NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	**21 April 2021**	**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	15:00
3.	Declarations of Interest: (any interest on any issue arising at the meeting that may conflict with agenda items)		To note	Chair	15:00
4.	Minutes from previous meeting (16 December 2020)	Attached	To approve	Chair	15:00
5.	Matters Arising / Actions from previous meeting	Attached	To approve	Chair	15:05
Standing Items					
6.	Issues affecting Primary Care	Verbal	For information	SWo	15:10
7.	Notification of any GM updates	Verbal	For information	GM representative	15:20
Primary Care Development					
8.1	Primary Care Contractual changes 2021-22	Attached	For information	GE	15:30
8.2	PCN Covid Vaccination programme update)	Verbal	Assurance	AR	15:45
8.3	Delegated Commissioning Internal Audit Review – Final Report (MIAA)	Attached	Assurance	GE	15:55
8.4	Primary Care Quality update	Verbal	For information	AR	16:10

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.

Performance					
9.1	Finance Report for period ending 31 March 2021	Attached	Assurance	DD/DO	16:25
Any Other Business:					
10.	Agreement of Annual Workplan 2021/22	Attached	For Information	Chair	16:45
Date and time of next meeting:					
	Wednesday 16 June 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.

NHS
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Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 16 December 2020
15:00 –16:16 pm, Microsoft Teams

Present:

Anita Rolfe	Executive Nurse (CCG)
Gail Henshaw	NHS England/Improvement
Michael Cullen	Chief Finance Officer (CCG)
Paul Stevens	Local Medical Council (LMC)
Peter Riley	Lay Member for Primary Care Commissioning, (**CHAIR)**
Philip Winrow	Lay Member for Audit and Governance (CCG)

In attendance:

Alison Newton	Corporate Support Administrator (Minutes) (CCG)
David Dolman	Deputy Chief Finance Officer (CCG)
Dianne Oldfield	Senior Management Accountant, (CCG)
Emma Ince	Director of Integrated Commissioning (CCG)
Gale Edwards	Commissioning Lead, Primary Care (CCG)
Gillian Miller	Associate Director of Commissioning (CCG)
Paul Lewis-Grundy	Deputy Director of Corporate Affairs (CCG)
Dr Simon Woodworth	Chief Medical Officer, (CCG)

Apologies:

David Kirk	Healthwatch
Don Phillips	Lay Member for PPI, (CCG)

Meeting Governance	Action
1. Welcome & Apologies	
Apologies were received from D Kirk and D Phillips, for late arrival from D Dolman and early departure from E Ince.	
2. Notification of Any Other Business	
There were no additional items presented for discussion.	
3. Declarations of Interest	
Members were reminded of the need to declare any interest they may have on issues arising during the meeting that may conflict with the business of the Group. It was noted that Dr Woodworth and P Stevens both work in practices and are directly involved in discussions.	

The Chair acknowledged the declaration and would accept comments back on discussions subject to their being no direct conflict.	
4. Minutes from previous meeting (21 October 2020)	
The minutes of the previous meeting held on 21 October 2020 were approved as an accurate record subject to a minor typographical amendment. Page 9, item 11 last line of third paragraph should read ***his*** endeavours.	
5. Action Log from Previous Meeting	
029/4.12.19: Review the CCG policy re practice closures in line with national and local specifications and to report back to the Committee. G Miller advised that the Policy is going through internal the final governance process; to be presented at the next meeting. Remain on the log. A Rolfe joined the meeting. 045/19.08.20: General Practice Covid-19 Support Fund: a number of discussions had taken place; funding had been agreed. Action completed. Remove from the log.	
Standing Items	
6. Issues affecting Primary Care	
S Woodworth reported that activity at practice remains very high, delivering at around 96% capacity in comparison to October 2019 – nationally this figure is around 60%. This demonstrated that practices continue to deliver a significant amount of care despite the continued pressure on appointments and the forthcoming delivery of the Covid-19 vaccine. It was pointed out that all practices in Stockport had signed up to deliver the Covid-19 vaccine. National funding had been agreed to support general practice workload and this is due to be disseminated to practices. Practices will continue to run over Christmas; it is expected that January will be challenging. G Miller commented that the CCG would continue to work with the LMC (Local Medical Committee) and practices to provide support. P Stevens joined the meeting. P Stevens confirmed that funding had been approved by the CCG to support practices until the end of March 2021. The Chair questioned when the first vaccinations in practices would take place and was told that 200 patients had been booked in for this coming Friday (18 December) with a further 500 patients booked in for Saturday for the Tame Valley Hub of practices. Another PCN (Primary Care Network) would be going live the following week – it would be a phased approach.	
7. Notification of any GM updates	

G Henshaw highlighted that the main focus at this time is the roll-out of the Covid-19 vaccination programme across GM (Greater Manchester) – this is a significant task and will involve nine sites across GM. Three sites went live the previous day; the remaining sites, including Stockport would go live at the end of the week. This is a command and control situation; NHS England/Improvement (NHSE/I) would continue to support each area. G Henshaw conveyed appreciation to all colleagues across primary care in their support of the speedy roll-out of the vaccination programme. Lots of guidance had been issued to support the delivery of enhanced services in practices and safe delivery of the Covid-19 vaccine in the community. It had been acknowledged nationally that there are workforce pressures, with additional duties, staff sickness and staff having to isolate. There is workforce support available and a lead for each area – Kerry Porter is the lead for GM. Work is underway to work through the 1400 expressions of interest to provide locum support, ensuring that the right skills are aligned to the right area and the appropriate training is provided. This information had been shared with the CCG. The Chair thanked G Henshaw for the update.	
Primary Care Development	
8.1 PCN DES update	
G Edwards reminded the meeting of the work that had taken place in Stockport, aligning existing locally commissioned enhanced health in care homes (EHCN) service provision to the national requirements following implementation of the PCN (Primary Care Network) DES (Directed Enhanced Service) in October 2020. There had been a local commissioned service for care homes in Stockport, including ward rounds since October 2014 and this had enabled relationships to develop between care homes and primary care. The DES Specification was in place prior to the start of Covid-19; the Specification had been adapted. An advanced healthcare DES would be introduced – a task and finish group had been set up including representation from the CCG, PCN clinical directors and LMC to align local community services with national requirements and consider a service specification that would best meet the needs of the local population and also undertake a financial review across the two schemes. Nationally, the service specification is based on PCN alignment but in Stockport it is based on practice alignment. It was highlighted that the enhanced health in care homes DES will have no financial impact to individual practices or PCNs as the individual practices will be in receipt of the national DES funding (funding is based on number of CQC beds). The CCG would continue to commission services that are required above the national requirements to maintain existing enhanced services. A communication would be circulated to practices on the proposed changes. The next step would be for the CCG to carry out a full review of all LCS's	

