NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Held in Public on Thursday 30th June 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 28th April 2022	Chair	Approval
4	Matters Arising	Chair	Discussion
5	GP Recruitment and retention in Gloucestershire	Laura Halden	Discussion
6	Primary Care Infrastructure Plan 2016/ 2026 Handover Report	Andrew Hughes	Approval
7	Primary Care Delegated Financial Report	Cath Leech	Information
8	Primary Care Quality Report	Marion Andrews-Evans	Information
9	Enhanced Access Update	Jo White	Information
10	Blakeney Practice	Jo White	Information
11	Any Other Business	Chair	
Date and time of next meeting (PC&DC): 4th August 2022			

NHS Gloucestershire Clinical Commissioning Group

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Primary Care Commissioning Committee

(Meeting held in public)

Minutes of the meeting held at 2:00 pm on 28th April 2022

Virtually via Microsoft Teams

Present:		
Alan Elkin (Chair)	AE	Lay Member, Patient, and Public Experience
Colin Greaves	CG	Lay Member, Governance
Julie Clatworthy	JC	Registered Nurse and Lay Member, Quality
Cath Leech	CL	Chief Financial Officer
Jo Davies	JD	Lay Member, Patient Engagement
Mark Walkingshaw	MW	Director of Commissioning and Deputy Accountable Officer
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
In Attendance:		
Lauren Peachey	LP	Governance Manager (minutes)
Jo White	JW	Programme Director, Primary Care
Jeanette Giles	JG	Head of Primary Care Contracting
Carole Allaway-Martin	CAM	Councillor, Gloucestershire County Council
Tracey Cox	TC	Interim Director of People, Culture & Engagement
Andrew Hughes	AH	Associate Director, Commissioning
Nigel Burton	NB	Healthwatch Representative
Katrice Redfearn	KR	PCN Service Implementation Manager / PCN Project Manager

1.	**Apologies**
1.1	Apologies received from Dr Andy Seymour, Denise Johnson-Carr, Mary Hutton, and Helen Goodey
1.2	It was confirmed that the meeting was quorate.
1.3	The chair welcomed the members of the public who had joined the meeting.
2.	**Declarations of Interest**
2.1	There were no declarations of interest raised for the items on the agenda.
3.	**Minutes of the Previous Meeting**
3.1	The minutes of the previous meeting were agreed as an accurate record, subject to minor changes within the members and attendees list being made.
4.	**Matters Arising**
4.1	**17.12.2020, Item 4.2** An integrated reporting tool which included ILP data and was linked with emergency hospital attendances and admissions will be factored into the PCN dashboard. Item to be closed
5	**Primary Care Infrastructure Plan (PCIP)**
5.1	AH explained that the report on the Primary Care Infrastructure Plan (PCIP) provided an update on PCIP progress made during 2021/2022, the key objectives for 2022/2023, financial issues and key strategic risks.
5.2	AH highlighted that during the financial year 2021/2022 Quayside House Primary Care Centre in Gloucester had been completed and opened. AH also highlighted that the Stroud Town Centre Primary Care Centre (Five Valleys) to co-locate Locking Hill and Stroud Valleys Family practice was making progress and was expecting to open in September 2022.

5.3	AH explained that the plan focused on a 15-year time frame from 2016 to 2031 and included projects which had been completed, projects which were in progress and those which had not yet begun. AH said that the PCIP would be refreshed prior to the end of March 2023 to ensure it was kept current and factored in updated strategic priorities.
5.4	AH said that £244k had been obtained from NHS England to undertake a Primary Care Network (PCN) toolkit programme with National Primary Care Association and the Community Health Partnership across Gloucestershire.
5.5	AH said there were approximately eight business cases which were expected to be finalised for approval during the financial year 2022/2023.
5.6	AH explained that in respect of the construction sector, this is a significantly volatile and uncertain period. Inflation was an increasing issue in terms of the increasing costs of construction and materials. AH added that material delays was also an issue.
5.7	AE asked for further detail in terms of the Primary Care Network (PCN) toolkit programme with the Community Health Partnership across Gloucestershire. AH explained that NHS England marketed this offer toward Integrated Care Systems (ICSs). The structured toolkit which was being developed and conversations with PCNs will be facilitated to understand their service plans over the next 5-10 years. This will support additional understanding of the workforce, the digital and the estate implications.
5.8	In terms of inflation, JC acknowledged that there would be challenges with the affordability of the Primary Care developments. JC highlighted that even smaller developments were a high priority for parts of the population and still needed to happen. AH said that there an assumption had been made that there would not be much capital available over the next five years. AH said that using improvement grants, work could continue with building capacity through extending and refurbishing

	current premises; however, this would not result in sufficient improvements for all practices therefore additional developments would still need to be prioritised.
5.9	CG said following the 1st July 2022, there would be delegated financial authority to the Integrated Care System for Primary Care spending. CG said that the Health and Care Bill had passed through parliament and was waiting for royal assent. CG asked if the Health and Care Bill included significant changes to how the system will work. AH responded that there were likely to be different opportunities to the system based on the Health and Care Bill. AH explained that there may be more flexibility in some areas.
5.9	**RESOLUTION: The committee noted the contents of the Primary Care Infrastructure Plan**
6.	**PCN Quality Improvement Schemes Update**
6.1	JW explained that locally, Primary Care Networks were allocated £1.7m on a non-recurrent basis to invest in Primary Care Networks (PCNs) to run Quality Improvement projects for community needs. An additional £1m was later assigned toward further development.
6.2	JW explained that Gloucestershire PCNs were given a project brief in which they must meet certain criteria for each project idea. The project ideas were taken to the CCG Core Team and to the Primary Care Network Development Group.
6.3	JW informed that all projects were finalised at the end of March and that there were seventeen different areas in which the PCN projects were grouped.
6.4	JW highlighted that there were resources being worked up to sharecross-PCN learning. AE highlighted that this was important given the similarities in QI projects across different PCNs.
6.5	AE observed that there were only two QI projects which focussed on health inequalities. JW explained that health

	inequalities formed a part of many other projects put forward by PCNs but were not badged as that in the title.
6.6	JC asked about measuring the quality outcomes from the QI Projects. JC explained how measuring aspects of the projects could support the identification of which aspects of these projects achieved better quality outcomes and supported ongoing development. JC explained it would be useful to have the projects mapped to ensure it was clear which ones were focused on prevention, anticipatory care, and improving outcomes.
6.7	JC reminded the committee that Quality Improvement was about adding value rather than increasing the quantity of the existing work.
6.8	JW explained that the PCNs had employed Project Managers to run the Quality Improvement projects. JW agreed that there should be clear measurements in place to understand the benefits and outcomes as a result of the projects.
6.9	JW shared a short video of the Frailty Project by Tewksbury PCNs.
6.10	AE asked how the outcomes were going to be measured in the Frailty Project by Tewksbury PCNs. JW responded that the Project Managers brought in by the PCNs were being offered Quality Improvement training and will be following a Quality Improvement approach documenting the improvements being made. JW explained that the Primary Care Team in the CCG were in the process of agreeing details of the measures and outcomes and that much would also depend on the available data to support this.
6.11	CL explained the need to ensure there was a clear baseline to measure against to evidence the quality improvements. CL stated that the financial position going forward was constrained going forward. MAE agreed that recording of evidence and evaluation was important and it was worth taking the time early on to ensure the correct things were being measured. MAE observed that many PCNs were undertaking projects around frailty and

	expressed concern that unless there was learning in place from across the PCNs there may be a fragmented picture across the county. JW agreed it was important and responded that there was an overarching view of the frailty offer in the county through CCG Frailty Leads.
6.12	JD agreed that evaluation was important and suggested that qualitative data was obtained in addition to quantitative data when measuring outcomes, particularly in relation to measures around mental health.
6.13	CG explained that Frailty outcomes should be looked at from an Integrated Locality Partnership level instead of a PCN level to ensure a joined-up approach.
6.14	**RESOLUTION: The committee noted the contents of the PCN Quality Improvement Schemes Update**
7	**Primary Care Delegated Financial Report**
7.1	CL explained the financial position as of the end of March 2022. There was a small overspend against the Primary Care delegated budget which was included in the overall CCG financial position 2021/22. The CGG as a whole ended the financial year with a surplus of slightly over £2million.
7.2	CL explained that there were variances against the budget in dispensing and prescribing. There were other underspends around the Direct Enhanced Services, particularly in learning disabilities. In terms of overspends, CL said that there were overspends on maternity and sickness.
7.3	CL explained that a plan for 2022/23 was being finalised; 2022/23 was expected to be very financially challenged and expenditure will be reviewed very closely.
7.4	CL said the CCG had decided to invest some of the program expenditure into Primary Care budgets going forward. From the national contractural commitments, the allocation growth was not sufficient to cover those commitments.

7.5	**RESOLUTION: The committee noted the contents of the Primary Care Delegated Financial Report**
8	**Primary Care Quality Report**
	Safeguarding
8.1	MAE highlighted that the Primary Care Quality Report included a comprehensive update on safeguarding. The named GP for Safeguarding in Primary Care continued to actively work with practices and support them.
8.2	MAE explained that there had been an audit undertaken to look at the levels of attendance for Safeguarding training within Primary Care. MAE said that there had been a big focus on virtual training due to Covid however it was not clear how engaged attendees were during virtual training. MAE said it was expected that face-to-face training would be encouraged going forward.
8.3	MAE highlighted that there had been a 100% compliance level for Safeguarding Reports which were also audited by the named GP for Safeguarding in Primary Care.
8.4	MAE said that the draft code of practice for the Liberty Protection Safeguards had been received which was out for consultation. It was likely that the Liberty Protection Safeguards would be implemented in October 2023. MAE said the training around the Liberty Protection Safeguards was significant and would take time to implement.
8.5	MAE highlighted that the CCG had recruited a new Deputy Director of Integrated Safeguarding.
8.7	MAE highlighted that the Local Authority Children's Services has had an Ofsted inspection and had improved their rating from special measure to requires improvement.
	Serious Incidents
8.8	MAE said that there were very few serious incidents being reported from Primary Care. MAE said there was a

	new reporting system for reporting serious incidents being introduced, 'Learn from Patient Safety Events (LFPSE).
	Patient Experience and Engagement
8.9	MAE explained that the Patient Advice and Liaison Service (PALS) had been receiving an expected level of enquiries; very few were about Covid or vaccinations.
8.10	MAE said that the Patient Experience and Engagement team had been undertaking engagement activities with the public about the implementation of the Integrated Care System.
8.11	MAE highlighted that the NHS CCG Information Bus had been updated to make it a better environment for the staff to use with the public for engagement; it also can be used for clinical activities such as hosting a vaccination clinic in rural areas.
8.12	MAE highlighted that the Friends and Family Test will be restarted from May 2022 and the first data submission will be in July 2022.
8.13	MAE said that the national GP Patient survey had been completed and the results were due to be published. The lead for Patient Experience and Engagement at the CCG had been working with Practice Participation Groups to develop a local survey specific for Gloucestershire.
8.14	AE highlighted that the local Practice Participation Group GP Patient survey was a positive development. MAE responded that the local survey would offer analysis in a more timely way compared to the national survey.
8.15	In terms of Primary Care Education, the Primary Care Training Hub were developing new roles and initiatives to support new nursing posts. One concern is these posts could be filled with those already working in primary care therefore the appointment process is being staggered to prevent pressure on primary care.
	Medicines Optimisation

