

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	13 October 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 (18 August 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	15:20
8.	Notification of any GM updates	Verbal	To note	GM representative	15:25
Primary Care Development					
9.1	COVID-19 Vaccine Uptake	Attached	For Assurance	AR	15:35
9.2	GP Masterclass	Verbal	To note	SWo	15:45

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	Update on PCN (Primary Care Network) DES (Direct Enhanced Service)	Verbal	To note	GE	15:50
Performance					
10.1	Quality Report (including update on Regulation 28 letters)	To follow	For assurance	AR	16:05
10.2	PCCC Finance Report for the period ending 31 July 2021 – Month 4	To follow	For assurance	DD	16:15
10.3	Report of Investment into General Practice	To follow	For assurance	DD	16:25
Any Other Business:					
11.		Verbal	To note	Chair	16:35
Date and time of next meeting:					
	Wednesday 8 December 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 18 August 2021
15:00 –16:49 pm, Microsoft Teams

Present:

Peter Riley	Lay Member for Primary Care Commissioning, (Chair)
Michael Cullen	Chief Finance Officer (CCG)
Gail Henshaw	NHS England/Improvement
Maria Kildunne	Stockport Healthwatch
Don Phillips	Lay Member for PPI (CCG)
Paul Stevens	Local Medical Council (LMC)
Anita Rolfe	Executive Nurse (CCG)
Phillip Winrow	Lay Member for Audit and Governance (CCG)

In attendance:

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

Apologies:

Dianne Oldfield	Senior Management Accountant, (CCG)
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SW	Action
1. Welcome & Apologies	
<p>The Chair welcomed everyone to the meeting, including Mel Maguinness to her first meeting having joined the CCG in the role of Director of Integrated Commissioning.</p> <p>Following prior notification the Chair advised that A Rolfe, Executive Nurse would need to leave the meeting before the end and with his discretion had agreed to vary the Agenda to bring forward the consideration of Items 9.1 – Phase 3 – Vaccination programme update and 10.1 GP Patient Survey – Quality Report being presented by A Rolfe before she left.</p> <p>The Chair advised that G Miller and P Winrow would be joining the meeting later.</p>	

Apologies were received as listed above.	
2. Notification of Any Other Business	
The Chair advised that there was one other item of business to discuss under Item 12 – Primary Care provision for Asylum seekers / refugees.	
3. Declarations of Interest	
<p>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 Committee.</p> <p>S Woodworth, Medical Director declared an interest as GP Partner at Beech Medical Practice and Non Executive Member of Stockport Local Medical Committee (LMC) and P Stevens, LMC representative declared an interest as Executive Officer with Stockport Local Medical Committee in all items on the Agenda that related generally to all GP Practices and GP's respectively.</p> <p>In accordance with the CCG's Conflicts of Interest Policy both were allowed to participate in the discussion but would not take part in any substantive decisions that were required.</p>	
4. Minutes from previous meeting (16 June 2021)	
<p>The minutes of the previous meeting held on 16 June 2021 were received.</p> <p>RESOLVED:</p> <p>That the minutes of the previous meeting held on 16 June 2021 be approved as a correct record.</p>	
5. Action Log from Previous Meeting	
<p>The Chair presented the action log and the following updates were given at the meeting.</p> <p>MA29 (old action number 029/4.12.19): The CCG Policy on Practice closures, in line with national and local specifications had been reviewed. Further discussions are to take place with practices. Remain on the log.</p> <p>MA200 (old action number 048/16.06.21): Further engagement would take place with the PIN (Partnership Involvement Network) on the CCG Policy on Practice closures when the Policy had been approved. Remain on the log.</p> <p>The Chair advised that items 9.1 and 10.1 would be brought forward on the agenda.</p> <p>RESOLVED:</p> <p>1. That the actions arising from previous meetings and the assurance given, including the updates provided at the meeting and outlined above, be noted.</p>	

Standing Items	Action
6. Phase 3 – Vaccination programme update	
<p>A Rolfe, Executive Nurse presented an update on Phase 3 of the winter vaccination programme to include the influenza (flu) vaccinations and Covid booster jab. This programme of work will commence early September 2021.</p> <p>The winter vaccination programme would be a collaborative effort across the system, in the same manner as the delivery of the Covid-19 vaccinations and would involve an offer from Evergreen Pharmacy to continue to vaccinate those who had not yet received first or second doses, deploying voluntary agencies such as St John Ambulance, general practice staff, Stockport MBC staff and SFT (Stockport Foundation Trust) and Health and Care students from Stockport College. The Health and Care support worker vaccination programme would continue.</p> <p>It was highlighted that the programme would ensure that equity was managed for those people who have difficulty accessing services or are reluctant to access services. The programme would also need to meet the KPIs (key performance indicators) set by NHS England. Expressions of interest for participating in phase 3 had been received from PCNs (Primary Care Networks and Community Pharmacies).</p> <p>Members were advised that Trinity Methodist Church (Bramhall Lane, Stockport) had been rented for a quarter to provide a fixed vaccine hub that could be flexibly utilised (via a booking system) by GPs, PCNs, community pharmacies, SFT or Stockport MBC. Providers would be responsible for the health and safety of their clinics. It was expected that most of the vaccinations would be delivered by PCNs supported by other providers to maintain workforce capacity. Members were advised on the cohort of patients to be included in the programme (including continued access for care home residents) and on the likely offer from practices.</p> <p>Weekly planning meetings will continue, to oversee and coordinate resources, facilitated by the CCG Programme Management Office (PMO) team. It was highlighted that as well as the local offer and walk-in sites, the national booking service offer would continue to be available.</p> <p>In response to a question, A Rolfe commented that further guidance would be issued with regards to patients receiving the Covid booster vaccine and flu vaccine at the same time. D Phillips highlighted how effectively the community in Stockport had worked together to deliver the Covid vaccine and asked who drives this work. A Rolfe explained that it had been dependent on all statutory and voluntary organisations and volunteers who had supported the programme having had a shared purpose to deliver the vaccine and the public receive the vaccine to protect themselves and their families / friends / work colleagues.</p> <p>In response to a further question, it was noted that the national IT system is able to link up with practice systems to ensure all those that had received a vaccine are recorded so it didn't matter where the vaccine is delivered, it would be recorded on the patients' record. This also works for the booking system, to avoid duplicate appointments and a wasted time slot.</p>	