(locally commissioned care home services). A Rolfe thanked G Edwards for the paper and suggested a future piece of work could capture patient experience in care homes and their access to a GP. G Edwards highlighted that some PCNs have established forums to enable them to hold discussions amongst their peers and it would be helpful if this was replicated across all areas.	
8.2 Covid Service overview	
G Miller referred to a paper circulated, providing an overview of services that had developed for Stockport residents in response to Covid-19. It was highlighted that some of the services are still developing. These services included: • Covid Hot Clinics commissioned by the CCG until the end of the financial year for people who require face to face appointments with a GP due to being symptomatic (this service is provided by Mastercall and Viaduct Care); • Covid Virtual Wards (an integrated pathway with SFT – Stockport Foundation Trust, Mastercall and Viaduct Care) for those patients that do not need to be in hospital but will still need to be monitored; • Covid Oximetry at Home: this is a new service following a national specification. National funding had been used to set up this service to be delivered by General Practice. This enables a patient to have their oxygen levels monitored at home – if their oxygen level hits a certain level, the patient is advised to contact their GP practice. The patient monitors their own oxygen levels then return the device after 14 days. Assessments are undertaken virtually to enable practices to remain as a cold site (non-Covid); • Long Covid: symptoms include fatigue, pain and psychological issues – some of these patients are being seen by the fatigue service in the community. National funding had been made available via the Strategic Clinical Network for a Post-Covid Long Clinic to be set up in GM – MFT (Manchester Foundation Trust) would the lead provider but it would be available for Stockport patients. It was noted that this overview of services provided did not include the Covid-19 Vaccination programme. The Chair asked if services are on track. G Miller confirmed that services are on track but the challenge of continued pressure on primary care whilst managing existing services remains. S Woodworth highlighted the pressures on primary care with competing pressures and having to prioritise the services it delivers. He added that there is evidence that the Oximetry at home service does reduce mortality. Members **noted** the overview of Covid services that had developed in Stockport. D Dolman joined the meeting.	

8.3 Covid Vaccination Programme – Enhanced service and update	
G Edwards provided an overview of the work that had taken place to start implementing the Covid-19 Vaccination programme. There are seven designated sites – two will start on wave 2, five will start on wave 4 from 28 December 2020, but more likely to be from 4 January 2021; await further details. A Rolfe advised that two sites would be going live the following week and the remaining sites are likely to commence from 4 January 2020. It is expected that mass vaccination will commence at The Etihad campus in January 2021. Members agreed that this was a remarkable achievement, with multi-agencies working together to deliver the vaccination programme at short notice. The Chair commented that the priority should be the elderly and vulnerable. The Chair thanked G Edwards for her update.	
Performance	
9.1 Finance Report	
D Oldfield provided an overview of the CCG's financial performance as of 30 November 2020 and highlighted that: • Month 01 – 06 the CCG had received non-recurrent retrospective allocations to enable it to break even; • Month 07 – 12 a further retrospective non-recurrent allocation for the primary care delegated budgets was received: there would be an adverse variation of £21k reporting; • Quality and Outcomes Framework (QOF): £0.024m favourable variance as a result of the actual achievement for 2019/20 being lower than forecast; • Premises Cost Reimbursement: £0.056m adverse variance due to an increase in the cost of rent reimbursements and increase in clinical waste expenditure; • Other GP Services: Reimbursement payments to practices for locum cover - £29k; • PCNs – additional roles: received 60% of funding, 40% held centrally. It was noted that the PCN DES cannot be used for other purposes; • Adverse variance offset in anticipation of income. It was pointed out that the plans are at the expected stage for this time of year; plans are set for the second part of the year. In response to a question, D Oldfield reiterated that the favourable variance relates to 2019/20 – this had been carried forward into the second part of this year. A discussion took place as to whether QOF payments had been guaranteed to practice. P Stevens explained that not all of the QOF had been suspended for this year. It was further highlighted that these are just forecasts. G Edwards highlighted that Viaduct Care are working on progressing the additional roles allocated for primary care but as with all recruitment, this can	

take a few months to recruit.

The Chair questioned whether payments could be used this financial year for the expected income. M Cullen explained that Stockport would optimise resources available and has a duty to report to NHSE/I on how these resources are being utilised. If Stockport spends more than 60% of its allocation, it has to demonstrate that this funding is being spent responsibly. Some of the issues are out of their control such as recruitment due to the length of time taken to recruit.

A discussion took place on the process for recruiting to these additional roles and a question had been asked of NHSE/I as to whether any under-utilised funding earmarked for recruitment could be spent this year if recruitment was delayed for example – await response. G Henshaw added that the additional roles to be recruited to, to increase the workforce capacity in primary care would increase considerably by 2021/22.

The Chair thanked G Henshaw for her update.

9.2 Primary Care investment forward view

The Chair referred to the document circulated for approval and highlighted that P Stevens and S Woodworth would need to refrain from approving this document due to the conflict of interest as they both worked in practice.

G Miller provided an overview of the primary care investment to 31 March 2021. A significant part of this investment is nationally directed (non-recurrent). Stockport's allocation of the national funding is £762,963k but it needed to focus on supporting core resilience, oximetry and early identification of Long-Covid, supporting the most vulnerable people, including those with LD (Learning Disability).

Stockport CCG had agreed to allocate £152k of unspent primary care budgets to PCNs to support resilience up to March 2021. A letter from clinical directors, LMS and the CCG, outlining the additional funding would be circulated to all practices.

E Ince left the meeting.

The Chair sought assurance that allocating this unspent money would not breach any ring-fenced funding streams. G Miller reassured the Chair that this funding is not for ring-fenced streams but it is to be re-purposed to support PCNs to work together to deliver additional work such as the vaccination programme. G Henshaw affirmed these comments.

The Chair invited the primary care representatives to comment as to whether GPs are confident that they can deliver on the seven priority goals, some of which have been alluded to (identifying Long-Covid, Oximetry at home, increase capacity at practices, supporting vulnerable patients, reducing back-log of appointments, LD health checks, and back-fill for staff absences). S Woodworth commented that whilst priorities may change over the coming months, practices should be able to deliver to most of the goals dependent upon having the necessary workforce capacity at any one time.

