection and management of atrial fibrillation (AF);
  - addressing cholesterol in the context of CVD risk, including detection and management of familial hypercholesterolaemia (FH);
  - earlier diagnosis of heart failure; and
  - quality improvement across the PCN.
- From April 2022, PCNs will also be required to undertake network development and quality improvement activity to support CVD prevention, laying the broader foundations of good preventative care, as PCNs work with systems to develop optimal CVD pathways. Pathways linked to CVD prevention include the AAC lipid pathway and the Community Pharmacy Blood Pressure Check Service, both of which are discussed in the appendices.
- These interventions are supported through Quality and Outcomes Framework (QOF) and Investment & Impact Fund (IIF) indicators.

PCN Services – Early Cancer Diagnosis

The 2022/23 DES includes changes to the Early Cancer Diagnosis service requirements, which have been streamlined and refocussed in response to clinicians' feedback and to focus PCNs on national diagnosis priorities arising from evidence around lower than expected referral rates for prostate cancer.

A PCN is required to:

a) review referral practice for suspected and recurrent cancers and work with its practices to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower;

b) work with local system partners

c) work with its Core Network Practices to adopt and embed:

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

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

d) focusing on prostate cancer to increase the proactive and opportunistic assessment of patients (local Cancer Alliance)

e) review use of their non-specific symptoms pathways

PCN Services – Personalised Care

Phased introduction of the Personalised Care service:

Proactive Social Prescribing – community development

- **By 30 September 2022**, as part of a broader social prescribing service, a PCN and commissioner must jointly work with stakeholders including local authority commissioners, VCSE partners and local clinical leaders, to design, agree and put in place a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of people with lived experience.
- **From 1 October 2022**, commence delivery of the proactive social prescribing service for the identified cohort.
- **By 31 March 2023** review cohort definition and extend the offer of proactive social prescribing based on an assessment of the population health needs and PCN capacity.

Shared Decision Making (SDM)

- **By 30 September 2022**, a PCN must ensure all clinical staff complete the Personalised Care Institute's 30-min e-learning refresher training for SDM conversations.
- **By 31 March 2023**, a PCN must audit a sample of their Patients' current experiences of SDM through use of a validated tool and must document their consideration and implementation of any improvements to SDM conversations made as a result
- **By 31 March 2024**, a PCN must have worked with other PCNs, their commissioner and local partners, to implement digitally enabled personalised care and support planning for care home residents.

PCN Services – Anticipatory Care

ICSs have responsibility to design, plan and commission Anticipatory Care for their system, of which the following PCN requirements form a part.

PCNs must contribute to the development of the ICS delivery plans being developed and expected to be **submitted December 2022**, working with other providers with whom the Anticipatory Care service will be delivered jointly.

This plan must be in line with Anticipatory Care Operating Model expected to be published in 2022/23 and should include detail of:

i. how to identify the population cohort which will benefit most from proactive care in the community;
ii. how partners will ensure the necessary data sharing agreements are in place to both identify the anticipatory care cohort and to provide coordinated care across organisational and professional boundaries of health and care;
iii. the minimum number of patients to be offered anticipatory care;
iv. how assessment of patient need, and care planning will be carried out and updated when needed; how interventions will be decided upon and how anticipatory care will be coordinated;
v. the agreed protocol for engagement of an individual followed by addition and then removal to the cohort list; and
vi. how the activity, experience and impact of anticipatory care will be tracked, and quality of the service improved.

The intention is that the subsequent year's Network Contract DES will include a requirement that a PCN, in partnership with relevant local providers, must from **1 April 2023**, commence the operation of the service in line with the agreed plan

PCN Services - IIF

- For 2022/23 there will be a total of 1153 points across all IIF indicators, each point is worth £200 (a total of £230,600)
- Updated supporting guidance documents are available on the NHSE website.