8.16	MAE suggested that the Chief Pharmacist at the CCG could present the Prescription Savings Plan at a future meeting. **ACTION: Invite Chief Pharmacist at the CCG to present at a future meeting.**
	Infection Prevention and Control
8.17	In terms of Infection Prevention and Control, MAE explained that there had been a steady rise in community infections, likely to be due to loosening precautions and less resilience against viruses. MAE said that cases of Flu had increased. A letter had been sent to all practices detailing how to access Flu vaccines for Winter 2022.
8.18	MAE said that the Spring Covid booster vaccinations were underway; Gloucestershire were fifth in England in terms of vaccine uptake. MAE said that the uptake for the vaccines for those aged 5 to 11 years old was very low at 7.5% but that this was second highest in the country. JC said that vaccines for children could be coordinated at the same time as the school holidays however families may be on holiday during this time. JC added that Saturdays were popular times for children's vaccines.
8.19	MAE explained that planning was underway for the Autumn Covid booster vaccination for those aged over 50. A modified vaccine was being developed to better fit with the current Covid variant.
8.20	JD emphasised the important of encouraging those to have their Influenza vaccinations which was also harmful to the vulnerable. MAE agreed that both Covid and Influenza vaccines will be encouraged next winter.
8.21	**RESOLUTION: The committee noted the contents of the Primary Care Quality Report**
9	**General Practice Contract Changes 2022/23**
9.1	JW explained that there had been a national letter sent to General Practice to bring the focus back to non-COVID needs, particularly long term condition management, chronic disease control, timely access for patients with

	urgent care needs, and regaining momentum on the wider Long Term Plan prevention agenda.
9.2	JW said that in terms of online appointment booking, there would be a removal of the 25% minimum of appointments to be booked online; to be replaced with appointments which do not require triage to be booked online. JW said that deceased patient records will no longer need to be printed and sent to Primary Care Support England. JW said that there were also some changes to vaccinations and immunisations.
9.3	In terms of weight management, JW explained that the Weight Management Enhanced Service was planned to continue for 2022/23.
9.4	JW explained that the Quality Outcome Frameworks had been fully reinstated and there were no new additional indicators to be added to QOF for 2022/23 beyond changing the topics for Quality Improvement domain.
9.5	JW said that practices already signed up to the Network Contract in 2021/22 will automatically participate in the updated 2022/23 DES. If practices did not want to participate they would need to inform the CCG by 30th April 2022 to opt-out.
9.6	In terms of the Additional Reimbursable Role Scheme, which is to bring in a number of different roles into general practice, there were 15 specific roles that the networks could recruit from and the budget had been increased nationally. Primary Care Networks (PCNs) could also be reimbursed for a further mental health practitioner role, or a further two if they had a population over 100,000, to support people with complex mental health needs.
9.7	JW said that there was additional funding available for PCN Management.
9.8	JW said there were two current Enhanced Access contracts; a local one known as Improved Access, and the Extended Hours contract. JW explained that the Enhanced Access contracts aims to combine the two funding streams into one specification from October 2022. JW explained that PCNs needed to offer bookable

	appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays and that these could be with a variety of Primary care Professionals.
9.9	<u>Primary Care Network Directed Enhanced Service (DES)</u> JW said there had been an expansion of the Cardiovascular Disease Prevention and Diagnosis service. General Practices have been asked to undertake network development and quality improvement around supporting Cardiovascular Disease prevention. There were also developments around Early Cancer Diagnosis. There would also be a phased introduction of the Personalised Care DES.
9.10	For Personalised Care, JW explained that PCNs were required to contribute to the development of the ICS delivery plans being developed and expected to be submitted December 2022.
9.11	JW summarised that for 2022/23 there will be a total of 1153 points across all IIF indicators, with each point being worth £200.
9.12	AE observed that it appeared to be a difficult job in balancing differing priorities between national contractual demands, the work being done by PCNs and the needs of the system overall. JW agreed that there were many priorities, and it will be challenging to meet them all. JW explained that many practices were already doing much of the work outlined in the letter however work was ongoing to make sure it was coded correctly.
9.13	In terms of the changes to the contracts which had been presented, TC asked if practices could work together to link approaches and methodology to as not to duplicate the work required to implement these changes. JW explained that practices worked together at a PCN level.
9.14	**RESOLUTION: The committee noted the contents of the General Practice Contract Changes 2022/23**

10	**Newnham/Westbury Practice**
10.1	JG explained that Newnham/Westbury Practice was a two-partner practice. Both partners had indicated they wished to step down as partners, however one partner was keen to remain as a salaried GP and was committed to providing care to the patients of the practice.
10.2	JG said the Newnham/Westbury Practice list size was 3329 patients. Drs Alders and Lacey provided GP services at two sites. The Newnham site was owned by the partners and the Westbury surgery was owned by NHS Property Services.
10.3	JG highlighted that the Partnership at Newnham and Westbury had been stable for many years. One of the partners had taken 24-hour retirement in March 2017 and subsequently returned on reduced sessions. Therefore the other partner undertook most of the sessions but had found the pressures of practice very challenging.
10.4	The partners advised they wished to sell the Newnham site and therefore this would not be available for the ongoing provision of GP services post 1st April 2022.
10.5	JG explained that the partners had been in discussion with their chosen partner, G Doc Ltd, who was well known locally as a respected provider of Primary Care services in Gloucestershire. They were also the GP provider organisation for Gloucestershire. JG highlighted that G Doc Ltd held the contract for Gloucester Health Access Service and Lydney Practice. They had done a lot to secure the resilience of Lydney since taking over that contract, including setting it up as a training practice and recruiting additional clinical and administrative staff.
10.6	JG highlighted that the Forest of Dean PCN Clinical Directors were fully supportive of the Newnham/Westbury and G Doc Ltd proposal.
10.7	JG said G Doc Ltd had a strong track record of sourcing local GPs and nurses and thereafter converting them into salaried positions.

10.8	The CCG had fully considered this proposal and that it was the preferred option of Newnham/Westbury Partnership which would enable Dr Lacey to continue to work at the practice. It was important to maintain the provision of primary medical services, enable the practice to develop and remain resilient well into the future and therefore following careful consideration the CCG had agreed the novation of the Newnham/Westbury contract to G Doc Ltd with effect from 1.4.22. A Contract Award Notice had been issued.
10.9	AE stated that patients registered with Newnham/Westbury Practice received a letter advising of the changes to the management of the practice. AE asked if there were any responses to the letter. JG responded there had been and that a 'Frequently Asked Questions' document had been produced following a a public meeting organised by Newnham Parish Council at which representatives of the CCG and GDoc Ltd had attended. The main concerns raised were around the Newnham building no longer being available for a GP practice and transport to Westbury.
10.10	CG highlighted that the outcome appeared to be the best option for the local population. CG added that the letter circulated to patients was informative and clear, enabling patients to be fully aware of the situation. CG cautioned that the process to find an appropriate solution had been challenging and advised the importance of bringing any potential issues to the attention of the committee as soon as possible. JW agreed that the timescales were a challenge and advised that the Primary Care Team at the CCG offered support to practices during these processes.
10.11	JC asked if there had been any responses to the Contract Award Notice and it was confirmed none had been received.
10.12	JC stated that the Committee had been kept well informed and had an opportunity to discuss the situation during confidential meetings. JC explained that due diligence had been completed with regard to the

	Newnham/Westbury novation of contract. JW highlighted that the outcome avoided a list dispersal.
10.13	CAM explained she had held discussions with members on the GP register for Newnham/Westbury and it was accepted that the outcome was positive in terms of maintaining the practice and not dispersing the list.
10.14	**RESOLUTION: The committee noted the contents of the Newnham/Westbury Practice update**
11	**Community Enhanced Services – inflationary uplift proposal**
11.1	JW explained that community enhanced services were the local enhanced services that were commissioned at a CCG level. JW explained the request for a 3% inflationary uplift to these services and stated there had not been an uplift since 2018.
11.2	JW summarised that there were 15 Community Enhanced Services which manage patients' conditions that often need additional resources behind them.
11.3	JW said that since 2013 there had been an inflationary increase of 13%. Since 2018, the last time there had been an uplift, there had been a 5% increase in inflation rates. Several practices were experiencing significant cost challenges in retaining and recruiting staff. JW said the financial impact of a 3% increase was £221,000. The proposal had been considered by the CCG Executive Group before being brought to PCCC.
11.4	**RESOLUTION: The committee approved the Community Enhanced Services – inflationary uplift proposal**
12	**Any Other Business**
12.1	CG highlighted that the next PCCC meeting date was scheduled for the last day of the CCG on the 30th June.
	The meeting closed at 4 pm

	The next meeting will take place on the 30th June 2022 at 2 pm

NHS Gloucestershire Clinical Commissioning Group

Agenda Item 4

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

Reference	Description	Action with	Due Date	Status
24.02.2022 Item 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 and 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**.	CL	June 2022	Open

NHS Gloucestershire Clinical Commissioning Group

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Primary Care Commissioning Committee

Meeting Date	**Thursday 30th June 2022**
Report Title	**GP Recruitment and retention in Gloucestershire**
Executive Summary	Gloucestershire Clinical Commissioning Group (CCG) provides an essential role in supporting the recruitment and retention of clinical and non-clinical roles within our local GP Practices and Primary Care Networks. This report is provided for information to demonstrate the breadth of this support.
Key Issues	Before and increasingly since the COVID-19 Pandemic, GP numbers have been challenged nationally. Gloucestershire's GP workforce remains above the national average. However, when comparing data from the National Workforce Reporting Service (NWRS) between March 2019 and December 2021, all regions in the South West show a decrease in GP Partners and an increase in Salaried GPs and GPs in Training Grades. It should be noted that PCNs across the county have recruited an additional 174 whole time equivalent posts as at the end of March 2022.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Practice resiliencies is included in the Directorate risk register with the cause attributed mainly to partnership changes or impending partnership changes and growing concern regarding general workforce resilience and retention as a consequence of poor staff morale and impact of challenging patient behaviour. (3x5) 15 (3x2) 6 (residual meaning accepted risk)

Management of Conflicts of Interest	None.
Financial Impact	None.
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 Committee is requested to: • Note the content of this paper.
Author and designation	Dr. Laura Halden, Chair Gloucestershire Primary Care Training Hub and Kate Usher, Head of Primary Care Workforce Development.
Sponsoring Director (if not author)	Helen Goodey Director of Primary Care and Locality Development

Report for Primary Care Commissioning Committee

30th June 2022

GP Recruitment and retention in Gloucestershire

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1. Introduction

Gloucestershire Clinical Commissioning Group (CCG) provides an essential role in supporting the recruitment and retention of clinical and non-clinical roles within our local GP Practices. The CCG's Primary Care Training Hub (PCTH) and Workforce teamwork in close collaboration with practices, Primary Care Networks and other organisations to deliver training, education, recruitment support and ongoing development opportunities for all roles within Primary Care. An ongoing area of focus includes support for our local GP colleagues at all stages of their careers, with a key objective to attract new GPs in county and retain and support those already in Gloucestershire.

Before and increasingly since the COVID-19 Pandemic, GP numbers have been challenged nationally. A range of factors contribute to this including significant increases in workload, changing patient demographics, negative media portrayal of General Practice, complaints, a desire and need for a more balanced home and work life and increasing administrative burden. These factors have resulted in increased incidence of burnout, sickness and a reduction of GP sessions/hours in some cases to reduce stress. We have also seen some GPs changing their roles from partners to salaried or locum GPs or developing a portfolio career (meaning they do other roles in addition to that of their clinical GP role). These changes within the existing workforce can affect practices and the delivery of clinical hours, however equally they can provide some GPs with options to prevent them leaving General Practice altogether. Whilst GPs are one important part of the Primary Care workforce there are other new roles in Primary Care. For example, Primary Care Networks (PCNs) across the county have recruited an additional 174 whole time equivalent posts at the end of March 2022 including but not limited to Clinical Pharmacists, Care Co-ordinators, First Contact Physiotherapists and Paramedics.

Gloucestershire's GP workforce remains above the national average (53 FTE GPs per 100'000 patients vs an England value of 45 per 100,000) [1]. However when

[1] NHS Gloucestershire CCGs Primary Care Workforce Dashboard; https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services; March 2022

comparing data from the National Workforce Reporting Service (NWRS) between March 2019 and December 2021, all regions in the South West show a decrease in GP Partners and an increase in Salaried GPs and GPs in Training Grades. For Gloucestershire in this period the figures are minus thirty eight GP Partners, an additional ten GPs in Training Grades and an additional twenty five Salaried GPs (including GP Retainers). GPs can leave, move or change their roles meaning that recruitment and retention remains an ongoing focus for our Practices. In addition to our ongoing engagement with our Practices and PCN's, the CCG's Primary Care Workforce team reviews GP workforce numbers on a regular basis using both nationally available data and the Primary Care Training Hub's annual Workforce Survey.