P Stevens highlighted that practices would continue to do their best in delivering these additional services but reiterated that a lot of additional duties had been placed on staff such as the delivery of Covid vaccines. A Rolfe thanked primary care colleagues for their hard work. Following the roll-out of the vaccination programme, a de-brief would take place with staff to determine what learning is required for other areas. The Chair sought any further comments from members. RESOLVED: That Primary Care Commissioning Committee **Approve** the investment proposals for General Practice to the end of March 2021. A Rolfe added that in addition to these new challenges, daily calls are taking place on a national scale to receive Brexit updates. The main instruction for primary care was to not stockpile medicines. G Edwards provided an update on the recent practice merger; all the patients had been moved on to the same database. There are now 36 practices in Stockport; this figure had reduced from 50 practices five years ago. The Chair thanked G Edwards for her updates.	
Any Other Business	
10. The Chair conveyed the thanks of the Committee to all primary care colleagues, carrying out fantastic work in challenging circumstances and sent best wishes to members for Christmas.	
Meeting Governance	
Date and time of next meeting:	
Date, time and venue of next meeting: Wednesday 17 February 2021 15:00 – 17:00 pm, Virtual Meeting	

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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	04.12.19	6	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 17.02.21	Draft Policy to go through internal governance prior to being presented to the Committee

Primary Care Contractual Changes Update 2021/22

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Emma Ince / Gillian Miller		
Report From (Author):	Gale Edwards		
Date:	21st April 2021	**Agenda Item No:**	8.1
Previously Considered by:	Not previously considered		

Decision		**Assurance**		**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 on the contractual changes in relation to the PCN DES and GMS/PMS core general practice services contract for 2021/22.The report also covers the requirements and additional capacity funding to primary care for 2020/21 and the 2021/22.

Key points (Executive Summary):

NHS England & Improvements have made minimal changes to the contractual requirements for this year and have delayed implementation of planned new service specifications for the first half of year.

The new contractual changes for both the GMS/PMS and PCN DES includes some significant increases in funding for 2021/22 with the global sum payments increasing by 4% and QOF payments by 3.3% .

It will remain a priority to maintain and expand general practice capacity in order to support the ongoing response to COVID-19, tackle the backlog of care, and continue to support delivery of

the vaccination programme and NHSE&I have continued the support by providing additional funding from April to September 2021.

PCNs are being encouraged to make full use of their Additional Roles Reimbursement Scheme (ARRS) entitlements as soon as possible to expand their workforce and capacity.

Some temporary changes to the GP contract in England implemented in 2020 will continue under the pandemic regulations until 30 June 2021 including suspension of some contractual requirements such as reporting on family and friends test.

The quality and outcomes framework (QOF) income protection period ended at the 31st March 2021 and is reinstated with some minor changes this year.

There are plans to review delayed implementation services during the year taking account of the response needed for the pandemic.

NHSE&I introduced additional non recurrent capacity funding in November 2020 setting out seven priority goals and this has been extended until September 2021 as it still remains a priority to maintain and expand general practice capacity in response to the pandemic and vaccination programme.

Recommendation:

It is recommended that the Primary Care Commissioning Committee

a. Note the content of this report outlining the national contractual changes to the GMS/PMS contract and the PCN DES

b. Note that the delay of implementing some of the planned service specifications will be kept under review by NHS E&I in the first half of the year.

c. Note that the priority to maintain and expand general practice capacity in response to the pandemic and vaccination programme includes additional investment for the first half of the year.

d. Note the next steps

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Start well ,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 Reduce health inequalities faster Empower people to live well & proactively manage long-term conditions

	Support people to remain healthy and independent as long as possible Ensure people can access safe, high quality care when necessary Improve quality & safety of care Financial balance across the system Patients and their families will receive high quality support at the end of life

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 INTRODUCTION

1.1 This paper is to update the Primary Care Commissioning Committee on the recent contractual changes to the GMS/PMS contract and the PCN DES for 2021/22

1.2 NHSE&I have made minimal changes to the contractual requirements for this year in order to support the continued response of General Practice to the COVID-19 pandemic, including the vaccination programme. Current arrangements will remain under review and dependent on the progression of the pandemic and the progress of the COVID vaccination programme.

1.3 On the 31st March 2021 NHS England and NHS Improvements issued an updated service specification on the PCN Directed Enhanced Service guidance for 2021/22 applying from the 1st April 2021.

1.4 On the 9th November 2020 NHS England and Improvements issued a letter to CCG's and Primary Care 'SUPPORTING GENERAL PRACTICE – ADDITIONAL £150 MILLION OF FUNDING FROM NHS ENGLAND establishing a new General Practice Covid Capacity Expansion Fund **,** for the purpose of supporting the expanding general practice capacity up until the end of March 2021.

1.5 A further letter was published on the 19th March 'SUPPORTING GENERAL PRACTICE: ADDITIONAL £120m FUNDING FOR APRIL-SEPTEMBER 2021' as it remains a priority to maintain and expand general practice capacity in response to the pandemic and vaccination programme.

2.0 CONTRACTUAL CHANGES TO GMS/PMS CONTRACT 2021

2..1. Quality Outcomes Framework (QOF)

The QOF indicators for this year will be as set as in 2020/21 with some minimal changes including :

2..1.1. An increase in available QOF points moves from 567 to 635 points
2..1.2. Four new vaccination and immunisation indicators have been added to transferring from the childhood immunisation DES
2..1.3. Some minor changes specific to existing indicators for asthma and heart failure diagnostics
2..1.4. An increase in the SMI physical health check indicator set with a further investment to support the uptake of this cohort
2..1.5. A new cancer indicator for patients diagnosed with cancer in the last 12 months to receive support from primary care within 3 months of diagnosis.
2..1.6. The QI modules for learning disabilities and supporting early cancer diagnosis will continue with some slight changes to reflect the impact the pandemic has had on care.

2..2. Vaccination and Immunisation

The provision of routine vaccinations programme as an essential service instead of a DES as from the 1st April 2021 should be available to the whole practice population, rather than as an additional service in previous years, with five contractual standards underpinning delivery of the immunisation services. Two vaccine programmes will remain as enhanced service this year and includes:

2..2.1. The flu vaccination programme for adults and children
2..2.2. The Covid vaccination programme.

2..3. **New Enhanced Service**

The introduction of a new enhanced service on obesity and weight management introducing new measures to tackle obesity over the coming months is still to be confirmed as a contractual change.

3.0 CONTRACTUAL CHANGES TO PCN DES

3.1 **The additional roles reimbursement scheme (ARRS)** supporting PCN to expand the workforce is a key priority for primary care.

3.1.1 In October 2020 the additional roles were extended with the inclusion of Nursing Associates and Trainee Nursing Associates taking the total roles from ten to twelve. From the 1st April 2021 a further expansion of these roles to now also include paramedics, advanced practitioners (AHP) and mental Health practitioners (MHP)

3.1.2 PCN's will be able to have one full time aligned MHP who will be employed by Pennine Care Trust the local provider of mental health services, funding for the post will be an equal amount from both the providers. The practitioner will be supporting and working with the PCN full time and fully embedded in the provision of PCN services. Contractual arrangements are set out in the PCN DES for the PCN and the NHS standard contract for the community provider. For 2021/22 this role will be limited to one WTE per PCN increasing to two in 2022/23 and three by 2023/24.