IIF – Prevention & Tackling Health Inequalities

Prevention and tackling health inequalities	**Vaccination and immunisation**	• Provide flu vaccinations to:
		  • people aged over 65
		  • people who are clinically at risk
		  • children aged 2 – 3

	Tackling health inequalities	• Complete annual Learning Disability Health Checks and Health Action Plans for patients on the Learning Disability register • Code ethnicity information for all patients in GP clinical systems.
	CVD prevention	• Confirm or exclude hypertension diagnosis for more patients with high blood pressure, through clinically appropriate follow-up • Prescribe statins to patients with higher CVD risk • Refer suitable patients with high cholesterol levels to assessment for familial hypercholesterolaemia • Treat patients with atrial fibrillation with DOACs in line with NICE guidance • For patients treated with DOACs, consider prescribing more of them Edoxaban where clinically appropriate

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IIF – Providing High Quality Care

Providiang high quality care	**Personalised care**	• Refer patients to social prescribing where this could be beneficial
	Enhanced health in care homes	• Ensure care home resident status is coded in GP clinical systems • Provide key elements of the Enhanced Health in Care Homes service to care home residents • Work to improve care and outcomes for care home residents, aiming for a moderate reduction in emergency admissions
	Anticipatory care	• Provide effective long-term condition management and rapid response to acute presentation, aiming for a moderate reduction in emergency admissions for Ambulatory Care Sensitive Conditions (ACSCs)
	Cancer	• Ensure lower gastrointestinal two week wait (fast track) cancer referrals are accompanied by a faecal immunochemical test (FIT) result
	Access	• Provide online consultations as part of a choice of ways to access GP services • Develop and implement a plan to improve access for a patient group experiencing inequalities of access in your area • Use pre-referral Specialist Advice (i.e. Advice and Guidance) services where appropriate • Reduce waiting times for patients booking an appointment with a GP service • Increase use of Community Pharmacist Consultation Service

IIF – Providing High Quality Care

Structured medication reviews and medicines optimisation	• Provide Structured Medication Reviews (SMRs) to patients who are eligible for them • Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage. • Review patients who are prescribed DOACs, recording their creatinine levels, weight and calculating Creatinine Clearance to ensure the dose is correct
Respiratory care	• Increase use of inhaled corticosteroid (ICS) inhalers for appropriate asthma patients to improve disease management and reduce unnecessary SABA use • Decrease avoidable prescribing of SABA inhalers for asthma patients

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IIF – Environmental sustainability

A sustainable NHS	**Environmental sustainability**	Alongside the indictors in the respiratory care area, deliver high quality, lower carbon respiratory care for patients: • Decrease use of MDI inhalers by prescribing dry powder inhalers (DPIs) and soft mist inhalers (SMIs) where clinically appropriate and agreed with patient through a shared decision making conversation • When prescribing MDI salbutamol inhalers, prescribe inhalers which have lower carbon emissions (see IIF Guidance for details)

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	28th April 2022
Report Title	Newnham/Westbury Practice
Executive Summary	Newnham/Westbury were a partnership comprising of Drs Tim Alder and Amanda Lacey. Both Drs had indicated they wished to step down as partners, but Dr Lacey was keen to remain as a salaried GP and was committed to providing care to the patients of the practice. There are 3,349 patients registered at the Practice.
Key Issues	The contract changes will ensure stability and resilience.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	
Management of Conflicts of Interest	There are no known conflicts of interest involving Newnham/Westbury Partnership. GDoc Ltd is a GP membership organisation.
Financial Impact	No change to GMS contract funding.
Legal Issues (including NHS Constitution)	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.

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Impact on Health Inequalities	Potentially if patient care at Newnham/Westbury Practice cannot be maintained. The CCG seeks to ensure the continuation of safe primary medical services for this population.
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	The CCG sent a letter to all Newnham/Westbury patients on 4.3.22 outlining the position with regard to the future of Newnham/Westbury surgery.
Recommendation	Paper for information only.
Author	Jo White
Designation	Deputy Director of Locality Development and Primary Care (Primary Care Development)
Sponsoring Director **(if not author)**	Helen Goodey, Director of Locality Development and Primary Care

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

28th April 2022

Newnham/Westbury Practice

1. Introduction

Both Drs Alder and Lacey had indicated they wished to step down as partners. They have been working with G Doc Ltd, the county GP provider organisation, to secure the GMS contract and ensure stability for the practice and their patients.

