NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	**8 December 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 (13 October 2021)	Attached	To approve	Chair	15:00
5.	Matters Arising / Actions from previous meeting	Attached	To approve	Chair	15:00
Standing Items					
6.	Primary Care Updates	Verbal	To note	SWo	15:05
7.	Chairs' Update: ICS (Integrated Care Systems)	Verbal	To note	Chair	15:15
8.	Notification of any GM updates	Verbal	To note	GM representative	15:20
Primary Care Development					
9.1	Vaccine Programme Update	Attached	For Assurance	AR	15:30
9.2	GP Masterclass update	Verbal	To note	SWo	15:40

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)	Attached	To note	GE	15:50
9.4	Practice Merger of Marple Cottage Surgery and The Guywood Practice	Attached	To note	GE	16:05
9.5	Update on Asylum seekers: GP Registration	Verbal	To note	GMi	16:20
Performance					
10.1	Quality Report (including update on Regulation 28 letters)	To follow	For assurance	AR	16:30
10.2	Quality Report – Learning Disability (LD) health checks	Presentation	For assurance	AR	16:40
10.3	PCCC Finance Report – H2 Plan 2021/22	Attached	For assurance	DD	16:45
Any Other Business:					
11.		Verbal	To note	Chair	16:55
Date and time of next meeting:					
	Wednesday 16 February 2022, 15:00 – 17:00, Microsoft Teams Meeting				

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

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

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Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 13 October 2021
15:00 – 16:29 pm, Microsoft Teams

Present:

Peter Riley	Lay Member for Primary Care Commissioning, (**Chair)**
Michael Cullen	Chief Finance Officer (CCG)
Gail Henshaw	NHS England/Improvement
Don Phillips	Lay Member for Patient and Public Involvement (CCG)
Anita Rolfe	Executive Nurse (CCG)
Phillip Winrow	Lay Member for Audit and Governance (CCG)

In attendance:

David Dolman	Deputy Chief Finance Officer (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)
Dianne Oldfield	Senior Management Accountant, (CCG)
Dr Simon Woodworth	Chief Medical Officer, (CCG)

Apologies:

Gale Edwards	Commissioning Lead, Primary Care (CCG)
David Kirk	Stockport Healthwatch
Paul Stevens	Local Medical Council (LMC)

SW	Action
1. Welcome & Apologies	
The Chair welcomed everyone to the meeting. The Chair advised that D Dolman would be joining the meeting later. Apologies were received as listed above and post meeting from P Stephens. The meeting was quorate.	
2. Notification of Any Other Business	
The Chair advised that there was one other item of business to discuss under Item 11. An additional item of business was announced part-way through the meeting by G Miller.	
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 Committee. S Woodworth, Medical Director declared an interest as GP Partner at Beech Medical Practice and Non-Executive Member of Stockport Local Medical Committee (LMC) in all items on the Agenda that related generally to all GP Practices and GP's respectively. In accordance with the CCG's Conflicts of Interest Policy S Woodworth could participate in the discussions. The Chair pointed out that were no items that required a decision to be taken at the meeting but requested that S Woodworth declare any at any point during the meeting if the discussions would impact on general practice.	
4. Minutes from previous meeting (18 August 2021)	
The minutes of the previous meeting held on 18 August 2021 were received. **RESOLVED:** **That the minutes of the previous meeting held on 18 August 2021 be approved as a correct record.** P Lewis-Grundy joined the meeting.	
5. Action Log from Previous Meeting	
The Chair presented the action log and the following updates were given at the meeting. MA29 (old action number 029/4.12.19): The CCG Policy on Practice closures, in line with national and local specifications had been reviewed. Discussions were ongoing prior to this Policy being rolled out. A further update would be provided at the next meeting. **Remain on the log.** 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.** MA201:*GP Patient Survey - Quality Report:* Findings from GP Patient Survey would be incorporated into future Primary Care Dashboards. **Remove from the log.** MA202: *Greener NHS: DMOG (Delegated Management Oversight Group) presentation.* A presentation had been circulated at the previous meeting. Further updates would be incorporated in PCN (Primary Care Network) updates at future meetings. **Remove from the log.** MA203: G Miller had sent a contact from NHS Cheshire CC to D Phillips to pass on to Renewal Stockport. Action completed. **Remove from the log.** **RESOLVED:** **That the actions arising from previous meetings and the assurance given, including the updates provided at the meeting and outlined**	

above, be noted.	
Standing Items	**Action**
6. Primary Care Updates	
S Woodworth highlighted the significant increase in activity at practices presenting several challenges. There remained issues with providing face to face appointments alongside video and telephone consultations. A discussion took place on the pressures within primary care and it was highlighted that this was a national issue. There had also been a national shortage of blood bottles for phlebotomy causing an 8-week back-log; this service was still working at half capacity due to Covid restrictions. D Phillips questioned whether there needed to be more communications at a local level to highlight the current capacity levels within primary care. It was noted that a local Communications Plan was in place and the issue had been highlighted via social media. The current system meant that a patient was triaged over the phone in the first instance, but a patient could still ask for a face to face appointment. It was recognised that that reception staff were facing increasing levels of aggression as the first point of contact and this had resulted in several incidents where the police had been called. It was pointed out that primary care staff were also supporting the delivery of the most successful vaccination programme in history with over 450k face to face interactions via this programme; this was on top of normal activity at practice level. In response to a question, S Woodworth reported that anecdotally, the number of children presenting at A&E had increased substantially. The current data set does not provide a split between adults and children for face to face appointments. It was recognised that dentistry and pharmacy were facing the same issues; both these services were commissioned by NHS England /Improvement (NHSE/I). The Chair briefed the meeting on the `Waiting Well' / `While You Wait' programme to support those patients waiting for treatment and minimise. A GM website had been launched: www.whileyouwait.org.uk. A further discussion took place on capacity and demand; currently demand was outstripping capacity. It was acknowledged that for some patients, a telephone appointment was more appropriate rather than them having to travel to the practice and wait alongside other people. The Chair thanked members for the update.	
7. Chairs' Update: ICS (Integrated Care Systems)	
The Chair advised that monthly meetings continued, involving the Chairs of the ten CCGs in the North West and the Strategic Director for GM HSCP. Discussions were ongoing regarding the governance arrangements. Other items discussed included:	

- MIAA (Mersey Internal Audit Agency) would be carrying out the close down of NHS Stockport CCG
- Spatial level and what it meant for each locality – this was still being worked on
- All 10 CCGs had responded to a GM request for feedback on what was required at a local level
- The Chair of the ICB (Integrated Care Board) had been announced – Sir Richard Leese
- The Chief Executive appointment was due to be announced in November 2021
- Patient Voice
- Staff leaving CCGs.

D Phillips questioned whether enough information was being shared with primary care and was advised that S Woodworth was involved in several forums and there were weekly newsletters to GPs providing updates. A Rolfe assured D Phillips that regular meetings take place with PCN (Primary Care Networks) CDs (Clinical Directors) about the ICS.

G Henshaw assured members that there was lots of work taking place at spatial levels with numerous groups.

RESOLVED:
That Primary Care Commissioning Committee note the update from the Chair on ICS.

8. Notification of any GM (Greater Manchester) updates

G Henshaw highlighted that the focus for GM included supporting the primary care workforce and acknowledged that primary care was experiencing a significant rise in demand as well as managing the Covid vaccination programme and pressures caused by Covid outbreaks.

A Primary Care Task & Finish Group continued to meet to manage demand and focus on communications and engagement. A Primary Care Sitrep (pulse check) continued to be sought from each system each week to understand the pressures at that time. Over the last few months this sitrep had shown a shift with more practices reporting increased pressure. Nine practices in GM had reported extreme demand and had required extra support. Overall, general practice was reporting Opel Level 3 – a high level of demand.

The priorities for the Task and Finish Group including improving access to urgent care and reducing health inequalities; this included a better understanding of data and working with secondary care colleagues to develop high level principles aimed at reducing delays.

A discussion took place on the data and it was pointed out that the data on demand in primary care did not include online requests or the numerous other duties that regularly take place in general practice.

The GM Health and Wellbeing toolkit would be re-launched to support the workforce. Communications and engagement would be refreshed and there

would be further support for primary care to deal with rising violence, aggression, and abuse. The Chair questioned whether there would be a seamless transition of this work when the CCG moved to an ICS; G Henshaw assured the Chair that there would be continued support for primary care. **RESOLVED:** **That Primary Care Commissioning Committee note the update from the Greater Manchester.**	
Primary Care Development	**Action**
9.1 COVID-19 Vaccine Uptake	
A Rolfe briefed the meeting Covid vaccination data and drew attention to several key points: • An `Evergreen Offer' for cohorts 1-12 • A Flu vaccine programme • A Covid booster programme • A Health and Care Support Worker vaccination programme – started at the Trust on 11 October 2021 • An offer for those people who had difficulty accessing services or were reluctant to access services • As or 3 October, 85% (over 430k vaccines) of the population aged 16+ had received a vaccination • Work had commenced on delivering vaccines to the 12-15-year olds • Other offers would be considered such as pop-up vans for those areas that had a lower uptake • Additional community pharmacy support in the delivery of the vaccination programme. A brief discussion took place on the reasons for resistance to receiving the vaccine. Members of the public health team were holding discussions on an individual basis to those members of the population that wanted further assurance. **RESOLVED:** **That Primary Care Commissioning Committee note the update on the Covid vaccination programme.**	
9.2 GP Masterclass	
S Woodworth provided an update on the recent GP Masterclass, held virtually. This had included a review of current practices and a session on Eating Disorders. A future session would focus on the mental health aspects of Long Covid. The Chair thanked S Woodworth for the update.	
9.3 Update on PCN (Primary Care Network) DES (Direct Enhanced Service)	

G Miller reported that there were no further updates on the primary care DES. Work was taking place recruiting to ARRS (Additional Roles Reimbursement Scheme) for the expansion of primary care workforce. Members were assured that further implementation of the DES was taking place, in accordance of the latest planning guidance. D Dolman joined the meeting.	
Performance	**Action**
10.1 Quality Report	
A Rolfe requested that this item be deferred to the next meeting as the latest information from the Quarter 2 Report was due the following day and it would provide more context. **RESOLVED:** **That Primary Care Commissioning Committee note that the Quality Report be deferred to the next meeting.**	
10.2 PCCC Finance Report for the period ending 30 September 2021 – Month 6	
D Oldfield presented the Financial Report for the period ending 30 September 2021, month six and drew members' attention to several points: • An adverse variance of £0.467m for H1 2021/22 was reported for the 6-month period 30 September 2021. • Additional Roles Reimbursement Scheme (ARRS) **–** included £0.165m adverse against ARRS which had been offset by an anticipated allocation increase of £0.165m. The £0.165m allocation would be drawn down from the 44.4% ARRS funding held centrally. • The CCG can only drawdown from the funding held centrally when actual ARRS expenditure incurred goes above 55.6% ARRS funding that the CCG has already received. D Oldfield then presented a draft H2 plan and made the following comments: • The draft H2 plans were due to be submitted to NHS England by 16 November 2021; the draft plan was included in Appendix 2 of the papers. • The draft Primary Care Delegated Budget expenditure plan for H2 2021/22 was based on the H1 2021/22 expenditure plan. The CCG received an allocation of £0.157m for Long Covid in August 2021. The allocation was to cover expenditure for the period 1 September 2021 to 31 March 2022 and the budget has been phased for this period. Therefore, £0.017m had been included in the H1 2021/22 plan and £0.140m has been included in the H2 2021/22 plan.	

- A plan to mitigate the H2 efficiency requirement of £0.496m was being developed and would be taken through CCG governance together with the H2 Plan for approval by the CCG Governing Body.

The Chair thanked D Oldfield for the update and to the finance team for having to prepare budgets with financial information arriving late.

D Phillips questioned how plans were made to make savings at GP level. It was explained that the mitigation plan being developed would impact all Practices however, depending on the specific scheme, the relative impact on a Practice may vary but not to a significant degree.