2. **Latest GP Workforce position in Gloucestershire**

The table below provides an overview of the latest GP Workforce position within Gloucestershire by each of our six Localities. Whilst it is important to understand our position in terms of Partner and Salaried GP Whole Time Equivalent (WTE) numbers and GPs per 100k population, it is also essential that we understand how these numbers impact overall system workforce capacity in terms of the number of vacant GP sessions. Understanding this position enables our Primary Care Workforce team and training hub to proactively work in partnership and provide a range of evidenced, new and innovative solutions that both support and grow our GP workforce.

Locality	Total Partner + Salaried Whole Time Equivalent (WTE)	Total (Partner + Salaried) WTE per 100,000 Population (actual)	Vacant Sessions (Partner)	Vacant Sessions (Salaried)
Data Source	**Gloucestershire Primary Care Workforce March 2022 (Dec21 data)**	**Localities List size spreadsheet**	**Annual Workforce Survey (oct 2021)**	**Annual Workforce Survey (oct 2021)**
Cheltenham	80	49.13	12	15
Gloucester City	74	40.92	30	52
North and South Cotswolds	51	54.33	10	6
Stroud and Berkeley Vale	70	56.11	7	17
Tewkesbury Newent and Staunton	27	60.50	0	18
Forest of Dean	38	58.64	4	21

The table above demonstrates that our Gloucester (Inner) City practices are experiencing challenges with both number of GPs and vacant GP sessions. Whilst this was already understood from our ongoing engagement with the Inner City, this data further evidenced their day to day challenges and enabled us to provide a targeted range of solutions to address meet their needs.

The following summary provides an overview of some of the initiatives that the CCG's Primary Care Workforce and training hub team have or are in the process of providing to support the retention and growth of GP numbers within Inner City Gloucestershire, noting that these are available to other PCN's and practices who may experience similar challenges in future. To note, some of these initiatives have been set up specifically for our Inner City practices whilst others are available to all practices, including those in the Inner City.

We undertake our workforce survey annual in the Autumn and therefore expect to have revised data to share later in this financial year.

3. Recruitment

3.1 Health Inequalities GP fellowships

Gloucestershire CCG has been at the forefront of offering successful and wide ranging GP fellowships, providing GPs with the opportunity to develop personal skills and make a difference to the lives of the patient populations they serve. This joint initiative has promoted our Inner City practices as a great place to work, offering GPs the opportunity to work with a vibrant and culturally diverse patient population. Recruiting Health Inequalities GPs and/or those with an interest in the population/ or public health, the roles provide GPs with an opportunity to combine clinical sessions with the flexibility of a fully funded twelve month fellowship and Continuing Professional Development (CPD). The fellowships focus on a health inequality project that will make a real difference to the lives of patients living in our Inner City areas. GPs are supported with both an in-practice mentor based in the employing practice plus the benefit of an independent GP mentor for reflection and support. The programme was advertised nationally and drew interest from both Locum GPs looking to undertake a permanent role, an out of county GP and a GP working under a Tier 2 visa sponsorship (Tier 2 sponsorship is explained further on page 4). In total three GPs were recruited to permanent roles in-county in the current round of health inequality fellows. Previously a further three GP health inequality fellows have taken up roles in Inner city Gloucester.

3.2 GP Specialism Fellowships

A newly devised GP specialism fellowship offers GPs the opportunity to work in a dynamic and forward thinking training practice in the heart of Gloucester city, directly

supporting the provision of healthcare for patients in this area. In partnership with GHAC (Gloucester Health Access Centre), we are providing the opportunity to recruit two salaried GP roles to undertake clinical sessions with the added benefits of a fully funded Special Interest GP fellowship (up to 2 sessions per week for 12 months), as well as a CPD bursary. In addition to the opportunity to focus on self-development, the fellowship will support GPs either with an existing special interest, or those looking to develop this interest, across a range of clinical areas. This might include respiratory, mental health, minor surgery, population health management and sexual health, or other clinical need to support the local patient population.

The roles will be supported by a GP mentor from GHAC for the fellowship, alongside dedicated GP fellowship advisors from the Primary Care training hub. A personalised educational plan will be drawn up to assist development of the GP's identified special interest, drawing in training and career development opportunities from across the Integrated Care System (ICS). The roles will offer a great degree of flexibility and provide the opportunity for those at all stages of their career to apply.

3.3 Additional Roles Reimbursement Scheme (ARRs)

The additional roles reimbursement scheme forms a large part of the development of Primary Care Networks (PCNs), of which there are fifteen in Gloucestershire. The ARRs scheme is designed to fully fund the salaries of new roles (up to a defined maximum budget based on the weighted patient list list) within Primary Care. These new roles include roles such paramedics, clinical pharmacists, care co-ordinators and physiotherapists. The aim is to ensure that patients see the right clinician, at the right time. A key aim of this scheme is to provide additional capacity in Primary Care to enable GPs to spend time with patients who may have additional needs or complexities which require the expertise of a GP. The additional roles have become an integral part of PCNs, supporting service delivery and providing the best possible patient care. Whilst these additional roles do not replace the need for GPs, having a diverse range of additional roles in a PCNs can make it a more attractive place for GPs to work, providing a truly multi-disciplinary approach to patient care. The Primary Care workforce team and Training hub provide dedicated and tailored advice to PCNs to support the recruitment and embedding of additional roles.

As mentioned above the NHSE/I budget for these roles is based on the weighted list size of a PCN. For some of our Inner City practices this weighting does not always appropriately reflect the diverse and often deprived populations they serve. For example, within Inner City Gloucester it was evidenced that there was a higher prevalence of mental health issues within the patient population. The CCG therefore funded the early implementation of three Mental Health Practitioners (MHPs) within the Inner City PCN as part of a pilot with Gloucestershire Health and Care (GHC), prior to the MHPs becoming part of the updated ARR scheme. Since the inclusion of MHPs under ARRs the CCG and training hub have worked with Inner city PCN to

support the ongoing provision of the MHPs, and we are working to extend these roles to other PCNs.

3.4 GP open days

Gloucestershire CCG is working with several of our Inner City practices to launch our first virtual GP open recruitment event; promoting and showcasing the opportunity to work as a GP in particular practices. The CCG and training hub will be in attendance to promote working as a GP in Gloucestershire, along with sharing information on the support and career development available. The practices taking part in the open days will provide information on what they offer in terms of the clinical sessions, unique and innovative opportunities, flexible working and highlight their culturally diverse patient populations. The first of our planned Inner City open days is with Gloucester Health Access Centre (GHAC), on 19th May and is open to GPs at all stages of their careers, including those who are in their last 6 to 9 months of GP training. The open days will also raise awareness of a range of other offers open to Inner City practices including the Specialist GP Fellowship roles and relocation support.

3.5 Receptionist recruitment open day

Gloucestershire training hub recently worked with two Inner City practices on the recruitment of receptionists. A depleted receptionist workforce has implications for patients accessing care and creates additional work for clinical staff if patients are not appropriately provided with safe and timely care navigation. Recognising that the important role of receptionist can be challenging and with increasing workforce competition from local businesses (from example retail sector), the practices and training hub realised that a different approach to recruitment for these roles was required. Therefore, a receptionist recruitment open day was planned and took place on 12th January 2022. The event proved very successful with one practice recruiting to nearly all their vacant receptionist roles (6 posts) and the other recruiting to some of their roles. There is scope to support other practices in future.

3.6 Tier 2 Visa applications

Recognising the benefits, skills and support that International Medical Graduates (IMG's) can bring to Primary Care, the Primary Care training hub has worked with a number of practices to provide guidance and support on the Tier 2 Visa application process, in addition to funding the visa costs. Tier 2 visas provide an immigration route for non-European Economic Area (non-EEA) clinicians wanting to work in the UK but with a lengthy application process, some practices were at risk of losing potential GPs to out of county practices who already had Tier 2 visa sponsorship in place. Practices can apply to be a sponsoring organisation for IMG's with the Tier 2 visa enabling sponsorship of a range of clinicians including GPs. Tier 2 visa's last for a period of 4 years after which the sponsoring organisation, the practice, will need to

apply for a visa renewal. Noting that visa applications can take up to 10 weeks to process, the training hub worked with our Inner City practices to support and expedite this process. This collaborative approach supported practices in recruiting two GP's into county to date

3.7 Working with the Gloucestershire Vocational Training Scheme (VTS)

The training hub works closely with the Gloucestershire Vocational Training Scheme (VTS) which is Gloucestershire's in county training program for GPs. Junior doctors apply to undertake GP specialist training and if successful they are allocated to a Vocational Training Scheme. This provides the pipeline for the future GP workforce. Therefore, maintaining and cultivating a close working relationship with the Vocational Training Scheme is vital to support quality assurance of the training received, but also to support workforce planning. It is well evidenced that being a training practice improves GP recruitment and retention. Therefore, joint schemes between the Vocational Training Scheme and training hub have taken place to support practices to achieve training practice status, including increasing capacity of GP educational supervisors (GP Trainers). These schemes, past and future, aim to target areas of workforce need and areas of deprivation. Previously Gloucester city has benefited from this scheme. Planning is underway to start the next cohort.

4. Retention and Support

Recognising that recruiting a GP is only the first step, and with higher numbers of GPs leaving the workforce, retention and support of GPs at all stages of their career remains vital. The training hub is planning to create a summary document or outline of all support offers across the different stages of the GP career. Below are examples of some of the current offers around retention and support for GPs.

4.1 Workforce conversations and Workforce Survey

In addition to our ongoing engagement with our Primary Care colleagues, the Primary Care Workforce team undertakes detailed conversations with each of our 15 Primary Care Network leads. Including Clinical Directors, Business Managers along with workforce team clinical and non-clinical representatives, these conversations help Primary Care Networks identify areas of challenge. As part of these discussions, both issues and successes are discussed and a range of solutions including those for GP recruitment and retention, proposed. Such solutions include advice on additional roles along with training and recruitment opportunities. In addition to the above, our Annual Workforce survey identifies key issues practices and their corresponding Primary Care Networks are experiencing now and importantly are likely to experience in the future, for example the number of planned retirements known.

4.2 Health and Wellbeing (HWB) Champions

COVID-19 has had a significant effect on Primary Care staff from a Health and Wellbeing (HWB) perspective. We know, anecdotally, that staff morale is particularly low given the increase in demand and additional pressures in Primary Care, against a backdrop of the stresses caused both professionally and personally by the extended pandemic response. Even prior to COVID-19 staff Health and Wellbeing was affected by a range of factors including escalating workloads and rising expectations.

CCG staff successfully bid for monies from NHS England and Improvement (NHSE&I) to enable all 71 practices to establish Health and Wellbeing Champions to promote wellbeing on a day to day basis, to purchase a Health and Wellbeing Digital App or solution to enable practice staff to record how they are feeling on a day to day basis and provide directed guidance to relevant wellbeing offers and the opportunity to engage in a range of Health and Wellbeing webinars increasing overall understanding of the importance of wellbeing across all Primary Care roles

4.3 Support for GPs on the GP Returner scheme (future development)

Qualified GPs that have left practice for various reasons can often experience challenges with getting back to work after an extended period of absence. Whilst the GP return to practice scheme provides excellent support for those on the scheme, returner GPs have expressed the need for peer support both when applying, sitting the assessments and during and post the returner scheme.

Having discussed what support would be beneficial with a range of GPs, the Primary Care Workforce team has successfully bid for funding to establish a facilitated peer support group. With plans to run this over twelve months, the peer group will include GPs both considering applying to and those already on the GP returner scheme. The facilitated peer group format will support in overcoming challenges that GPs face when trying to return to practice, making the process supportive and timely, whilst connecting GPs who may find themselves in similar situations. In addition, it will provide essential support for GPs who may not otherwise return to practice at all, resulting in more GPs working within Gloucestershire's Practices. Our ambition is that after initial facilitation by a trained GP we can ensure the self-sustainability of the group going forwards.

