

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	18 August 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 June 2021)	Attached	To approve	Chair	15:00
5.	Matters Arising / Actions from previous meeting	Attached	To approve	Chair	15:05
Standing Items					
6.	Primary Care Updates	Verbal	To note	SWo	15:10
7.	Chairs' Update: ICS (Integrated Care Systems)	Verbal	To note	Chair	15:24
8.	Notification of any GM updates	Verbal	To note	GM representative	15:30
Primary Care Development					
9.1	Phase 3 - Vaccination programme update	Verbal	For Assurance	AR	15:40
9.2	GP Masterclass	Verbal	To note	SWo	15:50

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

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

9.3	Greener NHS: DMOG (Delegated Management Oversight Group) presentation	Presentation	To note	GMI/AR	16:00
Performance					
10.1	GP Patient Survey – Quality Report	Attached	For assurance	AR	16:10
10.2	PCCC Finance Report for the period ending 31 July 2021 – Month 4	Attached	For assurance	DD	16:30
Governance					
11.	Committee Effectiveness Survey	Attached	For assurance	PLG	16:45
Any Other Business:					
12.		Verbal	To note	Chair	16:55
Date and time of next meeting:					
	Wednesday 13 October 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.

Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 16 June 2021
15:00 –16:24 pm, Microsoft Teams

Present:

Anita Rolfe	Executive Nurse (CCG)
Don Phillips	Lay Member for PPI (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)
Phillip 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:

None received.

Meeting Governance	Action
1. Welcome & Apologies	
Apologies for late arrival were received from M Cullen and S Woodworth.	
2. Notification of Any Other Business	
There were no other additional items of business other than the two items listed on the agenda.	
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. There were no additional interests than those previously declared.	

4. Minutes from previous meeting (21 April 2021)	
<p>The minutes of the previous meeting held on 21 April 2021 were approved as an accurate record subject to the agreed amendments:</p> <p>Page 6, item 9.1:</p> <ul style="list-style-type: none"> • 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... • Members noted the adverse variance for <ul style="list-style-type: none"> ○ QOF ○ Premises Healthcentre Rent ○ Other GP Services. • Members noted favourable variances for <ul style="list-style-type: none"> ○ Minor Surgery ○ NHS Property Services. 	
5. Action Log from Previous Meeting	
<p>029/4.12.19: G Edwards referred to a copy of the updated CCG Policy on Practice closures and reiterated that this had been produced 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.</p> <p>The main change to the Policy agreed in 2017 is that practices are requested to give 4 weeks notification to the CCG regarding any closure rather than six weeks and were asked to give consideration to other practices within the network being closed at the same time. Also, the previous policy did not include the PCN (Primary Care Network) element and this is now part of the primary medical contract requirements.</p> <p>A declaration of interest was noted for P Stevens in the light of him working for a practice but as this is a generic Policy for all practices, he could comment on it.</p> <p>A discussion ensued on the Policy in light of concerns that the CCG had received from patients regarding accessing their practice via the telephone and face to face. It was highlighted that due to the impact of Covid and restrictions in place, further engagement may need to take place with patients in managing expectations regarding the resuming of services. It was acknowledged that practices will need to close occasionally to facilitate staff training but this should not place another service under pressure and there should still be the ability for patients to access the service via cover arrangements for example.</p> <p>It was pointed out that accessing services had been a part of the PCN and DES (Direct Enhanced Services) since July 2019 but due to an increase in the number of half day closures aligned with an increasing number of</p>	

<p>complaints about accessing services, it was important that this Policy is implemented as soon as possible. A further discussion took place regarding the number of practice closures. P Stevens commented that he was not aware that there was an issue in Stockport regarding practice closures. G Edwards pointed out that where there had been issues, and in response to concerns submitted to the CCG from patients, these practices had been contacted by the team directly and this would not be routinely reported to the LMC (Local Medical Committee). A further discussion would take place outside of the meeting on this issue between P Stevens and A Rolfe.</p> <p>P Stevens requested that approval of the Policy is deferred to the next meeting to enable him to review the Policy in full.</p> <p>M Cullen joined the meeting.</p> <p>G Miller would liaise with the CCG Communications team to engage on the Policy for Practice Closures. Action.</p> <p>RESOLVED:</p> <p>(i) That Primary Care Commissioning Committee agree that approval of the CCG Policy on Practice closures be deferred to the next meeting in August but that practices should still work to the existing policy.</p> <p>047/21.04.21: A Rolfe had responded to D Phillip's request for more detail on the current uptake for SMI (severe mental illness) health checks in Stockport. Action completed. Remove from the log.</p>	GMI	
Standing Items		Action
6. (i) Primary Care Updates		
<p>It was recognised that primary care is under a significant amount of pressure due to the backlog of work and ongoing Covid – now into the fourth wave in the North West. It was noted that there had been a significant number of presentations of children at practices due to high temperatures.</p>		
(ii) Demand & Capacity challenges in General Practice		
<p>P Stevens highlighted a number of key points to reflect the challenges practices in Stockport face due to unprecedented levels of activity – the data had been released up to the end of March 2021:</p> <ul style="list-style-type: none">• There had been 482k consultations (mixture of video and telephones) for the first quarter of this year compared to 386k and 361k in the previous two years;• Over 115,464k vaccines had been issued by primary care;• Telephone data extracted for one month – October 2020 showed that practices were receiving around 484 calls a day; the figure for May 2021 had risen to 605 calls a day. These figures are similar for other practices;• There had been a significant increase in rude and threatening behaviour from patients directed at staff – a couple of the incidents		

<p>had been reported in the press and the police had been called;</p> <ul style="list-style-type: none"> • A number of staff have had to self-isolate, placing more pressure on capacity at a practice. <p>A discussion took place, including a letter received from NHS England requesting practices to restore levels to pre-Covid. A Rolfe asked for the CCG to be notified via the weekly Tactical Control Group meetings on any workforce issues to understand what additional support is required. A Rolfe suggested that it would be useful to implement an Opel system of escalation that is already in place at acute trusts to understand trigger points in primary care. This issue would be discussed further offline.</p> <p>The importance of staff health and wellbeing was discussed and whilst this is the responsibility of employers, the CCG can provide access to its resources for practice staff.</p> <p>The CCG had sent a letter out to all practices to disseminate to staff, thanking them for their continued hard work throughout a very challenging period. A Rolfe commended all the work that had taken place and continues to do so in supporting the vaccination programme, working as a system across Stockport.</p> <p>D Phillips questioned whether practices had the capacity to recover. P Stevens commented that practice staff are working beyond capacity and whilst new staff are being employed using ARRS (Additional Roles Reimbursement Scheme) funding, they all need training. The activity data provided only includes telephone/video calls and does not include all the other work that takes place behind the scenes by GPs and practice staff. It was further noted that some of this additional staffing is temporary to cover absences or to support the vaccination programme for example and is not recurrent funding. Additional funding had been earmarked by the government to support Long Covid patients; it was uncertain at this time what the funding allocated to Stockport would be.</p> <p>D Dolman left the meeting.</p> <p>P Stevens referenced a You Tube video published on a BBC news programme a week ago, produced by the Institute of GP Management, 'If I Die It's Your Fault'. It highlighted the amount of abuse that staff are facing on a daily basis due to the restrictions in offering face to face appointments and the volume of calls causing some difficulties in getting through to a member of staff. G Miller highlighted the work that needs to take place with the public to manage their expectations. A discussion took place on the challenges faced by practice staff. A Rolfe offered to attend a practice managers' meeting to offer a space for bringing up issues, or a member of her team if this was more appropriate. In addition, the CCG would facilitate training for practice staff to handle difficult patients.</p> <p>A GP Masterclass is due to take place the following week with a focus on Stockport SEND Improvement journey followed by an update on ICS (Integrated Care System) developments.</p>	
<p>7. Notification of any GM (Greater Manchester) updates</p>	

<p>G Henshaw advised that GM recognised that primary care is experiencing significant demand. A Task and Finish Group had been set up involving commissioners and providers to manage the demands in primary care following a system wide targeted approach.</p> <p>A number of key priorities had been identified that would have an impact on supporting system recovery; these included: Improved access / Health & Wellbeing and Resilience / Communications / Workforce / Urgent Care.</p> <p>There are various resources available to support the workforce including the GM Health & Wellbeing toolkit, workforce bank, a GP retention fund to CCGs, and additional funding to support the vaccination programme – the host provider for this work is Tameside & Glossop. CCGs await details of the funding to be allocated to support the Long Covid programme.</p> <p>There are now four community pharmacies in Stockport that had signed up to support the delivery of the vaccination programme (19 community pharmacies across GM).</p> <p>The Chair thanked G Henshaw for the update.</p>	
Primary Care Development	Action
8.1 Review of Local Enhanced Services – forward view	
This item was deferred to the next meeting when more information could be available.	
8.2 PCN Covid Vaccination programme update	
<p>A Rolfe advised that over 350k vaccines (first and second doses) had been issued in Stockport, a tremendous achievement. There remained one PCN delivering to cohorts 10 – 12 and four community pharmacies; this was in addition to the national sites and pop-up sites on offer.</p> <p>A Rolfe thanked the CCG staff and all practice staff, Council staff, pharmacies and volunteers that had coordinated and supported the delivery of the vaccination programme and the Covid activity over the last 15 months.</p> <p>The Chair conveyed the appreciation of the Committee to all staff that had supported and continued to support the vaccination programme.</p> <p>S Woodworth joined the meeting.</p>	
8.3 Primary Care Quality update	
<p>A Rolfe presented an overview of the Quality Dashboard and highlighted the areas of focus for the Quality team. There had been an issue for some practices due to rejected cervical samples – this matter would be dealt with on an individual practice basis.</p> <p>Due to the number of comments / concerns received back from patients, an audit would be undertaken by a member of the Quality team to review practice telephone systems. A schedule of visits would be put in place to visit those practices that had received a number of comments. It was noted that</p>	

<p>new telephone holding systems had been put in place at some practices providing a callback facility. Data indicated that this facility had been used frequently by patients in Stockport (over 15k callbacks).</p> <p>The Chair thanked A Rolfe for her update.</p> <p>RESOLVED:</p> <p>(i) The Primary Care Commissioning Committee receive and Note the Primary Care Quality update.</p>	
Performance	Action
9.1 Finance Report for period ending 31 May 2021	
<p>Members were referred to the Finance Report for period ending 31 May 2021. It was noted that the CCG had submitted a balanced plan for H1 (first half of the financial year) in 2021/22 and is reporting a breakeven position year to date for the period ending 31 May 2021 (Appendix 1) and forecast breakeven position for H1 2021/22 (Appendix 2).</p> <p>GMS and PMS contracts, PCN DES, QOF, LD Health Checks and CQC are based on the latest published national rates, guidance and January 2021 patient list sizes. The remaining expenditure had been based on the Month 11 2020/21 budget uplifted using growth assumptions. There were no variances to report for the month.</p> <p>The difficulty in planning for H2 2021/22 without any details on allocations was acknowledged.</p> <p>RESOLVED:</p> <p>(i) That Primary Care Commissioning Committee Approve the primary care delegated expenditure plan for H1 2021/22.</p> <p>(ii) That Primary Care Commissioning Committee Note that a breakeven position is being reported to date and forecast the six month period ending 30 September 2021.</p> <p>The Chair thanked the Finance team for achieving this position.</p> <p>It was noted that the Covid Expansion fund had not been included in the plan; once the allocation had been received, it would be included in the plan.</p>	
Any Other Business	
10.1 Chair's update: ICS for primary care	
<p>The Chair reported that two further meetings had been held with W Heppolette (GM team). Members continued to raise the importance of primary care as well as place and locality in the discussions on the development of an ICS. The next planned meeting is 1 July 2021.</p>	

G Henshaw explained that there are a number of task and finish groups including representatives from commissioners and primary care, looking at spatial level working – this is an ongoing piece of work. The detail on funding and governance would follow.	
(ii) GP Masterclass	
The next GP Masterclass would take place on 23 June 2021. As reported earlier in the meeting the first part of the meeting would be focused on the SEND Improvement journey and the remainder of the session on the development of the ICS. Some of the sessions would be delivered by the PCN Clinical Directors.	
Meeting Governance	
Date and time of next meeting:	
Date, time and venue of next meeting:	
Wednesday 18 August 2021 15:00 – 17:00 pm, Virtual Meeting	

**PRIMARY CARE
COMMISSIONING -
ACTION LOG - 16 June 2021**

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
029/04.12.19	04.12.19	6	To close	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 18.08.21	Completed
048/16.06.21	16.06.21	5	In progress	To engage on Practice Policy re: Practice Closures - liaise with Communications team	GMI	18.08.21	Policy to be considered by PIN prior to being circulated more widely

**Agenda Documentation
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GP Patient Survey – Quality Report

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Graham Smith/Elaine Abraham Lee		
Date:	6 th August 2021	Agenda Item No:	10.1
Previously Considered by:	Primary Care Team		

Decision	No	Assurance	Yes	Information	Yes
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Conflicts of Interests	
Potential Conflicts of Interest:	GP Practice representatives

Purpose of the report:
To advise on the information in the survey and to inform about the next steps being to understand and implement any dissemination of good practice or service improvements needed
Key points (Executive Summary):
That primary care in Stockport is equal to or better than the national average across every area of the survey. However there will need to be a continued focus on maintaining this experience of people registered with a Stockport GP, as well as looking at areas where there are improvement opportunities.
Recommendation:
<ol style="list-style-type: none"> 1. To note this will be the last patient survey presented to the CCG ahead of ICS transition, and it should be recorded that the handover position is considered to be good. 2. To commend primary care across Stockport for the good outcomes for local people. 3. To note that the CCG primary care team will continue to work with primary care colleagues to maintain and improve the Stockport primary care offer.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	<i>[Taken from the latest business plan]</i>
Which corporate objective(s) is / are supported by this report:	<i>[Taken from the latest business plan]</i>

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

Consultation and Engagement:	
Patient and Public Involvement:	<i>[What has been undertaken, when, with whom and in what form. Confirm any feedback addressed in report]</i>
Clinical Engagement:	<i>[What has been undertaken, when, with whom and in what form. Confirm any feedback addressed in report]</i>

1. INTRODUCTION

1.1 The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

The attached slide pack presents some of the key results for **NHS STOCKPORT CCG**. For NHS STOCKPORT CCG, **12,939** questionnaires were sent out, and **5,076** were returned completed. This represents a response rate of **39%**.

2. DETAIL

2.1 Please see the attached slide pack for discussion

3. CONCLUSION

3.1 Generally the primary care service offer to Stockport people is good. However there is a need to continue to maintain this level of offer to sustain good patient outcomes.

4. NEXT STEPS

4.1 The Executive Nurse and Medical Director, along with the primary care team will be working closely with PCN CDs, and with practices to continue to develop Stockport's primary care offer.

4.2 Preparation for the ICS transition is underway and this above average benchmarked position that Stockport primary care is in enables a solid handover position to take place.

5. POTENTIAL IMPLICATIONS

Potential Implications:									
Financial Impact:	Non-Recurrent Expenditure								
	Recurrent Expenditure								
	Expenditure included within CCG Financial Plan		Yes		No	x	N/A		
Performance Impact:		Maintenance of good position							
Quality and Safety Impact:		No							
Compliance and/or Legal Impact:		Contractual requirements to deliver primary care							
Equality and Diversity:		General Statement:							
		Has an equality impact assessment been completed?		Yes		No	x	N/A	
		If Not Applicable please explain why							

GP PATIENT SURVEY

NHS STOCKPORT CCG

Latest survey results

2021 survey publication

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[Satisfaction with general practice appointment times](#)

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[Want to know more?](#)

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS STOCKPORT CCG**.
- The data in this slide pack are based on the 2021 GPPS publication.
- In NHS STOCKPORT CCG, **12,939** questionnaires were sent out, and **5,076** were returned completed. This represents a response rate of **39%**.
- The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time. In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#). The questionnaire including past versions, and the Technical Annex can be found here: <https://gp-patient.co.uk/surveysandreports>.

The image shows a screenshot of the GP Patient Survey questionnaire form. At the top, it features the Ipsos MORI and NHS logos. The title 'GP PATIENT SURVEY' is prominently displayed. Below the title, there is a section for survey details, including a survey number and an online password. The main body of the form is titled 'Your local GP services' and contains several questions (Q1-Q8) with multiple-choice options. The questions cover topics such as the ease of getting through to the GP practice, the helpfulness of receptionists, the availability of online services, and patient satisfaction with appointment times and the GP practice itself. The form is designed to be user-friendly, with clear instructions and a logical flow of questions.

Introduction

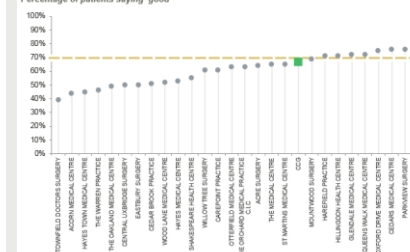
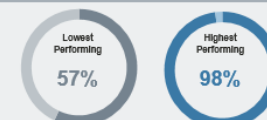
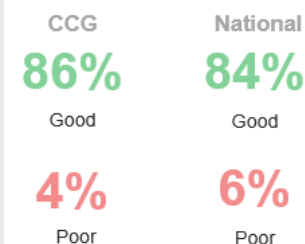
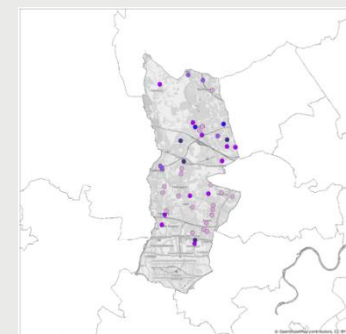
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - COVID-19
 - Some questions about you (including relevant protected characteristics and demographics)
- The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Where questions have changed significantly for the 2021 questionnaire, data will not be comparable to previous years.
- Where configurations of CCGs have changed, trend data will not be available for all years.
- All GP practices are aligned to the CCG assigned by the NHS Digital EPRACCUR mapping file published on 8 April 2021, accessed via the Technology Reference data Updated Distribution (TRUD) system. This may not reflect where patients live. For example, GP at Hand is aligned to NHS NORTH WEST LONDON CCG and has registered practices in London and Birmingham.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:


- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here:
<https://england.nhs.uk/about/regional-area-teams/>

Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or ‘quintiles’) in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2021 publication (fieldwork January to March 2021)
 - 2020: refers to the July 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.

 **More than 0% but less than 0.5%**

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

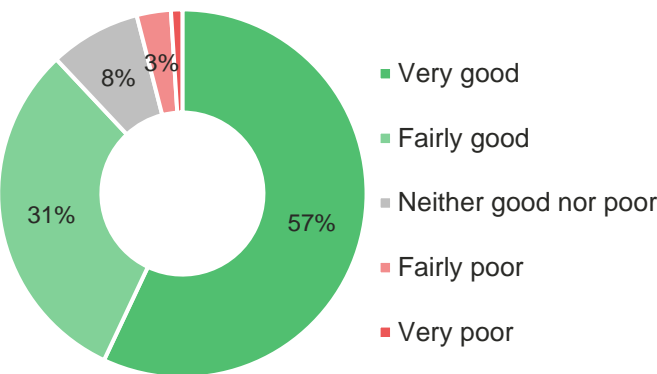
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed**.