RESOLVED:

(i) That Primary Care Commissioning Committee Note the forecast outturn position was an adverse variance of £0.467m for period 1 April 2021 to 30 September 2021.

(ii) Support the approach taken to develop the Primary Care Delegated Commissioning expenditure plan for H2 2021/22 totalling £23.191m.

10.3 Report of Investment into General Practice

D Oldfield referred to the report circulated and advised that there was a national requirement for CCGs to report to their Local Medical Committee (LMC) on how the primary medical care allocations had been used from the 2019/20 budget. This report had been published on 30 September 2021; the report for the 2020/21 budget was expected to be published by 31 December 2021.

A discussion ensued on the report. It would facilitate discussions between the CCG and LMC. It was highlighted that the report did not detail any issues or expenditure that LMC were not aware of previously. It was highlighted that reports did not affect Primary Care expenditure with Viaduct Care other than the additional access funding received in 2019/20.

The 2020/21 report would be presented to members in February 2022.

RESOLVED:

That Primary Care Committee note the Report of Investment into General Practice from 2019/20.

ANY OTHER BUSINESS

11.

(i) D Dolman provided a primary care estates update and advised that NHS England had commissioned GB Partnerships to undertake a national General Practice premises data gathering. The Primary Care Data Gathering Programme was intended to bring the information held on general practice

premises in England up to a consistent baseline standard nationally.

The data would then be used to develop the Stockport General Practice Estates Strategy and allow bids to be evaluated against capacity in the wider system. Engagement with practices had commenced week beginning 11 October 2021. In response to a question, it was noted that this work was aligned to discussions taking place with planning colleagues regarding future development opportunities.

The Chair highlighted the importance of having a Stockport Estates Strategy. In response to a further question, it was noted that the timescale for collating the data was by 31 December 2021. An update would be provided to this Committee in the New Year.

(ii) G Miller reported that several Afghanistan evacuees were being provided with a full primary care offer at their place of residence (a Hotel in Stockport). Two Stockport GP practices were supporting the evacuees, Alvanley and Guywood – all evacuees had been registered with a practice.

In addition, several asylum seekers had been assigned to another Hotel in Stockport. Due to the timescales this had involved rapid support of primary care provision with a local GP practice to provide enhanced care assessment, supported by Serco and Mastercall. Discussions were taking place within the PCN (Primary Care Network) to provide primary care support.

The Chair enquired after the health of the evacuees and asylum seekers and was advised that they would receive an enhanced primary care offer – in response to a question, this did include Translation Services.

The Chair thanked all involved for their support.

RESOLVED:
That the verbal updates be noted.

Meeting Governance

Date and time of next meeting:

The next meeting of the Primary Care Commissioning Committee would take place on Wednesday 8 December 2021 15:00 – 17:00 pm, Virtual Meeting.

The meeting closed at 16:29 pm

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PRIMARY CARE COMMISSIONING - ACTION LOG - 13 October 2021

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
MA29	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	08.12.21	Paper included with the agenda
MA200	16.06.21	5	In progress	To engage on Practice Policy re: Practice Closures - liaise with Communications team	GMI	08.12.21	Approved Policy on Practice Closures to be considered by PIN prior to being circulated more widely

Stockport Clinical Commissioning Group

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

Report To (Meeting):	Primary Care Commissioning Committee				
Report From (Executive Lead)	Anita Rolfe				
Report From (Author):	Gale Edwards				
Date:	8th December 2021	**Agenda Item No:**	5		
Previously Considered by:	A Paper was presented to the PCCC setting out the requirements and procedures for half day closures on the 16th June 2021. A decision on the revised policy was delayed until further discussion with LMC representatives. The paper has been revised to reflect those discussions.				
Decision	**X**	**Assurance**	**X**	**Information**	

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

Purpose of the report:

The purpose of the attached report is to provide the Primary Care Commissioning Committee with an update on the latest guidance and recommended CCG policy and procedure for general practice half day closures.

Key points (Executive Summary):

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

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

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

1.4. The recommended policy and procedure includes some minor changes including the requirements of the network DES and is in line with local and national contractual requirements.

Recommendation:

It is recommended that the Primary Care Commissioning Committee:

1.0 **N**ote the content of this report highlighting the contractual requirements both locally and nationally on half day practice closures.

2.0 **A**gree that the updated CCG's recommended half day closure policy and procedure guidance that practices need to follow

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

4.0 **N**ote and approve the next steps

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

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

Consultation and Engagement: Forms part of the Primary Care engagement programme	
Patient and Public Involvement:	*[N/A]*

NATIONAL AND LOCAL CONTEXT

The purpose of the report is to provide the Primary Care Commissioning Committee with an update on the latest national and local contractual requirements for general practices half day closures including a recommended policy and procedure guide for practices to follow.

As part of our local commissioned services (LCS) contract practices can close one afternoon a month for training. This will include Masterclasses or other meetings which require closure of the practice. Where Mastercall cover has not been arranged then reception should remain open to allow the collection of prescriptions, booking of appointments etc, this requirement has been in place since the introduction of the scheme in October 2014

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

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

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

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

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

1.1. EXISTING ARRANGEMENTS

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

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

1.1.2.1. That it was reasonable for the CCG to approve that a practice close for

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

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

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

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

1.2. PCN DES NATIONAL REQUIREMENT

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

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

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

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

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

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

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

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

1.0 **RECOMMENDED HALF DAY POLICY AND PROCEDURE**

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

2.1 Prior written approval from the CCG will be required if a Core Network Practice of the PCN wishes to close for half a day on a weekly basis.

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

2.3 The CCG supports practice development and training and recommends that no more than one practice ½ day closure occurs per calendar month for training purposes e.g. Masterclass or a Practice Training This will be subject to:

2.1.1 The practice informing the CCG of any planned half day closure prior to the closure happening.
2.1.2 The CCG is provided with assurance that the required provision of essential services will be in place through the subcontract arrangements
2.1.3 If a practice closes for a half a day due to Masterclass session the CCG recommends the practice avoids having another half day closure in the same calendar month

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

2.4 Notification is not required for Masterclass half day closures

2.0 CONTRACTUAL AND FINANCIAL IMPACT

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

3.0 CONCLUSION

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

3.2 **A**gree that the updated CCG's recommended half day closure policy and procedure guidance that practices need to follow

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

3.4 **N**ote and approve the next steps

4.0 NEXT STEPS

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

4.2 Stockport CCG to communicate to all practices the revised half day procedure requirements including the requirement to inform the CCG of any half day closures prior to the closure

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

6. POTENTIAL IMPLICATIONS

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

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Vaccine Programme Update

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Anita Rolfe		
Date:	8th December 2021	**Agenda Item No:**	9.1
Previously Considered by:	N/A		

Decision	**No**	**Assurance**	**Yes**	**Information**	**Yes**

Conflicts of Interests	
Potential Conflicts of Interest:	N/A

Purpose of the report:
To update on the progress of the Vaccination programme
Key points (Executive Summary): Progressing in line with expectation
Recommendation:
Exec Board are asked to 1. Note the progress 2. Note the requirements of a continued system approach

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Pandemic Response
Which corporate objective(s) is / are supported by this report:	Pandemic Response

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

Consultation and Engagement:	
Patient and Public Involvement:	*Volunteers are supporting delivery of the clinics*
Clinical Engagement:	*System wide clinical involvement*

POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	None					
	Recurrent Expenditure	None					
	Expenditure included within CCG Financial Plan	Yes		No		N/A	
Performance Impact:	***Performance in line with expectations***						
Quality and Safety Impact:	***Performance in line with expectations***						
Compliance and/or Legal Impact:	Compliance with pandemic response expectations						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No	X	N/A	
	If Not Applicable please explain why						

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COVID-19 Vaccine Programme Update

1st December 2021

NHS Stockport Clinical Commissioning Group

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 11th October – 30th November 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 (including the ask to further increase capacity 30/11)

Total Team Effort to be maintained

I'm from Stockport
Where can I get vaccinated ?

NHS Stockport Clinical Commissioning Group

COVID Booster and Flu	Own GP or PCN	Walk In at TMC Fixed Site	Community Pharmacy Multiple Sites TBC	One Stockport Hub	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			Yes		

Multiple choices of where to get vaccinated

- **Creates Convenience**
- **Encourages Take Up**
- **Enables Access**

Covid Vaccine uptake
up to 28th November

NHS Stockport Clinical Commissioning Group

Summary at Sunday 28 November 21

Stockport CCG

223,431 (85.7%) of those aged 16+ have received their first dose.
212,497 (81.5%) have received their second dose.

219,102 (86.3%) people aged 18+ have received their first dose.
211,214 (83.2%) have received their second dose.
89,071 (35.1%) have received a booster or third dose.

117,408 (93.8%) people aged 50+ have had their first dose.
116,133 (92.8%) second doses.
76,683 (61.3%) booster or third doses.

43,805 (96.4%) people aged 70+ have had their first dose.
43,570 (95.9%) second doses.
39,051 (86.0%) booster or third doses.

		% 1st	% 2nd	% Booster	1st Dose	2nd Dose	Booster/3rd	Not Vacc'd	Eligible	Timeline
Age groups	Age 80+	96.8%	96.4%	87.2%	16,676	16,601	15,025	548	17,224	
	Age 75-79	96.7%	96.2%	87.0%	12,132	12,069	10,909	408	12,540	
	Age 70-74	95.8%	95.2%	83.8%	14,997	14,900	13,117	661	15,658	
	Age 65-69	94.6%	93.6%	72.4%	15,226	15,078	11,664	876	16,102	
	Age 60-64	93.1%	92.1%	51.1%	17,758	17,562	9,751	1,309	19,067	
	Age 55-59	92.1%	90.7%	39.7%	20,402	20,093	8,799	1,755	22,157	
	Age 50-54	90.4%	88.7%	33.2%	20,220	19,830	7,418	2,148	22,368	
	Age 40-49	84.8%	82.0%	15.2%	36,282	35,072	6,501	6,501	42,783	
	Age 30-39	77.6%	73.0%	8.7%	36,012	33,847	4,024	10,385	46,397	
	Age 18-29	74.3%	66.1%	4.7%	29,397	26,162	1,863	10,173	39,570	
	Age 16-17	61.9%	18.3%	0.8%	4,329	1,283	56	2,669	6,998	
	Age 12-15	48.4%	0.3%	0.0%	7,319	51	3	7,797	15,116	
Risk groups	Age 16-64 at risk	89.8%	86.4%	40.8%	37,710	36,278	17,119	4,295	42,005	
	CEV	94.9%	93.4%	68.8%	16,878	16,599	12,225	899	17,777	
	Healthcare Worker	95.5%	93.7%	65.8%	6,060	5,946	4,175	287	6,347	
	Carers - DWP	80.9%	75.4%	26.2%	3,341	3,115	1,083	790	4,131	
	Carers - LA	93.2%	91.6%	59.4%	588	578	375	43	631	
	Sev. Immunosup.	96.5%	94.7%	72.1%	2,808	2,758	2,100	103	2,911	

Note that individuals can appear in more than one cohort. 'NHS & social care worker' is not a complete list and may also include people incorrectly coded as a healthcare worker.

Source: National Immunisation Management System (NIMS) | **Author:** graham.smith16@nhs.net

Greater Manchester Summary

84.1% of those aged 12+ have received a 1st dose.
Highest in Greater Manchester.

83.5% of those aged 18+ have received a 2nd dose.
Highest in Greater Manchester.

48.6% of those aged 12-15 have received a 1st dose.
Highest in Greater Manchester.

