NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	**16 June 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 (21 April 2021)	Attached	To approve	Chair	15:00
5.	Matters Arising / Actions from previous meeting	Attached	To approve	Chair	15:05
Standing Items					
6.	(i) Primary Care Updates (ii) Demand & Capacity challenges in General Practice • BBC News Report	Verbal Verbal	To discuss To discuss	SWo PS	15:10
7.	Notification of any GM updates	Verbal	For information	GM representative	15:40
Primary Care Development					
8.1	Review of Local Enhanced Services – forward view	Verbal	For information	GE	15:50
8.2	PCN Covid Vaccination programme update	Verbal	Assurance	AR	16:05
8.3	Primary Care Quality update	Attached	Assurance	AR	16:15

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.	Finance Report for period ending 31 May 2021 – month 2	Attached	Assurance	DD/DO	16:30
Any Other Business:					
10.	(i) Chairs' update: ICS for primary care (ii) Masterclass	Verbal Verbal	For Information	Chair SWo	16:45
Date and time of next meeting:					
	Wednesday 18 August 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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Clinical Commissioning Group

Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 21 April 2021
15:00 –16:12 pm, Microsoft Teams

Present:

Anita Rolfe	Executive Nurse (CCG)
Don Phillips	Lay Member for Patient & Public Involvement, (CCG)
Gail Henshaw	NHS England/Improvement
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	Senior Commissioning Lead, Primary Care (CCG)
Gillian Miller	Deputy Director of Commissioning (CCG)
Paul Lewis-Grundy	Deputy Director of Corporate Affairs (CCG)
Dr Simon Woodworth	Medical Director, (CCG)

Apologies:

David Kirk	Healthwatch
Michael Cullen	Chief Finance Officer (CCG)

Meeting Governance	Action
1. Welcome & Apologies	
Apologies were received from D Kirk and M Cullen.	
2. Notification of Any Other Business	
The Chair had one additional item of business to provide an update for the Committee.	
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.	

P Stephens would declare an interest as appropriate during the meeting due to him working for a practice within Stockport.	
4. Minutes from previous meeting (16 December 2020)	
The minutes of the previous meeting held on 16 December 2020 were approved as an accurate record.	
5. Action Log from Previous Meeting	
029/4.12.19: G Miller reported that the CCG Policy regarding practice closures had been reviewed in line with national and local specifications and GM (Greater Manchester) best practice. The Policy reflected that since July 2019 practices that had signed up to a network DES (Directed Enhanced Service) could not close for half a day a week without prior approval from the CCG. Practices could close for half a day a month for training purposes or exceptional circumstances with approval from the CCG. It was acknowledged that due to Covid, practices were working differently and the Policy would need reviewing again. G Edwards would review the Policy and circulate a copy to P Stevens as a member of the LMC (Local Medical Committee) prior to it being circulated to all practices. An update would be provided at the next time. **Remain on the log.** Item 7 was brought forward on the agenda.	
Standing Items	
6. Notification of any GM updates	
G Henshaw commended the work that had taken place for the speedy rollout of the vaccination programme across GM for cohorts 1 – 9; 84.9% of patients in cohorts 1 – 9 had been vaccinated (1.6m doses delivered across GM). Assurance had been received that there was sufficient capacity for the delivery of the second dose. The next phase of the vaccination programme involved cohorts 10 – 12 (ages 18 – 49). As a number of PCNs (Primary Care Networks) had not signed up to deliver vaccines for these cohorts, alternative arrangements were being put in place such as using community pharmacy providers. A further update on contractual changes had been included in the paper circulated for item 8.1. The contractual legislative changes came into effect on 1 April 2021; plans are in place for variations to go out to practices. D Phillips questioned why GPs would not want to continue to deliver the vaccines for the next cohorts. A Rolfe highlighted the pressure put on practice staff to deliver the vaccines and all the other changes due to Covid and it was important that all available workforce is utilised to support the delivery of the vaccines. Community pharmacies would be utilised. This would also enable practices to recommence some business as usual work before the onset of the flu vaccination programme and possible booster jabs	

for Covid later in the year.	
7. Issues affecting Primary Care	
G Miller reiterated that GPs would continue to deliver the second vaccines for cohorts 1 – 9 but there would be further activity focused on the restoration of services. QOF (Quality Outcomes Framework) would be reinstated for practices. The CCG had commissioned hot clinics (Covid) and also clinics for patients experiencing Long Covid symptoms; practices are reporting seeing increasing numbers of patients experiencing Long Covid symptoms. It was also acknowledged that practices are reporting being very busy. S Woodworth joined the meeting. S Woodworth reiterated the earlier comments that primary care is stretched again. The change to video and telephone consultations had meant more appointments were being delivered and in addition to running the vaccination programme, there are increased demands on primary care. D Phillips commented that there had been a 10% upward shift in the QOF target and asked whether this was achievable and was advised that until funding was confirmed for the second part of the year, it would be difficult to respond to this. P Stevens commented that there had been movement with other indicators; this issue would be considered in the next paper on the agenda (item 8.1).	
Primary Care Development	
8.1 Primary Care Contractual changes 2021-22	
G Edwards provided an overview of the contractual changes for 2021-22 for primary care and pointed out that there had been minimal changes to the GM and PCN DES (Direct Enhanced Service) due to the response to Covid. P Stevens and S Woodworth declared an interest in this discussion. As the item was for information and would not go into detail for individual practices, it was agreed they could participate in the discussion. The key highlights from the paper included: • There had been a significant funding increase in ARRS (Additional Role Reimbursement Scheme) from April to September 2021 in order to support the ongoing response to Covid, tackle the backlog of care and continue to support the delivery of the vaccination programme; • Four new vaccination and immunisation indicators had been added, transferred from the childhood immunisation DES; • There had been minor changes to existing indicators for asthma and heart failure; • There had been an increase in the indicator for SMI (Severe Mental Illness) physical health checks with further investment for this cohort of patients; • The indicators for learning disabilities (LD) would continue;	

- There is a new cancer indicator for patients diagnosed with cancer in the last 12 months to receive support from primary care within three months of diagnosis;
- Some indicators had been delayed for the first six months of the year (friends and family and the 111 service being able to book a GP appointment);
- Four service specifications had been delayed until later in the year:
    - Tackling neighbourhood inequalities
    - Personalised care
    - Anticipatory care jointly with community providers
    - Cardiovascular disease diagnosis and prevention
- The level of funding had been maintained to enable PCNs to expand the workforce.

P Winrow acknowledged that further clarity was required on future funding allocations but asked whether the funding allocated to Stockport would be sufficient to enable practices to do this work.