<p>The Chair passed on the thanks of the Committee to all involved for their continued hard work.</p> <p>RESOLVED:</p> <p>That the vaccination programme update be received and noted for assurance</p>	
<p>7. GP Patient Survey – Quality Report</p>	
<p>A Rolfe, Executive Nurse presented the findings from the National GP Patient Survey. The findings indicated that primary care in Stockport is equal to or better than the national average across every area of the survey.</p> <p>The CCG primary care team would continue to focus on maintaining this experience of people registered with a Stockport GP and continue to look for areas of improvement and offer focused support where required.</p> <p>A discussion took place on the findings contained within the report. M Kildunne offered to supplement these findings with feedback received by Stockport Healthwatch from patients on access to GPs. The information could be incorporated into the CCG Primary Care Dashboard.</p> <p>Action: That the findings from the GP Patient Survey be incorporated into the Primary Care Dashboard.</p> <p>D Phillips questioned how quality is managed and pointed out that some of the findings indicate that those less than satisfied were from the 'more affluent' areas in Stockport. S Woodworth explained that quality of service is managed on an individual practice basis as each practice has a different cohort of patients and issues. A Rolfe added that the quality visiting programme by the primary care team, would re-commence in September which would enable more focused discussions to take place with individual practices where appropriate. A brief discussion took place on the issues raised. It was pointed out that this is a national survey, but each area can obtain further detail from practices, if required.</p> <p>In response to a comment on the variation between practices across Stockport and how this gap could be reduced, the quality visits should enable more detail to be obtained and the GP Masterclasses would support the work. A Rolfe pointed out that one complaint about access had gone to the Parliamentary and Health Service Ombudsman, but the complaint had not been upheld.</p> <p><i>P Winrow joined the meeting.</i></p> <p>It was highlighted that in addition to the GP Masterclasses, held three times a year, monthly practice manager meetings take place where good practice was shared; numerous training events are also held. P Stevens highlighted the positives received for the smaller practices and how much they are valued by their patients.</p> <p>S Woodworth congratulated the practices on the exceptional results fed back, despite staff working in very difficult circumstances. A Rolfe added that</p>	<p>AR</p>

<p>Stockport was the first system in Greater Manchester (GM) to achieve the 85% target for first dose Covid vaccinations and congratulated all practices and providers across the system for that tremendous achievement.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That Primary Care Commissioning Committee note the findings from the GP Patient Survey and that this would be the final patient survey presented to the CCG ahead of ICS (Integrated Care System) transition. 2. That Primary Care Commissioning Committee commend primary care across Stockport for the good outcomes for local people. 3. That Primary Care Commissioning Committee note that the CCG primary care team will continue to work with primary care colleagues to maintain and improve the Stockport primary care offer. <p><i>A Rolfe left the meeting.</i></p>	
<p>8. Primary Care Updates</p>	
<p>S Woodworth highlighted that primary care had continued to deliver second doses through the second phase of the vaccination programme. There was an improved position regarding workforce due to the changes in guidance for self-isolation following contact with a positive case but there remains a risk on workforce should a household have to isolate.</p> <p>Primary care continued to experience very high demand with an increase in face to face appointments on top of a significant rise in telephone calls that often take longer given their remote nature.</p> <p>P Stevens commented that activity had risen consistently over the last two years. P Stevens reflected on the national consultation data indicating that in 2021, there had been an additional 100k patient consultations and 170k in 2020, and this did not include any data for those workforce employed via Additional Roles Reimbursement Scheme (ARRS). P Stevens offered to circulate a snapshot of general practice activity to members following the meeting.</p> <p>In response to a question, it was noted that some patients would have undertaken some self-education on their condition prior to their appointment and increasing numbers of patients had viewed their results online prior to the appointment. A discussion took place on the increase in digital access during Covid. It was highlighted that patients have several routes of access that invariably involve an initial triage conversation, including online, telephony and via 111.</p> <p>It was asked whether GPs are seeing an increase in the number of children presenting with respiratory symptoms as there had been a marked increase in the numbers presenting at acute. G Edwards commented that work had commenced with Stockport Foundation Trust (SFT) to develop a pathway for referrals to the community paediatric nursing team.</p>	

<p>The Chair thanked S Woodworth for the updates.</p> <p>RESOLVED:</p> <p>That the primary care update be noted.</p>	
<p>9. Chairs' Update: ICS (Integrated Care Systems)</p>	
<p>The Chair referred back to the update provided at the previous meeting and highlighted that the Chairs of Primary Care Commissioning across Greater Manchester (GM) continued to meet with the Strategic Director for GM to ensure the experience of primary care clinical needs is considered during the transition to an ICS.</p> <p>The focus was getting the structure in place for the ICS and on governance and recruiting to strategic roles. The role of Chair of the GM ICS is out to advert; the role of Chief Executive would follow.</p> <p>D Phillips sought clarification as to whether there was a vision for the system over the next five years. It was noted that lots of discussion was taking place working collaboratively across health and care; this included spatial planning, designing, and delivering a plan that is closely entwined to neighbourhoods at locality level – Primary Care Networks (PCNs) were critical to this planning. Work also continued the One Health and Care Plan for Stockport which was subject of an engagement exercise.</p> <p>RESOLVED:</p> <p>That the update from the Chair be noted.</p>	
<p>10. Notification of any GM (Greater Manchester) updates</p>	
<p>G Henshaw reiterated the work taking place to support phase 3 of the vaccination programme and the publications that had been issued to provide guidance for providers including the seasonal influenza (flu) programme for adults and children.</p> <p>GM (Greater Manchester) would continue to work with the CCG regarding the expressions of interests received from community pharmacies to deliver Covid booster vaccinations and review any gaps in take-up. It was noted that all Stockport practices had signed up to deliver the influenza vaccinations.</p> <p>The Direct Enhanced Service (DES) – Contract Specification 2021/22 would commence on 6 September 2021 for general practice and community pharmacy. Workforce planning submissions for 2021/22 were due in by 31 August 2021. G Edwards assured the Committee that that practices had commenced work on the new DES.</p> <p>The Chair thanked G Henshaw for the update.</p> <p>RESOLVED:</p> <p>That the update be noted for assurance.</p>	

Primary Care Development	Action
11. GP Masterclass	
<p>S Woodworth reported that the focus at the last GP Masterclass held in June 2021 had been on the development of an ICS (Integrated Care System) but also included a discussion on the changes to the governance arrangements for Viaduct Care (GP Federation).</p> <p>The next planned Masterclass is due to take place in September 2021 and then November 2021 with a focus on clinical issues.</p> <p>RESOLVED:</p> <p>That the update be noted.</p>	
12. Greener NHS: DMOG (Delegated Management Oversight Group) presentation	
<p>Members noted the presentation circulated. This followed the publication of a new strategy in October 2020, <i>Delivering a 'Net Zero' National Health Service</i> with an aim of accelerating a response to climate change and improving health and patient care and reducing health inequalities.</p> <p>The target was to achieve zero carbon by 2050 but included a more immediate target of 6% reduction in inhaler prescribing for 2021/22. The priority areas identified include:</p> <ul style="list-style-type: none"> • Inhaler prescribing • Communications and engagement • Staff and patient travel • Primary Care estates • Procurement • Social Prescribing • General prescribing (non-inhaler). <p>A discussion took place on how general practices, as businesses, would be able to implement these changes. M Cullen referred to the Council's <i>Climate Action Now</i> plan and offered to brief P Stevens on this Plan as the LMC (Local Medical Council) representative.</p> <p>An Estates Strategy for Primary Care would be critical in supporting this work,</p> <p>Action: Invite a representative from GM to present a briefing to the Committee on the Greener NHS agenda.</p>	GE
Performance	Action
13.1 Finance Report for period ending 31 July 2021 – month 4	
<p>D Dolman, Deputy Chief Finance Officer presented the Finance Report for period ending 31 July 2021 and highlighted that the CCG is reporting an adverse variance of £0.449m for H1 2021/22.</p>	