Greater Manchester Covid-19 Vaccine Rollout

Covid-19 Vaccination Sit-Rep: Programme Summary

Greater Manchester Health and Social Care Partnership

Uptake in Over-12s in Greater Manchester: 1st Dose 76.3% | 2nd Dose 69.1% | Booster Dose 25.4%

Total Vaccines Delivered to GM Patients
4,622,172

First Doses
2,065,129

Second Doses
1,869,891

Booster Doses
687,152

Uptake by JCVI Cohort

1 Dose | 2 Doses | Booster Dose | No Doses

	Dose 1	Dose 2	Booster (of total pop.)
1: Care Home Residents & Carers	97.6%	95.2%	72.2%
2: 80+ & H&SC Workers	94.4%	92.5%	67.2%
3: 75-79	95.9%	95.0%	82.2%
4: 70-74 & CEV	93.7%	92.0%	71.4%
5: 65-69	92.2%	90.9%	66.7%
6: 16-64 At Risk	83.9%	79.0%	29.2%
7: 60-64	87.7%	86.0%	39.6%
8: 55-59	86.0%	83.8%	26.8%
9: 50-54	83.7%	81.0%	21.5%
10: 40-49	75.9%	71.6%	5.4%
11: 30-39	66.9%	60.7%	2.3%
12: 18-29	63.3%	54.3%	1.4%
13: 12-15 At Risk	40.6%	3.0%	0.0%
14: 12-17 Contacts of Immunosuppressed	43.4%	6.3%	0.1%
15: 16-17	52.4%	15.3%	0.1%
16: 12-15	36.1%	0.2%	0.0%

Uptake by Age

	Dose 1	Dose 2	Booster (of eligible)
65+	94.6%	93.5%	84.3%
50-64	88.2%	85.9%	61.1%
18-49	70.8%	64.3%	39.6%
16-17	53.3%	17.5%	25.5%
12-15	36.5%	N/A	N/A

1st Dose Uptake	GM Total	BOL	BUR	HMR	MAN	OLD	SAL	STO	T&G	TRA	WIG
All Over-12s	76.3%	78.5%	79.8%	76.0%	66.3%	75.0%	71.8%	84.1%	80.9%	81.7%	82.3%
65+	94.6%	95.4%	95.2%	94.6%	89.9%	94.9%	93.8%	96.2%	95.3%	95.2%	96.5%
50-64	88.2%	90.0%	90.0%	88.2%	80.5%	88.9%	86.1%	92.2%	90.4%	89.8%	91.5%
18-49	70.8%	72.8%	74.3%	70.3%	62.9%	70.1%	66.3%	79.7%	75.6%	77.7%	77.2%
16-17	53.3%	58.1%	55.2%	50.8%	43.4%	46.0%	43.6%	61.9%	59.2%	65.6%	61.7%
12-15	36.5%	40.7%	42.3%	35.6%	27.5%	27.4%	30.8%	48.6%	43.1%	45.6%	36.8%

2nd Dose Uptake	GM Total	BOL	BUR	HMR	MAN	OLD	SAL	STO	T&G	TRA	WIG
All Over-18s	75.0%	76.7%	78.8%	74.5%	64.3%	75.1%	69.6%	83.5%	79.3%	81.6%	81.7%
65+	93.5%	94.4%	93.9%	93.2%	88.1%	93.9%	92.4%	95.5%	94.1%	94.5%	95.7%
50-64	85.9%	87.5%	88.0%	85.3%	77.6%	86.6%	83.3%	90.6%	88.3%	88.3%	89.6%
18-49	64.3%	64.9%	67.8%	62.6%	56.7%	63.2%	59.2%	74.3%	68.4%	73.2%	70.9%

See slide 12 for a comparison of booster uptake so far in those that are currently eligible

Stockport PCN Summary

48.6% of those **aged 12-15** have received a 1st dose. This varies from 33.9% to 57.8% across PCNs.

Greater Manchester Covid-19 Vaccine Rollout - Stockport CCG

Covid-19 Vaccination Sit-Rep: Programme Summary

Greater Manchester Health and Social Care Partnership

Uptake in Over-12s in STO: 1st Dose 84.1% | 2nd Dose 77.3% | Booster Dose 31.9%

Total Vaccines Delivered to registered Patients
533,317

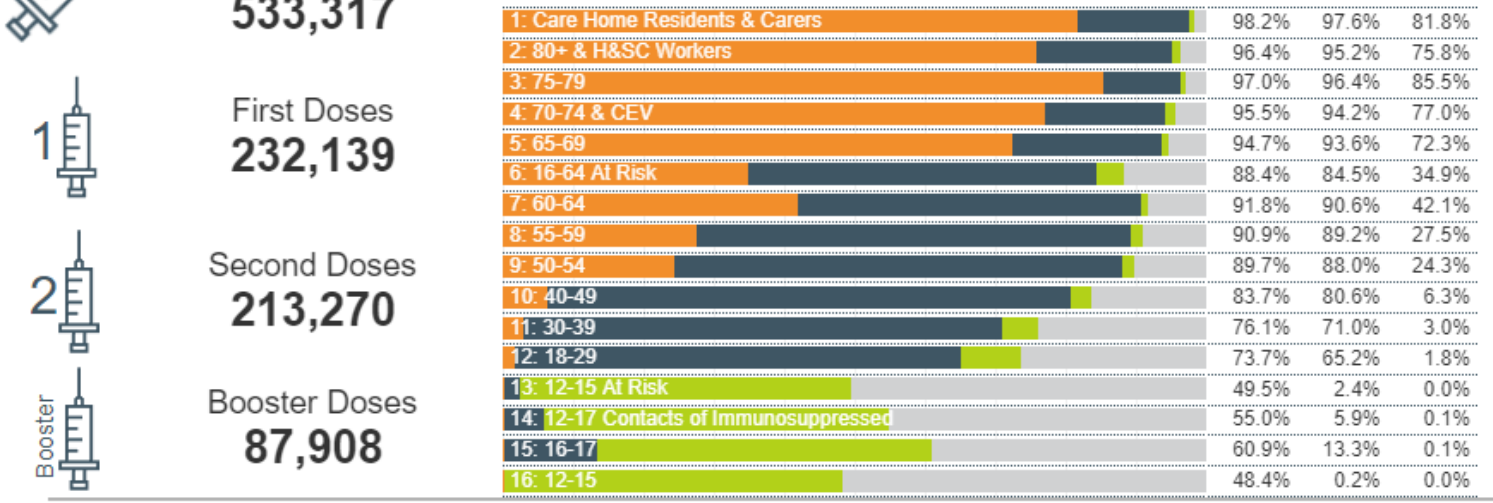
First Doses
232,139

Second Doses
213,270

Booster Doses
87,908

Uptake by JCVI Cohort

1 Dose | 2 Doses | Booster Dose | No Doses



	Dose 1	Dose 2	Booster (of total pop.)
1: Care Home Residents & Carers	98.2%	97.6%	81.8%
2: 80+ & H&SC Workers	96.4%	95.2%	75.8%
3: 75-79	97.0%	96.4%	85.5%
4: 70-74 & CEV	95.5%	94.2%	77.0%
5: 65-69	94.7%	93.6%	72.3%
6: 16-64 At Risk	88.4%	84.5%	34.9%
7: 60-64	91.8%	90.6%	42.1%
8: 55-59	90.9%	89.2%	27.5%
9: 50-54	89.7%	88.0%	24.3%
10: 40-49	83.7%	80.6%	6.3%
11: 30-39	76.1%	71.0%	3.0%
12: 18-29	73.7%	65.2%	1.8%
13: 12-15 At Risk	49.5%	2.4%	0.0%
14: 12-17 Contacts of Immunosuppressed	55.0%	5.9%	0.1%
15: 16-17	60.9%	13.3%	0.1%
16: 12-15	48.4%	0.2%	0.0%

Uptake by Age

	Dose 1	Dose 2	Booster (of eligible)
65+	96.2%	95.5%	86.9%
50-64	92.2%	90.6%	59.0%
18-49	79.7%	74.3%	42.7%
16-17	61.9%	16.8%	30.5%
12-15	48.6%	0.3%	

1st Dose Uptake

	CCG Total	Bramhall Cheadle And Hulme Pcn	Cheadle Network Pcn	Hazel Grove High Lane & Marple Pcn	Heatons Group Network Pcn	Tame Valley Pcn	Victoria Pcn	Werneth Pcn
All over-12s	84.1%	87.0%	85.5%	87.7%	83.1%	78.9%	82.1%	84.5%
65+	96.2%	96.3%	96.4%	97.2%	95.7%	95.5%	95.4%	96.8%
50-64	92.2%	92.9%	93.0%	93.5%	91.5%	90.2%	91.5%	93.2%
18-49	79.7%	83.1%	81.4%	82.8%	79.4%	74.7%	78.1%	79.2%
16-17	61.9%	72.3%	66.1%	69.1%	62.0%	43.5%	59.5%	56.9%
12-15	48.6%	57.8%	53.3%	53.9%	47.7%	33.9%	47.1%	44.0%

2nd Dose Uptake

	CCG Total	Bramhall Cheadle And Hulme Pcn	Cheadle Network Pcn	Hazel Grove High Lane & Marple Pcn	Heatons Group Network Pcn	Tame Valley Pcn	Victoria Pcn	Werneth Pcn
All over-18s	83.5%	86.7%	84.7%	87.5%	82.2%	78.4%	81.0%	84.2%
65+	95.5%	95.7%	95.2%	96.6%	94.9%	94.8%	94.3%	96.1%
50-64	90.6%	91.9%	91.4%	92.1%	89.6%	88.4%	89.6%	91.5%
18-49	74.3%	78.6%	76.1%	78.4%	74.0%	68.1%	72.4%	73.3%

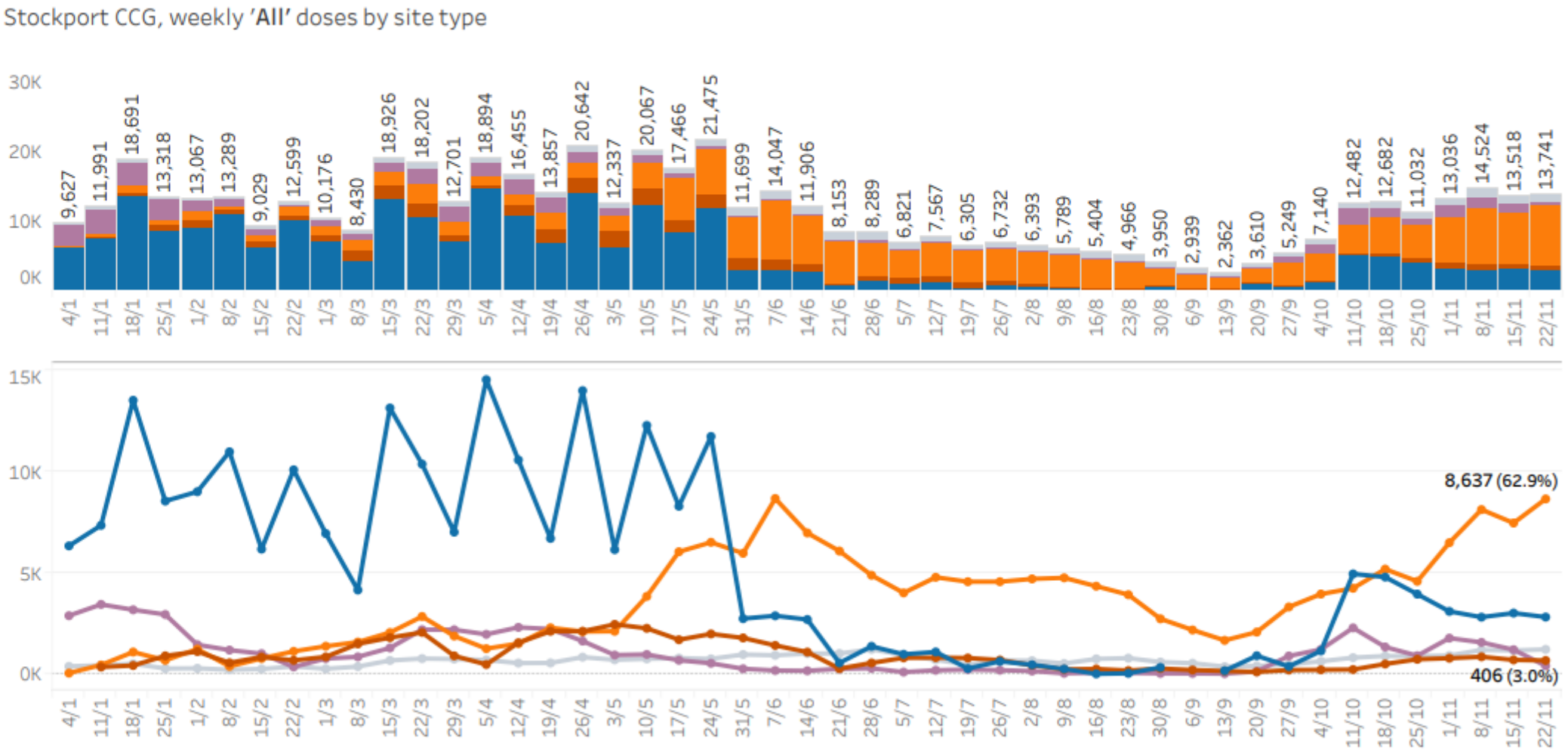
See slide 13 for a comparison of booster uptake so far in those that are currently eligible