Overall experience of GP practice

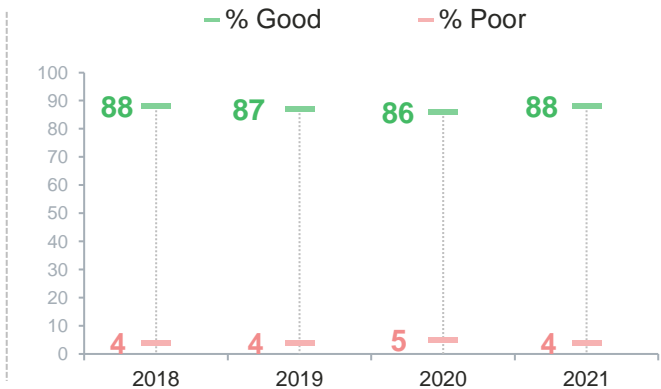
Overall experience of GP practice

Q30. Overall, how would you describe your experience of your GP practice?

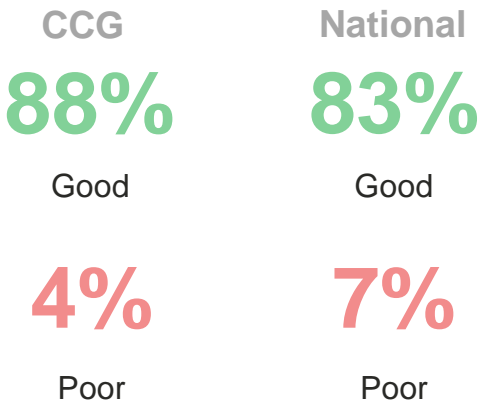
CCG's results



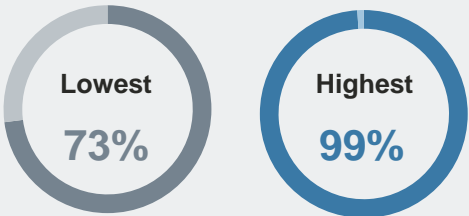
CCG's results over time



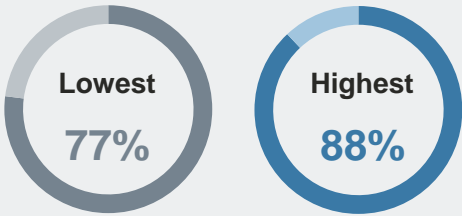
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



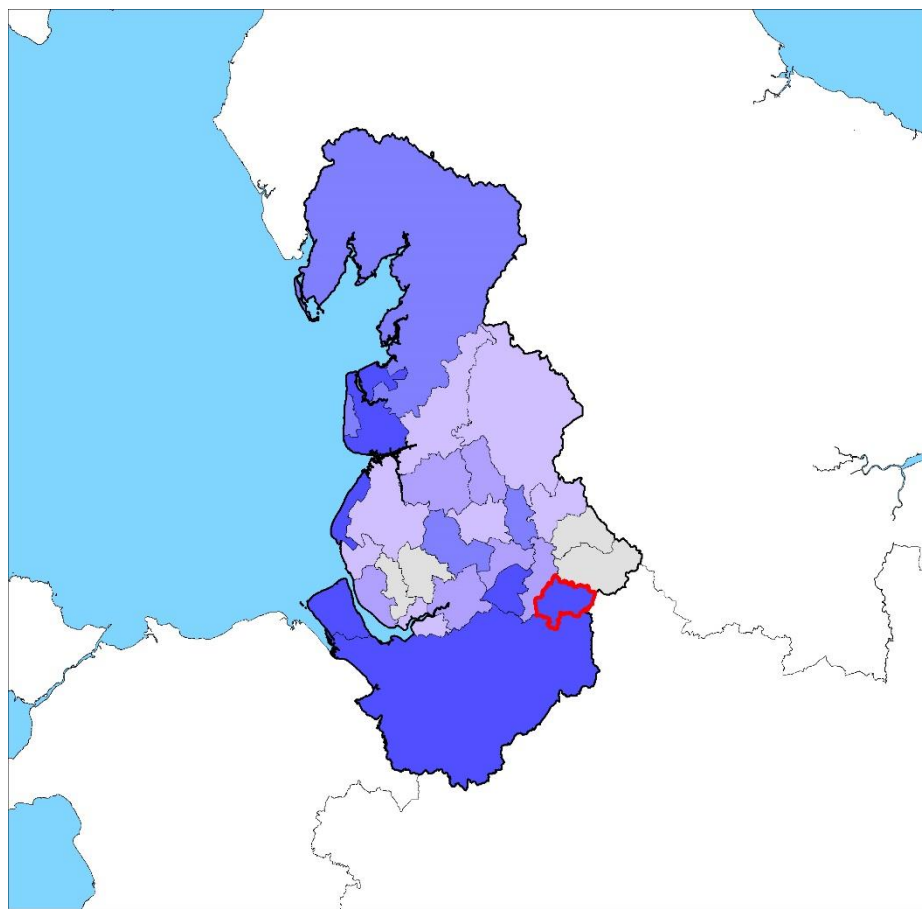
Base: All those completing a questionnaire: National (836,008); CCG 2021 (5,016); CCG 2020 (3,847); CCG 2019 (4,343); CCG 2018 (4,238); Practice bases range from 58 to 169; CCG bases range from 1,895 to 10,410

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

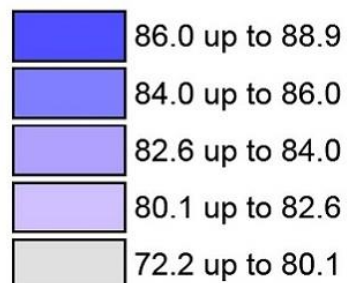
Overall experience: how the CCG's results compare to other CCGs within the region

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
%Good



Results range from

77%
to
88%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,895 to 10,410

%Good = %Very good + %Fairly good

Q30. Overall, how would you describe your experience of your GP practice?

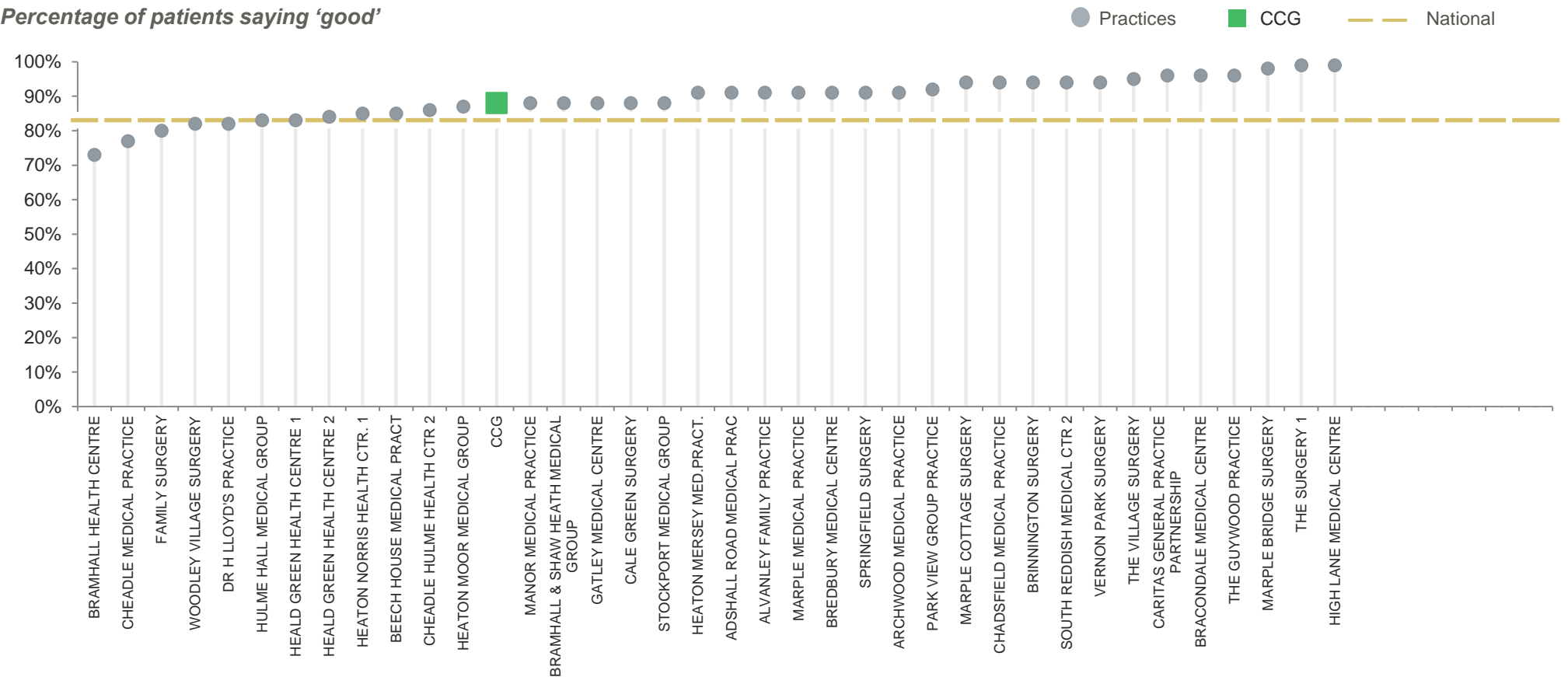
91.6 up to 100.0
87.3 up to 91.6
82.4 up to 87.3
76.0 up to 82.4
29.6 up to 76.0

73%
to
99%

$$\% \text{Good} = \% \text{Very good} + \% \text{Fairly good}$$

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (836,008); CCG 2021 (5,016); Practice bases range from 58 to 169

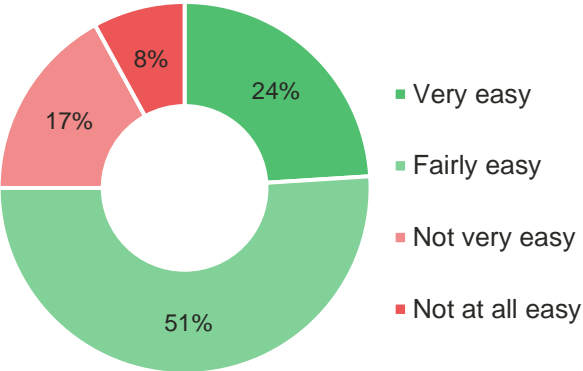
%Good = %Very good + %Fairly good

Local GP services

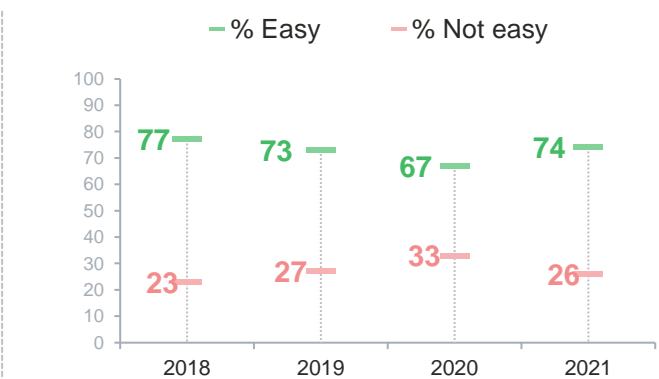
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

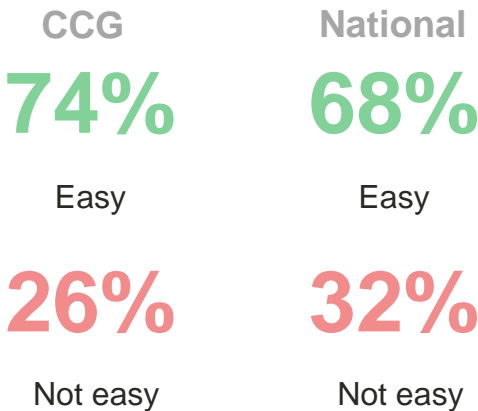
CCG's results



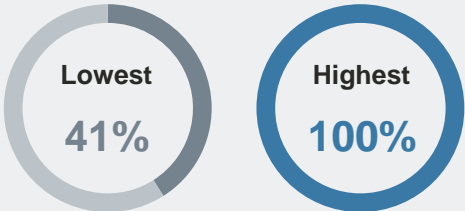
CCG's results over time



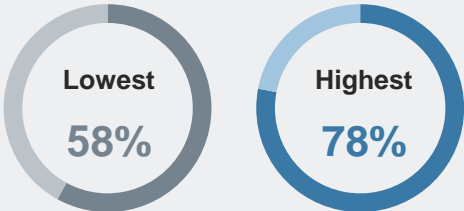
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



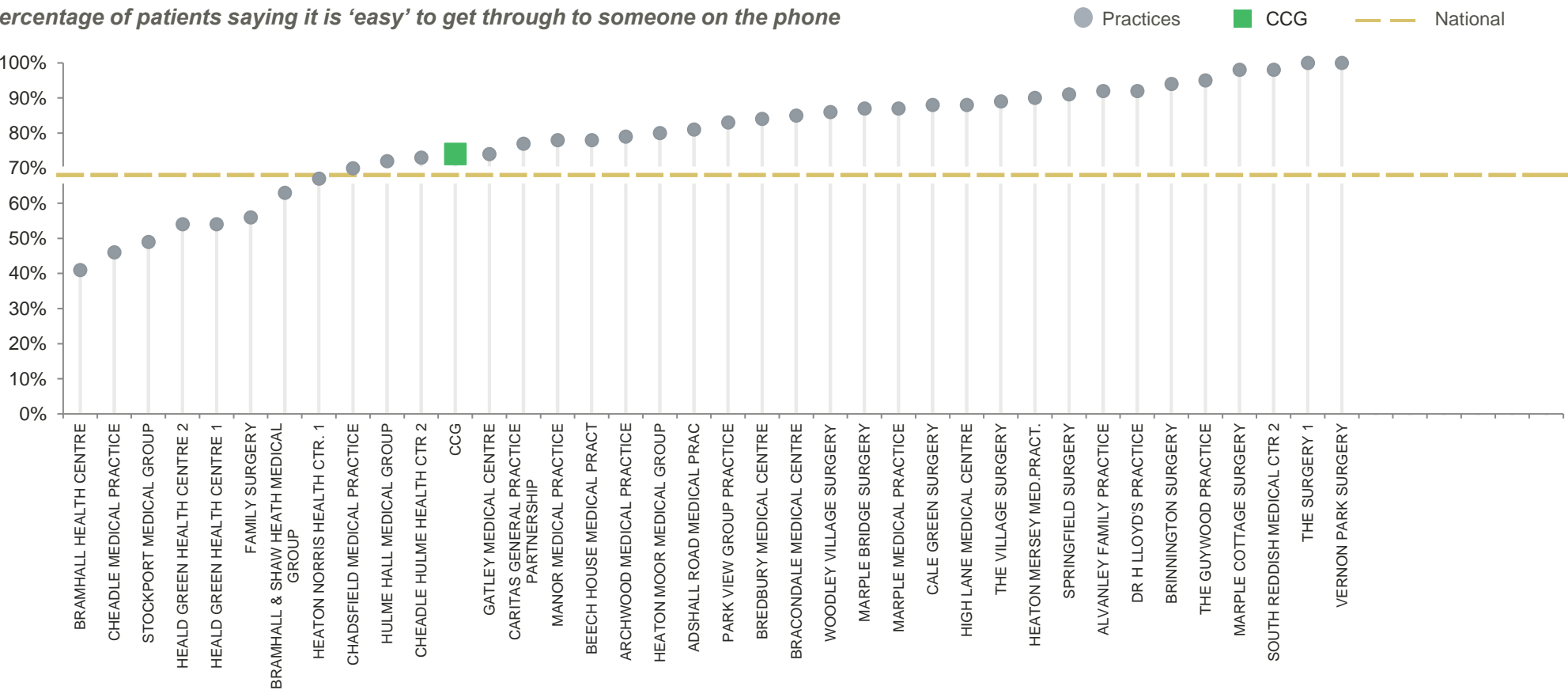
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (4,860); CCG 2020 (3,850); CCG 2019 (4,264); CCG 2018 (4,171); Practice bases range from 58 to 161; CCG bases range from 1,843 to 10,126

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

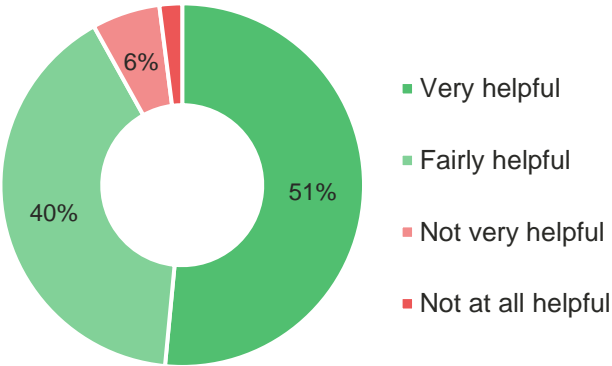
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (4,860); Practice bases range from 58 to 161

%Easy = %Very easy + %Fairly easy

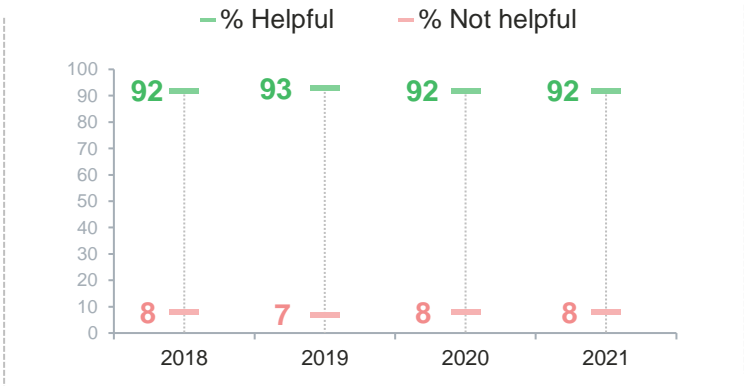
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

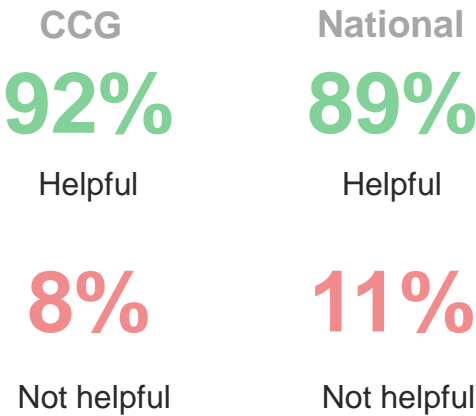
CCG's results



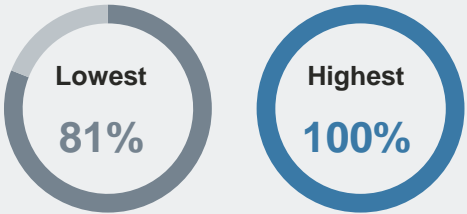
CCG's results over time



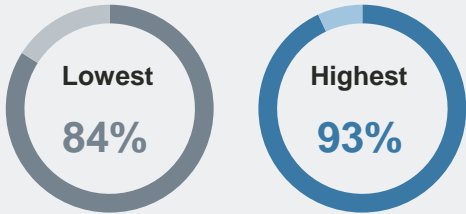
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful



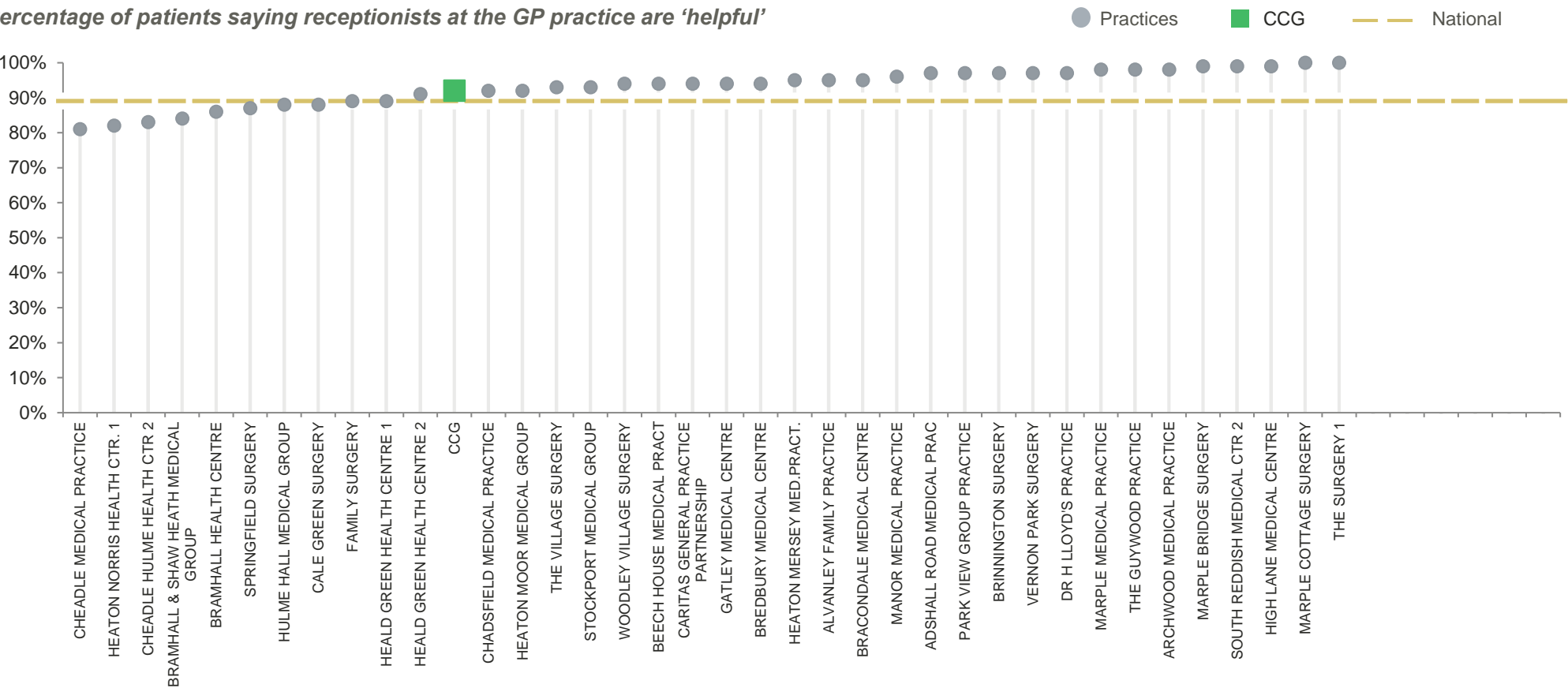
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (4,899); CCG 2020 (3,900); CCG 2019 (4,289); CCG 2018 (4,212); Practice bases range from 59 to 165; CCG bases range from 1,844 to 10,215

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only: differences may not be statistically significant

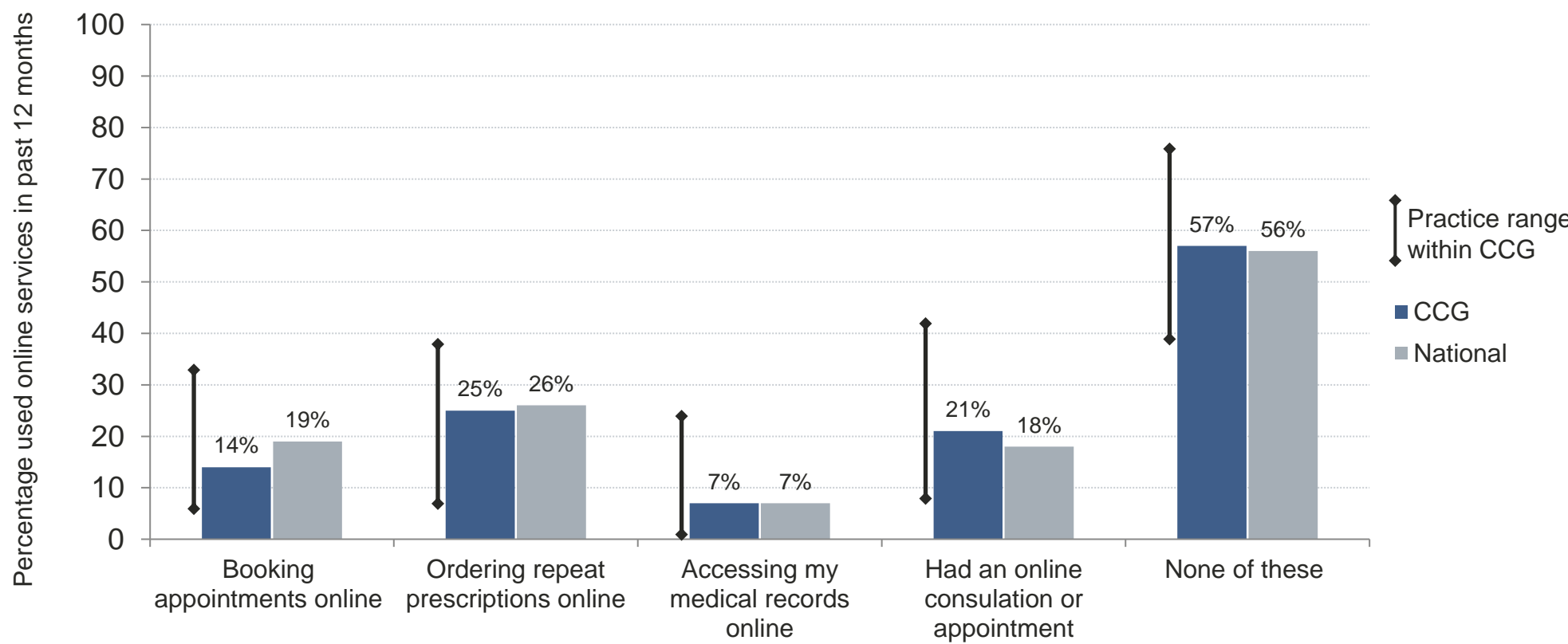
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (4,899); Practice bases range from 59 to 165

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Online service use

Q3. Which of the following general practice online services have you used in the past 12 months?



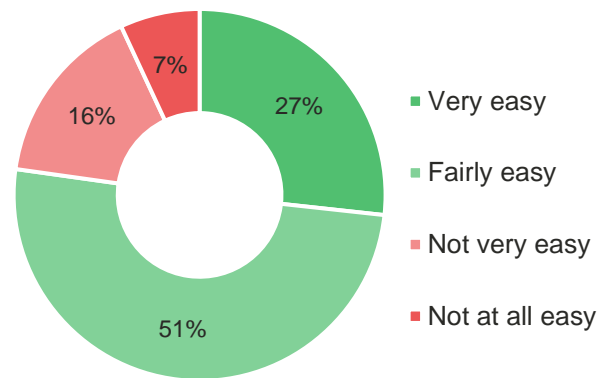
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (832,291); CCG 2021 (4,973); Practice bases range from 61 to 164

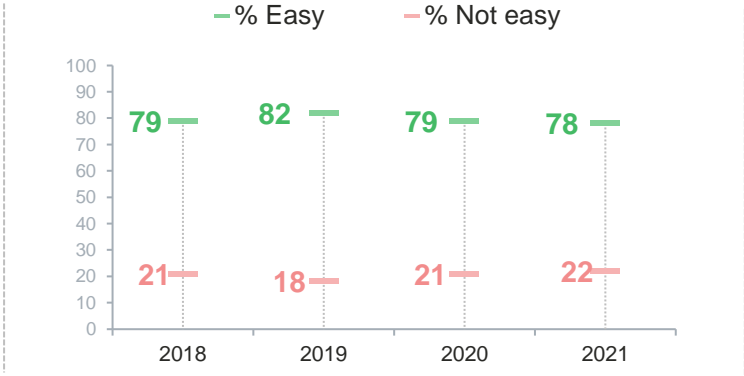
Ease of use of online services

Q4. How easy is it to use your GP practice's website to look for information or access services? ¹

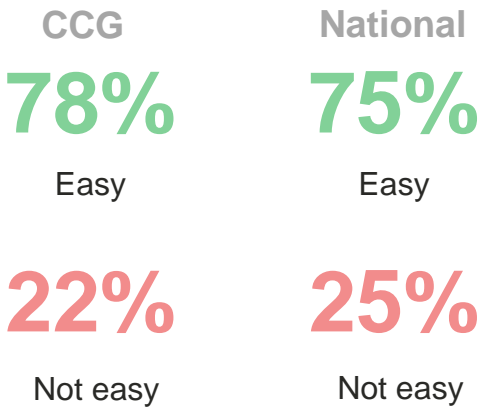
CCG's results



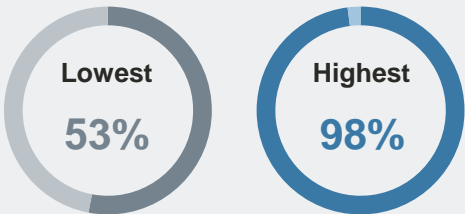
CCG's results over time



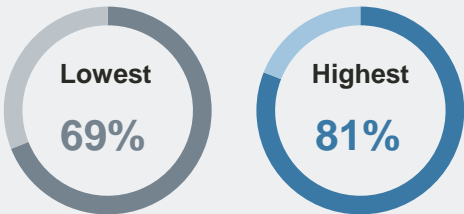
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



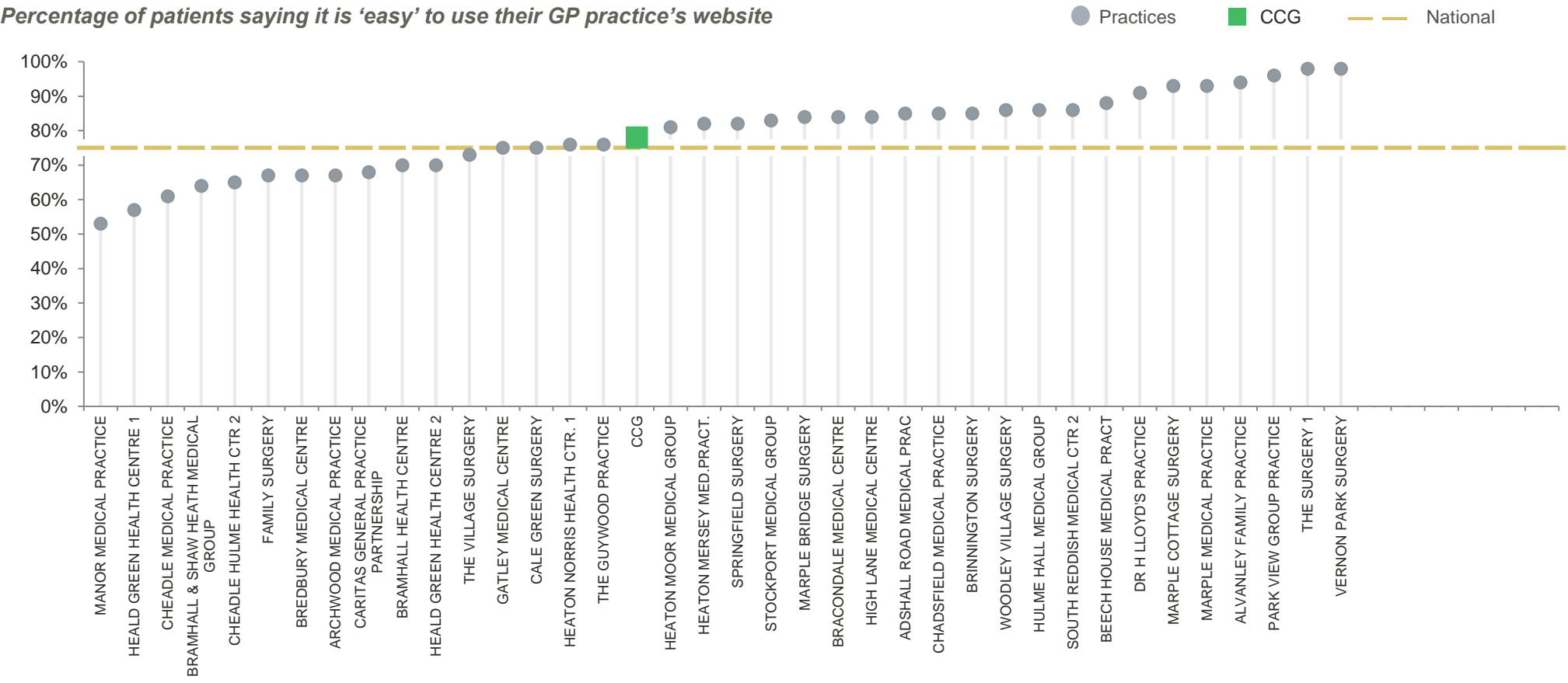
¹ Those who say 'Haven't tried' (53%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (2,178); CCG 2020 (1,364); CCG 2019 (1,368); CCG 2018 (1,270); Practice bases range from 23 to 111; CCG bases range from 823 to 4,904

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of use of online services: how the CCG's practices compare

Q4. How easy is it to use your GP practice's website to look for information or access services?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (2,178); Practice bases range from 23 to 111

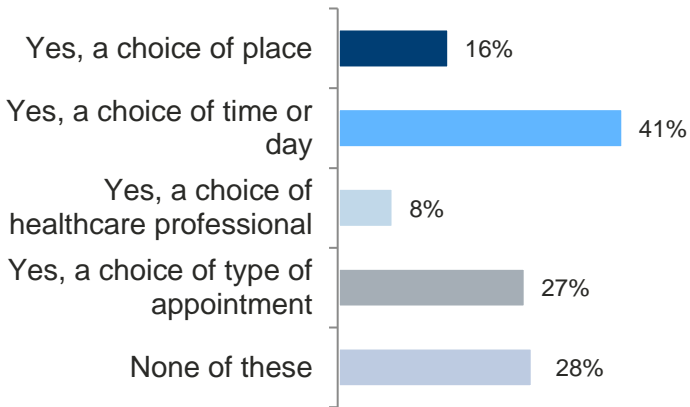
%Easy = %Very easy + %Fairly easy

Making an appointment

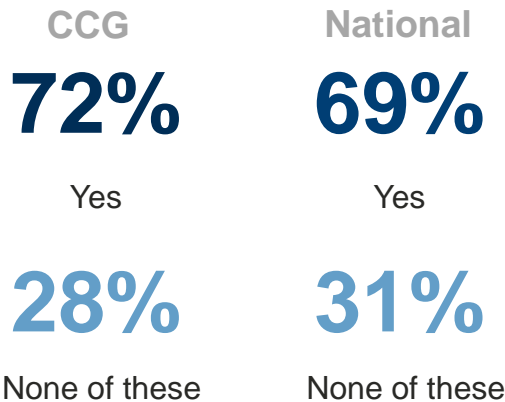
Choice of appointment

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

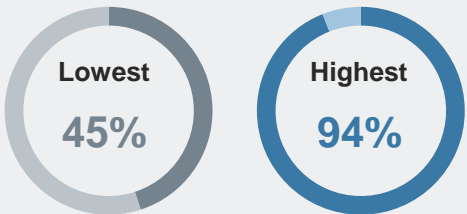
CCG's results



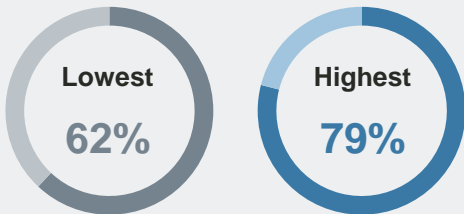
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

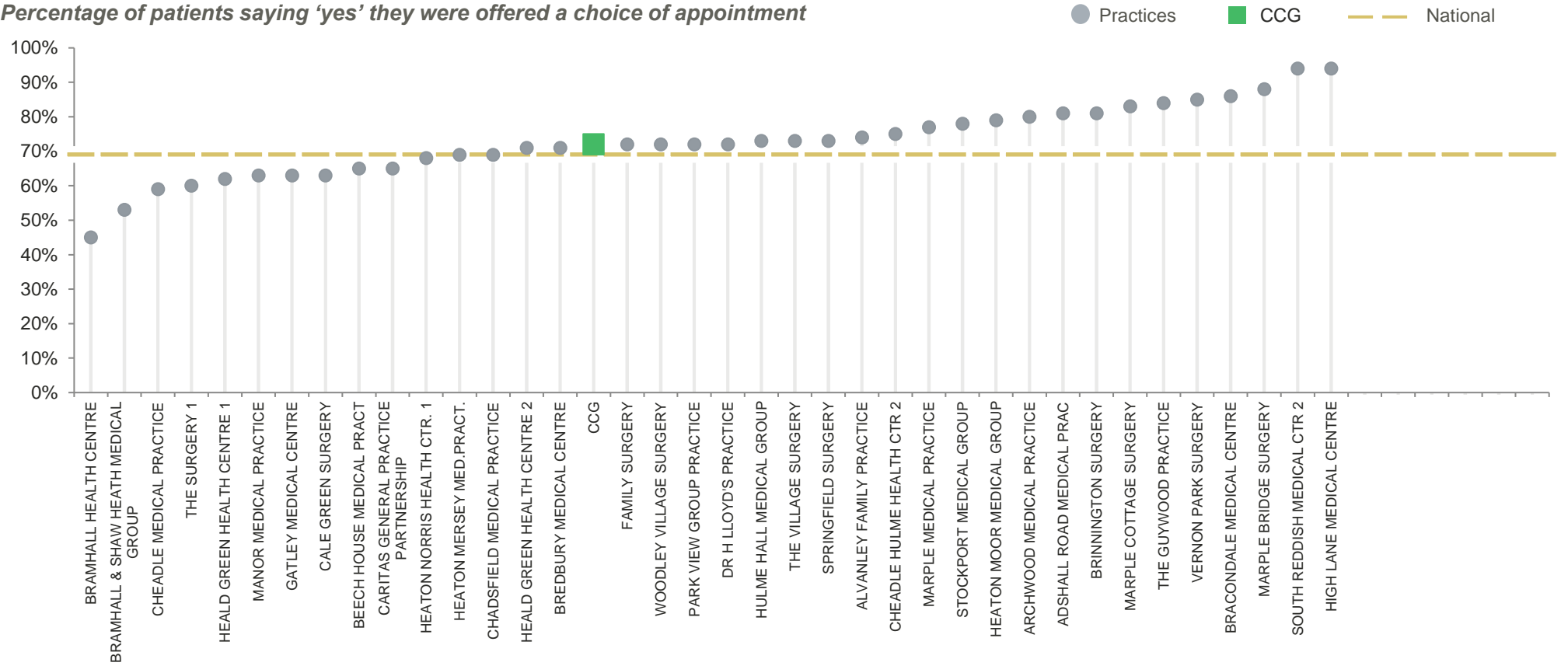


Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (3,475); Practice bases range from 30 to 119; CCG bases range from 1,311 to 7,200

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Choice of appointment: how the CCG's practices compare

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?