D Dolman commented that a detailed budget plan would be brought back to the Committee highlighting any pressures, when more information is known. The priority is to get the ARRS funding out to practices to enable them to recruit additional workforce. The paper presented reflects the national position; each individual organisation will need to work through the detail.

P Stevens pointed out that whilst childhood immunisation had transferred the threshold for immunisation is now set at 95% where previously it had been set at 90%.

G Miller expressed caution with the news that there had been a significant uplift in funding for ARRS as the recruitment to these new roles in practices such as mental health practitioners will be drawn from the same pool of professionals across the country and there is a national shortfall in this profession. Discussions are taking place with PCN Clinical Directors to have a coordinated approach to recruitment.

P Stevens acknowledged these recruitment challenges and added that PCNs will not see the impact until these posts are recruited to and embedded.

The Chair noted the focus on physical health checks for SMI or LD patients and asked whether there is any way of measuring whether GPs are picking up other conditions during these checks, whether this is anecdotally or recorded.

S Woodworth commented that the outcomes for these health checks will not be realised until 15 – 20 years later as the checks normally start at age 14 years old and if health measures are put in place for prevention, this should impact on outcomes. For those patients in this cohort that have existing conditions, GPs will be proactive and support the management of them.

A Rolfe highlighted the importance of ensuring SMI patients are invited in for health checks to support them. D Phillips asked how progress could be measured. A Rolfe would find out more detail on the current uptake for SMI health checks in Stockport and report back to D Phillips but reiterated the importance of giving them the opportunity to make healthy life style choices.

Action. RESOLVED: (i) That the update on Primary Care contractual changes for 2021-22 be noted.	**AR**
8.2 PCN Covid Vaccination programme update	
A Rolfe reiterated the comments made earlier in the meeting regarding the huge effort across Stockport to deliver the vaccination programme; 90% of the over-80 year olds had received their second dose of the vaccination. Plans are progressing well with setting up the delivery of the vaccine for cohorts 10 – 12 (ages 18 – 49) with the support of community pharmacies. This cohort is likely to go live by 10 May 2021. D Dolman left the meeting. A Rolfe provided information on a new initiative for the delivery of vaccines; an update would be provided at the next meeting when details had been confirmed. A Rolfe thanked everyone involved in the vaccination programme and Covid activities across the whole system that had amended their roles to support the delivery of this programme, this included volunteers. The Chair thanked A Rolfe for the update.	
8.3 Delegated Commissioning Internal Audit Review – Final Report (MIAA)	
G Miller provided a summary of the Delegated Commissioning Internal Audit findings undertaken by MIAA (Mersey Internal Audit Agency). The report provided substantial assurance of compliance for the CCG in carrying out its functions for the commissioning and procurement of primary medical services within the NHS England Delegation Agreement. The main recommendation for the CCG was to document evidence of where patients and carers had been consulted when designing DES and local incentive schemes. It had been agreed that an engagement plan be developed by the end of May 2021 – the Head of Communications and Engagement would lead on this work. P Lewis-Grundy advised the Committee that the responsibility for signing off this action would be the Audit Committee. The Chair requested that the thanks of the Committee be passed on to all the team for obtaining substantial assurance.	

RESOLVED:

(i) That the Delegated Commissioning Internal Audit Review Final Report by MIAA be noted for information.

8.4 Primary Care Quality update

A Rolfe advised the meeting that the primary care dashboard continues to be developed and updated each month. The spreadsheet benchmarks Stockport practices against other practices in the area and highlights good practice and indicators for improvement.

It was noted that all practices in Stockport are deemed good or outstanding. The data (anonymised) would provide information on areas to focus on such as patient experience and update of health checks for LD or SMI patients for example. Areas of learning or good practice would be circulated via a newsletter to other practices in Stockport. The purpose of this dashboard is to provide a supportive approach to practices.

D Phillips highlighted the imminent changes for CCGs and asked if PCNs would require additional training regarding further integration with the Council / social care. A Rolfe responded that these discussions had commenced and an inaugural meeting of a proposed Clinical Senate / Executive is due to take place the following week. The purpose of this Group would be to oversee quality and patient experience for the Stockport population. It would be the responsibility of the PCN Clinical Directors to disseminate information to their colleagues.

A Rolfe reported that the CCG had recently appointed a Clinical Workforce lead to support the work with PCNs for two sessions a month.

The Chair thanked A Rolfe for the update.

Performance

9.1 Finance Report for period ending 31 March 2021

D Oldfield referred to the report circulated and highlighted a number of key points:

- The CCG is reporting a provisional adverse variance of £0.060m as from 31 March 2021;
- The CCG submitted a return for ARRS in March based on the month 11 forecast from the 40% held centrally as the CCG only received 60% within its 2021/22 allocations – the CCG had received the additional funding requested in full;
- Members **noted** the adverse variance in QOF for
  - Minor Surgery
  - Premises Healthcare Rent
  - Other GP Services
  - NHS Property Services.

P Stevens and S Woodworth declared an interest; the declaration was noted but as this report was generic it was deemed not to impact on discussions.

There had been increases in rent reimbursement due to the back log of rent reviews; this would be backdated. In addition, locum cover for sickness had been higher than forecast as a large number of claims came in towards the end of the financial year. This had been offset by favourable variances for minor surgery due to the pausing of activity during Covid in quarter two and three. It was noted that national guidance on finance and contracting arrangements was published on 25 March 2021; the detail was currently being worked on via the planning process. Members would be updated once the plan had been finalised. Current arrangement would carry forward into 2021/22. Funding had been split into two halves for the year with the first part received. There would be significant growth assumptions to reflect changes in GP contracts. The Chair asked if the CCG is still predicted to break even for 2020/21 and was told `yes'. The Chair congratulated the finance team for reaching this position in a very challenging year. The Chair questioned whether the CCG's allocation was sufficient to enable it to complete its objectives and was advised that it was difficult to provide a definitive response as the detail was being worked through. RESOLVED: (i) That the Finance Report ending 31 March 2021 for month 12 be noted.	
Any Other Business	
10. Agreement of Annual Work Plan 2021/22	
P Lewis-Grundy presented the proposed Committee work plan for 2021/22. G Miller pointed out that the work plan should reflect the fact that contractual arrangements are set for the first six months and not the full year. It was also pointed out that with the move towards ICSs (Integrated Care Systems) there would be a different focus for the CCG in the second half of the year. P Lewis-Grundy thanked members for their comments; the work plan would be revised to reflect that GP contracts are only in place for six months and would be re-contracted mid-year. RESOLVED: (i) That the Committee work plan for 2021/22 be approved subject to a review of the plan for the second part of the year.	
10.1 Development of ICS (Integrated Care Systems)	
The Chair reported that had met with other lay member Chairs of Primary Care Commissioning Committees from the 10 CCGs within GM to make representation and ensure that primary care and the clinical voice is	

considered in the development of the new ICS during this transition period. A letter had been produced by the Group and sent to GM and Bill McCarthy (North West Regional Director). A further meeting of the Group had taken place with the Group and Warren Heppolette (GM Health & Social Care Partnership) to discuss the work taking place at Place level; assurance was received that primary care would be considered within discussions on ICSs. In response to a question, the Chair pointed out that this letter is confidential to the Group at this stage but an update on discussions would be provided at the next meeting. The Chair added that the Group were not there to represent primary care but to ensure that the whole of the system is considered in discussions on ICSs to ensure a placed based approach is taken - primary care are fundamental to this.	
Meeting Governance	
Date and time of next meeting:	
Date, time and venue of next meeting: Wednesday 16 June 2021 15:00 – 17:00 pm, Virtual Meeting	