Where are people being vaccinated?

up to 28th November - All vaccinations

NHS Stockport Clinical Commissioning Group

Total all doses by site type	
PCN (own)	234,708 (43.6%)
PCN (other)	7,456 (1.4%)
Manchester MVS	41,406 (7.7%)
Brookdale/Trinity..	56,456 (10.5%)
Wilbraham Phar..	21,492 (4.0%)
Alderley Park Con..	15,661 (2.9%)
Hazel Grove Civic ..	15,542 (2.9%)
Boots Pharmacy (..	12,854 (2.4%)
Everest Pharmacy	12,475 (2.3%)
Medichem Pharm..	10,737 (2.0%)
Andrews Pharma..	7,854 (1.5%)
Larkhill Centre, Ti..	7,186 (1.3%)
St. James and Em..	7,180 (1.3%)
Woodhouse Park ..	2,344 (0.4%)
Hospital Hubs	52,772 (9.8%)
Other	32,173 (6.0%)



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Progress made until end November

- Trinity Methodist Church are vaccinating 7 days per week/average of 1000 vaccines per day
- All GPs continue to administer to the housebound
- Beech House GP practice providing clinical lead/vaccine to the One Stockport Hub – approx 300 per day
- Asylum Seekers at The Brittania have been vaccinated
- Refugees at Bredbury Hall have been vaccinated
- 12- 15s progress now the bext in GM (improved from 3rd position in Mid October)
- Community Pharmacies across Stockport continue to administer the vaccine
- National Booking Sites continue to offer appointments to Stockport residents

NHS Stockport Clinical Commissioning Group

December and January Capacity Increase

In line with the request to increase capacity, the following plans are being explored

1. Bringing Medichem's additional capacity on line by opening a second delivery site **(+1000)**

2. Access to the military to supplement local workforce

3. Utilisation of additional capacity from Evergreen and Scorah Community Pharmacies **(+750)** to increase the offer at The Stockport Hub to 5 days a week

4. If possible it would be helpful if there was national guidance that safely negates the 15 minute wait, this would then enable an opportunistic response from every GP surgery **(+1000)**

5. Guidance regarding GPs being able to stand down other work **(+4000)**

The above is in addition to the existing provision

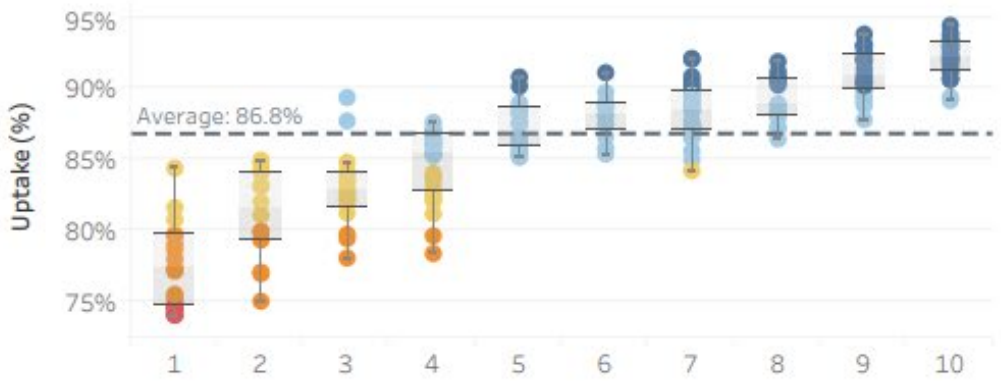
Aged 18+ first dose uptake (and living within Stockport), 28th November

Vaccine uptake and deprivation

Geographic variation in uptake and the relationship with deprivation

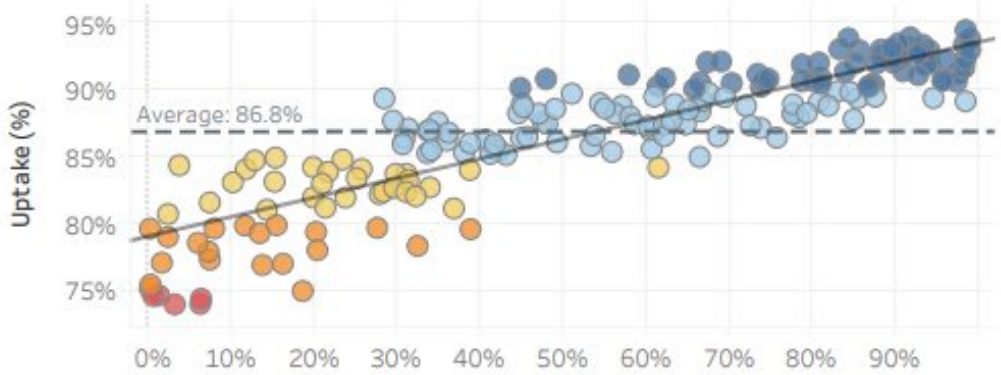
Boxplot of the LSOA variation in first dose uptake by deprivation decile

Colour = First dose uptake (%) group

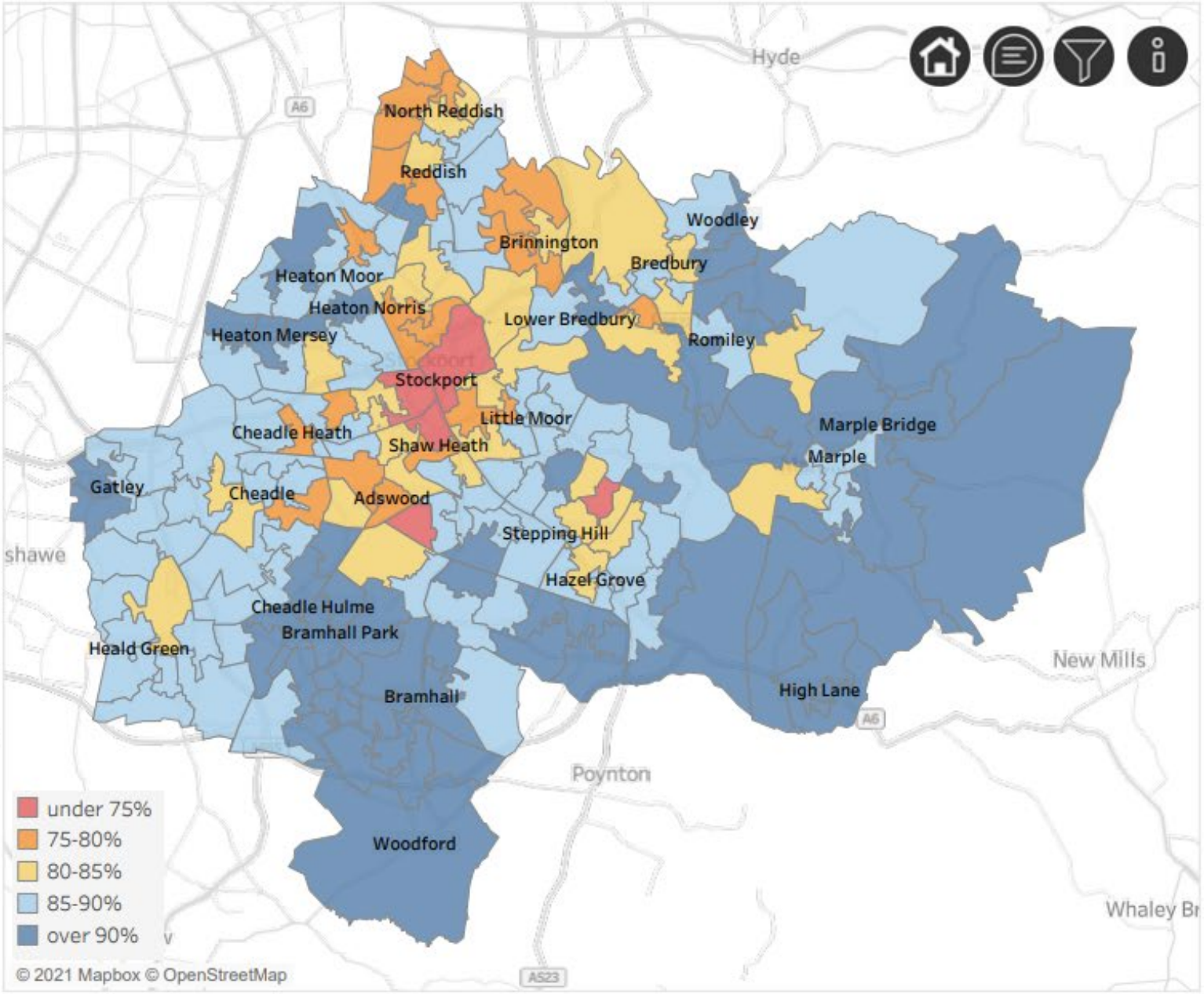


Scatterplot of LSOA national deprvation percentile and first dose uptake (%)

Colour = First dose uptake (%) group



Most deprived << National deprivation percentile >> **Least deprived**



 | **Author:** graham.smith16@nhs.net

Aged 18+ second dose uptake (and living within Stockport), 28th November

Vaccine uptake and deprivation

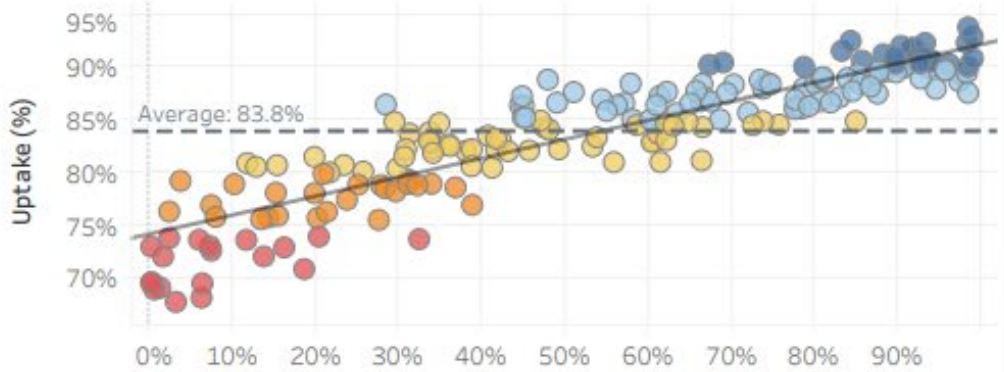
Geographic variation in uptake and the relationship with deprivation