3.1.3 There will no longer be limits on the number of first contact physiotherapist or pharmacy technicians that PCN's can employ per year.

3.1.4 Where a PCN employs a paramedic to work in primary care under the ARR Scheme, and the paramedic cannot demonstrate working at Level 7 capability in paramedic areas of practice or equivalent (such as advanced assessment diagnosis and treatment) the PCN must ensure that each paramedic is working as part of a rotational model with an Ambulance

Trust, in which they have access to regular supervision and support from clinicians signed off at clinical practice level 7.

3.1.5 An advanced practitioner reimbursement tier may apply to the following PCN roles, and will be reimbursed at band 8a:

- 3.1.5.1 Clinical Pharmacist
- 3.1.5.2 Physiotherapist
- 3.1.5.3 Occupational Therapist
- 3.1.5.4 Dietician
- 3.1.5.5 Podiatrist
- 3.1.5.6 Paramedic

3.1.6 This role will be limited to one Advanced Practitioner per PCN until the HEE advanced practitioner registration process has been established and implemented (this is expected by October 2021).

3.2 New services Specifications

The delayed implementation of the four new service specifications for the PCN DES originally due to commence in April 2021 until a further reviewed is undertaken in year and dependent on the prioritisation of the covid response needed. These include:

- 3.2.1 Tackling neighbourhood inequalities
- 3.2.2 Personalised care
- 3.2.3 Anticipatory care jointly with community providers
- 3.2.4 Cardiovascular disease diagnosis and prevention

3.3 **The investment and impact fund (IIF)** indicators will stay the same to that introduced in October 2020 with a phased approach to the introduction of any new IIF indicators for 2021/22. The learning disability health checks, flu and social prescribing indicators will continue in 2021/22.

3.4 Access

The planned transfer of the extended access (seven day services) for April 2021 is now delayed until April 2022 with the expectation that plans to transfer this service to PCN's are developed in year with a new service specification published in September 2021 by NHSE&I. The proposal is to combine the existing extended hours already within the PCN DES, and the existing extended access which is currently commissioned locally with the Stockport GP federation.

3.5 PCN Services Specifications

3.5.1 There will be no contractual changes to the Enhanced Health in care home (EHCH) specifications for 2021/22

3.5.2 There are some minor changes to the structured medication reviews (SMR) and the early cancer diagnosis service requirements for 2021/22 and include:

- 3.5.2.1 PCN's and practices should consider providing a SMR for patients if prescribed potentially addictive pain medication, now clarified as opioids, gabapentinoids, benzodiazepines and Z-drugs
- 3.5.2.2 PCN's are required to review and identify any specific actions to address unwarranted variation in cancer outcomes
- 3.5.2.3 PCN's are asked to consider sharing of capacity for cervical screening across the practices within their network.

3.6 Temporary contractual changes in 2020/21

The following temporary changes to the GP contract in England will continue under the pandemic regulations until 30 June 2021:

3.6.1 A suspension of the requirement that practices report to commissioners about the Friends and Family Test returns

3.6.2 A temporary suspension of the requirement for individual patient consent in certain circumstances, in order to encourage increased use of electronic repeat dispensing (eRD)

3.6.3 A continuation of the temporary increase in the number of appointment slots that practices must make available for direct booking by 111 to 1 slot per 500 patients per day.

3.7 **Digital Requirements**

NHSE&I have also indicated the core digital offer which all practices must provide to patients, and includes:

3.7.1 Practices offering online consultations that can be used by patients, support triage, enabling the practice to allocate patients to the right service for their needs

3.7.2 The ability to hold a video consultation between patients, carers and clinicians

3.7.3 Two-way secure written communication between patients, carers and practices

3.7.4 An up to date accessible online presence, such as a website, that, also links to online consultation system and other online services

3.7.5 Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications

3.7.6 Shared record access, including patients being able to add to their record

3.7.7 Request and management of prescriptions online

3.7.8 Online appointment booking

3.8 For online consultations and video consultations, practices will need to not only install online and video consultation tools but also use them ordinarily. Practices will be enabled with the tools and functionality, as part of CCG infrastructure responsibilities.

3.9 From April 2021 those practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement.

4.0 CAPACITY FUND

4.1 The November 2020 and March capacity fund allocations require general practice to support seven priority goals including :

4.1.1 Increasing GP numbers and capacity

4.1.2 Supporting the establishment of the simple COVID oximetry@home model.

4.1.3 The identification and support for patients with Long COVID 4.

4.1.4 The continuing support for clinically extremely vulnerable patients and maintaining the shielding list

4.1.5 To continue to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations

4.1.6 To make significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 as set out in the inequalities annex to the third system letter.

4.1.7 The potential of offering backfill for staff absences where this is agreed by the CCG, in meeting demand, and the individual is not able to work remotely.

4.2 Stockport CCGs have agreed the allocation to primary care for the November 2020 funding and a paper was shared with the primary care commissioning committee at the December meeting. The capacity funding for 2021/22 is still to be agreed with general practice over the coming months but will be subject to the same seven priority goals as set out above.

5.0 FINANCIAL

The new contractual changes for both the GMS/PMS and PCN DES includes some significant increases in funding for 2021/22 as follows:

5.1.1 The additional roles reimbursement scheme will increase nationally from £430m to £746m based on weighted list size of the PCN.

5.1.2 The Investment and Impact fund will increase nationally from £24.25m (amended in 2021/21 due to pandemic) to £150m payable on achievement of indicator performance and reinvested in developing PCN services and workforce.

5.1.3 A full year's premium of £120 per CQC registered care home bed based on number of beds in a care home and not occupancy. There is no increase in this premium to the previous year but just includes a full years premium following introduction in October 2020.

5.1.4 A further investment of £24m nationally into QOF from April 2021 in order to strengthen the serious mental illness (SMI) physical health check indicator set and support uptake

5.2 In 2020/21 as part of supporting the pandemic response NHSE&I provided the following financial support to general practice

5.2.1 Pausing and redeployment of resources with income protection for the QOF, DES and LES services

5.2.2 Additional funding of £763k COVID-19 Capacity Expansion Fund for Stockport practices for the period November 2020 to March 2021 including 100% funding support for PCN Clinical Directors for the last quarter (£10m/month) where PCNs are participating in the vaccination programme.

5.3 For 2021/22 NHSE&I are providing further non-recurrent funding to support general practice Covid Capacity through the expansion fund for the period from 1 April to 30 September 2021 of ~£610k for Stockport general practice

5.0 RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee

5.1 Note the content of this report outlining the national contractual changes to the GMS/PMS contract and the PCN DES

5.2 Note that the delay of implementing some of the planned service

specifications will be kept under review by NHS E&I in the first half of the year.

