NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	**16 December 2020**	**Time**	**From**	**To**
			15:00	**17.00**
Venue:	**Virtual Meeting via Microsoft Teams**			

Item No	Agenda Item	Papers	Action required	Lead	Time
1.	Welcome and apologies		To note	Chair	15:00
2.	Notification of Items of Any Other Business		To note	Chair	
3.	Declarations of Interest: (any interest on any issue arising at the meeting that may conflict with agenda items)		To note	Chair	
4.	Minutes from previous meeting (21 October 2020)	Attached	To approve	Chair	
5.	Matters Arising / Actions from previous meeting	Attached	To approve	Chair	
Standing Items					
6.	Issues affecting Primary Care	Verbal	For information	SWo /GMi	15:10
7.	Notification of any GM updates	Verbal	For information	GM representative	15:20
Primary Care Development					
8.1	PCN DES update	Attached	Assurance	GE	15:30
8.2	Covid Service overview	Attached	For information	GMi	15:45
8.3	Covid Vaccination Programme – Enhanced service and update	Verbal	For information	GE	16:00
Performance					
9.1	Finance Report	Attached	Assurance	DD/DO	16:25

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

9.2	Primary care investment forward view	Attached	Assurance	GMi	16:35
Any Other Business:					
10.	Any Other Business	Verbal	To note	Chair	16:55
Date and time of next meeting:					
	17 February 2021, 15:00 – 17:00, Microsoft Teams Meeting				

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

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Primary Care Commissioning Committee
MINUTES of the Public meeting held on 21st October 2020
Virtual Meeting via Microsoft Teams

Present:

Peter Riley	Lay Member for Primary Care Commissioning, **CHAIR**
Michael Cullen	Chief Finance Officer
Don Phillips	Lay Member for PPI, NHS Stockport CCG
Anita Rolfe	Chief Nurse
Paul Stevens	Local Medical Council (LMC)
Philip Winrow	Lay Member for Audit and Governance

In attendance:

Paul Lewis-Grundy	Deputy Director of Corporate Affairs
Gale Edwards	Commissioning Lead, Primary Care
David Dolman	Deputy Chief Finance Officer
Dianne Oldfield	Senior Management Accountant, NHS Stockport CCG
Gillian Miller	Associate Director of Commissioning
Lindsay Smith	Corporate Administrator (Minute Taker)

Apologies:

Emma Ince	Director of Integrated Commissioning
Dr Simon Woodworth	Chief Medical Officer, NHS Stockport CCG
Ben Squires/Gail Henshaw	NHSE

Minute	Action
1. Welcome & Apologies	
The Chair welcomed all to the meeting and the apologies were noted as detailed above. The Chair confirmed the meeting was quorate and the meeting commenced.	
2. Notification of any other Business	
No other items to note.	
3. Declarations of Interest	
The Chair asked the committee members to declare any interest they may have at the meeting which might conflict with the business of NHS Stockport Clinical Commissioning Group. PS declared an interest in General Practice related items. The Chair confirmed that where a conflict arose they could be involved in the discussion but would not be involved in any decision making.	

4. Minutes of the Previous Meeting	
The minutes of the meeting held on 19th August 2020 were reviewed for accuracy. The following amendments were noted:- • Where PW had asked a question, LS to include *"The Chair asked on behalf of PW"* in some of the questions reflecting that PW had given his apologies for the meeting held on 19th August 2020. **Resolved that PCCC taking on board the above slight amendment approved the minutes held on 19th August as a true and accurate record.**	
5. Matters Arising / Actions from previous meeting	
Action 1 – will be back to December meeting. 029/4.12.19 - CCG Policy re Practice Closures will be presented at the December meeting. 045/19.08.20 – PS confirmed that the LMC were not satisfied with the way in which the General Practice Covid 19 Support Fund was being dealt with. It agreed therefore for a meeting outside of PCCC to take place with MC and PS to discuss further. 046/19.08.20 – AR confirmed that she and SW have had a discussion and agreed to reinstate the quarterly primary care meeting to focus on quality issues. She stated that this would then offer the ability for an exception report to be presented to PCCC. It was agreed for this action to be closed. PLG outlined that Quality and Governance Committee has the remit around quality monitoring for primary and secondary care so it was important to not duplicate the information being issued to PCCC. AR confirmed that the intention was not to overlap the information but was more along the lines of completeness to provide assurance to PCCC and AR stated that the quality issues would still be reported to the Quality and Governance Committee. The Chair agreed with this approach advising it was essential to get the balance right and avoid reviewing any duplicate reports but would welcome an exception reported being issued to PCCC. PLG referred to the annual work plan that was presented at the last PCCC meeting in relation to a question asked on assurance under Schedule 2. PLG said that Ben Squires (at the last meeting) gave some assurance that those issues would be escalated to the CCG (through the Exec Nurse or Medical Director) and that an exception report could be submitted as and when appropriate. PLG advised that it was important to receive the information at the right time and in real time and as such this would be captured in the work plan to include an additional element that would facilitate NHSE reporting by exception to PCCC. PLG outlined therefore that when the agenda is compiled NHSE would be contacted so that they could highlight any issues under schedule 2 relevant to be reported to PCCC. **Resolved that PCCC noted the updates provided for the action log.**	MC/PS

6. Update report: **Issues affecting Primary Care**	
GM provided a verbal update to PCCC members and the key points were summarised as follows:- **Covid Pressures and Covid Recovery Phase 3 Activity** GM informed PCCC that practices are in challenging times in terms of seeing more patients than before and offering more appointments as well as facing pressures around the management of time and space. They are also experiencing some ongoing issues with phlebotomy and outpatient pathways. GM advised that some issues had been mitigated with the implementation of hot clinics for children over winter and improved pathways in secondary care. **Covid Second Wave** GM advised PCCC that the second wave of Covid has put additional pressure on practices and some practices nearly had to close due to staff sickness and isolation. She said that a number of other practices that have also experienced a decline in capacity to manage their core requirements. GM reported that there was a meeting planned for Friday 23rd October with the LMC, PCN and CDs to address those concerns and discuss business continuity for those practices that may be at that point of potential closure due to capacity issues. GM advised PCCC that they were awaiting a national standard operating model (SOP) which will support resilience for practices in terms of a level 3 approach which means the practice could apply to the CCG to stop non urgent work and activity. GM outlined that in reality the practices are trying to cope with recovery from phase 1 and phase 2 and with the second wave being experienced it is creating a greater impact and that all parts of the system are challenged now. GM did highlight to PCCC that a positive piece of news was that practices were managing the flu campaign and there were early signs of Stockport leading the way in flu vaccinations. The Chair asked if the PCN were starting to operate as a network so that that if a practice was under pressure they could call on other colleagues to assist. GM advised that PCN have got leadership through CDs and these issues are discussed with CDs and their cooperation and work within network. She said that these were unchartered times being experienced and this is what would be discussed at Friday's meeting (with LMC, PNC, CDs). AR said she acknowledged the pressure that practices were under and from a CCG perspective they had diverted resources in IT such as hardware, laptops etc. to practices to support those working from home. AR also referred to the commissioned Viaduct Hot Clinics which has assisted in aiding some of the pressures. PS commented that the PCN welcome support across the patches as it is difficult for a practice to simply be able to pick up activities from another practice. PS referred to the practice that had nearly closed and advised PCCC that a member of staff had tested positive to Covid and then a GP tested positive to Covid which then resulted in 6 admin staff members needing to self- isolate and work from home. PS stated that in order to enable the practice to open on the Monday morning the Practice Manager had to reassign and reconfigure laptops over the weekend and deliver them to the staff to enable the calls and activities to be responded to. He stated that	