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

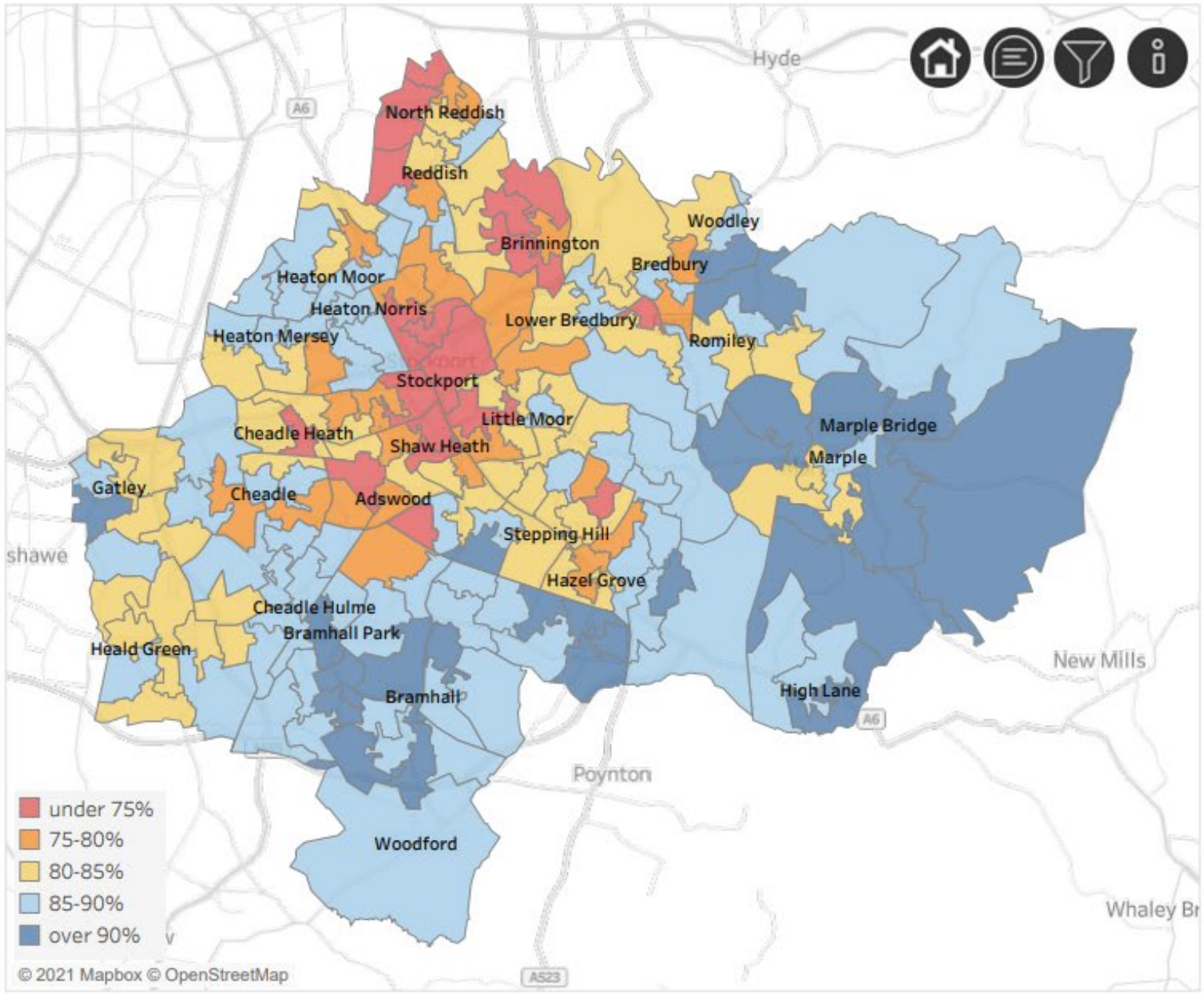
Colour = Second dose uptake (%) group

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

Colour = Second dose uptake (%) group



Most deprived << National deprivation percentile >> **Least deprived**



 | **Author:** graham.smith16@nhs.net

Provider Capacity to Deliver

NHS Stockport Clinical Commissioning Group

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.

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Recommendations

Please note :

1. **The progress made with the COVID vaccine Programme phase 3**
2. **Excellent vaccine programme in the school setting .**
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 respond to the national ask of increasing capacity during December and January.**
5. **The CCG Vaccine PMO function will continue**
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 .**

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Update on PCN (Primary Care Network) DES (Direct Enhanced Service)

Report To (Meeting):	Primary Care Commissioning Committee				
Report From (Executive Lead)	Anita Rolfe				
Report From (Author):	Gale Edwards				
Date:	8th December 2021	**Agenda Item No:**	9.3		
Previously Considered by:	n/a				
Decision		**Assurance**		**Information**	**X**

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

Purpose of the report:

The purpose of the report is to provide the Primary Care Commissioning Committee with an update on the latest (letter published 23rd August 2021) plans and requirements for primary care networks under the PCN DES for 2020/2021 to 2022/23.

Key points (Executive Summary):

1.1. The report highlights the key plans and requirements for primary care networks over the coming eighteen months.

1.2. NHSE recognising the current pressures in general practice, and therefore have delayed introducing further service specifications until 2022/23. The two specifications that were planned to be introduced in 2021/22 will now be introduced in a reduced or preparatory form. The introduction of the personalised care and anticipatory care service specifications/plans have been deferred until April and October 2022 respectively.

1.3. The PCN service requirements from October 2021 will support five areas of focus to improve delivery of primary care including

1.3.1. Prevention and tackling health inequalities
1.3.2. Proactive primary care.
1.3.3. Improved patient access
1.3.4. Improved outcomes for patients on medication
1.3.5. Helping create a more sustainable NHS

1.4. The plan for PCN's to deliver all extended access commissioned services through a single, combined extended access offer under the network DES for October 2021 has now been further delayed until April 2022

1.5. PCNs will receive payments based on achievement of the Investment and Impact fund performance indicators with many of the indicators in 2021/22 supporting preparatory work towards the PCN service requirements or the introduction of full performance indicators in 2022/23 , The number of indicators in the updated IIF have increased significantly to previous years requirements and aligned to the key areas of focus .

1.6. Additional funding is available to support PCN leadership and management in 2021/22 to maximise the impact of the PCN services. PCN will be receive allocations based on the weighted capitation formulary.

Recommendation:

It is recommended that the Primary Care Commissioning Committee:

a. **N**ote the content of this report highlighting the latest plans and requirements and key focus areas for PCN's for 2021-2023

b. **Note** the funding and additional requirements for PCN's as set out in the Investment and Impact Fund scheme of the PCN DES for 2020/21

c. **N**ote and approve the next steps

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

Risk and Assurance:	
List all strategic and high level	None identified

risks relevant to this paper	

Consultation and Engagement: Forms part of the Primary Care engagement programme	
Patient and Public Involvement:	*[N/A]*

1. INTRODUCTION

1.1. The purpose of the report is to provide the Primary Care Commissioning Committee with an update on the latest planning requirements for primary care networks under the PCN DES for 2020/2021 to 2022/23.

1.2. In January 2021, NHSE and the BMA deferred the introduction of new PCN service specifications until October 2021, recognising the significant workload challenges being experienced, winter planning and the need to create time to recruit and embed PCN ARRS teams within primary care.

1.3. On 23 August, NHS England (NHSE) published a letter outlining plans for primary care networks (PCNs). This details the NHSE plan for the gradual introduction of new service requirements for PCNs and confirming how PCNs will access the funding available for their activities through the Investment and Impact Fund (IIF) across the second half of 2021/22 and 2022/23. NHSE also confirmed new funding for PCN leadership and management support, of **£43m in 2021/22**.

1.4. From 1 October 2021, practices are auto enrolled (if there are no changes to their PCN details) into the revised Network Contract Directed Enhanced Service (DES) for 2021/22, which incorporates these changes. Practices were given one calendar month to opt out of the revised DES, with no practices in Stockport choosing this option.

1.5. The changes for 2022/23 will be included in the 2022/23 updated Network Contract DES

2. KEY FOCUS AREAS

2.1 The letter sets out the five key areas of focus for primary care over the next eighteen months.

2.2 NHSE recognises the current pressures in general practice, and have deferred new service specifications for anticipatory and personalised care until April 2022 with some requirements for Cardiovascular disease (CVD) prevention and diagnosis and tackling neighbourhood health inequalities introduced in a reduced or preparatory form in 2021/22

2.3 The 5 key areas of focus include:

2.3.1 Improving prevention and tackling health inequalities in the delivery of primary care.

PCNs will need to identify and support high-need local populations, and address inequalities in diagnosis rates for cardiovascular disease (CVD) and cancer.

IIF indicators in this area will support PCN's to:

Undertake a range of activity to address well known inequalities in rates of diagnosis for cardiovascular disease (CVD),

Delivery of Learning Disability Health Checks and the influenza vaccination to potentially high-risk cohorts.

In 2021/22, there is an indicator rewarding comprehensive recording of ethnicity data in the GP record. This will help PCNs better understand their populations, plan, and deliver services, and target interventions where necessary.

2.3.2 Supporting better patient outcomes in the community through proactive primary care.

This will include delivery of the Enhanced Health in Care Homes (EHCH) and Anticipatory Care services, with multidisciplinary teams offering more personalised services to help avoid unnecessary hospital admissions.

Indicators in this area will reward PCNs for:

Delivery of high rates of coverage of key elements of the EHCH model, as well as appropriate recording of residency in a care home in GP systems, which current data suggests is only complete for ~50% of residents.

Mitigation of emergency admissions for care home residents and patients with a subset of Ambulatory Care Sensitive Conditions.

Preparatory work in 21/22 including planning and engagement with system partners to lay the groundwork for delivery of the emergency admission indicators in 2022/23.

Continued expansion of social prescribing services, in line with long term plan ambitions.

2.3.3 Supporting improved patient access to primary care services.

This will include a PCN-based approach to extended access provision, and rewarding PCNs that improve the patient experience, avoid long waits for routine appointments and tackle the backlog of care.

Through the IIF, PCNs will be rewarded for achieving:

Improvements in patient experience of access to general practice, though financial incentives linked to performance in relation to the forthcoming survey-based real time measure of patient experience

Continued delivery of online consultations. ensures that online consultations continue to be offered to patients consistently across the country as we exit the pandemic, relieving pressures on wider services as part of the Recovery Programme.

Improved utilisation of Specialist Advice services –supporting the wider NHS recovery of elective care services through avoidance of unnecessary outpatient activity.

Reductions in rates of long waits for routine general practice appointments, which are a leading cause of dissatisfaction with primary care services and can result in the escalation of clinical needs.

2.3.4 Delivering better outcomes for patients on medication.

PCNs will need to deliver Structured Medication Reviews to priority patient cohorts, and target prescribing behaviours known to improve patient safety.

PCNs have been delivering SMRs as a contractual requirement via the PCN DES since October 2020. The 2022/23 indicator will reward PCNs for high rates of SMR delivery to the primary target cohorts as outlined in the DES. This recognises the expanding capacity of suitable clinicians available to PCNs via funding from the Additional Roles Reimbursement Scheme (ARRS)

2.3.5 Helping create a more sustainable NHS.

This focussed on improving inhaler prescribing to support the dual outcomes of improved respiratory care and health outcomes for the 12% of the population with an asthma diagnosis, and

Delivering on the NHSEI and BMA ambitions to reduce avoidable carbon emissions through encouraging choice of lower carbon inhaler alternatives, where clinically appropriate.

3 PCN SERVICE SPECIFICATION REQUIREMENTS

3.1 The planned PCN service specification for October 2021 to March 2023 are outlined below

	Requirements in 2021/22	Requirements in 2022/23
Cardiovascular disease (CVD) prevention and diagnosis	From October 2021, to focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest reductions in premature mortality can be made.	PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure will be introduced from April 2022.
Tackling neighbourhood health inequalities	From October 2021 to identify and engage a population experiencing health inequalities within their area, and to codesign an intervention to address the unmet needs of this population. Delivery of this intervention will commence from March 2022.	Continued delivery of the co-designed intervention
Anticipatory care	Introduction of requirements for this service are deferred.	By 30 September 2022, PCNs will be required to agree a plan for delivery of Anticipatory Care with their ICS and local partners with whom the service will be delivered jointly – in line with forthcoming national guidance.
Personalised care	Introduction of requirements for this service are deferred.	From April 2022 there will be three areas of focus for personalised care: further expansion of social prescribing to a locally-defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.
Extended Access	Changes to this requirement deferred until April 2022	From April 2022, PCNs will deliver a single, combined extended access offer funded through the Network Contract DES. Details are expected to be published this autumn. From April 2022. The indication is that the guidance will allow for collaboration between PCNs and subcontracting to other providers, including GP federations. Commissioners are required to ensure that PCNs are preparing for this transition, and that

		they have undertaken good engagement with existing providers.