<p>The Primary Care Delegated Commissioning plan had been revised in line with the H1 2021/22 allocation of £22.556m. It was explained that the requirement to deliver recurrent efficiencies from the Primary Care Delegated Commissioning budget and reduce expenditure equal to the level of funding provided resulted from the reduction in allocation of £1.195m in 2019/20 to fund the national Clinical Negligence Scheme for General Practice. This issue was reported to Committee in June 2019 and updates on the actions taken to mitigate the budget cost pressures were provided throughout the year.</p> <p>P Stevens sought further detail on this issue as he had not been a member of the Committee at that time. D Dolman offered to meet with P Stevens to brief him on the background.</p> <p>D Phillips commented that he often receives communications or invites on efficiency savings and whether he could forward these on to someone in the CCG. D Doman suggested that any appropriate communications are forwarded to himself.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That Primary Care Commissioning Committee note the forecast outturn position is an adverse variance of £0.449m for period 1, 1 April 2021 to 30 September 2021. 2. That Primary Care Commissioning Committee approve the revised Primary Care Delegated Commissioning expenditure plan for H1 2021/22 totalling £22.556m. 	
Governance	
14. Committee Effectiveness Survey	
<p>P Lewis-Grundy, Deputy Director of Corporate Affairs presented the feedback from the anonymous self-assessment survey and pointed out that an annual review of the Committee's effectiveness is included in the terms of reference.</p> <p>The feedback had been reviewed by the Corporate Affairs team. Further work would take place on the format of the reports to ensure that the Committee are provided with appropriate, succinct detail to assist them with making informed decisions.</p> <p>P Winrow pointed out that this had been a positive report despite the many challenges to the functioning of the Committee during the year including a new Constitution and the impact of Covid and remote working for example. Reference was made to the Committee workplan, which set out the priorities for the year.</p> <p>M Kildunne reiterated the offer of providing more patient feedback from Stockport Healthwatch to inform some of these discussions. The Chair thanked M Kildunne for the offer, this would be considered for future</p>	

meetings.	
RESOLVED: That the feedback from the self-assessment be noted and the resulting action proposed in the report be supported.	
Any Other Business	
15. Primary Care provision for Asylum seekers <p>G Miller, Associate Director of Commissioning advised on the Home Office programme to support asylum seekers through hotel provision at short notice. CCGs had a duty to provide wrap-around support. It was noted that the programme is currently focused in South Manchester in Handforth however Stockport could be requested to support this programme of work at short notice and would need to be prepared and ensure asylum seekers are able to access health services</p> <p>NHS Cheshire CCG would be the lead commissioner for these asylum seekers, but it was noted that Stockport does have a practice in Handforth.</p> <p>A discussion took place on the health needs for this cohort of patients, including immunisation requirements.</p> <p>It was highlighted that the Afghanistan nationals arriving following the events in that country already had refugee status and this needed to be differentiated from Asylum seekers.</p> <p>D Phillips was aware that Renewal Stockport could provide some support and requested a contact to pass on.</p> <p>Action: G Miller to provide a contact from NHS Cheshire CCG to D Phillips.</p> <p>It was noted that a meeting had been set up later that week by the Council involving partners, to discuss these issues in more detail and a further update brought back to a future meeting of the Committee as appropriate.</p> <p>RESOLVED: That the verbal update be noted.</p>	GMI
Meeting Governance	
Date and time of next meeting:	
<p>The next meeting of the Primary Care Commissioning Committee would take place on Wednesday 13 October 2021 15:00 – 17:00 pm, Virtual Meeting.</p> <p>The meeting closed at 16:49 pm.</p>	

**PRIMARY CARE
COMMISSIONING -
ACTION LOG - 18 August 2021**

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
MA29	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	13.10.21	Policy has been reviewed. Discussions are ongoing.
MA200	16.06.21	5	In progress	To engage on Practice Policy re: Practice Closures - liaise with Communications team	GMI	13.10.21	Approved Policy on Practice Closures to be considered by PIN prior to being circulated more widely
MA201	18.08.21	7	To close	<i>GP Patient Survey - Quality Report:</i> Findings from GP Patient Survey to be incorporated into the Primary Care Dashboard.	AR	13.10.21	Monitoring of the findings would take place via visits to practices
MA202	18.08.21	9.3	To close	<i>Greener NHS: DMOG (Delegated Management Oversight Group) presentation</i> - Invite a representative from GM to present a briefing to the Committee on the Greener NHS agenda	GE	13.10.21	Presentation circulated at previous meeting and any further information will be covered in PCN updates at future meetings
MA203	18.08.21	12	To close	GMI to provide a contact from NHS Cheshire CCG to DP to pass on to Renewal Stockport	GMI	13.10.21	Completed

COVID-19 Vaccine Uptake

4th October 2021

What does the plan need to >

Ensure there is :

- ✓ An 'Evergreen Offer' for Cohorts 1-12 by continuing to vaccinate those who have yet to receive 1st or 2nd Doses.
- ✓ A Flu vaccine programme
- ✓ A Covid Booster programme
- ✓ A Health and Care Support Worker Vaccination programme has started and from 11th October at SFT
- ✓ An offer for those people who have difficulty accessing services or are reluctant to access services
- ✓ An offer that enables equity whilst reducing inequality
- ✓ Sufficient capacity to deliver
- ✓ A complimentary approach by all providers
- ✓ Achievement of the KPIs set by NHSE

Total Team Effort to be maintained

**Stockport's plan
meets the
commissioning
guidance**

• Commissioning Guidance 21/22

Enhanced Service Guidance issued :

- NHSE/GMHSCP are the service commissioner from a 'variety of providers'
- GP Practices and Community Pharmacies
 - Low volume 100 per week
 - Medium volume 300 per week
 - High volume 1000 per week
- Patient Cohorts
 - All eligible for flu
 - All eligible for Covid booster (JCVI guidance)
 - All eligible for Covid vaccine (current 1-12 cohort who require 1st or 2nd dose)
- Use of National Booking Service with additional local flexible offer to be made to H&CSW, those with access to IT issues, those who need support with communicating, those who experience difficulty in accessing services
- Focus will be on high uptake and low wastage

Covid Vaccine uptake

up to 3rd October



Stockport

Clinical Commissioning Group

429,533 Vaccines

85%

of people **aged 16+**
have had a first dose

85%

of people in **each 5-year
age group aged 50+**
in every PCN (first dose)

85%

of people in **each at-risk group
in every PCN** (first dose)
(CEV and aged 16-64 at-risk)

85%

of people in **aged 50+**
in the most deprived areas
(first dose, quintile 1)