Comparisons are indicative only: differences may not be statistically significant

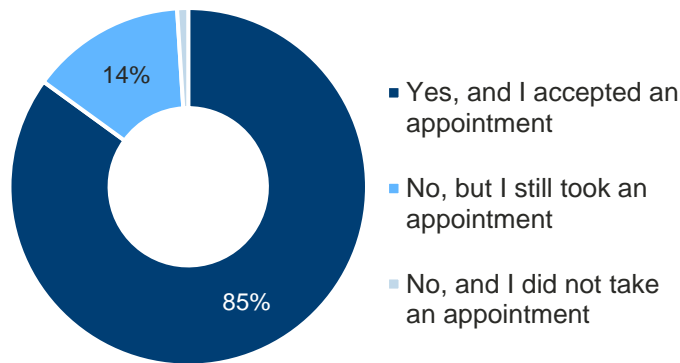
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (3,475); Practice bases range from 30 to 119

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Satisfaction with appointment offered

Q15. Were you satisfied with the appointment (or appointments) you were offered?¹

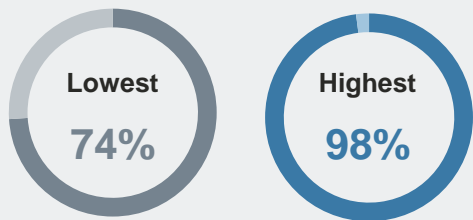
CCG's results



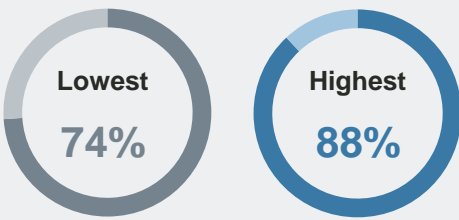
Comparison of results

CCG	National
85%	82%
Yes, took appt	Yes, took appt
14%	16%
No, took appt	No, took appt
1%	2%
No, didn't take appt	No, didn't take appt

Practice range within CCG – % Yes



CCG range within region – % Yes

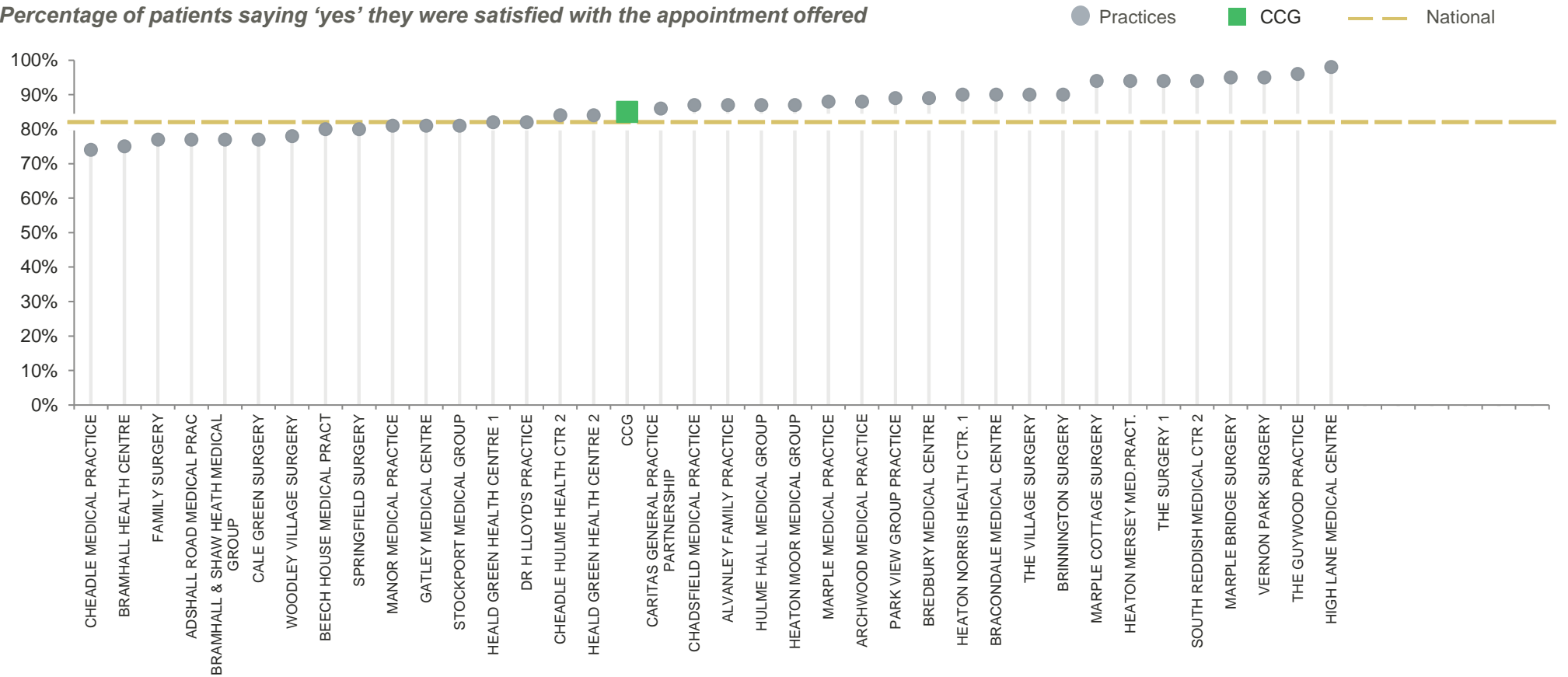


¹ Those who say 'I was not offered an appointment' (6%) have been excluded from these results.

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (4,372); Practice bases range from 41 to 150; CCG bases range from 1,539 to 8,950

Satisfaction with appointment offered: how the CCG's practices compare

Q15. Were you satisfied with the appointment (or appointments) you were offered?

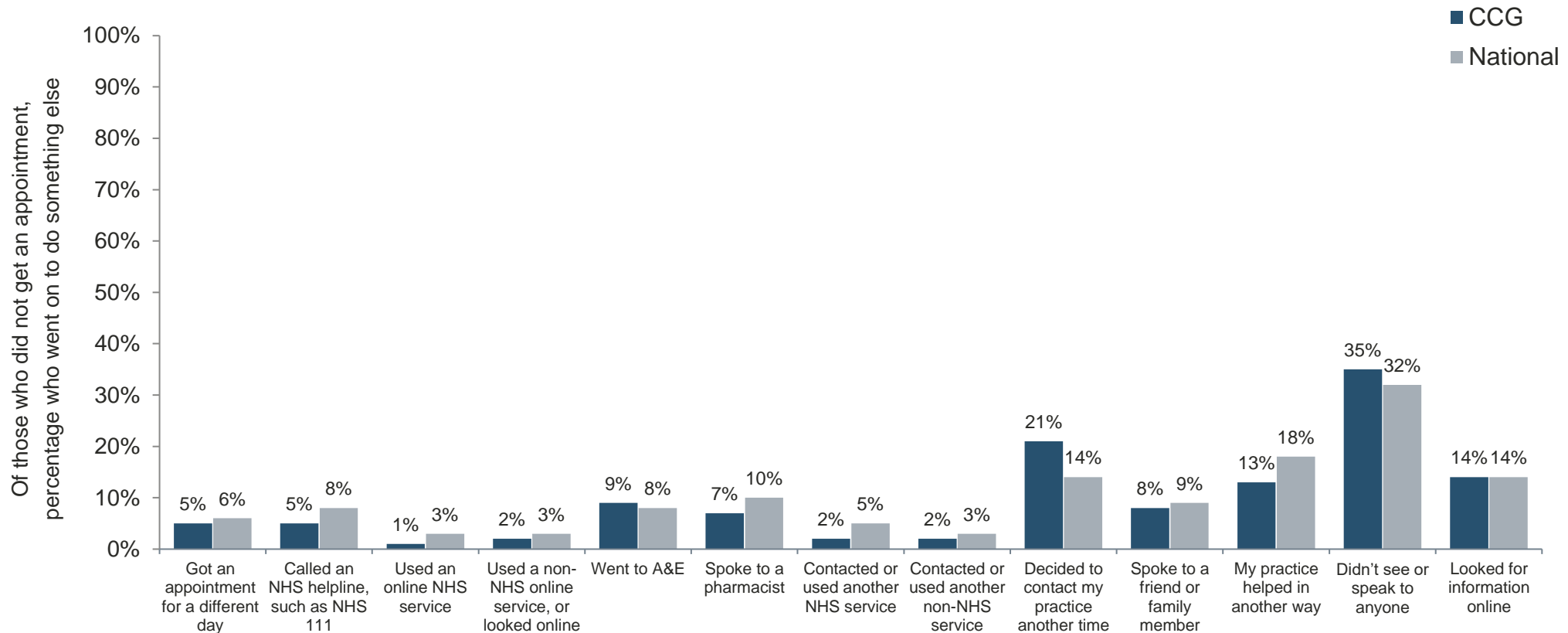


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (4,372); Practice bases range from 41 to 150

What patients do when they did not get an appointment

Q17. What did you do when you did not get an appointment?



Comparisons are indicative only: differences may not be statistically significant

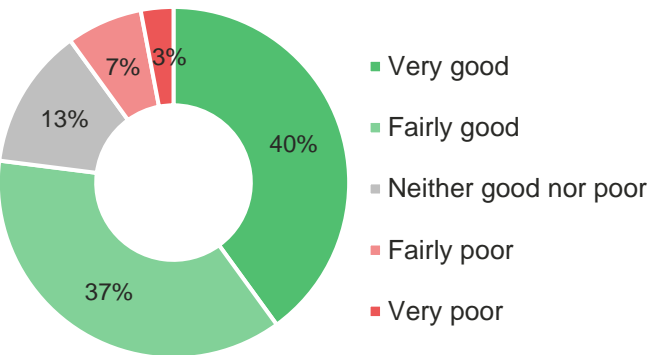
Looked for information online asked of online respondents only

Base: All who did not get an appointment (excluding those who haven't tried to make one since being registered): National (69,437); CCG 2021 (308)

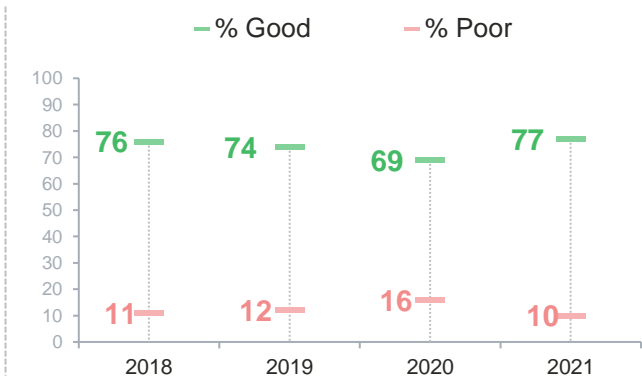
Overall experience of making an appointment

Q20. Overall, how would you describe your experience of making an appointment?

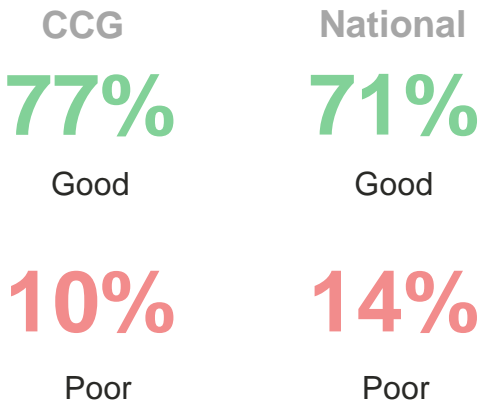
CCG's results



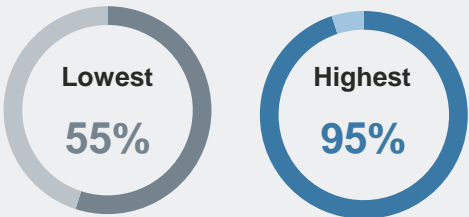
CCG's results over time



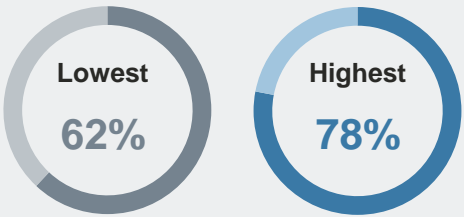
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good

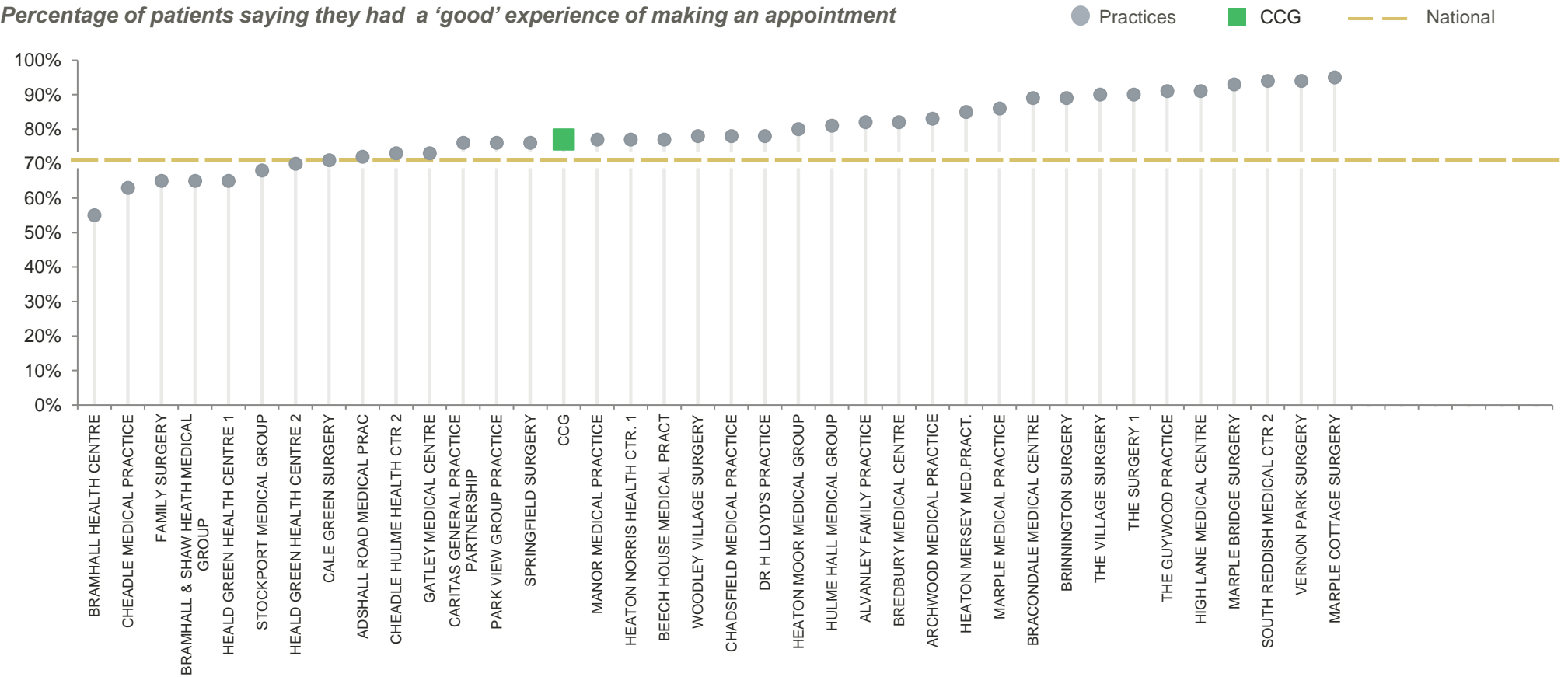


Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (4,624); CCG 2020 (3,660); CCG 2019 (4,041); CCG 2018 (3,938); Practice bases range from 47 to 155; CCG bases range from 1,749 to 9,572

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the CCG's practices compare

Q20. Overall, how would you describe your experience of making an appointment?



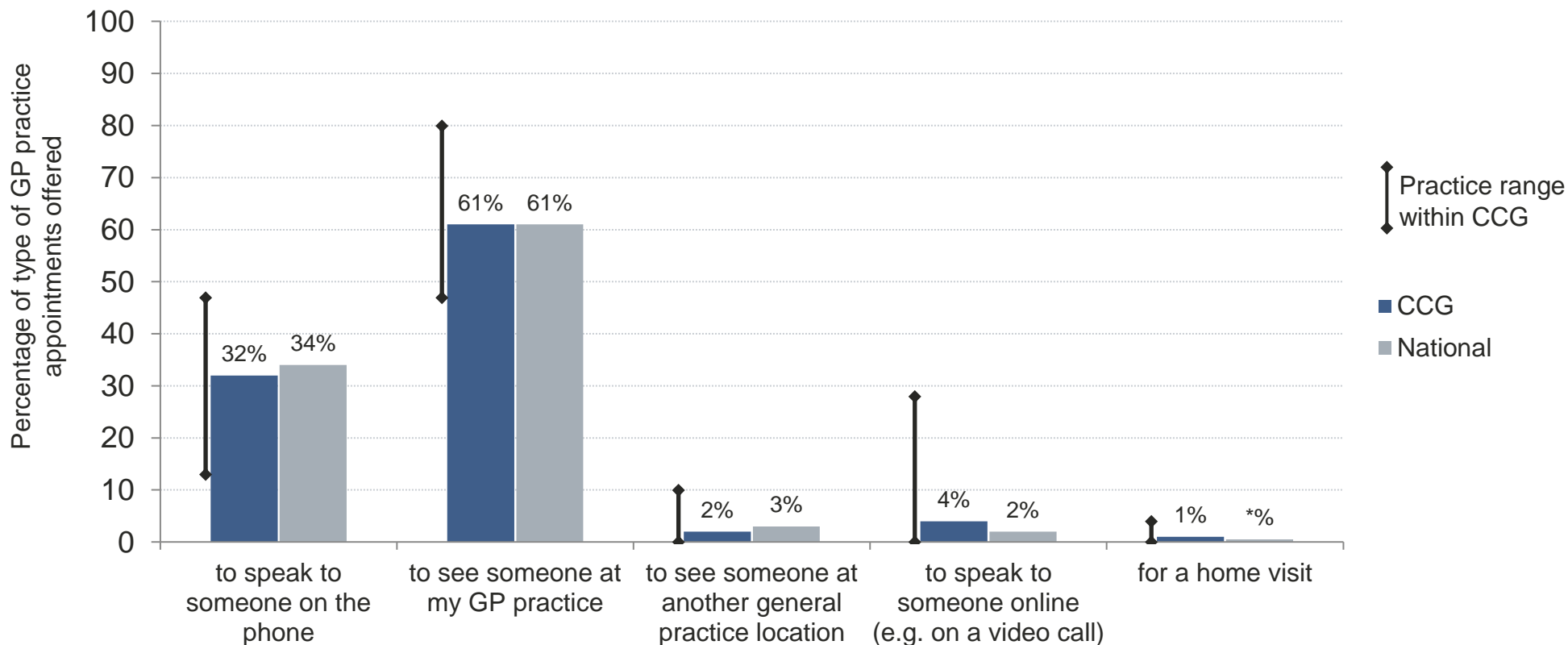
Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (4,624); Practice bases range from 47 to 155

%Good = %Very good + %Fairly good

Type of appointment

Q22. What type of appointment was your last general practice appointment? An appointment...