on average the practice receives in the region of 700 calls on a Monday which would have been impossible for another practice to pick up. PCCC were advised by PS that as Covid Funding ceased in August there was no backfill in place. In terms of the SOP, PS said there was a need to focus on that immediate response in terms of those activities that could be stood down straight away and it would be an opportunity for different stages to be outlined that could be carried out with some support. AR gave thanks to PS for sharing the information. She advised PCCC that Dan Goldspink had brought the issue to Tactical Command Group (which is held with partners across the system twice weekly on a Monday and Thursday) and as a result of that a meeting had been scheduled to identify and arrange across the system business support to practices that meet emergency crisis. AR did state that all practices are required to have business continuity plans in place however did appreciate that some elements of the plan would not be relevant due the unprecedented time of a pandemic that we are currently in. PS acknowledged the business continuity plan, however said that practices are resourced to cover normal business continuity and that due to current circumstances they did not fall part of business continuity. PS concluded by stating that there is a need to focus on individual areas and practices and that discussion was underway with Aaron Atkinson from the CCG to obtain the SITREP information as soon as possible. The Chair said that on behalf of PCCC he wanted to communicate their thanks to all practices in managing these pressures during this unprecedented time. He asked for regular dialogue to be kept open and ongoing. **Resolved that PCCC noted the verbal update as provided and commented as detailed above.**	
7. Notification of any regular GM or national reporting programmes	
GE introduced the item and gave a verbal update from the Delegated Management Operational Group (DMOG) that she had attended and explained to PCCC that DMOG is at GM level consisting of all primary care leads that meet to discuss any issues being experienced, outlining solutions (whether that be at a GM level or locally) as well as sharing good practice. **Phlebotomy Services** These were to be reviewed across the localities in order to get an idea on best practice guidance and what should be delivered. **Death Notification** This would involve automatic extraction from a GP record to get the death notification date on. GE advised that were was a need to understand the numbers across the localities and that GM are planning on rolling this out Monday 26th October 2020. GE said that the implementation of this would require practices to make changes on standardise coding. **Urgent Care by Appointment** It was advised that Manchester CAS has been approved a £1.2m investment by a GM provision.	

Community Pharmacist
It was noted that a Community Pharmacist pilot was being launched in November in order to release GP capacity and the Community Pharmacist would take on board 45 appointments per week.

Standard Operating Model (SOP)
It was highlighted that a national SOP was expected offering a 3 step approach for CCGs and PCNs on how they prioritise local services. GE did state however that anything contractual would need to be in the form of a formal application addressed to Simon Stevens outlining the changes required on contractual matters.

Long Covid
PCCC noted that a national taskforce was working on establishing NICE guidance for management of long Covid patients.

Resolved that PCCC gave thanks to GE for the updated provided and noted the information as outlined.

8. Primary Care Development
Primary Care Contractual Changes - Update 2020/21

GE introduced the item outlining that PCCC were presented with a paper at the August meeting and as a result of that paper agreed to approve the earlier recruitment of mental health practitioners and paramedic roles in 2020/21 based on the information at the time. GE said that recent changes have now informed that there is no additional flexibility outside of the twelve permitted roles for utilisation of the additional roles reimbursements. GE said that although there were initial enquiries from PCN's the recruitment to these roles has not taken place.

GE therefore said that the recommendation to the PCCC is to ask for them to reconsider the previous decision and adopt the national timelines as per guidance starting in April 2021.

The Chair enquired if there were any financial implications involved and he was advised that there were and that the practices are required to follow the national requirement to establish mental health provision in the primary care network and that meetings were taking place in anticipation of building a wider model.

DP enquired if there was any flexibility to allow the PCN's to recruit to an additional role. GE advised that the changes related to those 2 roles in particular (mental health practitioners and paramedic role) and that there were 10 additional roles that the PCN's could recruit to.

The Chair summarised that PCCC had made a positive decision to proceed with early recruitment at their meeting in August pending the guidance (which had now been received). As a result of the guidance he stated that PCCC needed to make the decision to align itself with this and although PCCC will adopt the same national timelines it is with reluctance that they do so.

Resolved that PCCC noted the content of the report and of the PCN DES service specifications that are in the delivery phase as of 1st October.

PCCC reconsidered the decision taken in August 2020 agreeing the earlier recruitment of mental health practitioners and paramedics in 2020/21 and

adopted the same timeline as now set out in the national guidance.	
9. Practice Merger - Vernon Park Surgery and The Surgery 1	
This item was introduced by GE who explained that the purpose of the report was to request approval from the committee for a merger application received by Stockport CCG in accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance. GE said that these two practices (Vernon Park and The Surgery 1) have worked together and supported each other through sickness and annual leave. PCCC were therefore asked to consider and agree the merger to form one single list and have the practices to operate as one. GE clarified that this was not an estates request but a merger request and that the practices will have separate telephone systems and separate entrances. DP said that he felt this was a logical approach and asked about increased capacity. GE confirmed that the two buildings are adjacent to each other and in The Surgery 1 there had been no room to have a physiotherapist. She stated that as a consequence of the merger there would be additional benefits for all patients as well as advising that Vernon Park had a larger workforce team also. PS confirmed that the LMC were in full support of this merger along with the PCN stating that it adds resilience to the PCN. The Chair commented that it was good to see that the Equality Impact Assessment had been reflected in the detail too. **Resolved that PCCC reviewed the content of the report outlining the merger application of the two practices. The noted that the CCG had assurance that the procedures for the merger application had been fully met.** **PCCC also noted and approved the contractual merger of the two practices onto one GMS contract and they gave their best wishes to Dr Azmy in their retirement.**	
10a. Delegated Commissioning Internal Audit Review Final Report	
The report was introduced GE which outlined to PCCC that it was to provide an update of the audit undertaken by MIAA assurance from the internal auditors including action to be implemented and timelines. GE stated that this was the final report and the CCG Team have met with internal auditors and reviewed the recommendations and agreed action for this. GE confirmed the audit was undertaken as part of the 2019/20 internal audit plan with the focus on the Contract Oversight and Management function requirements and that Stockport CCG has provided '**Substantial assurance'** of compliance to the requirements. The Chair enquired about the process in relation to the actions as outlined. PLG confirmed that a report is presented with the management actions to address recommendations and that the actions would be transferred into an action tracker that will be monitored through the Audit Committee to ensure they are delivered and	

embedded in organisation. DP asked where the action tracker would sit in the organisation. PLG advised that it would be a combination of the Corporate Affairs Team and the Internal Auditors, MIAA. PW endorsed the confirmation made by PLG and said that the internal auditors would themselves carry out a review to ensure the recommendations had been implemented and a report outlining their findings would go to the Audit Committee. AR asked for a copy of the internal audit to be shared with Elaine Abraham-Lee (Stockport CCG). GE to action this. **Resolved that PCCC noted the content of this report outlining the actions required and the agreed implementation timescales. They noted that Stockport had been provided with 'Substantial assurance' of compliance to the requirements for the Contract Oversight and Management function in discharging NHSE's statutory primary medical care functions effectively.**	**GE**
10b. Contract Management and Oversight Benchmarking Report	
DD introduced the report and stated that in 2019/20 MIAA undertook the 'Contract Oversight and Management' audit review. He said that benchmarking document summarised the key themes identified from these reviews across their CCG client base and that it provided information to support organisations in understanding how their approach to the Primary Care Contract Oversight and Management compares to others. DD said that this benchmarking report was intended to prompt and inform discussion. DD said that the most common recommendation theme across the Manchester CCGs was that of assurance processes with the majority of CCGs receiving a recommendation in this area and that no other common themes were identified in the region. He stated that Stockport CCG had received a few more recommendations than the average CCG. PW enquired about how many recommendations were received last year and how many were implemented and embedded. DD confirmed that this was the first cycle for delegated commissioning and as such there was no data to compare against. PW acknowledged this and said his question was therefore more of a generic point around the learning experience. GE informed PCCC that a lot of the learning from an audit generates improvement as the audit takes place and stated that the trajectory information is steadily improving which she felt has been witnessed over the last 6 months across Primary Care. AR highlighted to PCCC that one of the recommendations had GM as an action owner. AR suggested that this action be transferred to herself with support from Elaine Abraham Lee which was agreed. **Resolved that PCCC noted the report.**	
11. Finance – Finance Report Month 6	
DO introduced the report which provided the overview of financial performance update for the period up to 30th September 2020 as well as the financial regime for 1 October 2020 to 31 March 2021 (months 7-12).	