5.3 Note that the priority to maintain and expand general practice capacity in response to the pandemic and vaccination programme includes additional investment for the first half of the year.

5.4 Note the next steps

6.0 NEXT STEPS

6.1 The CCG to provide support where needed to PCNs in Stockport to undertake recruitment under the additional roles reimbursement scheme as recommended by NHSE&I. The CCG training and development primary care team are currently liaising with PCN's on the HR offer of support for any ARRS related matters as provided by Greater Manchester partnership.

6.2 The continued support from the CCG Mental health team in facilitating the development a service level agreement (SLA) between Pennine Care (mental health community provider) and Stockport PCN's in developing the mental health practitioner role and recruitment.

6.3 CCG and primary care agreement and allocation of the additional capacity expansion funds to support the delivery of the seven priority goals for April 2021 to September 2021.

8.0 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:	National Contracts							
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						

Publications approval reference: C1216

Copy: ICS leads

An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here:
https://www.england.nhs.uk/coronavirus/primary-care

19 March 2021

Dear CCGs and GPs,

SUPPORTING GENERAL PRACTICE: ADDITIONAL £120m FUNDING FOR APRIL-SEPTEMBER 2021

Thank you for the work you have done, and continue to do, to support the response to the pandemic, including the successful delivery of the COVID-19 vaccination programme alongside wider patient care. The work of general practice is greatly valued and appreciated.

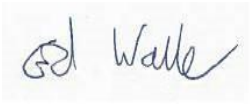
It remains a priority to maintain and expand general practice capacity in order to support the ongoing response to COVID-19, tackle the backlog of care, and continue to support delivery of the vaccination programme. That must include making full use of PCN entitlements under the Additional Roles Reimbursement Scheme, with an objective of 15,500 FTE roles in place by the end of the year, as well as ensuring active support for GP recruitment and retention initiatives.

To provide further support to general practice at this critical moment, we are extending the General Practice Covid Capacity Expansion Fund for the period from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September. The funding is non-recurrent and should not be used to fund commitments running beyond this period.

The conditions attached to the allocation and use of this funding are as set out in the initial *General Practice Covid Capacity Expansion Fund* letter of 9 November 2020, and systems are expected to use the funding to make further progress on the seven

priorities identified in that letter. Though this funding is not allocated to support COVID-19 vaccination directly, we expect systems to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.

With our appreciation and thanks for everything you are doing.



Ed Waller
Director of Primary Care,
NHS England and NHS Improvement

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

NHS
Stockport
Clinical Commissioning Group

Delegated Commissioning Internal Audit Review Final Report

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Emma Ince		
Report From (Author):	Gale Edwards		
Date:	21st April 2021	**Agenda Item No:**	8.3
Previously Considered by:	Not previously considered		

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 the final report of the audit undertaken by MIAA assurance internal auditors including action to be implemented and timelines.

Key points (Executive Summary):

The function of the MIAA audit is to gain assurance that the NHSE's statutory primary medical care functions are being carried out effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement. The audit was undertaken as part of the 2020/21 internal audit plan with the focus on the Commissioning and Procurement of Primary Medical Services Review

Stockport CCG has provided '**Substantial Assurance'** of compliance to the requirements

The review confirmed that the CCG has arrangements in place to exercise its primary medical care commissioning function and in accordance with the NHS England Delegation Agreement; The report makes recommendations and timescales for actions to be implemented.

Recommendations and actions agreed are that:

1. The CCG should document evidence of consultation of patients and carers when designing and approving Directed Enhanced Services and Local Incentive Schemes. Operational Effectiveness. The auditors noted that providers are involved in agreeing DES & LIS services specifications and amounts to be paid through contract negotiations. However, there was no evidence of consultation of patients, carers when designing and approving the same DES and LIS.

2. The CCG have agreed that an engagement plan will be developed with the CCG's Head of Communications and Engagement, with an agreed process of engagement with patients and carers when designing and approving Directed and Local Enhanced Services by the end of May 2021.

Recommendation:

It is recommended that the Primary Care Commissioning Committee

a. Note the content of this report outlining the action required and the agreed implementation timescales

b. Note that Stockport CCG has provided 'Substantial assurance' of compliance to the requirements for the Commissioning and Procurement of Primary Medical Services in discharging NHSE's statutory primary medical care functions effectively.

c. Note that achievement of 'Substantial assurance' gives assurance that there is a good system of internal control in Stockport CCG that is designed to meet the system objectives, and that controls are generally being applied consistently

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Start well ,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 Reduce health inequalities faster Empower people to live well & proactively manage long-term conditions Support people to remain healthy and independent as long as possible Ensure people can access safe, high quality care when necessary Improve quality & safety of care Financial balance across the system

	Patients and their families will receive high quality support at the end of life

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]*

Primary Medical Care Commissioning and Contracting: Commissioning and Procurement of Primary Medical Services Review

Final Report 2020/21

NHS Stockport Clinical Commissioning Group

Contents

1. Introduction and Background

NHS England (NHSE) became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen the Clinical Commissioning Groups (CCGs) invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements. From 1st April 2019, 96% of CCGs have fully delegated commissioning arrangements.

From 18/19 there was a requirement by NHSE that there should be an internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this was to provide information to CCG's that they are discharging NHSE's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

In order to support this, a Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. This was to be delivered as a 3-4 year programme of work and was to focus on the following areas:

- Commissioning and Procurement of Services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance (common to each of the above areas)

This review of the programme covers Commissioning and Procurement of Primary Medical Services. The review of Primary Care Finance is being carried out concurrently, completing the required programme.

The ongoing response to the COVID-19 emergency situation requires NHS organisations to operate in a different way to 'business as usual' practice. We recognise this and as appropriate have adjusted our approach to this review to take account of changes to working practice as a result of the pandemic response.

2. Objective

The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function **(Commissioning and Procurement of Primary Medical Services)** of NHS England as set out in the Delegation Agreement.

3. Executive Summary

The overall assurance rating is provided as per the NHSE guidance. A comparison of NHSE and MIAA assurance ratings is at Appendix B.