4.4 Late career GP support (future development)

Gloucestershire Primary Care workforce team has recently recruited to a Late Career GP fellowship role which will provide dedicated time to support those within the last 5 years of their career. We plan to conduct stay or transition interviews for those considering retiring, to offer support and guidance to the GP in terms of options to retain their skills for longer. Undertaking this work will provide invaluable

insight and understanding into why GPs are leaving their roles and provide us with the necessary qualitative and quantitative information to identify solutions that would support GPs to extend their careers, rather than opt for early retirement or leave for another profession.

4.5 Parental Workshops (future development)

There is an increasing number of GPs who, having been on maternity/paternity/parental leave are either not returning to practice or returning for short periods and then choosing to leave the profession. Several reasons contribute to this including increasing workload and requirements for a better work-life balance post having children, with COVID-19 further contributing to this increase. To support such GPs, we are in process of establishing and facilitating parental workshops and peer groups for those returning from maternity/paternity/parental leave, or currently on such leave who would like to keep in touch. The aim of the workshops would be to provide a safe space to discuss concerns, challenges, and contractual issues, increase confidence and provide support and guidance before, during and after the parental leave. The training hub will work collaboratively with the Local Medical Committee (LMC) on the parental workshop, as we have previously done.

4.6 Additional GP Mentoring (future development)

In Gloucestershire the training hub has provided funded training to fourteen GPs to undertake an accredited mentoring program. These mentors are funded as part of the NHSE/I Supporting Mentors Scheme which provides mentoring to newly qualified GPs. Following excellent feedback from this scheme we have sought to extend our mentoring provision to GPs at all stages of their career, where this targeted and individual mentoring might be beneficial. This could include GPs who may be struggling with career next steps or considering a career break.

Our current GP mentors on our New to Practice programme are really enjoying the work and we have a waiting list of those wanting to train and become mentors. As well as supporting the GPs receiving mentoring, the GP mentors themselves find supporting other GPs rewarding. For some of our more experienced GPs, providing mentoring can be an excellent way to ensure their skills and experience are retained in Gloucestershire.

4.7 GP Walking Group (future development)

Not all GPs who are looking to engage with their colleagues will want to attend peer support groups. An alternative, that has been successfully piloted in other areas, is to establish GP walking groups. GPs who don't wish to engage in other forms of peer support have said that they would see value in GPs going on an informal walk together to discuss general affairs or areas of concern. In addition, we believe that

walking groups may help address the low numbers of male GPs attending peer support and for these GPs, provide an appropriate alternative.

5. Education

5.1 Education Funding

Gloucestershire's Primary Care Training Hub provides funding for a range of roles including Primary Care Network Education leads and additional GP educator time, supporting multi-professional learning. We are also developing a New to Primary Care induction program. In addition, the training hub has been able to provide each PCN with training and development funding. Overall, this funding and other offers provides individuals, including GPs, with the ability to engage in training and education that may otherwise be a lower priority.

5.2 Training Hub Fellowships

As mentioned in the recruitment section above there fellowship opportunities available for GP Health Inequalities and GP specialism fellowships. In addition to these fellowships the training hub, utilising Health Education England (HEE) funding, supports the development and offer of further fellowships. These GP fellowships are offered outside of existing clinical commitments, thereby not affecting the clinical provision at a practice level. These fellowships offer opportunities to develop clinical or leadership skills, target ICS areas of priority or develop novel and innovative ideas to support patient care. Currently we have fellows working across areas such as medical education, population health management, Public Health, dementia, women's health, care home support (including cross sector working with social care) and many more. Many of our fellows have gone onto to take their new found skills back into their respective PCNs and practices, providing onward upskilling or gone onto leadership roles within the ICS, CCG or community, in addition to their day to day GP roles.

5.3 NHSE/I GP Fellowship scheme (New to Practice scheme)

The training hub manages the local NHSE/I GP Fellowship scheme, branded Spark, which supports newly qualified GPs and nurses in Primary Care. The scheme evolved because GP training is comparatively shorter than other doctor speciality training schemes. Therefore, it was recognised that newly qualified GPs needed addition developmental support as they enter Primary Care as a newly qualified GP, particularly at a time when Primary Care is under such pressure. The Spark scheme provides educational events, peer support groups, mentoring, coaching and portfolio working and project work opportunities. We currently have over seventy GPs supported across multiple cohorts, receiving excellent feedback on how valued the scheme is.

5.4 Catalyst - mid-career GP support (future development)

Gloucestershire's Primary Care Workforce team will shortly be relaunching our Catalyst scheme, supporting mid-career GPs (this is typically considered to be GPs 5 years post qualifying). In doing so, Gloucestershire would then have programs of support for early, mid and late career GPs.

The programme would include career development support including leadership skills training which may enable this cohort of GPs to undertake roles such as Clinical Directors or a further range of portfolio working, providing role satisfaction and supporting retention. As with all our programs we will evaluate to ensure forward provision matches the requirements of our GPs.

5.5 GP Refresher Courses

These courses, on a range of clinical topics, are for GPs returning to practice from a period of parental leave, sickness or other absence of less than 2 years and therefore, not requiring the GP returner scheme. We have purchased course subscriptions for 23 GPs and an expression of interest process will be adopted to ensure these are provided to GPs who will receive the greatest benefits. The course subscriptions are fully funded with the GPs receiving these free of charge and will be available over a 12 month duration from first sign up. Our proposal will ensure that GPs who may otherwise struggle to undertake refresher training to return to their profession can study to do so at a time convenient to themselves (particularly important for those with young children) supporting maintenance of our GP workforce and continued delivery of high quality clinical care and GPs confidence in practice after a leave of absence.

5.6 NHSE/I New to Partnership Scheme

Gloucestershire CCG and training hub support the NHSE/I New to Partnership scheme, which offers a golden hello payment for GPs new to partnership. It also provides some additional funding to support development of business skills which are needed as a GP Partner. Nationally we are seeing reducing numbers of GP Partners. This scheme is designed to increase partner numbers, noting that most practices in Gloucestershire are partner led, with an aim to avoid destabilising practices if partner numbers become depleted. In addition to the scheme the training hub will be providing upcoming training sessions to develop partnership skills for those new to partnership or considering partnership.

6. Operational developments

6.1 Primary Care Flexible staff pool

Using ringfenced funding from NHS England and Improvement (NHSE&I), Gloucestershire CCG has procured a Primary Care Flexible Staff Pool. We required both a digital solution to enable posting and booking of vacant sessions by practices and Locums and the establishment of a local GP Chambers, which will provide a range of offers for GP Locums including pastoral support, training, education, coaching and mentoring. Gloucestershire CCG has partnered with Practeus (NASGP) who bid successfully for an initial duration of 2 years. The service is free of charge for Practices and Locum GPs for the initial contract duration. NASGP will work closely with our Primary Care Training Hub to ensure alignment of service offers.

7. Summary

This report is provided for information to demonstrate the considerable support provided to Gloucestershire practices and PCNs in relation to the recruitment, retention and education of staff working in Primary Care.

NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**Thursday 30th June 2022**
Title	**Primary Care Infrastructure Plan 2016/ 2026 Handover report**
Summary	The purpose of this report is to provide members of the meeting with a summary of the Primary Care Infrastructure Plan 2016/ 2026 for handing over to NHS Gloucestershire Integrated Care Board, which is due to take over the statutory duties currently undertaken by the CCG on the 1st July 2022. NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. The CCG primary care strategy supports the vision for a safe, sustainable, and high-quality primary care services, 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 where investment is anticipated to be made in either new or extended buildings, subject to business case approval and available funding. Around the equivalent of £63m capital investment has been approved – 20 schemes. Nearly all were completed and delivered. Four schemes will finish around the Autumn of this year and two schemes approved by the CCG have yet to commence. At the point of transition, there is an agreed work programme in place for 2022/ 2023, including a review of the PCIP itself. There are nine active schemes progressing Business Cases.

	A current strategic risk assessment is provided in the report. It is reported that the construction sector is currently experiencing a significantly volatile and inflationary period caused by a combination of post-Brexit, post-pandemic issues and the wider impact of the Russian invasion of Ukraine. It is noted that a strategic financial review is being collated to explore the options available to progress key priorities.
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	The PCIP 2016/2026 includes a high-level financial framework of anticipated revenue implications for identified strategic priorities. However, funding is only committed following the full consideration of a detailed Business Case. At the point of transition from the CCG to the Integrated Care Board, new annual revenue commitments already agreed upon but not started are included in the report. These total £719,185.
Legal Issues (including NHS Constitution)	The CCG will need to apply PCDs to the 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 a higher environmental performance by providing a sustainability rating 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 consider the contents of the report and approve this handover summary of the Primary Care Infrastructure Plan 2016/2026 to the new Integrated Care Board, which is due to take over the duties and responsibilities of the CCG on the 1st July 2022.
Authors	Andrew Hughes and Declan McLaughlin
Designation	Associate Director, Commissioning and Senior Primary Care Project Manager respectively
Sponsoring Director	Helen Goodey Director of Locality Development and Primary Care

Report written 10th June 2022

Primary Care Commissioning Committee

Thursday 30th June 2022

Primary Care Infrastructure Plan Handover report

1.0 Purpose

The purpose of this report is to provide members of the meeting with a summary of the Primary Care Infrastructure Plan to 2016/ 2026 for handing over to NHS Gloucestershire Integrated Care Board, which is due to take over the statutory duties currently undertaken by the CCG on the 1st July 2022.

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 Premises Directions (2013) 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 is able to 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.

Capital funding requirements has not been 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 where investment is anticipated to be made in either new or extended buildings, subject to business case approval and available funding.

The full Primary Care Infrastructure Plan 2016/2026 is an appendix to the Primary Care strategy, has been available in the public domain via the CCG website and will be available to ICB members on request. The focus of the PCIP has been on the following: -

- A long-term horizon looking to needs over 15 years;
- To ensure facilities can support service strategies in primary care including a greater range of services, supporting practice sustainability, facilitating the transformation of operational delivery and new models of care;
- Ensuring facilities are safe with a focus on constraints caused by significant under-sizing and the condition of the building;
- Ensuring there is enough future capacity for service provision, through an understanding of evidenced housing and population growth;
- Streamlined, timely and clear governance and decision-making processes;
- Recognition that significant revenue investment is required within a pipelined financial framework to meet strategic objectives;
- Seek national (ETTF), other funding sources (e.g. Section 106) and use of larger improvement grants wherever possible, to reduce revenue requirements.

An annual work programme setting out key objectives and focus for 2022/2023 was provided at the April 2022 PCCC meeting and an excerpt of this is provided at appendix 1 as part of the handover. It should be noted that a key element of this year's work is to review the PCIP, business and governance processes and identify further priorities for consideration for revenue funding for the five -year period April 2026 to March 2031.

Around the equivalent of £63m capital investment has been approved – 20 schemes. Nearly all completed and delivered. Four schemes will finish around the Autumn of this year and two schemes approved by the CCG have yet to commence. Appendix 2 provides a summary of these.

3.0 Current active Strategic priorities

Table below provides a summary of 9 strategic priorities currently preparing detailed Business Cases that will now be considered by the Integrated Care Board.

Proposal	Status
New Tetbury surgery – South Cotswolds	New surgery building for around 10,000 patients to replace existing Romney House. Business Case being finalised and focus on financial and commercial framework.
New Brockworth Surgery-Gloucester	New building on new site for around 14,000 patients. Business Case completed with current focus on financial and commercial framework.
New Hucclecote surgery-Gloucester	New building on new site for around 10,000 patients. Business Case completed with current focus on financial and commercial framework.
Chipping Campden – North Cotswold	New Chipping Campden surgery on a new site for around 6,000 patients. Business Case in progress.
Overton Park & Yorkleigh surgeries-Cheltenham	New surgery to co locate both Practices at a new central Cheltenham site for around 24,000 patients-Business Case commenced.
Beeches Green surgery – Stroud	Replacement of Beeches Green surgery on existing site for around 9,500 patients. Business Case commenced.
Severnbank & Lydney – Forest of Dean	New single site for co-location of two practices for around 15,000 patients – Draft Business Case in progress.
Phoenix Health - South Cotswolds	Replacement of existing main surgery building in Cheltenham with a new building on a new site for around 13,000 patients. Business Case commenced.