PCCC noted in the report that in response to COVID-19 emergency, NHSE/I have put in place a temporary financial regime covering the period 1 April 2020 to 31 July 2020 which has been extended to September 2020. The principle approach is that CCG's will receive retrospective allocations for reasonable additional expenditure to enable an in-year breakeven position to be reported to 30 September 2020.

PCCC were also made aware in the report that the contracts and payment guidance together with the Greater Manchester system funding envelope for the period 1 October 2020 to 31 March 2021 was published on 15 September 2020 and that retrospective non-recurrent allocations will no longer be available after M6 with the financial regime based on working at a system (Greater Manchester) level with systems issued with fixed funding envelopes with the risk that failure to manage costs within the delegated allocation may result in the CCG failing to deliver financial targets and consequently impact the CCG annual assessment.

DO made reference to the following key elements:-

- Under the financial regime 1 April 2020 to 30 September 2020 the CCG has received non-recurrent retrospective allocations totalling £1.962m and is anticipating receiving a further retrospective non-recurrent allocation of £0.538m for the Primary Care delegated budgets and is therefore able to report a breakeven position.
- QOF – £0.495m adverse variance is due to the budget calculated by NHSE/I did not take into account that 30% of the QOF achievement is accrued in month 12.
- PCN - £0.843m adverse variance is due to an increase in PCN DES payments including the full year effect of posts funded by the Additional Roles Reimbursement scheme (ARR) and additional services in line with the new GP contract.
- **Non Delegated PRC Schemes -** £0.896m adverse variance is due to additional costs incurred in response to COVID-19. Costs include £0.345m for General Practice opening on Good Friday, Easter Monday and early May bank holiday, £0.348m reimbursing Practice's for additional reasonable PPE, equipment and staff costs and £0.130m relating to premises improvement and alteration works costing less than five thousand pounds to ensure COVID-19 risks to staff and patients are mitigated when attending the practice premises.

In terms of the Financial Regime in response to COVID-19 and the Contracts and Payments Guidance DO stated that Greater Manchester published the system funding envelope for the period 1 October 2020 to 31 March 2021 on 15 September and that further clarifications are still being received.

DO advised that retrospective non-recurrent allocations will no longer be available after month 6 with the financial regime based on working at a system (Greater Manchester) level with systems issued with fixed funding envelopes and stated that there were therefore no specific Covid 19 support to fund 2nd half of the year and as such this would be a lot more challenging for CCG under this regime.

The chair opened up this item for questions and comments were received from DP and PS enquiring if the CCG was able to cover overspends for the second half of the year and asked if this was a big risk factor for practices. The Chair asked also how unexpected expenses would be covered.

MC advised that the risk had been identified and as a result of that the Financial Plan for the 2nd half of the year had been submitted to an urgent GB meeting. He said it was disappointment that NHSE/I did not and have not provided a specific funding for scheme for general practice and this has been raised by DD and himself at regional system level meetings. MC gave assurance that continued liaison with board and other stakeholders would continue to take place in order to monitor and review the situation over the next 6 months. A discussion took place in regard to the outstanding financial issues for practices under phase 1. MC outlined that there were clear guidance and duties in place in terms of financial governance and said that evidence was required to make payment to the practices under this financial regime. As a result of this MC has asked some practices for documentary and information to support some claims. MC also informed PCCC that Deloitte have been appointed nationally to carry out an audit on Covid claims and that an area of improvement was around the level of documentary evidence provided in relation to these claims. MC informed PCCC that he was in active discussions with MIAA about them undertaking a sample check on the claims received at Stockport CCG as a localised audit. PW gave recognition to what MC had outlined and said he supported him in is endeavours with MIAA. **Resolved that PCCC noted that a breakeven position is being reported year-to-date for the period 1 April 2020 to 30 September 2020 and noted that retrospective non-recurrent allocations will no longer be available after month with the financial regime based with systems issued with fixed funding envelope with the risk that failure to manage costs within the delegated allocation may result in the CCG failing to deliver financial targets and consequently impact the CCG annual assessment.**	
Any other Business	
The Chair closed the public meeting at 16.26	

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PRIMARY CARE COMMISSIONING -
ACTION LOG - 16 December 2020

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
029/4.12.19	04/12/2019		In progress	Review the CCG policy re practice closures in line with national and local specifications and to report back to the Committee	GMi	19.02.20 16.12.20	An update will be provided at the December meeting
045/19.08.20	19/08/2020		To close	General Practice Covid 19 Support Fund – PS and MC to pick up any discussions surrounding this or views from LMC outside of the Committee meeting	MCu	16.12.20	Various meetings have been held between CCG and LMC representatives at which general practice support during September 2020 - March 2021 was discussed and agreed

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PCN DES – Alignment of national and local enhanced health in care homes services 2020/21

Report To (Meeting):	Primary Care Commissioning Committee				
Report From (Executive Lead)	Emma Ince				
Report From (Author):	Gale Edwards				
Date:	16th December 2020	**Agenda Item No:**	8.1		
Previously Considered by:	A Paper was presented to the PCCC in August 2020 setting out the requirements of the PCN DES enhanced health in care homes for 2020/21				
Decision		**Assurance**	**X**	**Information**	**X**

Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG

Purpose of the report:

The purpose of the attached report is to provide the Primary Care Commissioning Committee with an update and assurance on the work undertaken to align the existing locally commissioned enhanced health in care homes (EHCH) scheme to the national requirements following the implementation of the PCN DES EHCH in October 2020

Key points (Executive Summary):

1.1. The report highlights the key national and local service provision requirements of the enhanced health in care home DES.

1.2. The enhanced health in care home services were already in place and being delivered, (in residential and nursing homes) across Stockport as part of the locally commissioned care home service (LCS) prior to the implementation of the national DES.

1.3. Within the local commission scheme there are service provisions above the national requirements however there are some aspects of the two schemes that overlap.

1.4. Stockport CCG set up a task and finish group with representation from across the CCG, PCN clinical directors and the LMC to identify overlap of the service requirements, additionality and a financial review across the two schemes.

1.5. Stockport CCG will continue to separately commission as required, services that go further than the minimal national requirements maintaining those existing enhanced services. However, it is recommended that the overlap of investment between the two schemes is recommissioning in other primary care services.

1.6. This will have no financial impact to individual practices or PCN's as the individual practices will be in receipt of the national DES funding

Recommendation:

It is recommended that the Primary Care Commissioning Committee:

1) Note the content of this report and work undertaken in Stockport to align the national and local enhanced health in care home service specification.

2) Note that the aligned service specification includes provision of service requirements above the national DES requirements

3) Note that Stockport CCG will continue to separately commission as required, services that go further than the minimal national requirements maintaining those existing enhanced services.

4) Note that Stockport CCG will reinvest any released investment from the LCS contract as a result of overlap between the national and local scheme, into primary care services.