85%

of people in **each 5-year
age group aged 50+**
in every PCN (second dose)

85%

of people in **128 out of 190
small areas across Stockport**
(first dose uptake in LSOAs)

Covid Vaccine uptake

up to 3rd October

Cohorts 13 to 16

(cohort numbers and definitions based on those reported in Foundry)

Cohort 13: at-risk 12-15

(Not yet available, currently counted in cohort 16)

Cohort 14: aged 12-17

household contacts of immunosuppressed people

Cohort 15: aged 16-17

Cohort 16: aged 12-15

	Patient Count	Unvaccinated Population	Dose 1	Dose 2
1: Care Home Residents & Carers	1,395	25	98.2%	96.1%
2: 80+ & H&SC Workers	25,818	1,048	95.9%	94.2%
3: 75-79	11,348	352	96.9%	95.8%
4: 70-74 & CEV	22,305	1,038	95.3%	93.9%
5: 65-69	14,289	765	94.6%	93.2%
6: 16-64 At Risk	37,136	4,281	88.5%	84.4%
7: 60-64	10,346	846	91.8%	90.4%
8: 55-59	13,306	1,249	90.6%	88.7%
9: 50-54	14,847	1,508	89.8%	87.5%
10: 40-49	31,401	5,170	83.5%	79.8%
11: 30-39	36,220	8,924	75.4%	68.5%
12: 18-29	34,593	9,777	71.7%	60.4%
14: 12-17 Contacts of Immunosuppressed	1,142	835	26.9%	6.1%
15: 16-17	6,089	2,718	55.4%	13.2%
16: 12-15	14,050	12,636	10.1%	0.1%
GM Total	274,285	51,172	81.3%	75.8%

Data Sources

1. Population sizes are taken from the NHS Foundry Master Patient Index (MPI), encompassing all registered patients in Greater Manchester.

2. The vaccination event data is provided by AGEM CSU.

Caveats

A person is a member of their highest level JCVI cohort **only**. There is no double counting.

Work in Progress

Source:

<https://www.gmtableau.nhs.uk/#/site/GMHSCPublic/views/COVID-19VaccinationCCGSITREP/OptionsPage?iid=1>

Data Sources Vaccinations Feed (from Arden and Gem CSU)
Population Data: Master Patient Index (from GP records)

Data Updated: 04/10/2021
12:55:26

Greater Manchester Summary

Covid-19 Vaccination Sit-Rep: Programme Summary

73.6% of age 12+ in Greater Manchester have received a first dose | **67.2%** have received both doses

Stockport has the highest overall uptake of first doses in **cohorts 1 to 16**.

81.3% compared to 73.6% for Greater Manchester overall.

Highest uptake in all of the aged 18-64 JCVI cohorts (6 to 12)

Above Greater Manchester average uptake in cohorts 14 to 16



Total Vaccines Delivered to GM Patients
3,785,979



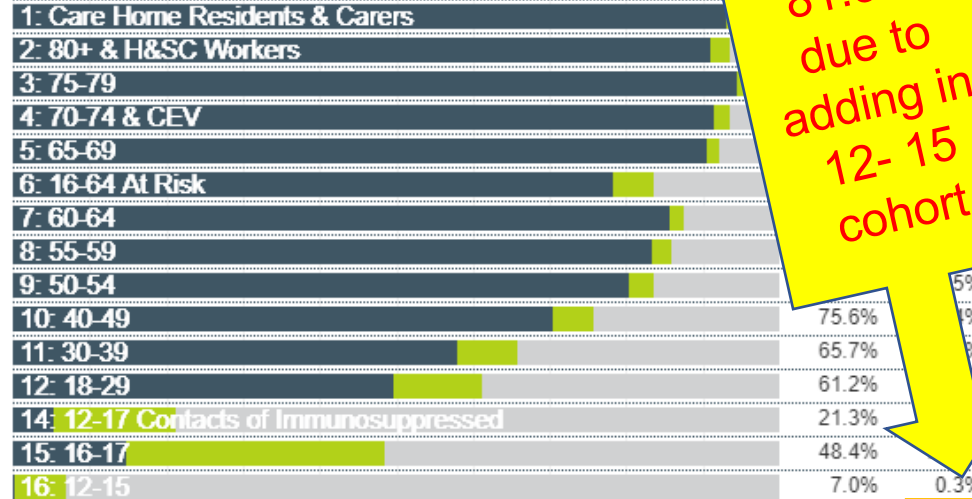
First Doses
1,979,719



Second Doses
1,806,260

Greater Manchester Uptake by JCVI Cohort

1 Dose | **2 Doses** | **No Doses**



First Dose Uptake:
JCVI Cohorts 1-4

94.1%



First Dose Uptake:
JCVI Cohorts 5-9

85.5%



First Dose Uptake:
Ages 18-49 (JCVI 10-12)

66.5%



First Dose Uptake:
Ages 12-17 (JCVI 13-16)

19.6%



Stockport
23.9% >Av

All age 12 and over

- 1: Care Home Residents & Carers
- 2: 80+ & H&SC Workers
- 3: 75-79
- 4: 70-74 & CEV
- 5: 65-69
- 6: 16-64 At Risk
- 7: 60-64
- 8: 55-59
- 9: 50-54
- 10: 40-49
- 11: 30-39
- 12: 18-29
- 14: 12-17 Contacts of Immunosup..
- 15: 16-17
- 16: 12-15

GM Total	BOL	BUR	HMR	MAN	OLD	SAL	STO	T&G	78.8%	80.1%
73.6%	75.4%	76.7%	73.3%	63.7%	72.5%	69.6%	81.3%	78.0%	78.8%	80.1%
97.1%	98.3%	96.8%	95.1%	95.4%	96.5%	98.7%	98.2%	96.2%	97.4%	97.9%
93.6%	94.3%	94.5%	92.9%	89.4%	93.2%	93.2%	95.9%	93.9%	95.5%	95.5%
95.8%	96.5%	96.2%	95.8%	91.6%	95.9%	95.2%	96.9%	96.1%	96.1%	97.4%
93.6%	94.4%	94.4%	93.4%	89.4%	93.9%	91.8%	95.3%	94.3%	94.2%	95.6%
92.2%	93.3%	93.1%	92.7%	86.1%	92.5%	89.9%	94.6%	93.7%	93.1%	94.9%
83.6%	85.0%	86.2%	83.0%	78.2%	82.8%	79.9%	88.5%	86.0%	86.5%	87.6%
87.6%	89.9%	88.8%	88.0%	76.9%	88.5%	85.7%	91.8%	90.2%	88.7%	91.2%
86.0%	88.9%	87.9%	85.5%	74.9%	86.8%	83.6%	90.6%	88.6%	87.9%	89.8%
83.7%	85.7%	86.2%	83.8%	72.7%	84.8%	79.6%	89.8%	86.7%	86.3%	88.6%
75.6%	78.7%	79.5%	76.5%	63.5%	77.0%	69.9%	83.5%	81.2%	82.0%	81.7%
65.7%	67.1%	69.5%	64.9%	57.8%	64.3%	60.4%	75.4%	70.9%	73.5%	72.1%
61.2%	62.4%	63.6%	58.8%	55.3%	58.0%	58.8%	71.7%	65.7%	68.6%	68.9%
21.3%	20.9%	20.2%	21.4%	15.8%	19.5%	19.9%	26.9%	23.5%	25.3%	28.1%
48.4%	54.9%	48.8%	46.7%	37.8%	41.3%	39.3%	55.4%	54.6%	60.3%	56.9%
7.0%	5.8%	5.5%	6.5%	4.9%	4.9%	8.7%	10.1%	8.5%	11.2%	7.4%