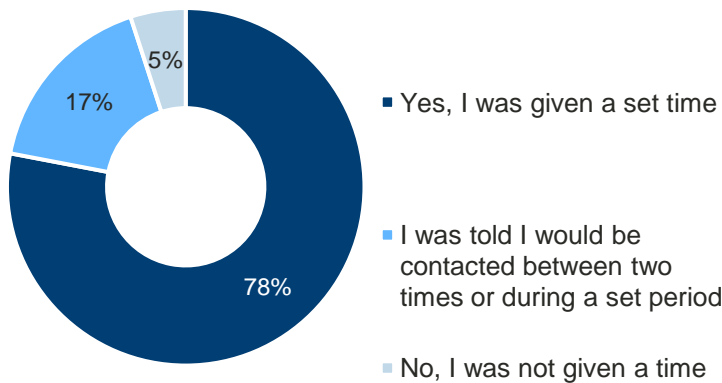
Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice: National (769,876); CCG 2021 (4,678); Practice bases range from 49 to 156

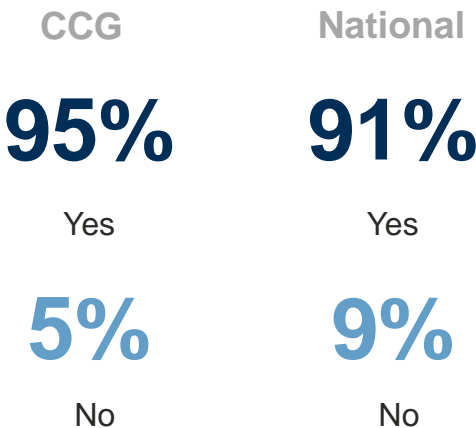
Given a time for appointment

Q23. Were you given a time for the appointment?

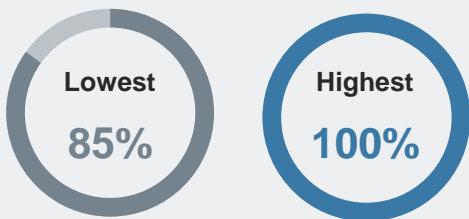
CCG's results



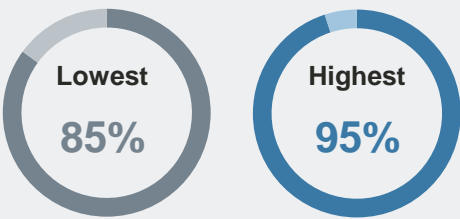
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

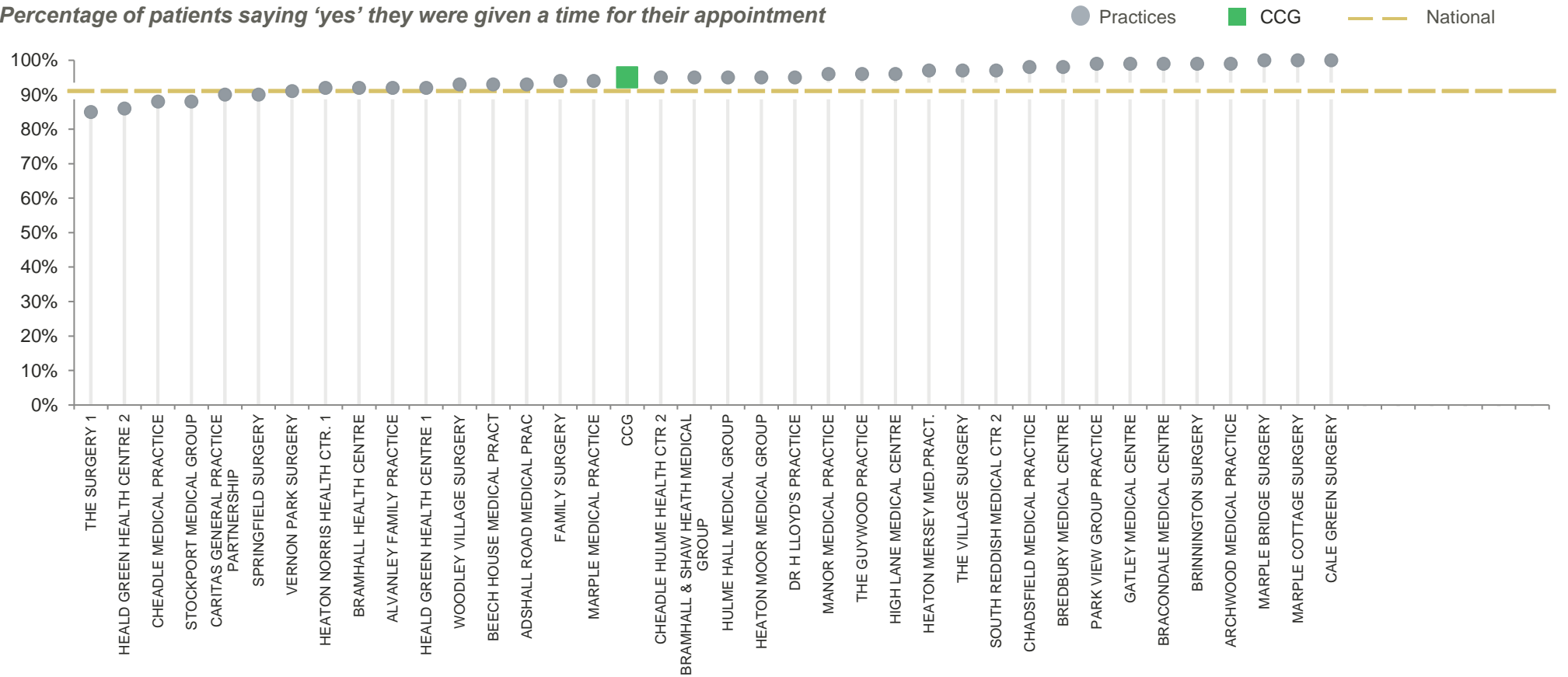


Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (4,517); Practice bases range from 41 to 153; CCG bases range from 1,695 to 9,357

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

Given a time for appointment: how the CCG's practices compare

Q23. Were you given a time for the appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (4,517); Practice bases range from 41 to 153

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q27-29. During your last general practice appointment...

CCG's results

National results
% 'No, not at all'

7%

4%

6%

CCG results

% 'No, not at all'

5%

3%

4%

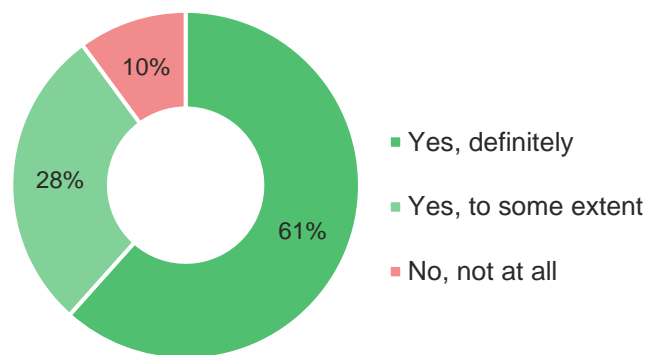


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say':
National (681,926; 759,144; 760,663); CCG 2021 (4,166; 4,613; 4,624)

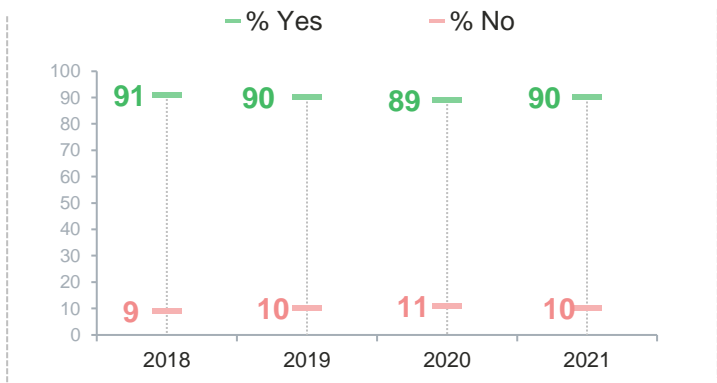
Mental health needs recognised and understood

Q26. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

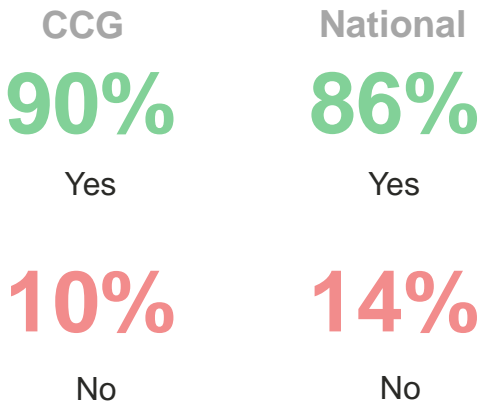
CCG's results



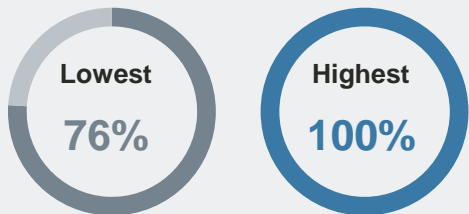
CCG's results over time



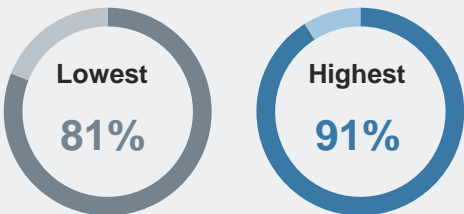
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (344,371); CCG 2021 (2,035); CCG 2020 (1,526); CCG 2019 (1,607); CCG 2018 (1,550); Practice bases range from 17 to 83; CCG bases range from 702 to 4,901

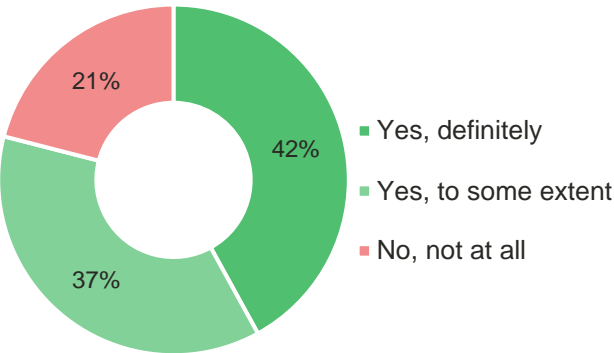
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

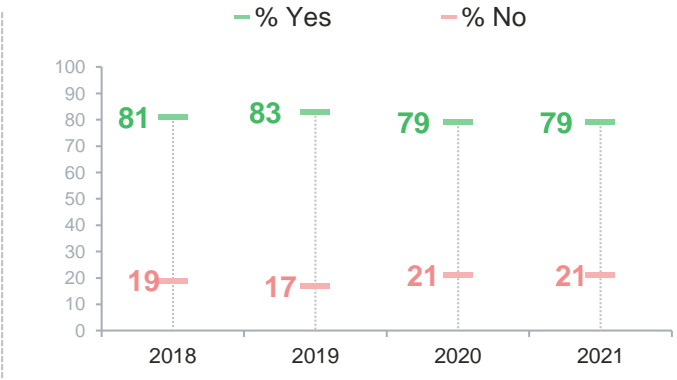
Support with managing long-term conditions, disabilities, or illnesses

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

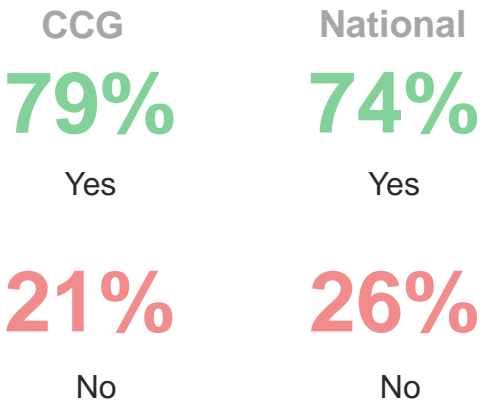
CCG's results



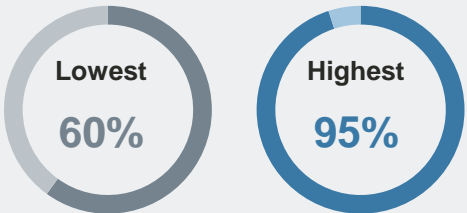
CCG's results over time



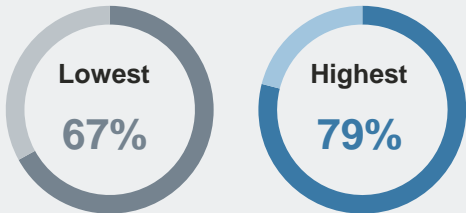
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



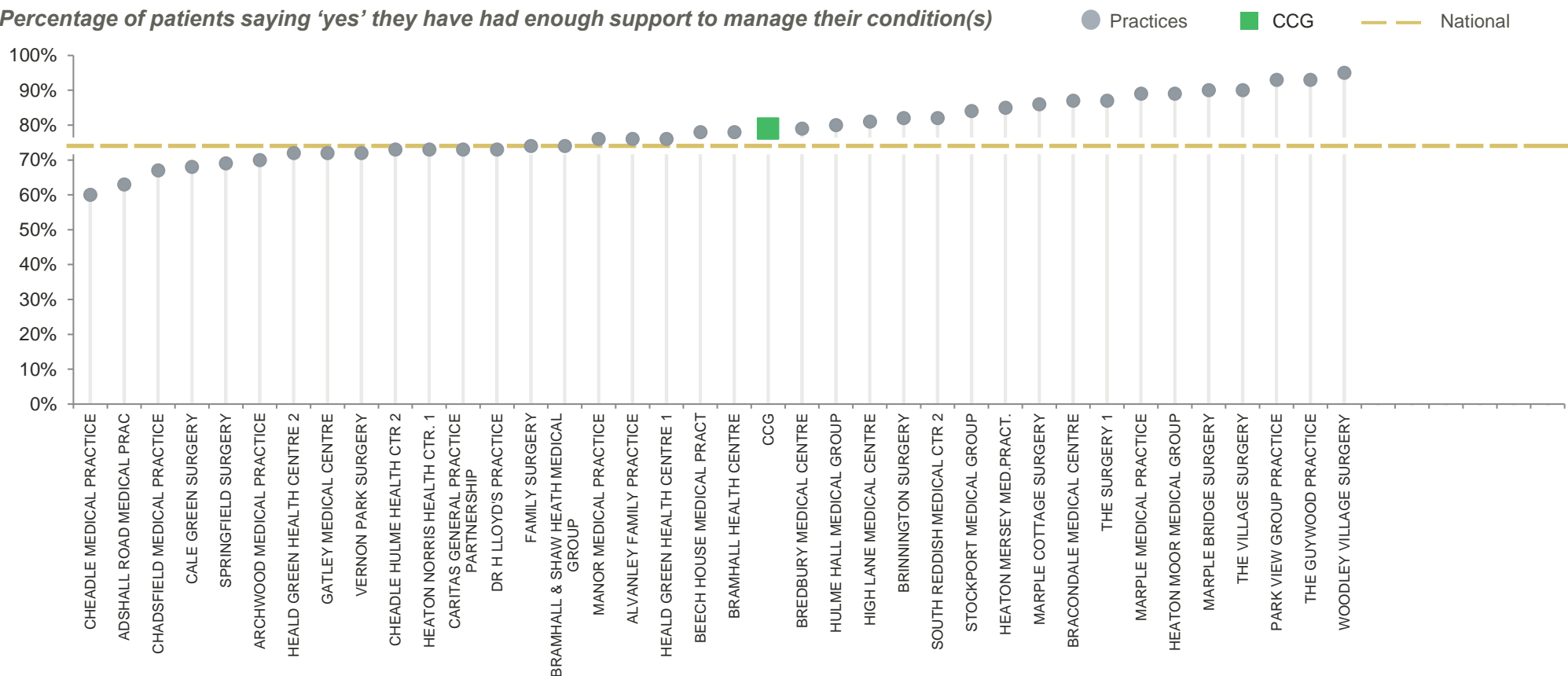
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (1,886); CCG 2020 (1,526); CCG 2019 (1,740); CCG 2018 (1,672); Practice bases range from 22 to 77; CCG bases range from 771 to 4,424

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

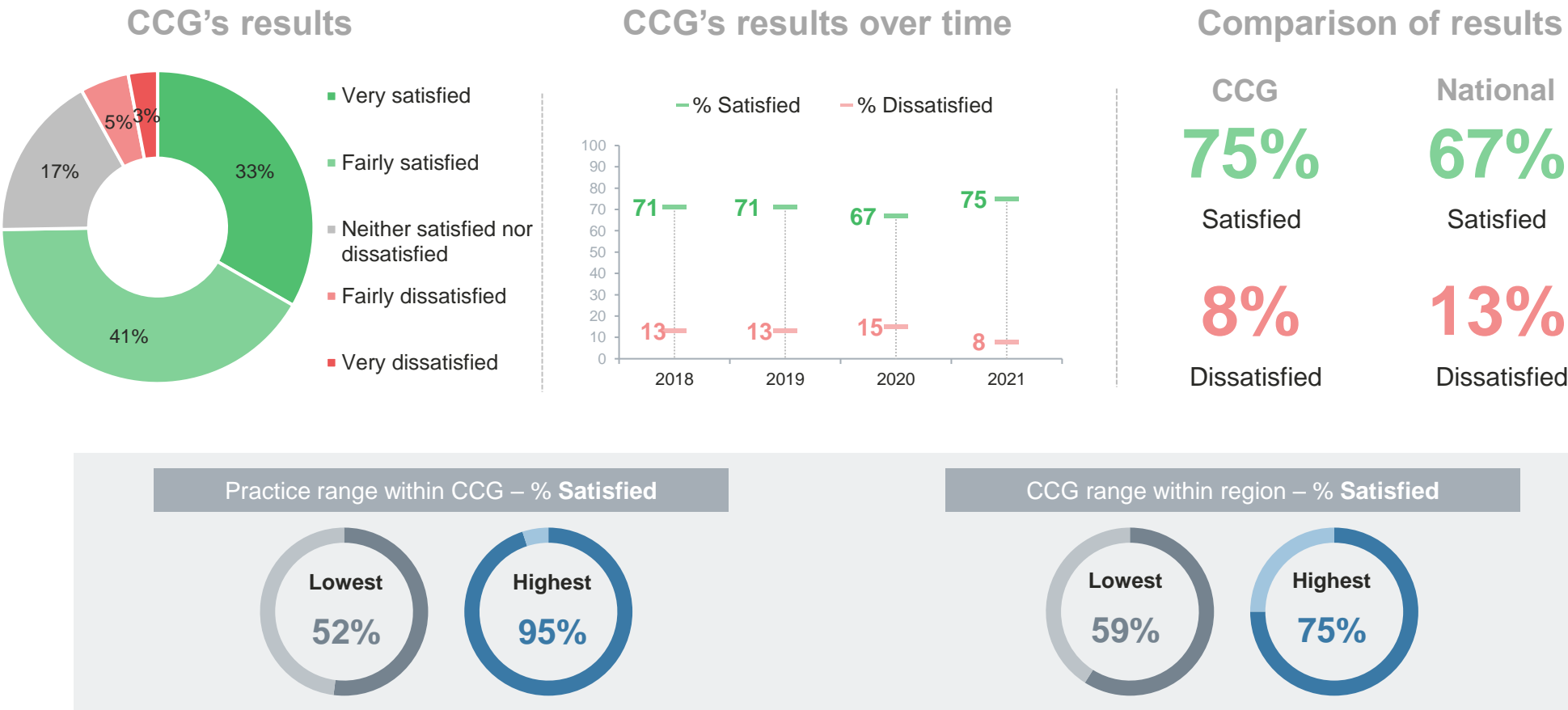
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (1,886); Practice bases range from 22 to 77

%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

Satisfaction with appointment times

Q6. How satisfied are you with the general practice appointment times that are available to you?¹



¹ Those who say 'I'm not sure when I can get an appointment' (6%) have been excluded from these results.