5) Note and approve the next steps

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Live well , Age well , Die well and lead Well
Which corporate objective(s) is / are supported by this report:	Improve quality & safety of care Support people to remain healthy and independent as long as possible Improve early identification of health conditions Ensure people can access safe, high quality care when necessary Financial balance across the system

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	None identified

Consultation and Engagement:

Patient and Public Involvement:	*[N/A]*

1.0 National and Local Context

The purpose of the report is to provide the Primary Care Commissioning Committee with an update on the work undertaken to align service specification and financial investments from the locally commissioned enhanced care homes scheme (EHCH) to the national primary care network directed enhanced service (DES). The local service requirement includes some elements that are above the national requirement however there are also requirements that overlap between both commissioned services.

In relation to existing local commissioned services, NHS England Primary Care Strategy and NHS Contracts Groups Network Contract DES Frequently Asked Questions 2020/21 published 31st March 2020 outlined the following:

'Given the importance of care homes services to the COVID-19 response, and the continued implementation of the EHCH service through the Network Contract DES, CCG's should not decommission local care homes services until the requirements in the DES come into effect from the 1 October 2020 and should ensure a carefully managed transition from local to national requirements.

Where the requirements in an existing local commissioned scheme (LCS) exceed those in the DES, CCG's must, engaging with PCNs and LMCs and taking account of the PCN employment liabilities directly linked to delivery of the LCS, consider maintaining this higher level of service provision to their patients, alongside an appropriate portion of existing funding additional to the entitlements of the national contract. Funding previously invested by CCGs in LCS arrangements which are now delivered through the DES must be reinvested within primary medical care.'

1.1. Local arrangements

1.1.1. Since 2014/15 as part of the LCS contract Stockport CCG have commissioned an enhanced care home service from thirty six individual Stockport GP practices.

1.1.2. Each care home (nursing and residential only) has a named practice responsible for service delivery that includes proactive weekly ward rounds and care planning.

1.1.3. There are strong established working relationships between practices and care homes since the scheme was introduced.

1.1.4. The local service requirements covers the key aspects of the enhanced health in care home national model including some aspects that goes further than the national requirements.

1.2. National arrangements

1.6.1. Under the PCN DES Services contract specification 2020/21, operational from 1st October 2020, PCNs (not individual practices), are contracted to provide enhanced health in care home services.

1.6.2. The Enhanced Health in Care Homes (EHCH) model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.

1.6.3. The NHS standard contract also sets out the requirements for relevant providers of community physical and mental health to work with the PCN's to establish a multidisciplinary team (MDT) to deliver relevant services to the care homes.

1.6.4. The approach proposed by NHS England Primary Care Strategy and NHS contracts groups as noted above was adopted by Stockport CCG and included a task and finish group with representation from across the CCG, PCN clinical directors and the LMC to identify overlap of service provision , additionality and investment between the two schemes.

1.6.5. In aligning care homes to PCN's and its member practices, Stockport CCGs considered the following:

1.6.5.1. The geographical location of the home
1.6.5.2. The existing GP registration of people living in the home
1.6.5.3. The existing LCS contract between the CCG and practices
1.6.5.4. Existing relationships between care homes and practices.

2.0 **MAPPING OF OUR LOCAL OFFER AGAINST THE NATIONAL REQUIREMENTS**

In order to identify overlap and additionality of the local and national contracts the task and finish group mapped out the service provision of both services requirements as set out below.

Description	**LCS Requirement**	**PCN DES requirement**
Care homes included	Residential and Nursing homes	CQC registered residential, nursing and learning disability homes
Clinical oversight / leadership	GP Partner from own General practice	"Clinical lead" – usually a GP but not required and not necessarily from the registered practice
GP practice linking	1-2 practices per home	1 PCN for each care home
Ward Round" / "Home round"	Focussed round of those needing review led by GP / ANP from registered practice.	Focussed discussion / review based on multi-disciplinary team (MDT) judgment and care home advice. Lead by a "clinician with advanced assessment and clinical decision making skills" Appropriate and consistent medical input from a GP / geriatrician at a frequency and form agreed based on clinical judgment Initially a remote exercise, with clinical decisions made on patients needing further review.
Multi-disciplinary team (MDT) working	Referrals to other professionals made by GP when required. No named professionals.	Work with community providers to establish and co-ordinate an MDT to deliver service requirements
Structured medication	Not specified	SMR as part of care plan on admission.

reviews (SMR)		Frequency thereafter agreed by MDT, no less than 12 monthly
Admission care plan	Not specified	Aim to develop a personalised care and support plan with each resident within 7 working days of admission
Care plan review after an admission	Not specified	Aim to develop a personalised care and support plan with each resident within 7 working days of re-admission after discharge from hospital
Advanced care planning / EoL care	Undertaken by practices at appropriate time. Plans accessible by other Providers	Provide personalised care and support plan to those in last 12 months of life including PPOC Anticipatory prescribing for those in last days of life.
Quality improvement - Development meetings with care home management	Not specified however some practices run "care home forums"	Identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows
Funding	Part on full LCS commissioned service of £10 per head – variation of indicative budgets across practices	National funding £120 per bed per annum

The task and finish group identified that the LCS contract has the following specifications that exceed the national scheme requirements:

2.1 General practice GP's having oversight and leadership of the delivery of service provision and support to care homes

2.2 The 'home round' provision is delivered by GP's and this requirement is not mandated in the DES.

Stockport CCG recognises the benefits in maintaining this higher level of service provision to care home patients and have included this in the aligned specification.

3.0 FINANCIAL

3.1 Under the national DES, networks are entitled to a payment to facilitate delivery of services to patients in care homes. The payment is calculated on the basis of £60 per bed for the period 1 August 2020 to 31 March 2021. The full year payment entitlement is £120 per bed per year. This entitlement is per bed and not per occupancy.

3.2 Based on the current CQC registered care home and beds in Stockport the PCN DES EHCH investment is **£259k** per annum. The element of this investment within the LCS contract is **£235.5k** as at 1st October 2020 due to additional learning disability homes and T2A / intermediate tier beds (commissioned separately for general practice services) that is included in the national scheme.

3.3 The identifiable investment for the enhanced care home provision within the LCS contract is **£472,166** per annum.

3.4 The duplication of the national and local services was identified to be considered as a contribution to the CCG 2020/21 QIPP.

3.5 As PCN's member practices will now also be in receipt of the additional national investment on top of the LCS investment, Stockport CCG considers that the £235,5k annual duplicate funding can be decommission from the LCS contract and repurposed for commissioning of new primary care services.

3.6 Stockport CCG considers that the overlap funding within the LCS contract is repurposed as at 1st January 2021 at a value of £58,875 for 2020/21.

4.0 CONCLUSION

4.1 Note the content of this report and work undertaken in Stockport to align the national and local enhanced health in care home service specification.

4.2 Note that the aligned service specification includes provision of service requirements above the national DES requirements

4.3 Note that Stockport CCG will continue to separately commission as required, services that go further than the minimal national requirements maintaining those existing enhanced services.

4.4 Note that Stockport CCG will reinvest any released investment from the LCS contract as a result of overlap between the national and local scheme, into primary care services.

4.5 Note and approve the next steps

5.0 NEXT STEPS

5.1 Stockport CCG with representation from across the CCG and PCN Clinical Directors to identify primary care commissioning priorities and agree the reinvestment proposals of the released investment from the LCS contract.

5.2 Stockport CCG to communicate to all practices the proposed changes including the necessary LCS contract variations documentation.

5.3 Stockport CCG to carry out a full review of the all LCS commissioned services as part of the requirements for CCG to address inequalities in service provision and outcomes.