COVID-19 vaccination in schools



Stockport

Clinical Commissioning Group

- One dose only for 12-15 year olds in schools. Parents asked to consent in advance.
- Delivered by school nurses with extensive support from council and pharmacy partners. 8 week delivery plan will be completed by 19th November.
- Commenced 27th October, with 3 schools visited in first week – St Anne's, Stockport School & Highfields – in line with our plan
- Lots of learning during first week about how to run a complex vaccination programme in school while minimising disruption to the school day
- Uptake variable – between 30% and 50%. 778 vaccines given to children so far
- Over 10% of Stockport 12-15 year olds have already been vaccinated – the second-highest proportion in GM
- Communications start this week about our 'drop in' catch up clinics during half term for home educated children and those who weren't in school when the nurses visited

Good Progress being made

Greater Manchester Summary – Aged 12-17 (JCVI cohort 13-16)

3rd October 2021

Aged 12 to 17 first dose uptake (cohort 13 to 16) as at 3rd October 2021

	Eligible	First dose	Number not vaccinated	First dose uptake (%)
Greater Manchester	225,507	44,136	181,371	19.6%
NHS Trafford CCG	18,364	4,733	13,631	25.8%
NHS Stockport CCG	21,281	5,092	16,189	23.9%
NHS Wigan Borough CCG	22,417	5,093	17,324	22.7%
NHS Tameside And Glossop CCG	17,360	3,856	13,504	22.2%
NHS Bolton CCG	25,002	5,230	19,772	20.9%
NHS Bury CCG	15,153	2,870	12,283	18.9%
NHS Heywood, Middleton And Rochdale CCG	18,596	3,480	15,116	18.7%
NHS Salford CCG	18,781	3,350	15,431	17.8%
NHS Oldham CCG	21,489	3,513	17,976	16.3%
NHS Manchester CCG	47,064	6,919	40,145	14.7%

23.9% of Stockport children aged 12-17 have received a first dose compared to **19.6%** for Greater Manchester overall.

5,092 patients with a first dose so far out of a total 21,281 eligible. 16,189 not yet vaccinated.

Stockport ranks 2nd highest in Greater Manchester.

Uptake varies from 14.7% in Manchester CCG to 25.8% in Trafford CCG.

National Issues affecting all areas



Stockport

Clinical Commissioning Group

- Vaccine delivery has been delayed – PCNs haven't received allocations
- National Booking Service has been slow to upload all providers
- Foundry checks and balances/governance slow due to high number of additional providers

Workforce and Training >

Workforce – Staff from

- GP Practices
- School Nurses (schools)
- Community Pharmacies (Workforce additionality)
- Stockport Foundation Trust (HCSW Hub)
- District Nurses (housebound)
- SMBC (usual Winter Flu programme)
- Stockport CCG
- The Workforce Bureau
- Voluntary Sector – St John Ambulance
- Royal Voluntary Society
- Work Experience for students (Additionality) planning underway

Improving the
workforce
offer with
additionality

Ensuring there is a
sufficiently skilled
and competent
workforce

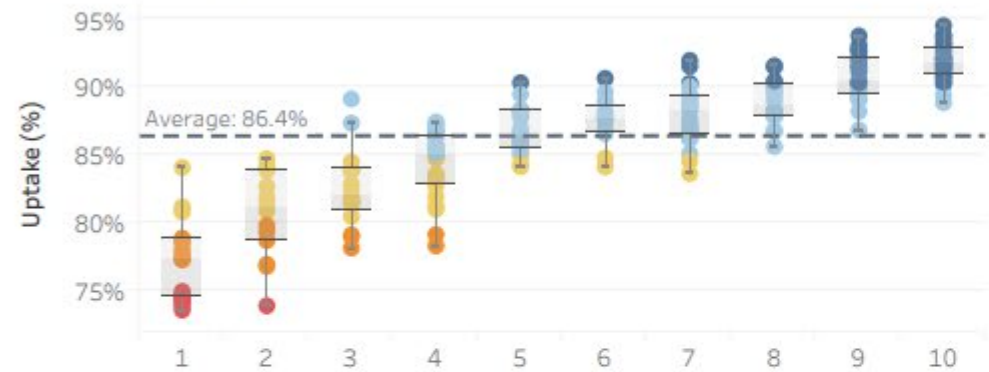
Training

- Refresher training for existing vaccination staff (required after 12 months)
- Expansion of workforce by training additional teams such as school nurses and district nurses
- To include safeguarding training in line with the Children's guidance.