4. AVAILABLE FUNDING FOR PCN's

4.1 Funding is available to PCNs to support delivery of the service requirements as detailed in the IIF scheme though achievement of key performance indicators

4.2 Through the IIF scheme, £150m will be available for 2021/22, rising to £225m for 2022/23. PCN Clinical Directors will have responsibility for ensuring that the use of the IIF investment is re-invested wherever possible in services and staff, such as extra GPs and practice nurses.

4.3 To maximise the impact of the PCN services, NHSE also announced new funding of £43m to support PCN leadership and management in 2021/22. Allocation will be based on the weighted capitation formulary, with PCN Clinical Directors responsible for how this funding is used.

5. CONCLUSION

The primary care commissioning committee are asked to

5.1 **N**ote the content of this report highlighting the latest plans and requirements and key focus areas for PCN's for 2021-2023

5.2 **Note** the funding and additional requirements for PCN's as set out in the Investment and Impact Fund scheme of the PCN DES for 2020/21

5.3 **N**ote and approve the next steps

6. NEXT STEPS

6.1 Stockport CCG will support PCN's with available data on health inequalities, for the identification of a population within the PCN experiencing inequality in health provision and/or outcomes**.**

6.2 As part of the requirement for PCN to deliver a single, combined extended access offer by April 2022, Stockport CCG will work with the current provider of this service (the GP Federation) and PCN's for the smooth transition of this service to PCN's as determined locally.

6. POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="2">Non-Recurrent Expenditure</td><td colspan="5"></td></tr>
<tr><td colspan="2">Recurrent Expenditure</td><td colspan="5">National funding through PCN DES</td></tr>
<tr><td colspan="2">Expenditure included within CCG Financial Plan</td><td>Yes</td><td>X</td><td>No</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="7"></td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">[N/A]</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7"></td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">General Statement:</td></tr>
<tr><td colspan="2">Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No</td><td></td><td>N/A</td><td>X</td></tr>
<tr><td colspan="2">If Not Applicable please explain why</td><td colspan="5">Not required</td></tr>
</table>

Practice Merger of Marple Cottage Surgery and The Guywood Practice

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Authors):	Kimberly Roberts		
Date:	8th December 2021	**Agenda Item No:**	9.4
Previously Considered by:	Not previously considered		

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

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

Purpose of the report:

The purpose of the report is to request approval from the committee for a merger application received by Stockport CCG in accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance.

Key points (Executive Summary):

- The proposal is to formally merge Marple Cottage Surgery (PMS) with The Guywood Practice (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients. The Guywood Practice will operate as a branch site of the Marple Cottage Surgery
- The merger will require PCN membership changes, with The Guywood Practice moving away from the Werneth PCN. This will result in the PCN being slightly below the recommended list size of 30k, however due to the Werneth PCN maturity the CCG is assured the PCN are viable to continue delivery against the DES with the remaining member practices

- The CCG have followed the processes as set out in NHS England Primary Medical Care Policy and Guidance Manual (PGM) in considering this merger and have assurance that there will be a positive impact for patients and services

- All responses received from key stakeholders are fully supportive of the merger

- Patient engagement has been undertaken by the practices on the merger proposal, the CCG are assured this engagement meets the needs for patient engagement as set out in the NHSE Primary Medical Services (PMS) policy and guidance.

- No negative impacts have been highlighted for any of the protected groups as part of the Equality Impact Assessment being undertaken

- The CCG will require assurance that agreements are in place for the use of the branch premises with the landlord and the merged practice in order that there is no impact on the provision of primary medical services to the patients currently registered with The Guywood practice.

Recommendation:

It is recommended that the Primary Care Commissioning Committee

1. Review the content of this report considering the points raised in relation to the merger application of the two practices

2. Note and approve the contractual merger of the two practices onto one contract with a single registered patent list, subject to:

   a. Marple Cottage Surgery agreeing to a contract variation to move onto a GMS contract in preparation for the merge
   b. A lease arrangement being in place with NHS Property Services or assurance on the rights for the new merged practice to use The Guywood premises post-merger

3. Note and approve the next steps

Aims and Objectives:

Which Corporate aim(s) is / are supported by this report:	• Start well • Live well • Age well • Die well • Lead well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Support people to remain healthy and independent as long as possible • Improve early identification of health conditions • Reduce health inequalities faster • Empower people to live well & proactively manage long-term conditions • Support people to remain healthy and independent as long as possible

	• Financial balance across the system • Patients and their families will receive high quality support at the end of life • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary						
Risk and Assurance:							
List all strategic and high-level risks relevant to this paper	Potential impact on service provision at the branch surgery. Mitigation against this is that the practice will seek assurance/lease agreement prior to the merge date.						
Consultation and Engagement:							
Patient and Public Involvement:	Both practices have engaged with their patients via text message and through the posting of an update letter onto their website setting out details of the proposed merger inviting questions and queries from the patients. The practice has responded to any feedback individually. This feedback is now being collated into a FAQ document to be posted onto the website answering any of the common themes for queries. On-going engagement will continue in the lead up to the merger.						
Clinical Engagement:	Engagement has been undertaken with the Clinical Directors of the PCN's who will be affected by the changes, both are in support of the merger.						
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	Circa £3k					
	Expenditure included within CCG Financial Plan	Yes					
Performance Impact:							
Quality and Safety Impact:							
Compliance and/or Legal Impact:	None						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes	x	No		N/A	
	If N/A please explain why						

1. INTRODUCTION

1.1. This paper is to inform the Primary Care Commissioning Committee of an application received by Stockport CCG to merge Marple Cottage Surgery (PMS) with The Guywood Practice (GMS). This will create one partnership operating under a GMS

contract, with a single registered list of patients operating across both existing practice sites. The current Guywood Practice site will become the branch site of Marple Cottage Surgery.

1.2. The practices have been discussing the possibility of merging over the last two years. During the pandemic they have supported each other through the sharing of clinical meetings, clinical protocols, and operating policies. Having recognised the benefits of collaborative working they now wish to formally merge into one practice.

1.3. The practices believe the merger will ensure long-term sustainability for services in the area, providing an enhanced service offer including improved access for registered patients of both practices. The Guywood Practice site will continue to operate as is which allows patients to continue to receive the continuity of care they have been used to receiving from a smaller practice but with the added benefits that can be realised from being part of a larger practice also.

1.4. The single-handed GP at Guywood, has worked in Stockport for 31 years and will continue to be the primary GP at the branch site, supported by new Salaried GP's and Marple Cottage GPs who will work across both sites. She plans to retire in the next 10 years and the current merger allows her patients to form positive new relationships with other doctors, so when she does retire this doesn't have a significant impact upon those patients. It is felt this succession planning is in the patients' best interests.

1.5 The details of the two practices are listed below:

	Marple Cottage Surgery	The Guywood Practice
No of GP partners	3	1
Registered Population	7727	2905
Contract type	PMS	GMS
Practice Address	Marple Cottage Surgery 50 Church Street Marple, Stockport SK6 6BW	The Guywood Practice Romiley Health Centre Chichester Road Romiley, Stockport SK6 4QR
Practice Code	P88006	P88607
CQC rating	Outstanding	Good
GP patient Survey rated as good (National average 80%)	93%	91%
QOF achievement rating	100%	100%
Cervical smear uptake 25-64 (80% target)	80.4%	89.2% (Highest uptake in Stockport), top 30 in England)
Flu uptake 65+ (20/21)	91.5 % (2nd highest uptake in Stockport)	95.9% (Highest uptake in Stockport)
Flu uptake Under 65 at risk (20/21)	93.9% (2nd highest uptake in Stockport)	93.9% (Highest uptake in Stockport)

1.5. Additional and Enhanced Service's currently delivered by the practices

	Marple Cottage Surgery	The Guywood Practice
Enhanced and additional services delivered by the practice	• Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid Vaccinations • Learning Disabilities Health Checks • PCN developed services • Weight Management • Long Covid • SMI Health Checks • NHS Health Checks • Smoking Cessation • Implants • Spirometry (currently suspended) • 24hr BP monitoring • Vasectomy • Minor surgery	• Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid vaccinations • Learning Disabilities Health Checks • PCN developed services • Weight Management • Long Covid • SMI Health Checks • NHS Health Checks • IUCD clinic

2. PROPOSAL

2.1. It is proposed that there will be a formal merger of the PMS contract currently held by Marple Cottage Surgery with the Guywood GMS contracts, to create one partnership operating under one GMS contract. The contract will be held by Marple Cottage Surgery with Guywood as a Branch site

2.2. For the merger to occur some contractual requirements need to be undertaken including:

2.2.1. A contract variation to the current Marple Cottage Surgery contract to move onto a GMS contract

2.2.2. On the practice merge date, the P code for Guywood will fall away with the simultaneous termination of The Guywood contract

2.2.3. The Marple Cottage GMS contract will be varied to incorporate the Guywood contract, at this point Dr Patel will be removed as a partner and will become a salaried GP

2.3. All current staffing will be retained to form one workforce transferred via TUPE arrangements, with the planned recruitment of an additional salaried GP's to ensure less reliance on locum cover at the Guywood branch site will be needed.

2.4. The merged practice will continue to operate from both sites with patients having the choice to attend either site including being able to access additional services that may not have previously been available to them at their current practice site

3. CCG RESPONSIBILITIES

3.1. The NHS England Primary Medical Care – Policy and Guidance Manual (PGM) sets out the process that should be followed when considering a merger. Where a practice merger requires amendments to the practice contracts, the final commissioning decision on whether contracts should be amended to effect the proposed merger, lies with the Commissioner (NHSE) and forms part of Stockport CCG's delegated functions. There are a number of important issues that need to be considered, prior to giving consent.

3.2. CCG considerations made as recommended in the NHSE Policy and Guidance manual

Benefit to Patients	Comments
Patients access to a single service.	The merged practice will continue to operate from the 2 existing sites. Patients will be able to book appointments at and visit both sites. The CCG have been assured by the practice there will be no reduction in available appointments across either of the sites
What would the practice boundary be (inner and outer)	The practice boundary for the new merged site will remain as it is currently for both sites (Appendix 2)
Assurances that all patients will access a single service with consistency across provision i.e. home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on, single IT and phone system.	The practices have provided assurance that there will be a merged clinical system and a single point of access for patients. The new merged practice will have equity of access available to all patients. The merged practice will have a consistent offer to all registered patients including home visits, booking of all appointments and provision of enhanced services including extended hours with no detrimental impact on patients or a reduction in services. The practice has arrangements in place to have shared operating procedures and bookings system for patients. It is expected the streamlined process will reduce duplication and support improved process and culture and will help with continuity of care.
Premises arrangements and accessibility to those premises to patients.	The merged practice plans to continue to operate from the two existing sites and to maintain their current opening hours. The practices are working with NHS Property Services on resolving premises arrangements. The practice will be required to provide the CCG with assurance on premises arrangements prior to completion of the merger.
Proposed arrangements for involving patients about the proposed	Both practices have notified all patients via text message and posting of an update letter onto the practice websites, requesting any questions or queries to be

changes, communicating the change to patients and ensuring patient choice throughout.	directed back to the practice. All questions or concerns have been responded to individually from the practice to provide assurance on any concerns. A summary of this and outcomes are shown below. The merger will not limit patient choice as patients will retain the choice to register with other practices and there are several other practices within close proximity of each practice site
How the proposed merger is intended to benefit patients.	Patients will have the choice to attend either site. There will be increased extended hours access with more late evening appointments available with GPs, nurses, and HCAs, with increased access to clinical specialties. Both practices currently have GP's with specialties in different areas such as family planning, diabetes, heart disease and dementia. It is expected that the sharing of these skills and GP's working across both sites will enhance the offer available to patients An Equality Impact Assessment has been completed (Appendix 1) and does not reveal any significant impact on any protected groups.