5.4 Progress on completing these requirements will be reported to this Committee at a later date

6. POTENTIAL IMPLICATIONS

Potential Implications:

Financial Impact:	Non-Recurrent Expenditure	Nil					
	Recurrent Expenditure	Detailed in the paper					
	Expenditure included within CCG Financial Plan	Yes	X	No		N/A	
Performance Impact:	*[N/A]*						
Quality and Safety Impact:	*[N/A]*						
Compliance and/or Legal Impact:							
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	X
	If Not Applicable please explain why	Not required					

NHS
Stockport
Clinical Commissioning Group

Overview of Stockport's COVID-19 Services

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Emma Ince, Director of Integrated Commissioning		
Report From (Author):	Gillian Miller, Deputy Director of Commissioning		
Date:	Wednesday 16th December 2020	**Agenda Item No:**	8.2
Previously Considered by:	Planning & Commissioning Committee		

Decision		**Assurance**		**Information**	**x**

Conflicts of Interests	
Potential Conflicts of Interest:	General Practice Members
Purpose of the report:	
To provide a high level overview of Stockport's COVID Services	
Key points (Executive Summary):	
This report provides high level overview of services that have been commissioned or developed to support patients in response to COVID.	
Recommendation:	
To note the overview of COVID services and how they have been planned or commissioned.	
Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	• Live well • Age well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Financial balance across the system • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary
Risk and Assurance:	
List all strategic and high level	

risks relevant to this paper	General Practice may not deliver services required which may be detrimental to the health needs to Stockport registered patients						
Consultation and Engagement:							
Patient and Public Involvement:	COVID services have been developed in response to and directed by COVID management and national policy.						
Clinical Engagement:	Clinical engagement has taken place with the Medical Director of the CCG, Viaduct, Mastercall and with the PCN CDs.						
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	N/A					
	Recurrent Expenditure	N/A					
	Expenditure included within CCG Financial Plan	N/A					
Performance Impact:	Winter resilience.						
Quality and Safety Impact:	Supports the resilience of primary care to deliver a safe service to the Stockport population						
Compliance and/or Legal Impact:	None						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	x
	If N/A please explain why	Implementation of national guidance					

1. Introduction

This paper outlines the services that have been developed or commissioned in response to COVID in the period April to November 2020.

2. COVID Hot Clinics (Stockport CCG Commissioned)

2.1. Covid Hot Clinics were commissioned by Stockport CCG in March 2020 as part of Stockport CCG's Phase 1 emergency response to the Covid-19 pandemic. The service was developed for patients with coronovirus symptoms and a clinical need to have a safe face to face appointment with a GP.

2.2. A clinically-led COVID service was commissioned from Viaduct for home visits, for symptomatic shielded and housebound patients requiring a GP visit. A separate service was commissioned from Mastercall, for face to face appointments to take place at Mastercall's Pepper Lane Clinic.

2.3. The service has enabled Stockport's General Practice to stay resilient as 'cold 'sites and to provide continued quality primary care to the Stockport population through the crisis. The service has supported the efforts to limit attendances and admissions to hospital for Covid-related illness.

2.4. Services were initially commissioned for 3 months, 21st March to 25th June 220 and extended to the end of the 2020/21 financial year, to 31st March 2021 at a total cost of £1,713,000

3. COVID Virtual Wards (SFT & Mastercall & Viaduct - Integrated Pathway)

3.1. This is a pathway for patients who require follow up of the acute illness, especially in the first 14 days. This is done remotely with access back into the acute trust as clinically indicated. It is for patients considered at high risk of deteriorating, and developing severe disease from COVID-19

3.2. The importance of COVID-19 virtual wards has been recognised by the GM Primary Care cell, the GM Community Co-ordination cell and the GM Gold Command Hospital Cell. The GM Winter planning Group felt the adoption and delivery of virtual wards across GM would be key to supporting plans to tackle the unpredictable demand for the forthcoming winter (2020/21).

3.3. This service in Stockport has been developed as an integrated pathway between Stockport FT, Viaduct, Mastercall whereby the partners provide a service offer the following:

Mastercall	10 patients
Viaduct	10 patients
FT-MAU	12-15 patients
FT-ANPs	

In addition Bluebell (FT community ward) has been transferred into a COVID community ward.

3.4. There has been no commissioning specification or specific financial investment into Virtual Wards. However Mastercall use a digital platform - Dignio to record and monitor patient's vital statistics. This is commissioned by SMBC.

4. COVID Oximetry@Home (New Service to be Delivered by General Practice)

4.1. This is a new nationally specified service to be delivered by General Practice. CCG's have been asked in a letter of 12th November from Ian Dodge, National Director of Primary Care Community Services to put in place a COVID Oximetry @home model in November as part of the ongoing response to the pandemic.

4.2. As treatment of COVID improves, earlier detection of (silent) hypoxia at home could help further reduce mortality and morbidity. Sometimes called a COVID 'virtual ward', the recommended model is based on patient self-monitoring. Designed for adoption at scale, a Standard Operating Procedure has been published which draws from learning to date and from pilots completed over the summer and early autumn

4.3. A local delivery model is currently being worked up between the CCG and PCNs, Viaduct and Mastercall. Stockport has taken delivery of over 1,000 oximeters for local use.

> Oximerty@home Model
>
> As patients present at NHS services with COVID-19, defined cohorts are offered an NHS oximeter, for their own self-monitoring, three times a day, for up to a fortnight.
>
> They are given advice: go to hospital or call 999 if their oxygen level is 92% or lower, or call your GP surgery or 111 if it's 94% or 93%.
>
> Through a shared decision-making conversation, they are also given the option of a regular prompt at days 2, 5, 7,10 and 12, either by (a) text message or (b) by e-mail; or instead (c) a non-clinician led phone call.
>
> The work to date suggests patients on this pathway are well motivated to self-monitor effectively for the short period involved.
>
> Typically, a friend or family member, or an NHS Volunteer Responder, can collect and then return the oximeter for decontamination and reuse.

4.4. The Service is expected to be delivered as a priority goal within the NHS non-recurrent £150 million General Practice COVID Capacity Expansion Fund. Stockport's fairshare allocation of this funding is £762,963.
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828_GP-funding-letter-_second-wave_9novreb.pdf

5. Long COVID

5.1 (Early Detection by GPs)

5.1.1 Most patients recover well from COVID but there is a small group of patients with longer-term impact who fall in the category of Long-COVID. The condition usually presents with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body. Many people with post-COVID syndrome experience :

Fatigue General and post exertional fatigue in 93%, on minimal exertion.

Respiratory symptoms Including ongoing shortness of breath in 81% and persistent cough in 62%

Musculoskeletal symptoms in 72% including pain and muscle fatigue.

Neurological symptoms Including headaches in 55%, neurocognitive disorder such as brain fog, confusion and thought disorder in 46% and dizziness in 52%.

Cardiovascular symptoms Including palpitations and irregular heart patterns in 42% and Postural Tachycardia syndrome (PoTs) in 25%.

Gastrointestinal upset in 41%, including nausea, bowel changes and indigestion.

General symptoms. Including persistent fever in 38%, pain including non-specific chest pain in 60%, rashes in 19% and ongoing loss of smell/taste in 54%.

Metabolic disruption in 20%, including worsening diabetic control or worsening of underlying metabolic disease.