Dr Lacey whilst remaining committed to the Newnham/Westbury patients and community, did not wish to hold the contract as a single hander.

2. Practice Profile of Newnham/Westbury Practice

2.1 Practice name and addresses:

Practice name and addresses:

Newnham Surgery,High Street, Newnham on Severn, Gloucestershire, GL14 1BE

Westbury Surgery, Rodley Road, Westbury-on-Severn, GL14 1PF.

Dispensing Practice: Yes.

Contract type: GMS.

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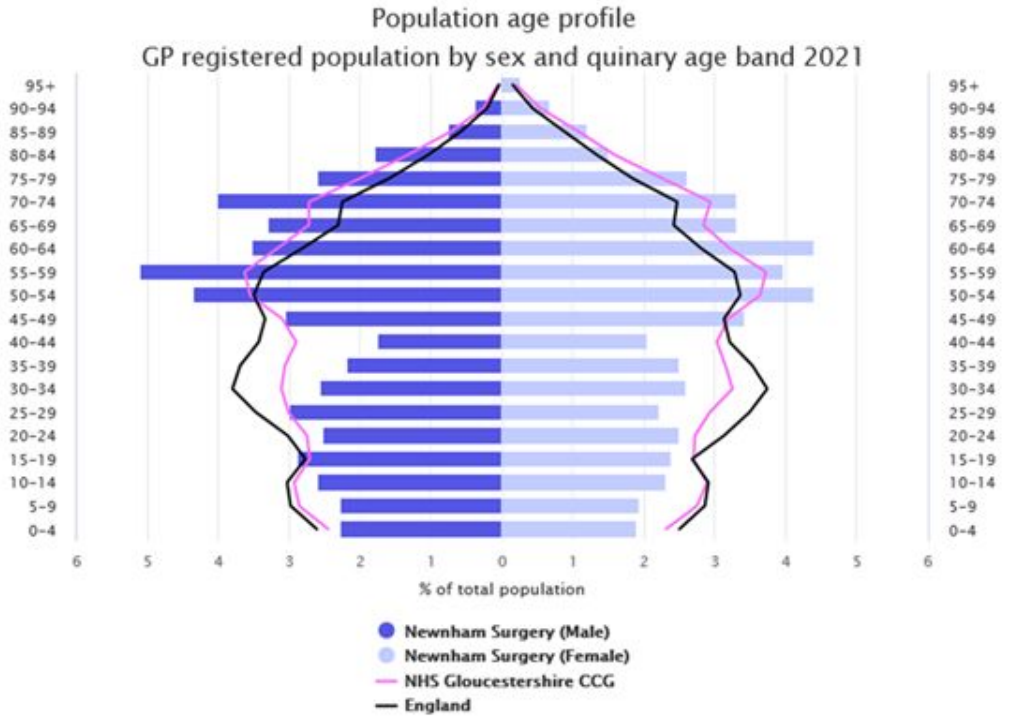
2.2 CQC rating: Good.

The practice was last inspected in 2016, and a CQC desktop review took place on 9.9.21.

2.3 List size and demographics

The list size on 1.1.22 was 3,329 patients.