Financial Impacts	Comments
Financial arrangements – the impact of Directions under the Statement of Financial Entitlements, or any specific terms included in the individual contracts.	Financial arrangements for the merged practice would remain in line with the SFE and would be equitable with other practices within the CCG. The merger will not impact the practices as the SFE is a national directive which underpins the way payments are made to practices There is no financial benefit to being on a PMS contract vs GMS contract and therefore a move to a GMS contract should not have any negative impact on the Marple Cottage Surgery. Both practices are part of the Local Commissioned contract and this will not be impacted by a merge list.
Premises reimbursements	The newly merged practice would continue to operate from the existing two premises. Rent reimbursement and reimbursable costs will be based upon the current levels in accordance to premises regulations
Locally commissioned services and out of hours opt-outs/improved access arrangements.	It is anticipated that extended hours will continue in line with current arrangements. A change to the care home alignment will be required due to the PCN change

Enhanced services.	It is the responsibility of the 2 practice to consider the impact on payments for the merged practice in relation to QOF, enhanced services etc. However, the CCG expectation is that current commissioning arrangements will include provision of all enhanced services that are provided within and patients will be able to access a greater range of services. The merged practice will be expected to maintain membership of the Hazel Grove, High Lane and Marple PCN and be responsible for its delivery of the service specifications required as part of the PCN DES.
IM & T cost to merge data bases	The cost of the database merge is circa £3k with this cost usually being met by the CCG.

4. PCN CHANGES

4.1. Following the merge, The Guywood Practice would no longer be a part of the Werneth PCN and will join Hazel Grove, High Lane and Marple PCN as part of Marple Cottage Surgery

4.2. Werneth PCN, following the merge will be below the recommended list size of 30-50k, with a list size of 28.5k. However, due to their PCN maturity the CCG are assured they will remain viable to continue the delivery of the DES with the remaining membership practices

4.3. Hazel Grove, High Lane and Marple PCN (HGHLM) are currently recruiting for ARRS roles. Should the merger be approved the PCN feel they have enough flexibility for next year to consider the impact of an additional practice joining their PCN and can determine the allocation of additional roles required to support this practice also. Funding for ARRS is based on weighted capitation and therefore the HGHLM PCN will receive additional ARRS funding.

5. PATIENT SURVEY AND STAKEHOLDER FEEDBACK

5.1. The Practice have engaged with Patients at both Guywood and Marple Cottage Surgery, including PRG members and the wider patient population, sending a text with a link to a letter on their respective websites setting out their proposal to merge, requesting patients to share their concerns and objections. In addition to this, posters have also been displayed in the practice during November notifying of the proposed merger

5.2. 2043 texts were sent to Guywood patients (72% of patient population) with 5146 texts to Marple Cottage Surgery patients (66%). Guywood received 104 responses with 96% of patients supportive of the the merger, acknowledging the pressures placed on a single-handed GP service and noting the potential service benefits. Many patients were happy with the merger proposal on the basis that the staff at Guywood would remain.

5.3. Concerns or queries raised focused primarily on whether Romiley patients would be forced to attend Marple appointments or could continue to attend the Romiley site, and operational questions regarding what telephone number they would need to call (presumably due to change in telephone number in 2019). Assurance has been

provided on the ability to continue to access their current practice

5.4. Only 14 Marple Cottage Surgery patients responded, with four opposed to the merger believing that there were no benefits to patients in Marple, and 3 in support of the merger, and 7 requesting further information relating to access to appointments across two sites and access to GP services.

5.5. All patients have been responded to with the next steps to create a Merger FAQs document which addresses the common questions / themes which will be posted on the Practice websites for patients to review. Engagement will continue with patients in early 2022 in the lead up to the merger date

5.6. Hazel Grove, High Lane and Marple PCN are supportive of the merger

5.7. Werneth PCN are supportive of the merger

5.8. LMC advise they have no objections or concerns with this merger and are therefore also supportive of the proposal

5.9. Healthwatch – no response received to date

6. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

6.1. Review the content of this report considering the points raised in relation to the merger application of the two practices

6.2. Note and approve the contractual merger of the two practices onto one contract with a single registered patent list, subject to:

- Marple Cottage agreeing to a contract variation to move onto a GMS contract in preparation for the merge
- A lease arrangement being in place with NHS Property Services or assurance on the rights for the new merged practice to use The Guywood premises post-merger

6.3. Note and approve the next steps

7. NEXT STEPS

7.1. Inform the practices on the outcome of the committee's decision

7.2. Inform GM shared services and the CCG IM&T on the outcome of the PCCC decision

7.3. Inform both PCN's of the outcome of the PCCC decision to update their network agreements

7.4. PCN care home alignment to be updated to reflect changes to both PCN's

7.5. Inform FT community teams on the outcome of the decision due to the recently agreed approach to re-align these teams to PCN footprints

APPENDIX 1 EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment		NHS Stockport Clinical Commissioning Group
1.	**Name of the Strategy / Policy / Service / Project**	The merger of contracts of two Stockport practices, to form a single GMS contract, Marple Cottage Surgery currently operating under a PMS contract and The Guywood Practice currently operating under a GMS contract.
2.	**Champion / Responsible Lead**	Kimberly Roberts
3.	**What are the main aims?**	It is proposed that there will be a formal merger of two practice contracts, which will create one partnership operating under a single GMS contract, with a single registered list of patients delivered from the existing two sites. The Guywood Practice site will become a branch site for the Marple Cottage Surgery.
4.	List the main activities of the project:	• Review of merger business case/application form • Review of patient engagement outputs • Review and assurance of NHS guidance procedures • Assessment of Equality Impact • Request CCG approval through Primary care Commissioning • LMC and PCN approval sought • Commission GMSS to carry out merger with CCG IM & T support • Update of the PCN network agreements
5.	What are the intended outcomes?	To provide an improved and equitable service to patients in both practices. To increase the viability and sustainability of these practice. To reduce the burden of the practice teams by having to operate different clinical systems and processes. This will reduce duplication of work by working as one, thus allowing clinician time to be focused on clinical care. Patients will benefit from a larger and therefore more resilient team of healthcare staff who have been working together for some time in each practice. Patients will have increased access and a wider choice of services across both sites following the merge, including increased extended hours access

		with more late evening appointments available with GPs, nurses and HCAs, with increased access to clinical specialities
IMPACT ON SERVICE USERS		
6.	**Who currently uses this service?**	Joint practice registered population of 10,632
7.	**Are there any clear gaps in access to this service?** (e.g. low access by ethnic minority groups)	None identified.
8.	**Are there currently any barriers to certain groups accessing this service?** (e.g. no disabled parking / canteen doesn't offer Kosher food / no hearing loop)	None identified
9.	**How will this project change the service NHS Stockport offers?** (is it likely to cut any services?)	The number of GP practices in Stockport will reduce from 36 to 35 practices. There will be no cut to any services, all services offered by both practices will be retained and patients will have the added benefit of accessing the additional site, including extended opening hours and additional services offered by the other practice and therefore access to these patients will be improved.
10.	**If you are going to cut any services, who currently uses those services?** (Will any equality group be more likely to lose their existing services?)	N/A no loss to existing services
11.	**If you are creating any new services, who most likely to benefit from them?** (Will any equality group be more ore less likely to benefit from the changes?)	All existing services will be retained
12.	**How will you communicate the changes to your service?**	The practice have developed a patient letter and posted this onto their website and notified via text message with the proposed merger plans documenting that the service offer at each site will remain the same whilst identifying what the added benefits to the patient will be.

	(What communications methods will you use to ensure this message reaches all community groups?)	Further communications will be completed via the practice website and practice notices in both sites in the lead up time to the merge date with any relevant information such as a possible change in telephone number.	
13.	**What have the public and patients said about the proposed changes?** (Is this project responding to local needs?)	Stakeholders have been supportive on the merger. Most of the patients who responded have been supportive of the merger in recognition on the current strain of general practice and the benefits of the merge in supporting this. Concerns were generally around the if the patients were able to continue to access their current site and if the staff would remain. The practice have provided assurance that this will remain the same.	
14.	**Is this plan likely to have a different impact on any protected group?** (Can you justify this differential impact? If not, what actions will you add into the plan to mitigate any negative impacts on equality groups?)	**IMPACT**	**MITIGATION**
	Age	*No negative impact expected; however, the following actions provide for mitigation should the need arise:*	The practice sites are 1.6 miles apart, access between the sites is available via bus or a single stop on the train. Access routes will be communicated regularly to patients should they choose to access the alternative site for an appointment
	Carers	None	N/A
	Disability	*No negative impact expected, however the following actions provide for mitigation should the need arise:*	Both practices offer learning disability annual health checks, and this will continue following the merge. Both sites are DDA compliant Information will be made available on transportation routes should patients choose to access the other site for services. The full medical record will be transferred with patients as part of the merger to ensure new

			merged practice have access to the full patient history and are able to fully support patients on-going health needs. Other mitigating factors will include patient engagement and communications including patient notices within the practices and on website
	Gender Reassignment	*No negative impact expected*	
	Marriage / Civil Partnership	*No negative impact expected*	
	Pregnancy & Maternity	*No negative impact expected*	There would be no change for on-going pregnancy support services and support for parents with children
	Race	No negative impact expected	Patients will continue to be supported with language/interpreter support as required. The Guywood Practice has a number of Afghan Evacuees currently registered with the practice. The branch site will continue to support this population both on site at Bredbury Hall and at the practice as required. Information would be available to patients to meet their language needs.
	Religion & Belief	No negative impact expected	
	Sex	No negative impact expected	
	Sexual Orientation	No negative impact expected	
	Other	No negative impact expected	
IMPACT ON STAFF			

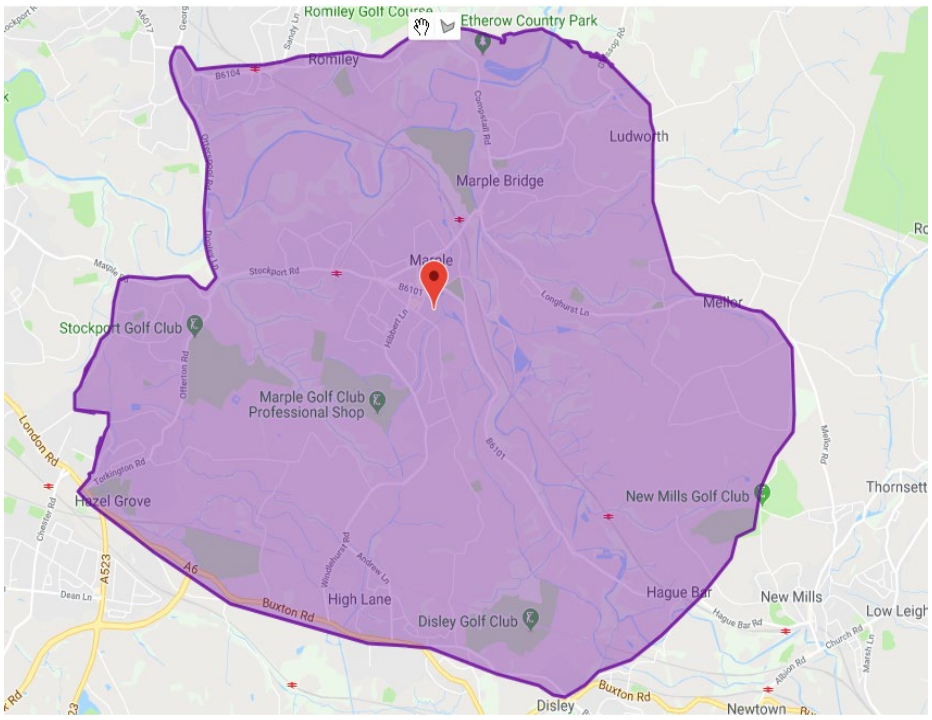
15.	**How many staff work for the current service?**	7 GP's / 3 Nurse / 3 HCA / 15 Reception and Admin / 1 Assistant Manager / 1 Reception Manager / 1 Practice Manager / 1 Managing Partner	
16.	**What is the potential impact on these employees?** (including potential redundancies, role changes, reduced hours, changes in terms and conditions, locality moves)	None all staff to be TUPE into new merged contract	
17.	**Is the potential impact on staff likely to be felt more by any protected group? If so, can you justify this difference? If not, what actions have you put in place to reduce the differential impact?**	**IMPACT**	**MITIGATION**
	Age	N/A	
	Carers	N/A	
	Disability	N/A	
	Gender Reassignment	N/A	
	Marriage / Civil Partnership	N/A	
	Pregnancy & Maternity	N/A	
	Race	N/A	
	Religion & Belief	N/A	
	Sex	N/A	
	Sexual Orientation	N/A	
18.	**What communication has been undertaken with staff?**	Staff have been informed of the proposal to merge the two practices	
19.	**Do all affected workers have genuinely equal opportunities for**	N/A	