Psychiatric and psychological symptoms were described in 76%, which included sleep disorders in addition to mood changes, but it is important to note that until the evidence tells us otherwise, we should always consider whether mood changes are primary symptoms, secondary changes relating to the long term effects of the disease, an adjustment disorder or the adaptation to "being unwell" with the feeling that their COVID-19 illness will "never end"

5.1.2 The following provision is currently available in Stockport:

- 6 weeks GP hospital discharge follow up assessment (EMIS template) which can also be used for patients presenting in the community
- ITU patients receive a follow up 6/52 and 3/12
- Self-management advice (fatigue leaflet, Lifeleisure PARiS offer, nutrition advice)
- One off phone / video consultation re fatigue management provided by the CFS/ME service
- Rehabilitation at home offer (pilot till end of November) through a therapist of the Pulmonary Rehabilitation Service
- Psychological and pain management follow up of hospital discharged patients (predominantly ITU patients)
- COVID out-patient respiratory clinic linked to the breathlessness clinic (GP referral or hospital discharge pathway)
- Diabetes review in case of destabilisation of insulin management.

5.1.3 GPs are expected undertake the first steps in identifying and supporting patients with Long COVID, from the £150 million General Practice Covid Capacity Expansion Fund. The provision of community services is impacting on capacity for management of non-COVID patients and putting additional strain on already overstretched community services.

5.1.4 Feedback from patients is that the current offer is to helpful but it is not integrated and is not addressing their longer-term needs. The feedback from the clinicians involved is that most patients have complex needs that need a more intensive support than that they can offer within current resources.

5.2 Post-acute COVID Long Clinics (GM Strategic Clinical Network)

National investment has been made available for setting up specialist Long Covid Clinics. Greater Manchester Strategic Clinical Network has set out the approach for GM:

- At least one designated service for GM ICS with tiered clinics
- Hybrid model of face to face and virtual
- The service will offer physical, cognitive and psychological assessments
- GM Lead provider -NHS Manchester Foundation Trust will act on behalf of the GM system
- GM Partnership Medical Executive will oversee the project with Professor Jane Eddleston identified as SRO

Further information will become available over the next few weeks. It is expected that such clinics will support Stockport patients with multiple symptoms and complex and intensive needs. .

6. Covid-19 Pathway Overview

An overview of the GM Covid-19 pathway is shown in Appendix 1.

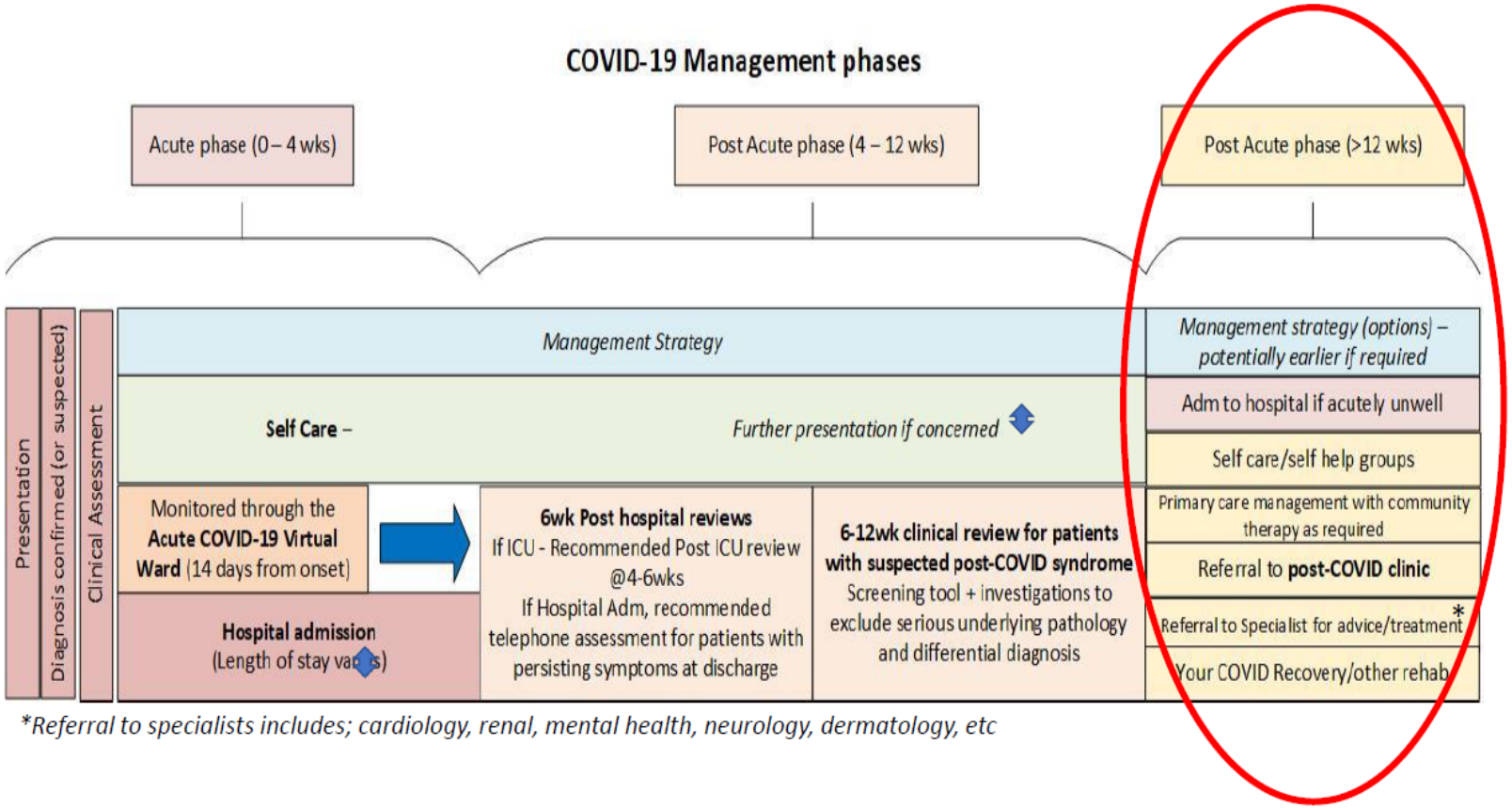
7. Recommendation

To note the overview of existing and developing COVID service provision in Stockport.

Appendix 1

GM COVID-19 Pathway

NHS
Greater Manchester and Eastern Cheshire
Strategic Clinical Networks



*Referral to specialists includes; cardiology, renal, mental health, neurology, dermatology, etc

NHS
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PCCC Finance Report for the period ending 30th November 2020 - Month 8

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	16 December 2020	**Agenda Item No:**	9.1
Previously Considered by:	This is the first time the report has been presented		

Decision		**Assurance**	✓	**Information**	✓

Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG

Purpose of the report:
The purpose of the report is to provide an overview of the financial performance as at 30 November 2020.
Key points (Executive Summary):
The forecast outturn for the Primary Care Delegated Budget is an adverse variance of £0.021m
Recommendation:
(i) **Note** that an adverse variance of £0.021m is forecast for 2020/21. (ii) **Note** that the forecast outturn position includes an anticipated Additional Roles Reimbursement (ARRs) allocation increase of £0.276m.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Lead Well
Which corporate objective(s) is / are supported by this report:	Ensure financial balance across the system

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	Failure to manage costs within the delegated allocation may result in the CCG failing to deliver financial targets and consequently impact the CCG annual assessment.

Consultation and Engagement:	
Patient and Public Involvement:	Not Applicable
Clinical Engagement:	Not Applicable

1.0 Introduction

This report provides an overview of the CCG's performance in context of the temporary financial regimes that NHSE/I put in place during 2020/21 in response to COVID-19.

2.0 Financial performance as at 30 November 2020

In the October meeting the committee was informed that under the financial regime 1 April 2020 to 30 September 2020 the CCG had received non-recurrent retrospective allocations totalling £1.962m and was anticipating receiving a further retrospective non-recurrent allocation of £0.538m for the Primary Care delegated budgets to enable a break even position to be reported. The CCG has since received this anticipated allocation increasing the total retrospective allocation received to £2.500m and therefore able to report a breakeven position for the period 1 April 2020 to 30 September 2020.