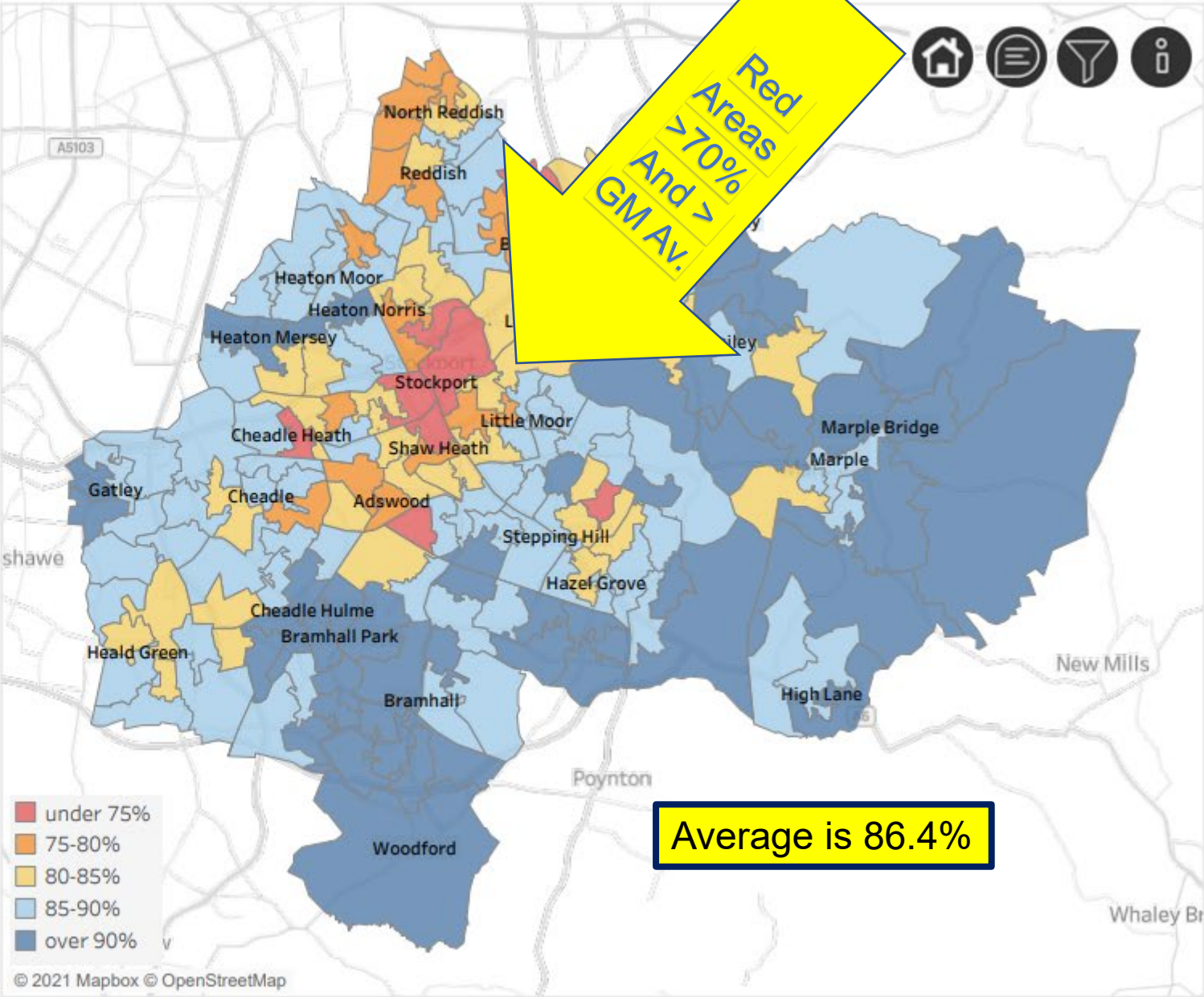
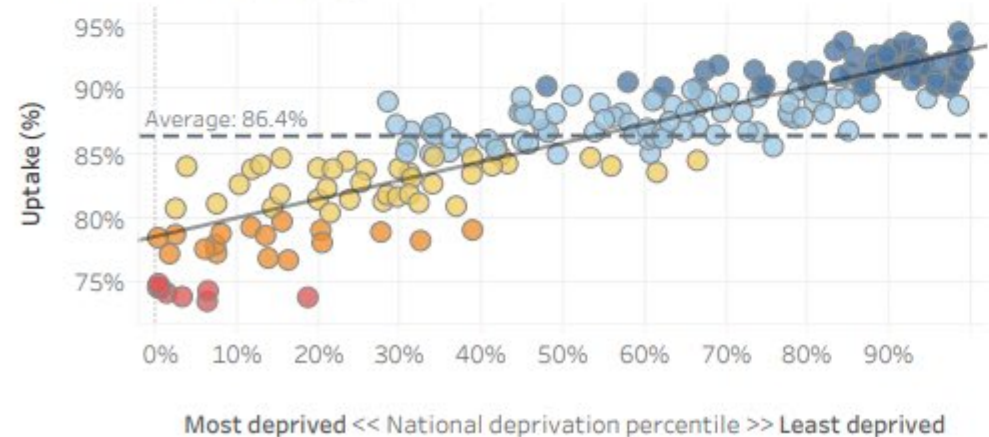
Vaccine uptake and deprivation

Geographic variation in uptake and the relationship with deprivation

Boxplot of the LSOA variation in first dose uptake by deprivation decile
Colour = First dose uptake (%) group



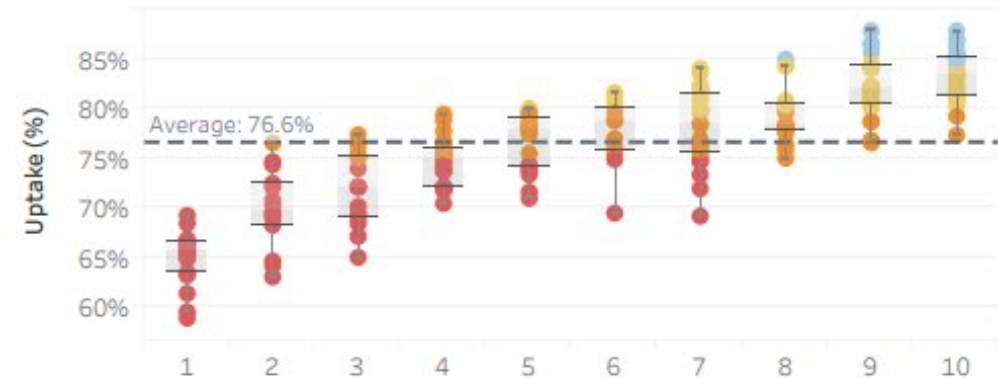
Scatterplot of LSOA national deprivation percentile and first dose uptake (%)
Colour = First dose uptake (%) group