One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk

Substantial Assurance

The following provides a summary of key themes:

Sub Objective	Key Themes
Planning the provision of primary medical care services in the area	The review confirmed that the CCG conducted a formal planning process covering the services to be provided for 20/21. This started by the engagement of stakeholders in Dec 2019. The parties identified were as follows: CCG Leadership Team; CCG Clinical Reference Group; Informal Governing Body; Network CDs; Local Medical Council (LMC); Viaduct Care; Community Services; SFT & Stockport Metropolitan Borough Council leadership. Internally the plan was considered by the following governance arrangements to ensure compliance with laid down processes: CCG Strategy & Planning Committee; CCG Primary Care Commissioning Committee; and CCG Clinical Reference Group. The Governing Body provided the final sign off. Externally Engagement sessions were conducted with: • Practices & LMC; • CCG Community staff; System Partners; and Patients & Public. This was conducted in January 2020. In February 2020, the draft plan was circulated to: • CCG Governing Body, • Member practices and key stakeholders; • Health & Wellbeing Board; and • Health Partnership Board. It was also confirmed that the CCG was working closely with the Primary Care Networks (PCNs) in developing the Directed Enhanced Services (DES).

	The Primary Care Needs Assessments were reflected in the GP Development Scheme of the CCG. Following all these consultations, the CCG Governing Body signed off the Primary Care Commissioning Plan and the delivery projects were due to start in April 20. However, it is noted that due to the onset of the Covid 19 pandemic in March 20, all delivery plans were suspended as resources were aligned to the responses to Covid 19. It was concluded the CCG had appropriate consultations and engagement with stakeholders in the planning processes for the provision of Primary Medical Care Services.
Processes adopted in the procurement of primary medical services	The CCG and NHSE have a delegation agreement which sets out the services to be provided. The CCG has, under its constitution, established the PCCC to oversee the processes to be adopted in the procurement of primary care medical services. The review confirmed the terms of reference of the PCCC has under section 11, responsibility for making collective decisions on the review, planning and procurement of primary care services in Stockport, under delegated authority from NHS England. In order to deliver its responsibilities, the PCCC developed their annual work plan which informs their annual agenda of work to be considered by the committee and provide assurance to the Governing Body of the CCG. One of the work streams on that agenda is the approval of the arrangements of the procurement of primary medical services. For the year under review, the PCCC considered and approved service specifications covering: • The GP Development Scheme; • GM Standards; • Signposting and Navigating; • Shared Care for Amber Drugs; • Flu for Adults; and • Safeguarding. The service specifications were incorporated into the GP contracts for the year. Monetary allocations for each element

	were considered and approved and all the GP Practices within Stockport signed up contracts for the provision of the services. It was concluded that the CCG has appropriate processes for the procurement of primary medical care services.
Involvement of patients / public in commissioning and procurement decisions	The review confirmed that the CCG have an Involvement and Engagement Strategy 2019-21 which sets out the approach, principles and recommendations for ensuring meaningful involvement with local communities, individuals and representative groups in shaping health and care services and ensuring person-centre care. It was noted that the delegated services commissioned for 2021 were mainly rollovers from the previous year that were refreshed to take account of latest provisions which needed to be included in Primary Care contracts. The CCG has a process for involving the patients / public in commissioning and procurement decisions. The Procurement Policy outlines that, where appropriate or required by statute, proportionate consultation and/or engagement with patients and the public will be undertaken to inform the review, development and commissioning of NHS services. In developing a new or reviewing a commissioned service this is supported by the impact Assessment and Engagement Tool and Equality, Quality and Data Impact Assessments which help shape the form of engagement undertaken. Investments are also subject to Business Case appraisal process using standard templates. Approval thresholds are set in line with the CCG Scheme of Delegation. It was noted that post Covid pandemic, the CCG has developed the Stockport CCG Service Restart Communications and Engagement Plan and the accompanying action plan, which explains objectives, approach to achieve these and schedule of engagement. The CCG have also included details on their website under the banner “have your say – reopening health services Covid19”. There is another link on the website through to another page to help residents to stay safe during these continuing to be

	challenging times and guide people through the changes to the way services have been provided across all local health services. In addition, the CCG also co-produced the One Stockport Survey with the Local Authority which sought to understand the attitudes and priorities of residents following the initial lifting of restrictions in July last year.
Commissioning of Directed Enhanced Services and any Local Incentive Schemes	The review confirmed that service specifications for Directed Enhanced Services (DES) & Local Incentive Schemes (LIS) are in place and are part of contracts signed up to by GP Practices with contract values agreed. It was noted that providers are involved in agreeing services and amounts to be paid through contract negotiations. However, there was no evidence of consultation of patients, carers when designing and approving DES and LIS service specifications. (**Recommendation 1 Medium Risk)** During the year under review, it was noted that some services such as alignment with Care Homes in service delivery were introduced in response to Covid and these were approved by the PCCC. Payment alignment to performance validation was impacted by the Covid 19 pandemic and directives from NHSE which provided for less engagement with frontline service providers. However, primary care payments were being monitored and reported to PCCC. The PCCC continued to approve special payments such as the GP Bank Holiday Payments and GP Retainer payments. Any reasonable expenditure incurred by practices in response to the Covid pandemic were to be reimbursed by NHSE. Operationally, performance monitoring was scaled down so that there would be less demand on the practices resources so that maximum resource could be directed to the Covid response. The review noted that service delivery for DES & LIS are monitored by the Primary Care Quality Group (PCQG) which reports to the PCCC. The PCQG has formal terms of reference and formal minutes are maintained. A review of the agenda and minutes of the PCQG confirmed that there is appropriate monitoring and performance of primary care with

	systematic processes to ensure delivery of high standards across Stockport. The PCQG consider relevant information pertaining to quality measures, identify good practice as well as areas where quality improvement needs to occur. The PCQG provide assurance to the PCCC. The GP Practices are assessed for quality, safety and performance through a range of methodologies, with governance arrangements including soft intelligence and data received through the Tableau information system. Where quality visits identify areas for improvement or following a CQC inspection where practices require improvements, the CCG provides support in ensuring action plans are completed.
Commissioning response to urgent GP practice closures or disruption to service provision	The CCG has a policy in place for list closures. A review of the policy confirms that it covers the processes for ensuring support for GP Practices that are expected to take the extra load and also the welfare of the patients so that their confidentiality and healthcare are not compromised. The review confirmed that the process is initiated by the practice formally advising the CCG of their intention and making a formal application to close the practice. A full Equality Impact Assessment (EIA) will then be conducted by the CCG. During the pandemic, registered patients were being reached through a survey to establish their preferred choices. From the records of the meetings of the PCCC, it was confirmed that they have a standing agenda item for considering "Notification of any applications of practice mergers/ closures". Under this agenda item they consider and approve all mergers or list closures in line with their mandate. As noted above, the PCCC will ensure that appropriate support is provided to the GP Practices who take the extra load following a list closure.

4. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Core Elements	Critical	High	Medium	Low	Total
Planning the provision of primary medical care services in the area	0	0	0	0	0
Processes adopted in the procurement of primary medical services	0	0	0	0	0
Involvement of patients / public in commissioning and procurement decisions	0	0	0	0	0
Commissioning of Directed Enhanced Services and any Local Incentive Schemes	**0**	**0**	**1**	**0**	**1**
Commissioning response to urgent GP practice closures or disruption to service provision	0	0	0	0	0
	0	**0**	**1**	**0**	**1**

5. Recommendations

Commissioning of Directed Enhanced Services and any Local Incentive Schemes	
1. Consultation of Patients and Carers in designing and approving DES & LIS	**Risk Rating: Medium**
Operational Effectiveness	
Issue Identified – It was noted that providers are involved in agreeing DES & LIS services specifications and amounts to be paid through contract negotiations. However, there was no evidence of consultation of patients, carers when designing and approving the same DES and LIS.	
Specific Risk – Failure to improve the health care of communities served.	
Recommendation – CCG should document evidence of consultation of patients and carers when designing and approving Directed Enhanced Services and Local Incentive Schemes.	
Management Response (Remedial Action Agreed) – An engagement plan will be developed with the CCG's Head of Communications and Engagement, with an agreed process of engagement with patients and carers when designing and approving Directed and Local Enhanced Services,	
Responsibility for Action – Gale Edwards	
Deadline for Action – 31st May 2021	

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.

Appendix A: Terms of Reference

The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function **(Commissioning and Procurement of Primary Medical Services)** of NHS England as set out in the Delegation Agreement.

Limitations inherent to the internal auditor's work

We have undertaken the review subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment is that at February 2021. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or

The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Appendix B: Assurance Definitions and Risk Classifications

MIAA Definitions		NHSE Definitions	
Level of Assurance	**Description**	**Level of Assurance**	**Description**
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	Full	The controls in place adequately address the risks to the successful achievement of objectives; and, The controls tested are operating effectively.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	Substantial	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or, One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.		
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.	Limited	The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or, A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	No	The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or, The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
High	Control weakness that has or could have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Appendix C: Report Distribution

Name	Title	Report Distribution
Gale Edwards	Commissioning Lead Primary Care	Draft & Final Report
Gillian Miller	Deputy Director of Commissioning	Draft & Final Report
Michael Cullen	Chief Finance Officer	Final Report
David Dolman	Deputy Chief Finance Officer	Draft & Final Report
Paul Lewis-Grundy	Deputy Director of Corporate Affairs	Draft & Final Report
Lucy Cunliffe	Corporate Affairs Manager	Final Report

Review prepared on behalf of MIAA by

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Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

MIAA would be grateful if you could complete a short survey using the link below to provide us with valuable feedback to support us in continuing to provide the best service to you. https://www.surveymonkey.com/r/MIAA_Client_Feedback_Survey

NHS
Stockport
Clinical Commissioning Group

PCCC Finance Report for the period ending 31st March 2021 - Month 12 (Provisional)

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	21 April 2021	**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 31 March 2021.
Key points (Executive Summary):
The provisional outturn for the Primary Care Delegated Budget is an adverse variance of £0.060m
Recommendation:
(i) **Note** the provisional outturn position is an adverse variance of £0.060m.

Aims and Objectives:	
Which Corporate aim(s) is / are	Lead Well

supported by this report:	
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 31 March 2021

Under the financial regime 1 April 2020 to 30 September 2020 the CCG received non-recurrent retrospective allocations to enable a break even position. Retrospective non-recurrent allocations were no longer available under the financial regime 1 October to 31 March 2021 and as at 31 March 2021 the CCG is reporting a provisional adverse variance of £0.060m.

In March the CCG submitted a return for Additional Roles Reimbursement (ARRs) to draw down £0.455m from the £0.869m (40%) of ARRs funding held centrally as the CCG only received £1.290m (60%) within 21/22 allocations. The return submitted was based on the M11 ARRs forecast of £1.745m and the CCG has received the additional £0.455m funding requested in full.

The financial position for 20/21 is summarised in Appendix 1 where the following significant variances to budget are detailed:

Quality and Outcomes Framework (QOF) – £0.096m adverse reflects forecast QOF achievement.

Minor Surgery – £0.110m favourable variance as a result of activity being lower than planned in Q2 and Q3 due to COVID. Practices received an income protection payment for Q1 and Q4 20/21.

Premises Healthcentre Rent - £0.200m adverse variance is due to an increase in the cost of rent reimbursements following rent reviews.

Other GP Services - an adverse variance of £0.073m mainly relates to reimbursement payments to practices for locum cover for sickness leave being higher than planned.

NHS Property Services – a favourable variance of £0.133m resulting from the settlement of prior year invoices disputed with NHS Property Services.

3.0 21/22 Operational Planning

Guidance on finance and contracting arrangements for the first half (H1) of 2021/22 was published on 25 March 2021 with further details and clarifications still being received.

The current financial regime will be carried forward into H1 21/22 with system funding envelopes based on the second half (H2) 2020/21 adjusted for growth which includes GP contract changes and policy priorities.

Total H1 21/22 allocation received is **£22.549m**

Delegated Primary Care	£21.060m
Growth	£ 1.489m
Total Delegated Primary Care	£22.549m

The General Practice COVID Capacity Expansion Fund allocation estimated to be £0.610m, being the CCGs share of £120m national funding, is in addition to the notified allocations above.

The H1 21/22 expenditure will be based on the latest published GP contract changes and January 2021 list sizes.

4.0 Next Steps

H1 21/22 planning is ongoing and a detailed expenditure plan will be presented for approval at a future meeting.

5.0 POTENTIAL IMPLICATIONS

Potential Implications:								
Financial Impact:	Non-Recurrent Expenditure							
	Recurrent Expenditure	The finance implications are identified in the paper						
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A		
Performance Impact:	Reporting a provisional £0.060m adverse variance to budget.							
Quality and Safety Impact:	*N/A*							
Compliance and/or Legal Impact:	Reporting in compliance with national guidance in response to Covid19 pandemic							

Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	✓
	If Not Applicable please explain why						