In line with guidance, the CCG will no longer receive a retrospective non-recurrent allocation under the financial regime for 1 October to 31 March 2021. The primary care delegated allocation for M7-12 is £21.819m increasing the total allocation for the financial year to £44.675m.

The financial position as at 30 November 2020 for the period 1 April 2020 to 31 March 2021 is summarised in Table 1.

Table 1: Summary of YTD Financial Position as at 30 November 2020

Financial Period	Budget £m	Expenditure £m	Variance £m
1 April 2020 - 31 September 2020	£22.856	£22.856	£0.000
1 October 2020 - 31 March 2021	£21.819	£21.841	£0.021
Total	**£44.675**	**£44.697**	**£0.021**

Significant variances to budget as detailed at Appendix 1 are:

Quality and Outcomes Framework (QOF) – £0.024m favourable variance as a result of the actual achievement for 2019/20 being lower than forecast.

Primary Care Network Payments – Includes £0.276m adverse against Additional Roles Reimbursement Scheme (ARRS) which has been offset by an anticipated allocation increase of £0.276m. The £0.276m allocation will be drawn down from the £0.869m (40%) ARRS funding held centrally. The CCG can only drawdown from the funding held centrally when actual ARRS expenditure incurred goes above £1.290m (60%) which is the amount of ARRS funding the CCG has already received.

It is forecast that total ARRS funding of £2.159m will be underutilised by £0.593m. This funding cannot be repurposed and used for anything other than ARRS as specified in the PCN DES and as directed by NHSEI.

Premises Cost Reimbursement - £0.056m adverse variance is due to an increase in the cost of rent reimbursements following rent reviews as well as an increase in clinical waste expenditure.

Other GP Services - an adverse variance of £0.035m is forecast. This is mainly in relation to reimbursement payments to practices for locum cover for parental leave being higher than expected.

3.0 Next Steps

Continue to monitor actual expenditure against the approved plan.

The CCG will continue to implement national guidance as and when it is published.

4.0 POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="9">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="2">Non-Recurrent Expenditure</td><td colspan="6"></td></tr>
<tr><td colspan="2">Recurrent Expenditure</td><td colspan="6">The finance implications are identified in the paper</td></tr>
<tr><td colspan="2">Expenditure included within CCG Financial Plan</td><td>Yes</td><td>✓</td><td>No</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="8">Reporting a £0.021m adverse variance to budget.</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="8">N/A</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="8">Reporting in compliance with national guidance in response to Covid19 pandemic</td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="8">General Statement:</td></tr>
<tr><td>Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No</td><td></td><td>N/A</td><td>✓</td></tr>
<tr><td>If Not Applicable please explain why</td><td colspan="6"></td></tr>
</table>

Appendix 1 – Financial Summary

Service Line		Annual Budget £m	Forecast £m	Forecast Outturn Variance £m
General Practice - GMS		**11.565**	**11.565**	**0.000**
	Global Sum	11.565	11.565	**0.000**
	MPIG Correction Factor	0.000	0.000	**0.000**
General Practice - PMS		**16.248**	**16.248**	**0.000**
	Contract Value	16.248	16.248	**0.000**
	Baseline Adjustment	0.000	0.000	**0.000**
QOF		**4.495**	**4.471**	**(0.024)**
	QOF Aspiration	3.197	3.197	0.000
	QOF Achievement	1.298	1.274	(0.024)
Enhanced services		**3.532**	**3.528**	**(0.004)**
	DES - Individual Practice Payments			
	Learn Dsblty Hlth Chk	0.120	0.121	**0.001**
	Minor Surgery	0.391	0.386	**(0.005)**
	Violent Patients	0.109	0.109	**0.000**
	PCN-Participation	0.548	0.548	**0.000**
	Primary Care Network DES Expenditure - Payments to PCN's			
	PCN-Extended Hours Access	0.459	0.459	**0.000**
	PCN-Clinical Director	0.228	0.228	**0.000**
	PCN Support Payment	0.084	0.084	**0.000**
	PCN DES Care Home Premium	0.135	0.135	**0.000**
	PCN- IIF Achievement	0.128	0.128	**0.000**
	PCN-Clinical Pharmacist	0.819	1.071	**0.252**
	PCN DES Pharmacy technicians	0.119	0.079	**(0.040)**
	PCN-Physiotherapist	0.393	0.457	**0.064**
	Anticipated Allocation	0.000	(0.276)	**(0.276)**
Premises Cost Reimbursement		**3.536**	**3.592**	**0.056**
	Prem Clinical Waste	0.053	0.073	**0.020**
	Prem Notional Rent	1.071	1.098	**0.027**
	Prem Rates	0.412	0.414	**0.002**
	Prem Water Rates	0.065	0.068	**0.002**
	Prem Healthcentre Rent	1.614	1.618	**0.004**
	Prem Actual Rent	0.321	0.321	**(0.000)**
Other Premises Cost		**0.011**	**0.011**	**0.000**
	Prem Other	0.011	0.011	**0.000**
Dispensing/Prescribing Drs		**0.298**	**0.286**	**(0.011)**
	Prof Fees Prescribing	0.298	0.286	**(0.011)**
Other GP Services		**0.760**	**0.795**	**0.035**
	PCO Seniority	0.000	0.000	**0.000**
	Legal / Prof Fees	0.017	0.017	**0.000**
	CQC	0.203	0.199	**(0.004)**
	PCO Locum Adop/Pat/Mat	0.397	0.426	**0.029**
	PCO Locum Sickness	0.043	0.044	**0.000**
	Sterile Products	0.004	0.004	**0.000**
	PCO Doctors Ret Scheme	0.020	0.021	**0.001**
	Translation Fees	0.063	0.070	**0.007**
	Healthcare Foundation Trust	0.009	0.009	**0.001**
	Indemnity	0.004	0.004	**0.000**
Reserves		**0.000**	**0.000**	**0.000**
Business Rules / General Reserves		**0.000**	**0.000**	**0.000**
Primary Care Investments		**0.000**	**0.000**	**0.000**
Total PCR Excl Non Del PRC Scheme & Pass through costs		**40.445**	**40.497**	**0.051**
Non-Delegated PRC Schemes		**2.377**	**2.346**	**(0.030)**
Non-Delegated PRC Schemes	Covid-19	**0.885**	**0.885**	**0.000**
	NHS Property Services	0.968	0.968	**0.000**
Total PRC Cost Centre		**44.675**	**44.697**	**0.021**

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Primary Care Investment - Forward View

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Emma Ince, Director of Integrated Commissioning		
Report From (Author):	Gillian Miller, Deputy Director of Commissioning		
Date:	Wednesday 16th December 2020	**Agenda Item No:**	9.2
Previously Considered by:	Planning & Commissioning Committee		

Decision	**x**	**Assurance**		**Information**	**x**

Conflicts of Interests	
Potential Conflicts of Interest:	General Practice Members
Purpose of the report:	
To provide a forward view of Primary Care Investment to 31st March 2021.	
Key points (Executive Summary):	
Additional investment will support Stockport General Practice for the remainder of the financial year 2020/21. A significant part of this investment is nationally directed. Investment into Primary Care is a key priority to: • Ensure the resilience of Primary Care through the COVID Pandemic and Winter 2020/21 • Ensure the delivery of the new Covid Vaccination programme • Primary Care Network (PCN) Development	
Recommendation:	
Approve the investment proposals for General Practice to the end of March 2021. Note the approach on requiring a 'light-touch' assurance from General Practice based on delivering the 7 priority goals, in line with the national and regional guidance.	
Aims and Objectives:	
Which Corporate aim(s) is / are	• Live well • Age well

supported by this report:							
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Financial balance across the system • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary						
Risk and Assurance:							
List all strategic and high level risks relevant to this paper	General Practice may not deliver services required which may be detrimental to the health needs to Stockport registered patients						
Consultation and Engagement:							
Patient and Public Involvement:	The context of the investment is in response to and directed by COVID management and national policy.						
Clinical Engagement:	Clinical engagement has taken place with the Medical Director of the CCG, Viaduct, Mastercall and with the PCN CDs.						
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	£914,963					
	Recurrent Expenditure	N/A					
	Expenditure included within CCG Financial Plan	£914,963					
Performance Impact:	Winter resilience.						
Quality and Safety Impact:	Supports the resilience of primary care to deliver a safe service to the Stockport population						
Compliance and/or Legal Impact:	None						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	x
	If N/A please explain why	Implementation of national guidance					

1. Introduction

This paper outlines additional investment into Stockport General Practice to the end of March 2021.