	retraining or redeployment?	
IMPACT ON STAKEHOLDERS		
20.	**Who are the stakeholders for the service?**	• PCN member practices • LMC • CCG • Community services teams • Healthwatch
21.	**What is the potential impact on these stakeholders?**	Community Nursing Teams have recently agreed to be aligned to PCN level. If the merge is approved, they would need to be notified so they can re-allocate their teams considering the PCN changes and operationalise this in the required timeframes There will be a change to the PCN membership at Werneth PCN with the loss of a member practice. The CCG is assured the PCN still remains viable due to its maturity.
22.	**What communication has been undertaken with stakeholders?**	Stakeholders to be informed via the usual CCG communication channels.
23.	**What support is being offered to frontline staff to communicate this message with service users / family / carers?**	N/A
24.	**How will you monitor the impact of this project on equality groups?**	All Providers are asked to monitor access to their services by protected groups. The impact on service access will be monitored through the CCG and providers' annual equality publications.
EIA SIGN OFF		
25.	*EIAs should be signed off by your Director and attached to policy / strategy documents sent to Governing Body.* *Your completed EIA should be sent to the corporate services team for publication:*	

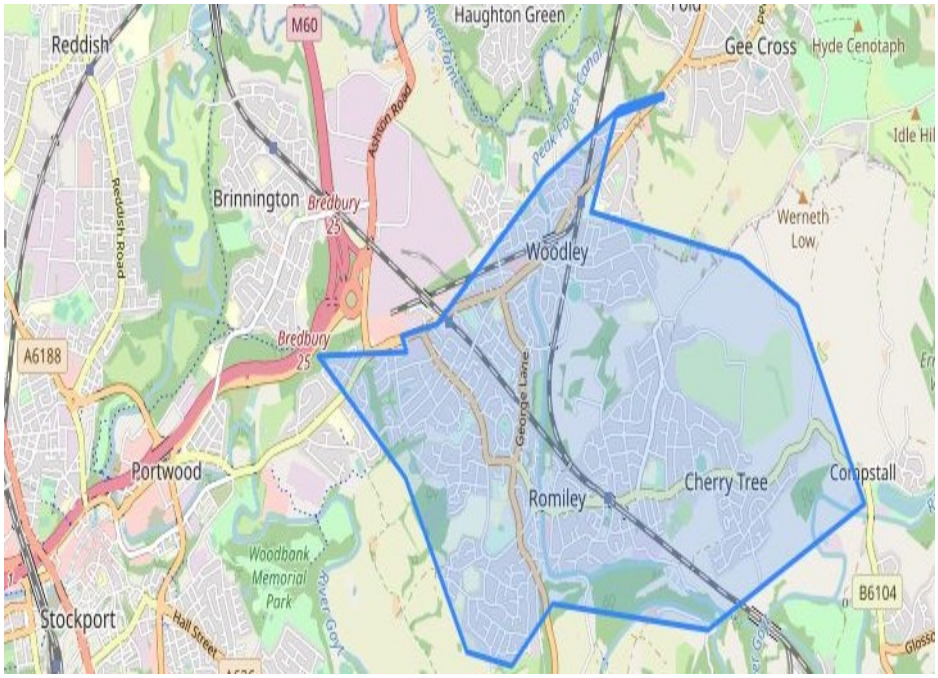
APPENDIX 2

The practice boundary will remain the same for the new merged practice as it is currently for the separate practices

Practice Boundary - Marple Cottage:



Practice boundary - The Guywood Practice:



Appendix 3

Copy of application form for contractual merger

Application form for contractual merger M

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PCCC Finance Report – H2 Plan 2021/22

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	8 December 2021	**Agenda Item No:**	10.3
Previously Considered by:	This is the first time the report has been presented		

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

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

Purpose of the report:
The purpose of the report is to detail the expenditure plan for H2 2021/22
Key points (Executive Summary):
• The Primary Care Delegated Budget expenditure plan for H2 2021/22 is £22.695m which includes an efficiency target of £0.604m
Recommendation:
(i) **Note:** in the absence of a finalised plan and ability to upload H2 budgets there was

no M7 reporting.H2 Budgets were uploaded by the deadline Friday 26 November 2021.

(ii) **Approve** the Primary Care Delegated Commissioning expenditure plan for H2 2021/22.

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 Primary Care Delegated Commissioning:

- month 7 financial reporting
- finalised expenditure plan for H2 2021/22

2.0 Month 7 Financial Reporting

In the absence of a finalised plan and ability to upload H2 budgets there was no M7 reporting. H2 Budgets were uploaded by the deadline Friday 26 November 2021.

3.0 H2 2021/22 Expenditure Plan

In the October meeting members were informed that the CCG will receive the same allocation in H2 2021/22 as H1 2021/22 of £22.556m plus the £0.140m of the £0.157m Long Covid allocation which is planned to be used in H2 with £0.017m already utilised in H1.

At that time, there was no significant anticipated change in expenditure from H1 2021/22 other than Long Covid. Therefore, the draft expenditure plan for H2 2021/22 was in line with H1 2021/22 with the addition of Long Covid totalling £23.191m.

Subsequently, it has been identified that adjustments to the H2 plan present in October are required. The H2 Plan has been adjusted for the following:

Premises cost reimbursement - after a review of reimbursements it is expected that costs will be £0.127m less than originally planned.

Other GP Services - it is expected that locum costs will be £0.212m higher than planned in line with current claims and Doctors Retention Scheme will be £0.038m higher than planned in line with current expenditure.

GMS contracts have been increased by £0.011m and **PMS contracts** have been decreased £0.012m to reflect current patient list sizes.

PCN Care Homes have been decreased £0.014m to reflect confirmed payments.

Efficiency Target – inclusion of a £0.604m efficiency target to be delivered by implementing recommendations of the local commissioned services (LCS) contract, release of remaining non-recurrent flexibilities and improvements against planning assumptions

After these adjustments the revised expenditure plan for H2 2021/22 is £22.695m including an efficiency target of £0.604m as detailed in Appendix 1.

4.0 Next Steps

1. Monitor actual spend against the Primary Care Delegated Commissioning plan for 2021/22.

2. Work with primary care colleagues to implement the recommendations of LCS review

3. The CCG will implement national guidance for the second half of the financial year.

5.0 POTENTIAL IMPLICATIONS

Potential Implications:								
Financial Impact:	Non-Recurrent Expenditure							
	Recurrent Expenditure	The finance implications are identified in the paper						
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A		
Performance Impact:	In the absence of a finalised plan and ability to upload H2 budgets there was no M7 reporting.							
Quality and Safety Impact:	N/A							
Compliance and/or Legal Impact:	Reporting in compliance with national guidance in response to Covid19 pandemic							
Equality and Diversity:	General Statement:							
	Has an equality impact assessment been completed?	Yes		No		N/A	✓	
	If Not Applicable please explain why							

Appendix 1 – 2021/22 Financial Plan

Service Line		H1 Plan £m	H2 Plan £m	Variance £m	2021/22 Plan £m
General Practice - GMS		**6.033**	**6.044**	**0.011**	**12.077**
	Global Sum	6.033	6.044	0.011	12.077
General Practice - PMS		**8.480**	**8.468**	**(0.012)**	**16.948**
	Contract Value	8.480	8.468	(0.012)	16.948
QOF		**2.557**	**2.557**	**0.000**	**5.115**
	QOF Aspiration	1.790	1.637	(0.154)	3.427
	QOF Achievement	0.767	0.921	0.154	1.688
Enhanced services		**2.256**	**2.365**	**0.109**	**4.621**
	DES- Individual Practice Payments				
	Learn Dsblty Hlth Chk	0.079	0.079	0.000	0.159
	Minor Surgery	0.158	0.158	0.000	0.316
	Violent Patients	0.036	0.036	0.000	0.073
	PCN-Participation	0.275	0.275	0.000	0.550
	Long Covid	0.017	0.140	0.123	0.157
	PCN DES Expenditure - Payments to PCNs				
	PCN-Extended Hours Access	0.228	0.228	0.000	0.457
	PCN-Clinical Director	0.117	0.117	0.000	0.234
	PCN DES Care Home Premium	0.144	0.129	(0.014)	0.273
	PCN- IIF Achievement	0.133	0.133	0.000	0.266
	ARRS				
	PCN-Clinical Pharmacist	0.685	0.685	0.000	1.370
	PCN DES Pharmacy technicians	0.052	0.052	0.000	0.104
	PCN-Physiotherapist	0.332	0.332	0.000	0.664
Premises Cost Reimbursement		**1.804**	**1.677**	**(0.127)**	**3.480**
	Prem Clinical Waste	0.027	0.027	0.000	0.054
	Prem Notional Rent	0.546	0.503	(0.044)	1.049
	Prem Rates	0.210	0.201	(0.009)	0.411
	Prem Water Rates	0.033	0.033	0.000	0.067
	Prem Healthcentre Rent	0.823	0.749	(0.074)	1.572
	Prem Actual Rent	0.164	0.164	0.000	0.327
Other Premises Cost		**0.006**	**0.006**	**0.000**	**0.011**
	Prem Other	0.006	0.006	0.000	0.011
Dispensing/Prescribing Drs		**0.150**	**0.150**	**0.000**	**0.300**
	Prof Fees Prescribing	0.150	0.150	0.000	0.300
Other GP Services		**0.354**	**0.604**	**0.250**	**0.958**
	Legal / Prof Fees	0.009	0.009	0.000	0.018
	CQC	0.100	0.100	0.000	0.199
	PCO Locum Adop/Pat/Mat	0.187	0.416	0.229	0.603
	PCO Locum Sickness	0.009	(0.009)	(0.017)	0.000
	Sterile Products	0.002	0.002	0.000	0.004
	PCO Doctors Ret Scheme	0.010	0.048	0.038	0.059
	Translation Fees	0.032	0.032	0.000	0.063
	Healthcare Foundation Trust	0.004	0.004	0.000	0.009
	Indemnity	0.002	0.002	0.000	0.004
Total PCR Excl Non Del PRC Scheme & Pass through costs		**21.640**	**21.871**	**0.231**	**43.511**
	Non-Delegated PRC Schemes	0.981	0.981	0.000	1.962
	NHS Property Services	0.447	0.447	0.000	0.894
Total PRC Cost Centre		**23.068**	**23.299**	**0.231**	**46.367**
Efficiency Target	Non Pay General Reserves	**(0.496)**	**(0.604)**	**(0.108)**	**(1.100)**
Allocation	Non Pay General Reserves	**22.572**	**22.695**	**0.123**	**45.268**

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End of Documentation Pack