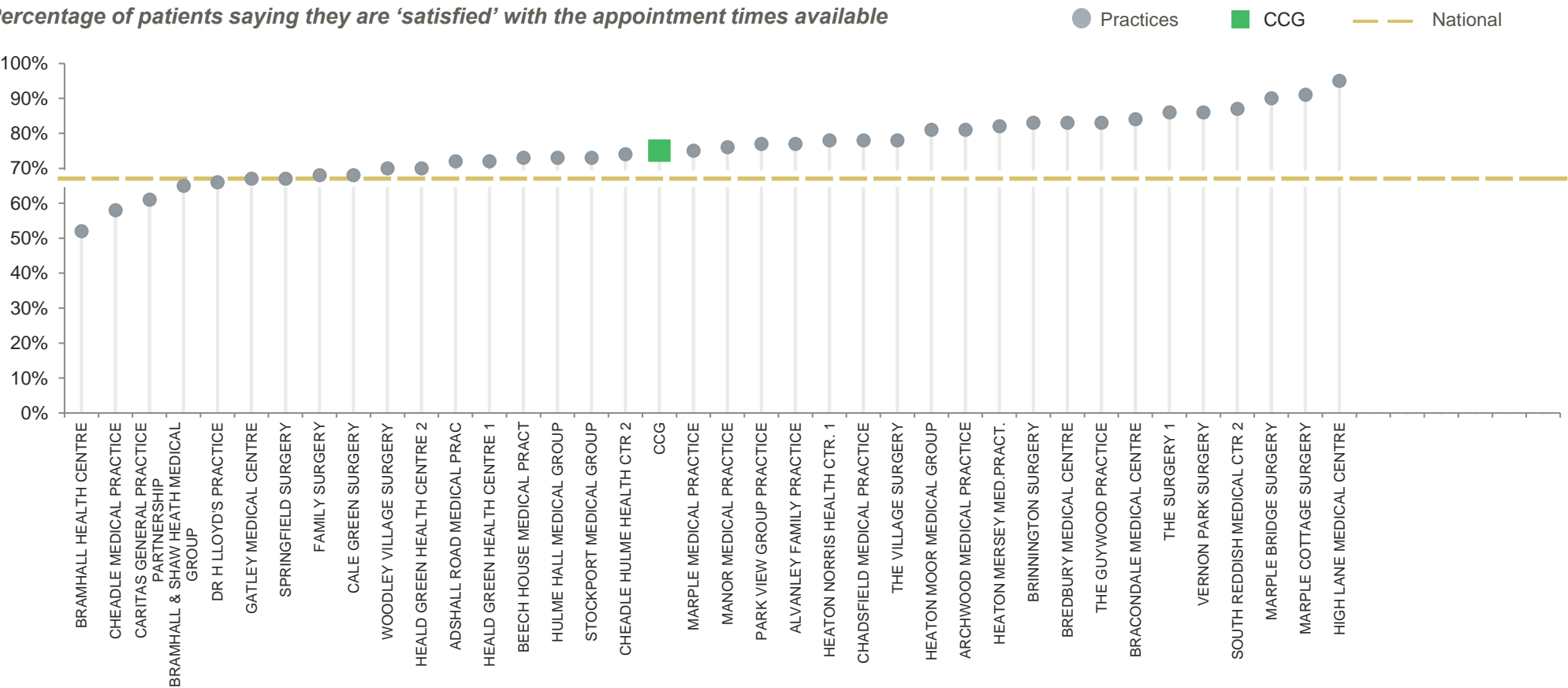
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (4,439); CCG 2020 (3,722); CCG 2019 (4,035); CCG 2018 (3,964); Practice bases range from 52 to 155; CCG bases range from 1,599 to 9,107

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (4,439); Practice bases range from 52 to 155

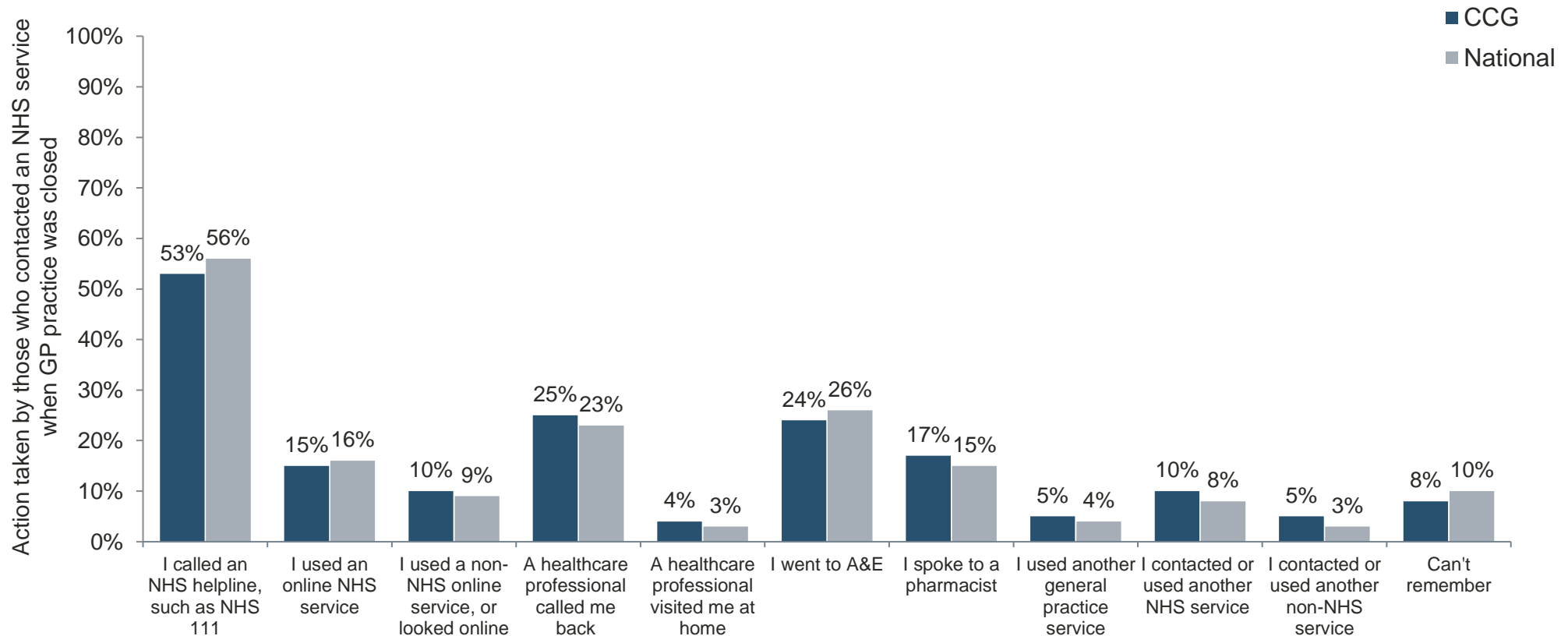
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q41. Considering all of the services you contacted, which of the following happened on that occasion?



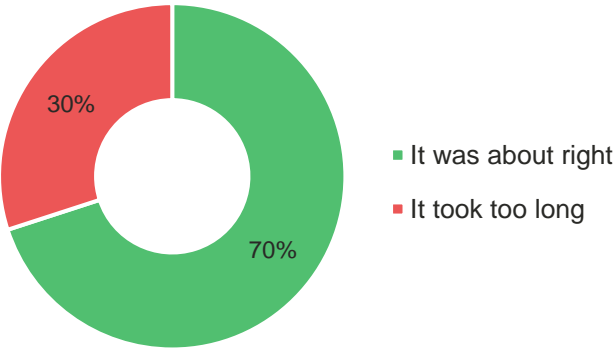
Comparisons are indicative only: differences may not be statistically significant

Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (145,830); CCG 2021 (791)

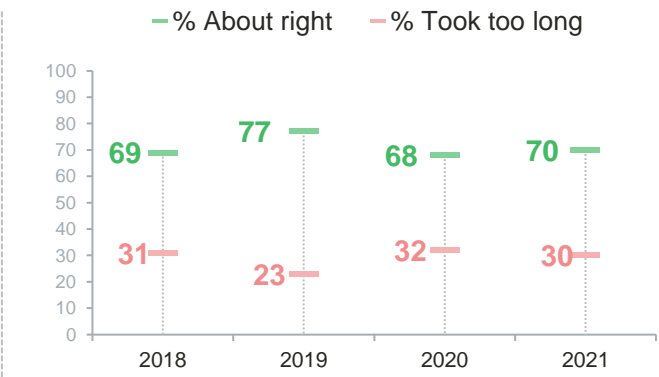
Time taken to receive care or advice when GP practice is closed

Q42. How do you feel about how quickly you received care or advice on that occasion?

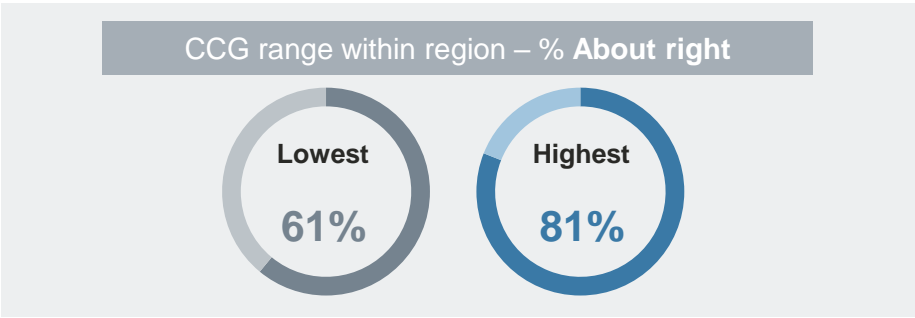
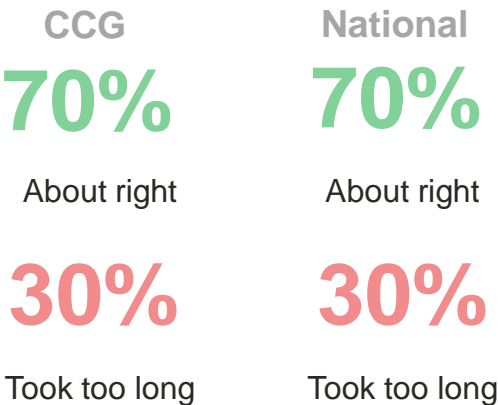
CCG's results



CCG's results over time



Comparison of results

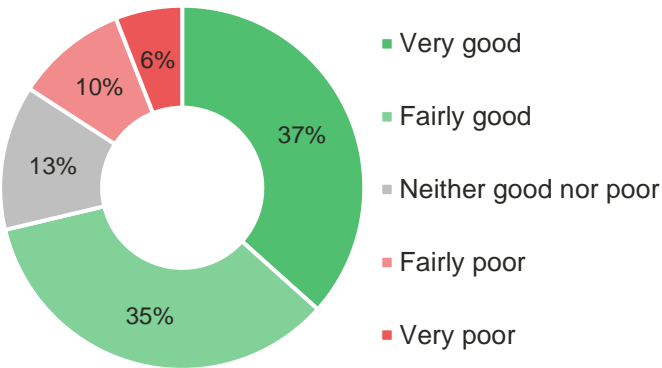


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (131,528); CCG 2021 (734); CCG 2020 (627); CCG 2019 (704); CCG 2018 (715); CCG bases range from 283 to 1,671

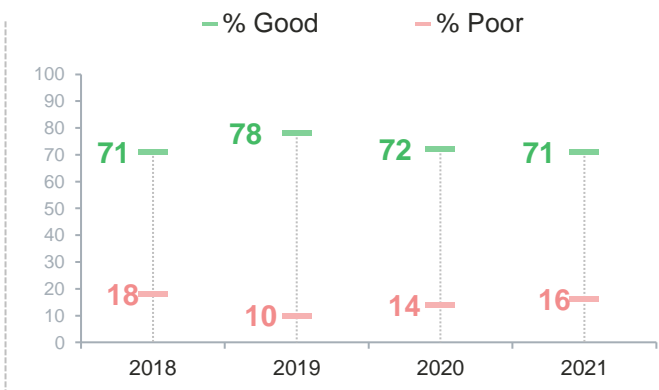
Overall experience of services when GP practice is closed

Q43. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

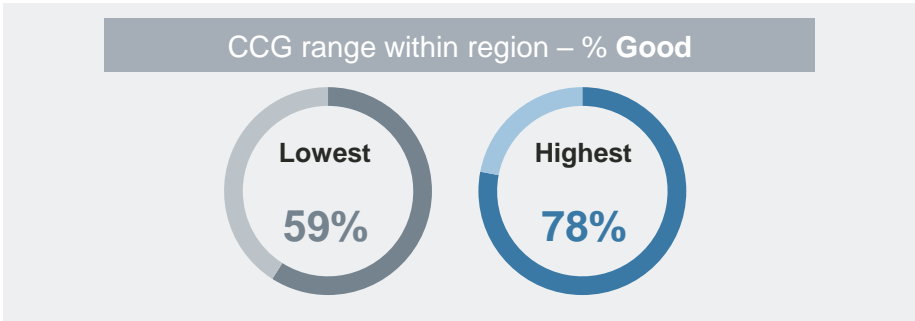
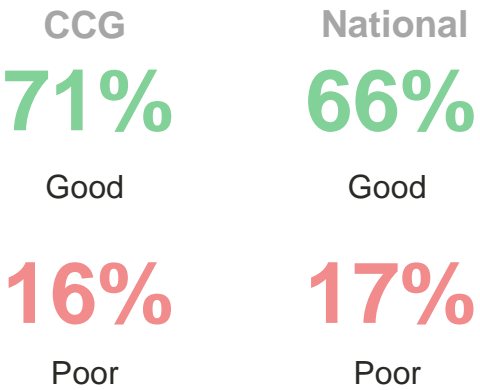
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (138,020); CCG 2021 (763); CCG 2020 (638); CCG 2019 (726); CCG 2018 (742); CCG bases range from 290 to 1,764

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	850,206	0.09	0.14	0.15
CCG	8,021	0.93	1.42	1.55
Practice	128	6.24	9.24	10.04

For example, taking a CCG where 8,021 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.42 percentage points from that question’s result (i.e. between 28.58% and 31.42%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.4 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **35.3%**, based on **850,206** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who returned a completed questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.4m

Surveys to adults registered with an English GP practice

850,206

Completed surveys in the 2021 publication

35.3%

National response rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2021>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at gpppatientsurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

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PCCC Finance Report for the period ending 31 July 2021 - Month 4

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	18 August 2021	Agenda Item No:	10.2
Previously Considered by:	This is the first time the report has been presented		

Decision		Assurance	✓	Information	✓
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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 July 2021.
Key points (Executive Summary):
<ul style="list-style-type: none"> The CCG is reporting an adverse variance of £0.449m for H1 2021/22 The Primary Care Delegated Commissioning plan has been revised in line with H1 2021/22 allocation of £22.556m as required by NHSE/I
Recommendation:
(i) Approve the revised Primary Care Delegated Commissioning expenditure plan for H1 2021/22 totalling £22.556m.

(ii) **Note** the forecast outturn position is an adverse variance of £0.449m for period 1 April 2021 to 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 an overview of the CCG's financial performance as at 31 July 2021.

2.0 H1 2021/22 Plan

The CCG received an allocation of £22.556m for H1 2021/22 and members approved a Primary Care Delegated Commissioning expenditure plan of £23.052m at the June meeting.

The CCG has since received guidance outlining that the Primary Care Delegated Commissioning expenditure plan cannot exceed the Primary Care Delegated Commissioning allocation for H1 2021/22 and therefore the expenditure plan has been revised in line with the allocation of £22.556m resulting in an efficiency target of £0.496m. The £0.496m efficiency target had been previously reported outside of the Delegated Commissioning budget and included within the total CCG H1 2021/22 efficiency target of £2.067m which is forecast to be delivered in full through non recurrent benefits and improvements against planning assumptions.

The requirement to deliver recurrent efficiencies from the Primary Care Delegated Commissioning budget and reduce expenditure equal to the level of funding provided is a direct result of the 2019/20 allocation reduction of £1.195m in the Primary care Delegated Commissioning allocation to fund the national Clinical Negligence Scheme for General Practice (CNSGP). Members may recall that this issue was reported during the meeting held in June 2019 and that the committee received updates on the actions taken to mitigate the budget cost pressure in-year throughout 2019/20.

Due to the temporary financial regimes implemented in 2020/21 in response to Covid19, the Primary Care Delegated Commissioning recurrent deficit was not able to be addressed. With funding levels reduced to the levels notified pre Covid19 a review of the Primary Local Medical Care Services is being undertaken to address the recurrent deficit in the Primary Care Delegated Commissioning budget.

The allocation for the GP Covid Capacity Expansion funding for H1 2021/22 has now been received totalling £0.609m. The allocation has been received within the CCG Core Programme allocation and therefore, in line with guidance, will not be reported as primary care delegated expenditure. The full amount will be paid to practices within H1 2021/22.

3.0 Financial performance as at 31 July 2021

The financial position for 2021/22 is summarised in Appendix 1 where the following significant variances to budget are detailed:

GMS/PMS Contracts - £0.040m favourable variance due to patient list size growth being less than planned.

Business Rules/General Reserves - £0.496m adverse variance reflects that total planned expenditure exceeds the allocation received for Primary Care Delegated Commissioning for H1 2021/22.