2.4 Premises

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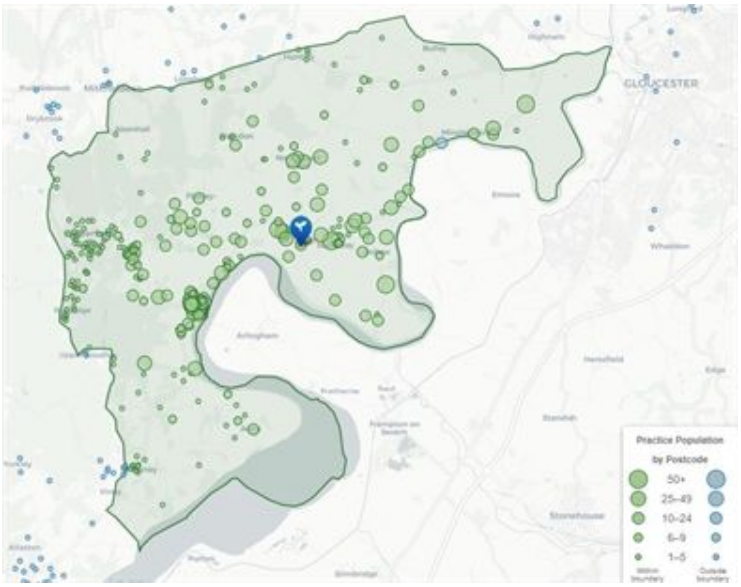
There were two sites Newnham (owned by the Partners) and Westbury (the structure is owned by NHS Property Services but there is a ground lease with Westbury Parish Council).

Westbury was erected in 2012 and is a modular constructed single storey building. The surgery building was paid for by Gloucestershire PCT.

Drs Alder and Lacey advised the CCG that they wished to sell the Newnham site. CCG attempted to identify suitable alternatives in Newnham but no such premises were available. With effect from 1.4.22 the

Newnham/Westbury Partnership withdrew the availability of the Newnham site.

The map below shows the location of the remaining site at Westbury and the spread of patient population within the practice boundary.



2.5 <u>Partnership History</u>

Whilst the Partnership at Newnham/Westbury had been stable for many years, Dr Alder took 24-hour retirement in March 2017 and returned on reduced sessions. Dr Lacey undertook most of the sessions but found the pressures of practice very challenging.

Both partners approached the CCG wanting to hand their contract back before April 2022.

2.6 The partners entered into discussion with their chosen partner, G Doc Ltd, to provide the same services to their patients and take on the GMS contract.

G Doc Ltd is well known to the CCG holding two APMS contracts and a GMS contract for Lydney Practice. It has a proven financial history. They are also the GP provider organisation for Gloucestershire.

3. Forest of Dean Primary Care Network

There are 11 practices in the Forest of Dean forming the Primary Care Network. While the practices vary in size four of the practices are below a 5,000 patient list size and whilst the PCN has worked hard to ensure that it has supported those practices, this is not without its challenges. The joint clinical directors are very proactive and have ensured that the practices work together to achieve optimum results.

The Forest of Dean Primary Care Network Clinical Directors have confirmed that they are very supportive of the Newnham/Westbury and G Doc Ltd proposal.

4. G Doc Ltd

G Doc Ltd is a respected provider of primary care services in Gloucestershire including a contract for services at Gloucester Health Access Centre/Matson Lane Surgery and services at Lydney Practice.

It is a membership organisation and the organisation is well led by its Chief Executive, Dr Jo Bayley, with an experienced Board and management team. All 71 GP practices are shareholders and G Doc Ltd has worked with a lot of GPs across the county to ensure general practice is sustainable. They provide a countywide Parachute Nurse Service, as well as an Improved Access service at weekends and bank holidays.

G Doc Ltd also holds the contract for the Gloucester Health Access Centre. The management team responsible for Gloucester Health Access Centre

puts patients at the heart of what they do and delivers patient centred care in areas of Gloucester City that can be very challenging.

GHAC also provides an 8 – 8 urgent primary care centre service from its Eastgate House premises.

GHAC practice is rated good for all indicators by CQC.

G Doc Ltd has held the contract for Lydney Practice since 10.1.21. Since taking over the Lydney contract they have taken action to improve practice resilience including setting up Lydney as a training practice and recruitment of the following:

- 1 practice manager
- 3 additional GPs already in post (2.0 WTE)
- 1 additional GP to join in March 2022 (0.8 WTE)
- 1 additional practice nurse (0.6 WTE)
- Trainee pharmacy technician (new post)

It is testament to the ability of G Doc Ltd to attract clinical staff that Lydney is fully clinically staffed.