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PRIMARY CARE
COMMISSIONING -
ACTION LOG - 21 April 2021

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
029/04.12.19	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 21.04.21 16.06.21	The CCG Policy had been reviewed but it was acknowledged that in light of the contractual changes due to Covid, a further review is required. GE to review and forward om to PS for comments prior to the document being circulated to practices
047/21.04.21	21.04.21	8.1	To close	AR to find out more detail on the current uptake for SMI health checks in Stockport and report back to DP	AR	16.06.21	**Completed.** AR circulated information to DP on 28.04.21

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PCN DES – General Practice Half Day Closure
Policy and Procedure 2021/22

Report To (Meeting):		Primary Care Commissioning Committee			
Report From (Executive Lead)		Emma Ince			
Report From (Author):		Gale Edwards			
Date:		16th June 2021	**Agenda Item No:**	5	
Previously Considered by:		A Paper was presented and approved to the PCCC in December 2019 setting out the requirements and procedures for half day closures			
Decision	**X**	**Assurance**	**X**	**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 attached report is to provide the Primary Care Commissioning Committee with an update on the latest guidance and recommended CCG policy and procedure for general practice half day closures.

Key points (Executive Summary):

1.1. The report highlights the key national and local contractual requirements for practices half day closures

1.2. The existing half day procedure was previously agreed by the Committee in 2017 following GP contractual changes.

1.3. The network DES requires PCN to ensure no core practices of the PCN will be closed for half a day on a weekly basis without prior commissioner approval

1.4. The recommended policy and procedure includes some minor changes including the requirements of the network DES and is in line with local and national contractual requirements.
Recommendation:
It is recommended that the Primary Care Commissioning Committee: 1.0 Note the content of this report highlighting the contractual requirements both locally and nationally on half day practice closures. 2.0 Agree that the CCG's recommended half day policy and procedure that practices have to meet for prior approval of half day closures 3.0 Agree that the CCG proposal to redress any unauthorised closures in line with the requirements of the extended hours DES which may have financial implications for the PCN and its member practices 4.0 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 Improve Access 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 latest national and local contractual requirements for general practices half day closures including a recommended policy and procedure guide for practices to gain CCG approval.

As part of our local commissioned services (LCS) contract there is a requirement that no practices close for half days without prior CCG approval, this requirement has been in place since the introduction of the scheme in October 2014.

In October 2017 as part of new GP contracts changes practices that had signed up to the extended hours DES were no longer able close for a regular half day without prior agreement from NHS England.

In July 2019 extended hours became a service specification of the Network Contract DES and the half day requirement in October 2017 changed to become part of the network DES requirements.
The network DES requirements are that a PCN must ensure that no core network practice of the PCN closes for half a day on a weekly basis, except where the practice has prior written approval from the CCG.

As part of the NHSE & I delegated responsibilities Stockport CCG are required to have assurance that all GMS/PMS and APMS contractual requirements are being met including managing the requirements of the Network Contract DES.

A practice participating in the Network Contract DES must enter into a variation of its primary medical services contract to incorporate the provisions of the Network Contract DES. The provisions of the Network Contract DES specification are therefore part of the practice's primary medical services contractual requirements.

Where this Network Contract DES Specification sets out a requirement or obligation of a PCN, each Core Network Practice of a PCN is responsible for ensuring the requirement or obligation is carried out on behalf of that PCN. Where a practice chooses not to participate in the Network Contract DES, this will not impact on the continuation of primary medical services under its primary medical services contract.

1.1. EXISTING ARRANGEMENTS

1.1.1. Stockport CCG recognises that practices do occasionally need to close for planned staff training including the CCG supported Masterclass training sessions and a paper was presented to the Primary care Commissioning Committee in July 2017.

1.1.2. The committee approval the following recommendations in July 2017:

1.1.2.1. That it was reasonable for the CCG to approve that a practice close for half day once a month to support practice training and development needs but that this would include CCG supported Masterclasses. No half day closures would be approved in the month masterclass sessions were also being run.

1.1.2.2. Practices would be required to have completed and submitted the CCG half day closure request form at least 6 weeks in advance of the planned closure.

1.1.2.3. Practices would be subject to both local and national monitoring including unannounced visits and phone calls as part of the CCG's assurance that contractual obligations are being met.

1.1.2.4. For any unplanned closures impacting the ability to deliver core contractual hours, business continuity plans are considered as a first option by practices. Practices would be required to inform the CCG on arrangements in place for maintaining essential services.

1.2. PCN DES NATIONAL REQUIREMENT

Introduced as part of the extended access service specification in the network DES in July 2019 the DES requires that a PCN must ensure that:

1.4.1. No Core Network Practice of the PCN will closes for half a day on a weekly basis, except where a Core Network Practice has prior written approval from the CCG. All patients must be able to access essential services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor.

1.4.2. The term "prior written approval" means an explicit agreement between the practice and the CCG that specifically includes written approval to close for half a day on a weekly basis for the purposes of the Network Contract DES Specification

1.4.3. The agreement must expressly state that it is pursuant to the Network Contract DES Specification and it will expire no later than 31 March 2022

1.4.4. Where a Core Network Practice does not have prior written approval to close for half a day on a weekly basis, a Core Network Practice that previously closed for half a day on a weekly basis will need to either:

1.4.5. Be open for that half a day in the same way that it is open on other days of the week,

1.4.6. Have in place appropriate sub-contracting arrangements for the time the practice is closed so that patients continue to have access to essential services which meet their reasonable needs during core hours.

1.4.7. The contractual requirements are set out in Schedule 3, Part 5 para 44 (10) and (11) of the GMS Regulations or Schedule 2, Part 5 para 43 (5) and (6) of the PMS Regulations.