2. Background

2.1. Stockport's General Practice continues to experience significant pressures from increased demand. This pressure will be significantly heightened by the latest highest priority requirement for General Practice to deliver the new COVID Vaccination programme from December 2020. Other pressures include:

- responding to demand from the backlog of unmet need from COVID Wave 1
- managing staff absences due to COVID
- new demand from COVID Wave 2
- supporting patients through COVID recovery
- winter pressures
- delivering the 2020 expanded flu programme
- increased workload into General Practice from changes to elective care pathways
- to meet the requirements of the new PCN DES.
- managing additional urgent care referrals from NHS 111 First

2.2. These pressures are replicated and recognised across GM. Stockport CCG has worked with and responded to requests from Stockport's PCN Clinical Directors and the LMC, to support resilience in General Practice. Discussions are taking place across GM and in Stockport to prioritise primary care service delivery, to ensure capacity can be focussed on delivery of key programmes of work.

3. Forward Investment to end of March 2021

3.1. In addition to the £2,773,000 already invested into primary care in response to Covid (Appendix 3), Stockport CCG will invest an additional **£914,963** into General Practice for the period November 2020 to March 2021. This is made up of 2 sources of funding:

3.2. NHS England has established a non-recurrent £150 million General Practice Covid Capacity Expansion Fund for the purpose of supporting the expanding general practice capacity up until the end of March 2021. Stockport's fair share allocation of this funding is **£762,963**. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828_GP-funding-letter-_second-wave_9novreb.pdf

This non-recurrent funding has been allocated on the basis that it will be ring-fenced for use in general practice and will deliver on 7 priority goals as listed below:

i. Increasing GP numbers and capacity

ii. Supporting the establishment of the simple COVID oximetry@home model, arrangements. A national SOP has been published.
iii. First steps in identifying and supporting patients with Long COVID
iv. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
v. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
vi. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
vii. Potentially offering backfill for staff absences where this is agreed by the CCG, required meeting demand, and the individual is not able to work remotely.

The GM Community Coordination Cell has confirmed distribution of this funding to CCGs.

3.3. Re-allocation of some Existing Primary Care Funding Streams - **£152,000.** The CCG will re-allocate unspent Primary Care budgets to PCNs to support core resilience. These budgets and the planned programmes of work are detailed in Appendix 1. The investments were aligned to education, training and workforce development needs for all members of the general practices and to improve practice efficiency. However there has been limited implementation due to the pressures arising from COVID. There is a risk of re-allocating these budgets to support core resilience, rather than carrying forward these budgets to 20201/22.

i. Stockport CCG will distribute total funding of £914,963 by allocating £823,467 (90%) directly to Stockport's GP Practices on a weighted capitation basis with £91,496 (10%) held as a contingency to support practices in crisis and for any central costs associated with the delivery of the 7 priority goals. This equates to an allocation of £2.94 per weighted population.

ii. This has been communicated to Stockport's General Practices in a joint letter from the CCG, LCM and Clinical Directors, to show a unity of approach. GP Practices have been asked to provide an assurance that they will meet the terms of the letter and deliver on the 7 priority goals.

4. Network Contract Directed Enhanced Service

Further investment into primary care in 2020/21 is accordance with the requirements of the Network Contract DES.
https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf
This forms part of a long-term, larger package of general practice contract reform originally set out in *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan.* It is intended that there will be a Network Contract DES each financial year until at least 31 March 2024 with the requirements of the Network Contract DES evolving over time.

The investment into General Practice for PCN Development in accordance with this DES is set out in Appendix 2.

5. Recommendation

The Committee is asked to:

- Approve the investment proposals for General Practice to the end of March 2021.
- Note the approach on requiring a 'light-touch' assurance from General Practice based on delivering the 7 priority goals, in line with the national and regional guidance.

APPENDIX 1

Funding Stream	Range Available	Potential to Re-allocate	Remainder to be spent On	What this funding is for?	If not re-allocated what would we fund?
ETD Budget	£21K - £37K	£10k	Range due to uncertainty regarding CPD funding due from the GM Training Hub. £11k-£27k to be kept to fund annual training programme essential elements. Opportunity to offer individuals to undertake accredited training.	This budget is ring-fenced for the education, training and workforce development needs for all members of the general practices in Stockport. It provides funding for trainers, venues, refreshments for the annual training programme including the Masterclass programme. Due to Covid the annual training programme and associated costs have been reduced as practice staff have been unable to undertake normal levels of training and CPD.	This would be spent on additional training opportunities to upskill and develop the workforce. Realistically this would need to be accrued to 20/21 be utilised effectively.
GPFV	£67k	£57k	Offer currently out for practices to have training /mentoring for workflow/signposting so need to cover any requests. Also due to roll out pathology training.	GPFV funding is to upskill practices around practice efficiency. It can be used for practices and PCNs to introduce and embed practice efficiency measures. This would include active signposting/workflow documentation/pathology optimisation. It has also been used to provide IT equipment to support these	Due to the ongoing pressures in general practice this is unlikely to be implemented until the next financial year. If accrued we would look to re-start the project.

				initiatives. Same issues re implementation this year as above.	
GP Retention	£95k	£85k	Need to fund the Clinical Workforce Leadership element, GPN and GP Mentoring and Clinical Supervision as these are active offers.	This funding stream is from the Local General Practitioners Retention Fund (LGPRF), which has a key focus on supporting general practitioners (GPs) who are at risk of leaving general practice, or who have already left and may wish to return. The Stockport plan included: • Clinical Workforce Leadership • GPN and GP Mentoring • GPs with Extended Roles (GPwER) • Clinical Supervision New plan is needed early December to be submitted to attain the funds allocated to Stockport this financial year.	GPs with Extended Roles would be a key element. However, as long as the plans result in GP retention the funds have flexibility regarding how they are allocated so any suggested projects falling under the remit of GP retention could be considered and implemented.

APPENDIX 2

PCN Payments 20/21

	2020/21 £
Core PCN funding (£1.50 per reg list)	474,315
Clinical Director Contribution	228,304
Clinical Director CCG top-up contribution	23,169
PCN extended hours	458,504
Practice participation funding	547,526
Enhanced Health in care homes (Oct – March 2021)	135,300
PCN support payment (April – Sept 2020)	84,000
ARRS reimbursement up to	2,159,000
Total 2020/21	**4,110,118**

APPENDIX 3

General Practice Covid Support 20/21

COVID Support	£
Bank Holiday Funding	344,000
COVID Claims (Includes LMC)	280,000
Premises Adaptations	250,000
Laptops	186,000
COVID Clinics Home Visting M1-6	336,000
COVID Clinics Community F2F M1-6	786,000
COVID Clinics Home Visting M7-12	243,000
COVID Clinics Community F2F M7-12	348,000

Total COVID Support 20/21	**2,773,000**

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End of Documentation Pack