Appendix 1 – Financial Summary as at 31 March 2021

Service Line		Annual Budget £m	Forecast £m	Variance £m
General Practice - GMS		**£11.565**	**£11.566**	**£0.001**
	Global Sum	£11.565	£11.566	**£0.001**
General Practice - PMS		**£16.248**	**£16.243**	**(£0.005)**
	Contract Value	£16.248	£16.243	**(£0.005)**
QOF		**£4.495**	**£4.591**	**£0.096**
	QOF Aspiration	£3.197	£3.198	**£0.001**
	QOF Achievement	£1.298	£1.393	**£0.095**
Enhanced services		**£3.947**	**£3.916**	**(£0.031)**
	DES - Individual Practice Payments			
	Learn Dsblty Hlth Chk	£0.120	£0.186	**£0.066**
	Minor Surgery	£0.391	£0.282	**(£0.110)**
	Violent Patients	£0.109	£0.075	**(£0.034)**
	PCN-Participation	£0.548	£0.548	**£0.000**
	Primary Care Network DES - 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	£1.097	£1.147	**£0.050**
	PCN-Social Prescribing	£0.001	£0.002	**£0.002**
	PCN DES Pharmacy technicians	£0.087	£0.087	**(£0.000)**
	PCN-Physiotherapist	£0.560	£0.554	**(£0.006)**
	PCN DES Nursing Associate	£0.001	£0.001	**£0.001**
Premises Cost Reimbursement		**£3.536**	**£3.714**	**£0.178**
	Prem Clinical Waste	£0.053	£0.079	**£0.026**
	Prem Notional Rent	£1.071	£1.054	**(£0.018)**
	Prem Rates	£0.412	£0.381	**(£0.031)**
	Prem Water Rates	£0.065	£0.066	**£0.001**
	Prem Healthcentre Rent	£1.614	£1.813	**£0.200**
	Prem Actual Rent	£0.321	£0.321	**(£0.000)**
Other Premises Cost		**£0.011**	**£0.006**	**(£0.006)**
	Prem Other	£0.011	£0.006	**(£0.006)**
Dispensing/Prescribing Drs		**£0.298**	**£0.265**	**(£0.032)**
	Prof Fees Prescribing	£0.298	£0.265	**(£0.032)**
Other GP Services		**£0.760**	**£0.833**	**£0.073**
	Legal / Prof Fees	£0.017	£0.017	**£0.000**
	CQC	£0.203	£0.165	**(£0.038)**
	PCO Locum Adop/Pat/Mat	£0.397	£0.381	**(£0.016)**
	PCO Locum Sickness	£0.043	£0.156	**£0.113**
	PCO Locum Susp Drs	£0.000	£0.000	**£0.000**
	Sterile Products	£0.004	£0.004	**£0.000**
	PCO Doctors Ret Scheme	£0.020	£0.046	**£0.026**
	Translation Fees	£0.063	£0.059	**(£0.004)**
	Delivery	£0.000	£0.000	**£0.000**
	Healthcare Foundation Trust	£0.009	£0.004	**(£0.005)**
	Indemnity	£0.004	£0.000	**(£0.004)**
Reserves	Reserves	**£0.000**	**£0.000**	**£0.000**
Business Rules / General Reserves	Business Rules / General Reserves	**£0.000**	**£0.000**	**£0.000**
Primary Care Investments	Primary Care Investments	**£0.000**	**£0.000**	**£0.000**
Total PCR Excl Non Del PRC Scheme & Pass through costs		**£40.860**	**£41.134**	**£0.274**
Non-Delegated PRC Schemes	Non Delegated PRC Schemes	**£1.801**	**£1.780**	**(£0.021)**
Non-Delegated PRC Schemes	Covid-19	**£0.890**	**£0.830**	**(£0.060)**
Non-Delegated PRC Schemes	Covid-19 - Expansion Funding	**£0.763**	**£0.763**	**(£0.000)**
	NHS Property Services	£0.678	£0.545	**(£0.133)**
Total PRC Cost Centre		**£44.992**	**£45.052**	**£0.060**

Primary Care Commissioning Committee Work Plan 2021-22

Agenda Item / Issue	17 February 2021	14 April 2021	16 June 2021	18 August 2021	13 October 2021	8 December 2021	16 February 2022
Governance							
Welcome and Apologies	X	X	X	X	X	X	X
Declaration of Interest	X	X	X	X	X	X	X
Approval of the Minutes of the previous Meeting	X	X	X	X	X	X	X
Action Arising	X	X	X	X	X	X	X
Notifications of items for any other business	X	X	X	X	X	X	X
Items of Business							
Opening Items							
Updates: • Primary care issues & update • NHSE update	X	X	X	X	X	X	X
Primary Care Development							
Decisions in relation to the commissioning, procurement and management of PMS, and APMS Contracts including the issue of branch/remedial notices and removing a contract (GP contracts), including: • GP Contract changes • GP Retention Scheme (as and when)	X	X	X	X	X	X	X
Decisions in relation to National Enhanced Services Local Directed	X						X
Decisions in relation to Nationally Funded Local Incentive Schemes (including the design of such schemes) as an alternative or in addition to the Quality Outcomes Framework (QOF)	X			X			X

Agenda Item / Issue	17 February 2021	14 April 2021	16 June 2021	18 August 2021	13 October 2021	8 December 2021	16 February 2022
Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices – as and when	X		X	X	X	X	X
The approval of practice mergers	X		X	X	X	X	X
Decisions about 'discretionary' payments – as and when	X		X	X	X	X	X
Decisions about commissioning urgent care (including home visits as required) for out of area registered patients – as and when	X		X	X	X	X	X
Agreement of Network contract DES participation submission		X					
Performance							
Undertaking reviews of primary medical care services in the CCG's area of responsibility including external assessments: • Update Report (i) Current issues and outputs from Primary Care Quality Board (ii) Report of PCN Networks & Directors • Report on Achievement of Standards in Primary Care	X		X	X	X	X	X
Receipt of outcomes from Mandatory Internal Audit Reports (as and when)	X		X	X	X	X	X
Receipt of outcomes of GP Patient Survey (as and when)	X		X	X	X	X	X
Receipt of outcomes of CQC reviews of GP practices (as and when)	X		X	X	X	X	X
Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (as and when)	X		X	X	X	X	X

Agenda Item / Issue	17 February 2021	14 April 2021	16 June 2021	18 August 2021	13 October 2021	8 December 2021	16 February 2022
Finance							
Management of the Delegated Funds for the area: Finance Report, including • Financial Position • QOF Payments • Planning Assumptions for the coming year	X	X	X	X	X	X	X
Estates Strategy for Primary Care				X			
Premises Costs Directions functions, including: • Premises Improvement Grant applications (as necessary)	X	X	X	X	X	X	X
Risk							
Review of Relevant Risk Register entries				X	X	X	X
Quarterly review of relevant BAF extract	X		X		X	X	X
Committee Effectiveness							
Review of committee effectiveness and annual report to Audit Committee	X						X
Agreement of Annual Work Plan	X			X			X
Committee Terms of Reference Update						X	

The Committee's work will specifically exclude the following functions as reserved to NHS England in Schedule 2 of the Delegation Agreement:

- management of the national performers list;
- management of the revalidation and appraisal process;
- administration of payments in circumstances where a performer is suspended and related performers list management activities;
- Capital Expenditure functions;
- section 7A functions under the NHS Act;
- functions in relation to complaints management;
- decisions in relation to the Prime Minister's Challenge Fund; and
- such other ancillary activities as are necessary in order to exercise the Reserved Functions.

NHS
Stockport
Clinical Commissioning Group

End of Documentation Pack