2.0 RECOMMENDED HALF DAY POLICY AND PROCEDURE

Not all core member practices are meeting the requirements in gaining prior approval for half day closures as set out above. The CCG have therefore undertaken a review and update of the existing policy and procedure guidance as set out below.

2.1 The CCG supports practice development and training and will approve one practice ½ day closure request per calendar month for training purposes e.g. Masterclass or a Practice Training Initiative.

2.2 This will be subject to :

2.1.1 The request is received by the CCG four weeks' prior to the planned date of closure

2.1.2 The CCG is provided with assurance that the required provision of essential services are in place through the subcontract arrangements

2.1.3 PCN's working collaborative to manage half day closures and core network practices are aware of any core member practice closures. This will require practices informing their member practices of planned half day closures.

2.3 If a practice closes for a half a day due to Masterclass session they will not have another half day closure in the same calendar month.

2.4 Approval for half day closures will only be valued for the requested date in that calendar month and cannot be carried forward to future months without prior approval.

2.5 PCN's will be required to provide the CCG with assurance that no core member practices of their PCN will be closed for half a day on a weekly basis, without prior written approval from the CCG.

2.6 The CCG in consultation with the LMC will also consider further applications from practices to close in exceptional circumstances e.g. exceptional staff sickness rate making it impossible to maintain services and require closing earlier than the contracted hours. The practice will be required to apply their business continuity plans as a first option and provide the CCG information about the mitigating factors, action taken to address/minimise patient disruption and what plans are in place to resolve the situation. A review date/end date for the temporary approval and arrangement will be agreed.

2.7 Notification is not required for Masterclass half day closures

2.0 CONTRACTUAL AND FINANCIAL IMPACT

2.1 Under the national PCN DES, networks are entitled to a payment to facilitate delivery of extended hour's services and that payment is subject to networks meeting the contractual requirements of the DES including no half day unauthorised closures.

2.2 Under the LCS contract practices are in receipt of payment based on the requirement that no half day unauthorised closures take place. Should a practice close without prior authorisation the practice will be contacted by the CCG team to discuss its contractual obligations not being met and likely financial impacts.

3.0 CONCLUSION

3.1 Note the content of this report highlighting the contractual requirements both locally and nationally on half day practice closures.

3.2 Agree that the CCG's recommended half day policy and procedure that practices have to meet for prior approval of half day closures

3.3 Agree that the CCG proposal to redress any unauthorised closures in line with the requirements of the extended hours DES which may have financial implications for the PCN and its member practices

3.4 Note and approve the next steps

4.0 NEXT STEPS

4.1 Stockport CCG with carry out regular monitoring of practice opening times as part of its delegated and assurance responsibilities

4.2 Stockport CCG to communicate to all practices the revised half day procedure requirements including the required submission forms

4.3 As part of the planned practice assurance quality visits the CCG team will discuss access and opening arrangements with all practices.

6. POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="2">Non-Recurrent Expenditure</td><td colspan="5"></td></tr>
<tr><td colspan="2">Recurrent Expenditure</td><td colspan="5">Detailed in the paper</td></tr>
<tr><td colspan="2">Expenditure included within CCG Financial Plan</td><td>Yes</td><td>X</td><td>No</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="7">Regular half day closures may impact overall access for the practice patients</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">[N/A]</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7"></td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">General Statement:</td></tr>
<tr><td colspan="2">Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No</td><td></td><td>N/A</td><td>X</td></tr>
<tr><td colspan="2">If Not Applicable please explain why</td><td colspan="5">Not required</td></tr>
</table>

NHS
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Primary Care Commissioning Committee Quality Update

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe, Executive Nurse		
Report From (Author):	Elaine Abraham-Lee		
Date:	16 June 2021	**Agenda Item No:**	8.4
Previously Considered by:	N/A		

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

Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To present an overview of the Primary Care Quality Dashboard and quality highlights to the Primary Care Commissioning Committee
Key points (Executive Summary):
• This is an update of the report • Comments are requested from the committee as to how the report can be improved • The report has been anonymised but includes all practices across Stockport
Recommendation:
1. To review updated data 2. To advise what additional reporting is required 3. Review and agree the practice quality visit template 4. Review and agree the practice telephony audit

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*
Which corporate objective(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	*Patient Safety, Good Quality Care, Patient Experience*

Consultation and Engagement:	
Patient and Public Involvement:	*None*
Clinical Engagement:	*Shared with LMC for information*

1. INTRODUCTION

1.1 Primary Care Quality Dashboard update, 12th May 2021

2. DETAIL

2.1 Prescribing costs

This is a high level measure showing the rolling 12 month cost per ASTRO-PU (which is a weighted prescribing population – adjusts for age/sex profile differences). The CCG average is £43.78, practices at/below rated as green, 10% above amber and the remainder red. There are 17 practices rated as green, 9 rated as amber and 10 red.

Complaints

Reporting of the formal complaints dealt with by NHSE was suspended due to the pandemic. It was expected that reporting would commence December 2020. An update has been requested from NHSE regarding the current situation and a response expected.

Update –

The complaints process was paused between 1 April 2020 to 30 June 2020 where no complaints (apart from Safeguarding cases) were taken forward. From February 2021 to the end of April 2021 there was a slowdown of the process and practices were not chased for responses. NHSE complaints are now operating business as usual.

There are currently 6 open complaints for Stockport CCG general practice.
Clinical care – 3
Appointments – 1
Prescriptions – 1
Access to services (unable to access internet) – 1
Communication – 1

Closed cases 01/04/20- 01/03/21
Prescriptions – 2
Access to services – 4
Appointments – 3
Clinical care – 13
Communication – 1 (telephone system)
Covid 19 – 1
Staff attitude - 2

CCG Service Improvement Suggestions

The dashboard shows the cumulative total of service improvement suggestions that have come directly to the CCG.
A common theme is queries regarding the 2nd covid vaccination and queries about when this would be arranged.
There have also been concerns raised by patients in relation to telephone access to their practice and access to practice services; reduction in face to face consultations, as clinically necessary. These were also concerns recorded in the last update. Practice quality visits are planned, which will include discussions on telephone access and the ratio of face to face appointments with telephone/video appointments and how this is to evolve.

Friend and Family Test

The suspension has been extended until end of June 2021

Once FFT has re-commenced for General Practice the CCG will monitor data, where practices have not reported any figures, the practice will be contacted to ascertain why i.e. data submission issues. If numbers are statistically insignificant practices will be supported to look at ways to increase patient participation in the FFT. Where, following these steps, practices continue to not provide data or data is insufficient practices will be reminded of the contractual requirement as per NHSE process.