Quality information relating to patient survey results and the Quality and Outcomes Framework (QOF) has been reviewed. A comparison of Lydney and Newnham/Westbury Surgery is shown at Appendix 1.

5. Benefits of Newnham/Westbury and G Doc Ltd proposal

The key potential benefits put forward by Newnham/Westbury Partnership/G Doc Ltd are as follows;

- The proposal is one that is supported by Newnham/Westbury Partnership allowing Dr Lacey to continue to work providing GP medical

services to the registered patients in Newnham/Westbury. They are committed to their patient population and the practice team work well with their neighbouring practices.

- Newnham/Westbury Partnership has been committed to finding a solution to secure the best possible option for their patients. As both doctors wished to step down as partners G Doc Ltd was their preferred option and one G Doc Ltd has embraced supporting the ethos and direction of the practice.
- G Doc Ltd, as the GP provider organisation, is well known to the Forest of Dean practices and the PCN Clinical Directors are fully supportive of the Newnham/Westbury and G Doc Ltd proposal.
- G Doc Ltd has experience of managing a diverse population with high levels of deprivation offering a range of good quality services.
- G Doc Ltd has a strong track record of sourcing locum GPs and nurses and also then converting them to salaried positions.
- G Doc Ltd is a local GP organisation with two current APMS contracts with the CCG and since January 2021 experience of running a practice in the Forest of Dean.

6. Next Steps

To maintain the provision of primary medical services, enable the practice to develop and remain resilient well into the future the CCG agreed the novation of the Newnham/Westbury contract to G Doc Ltd with effect from 1.4.22.

A Contract Award Notice (CAN) has been issued.

The CCG are reassured that G Doc Ltd will deliver a high level of care and service for the population of the Newnham/Westbury Practice.

7. Recommendation(s)

The PCCC is asked to note this update report.

Appendix 1
Newnham Surgery 8

NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**Thursday 28 April 2022**
Report Title	**Community Enhanced Services (CES) 2022/23 Inflationary Uplift**
Executive Summary	The purpose of this report is to request a 3% inflationary uplift on the 2022/23 Community Enhanced Services, which have remained financially unchanged since 2018. This request is being recommended to PCCC by the Primary Care Operational Group (PCOG) and Core Executive team.
Key Issues	An inflationary uplift for the Community Enhanced Services is to be considered due to: a) the costs of delivery have increased; b) an inflationary uplift has not been applied since 2018.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Practices are less likely to sign up to deliver CES if they cannot afford to pay staff given the rising employment costs to deliver to the services. If some practices do not sign up there is the increased risk of inequity of healthcare provision for patients.
Management of Conflicts of Interest	• Managed conflicts of interest by ensuring wide range of input including ESRG, LMC, Finance, Core Executive and PCOG. • Declarations of interest are outlined at the start of all meetings.
Financial Impact	Please see figures below of the cost impact of the 3% CES uplift proposed: % increase | Financial impact in £

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	3%	221,432.67	
Legal Issues (including NHS Constitution)	No potential legal issues that could arise that the Committee need to be aware of. We have liaised with the LMC on this uplift.		
Impact on Health Inequalities	This will support practices to continue to provide the Community Enhanced Services which impact the management of patients' health and equity of service delivery.		
Impact on Equality and Diversity	N/A		
Impact on Sustainable Development	N/A		
Patient and Public Involvement	N/A		
Recommendation	The Committee is requested to: • Approve the 3% inflationary uplift to Community Enhanced Services for 2022/23.		
Author	Jo White		
Designation	Deputy Director, Primary Care & Locality Development		
Sponsoring Director (if not author)	Helen Goodey, Director, Primary Care & Locality Development		

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NHS
Gloucestershire
Clinical Commissioning Group

Community Enhanced Services 2022/23 Inflationary Uplift

Primary Care Commissioning Committee
Thursday 28 April 2022

1. Introduction

1.1 Gloucestershire CCG commissions a range of local primary care services to meet the needs of our population which are designated as Community Enhanced Services (CES). These are separate to the national Directed Enhanced Services (DES) commissioned by NHSEI and the Public Health Enhanced Services commissioned by Gloucestershire County Council.