4.0 Next Steps

Monitor actual spend against the Primary Care Delegated Commissioning 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**

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure						
	Recurrent Expenditure	The finance implications are identified in the paper					
	Expenditure included within CCG Financial Plan	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Performance Impact:	Reporting an adverse variance of £0.449m for H1 2021/22						
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	If Not Applicable please explain why						

Appendix 1 – Financial Summary as at 31 July 2021

Service Line		H1 Budget £m	H1 Forecast £m	H1 Variance £m
General Practice - GMS		£6.033	£6.016	(£0.017)
	Global Sum	£6.033	£6.016	(£0.017)
General Practice - PMS		£8.480	£8.457	(£0.023)
	Contract Value	£8.480	£8.457	(£0.023)
QOF		£2.557	£2.557	£0.000
	QOF Aspiration	£1.790	£1.790	£0.000
	QOF Achievement	£0.767	£0.767	£0.000
Enhanced services		£2.239	£2.233	(£0.007)
	<u>DES- Individual Practice Payments</u>			
	Learn Dsbly Hlth Chk	£0.079	£0.079	£0.000
	Minor Surgery	£0.158	£0.158	£0.000
	Violent Patients	£0.036	£0.036	£0.000
	PCN-Participation	£0.275	£0.275	£0.000
	<u>PCN DES Expenditure - Payments to PCN's</u>			
	PCN-Extended Hours Access	£0.228	£0.228	£0.000
	PCN-Clinical Director	£0.117	£0.117	£0.000
	PCN DES Care Home Premium	£0.144	£0.137	(£0.007)
	PCN- IIF Achievement	£0.133	£0.133	£0.000
	PCN-Clinical Pharmacist	£0.685	£0.685	£0.000
	PCN DES Pharmacy technicians	£0.052	£0.052	£0.000
	PCN-Physiotherapist	£0.332	£0.332	£0.000
Premises Cost Reimbursement		£1.804	£1.804	£0.000
	Prem Clinical Waste	£0.027	£0.027	£0.000
	Prem Notional Rent	£0.546	£0.546	£0.000
	Prem Rates	£0.210	£0.210	£0.000
	Prem Water Rates	£0.033	£0.033	£0.000
	Prem Healthcentre Rent	£0.823	£0.823	£0.000
	Prem Actual Rent	£0.164	£0.164	£0.000
Other Premises Cost		£0.006	£0.006	£0.000
	Prem Other	£0.006	£0.006	£0.000
Dispensing/Prescribing Drs		£0.150	£0.150	£0.000
	Prof Fees Prescribing	£0.150	£0.150	£0.000
Other GP Services		£0.354	£0.354	£0.000
	Legal / Prof Fees	£0.009	£0.009	£0.000
	CQC	£0.100	£0.100	£0.000
	PCO Locum Adop/Pat/Mat	£0.187	£0.187	£0.000
	PCO Locum Sickness	£0.009	£0.009	£0.000
	Sterile Products	£0.002	£0.002	£0.000
	PCO Doctors Ret Scheme	£0.010	£0.010	£0.000
	Translation Fees	£0.032	£0.032	£0.000
	Healthcare Foundation Trust	£0.004	£0.004	£0.000
	Indemnity	£0.002	£0.002	£0.000
Reserves				
Business Rules / General Reserves		(£0.496)	£0.000	£0.496
Total PCR Excl Non Del PRC Scheme & Pass through costs		£21.128	£21.577	£0.449
Non-Delegated PRC Schemes		£0.981	£0.981	£0.000
NHS Property Services		£0.447	£0.447	£0.000
Total PRC Cost Centre		£22.556	£23.005	£0.449

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Committee Effectiveness Survey

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Paul Lewis-Grundy, Deputy Director of Corporate Affairs		
Report From (Author):	Eve Anderson Business Administrator and Senior PA		
Date:	18 August 2021	Agenda Item No:	11
Previously Considered by:	None		

Decision		Assurance	x	Information	
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Conflicts of Interests	
Potential Conflicts of Interest:	There are no actual or potential conflicts of interest related to the contents of this paper

Purpose of the report:
<p>The purpose of this paper is to provide the Primary Care Commissioning Committee with the results of the committee self-assessment survey.</p> <p>An annual review of the Committee's effectiveness is included in its terms of reference and is general good governance practice. Each committee is required to produce a self-assessment at the end of each financial year. The reviews provide the Committees and the Governing Body with assurance that they are operating effectively. This report presents the findings.</p>
Key points (Executive Summary):
<p>An online survey was designed with the Chair and Executive Lead. All Committee members were asked to complete an online survey which sought the views of members and regular attendees regarding the effectiveness of the committee meetings with the exception of Audit Committee which follows the HFMA guided self-evaluation template. Anonymised feedback has been reviewed by the Corporate Affairs team.</p> <p>The self-assessment focused on areas such as Composition, Duties, Governance, Scrutiny and Assurance. The Corporate Affairs team will work with the Chair of the Committee and Executive Lead to implement any actions agreed by the Committee following its consideration of the survey outcomes.</p>

Recommendation:

To discuss and agree the next steps based on the suggested actions

Aims and Objectives:

Which Corporate aim(s) is / are supported by this report:

‘Live well’ If the committee did not work effectively there would be an impact on Health Inequalities.
‘Lead well’

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

Business as usual

Risk and Assurance:

List all strategic and high level risks relevant to this paper

There is a risk to the organisation if the committee does not work effectively.

Consultation and Engagement:

Patient and Public Involvement:

The effectiveness review is based on a survey of committee members and attendees. There has been no wider public engagement.

Clinical Engagement:

None relevant directly to this report

1. INTRODUCTION

- 1.1 A survey was undertaken to understand how effective Primary Care Commissioning Committee members consider the Committee to have been over the course of the previous 12 months. 13 people were invited to participate, with 6 responses received. This included members of the committee and regular attendees.
- 1.2 All feedback has been anonymised and analysed.

2. DETAIL

- There was overall support for the CCG committee structure's effectiveness, with 100% stating they felt that the overall structure is effective in helping manage the CCG and make decisions
- There was positive feedback regarding the chairing of the meeting, with 100% either agreeing or strongly agreeing that meetings were well chaired.
- 100% of respondents agreed that the committee covered all areas required within its Terms of Reference and most (83%) agreed quorum was achieved at meetings.
- With regards to timing of meetings, all were in agreement that meetings kept to time and all items on the agenda were covered, most (83%) also agreed that enough time was allowed for each agenda item.
- Conflicts of interests were felt to be well managed within the meetings.
- Only 66% agreed that there was an appropriate level of challenge during meetings.
- There appears to be some work to be done with regards to papers for committees, with one third of respondents (33%) not agreeing that papers were consistently dispatched with sufficient time for preparation before the meeting and 67% felt that papers were not targeted and appropriate and did not avoid repetition across other Committees. However, 100% did agree that papers accompanying items on the agenda had been sufficient to enable them to fulfil their role on the Committee.
- 67% agreed that appropriate guidance/training had been provided in order for them to feel appropriately equipped to take decisions under the delegation agreement with NHS England

When asked to comment on papers supplied for the committee, comments made were as follows:

- *"The objective should always be to strike the appropriate balance between providing enough information for sound discussion/decision-making but not too much unnecessary/superfluous detail."*
- *"Often a plethora of detail. would be improved if issues, options and decisions were made clearer."*

Further comments regarding papers were that issuing repeated sets of papers was frustrating and the length and timeliness of papers was an issue.

The committee was asked to comment on the mix of membership and if anyone should be added. Comments were:

- *"Mix probably right but better engagement by participants necessary. Chair needs to push people to engage."*

- *“SMBC Member & Public Health Representative”*

A full breakdown of responses to each question can be found in Appendix 1.

3. NEXT STEPS

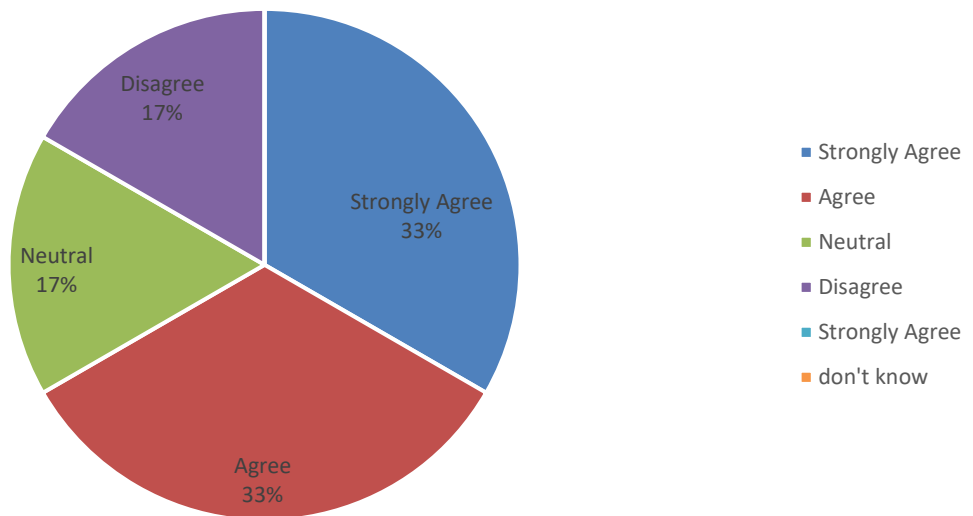
- 3.1 Actions will be developed with the Chair to address the feedback relating to the committee papers. A review of the content of the packs will be carried out in order to ensure that the papers provide appropriate detail to the Committee’s attendees to facilitate discussion and scrutiny on the items of business.
- 3.3 Input and challenge will continue to be sought by the Chair from members to ensure that there is an appropriate level of challenge at the meetings.

4. CONCLUSION

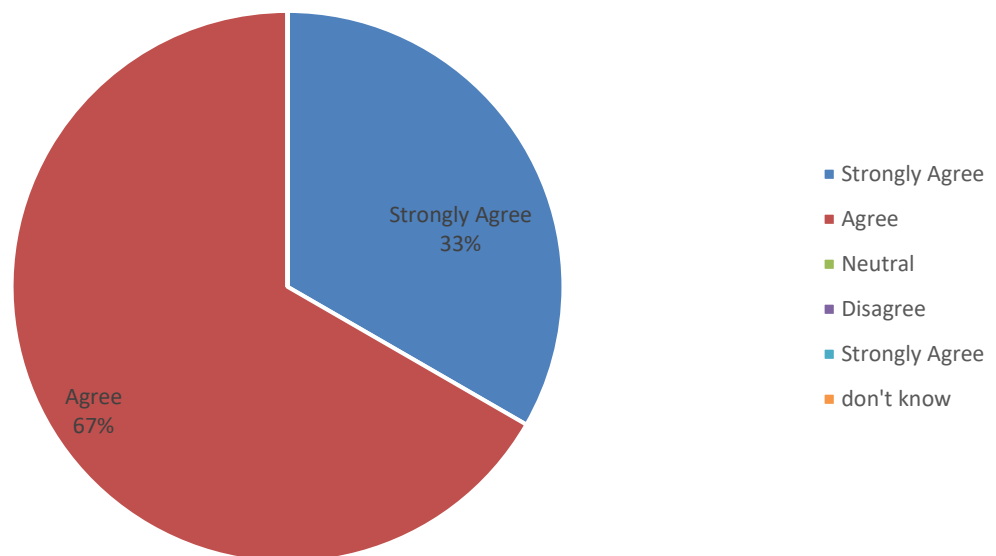
- 4.1 All respondents are thanked for their input into the survey. The comments provided will help to ensure that the effectiveness of the committee continues to improve throughout the course of the coming year.
- 4.2 Any additional comments are welcome from members or attendees at any time.

Appendix 1

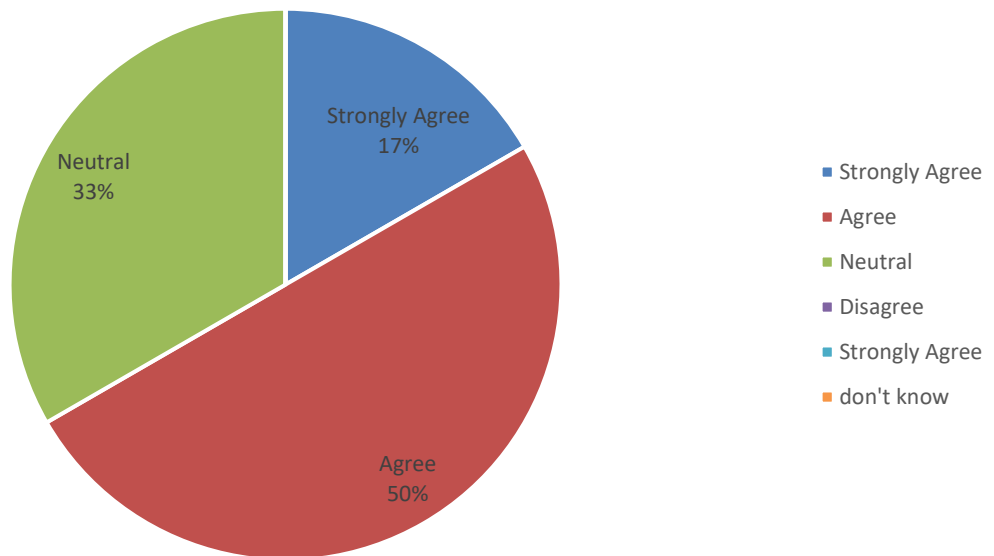
The Committee agenda and papers have been consistently dispatched with sufficient time for preparation before the meeting



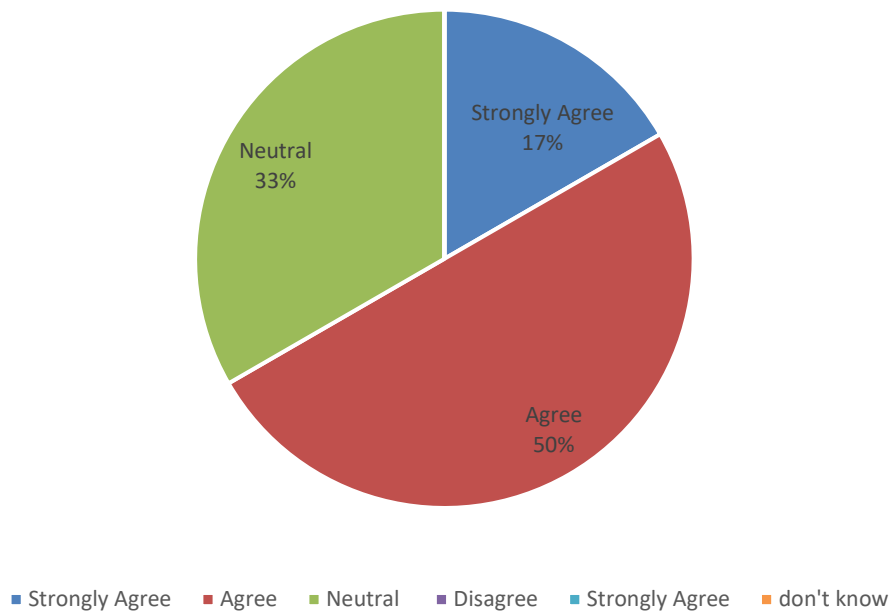
The papers accompanying items on the agenda have been sufficient to enable you to fulfil your role on the Committee



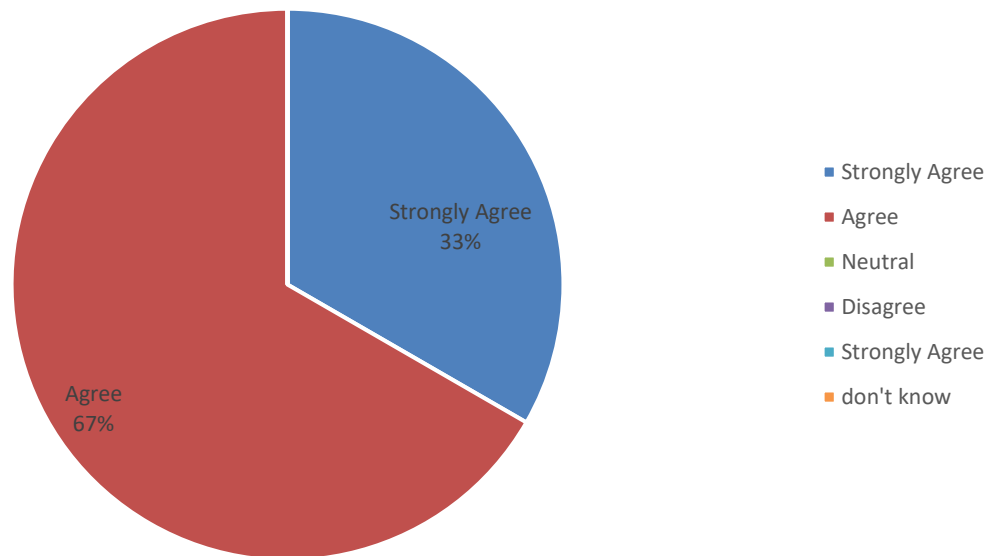
Papers to the Committee are targeted and appropriate avoiding repetition across other Committees



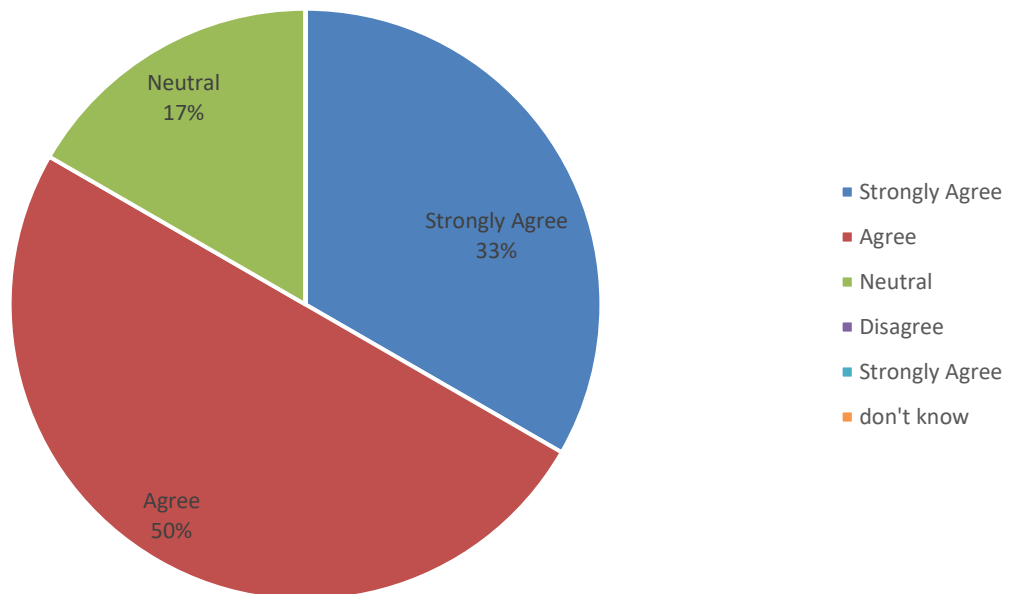
The Committee established a plan of matters to be dealt with across the year