Rejected Cervical Samples

A recent addition to the dashboard is the data for rejected cervical samples. This will be updated monthly and practices followed up by the CCG Community Matron individually. Common themes are;

- Insufficient ID on Vial
- Out of date Vial
- Early Repeat
- Unlabelled Vial
- Mismatch form

Number of rejections	Number of practices
1	9
2	3
3	1
4	1
5	1
7	1

CCG Vaccine uptake

Latest vaccination data.

Learning Disability Health Checks

Three practices did not manually submit a LD register to CQRS, register data is taken from QOF register as an approximate. There are two practices that have over 75% of their LD QOF register having a health check recorded. Three practices have 0 LD health checks recorded.

Serious Mental Illness Health Checks

Data shows two full years as a comparison and marked as green for an increase or red for a decrease in the number of health checks. Twelve practices have completed more SMI health checks since the previous year and 23 and completed less. Data period 2019-20 and 2020-21.

Practice Telephony audit

Several concerns and formal complaints to NHSE have been raised about patient access particularly in relation to practice telephones.

An audit is to be carried out to ascertain the level of the potential problem and any support needed to address. Separate paper with detail attached.

3. CONCLUSION

3.1 The Primary Care Dashboard is now developed to a point where information and themes can be discussed directly with practices. Further developments will be included as the dashboard is rolled out.

4. NEXT STEPS

4.1 Practice visit template to be finalised and agreed. Practice visit schedule to be finalised and agreed so visits can be arranged. Practice telephony audit template to be agreed, and audit commenced.

5. POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure						
	Recurrent Expenditure						
	Expenditure included within CCG Financial Plan	Yes		No		N/A	
Performance Impact:	The dashboard will be used to inform practices and PCNs of their performance and areas of good practice and areas to focus on.						
Quality and Safety Impact:							
Compliance and/or Legal Impact:							
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	
	If Not Applicable please explain why						

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Primary Care Quality Assurance Update

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Elaine Abraham-Lee		
Date:	16 June 2021	**Agenda Item No:**	8.4
Previously Considered by:	N/A		

Decision		**Assurance**		**Information**	**X**

Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To provide assurance to the Primary Care Commissioning Committee that issues with patient access to practice via practice telephone systems are being investigated and patient concerns addressed.
Key points (Executive Summary):
A number of complaints have been received from patients and local Councillors regarding difficulty experienced accessing GP practices by telephone. A structured survey to carried out ascertain what each practice position is. Devise an action plan to address issues identified.
Recommendation:
To agree course of action.

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

supported by this report:	
Which corporate objective(s) is / are supported by this report:	

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	

Consultation and Engagement:	
Patient and Public Involvement:	
Clinical Engagement:	

1. INTRODUCTION

1.1 A number of complaints and service improvement suggestions have been received in relation to telephone access to GP practices. There have also been formal complaints to NHSE. A complaint is also currently pending ombudsman review, outcome expected shortly.

2. DETAIL

2.1 Concerns from patients and local Councillors on behalf of patients have highlighted a potential issue with patient access to GP practices via the telephone. Demand for appointments is reported to be increasing and the number of telephone calls rising. Several practices are reported to book "on the day" appointments only, so call volume is increased as patient's potentially telephone the practice on multiple occasions. In addition, the queue position may result in patients abandoning the call and trying again later, again increasing traffic.

Practices are to be contacted individually to ascertain the following.

What is the queue limit?
How long is the queue full?
How frequently does the queue become full?
How many calls are abandoned?
Does the practice have a message to direct patients online or to Covid information line?
How does the practice calculate how many call handlers for peak times?
Queries, comments etc.?

Data collection sheet.

Primary Care Quality
telephone practice su

3. CONCLUSION

3.1 Survey to commence week commencing 7th June 2021, outcomes to be reported to Quality Meetings and to Clinical Directors to inform discussions with telephony provider.

4. NEXT STEPS

4.1 Agree plan.

5. POTENTIAL IMPLICATIONS

Potential Implications:		
Financial Impact:	Non-Recurrent Expenditure	
	Recurrent Expenditure	

	Expenditure included within CCG Financial Plan	Yes		No		N/A	
Performance Impact:							
Quality and Safety Impact:							
Compliance and/or Legal Impact:							
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	
	If Not Applicable please explain why						

CQC rating	QOF achievement 2018/19 (559 max)	QOF achievement 2019/20 (559 max) COVID	Change in QOF achievement	QOF achievement rating (95%+ green, 80%-94% amber, 79% and under red)	Prescribing Cost per ASTRO-PU: Feb-20 to Jan-21 (CCG average 43.78)	Complaints NHSE (cumulative 2020-21)	Coroners letters 2021-22	Service improvement suggestions Apr 2021-date	Safeguarding practice annual self assesment (action plans on tab)	FFT Total Responses (Feb 2019 - Feb 2020) suspended until 06 2021	% of response that would recommend the practice
Good	559	558	-1	99.82%	£31.93	TBC	0	0		455	80.4%
Good	557	540	-17	96.60%	£43.69	TBC	0	0		63	77.8%
Good	559	555	-4	99.28%	£40.21	TBC	0	0		294	90.0%
Good	555	554	-1	99.11%	£34.11	TBC	0	0		no data submitted	no data submitted
Good	554	549	-5	98.21%	£38.52	TBC	0	0		No data submitted	No data submitted
Good	559	539	-20	96.42%	£47.88	TBC	0	0		63	50.0%
Good	526	494	-32	88.37%	£44.95	TBC	0	0		No data submitted	No data submitted
Good	553	539	-14	96.42%	£42.99	TBC	0	0		532	70.8%
Good	550	548	-2	98.03%	£45.81	TBC	0	0		No data submitted	No data submitted
Good	559	559	0	100.00%	£33.92	TBC	0	1		4,795	97.8%
Outstanding	559	559	0	100.00%	£35.79	TBC	0	0		112	100.0%
Good	559	558	-1	99.82%	£40.10	TBC	0	1		3,682	94.7%
Good	559	522	-37	93.38%	£37.85	TBC	0	0		231	100.0%
Good	559	555	-4	99.28%	£41.52	TBC	0	1		5,096	89.4%
Good	559	559	0	100.00%	£42.91	TBC	0	0		6,174	94.2%
Good	552	559	7	100.00%	£44.24	TBC	0	1		35	Insufficient Resp
Good	558	557	-1	99.64%	£37.82	TBC	0	0		175	85.7%
Good	542	543	1	97.14%	£53.31	TBC	0	0		5,446	93.1%
Good	557	530	-27	94.81%	£48.65	TBC	0	1		5,334	90.6%
Good	559	538	-21	96.24%	£45.74	TBC	0	0		13,055	90.5%
Outstanding	556	545	-11	97.50%	£72.45	TBC	0	0		2,121	94.4%
Good	557	556	-1	99.46%	£42.34	TBC	0	0		994	99.3%
Good	542	546	4	97.67%	£55.96	TBC	0	0		no data submitted	no data submitted
Good	559	559	0	100.00%	£46.83	TBC	0	0		2,121	96.4%
Good	552	543	-9	97.14%	Merged	TBC	0	0	No data submitted	224	100.0%
Good	559	542	-17	96.96%	£42.55	TBC	0	0		721	90.2%
Good	545	543	-2	97.14%	£49.07	TBC	0	1		2,254	91.3%
Good	558	557	-1	99.64%	£44.37	TBC	0	0		49	100.0%
Good	559	549	-10	98.21%	£49.69	TBC	0	0		5,894	94.9%
Good	556	559	3	100.00%	£35.78	TBC	0	0		28	Insufficient Response
Good	559	559	0	100.00%	£48.93	TBC	0	0		8,729	94.6%
Good	554	556	2	99.46%	£45.32	TBC	0	0		91	Insufficient Response
Good	542	535	-7	95.71%	£45.18	TBC	0	1		6,174	94.0%
Good	558	559	1	100.00%	£51.49	TBC	0	0		9,394	89.6%