Cirencester Health Group and possibly Upper Thames – South Cotswolds	Replacement of up to three town centre surgeries buildings and the co-location of up to two practices in a single building on a new site for around 22,000 patients. – Business Case commenced.

The table below sets out a further four identified strategic priorities where Business Cases have not yet commenced or needed to be commenced yet.

Strategic priority	**Status**
North West Cheltenham	New surgery building for around 10,000 patients linking to large scale housing development- watching brief likely to take forward towards the end of the 2020's.
Alney Practice – Cheltenham Road practice – Gloucester	Project has not started and waiting for Practice decision.
Stonehouse – Stroud	Strategic plan to be agreed with practices.
Drybrook & Mitcheldean surgeries- Forest of Dean	Watching brief- identified as a priority, if required to overcome specific operational issues.

4.0 Financial framework

The PCIP 2016/ 2026 includes a high-level financial framework of anticipated revenue implications for identified strategic priorities. However, funding is only committed following full consideration of a detailed Business Case. At the point of transition from the CCG to Integrated Care Board, new revenue commitments already agreed but not started at the point of transition are as follows:

Scheme	Additional (net)annual revenue commitment for rent and rates
New Minchinhampton surgery	£175,376
New Five Valleys Medical Centre in Stroud;	£281,575

New Coleford Medical Centre	£184,253
Extension to Underwood Surgery, Cheltenham	£ 15,887
Extension to Quedgeley Medical Centre, Gloucester	£ 49,719
Modernisation of Culverhay, Berkeley	£ 12,375
Total	£719,185

Any changes to the revenue requirements set out in the table above, or new Business Cases, will be considered by new decision-making structures in the Integrated Care Board.

5.0 Current challenges

A report was provided to PCCC in February 2022 earlier in the year regarding the impact post Brexit and COVID -19/ post-pandemic issues, which have now been further impacted by the Russian invasion of Ukraine on the construction industry.

There continues to be uncertainty in the market with the potential for delays in procuring key materials for projects. It is difficult to predict how/ when the market will recover and whether there will be further price increases for materials.

Specifically, across Gloucestershire, there are several schemes and projects currently being impacted, or at risk of delivery now, or in the future, across the following broad themes: -

- Delays in completing construction work caused by lack of and delays in receiving materials and supplies plus labour shortages;
- Delays in completing detailed work prior to construction due to impact of pandemic working over the last two years;
- The ability to complete successful tenders based on previously agreed financial appraisals, due to a volatile and significant inflationary constructive market since NHS approval granted;
- The level of funding required for future schemes considering the volatile construction market over the next two to three years against NHS value for money and affordability.

At the time of writing a strategic financial review is being collated for defined schemes. Working with Developers, Advisors and the District Valuation Office, the organisation is exploring options for future consideration by the ICB.

6.0 Risks

Each business case and proposal has 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 and rising costs	5	3	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) encouraging joint developments, progressing improvement and extension grants to surgeries wherever possible, encouraging shared facilities wherever possible to reduce costs. Five year financial framework and pipeline management of proposals. Update for handover summary. The construction sector is currently experiencing an exceptional inflationary and volatile period. Current market rent values cannot keep pace with these increases. Key strategic priorities might not be able to proceed without additional revenue support and options are being considered	5x3 =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	4	20 (High)	Process for review by PCCC in exceptional circumstances and further DV review. Update for handover summary. There are two schemes which have been previously approved that due to delays in achieving planning permission and impact of progressing during pandemic period are likely to require an updated financial appraisal considering the exceptional inflationary period currently being experienced	5x3 = 15(high)
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	4x1= (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	4x2= 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 CCG transition and closedown arrangements and during 2022/ 2023 refresh of Plan to take place	3x2 (low)

7. Recommendations

Members of the PCCC are asked to consider the contents of the report and approve this handover summary of the Primary Care Infrastructure Plan 2016/ 2026 to the new Integrated Care Board, which is due to take over the duties and responsibilities of the CCG on the 1st July 2022.

8. Appendices

Appendix 1

PCIP 2016/ 2026: Annual work programme 2022/ 2023

Item	Revised 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.	August/ October 2022
A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed.	August/ October 2022
Completion of extension to Underwood surgery.	September 2022
Minchinhampton request for additional funding request submitted for consideration by PCCC.	August 2022
Completion of refurbishment and extension of Quedgeley Surgery.	September 2022
Business case for new Brockworth surgery considered by PCCC	August/ October 2022
Revised Business Case for new Hucclecote Surgery submitted and considered.	August/ October 2022
Business Case for new Chipping Campden Surgery completed and submitted for consideration.	August/ October 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, no changes to financial requirements and successful tender, construction of new Coleford Medical Centre starts.	By New Year 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

Appendix 2

Primary Care Infrastructure Plan 2016 to 2022 completed and approved schemes

- Extension to Longlevens surgery to provide additional capacity for existing patients and around an extra 1,000 patients;
- Devereux Centre in Tewkesbury Devereux for around 32,000 patients to co-locate Church Street and Mythe surgeries;
- New Churchdown surgery for around 20,000 patients;
- New Glevum surgery in Gloucester for around 20,000 patients);
- New Kingsway Surgery in Gloucester for around 13,000 patients;
- Extension and modernisation of Stoke Road surgery to accommodate capacity for an extra 2,500 patients;
- New Cleevelands surgery in Bishops Cleeve for around 12,000 patients;
- New Cinderford Medical Centre to co locate Dockham Road and Forest Healthcare practices for around 16,000 patients (2k capacity);
- New Stow surgery for around 8,000 patients;
- New Quayside Health Centre in Gloucester for 18,000 patients to co-locate Gloucester Health Access Centre and Severnside surgeries;
- Extension to Highnam surgery to provide additional capacity for existing patients and an extra 1,000 patients;
- Extension to Chipping Surgery in Wotton-under-Edge to provide additional capacity and for extra 1,500 patients;
- Extension to Bartongate surgery to increase capacity completed;

- Refurbishment of Rendcomb surgery, just outside Cirencester completed.

- New Wilson Health Centre in Cheltenham for 25,000 patients to co locate Berkeley Place, Royal Crescent and Prestbury Park surgeries;

- New Five Valleys Medical Centre, to house merged Locking Hill surgery and Stroud Valley Family practice for around 16,000 patients, due to open around October 2022;

- Extension to Quedgeley surgery in Gloucester for additional capacity and a further 2,000 patients due for completion by the end of 2022;

- Extension to Underwood surgery in Cheltenham to increase capacity and space for up to an extra 1,000 patients due for completion by the end of 2022);

- New Minchinhampton surgery for around 9,000 patients approved by CCG in October 2019. Planning not achieved until March 2022. Consequently, scheme currently requiring a financial review before progressing to tender stage;

- New Coleford Health Centre for around 15,000 patients to co locate merged practice from Brunston & Lydbrook Practice and Coleford Family Doctors approved by CCG in August 2020. At time of writing this report (10th June 2022), the scheme still waiting for a planning decision. It is likely that time required to get through planning will mean a financial review required before proceeding to tender stage.

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**30th June 2022**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At the end of May 2022, the CCG's delegated primary care co-commissioning budgets were £608k underspent based on the M2 budgets.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 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	Matthew Lowe
Designation	Head of Management Accounts
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer

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Primary Care Commissioning Committee - June 2022

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

Introduction

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

Please note that as at M2 the budgets in the ledger are as per the 28th April plan submission, which has now been superseded. The final version of the plan is due for submission on 20th June.

Financial Position

The financial position as at 31st May 2022 on delegated primary care budgets is an underspend of £608k. The majority of this underspend is explained by an overestimate in the original plan submission on the delegated budgets of £2,765k, which equates to £460k for M1-2, and will be corrected for M3 reporting.

In addition, we have recognised a post year-end excess accrual in GMS dispensing charges which has shown the £846k accrual covering the last 3 months of 2021-22 to have exceeded actual charges by £200k. Hence, the ongoing accrual has been reduced accordingly and is reflected in the £316k underspend noted in the results table.

The Primary Care Network DES (PCN DES) has moved to a small overspend of £55k overall. This was driven by Social Prescribing determining an overspend of £68k alone and this will be subject of further review.

Recommendation(s)

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

NHS
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Clinical Commissioning Group

Gloucestershire CCG
2022/23 Delegated Primary Care Co-Commissioning Budget

			2 Month Period Ended 31/05/2022		
	Area	**2022/23 Total Budget (for 3 Months Ending 30/06/22)**	**Budget for Period**	**Actual for Period**	**Variance for Period**
		£	**£**	**£**	**£**
SPEND	Contract Payments - GMS	15,261,720	10,174,481	10,127,351	47,131
	Contract Payments - PMS	641,754	427,834	432,253	(4,419)
	Contract Payments - APMS	594,251	396,167	384,927	11,241
	Enhanced Services	461,165	307,443	318,524	(11,080)
	Other GP Services	823,744	549,163	331,124	218,039
	Premises	2,390,064	1,593,376	1,527,221	66,155
	Dispensing/Prescribing	870,928	580,619	264,141	316,477
	QOF	2,445,765	1,630,510	1,611,177	19,333
	PCN	2,963,818	1,975,880	2,030,589	(54,709)
	TOTAL	**26,453,210**	**17,635,474**	**17,027,307**	**608,167**
	Funding Allocation (YTD)	**26,453,210**			

Global Sum per weighted patient moved from £93.46 to £96.78 in April 2021
The value of a QOF point increased from £201.06 to £207.56 in April 2022
(the size of QOF has stayed the same in 2022/23 at 635 points)
Other GP Services includes:

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

Quality Report

NHS Gloucestershire Clinical Commissioning Group

County-wide June 2022

Introduction
This report provides assurance to the Primary Care Operational Group (PCOG) 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

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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 2- Apr 22	Q1 (Apr-Jun22)	Q2 (Jul--Sept 22)	Q3 (Oct--Dec 22)	Q4 (Jan-Mar 23)	Total Apr 22 to date	
Number issued	23	18	24	24	89	7				7	including terminated TAs
Number relevant to GCCG	4	4	3	7	18					0	

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 18/5/2022)

Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group met on 25th Apr 2022; part of the meeting was dedicated to a discussion of how we will move forward with the Clinical Effectiveness Group going forward into the Integrated Care System. We are working with system partners on a new terms of reference. The group sees this an opportunity to look at clinical effectiveness across pathways. The next CEG is scheduled for 27th June 2022

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Safeguarding

Integrated Safeguarding Teams Project update

Following discussions at a recent Integrated Care System (ICS) Executives Group and subsequently at the Integrated Health-related Safeguarding Project Board, the Board decided this project should now focus on aligning and/or integrating processes and systems between the three services as much as possible, without yet moving to create a single team. This integration approach is in line with the spirit of the new ICS itself, which will be formally in place from July 2022.

In parallel to this, work will be undertaken to produce a single safeguarding strategy, which will include a description of our shared vision and values, the overall direction of travel, and our accountability and governance arrangements. A key element of these arrangements has already been agreed i.e. the formation of a new health-related Safeguarding Integration Group (SIG). This group will hold responsibility for keeping momentum and providing direction for the ongoing transformation/integration programme, as well as have an overarching county-wide responsibility to the Integrated Care Board for safeguarding across adults, children and young people transitioning to adulthood.

CCG Safeguarding Team

There are changes to the safeguarding team after Annette Blackstock leaving last month, there has been a successful appointment to the post of Assistant Director of Integrated Safeguarding and they will be starting in August. The new role of Safeguarding Adult Lead Nurse/Practitioner is about to be advertised.

Asylum seekers/ refugee/Ukrainian update.