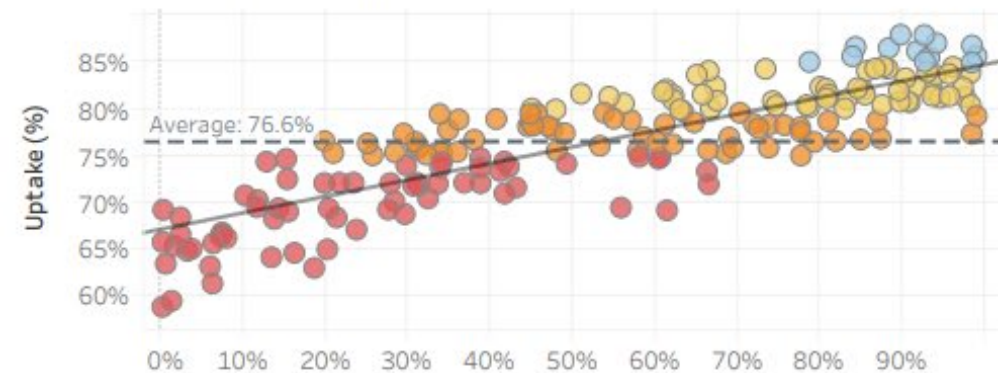
Vaccine uptake and deprivation

Geographic variation in uptake and the relationship with deprivation

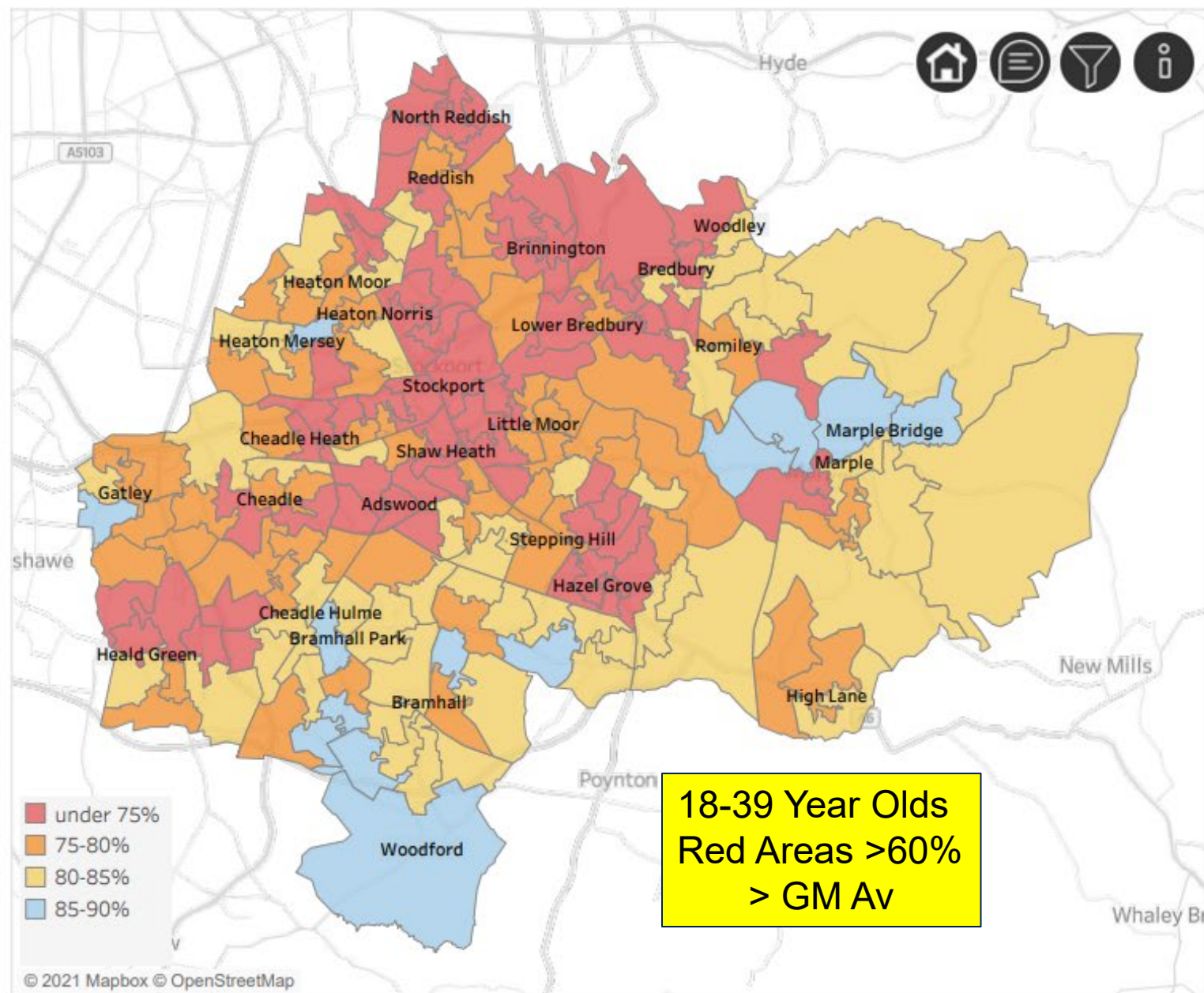
Boxplot of the LSOA variation in first dose uptake by deprivation decile
Colour = First dose uptake (%) group



Scatterplot of LSOA national deprivation percentile and first dose uptake (%)
Colour = First dose uptake (%) group



Most deprived << National deprivation percentile >> Least deprived

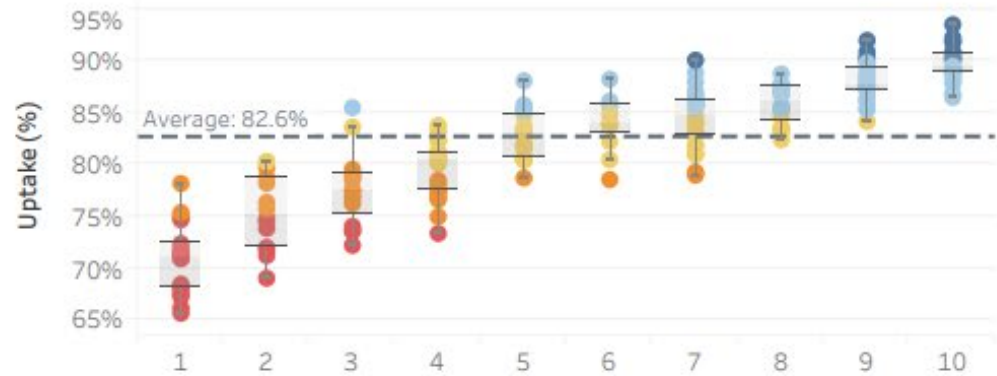


Vaccine uptake and deprivation

Geographic variation in uptake and the relationship with deprivation

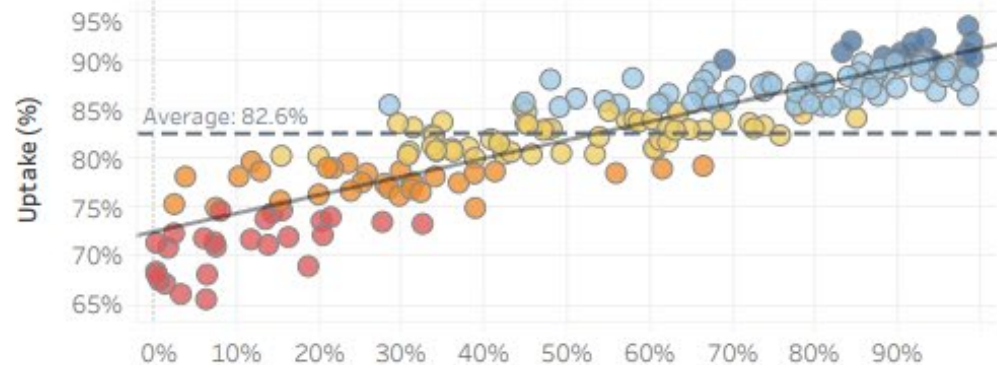
Boxplot of the LSOA variation in second dose uptake by deprivation decile