Good	552	553	1	98.93%	£50.86	TBC	0	0		0	Insufficient Response
Good	542	492	-50	88.01%	£49.15	TBC	0	1		133	100.0%
Good	556	558	2	99.82%	£35.30	TBC	0	0		no data submitted	

Completion rate: Forms per 1000 patients	GP Patient Survey results - rated as good (Nat average 80% CCG average 86%)	Flu vac uptake (%): 65 and over (all Patients), Feb-21 CCG average 85.8	Flu vac uptake (%): Under 65 (at-risk only), Feb-21 CCG average 88.6	Rejected Cervical Samples (Oct 2020 - date)	Bowel screening	Cervical screening	NHS Health Checks	% Patients Received All 6 SMI Physical Health Checks 19-20	% Patients Received All 6 SMI Physical Health Checks 20-21	Increase / Decrease On Previous Year	LD Health Checks 20/21 Q1 - Register submitted to CQRS	LD register 20/21 Q2 - Register submitted to CQRS	LD register 20/21 Q3 - Register submitted to CQRS	Last submitted LD register	QoF LD Register (Mar-20)	LD Health Checks year to date	% completed based on submitted register
36	72%	86.8	88.8	2	TBC	TBC	TBC	35.7%	4.4%	Decrease	Y	Y		25	32	1	4.0%
4	73%	80.2	80.2	0	TBC	TBC	TBC	26.6%	8.2%	Decrease	Y	Y		112	122	0	0.0%
27	91%	87.8	91	4	TBC	TBC	TBC	21.7%	9.8%	Decrease	Y	Y		50	58	16	32.0%
No data submitted	88%	88	91.1	2	TBC	TBC	TBC	14.9%	0.0%	Decrease	N	Y		14	13	9	64.3%
No data submitted	90%	86	90.4	2	TBC	TBC	TBC	26.9%	9.8%	Decrease	Y	Y		44	43	8	18.2%
5	71%	82.6	86	0	TBC	TBC	TBC	37.8%	5.5%	Decrease	Y	Y		67	70	11	16.4%
No data submitted	76%	85.3	85.3	1	TBC	TBC	TBC	23.6%	36.2%	Increase	Y	Y		20	25	13	65.0%
80	81%	88.4	92	7	TBC	TBC	TBC	41.8%	20.0%	Decrease	Y	Y		35	45	0	0.0%
No data submitted	81%	88.4	90.7	0	TBC	TBC	TBC	44.9%	10.4%	Decrease	Y	Y	N	35	43	9	25.7%
748	95%	92.1	94.5	0	TBC	TBC	TBC	56.5%	51.9%	Increase*	Y	Y		14	21	6	42.9%
15	93%	91.5	93.9	1	TBC	TBC	TBC	38.7%	20.0%	Decrease	N	Y		26	27	14	53.8%
518	93%	86.8	89.4	1	TBC	TBC	TBC	28.8%	22.4%	Decrease	Y	Y	N	41	42	20	48.8%
38	97%	86.5	86.5	3	TBC	TBC	TBC	9.5%	44.4%	Increase	N	Y	N	15	23	1	6.7%
633	89%	87.7	91.4	1	TBC	TBC	TBC	33.9%	15.5%	Decrease	N	N		28	40	5	17.9%
1084	94%	88.3	92.5	0	TBC	TBC	TBC	50.0%	25.0%	Decrease	Y	Y		15	19	11	73.3%
1	87%	82.4	87.2	5	TBC	TBC	TBC	30.1%	25.4%	Decrease	Y	Y		280	226	86	30.7%
21	97%	89.4	91.8	1	TBC	TBC	TBC	17.7%	21.5%	Increase	N	N		22	28	5	22.7%
602	90%	85.3	89.1	0	TBC	TBC	TBC	18.8%	9.0%	Decrease	Y	Y		44	45	5	11.4%
582	85%	82.5	87	0	TBC	TBC	TBC	27.7%	27.1%	Increase*	Y	Y		44	46	12	27.3%
1104	85%	83.9	87.4	0	TBC	TBC	TBC	17.8%	11.5%	Decrease	Y	Y		28	28	1	3.6%
232	87%	85.4	89.7	0	TBC	TBC	TBC	26.5%	38.7%	Increase	Y	Y		88	89	23	26.1%
654	91%	82.5	89.3	1	TBC	TBC	TBC	27.8%	31.3%	Increase	Y	Y		32	36	27	84.4%
no data submitted	85%	79.6	83	0	TBC	TBC	TBC	35.9%	46.3%	Increase	N	N		59	55	12	20.3%
586	91%	87.4	91.7	0	TBC	TBC	TBC	29.8%	43.2%	Increase	Y	Y		12	16	9	75.0%
127	90%	merged	merged	0.0	TBC	TBC	TBC	merged	merged	merged	N	Y		Merged	Merged	Merged	Merged
104	80%	88.3	92.1	0	TBC	TBC	TBC	16.7%	61.5%	Increase	Y	Y		21	32	21	100.0%
505	76%	88.9	91.1	1	TBC	TBC	TBC	58.8%	37.1%	Decrease	N	Y		15	18	3	20.0%
17	91%	95.9	97.2	1	TBC	TBC	TBC	57.1%	69.9%	Increase	N	Y		15	20	15	100.0%
713	92%	87.9	92	0	TBC	TBC	TBC	44.1%	10.6%	Decrease	N	Y		22	35	2	9.1%
9	79%	91.5	93.2	0	TBC	TBC	TBC	18.8%	14.3%	Decrease	Y	Y		19	26	17	89.5%
1590	91%	86.5	90	0	TBC	TBC	TBC	30.9%	12.1%	Decrease	Y	Y		35	34	7	20.0%
17	96%	87.5	90.3	0	TBC	TBC	TBC	40.9%	28.9%	Decrease	Y	Y		3	26	5	166.7%
476	86%	82.1	87.6	0	TBC	TBC	TBC	28.2%	17.1%	Decrease	Y	Y		70	78	7	10.0%
560	87%	82.8	86.7	0	TBC	TBC	TBC	42.5%	36.6%	Decrease	N	Y		126	125	29	23.0%