The Safeguarding Specialist Nurse has been attending the meetings for the Contingency Hotels for Asylum seekers and refugees and the Ukrainian Sub-group

meeting and is liaising with the Clinical Lead Nurse for Migrant health to ensure safeguarding training and referral pathways are in place. This is a rapidly developing new area of safeguarding to Gloucestershire and it is an area we are supporting Primary Care with. Please see our recent newsletter.

Primary Care:
The Safeguarding Adults GP Forum was held in May 22 covering the subjects Safeguarding vs safeguarding, Change, Grow, Live referrals, child on parent abuse and government expectations on domestic abuse
Here is some of the feedback received from practices about the changes they will make in practice:

Dr Katy McIntosh held GP Supervision session on 28/04 attended by 6 GPs and a Practice Manager.

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Children in Care:
The numbers of Children in Care (CiC) in Gloucestershire continues to rise. In the week commencing 1st May 2022 there were;

- Gloucestershire CiC: 854
- CiC placed in Gloucestershire by Other Local Authorities: 354

OFSTED Inspection 2022
OFSTED's inspection of Gloucestershire County Council's Children's Services was carried out in February 2022. They found that significant progress had been made since their last inspection in 2017. With regards to healthcare provision for Children in Care, they said the following;
"The majority of children's healthcare needs are met, and their routine health appointments are mostly up to date. Questionnaires are used effectively to identify areas of support for most children's emotional well-being, and this also helps workers and professionals to target what is the best resource to meet their needs. The local authority ensures that most children with needs relating to either their emotional well-being or mental health receive suitable alternative support if they have to wait too long for a service from child and adolescent mental health services (CAHMS)." OFSTED 2022

While the above statement in the 2022 OFSTED report appears promising and we continue to try to provide a high-quality service delivery, we are aware of significant factors that impede our ability to meet statutory targets. There is a lack of capacity in the children in care nursing team, adoption medical advisors, CAMHS teams and Designated roles. This has a negative impact on the health and well-being of children in care in Gloucestershire.

Quality Report

Adult Carers Medicals
The Hadwen Health (IHA) team have agreed to pilot the completion of the medicals for prospective adult foster carers, adopters and special guardians, with a view to this becoming part of a contracted service in the future.

Gloucestershire Safeguarding Children Partnership (GSCP)

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

Review	Commenced	Theme	Publication expected
Joint LCSPR - * Surrey SCP	End August 2021	Child exploitation / Elec home Education	***TBC - 12 months' timeline for LCSPR***
LCSPR – 'HB'	November 2020	CIC – placement abuse	***TBC 2022 – Request to postpone publication until the conclusion of criminal proceedings due to the impact in the child.***

*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

Gloucestershire Safeguarding Adults Board (GSAB)

Safeguarding Adult Reviews (SAR): Publication dates amended as of June 22.
No new SARs confirmed, but there is likely to be in the next few months, as there have been several referrals.

Review	Commenced	Referral / Theme	Publication expected
Learning review - JK	Feb 2021	Transitioning: child-adult services	***TBC – an updated draft report is expected shortly, it will then need to be sent out to all partners for comments***

Quality Report

Links to the GSAB published reports: Safeguarding Adult Reviews

Domestic Homicide Reviews
We have been notified of 2 new DHRs, the details are as follows:
MO'N – Cheltenham. Died in March 2022, information is being gathered and we await the first panel meeting.
Double murder of parents – Cheltenham. Died in March 22, information is being gathered and we await the first panel meeting

Non-Statutory Partnership Review (NSPR)
In April we were notified of an NSPR referring to the tragic murder of a gentleman and attempted murder of another on 5 October 2021. Although the review does not meet the criteria for conducting a statutory Domestic Homicide Review (DHR) or Safeguarding Adult Review (SAR), a decision was made by Gloucestershire Police and other senior representatives from local agencies, to commission this Independent NSPR.

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.

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.

Serious incidents and significant events in Providers
The tables below give an overview of Serious Incidents (SI) in providers. Narrative information is contained within the appendices for individual organisations.

Gloucestershire Hospitals NHF FT	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23 (1 April to 26 May)
Never Event	3	2	2	1	4	3	0
Serious Incidents	9	10	8	14	11	13	7
	12	12	10	15	15	16	7

Gloucestershire Health and Care NHSFT	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23 (1 April to 26 May)
Never Event	0	0	0	0	0	0	1
Serious Incidents	6	8	8	5	8	10	11
	6	8	8	5	8	10	12

Quality Report

Gloucestershire Clinical Commissioning Group

SWAST	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23 (1 April to 26 May)
Never Event	0	0	0	0	0	0
Serious Incidents	0	0	1	1	3	0
	0	0	1	1	3	0

Never Events
The one GHC Never Event in Q1 relates to a retained swab. The patient involved received antibiotics with no lasting harm being identified.

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Patient Experience and Engagement
Patient Advice and Liaison Service (PALS)
Q4 21/22 contacts with the CCG PALS team represent an overall continuation of the trend towards complexity resulting in the need for the PALS team to provide extended client contact, focussing on relationship building to achieve local resolution where possible. Quantitative data is being validated and will be available in the next report to the Quality Committee.
The PALS Our team have received a number of Transgender enquiries over recent months by patient/family/MPs. This is mainly about support being offered by GP practices, waiting times to be seen by NHS specialist services, with many PALS clients reporting that they are paying privately, with some going into debt to support their treatment. If patients have chosen to commence private treatment to start hormone therapy, it has been reported to PALS that, when approaching their practices patients are being told the practice will not consider 'shared care' unless the treatment commenced was via an NHS pathway. This is resulting in the patient having to pay for expensive hormone prescriptions and private blood tests.

Clients are reporting to PALS that they have already been through many challenges and when asking for help this is being denied to them. The request from these PALS clients is for consistent guidance for Gloucestershire GPs to follow with regards to 'shared care'. Similar concerns have been shared with the CCGs lead for Inclusion, who has been supporting engagement with the LGBTQ+ Partnership in Gloucestershire.

In recent weeks PALS have also started to record a number of enquiries about access to HRT. It is hoped inquiries regarding this issue will reduce with the relaxation of rules regarding community pharmacies offering alternative HRT products to women.

The number of MP Enquiries continues to grow. Since the retirement of Linnet Hooper, Rachel Price, PALS and Complaints Manager has been the CCG's point of contact for MP enquiries. The new Executive Support post will pick up this activity in the next few weeks. Thank you to Rachel for maintaining a responsive service for this important work over six months.
There continues to be a decline in the covid enquiry contacts.

Integrated Care System – Engagement - Developing our ICS priorities
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.

This Engagement concluded on 31 March 2022.

The Engagement asked three questions:

How would you like to be involved?

- *Top 3 responses: Participation in events e.g. Focus Groups; Completing surveys; Publicise opportunities in different ways.*

What areas or issues would you like us to consider as we develop a new strategy for the ICS?

- *Top 3 responses: Services (a range of) – particular focus on access, effectiveness and partnership working between statutory and voluntary sector; Mental Health – social isolation, loneliness, autism, Learning Disability Service; Primary Care.*

What are the top three things you think we could do to improve health and wellbeing in our county?

- *Top 3 responses: Prevention, personalised care, wider determinants of health; Primary Care; Mental Health.*

Citizens' Panel
Work has been complete on the specification for the procurement to support the independent recruitment and relationship management of 1300 Citizens Panel

Members. Lay representatives from the Working with people and communities Advisory Group have discussed and commented on drafts of the specification.

There are three groups we plan to involve in Citizens Panel activities:

- Group 1: 1300 Citizens Panel (incl. 300 from Group 2) representative of total Gloucestershire population
- Group 2: 300 Citizens Panel Members (people experiencing greater health inequalities, mirroring our Core20Plus5 populations)
- Group 3: GIG members and Trust Members

Initially we plan to run 2 surveys with Groups 1, 2 and 3 during the year, using the same set of core questions, but adding questions which also seek views on individual ICS priorities. Participants will ideally remain engaged with the Panel for two years. At the end of the second year participants in Groups 1 and 2 will be invited and encouraged to become GIG and Foundation Trust members and a new process to recruit new Panel members for Year 3 will begin.

It is important to stress that the Panel is an adjunct to other involvement and engagement activities and will not in any way replace our existing channels.

Development of the Insight HUB for One Gloucestershire ICS

The Insight Hub will be an online space, a 'library', where all Insight (reported feedback from local people and communities) can be kept together in one place. Its purpose is to assist decision-makers to access current Insight in the system, with the aim of avoiding duplication and involvement fatigue. In the HUB will be items such as: Research papers, Output of Engagement and Consultation Reports, Reports from Healthwatch Gloucestershire and other Voluntary and Community Sector organisations, records of patient stories and summaries of survey responses. Insight will be added to the 'library' on a regular basis.

Creating this resource will mean that we can check what we have heard before we go out to talk to people and communities again; that means we can also check what we have done with what they have told us before and feedback to them on our actions. Over the next year we will start to build up this 'library' of local information about what matters to local people and communities and what they want us to hear. All staff and partners will be able to register to view the information and use it to assist them in developing and evaluating local services.

Twice a year, in partnership with Healthwatch Gloucestershire, we plan to bring together examples of Insight collected to discuss at meetings in public of the NHS Gloucestershire Board. The discussions informed by these Insights will tell us how well we are doing against achieving our ambitions and help to identify new priorities and actions.

Quality Report

NHS Gloucestershire Clinical Commissioning Group

Information Bus

We have successfully recruited a full-time Information Bus Facilitator. Dave Marshall, who was seconded to support the Stroud PCN Vaccination Hub and left the CCG in December 2021, has returned to us. We are delighted to welcome him back. Dave will be out and about on the Bus in his new role from June 2021 supporting, amongst other things the Fit for the Future 2 Engagement.

Fit for the Future 2 Engagement

Fit for the Future 2 is part of the One Gloucestershire vision, focusing on the medium and long-term future of some of our health services. Building on our Fit for the Future consultation during 2020/2021, we want to involve people and communities in exploring ideas for how several other services could develop in the future as part of FFTF2.

This time the conversation about some of these services is broader, covering both:

- the continued development of the 'Centres of Excellence' approach at CGH and GRH, including inpatient care (where you need to stay in hospital for a while, including overnight)
- the wider journey of care for people who need services or support - in their own home, in their GP surgery or in the community.

FFTF2 focusses on:

Service area (A-Z)	Day-case/Inpatient hospital services and/or community services (no change to outpatients)	Our ideas (Summary)
Benign (non-cancerous) Gynaecology	Day-case	COVID-19 temporary change made permanent at Cheltenham General Hospital (CGH)
Diabetes and Endocrinology	Inpatients and Community	Centralise inpatient Diabetes and Endocrinology service at Gloucestershire Royal Hospital (GRH)
Frailty/Care of The Elderly	Inpatients and Community	Improved assessment pathway at GRH, better integration of services and admission avoidance options
Non-interventional cardiology	Inpatients	Centralise remaining Cardiology inpatient beds at GRH; consultant referral service for CGH inpatients requiring Cardiology input.
Respiratory	Inpatients	COVID-19 temporary change made permanent at GRH alongside Respiratory High Care Unit; consultant referral service for CGH inpatients requiring Respiratory input.
Stroke	Inpatients	COVID-19 temporary change made permanent at CGH; Hyper-Acute and Acute Stroke Units both at CGH.

There are many ways to get involved. We are asking people to tell us what they think of the ideas set out in an engagement booklet, developed with support from the Healthwatch Readers' Panel. The booklet is available online, with links circulated widely to community partners; printed copies have been sent to community venues such as GP practices and will be distributed at information Bus visits during May and June 2022. Inclusion Gloucestershire are preparing an Easy Read version of the booklet.

A Survey is open until noon on 29 June, with support to complete the survey available by calling PALS on 0800 0151 548. People are being invited to participate in service specific Facebook Live discussion groups and workshops with clinicians, for which they can register through the survey or by email/post.

Full details can be found on the Get Involved in Gloucestershire online participation platform: https://getinvolved.glos.nhs.uk/fit-for-the-future-2

An Output of Engagement Report will be prepared for consideration by the Integrated Care Board and the Trust Boards later in the year.