Colour = Second dose uptake (%) group

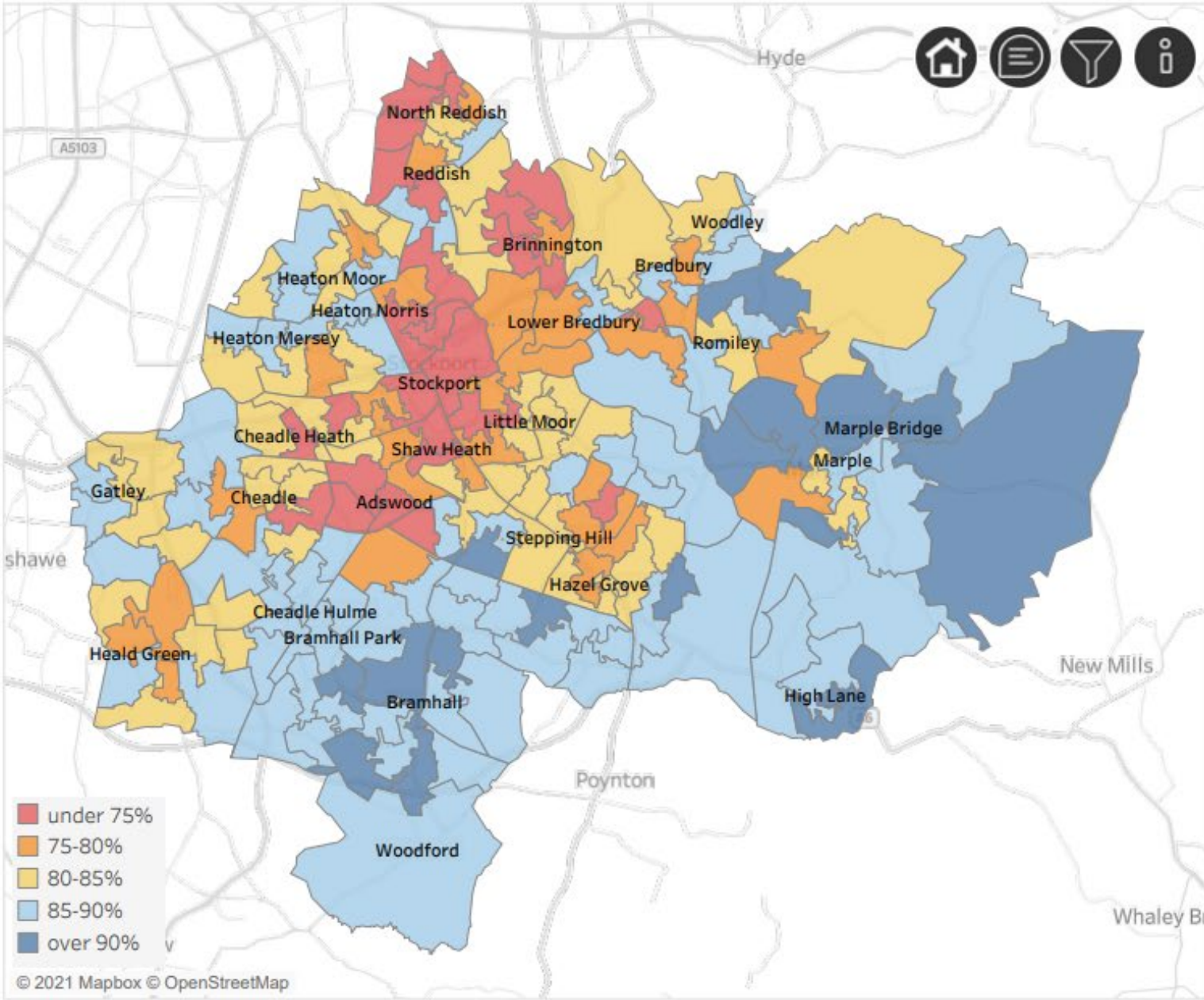


Scatterplot of LSOA national deprivation percentile and second dose uptake (%)

Colour = Second dose uptake (%) group



Most deprived << National deprivation percentile >> Least deprived



© 2021 Mapbox © OpenStreetMap

Provider Capacity to Deliver

Stockport Community Pharmacy
estimated capacity - 4 Oct

Greater Manchester Health
and Social Care Partnership

Estimated capacity required for Community Pharmacies in Stockport (booster dose only)

In order to ensure Stockport has apt Community Pharmacy provision to serve the needs of their local communities modelling has been undertaken to highlight the weekly capacity required for booster doses against the current operational Community Pharmacies maximum weekly run rates.

Name of CP	Weekly Capacity
Boots Stockport	350
Cohens Chemist - Brinnington	100
Cohens Chemist - Cheadle Heath	100
Cohens Chemist - Cheadle Hulme	100
Cohens Chemist - Reddish	100
Medichem Pharmacy - Woodley Precinct	1,000
Peak Pharmacy - Finney Lane	100
Trinity Methodist	1,000
The Well - Hazel Grove	1,000
Well - Reddish	100
Total	3,950

Total patients to be offered a booster dose - 150,790

Aspirational 85% / 75% uptake for booster dose - 128,172 / 113,100

30% capacity allocated for booster to CP - 38,452 / 34,000

Over 14 weeks (22/09- 26/12) weekly capacity required - 2,800 / 2,430

Maximum weekly Community Pharmacy capacity in Stockport - c.3,950

Therefore, Stockport has adequate Community Pharmacy capacity to serve its local population offering c.3,950 doses per week higher than the required c.2,430 – 2,800 doses.

Please note:

- (1) GM population data is taken from the Foundry, which caveats that H&SCW population is likely to be underestimated. In addition, this data source does not contain the number of immunosuppressed people or their household contacts as it is not available.
- (2) GM data does not currently contain the number of individuals who have received a booster dose hence the proposed weekly capacity figure may be lower or higher due to booster dose uptake we have already seen throughout the end of September and beginning of October.
- (3) The data presented is only representative of booster doses required as Stockport have reached the 85% aspirational target of all over 16s and currently under 16s cannot be vaccinated in a community pharmacy setting.



I'm from Stockport

Where can I get vaccinated ?

COVID Booster and Flu	Own GP or PCN	Walk In at TMC Fixed Site	Community Pharmacy Multiple Sites TBC	Pop Up Van	SFT *HSCW only	SMBC Drive Through *HSCW only
Health and Care Support Worker	Yes	Yes	Yes	Yes	Yes*	Yes*
Over 70's	Yes	Yes	Yes	Yes	No	No
16 – 69's	Yes	Yes	Yes	Yes	Yes*	Yes*
CEV	Yes	Yes	Yes	Yes	Yes*	Yes*
12 - 15's CEV	Yes	No	No	No	No	No
12 – 15s Healthy	School					

The plan to offer multiple choices of where to get vaccinated will

- **Create Convenience**
- **Encourage Take Up**
- **Enable Access**
- **Support the continued focus on reducing inequality through use of data for Pop Up sites TBC Nov 21**

Recommendations



Please note :

- 1. The progress made with the COVID vaccine Programme phase 3**
- 2. Excellent introduction of the vaccine programme into schools.**
- 3. That there will continue to be a targeted focus to encourage uptake by cohorts 1-12 alongside phase 3 as part of the Evergreen Offer .**
- 4. Modelling currently underway to assess any capacity gaps and to inform where to target sustained effort**
- 5. The CCG Vaccine PMO function will continue to enable Winter Planning business as usual processes to become properly established.**
- 6. That the business as usual governance arrangements (regular weekly reports to Health Protection Response Board and weekly Vaccine meeting) will provide the required organisational assurance, and advise what additional assurance will be needed.**
- 7. Advise when a further update will be required .**

End of Documentation Pack