0	90%	84.1	88.3	0	TBC	TBC	TBC	33.3%	48.1%	Increase	Y	Y		24	29	18	75.0%
34	99%	81.5	86.6	0	TBC	TBC	TBC	9.5%	0.0%	Decrease	Y	Y		8	8	2	25.0%
no data submitted	82%	84	89.8	1	TBC	TBC	TBC	5.6%	5.3%	No change	N	N		0	10	0	0.0%

* change in register

% completed based on QoF register	Breast screening	Imms/Vaccs	Executive Nurse and Medical Director additional support to practice	COVID vacc '% first dose: aged 70+	COVID Vacc '% first dose: aged 50-69	Covid Vacc '% first dose: aged 18-49	Covid Vacc '% first dose: Clinically Extremely Vulnerable	Covid Vacc '% first dose: aged 16-64 at risk	Comments
3.1%	TBC	TBC	N/A	96.4%	92.5%	41.7%	95.4%	85.4%	Patient concern re telephone access and appointment availabilty. Concerns re face to face appointments and repeat prescriptions. Telephone access from SH for EOL discharge.
0.0%	TBC	TBC	N/A	94.4%	88.8%	35.0%	90.0%	82.8%	Patient concern re face to face appointments
27.6%	TBC	TBC	N/A	96.1%	91.1%	39.5%	94.1%	88.0%	
69.2%	TBC	TBC	N/A	96.6%	92.2%	43.7%	96.0%	88.7%	
18.6%	TBC	TBC	N/A	96.4%	91.3%	38.6%	93.3%	88.9%	
15.7%	TBC	TBC	N/A	95.5%	91.0%	43.0%	92.1%	86.8%	
52.0%	TBC	TBC	N/A	95.1%	88.9%	35.9%	90.3%	85.9%	
0.0%	TBC	TBC	N/A	96.8%	92.2%	40.0%	92.5%	88.7%	Cervical screening rejected samples
20.9%	TBC	TBC	N/A	95.9%	90.3%	44.0%	92.0%	87.9%	
28.6%	TBC	TBC	N/A	97.7%	93.9%	42.9%	95.9%	89.9%	
51.9%	TBC	TBC	N/A	98.2%	93.6%	40.7%	96.6%	87.6%	
47.6%	TBC	TBC	N/A	97.2%	91.8%	38.4%	97.2%	88.7%	
4.3%	TBC	TBC	N/A	94.9%	91.6%	41.2%	92.4%	88.6%	
12.5%	TBC	TBC	N/A	96.6%	92.9%	35.9%	95.9%	86.0%	
57.9%	TBC	TBC	N/A	96.5%	89.9%	38.0%	93.5%	86.7%	
38.1%	TBC	TBC	N/A	94.8%	89.5%	36.7%	92.6%	82.8%	Issue raised via NHSE, 6 staff reported as Covid positive, no information provided to patients and staff still required to work from office. No deep clean organised. Feb 2021.
17.9%	TBC	TBC	N/A	96.9%	91.2%	39.0%	92.7%	86.0%	
11.1%	TBC	TBC	N/A	96.2%	89.0%	32.5%	91.1%	82.4%	
26.1%	TBC	TBC	N/A	95.9%	87.3%	41.0%	91.3%	81.1%	
3.6%	TBC	TBC	N/A	96.0%	89.7%	40.8%	92.3%	85.7%	
25.8%	TBC	TBC	N/A	96.3%	88.6%	41.0%	94.2%	77.3%	
75.0%	TBC	TBC	N/A	86.0%	85.4%	40.2%	82.5%	85.9%	
21.8%	TBC	TBC	N/A	95.9%	87.7%	40.4%	92.3%	78.8%	
56.3%	TBC	TBC	N/A	96.9%	89.4%	42.3%	93.8%	81.7%	
	TBC	TBC	N/A	merged	merged	merged	merged	merged	
65.6%	TBC	TBC	N/A	95.9%	91.5%	38.0%	95.5%	85.8%	
16.7%	TBC	TBC	N/A	97.7%	90.2%	34.0%	94.3%	90.1%	
75.0%	TBC	TBC	N/A	97.2%	93.0%	38.5%	95.7%	88.4%	
5.7%	TBC	TBC	N/A	97.1%	92.2%	33.2%	95.3%	87.5%	
65.4%	TBC	TBC	N/A	97.5%	93.3%	32.5%	95.5%	88.2%	
20.6%	TBC	TBC	N/A	97.1%	89.4%	36.8%	94.3%	80.6%	
19.2%	TBC	TBC	N/A	96.1%	92.5%	34.4%	94.1%	86.7%	
9.0%	TBC	TBC	N/A	96.2%	89.7%	35.1%	93.9%	84.3%	
23.2%	TBC	TBC	N/A	94.2%	87.5%	36.2%	90.7%	79.7%	

62.1%	TBC	TBC	N/A	97.7%	88.6%	35.2%	91.1%	82.5%	
25.0%	TBC	TBC	N/A	93.3%	88.8%	31.5%	93.0%	80.1%	Care home concerns
0.0%	TBC	TBC	1 contact	94.3%	87.9%	34.3%	98.9%	88.7%	Care home concerns

Covid vaccination uptake (at 29th March 2021)

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PCCC Finance Report for the period ending 31st May 2021 - Month 2

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	16 June 2021	**Agenda Item No:**	9
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 a detailed expenditure plan for the first six month of 2021/22 (H1 2021/22) and provide an overview of the financial performance as at 31 May 2021.

Key points (Executive Summary):

- The CCG has submitted a balanced plan for H1 2021/22
- The CCG is reporting a breakeven position year to date for the period ending 31 May 2021 and forecast breakeven position for H1 2021/22.

Recommendation:

(i) **Approve** the primary care delegated expenditure plan for H1 2021/22
(ii) **Note** that a breakeven position is being reported year to date and forecast the six

month period ending 30 September 2021.