There has been no inflationary uplift to these services since 2018.

2. Executive Summary / Purpose

2.1 Given the significant challenges in recruitment and retention and rising salary costs currently experienced in general practice an inflationary uplift is considered necessary.
The purpose of this paper is to request approval for a 3% inflationary uplift on the 2022/23 Community Enhanced Services, which have remained financially unchanged since 2018.

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3. Background

3.1 The Community Enhanced Services for 2022/23 are:

3	Anticoagulation
4a	Care Homes (Top-Up for both OP & LD/PD CQC homes)
4b	Care Homes (LD/PD for non-CQC)

5b	Deep Vein Thrombosis
6c	Diabetes Phase 2
8	High Risk Drugs
19	Primary Care Offer
28	Inter-Practice Minor Surgery
29	Ear Irrigation
30	UK Resettlement Schemes (UKRS) *[formerly Syrian Refugees]*
31	Prophylaxis with Antiviral Drugs - In and Out of Season
34a	Primary Care Phlebotomy
34b	Secondary Care Phlebotomy Undertaken in Primary Care
40	Respiratory Diagnostic Provision
17	Vasectomy (AQP)

There are other practice specific enhanced services such as National Star College, Ethnic Minority Groups and Minor Injuries.

Please note that the Endometrial Biopsy CES has been ceased for 2022-23 as it does not adhere to NICE guidance. Very few practices have provided this service and the acute hospital have confirmed they are able to manage countywide demand. There is also a post-menopausal bleeding pathway which has been implemented in 2021-22.

3.2 Practices may choose whether, or not, to provide these Enhanced services to their patients. There is a growing risk that practices will not sign up as they cannot afford to pay for the staff to deliver the services. This would lead to increasing inequity in the provision of healthcare while also not supporting practices to retain staff, at a time when recruitment is such a challenge.

3.3 Gloucestershire Local Medical Committee (LMC) has raised their concerns with the CCG requesting that the CCG consider an inflationary uplift for the range of Community Enhanced services given that:

a) the costs of delivery have increased;
b) an inflationary uplift has not been applied since 2018.

4.0 Proposal

A 3% uplift is proposed for Community Enhanced Services for 2022-23.

PCCC members are asked to note that:

- CES prices have not been uplifted since 2018;
- Since 2013, when the CCG was formed and the Enhanced Service costs were initially agreed, inflation rates have increased by 13%*.
- Since 2018, the last time Enhanced Services had an uplift, there has been an 5%* increase in inflation rates.
- Several practices are experiencing significant challenges in retaining and recruiting staff – as salary costs increase a commensurate inflationary uplift would support all practices to continue to retain staff to deliver these key services.
- The 'block' payments for Enhanced Services ended at the end of March which will have been masking some of the cost pressures.

**Figures from the https://www.ons.gov.uk/economy/inflationandpriceindices/datasets/consumerpriceindices*
CPI INDEX 00: ALL ITEMS 2015=100
2013 98.5 basis points to 2021 111.6 basis points 13.29%
2018 105.9 basis points to 2021 111.6 basis points 5.38%

5.0 Financial Impact

Please see figures below of the cost impact of the 3% CES uplift proposed:

% increase	Financial impact in £
3%	221,432.67

This is applying the increases to all "per items of Service" costs, as well as flat payments such as ear syringing and practice specific schemes (e.g. Star College), as well as the Primary Care Offer payment which is calculated on practice list size.

The Director of Finance has confirmed this inflationary increase can be funded through the inflation allocation. While the total value is within delegated limits for the Director of Finance and the Accountable Officer Core Executive agreed it would be best practice for PCCC to ultimately consider the proposal for decision.

6.0 Recommendations

6.1 PCCC is requested to:

- Approve the 3% increase to the Community Enhanced Services for 2022/23