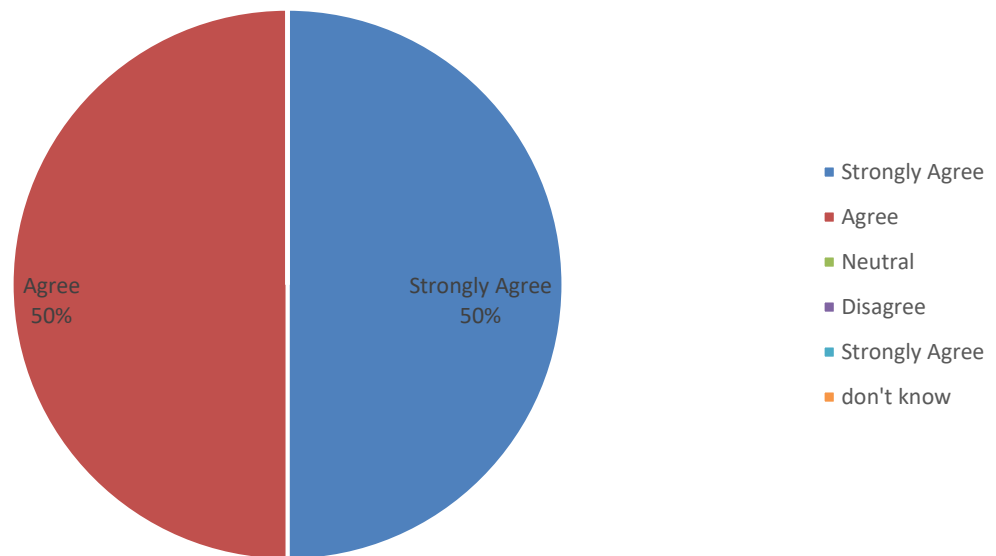
The meetings of the Committee covered all the areas it is required to in the Terms of Reference



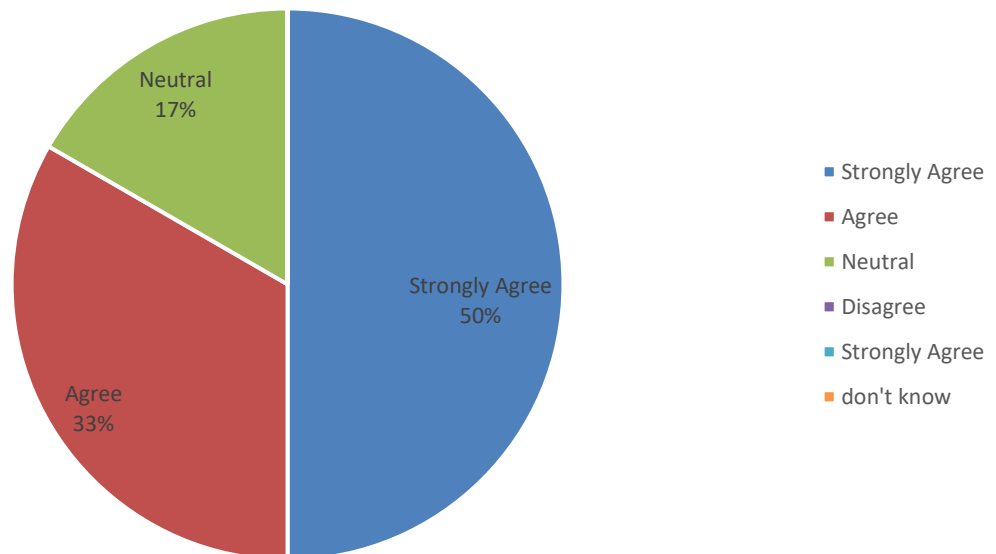
The Committee had a quorum at each meeting during the year



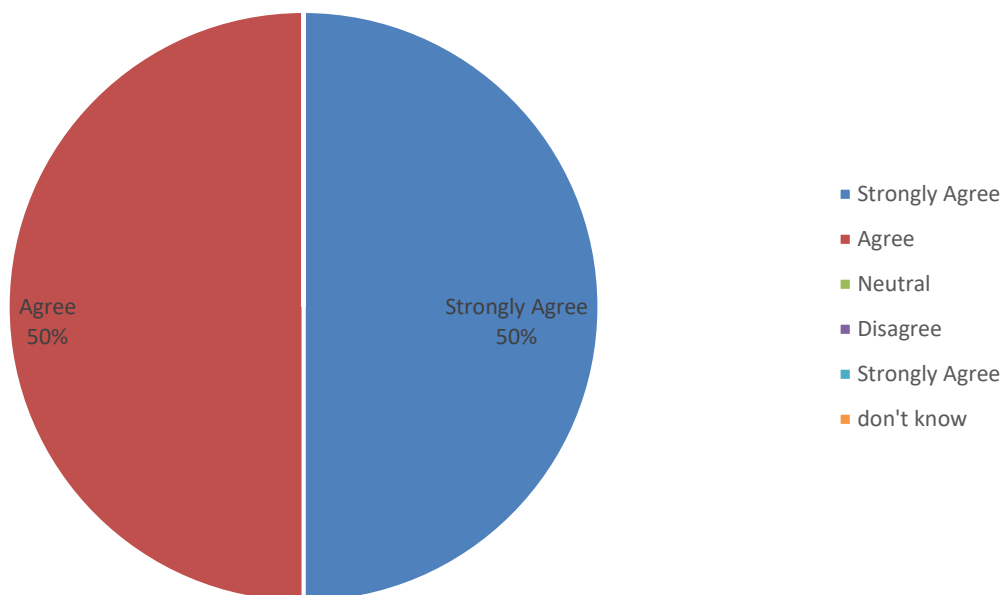
Meetings keep to time and all the items on the agenda are covered



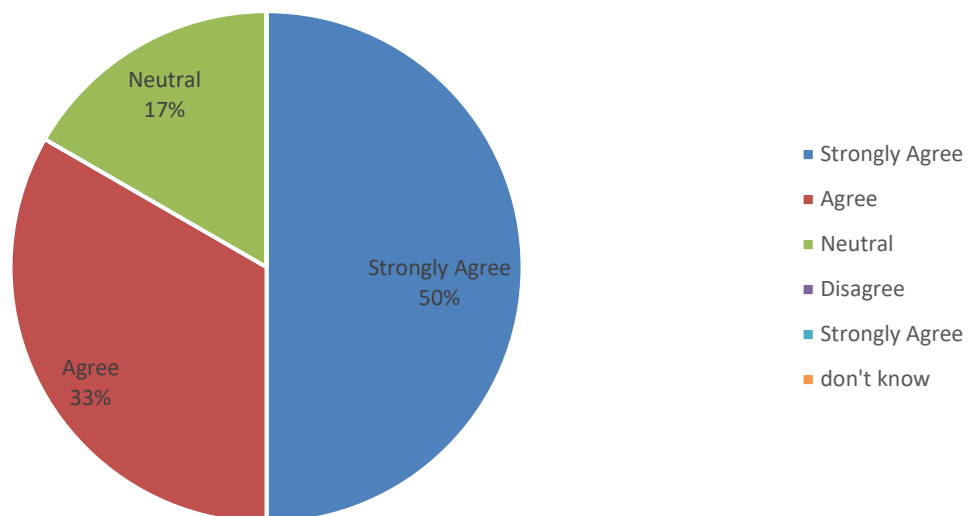
Sufficient time has been allowed at the meetings for the effective scrutiny of items on the agenda



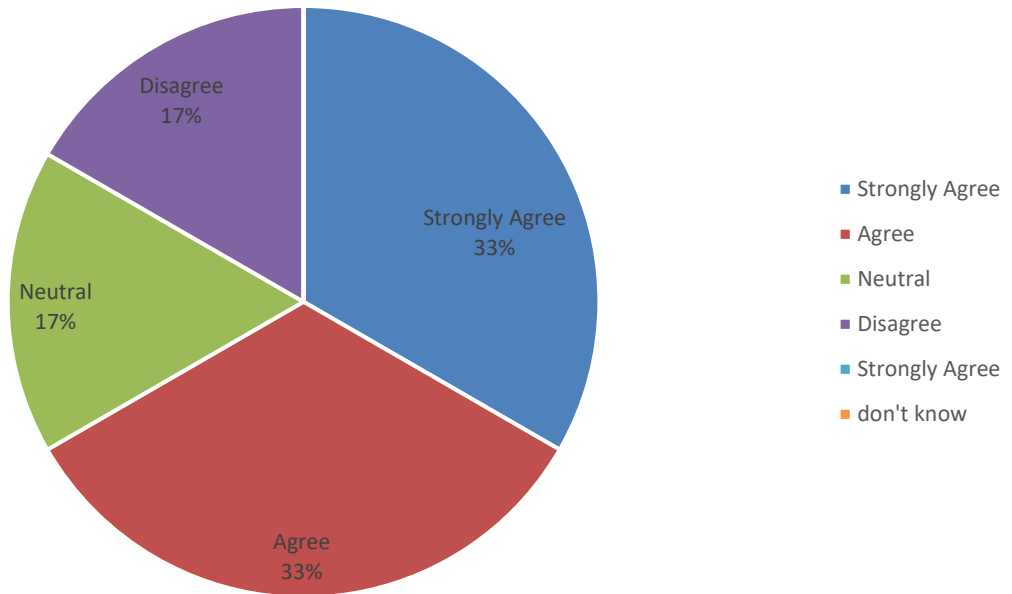
The meetings are well chaired



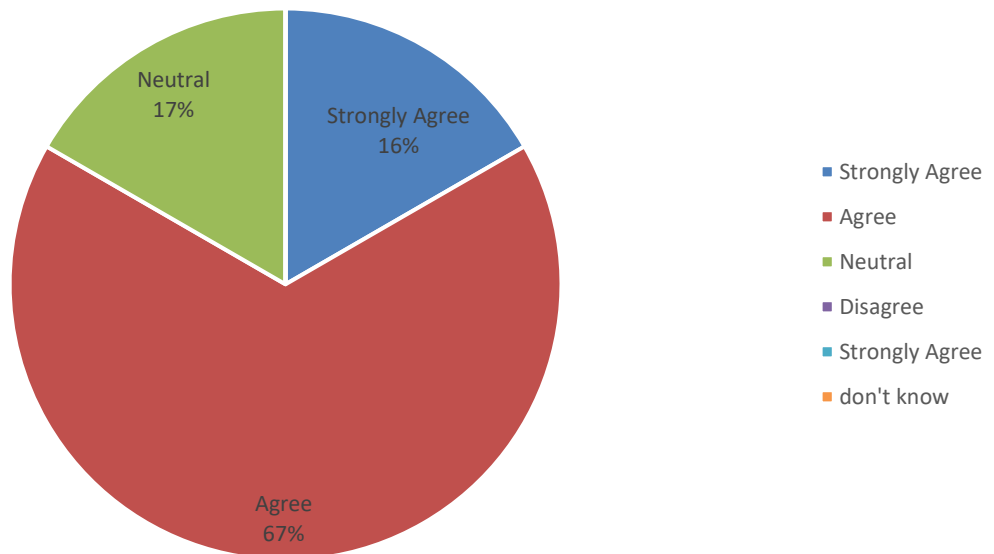
The Committee has effectively managed Conflicts of Interest in line with the CCG's Conflict of Interest Policy and the Committee's ToR



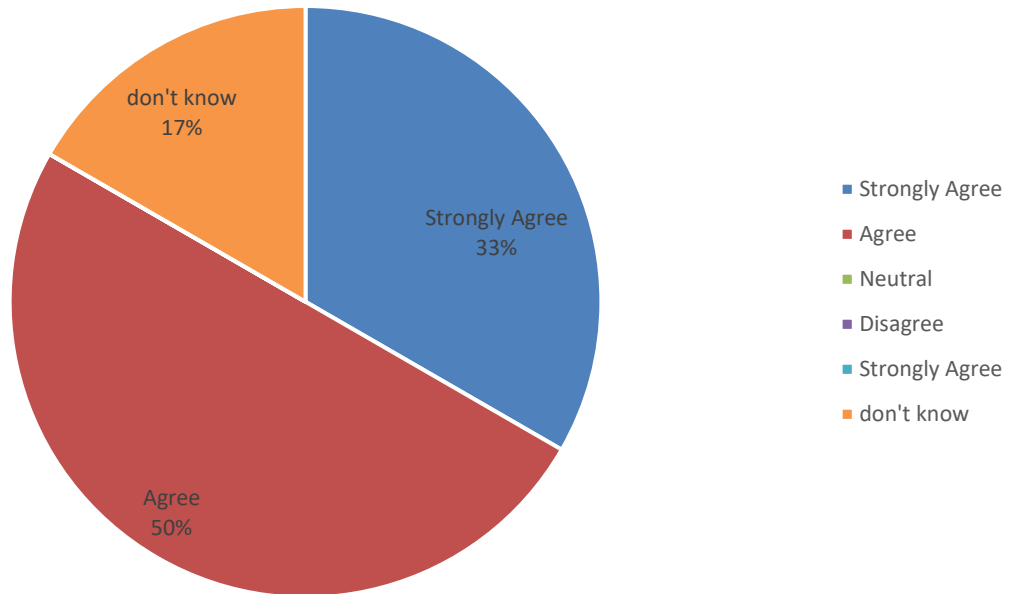
There is an appropriate level of challenge at the meetings



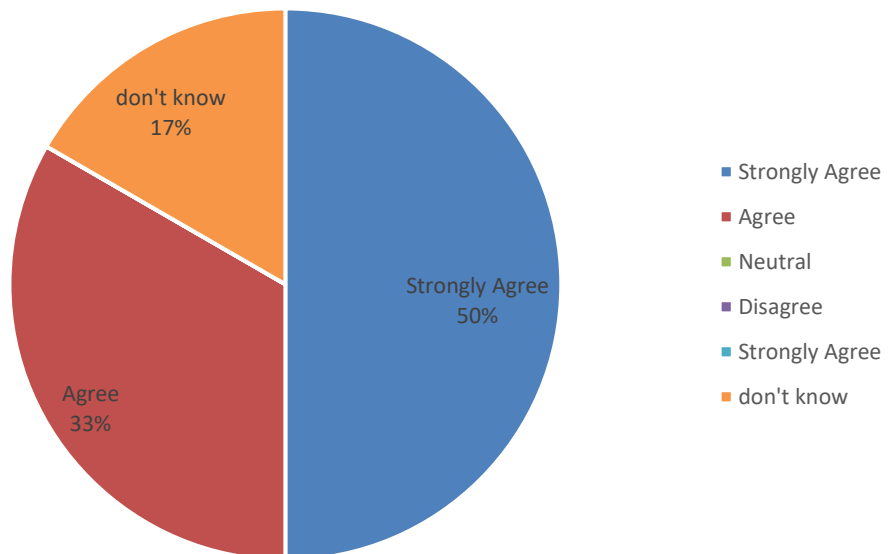
There is the right mix of people on the Committee with the right experience



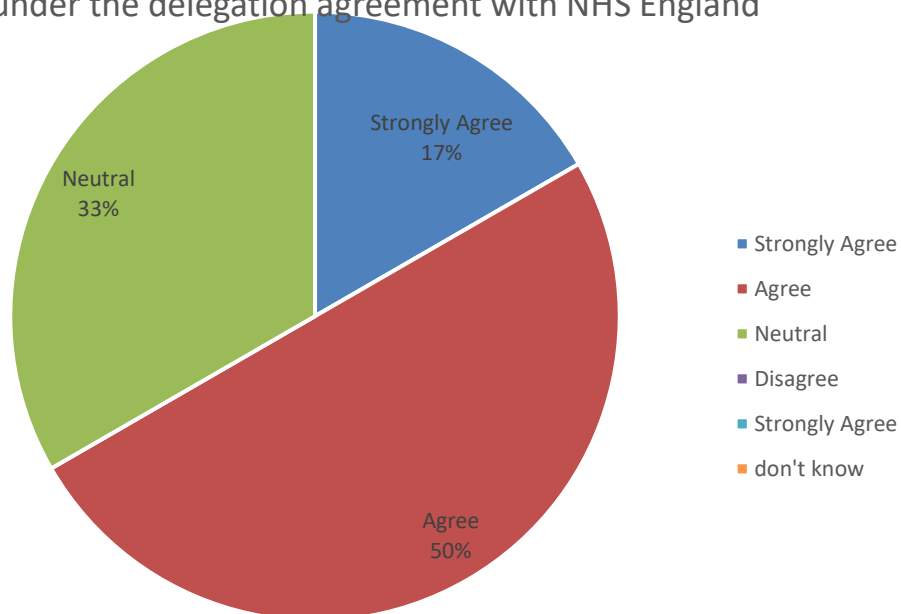
The Terms of Reference have been reviewed during the year



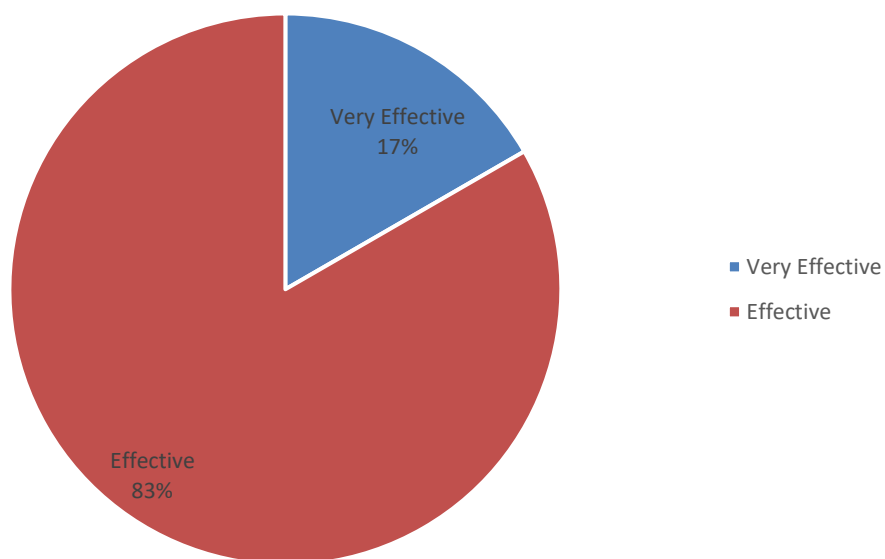
The Committee provides a summary report of its meetings to the next available Governing Body meeting



The appropriate guidance/training is provided to Committee members in order for you to feel appropriately equipped to take decisions under the delegation agreement with NHS England



How effective do you find the overall committee structure in helping manage the CCG and make decisions?



Free text answers:

The papers accompanying items on the agenda have been sufficient to enable you to fulfil your role on the Committee – Have you anything to add?

- The objective should always be to strike the appropriate balance between providing enough information for sound discussion/decision-making but not too much unnecessary/superfluous detail.
- Often a plethora of detail. would be improved if issues, options and decisions were made clearer.

There is the right mix of people on the Committee with the right experience - Anyone you think should be added?

- SMBC Member, Public Health Representative
- Mix probably right but better engagement by participants necessary. Chair needs to push people to engage.

The appropriate guidance/training is provided to Committee members in order for you to feel appropriately equipped to take decisions under the delegation agreement with NHS England - What, if any, training would you benefit from?

- More training at induction would have helped
- A half-day training session with lively case-study based presentations from a range of people e.g. Practice Managers, Estates Mangers, GPs, LMC, Viaduct, Primary Care Commissioners etc. might assist the committee to more fully understand the strategic and practical issues to better inform discussions and decisions.

What, if anything, would you change about the way the secretariat administers meetings? - please respond.

- Frustrating to get repeated sets of papers issued after the main set.
- Length and timeliness of papers.

Are there any other comments that you wish to make? - please respond

- Improved since initially joined, but we have been operating under command and control from 12 months so effectiveness has been diminished as a result
- Return to physical meetings (rather than virtual) as soon as guidance and prudence allow.

End of Documentation Pack