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 a detailed expenditure plan for H1 2021/22 and an overview of the CCG's financial performance as at 31 May 2021.

2.0 H1 2021/22 Expenditure Plan

Members were informed in the April meeting that the H2 2020/21 financial regime will be carried forward into H1 2021/22 with system funding envelopes based on H2 2020/21 adjusted for growth which includes GP contract changes and policy priorities.

The CCG has received a Primary Care Delegated budget of £23.061m includes growth funding of £1.496m.

The expenditure plan for H1 2021/22 is summarised in Appendix 1. GMS and PMS Contracts, PCN Director Enhanced Services (DES), QOF, Learning Disability Health Checks and CQC are based on the latest published national rates, guidance and latest January 2021 patient list sizes.

The remaining expenditure has been based on M11 2020/21 budgets uplifted using growth assumptions. Budgeted expenditure has been used as a basis for 2021/22 planning as the 2020/21 forecasted expenditure includes non recurrent prior year pressures/surplus.

In line with Greater Manchester planning requirements contingency has not been included within the plan.

3.0 Financial performance as at 31 March 2021

The financial position as at 31 May 2021 is summarised in Appendix 2 and the CCG is reporting a breakeven position year to date and forecast outturn for H1 2021/22.

4.0 Next Steps

Monitor actual spend against the delegated primary care plan for H1 2021/22.

The CCG will implement national guidance for the second half of the financial year when it is published.

5.0 POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="2">Non-Recurrent Expenditure</td><td colspan="5"></td></tr>
<tr><td colspan="2">Recurrent Expenditure</td><td colspan="5">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="7">Reporting a breakeven position.</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">N/A</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7">Reporting in compliance with national guidance in response to Covid19 pandemic</td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">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 – H1 Expenditure Plan 2021/22

Service Line		H1 2021/22 Plan £'000
General Practice - GMS		**6,033**
	Global Sum	6,033
General Practice - PMS		**8,480**
	Contract Value	8,480
QOF		**2,557**
	QOF Aspiration	1,790
	QOF Achievement	767
Enhanced services		**2,239**
	DES- Individual Practice Payments	
	Learn Dsblty Hlth Chk	79
	Minor Surgery	158
	Violent Patients	36
	PCN-Participation	275
	Primary Care Network DES Expenditure (Payments to PCN's)	
	PCN-Extended Hours Access	228
	PCN-Clinical Director	117
	PCN DES Care Home Premium	144
	PCN- IIF Achievement	133
	PCN-Clinical Pharmacist	685
	PCN DES Pharmacy technicians	52
	PCN-Physiotherapist	332
Premises Cost Reimbursement		**1,804**
	Prem Clinical Waste	27
	Prem Notional Rent	546
	Prem Rates	210
	Prem Water Rates	33
	Prem Healthcentre Rent	823
	Prem Actual Rent	164
Other Premises Cost		**6**
	Prem Other	6
Dispensing/Prescribing Drs		**150**
	Prof Fees Prescribing	150
Other GP Services		**354**
	Legal / Prof Fees	9
	CQC	100
	PCO Locum Adop/Pat/Mat	187
	PCO Locum Sickness	9
	Sterile Products	2
	PCO Doctors Ret Scheme	10
	Translation Fees	32
	Healthcare Foundation Trust	4
	Indemnity	2
Total PCR Excl Non Del PRC Scheme & Pass through costs		**21,623**
	Non-Delegated PRC Schemes	981
	NHS Property Services	447
Total PRC Cost Centre		**23,051**

Appendix 2 – Financial Summary as at 31 May 2021

Service Line	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	H1 Budget £'000	Forecast £'000	YTD Variance £'000
General Practice - GMS	**2,000**	**2,000**	**0**	**6,033**	**6,033**	**0**
Global Sum	2,000	2,000	0	6,033	6,033	0
General Practice - PMS	**2,816**	**2,816**	**0**	**8,480**	**8,480**	**0**
Contract Value	2,816	2,816	0	8,480	8,480	0
QOF	**597**	**597**	**0**	**2,557**	**2,557**	**0**
QOF Aspiration	597	597	0	1,790	1,790	0
QOF Achievement	0	0	0	767	767	0
Enhanced services	**702**	**702**	**0**	**2,239**	**2,239**	**0**
DES- Individual Practice Payments						
Learn Dsblty Hlth Chk	26	26	0	79	79	0
Minor Surgery	53	53	0	158	158	0
Violent Patients	12	12	0	36	36	0
PCN-Participation	92	92	0	275	275	0
Primary Care Network DES Expenditure (Payments to PCN's)						
PCN-Extended Hours Access	76	76	0	228	228	0
PCN-Clinical Director	39	39	0	117	117	0
PCN DES Care Home Premium	48	48	0	144	144	0
PCN- IIF Achievement	0	0	0	133	133	0
PCN-Clinical Pharmacist	228	228	0	685	685	0
PCN DES Pharmacy technicians	17	17	0	52	52	0
PCN-Physiotherapist	111	111	0	332	332	0
Premises Cost Reimbursement	**601**	**601**	**0**	**1,804**	**1,804**	**0**
Prem Clinical Waste	9	9	0	27	27	0
Prem Notional Rent	182	182	0	546	546	0
Prem Rates	70	70	0	210	210	0
Prem Water Rates	11	11	0	33	33	0
Prem Healthcentre Rent	274	274	0	823	823	0
Prem Actual Rent	55	55	0	164	164	0
Other Premises Cost	**2**	**2**	**0**	**6**	**6**	**0**
Prem Other	2	2	0	6	6	0
Dispensing/Prescribing Drs	**50**	**50**	**0**	**150**	**150**	**0**
Prof Fees Prescribing	50	50	0	150	150	0
Other GP Services	**118**	**118**	**0**	**354**	**354**	**0**
Legal / Prof Fees	3	3	0	9	9	0
CQC	33	33	0	100	100	0
PCO Locum Adop/Pat/Mat	62	10	(52)	187	187	0
PCO Locum Sickness	3	55	52	9	9	0
Sterile Products	1	1	0	2	2	0
PCO Doctors Ret Scheme	3	3	0	10	10	0
Translation Fees	11	11	0	32	32	0
Healthcare Foundation Trust	1	1	0	4	4	0
Indemnity	1	1	0	2	2	0
Total PCR Excl Non Del PRC Scheme & Pass through costs	**6,886**	**6,886**	**0**	**21,623**	**21,623**	**0**
Non-Delegated PRC Schemes	349	349	0	981	981	0
NHS Property Services	128	128	0	447	447	0
Total PRC Cost Centre	**7,363**	**7,362**	**0**	**23,051**	**23,051**	**0**

NHS
Stockport
Clinical Commissioning Group

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