PPG GP Patient Survey launched at face-to-face Countywide PPG Network meeting

The Gloucestershire Countywide PPG Network focussed its follow up 'spotlight' session in May 2022 on the presentation of a bespoke local PPG survey. PPG members from across the county came together for the first time face-to-face after two years in May. As reported previously, 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 can from now on compare and contrast results from their local surveys with the national survey programme responses. PPGs have been invited to contact the Engagement Team after the publication of the national survey results so that we can tailor the surveys for individual PPGs based on the priority areas identified from their national results.

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. The ICB has now been given additional HEE funding for a 8B post to support practice nurse education which we hope to recruit soon.

Medicines Optimisation & Prescribing Update

Prescribing Costs as of Jan 2022

The latest prescribing figures available from ePACT (2-3 months behind) indicate that 11 months of actuals data to Feb 2022 shows a 3.4% increase in items with an associated increase in costs of £1.05M (+1.2%) 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 £97.6M. The key

drug group drivers of the CCGs prescribing growth remain; a) cardiovascular: DOACs, antihypertensives and statins; b) GI – PPIs increasing prices and volumes for gastroprotection; c) Diabetes – increasing use of newer drugs i.e. SGLT2 and GLP1s in line with latest clinical opinions.

Practice Prescribing Support Team (Prescribing Support Pharmacists and Technicians (PSPs and PSTs).
Our Practice Support team are back in practices and are working hard to support the MO agenda. They have been asked to support the DOAC switches to Edoxaban where appropriate and are also looking at the prescribing of BM capillary testing strips in line with guidelines on quantities to supply. We have undertaken a skill mix review and are hoping to go out to recruit an additional 2WTE Practice support Pharmacy Technicians shortly to backfill staff who have taken on new roles recently.

Primary Care Network Medicines Optimisation Group
The PCN employed pharmacists are working with CDs to undertake the MO work associated with the PCN DES, IIF and PCO. Primarily initially this will involve the DOAC switches to Edoxaban and looking at prescribing more DPIs for patients needing inhalers in line with local Asthma and COPD guidance.

System wide Pharmacy and Medicines Optimisation Integration
A proposal for the new ICS MO governance structure was recently supported by core and will be taken to the appropriate ICS group for review / support shortly.
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 support of the ICS pharmacy workforce lead. We have recently recruited a Pharmacy Technician to support the ICS workforce agenda.

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.

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

Quality Report

NHS Gloucestershire Clinical Commissioning Group

Data explanatory notes:
There are two tables which report slightly different infection rates:

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

C difficile Targets
The GCCG threshold for total C. difficile cases per financial year have been published for 2021/22 within the NHS Standard Contract Minimising Clostridium difficile and Gram-negative Bloodstream Infections. This financial year's C. difficile objective has been clarified as 192 slightly less than that for 2019/20 (194) on which all thresholds have been based.
The C. difficile case threshold for 2021/22 for Gloucestershire Hospitals NHSFT is 97.

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

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 March 2022 which is up 12% on last year. However, the number of infections last year should be interpreted cautiously as an exceptional year affected by pandemic. Current predictions estimate 183 infections if current trend continues which will be under the threshold for Gloucestershire of 192. These should only be referred to as a rough indicator and are not definitive. Nationally there has been an increase in C.Diff cases this year.

Quality Report

NHS Gloucestershire Clinical Commissioning Group

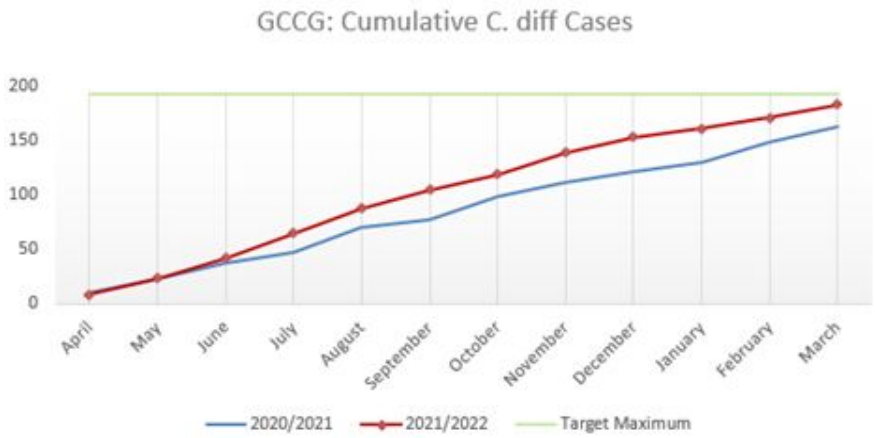
2020/2021 Total C. diff cases	2020/2021 % of Target (194 - previous target)	YTD 2021/2022 C. diff cases	2020/2021 C. diff cases at same point
163	84%	183	163

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

95%

Percentage difference 2021/2022 compared to 2020/2021:

12%



	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	171	183

Average cases per month 2019/2020:	16.6
Average cases per month 2020/2021:	13.6
Average cases per month 2021/2022 so far:	15.3

Theoretical total cases for 2021/2022:	183

GHNHSFT

There is an increase in the number of C diff cases reported for GHNHSFT as of March 2022 which is up 50% on last year. However, the number of infections last year should be interpreted cautiously as an exceptional year affected by the pandemic.

Current predictions estimate 105 infections if current trend continues which will exceed the threshold for Gloucestershire of 97.

Quality Report

NHS Gloucestershire Clinical Commissioning Group

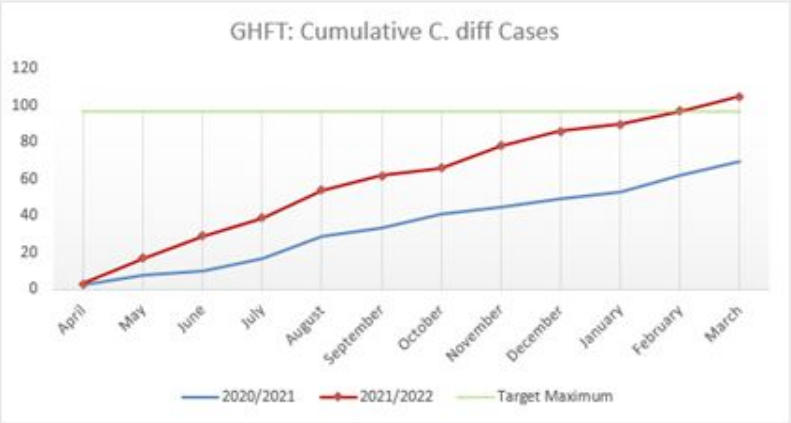
2020/2021 Total C. diff cases	2020/2021 % of Target (96)	YTD 2021/2022 C. diff cases	2020/2021 C. diff cases at same point
70	73%	105	70

2021/2022 Percentage of target maximum cases (97) so far:

108%

Percentage difference 2021/2022 compared to 2020/2022

50%



	Cumulative Cases											
	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	3	9	15	25	38	47	58	68	75	83	89	94
2020/2021	2	8	10	17	29	33	41	45	49	53	62	70
2021/2022	3	17	29	39	54	62	66	78	86	90	97	105

Average cases per month 2019/2020:	7.8
Average cases per month 2020/2021:	5.8
Average cases per month 2021/2022 so far:	8.8

Theoretical total cases for 2021/2022:	105

Summary table of other Health Care Associated Infections (HCAI)

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

Quality Report

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	183	183	97	105	105
E. coli	263	241	241	99	76	76
P. aeruginosa	19	23	23	10	14	14
Klebsiella spp.	84	66	66	38	29	29

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

Care Home Infection Control Team

The Care Home Support Team (CHIP) are a team of specialist IPC nurses and care practitioners, who continue to provide support for any Covid outbreaks in Care Homes and supported living environments. Support is also being provided to this team from the GHFT and GHCFT IPC teams as required. The team work closely with the homes and GP practices and help to reinforcing the need to maintain high IPC standards, as well encouraging staff to have the covid vaccinations and give general support and advice about any IPC matters. The team's activities have been welcomed by the homes with their involvement in a wide range of other infections besides COVID-19. This team will continue to compliment the wider IPC approach for the county as we move into an ICS.

The Chip team are about to advertise for 2 HCAs to undertake flu point of care testing in care homes this winter. This will enable the better management of residents who develop flu and reduce the risk of spread to other residents.

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.

As far as possible next seasons flu and Covid vaccinations will be co-administered but we are currently waiting on further guidance.

Covid Vaccinations

The covid vaccination programme continues with the spring booster programme coming to an end with evergreen offers still being available at 4 PC sites and at identified community pharmacies.

The summer vaccination plan has been submitted and an announcement from the JCVI regarding the autumn booster programme is imminent.

ICS Quality Surveillance Group (QSG)

The most recent, and final, QSG meeting took place on 25th May.

The meeting covered a wide range of topics which included the updates from across the ICS. Specific attention was given to Maternity and Ockenden and elements of the UEC CQC inspection.

The group will now transform into the System Quality Group as part of the changes to ICB.

NHS Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**30th June 2022**
Report Title	**Enhanced Access Update**
Executive Summary	To provide PCCC members with an update on the PCN DES Enhanced Access service which goes live nationally on 1 October 2022. Enhanced Access aims to remove variability across the country and improve patient understanding of the service.
Key Issues	Key issues include: • Practices potentially pulling out of the PCN DES • Saturday service for Phlebotomy • Saturday afternoons currently delivered by GDoc Ltd
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	All risks are reviewed as part of the PCN Programme on a regular basis.
Management of Conflicts of Interest	Enhanced Access has been raised at many Clinical Director and Business Manager meetings; conflicts of interest are always noted within these meetings. Other conflicts of interest include GDOC Ltd who currently lead on the Saturday afternoons, Sundays and Bank Holidays for Gloucestershire as part of Improved Access.
Financial Impact	Enhanced Access funding will come centrally from NHSE/I.

Joined up care and communities

	Two funding streams to combine and a nationally consistent offer of £7.44 per head: ➢ Extended Hours Network Contract DES £1.44 per head ➢ CCG Improved Access offered locally as £5.75 per weighted patient (£6 per head)
Legal Issues (including NHS Constitution)	none
Impact on Health Inequalities	Enhanced Access aims to remove variability across the country and improve patient understanding of the service. PCN services and appointments will not reduce, it is just being repurposed.
Impact on Equality and Diversity	As noted above, Enhanced Access aims to remove variability across the country and improve patient understanding of the service.
Impact on Sustainable Development	Not applicable
Patient and Public Involvement	PCNs should utilise population health management and capacity or demand tools to engage with their registered population to ensure the range of services offered take into account patient needs and preferences. PCNs plans should be based on available data at practice or PCN level and evidenced by patient engagement.
Recommendation	The Primary Care Commissioning Committee/Governing Body is requested to: Note the contents of this report
Author	Jo White
Designation	Deputy Director of Primary Care & Localities

Sponsoring Director (if not author)	Helen Goodey, Director of Locality Development and Primary Care

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee
Enhanced Access Update
30 June 2022

1. Introduction

1.1 From 1 October 2022 a PCN must provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. PCNs must provide a minimum of 60 minutes of appointments per 1,000 PCN adjusted patients per week. PCNs must submit their draft Enhanced Access Plans to the CCG by 31 July, and for final sign off by 31 August.

2. Executive Summary / Purpose

2.1 The purpose of this paper is to provide an update on the Enhanced Access planning in Gloucestershire. It will summarise what we know, NHSE/I expectations, process & planning, challenges, digital aspects, and next steps.

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3. Enhanced Access Requirements

3.1 From 1 October 2022 a PCN must provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

3.2 PCNs are required to deliver or sub-contract Enhanced Access in full in accordance with the requirements of this Network Contract DES Specification.

3.3 A PCN must provide bookable clinical appointments that satisfy all of the requirements set out below:

a) are available to all PCN Patients;

b) are for any general practice services and services pursuant to the Network Contract DES that are provided to patients;

c) are for bookable appointments, that may be made in advance or on the same day, by the PCN's Core Network Practices, regardless of the access route via which patients contact their practice;

d) are delivered by a multi-disciplinary team of healthcare professionals employed or engaged by the PCN's Core Network Practices, including GPs, nurses and Additional Roles and other persons employed or engaged by the PCN to assist the healthcare professional in the provision of health services;

e) are within Network Standard Hours: i.e. a mixture of in person face to face and remote (telephone, video or online) appointments; ii. in locations that are convenient for the PCN's patients to access in person face-to-face services; iii. ensuring that the premises from which Enhanced Access is delivered is as a minimum equivalent to the number of sites within the PCN's geographical area from which the CCG Improved Access Service was delivered;

f) are providing a minimum of 60 minutes of appointments per 1,000 PCN adjusted patients per week during the Network Standard Hours

3.4 A PCN must ensure, when available, appropriate telephony and IT interoperability will operate between the Core Network Practices within the PCN, any non-participating practices the PCN is providing enhanced access cover for and other relevant providers as necessary.

PCNs will ensure that their appointment system used for Enhanced Access can be identified so that appointment data for that PCN can be incorporated into the General Practice Appointment Data (GPAD) set.

3.5 A PCN should utilise population health management and capacity or demand tools and engage with their registered population to ensure the range of services offered in the Network Standard Hours take into account patient preferences.

3.6 If agreed with the commissioner, a proportion of the Enhanced Access minutes may be provided outside of the Network Standard Hours, for example, through the provision of a morning clinic between 7am to 8am or in hours.

4 Enhanced Access Planning

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

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

4.3 It is proposed that each PCN Enhanced Access Plan will be reviewed by the Primary Care Team, taken to PCN Development Group for comment, and a summary report to PCCC in August, However due to the timing of the PC&DC meeting in August (on the 4th) and given PCN plans will have only just been submitted in their final version, the Primary Care team will be asking for delegated authority to sign off the final plans in August.

5. Challenges

5.1 *Saturday Phlebotomy service*
As the Enhanced Access specification outlines that PCNs need to offer appointments on Saturdays 9am-5pm, PCNs want to understand what services as available as a system on a Saturday i.e. is pathology open and if so then PCNs can offer a wider range of services including blood tests and health checks.

5.2 We are working with the pathology department to understand what could be available on a Saturday to support bloods being taken.

5.3 *Practices withdrawing from PCN DES*
Due to the requirements of Enhanced Access there are some strong views being aired nationally by some practices, LMCs and the BMA for practices to consider leaving the PCN DES. Discussions with

practices and PCNs are taking place to understand the situation locally.

5.4 *Digital capabilities*
PCNs must ensure, when available, appropriate telephony and IT interoperability will be in place between the practices of the PCN, as well as any other parties involved, such as sub-contracted providers. For example, ability to view, book into, and cancel appointments, make referrals and request tests, to view and update patients' records.

6. Recommendations

6.1 The Committee is requested to:

- Note the contents of this report

7. Appendices

Appendix 1 - Network Contract Directed Enhanced Service: https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-Network-Contract-Directed-Enhanced-Service-contract-specification-2022-23-primary-care-network-requireme.pdf

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	30th June 2022
Report Title	Blakeney Practice
Executive Summary	Blakeney were a partnership comprising of Drs Raymond and Schuener. Both doctors had indicated they wished to step down as partners, but Dr Raymond was keen to remain as a salaried GP. There are 3,180 patients registered at the Practice. The partners put forward a proposal for GDoc Ltd to take over 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 Blakeney 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

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	functions relating to Primary Care Medical Services.
Impact on Health Inequalities	Potentially if patient care at Blakeney 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	
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

30th June 2022

Blakeney Practice

1. Introduction

Since the retirement of Dr Gibbs at the end of September 2018, Blakeney were a partnership comprising of Drs Raymond and Schuener.

Dr Raymond undertook most of the clinical work, however due to ongoing difficulties in finding doctor cover and the challenges of being a partner, including financially, both partners felt a small practice like Blakeney was no longer viable.

Dr Scheuner in particular has known G Doc for many years and is aware of the successful novation of the Lydney contract. His main concern was that a good level of service continued for the Blakeney patients and that the practice staff were valued and could continue to be supported to manage the practice population.

Both doctors had indicated they wished to step down as partners, but Dr Raymond was keen to remain as a salaried GP. They wished to dissolve their Partnership and both partners felt G Doc Ltd would be a good solution to their situation.

2. Practice Profile of Blakeney Practice

2.1 Practice name and addresses:

Practice name and addresses:

Blakeney Surgery, Millend, Blakeney, Glos GL15 4ED

Dispensing Practice: Yes.

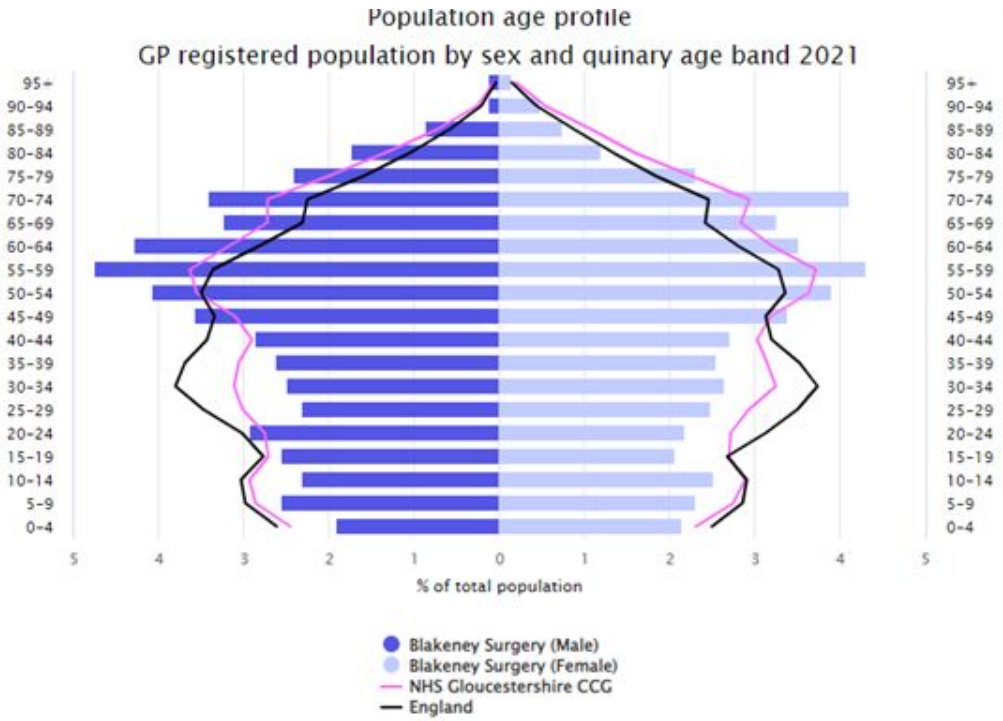
Contract type: GMS.

2.2 CQC rating: Good.

The practice was last inspected in September 2016. The CQC reviewed the information and data available to them on 5.5.22 and found no evidence that they needed to reassess the rating at that time.

2.3 List size and demographics

The list size on 1.4.22 was 3,180 patients and is the second smallest practice in the county.



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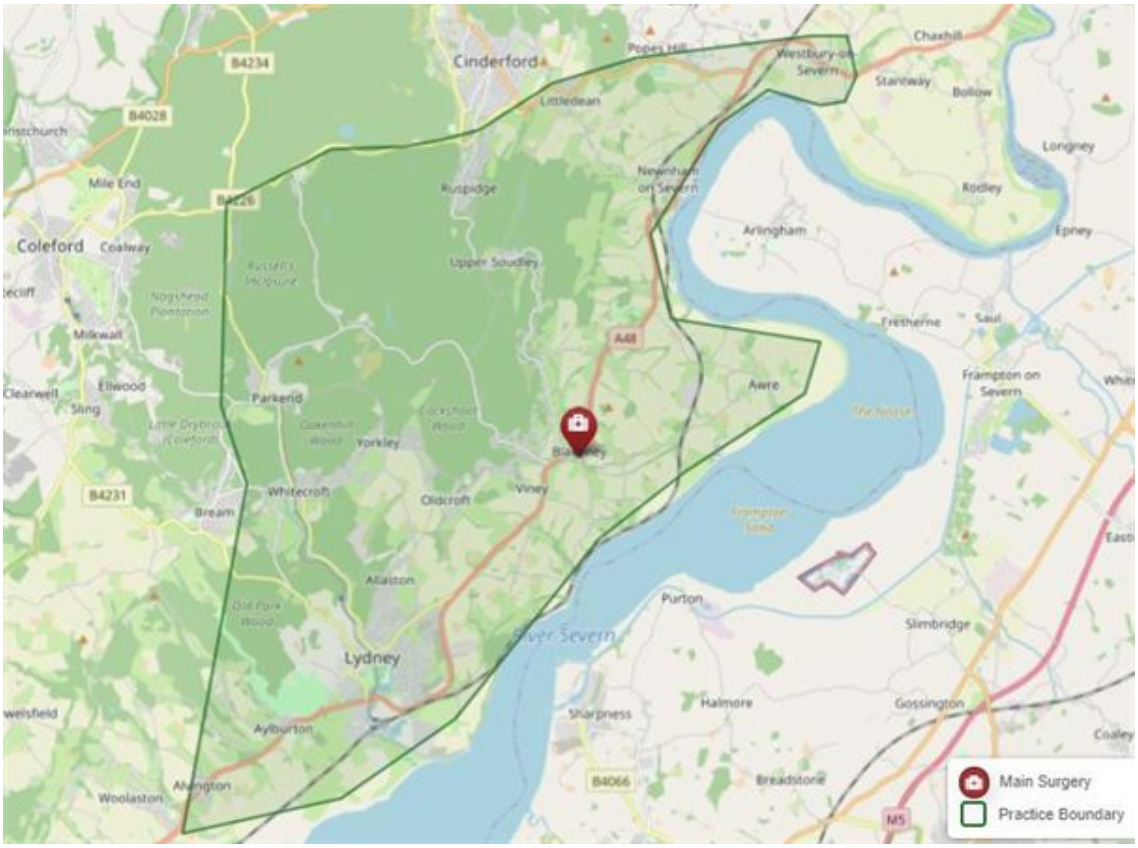
2.4 Premises

The map below shows the practice boundary and surgery location. The premises are owned by Drs Scheuner and Raymond.



2.5 Partnership History

Dr Gibbs, a long standing partner, retired at the end of September 2018, and since then the Blakeney Partnership comprised of Drs Raymond and Schuener.

Dr Scheuner has suffered ill health in recent years and Dr Raymond had been undertaking most of the clinical work, however due to ongoing difficulties in finding doctor cover and the challenges of being a partner, including financially, both partners felt a small practice like Blakeney was no longer viable. Both partners approached the CCG in September 2021 wanting to hand their contract back as a matter of urgency.

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 Blakeney 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 Blakeney Surgery is shown at Appendix 1.

5. Benefits of Blakeney and G Doc Ltd proposal

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

- The proposal is one that is supported by Blakeney Partnership allowing Dr Goodman to continue to work providing GP medical services to the registered patients in Blakeney. They are committed to their patient population and the practice team work well with their neighbouring practices.
- Blakeney 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 Blakeney 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. Contract Novation

There have been detailed discussions with the PCCC since October 2021. The PCCC concluded the novation of the Blakeney contract to G Doc Ltd was the best option for the population of Blakeney and the resilience of practices in the Forest of Dean.

The PCCC also noted that G Doc Ltd is known to the CCG and having taken on the Lydney Surgery GMS contract in January 2021 a novation was tried and tested as a solution.

To maintain the provision of primary medical services and enable the practice to develop and remain resilient well into the future the CCG agreed the novation of the Blakeney contract to G Doc Ltd at a meeting on 2nd December 2021.

The effective date of the novation of the Blakeney contract to G Doc Ltd is 1.6.22. 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 Blakeney Practice.

7. Recommendation(s)

The PCCC is asked to note this update report.

Appendix 1
Blakeney Surgery &