

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	15 June 2022	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 April 2022)	Pages 3 – 9	To approve	Chair	15:00
5.	Matter arising and actions:				15:00
	(i) No outstanding actions	N/A	To Note	Chair	
	(ii) Update on Practice Mergers – Guywood and Marple Cottage	Verbal	To Note	Kim Roberts	
	(iii) Practice Merger of Heaton Moor Medical Group and Cale Green Surgery	Pages 10 - 26	To Approve	Kim Roberts	
Standing Items					
6.	Primary Care Updates	Verbal	To Note	SWo	15:20
7.	Chairs' Update: ICS (Integrated Care Systems)	Verbal	To Note	Chair	15:30

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.

8.	Notification of any GM updates	Verbal	To Note	GM representative	15:35
Primary Care Development					
9.1	Update on PCNs (Primary Care Networks CD (Clinical Director) changes	Verbal	To Note	Gillian Miller	15:45
9.2	Update on PCN Enhanced Access DES (Direct Enhanced Service)	Verbal	To Note	Gillian Miller	15:50
9.3	GP Care Home alignment due to mergers	Verbal	To Note	Gale Edwards	16:00
9.4	QOF (Quality and Outcomes Framework) Childhood Immunisations	Pages 27 - 33	To Note	Gale Edwards	16:10
Performance					
10.1	Primary Care Quality Report	Pages 34 - 39	For assurance	Elaine Abraham-Lee	16:20
10.2	PCCC Finance Report for the period ending 31 st March 2022 – Month 12	Pages 40 – 44	For assurance	John Irvine	16:30
Any Other Business:					
11.	Close down of Primary Care Commissioning Committee	Verbal	To note	Chair	16:30
Date and time of next meeting:					
	To be confirmed due to the transition to an ICS.				

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

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

Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 13 April 2022
15:00 – 16:08 pm, Microsoft Teams

Present:

Peter Riley	Lay Member for Primary Care Commissioning, (Chair)
Hilary Craig	Practice Manager Consultant, NHS England / Improvement, for G Henshaw
Michael Cullen	Chief Finance Officer (CCG)
Don Phillips	Lay Member for Patient and Public Involvement (CCG)
Paul Stevens	Local Medical Committee (LMC)
Phillip Winrow	Lay Member for Audit and Governance (CCG)

In attendance:

Elaine Abraham-Lee	Primary Care Quality Assurance Manager (CCG)
Dr Javaid Ali	Lead GP, Workforce, Primary Care, Women and Children (CCG)
David Dolman	Deputy Chief Finance Officer (CCG)
Nora Hussein	Interim Head of Corporate Affairs (CCG)
Gillian Miller	Associate Director of Commissioning (CCG)
Alison Newton	Corporate Support Administrator (Minutes) (CCG)
Kimberly Roberts	Commissioning Lead, Primary Care (CCG)

Apologies:

Gale Edwards	Commissioning Lead, Primary Care (CCG)
Gail Henshaw	Senior Primary Care Manager, NHS England/Improvement
Melissa Maguinness	Director of Integrated Commissioning (CCG)
Dianne Oldfield	Senior Management Accountant, (CCG)
Anita Rolfe	Executive Nurse (CCG)
David Kirk	Stockport Healthwatch
Dr Simon Woodworth	Medical Director (CCG)

Minute	Action
1. Welcome & Apologies	
The Chair welcomed everyone to the meeting. Apologies were received as listed. The meeting was quorate.	
The Chair welcomed Javaid Ali and Hilary Craig to the meeting.	
2. Notification of Any Other Business	

There were no items of other business declared.	
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. There were no new declarations of interest.	
4. Minutes from previous meeting (16 February 2022)	
<p>The minutes of the previous meeting held on 16 February 2022 were agreed as an accurate record of the meeting.</p> <p>RESOLVED: The minutes of the previous meeting held on 16 February 2022 be APPROVED as a correct record.</p>	
5. Matters arising and actions	
<p>(i) <u>Action Log</u>: The Chair presented the action log and sought an update on the outstanding action.</p> <p>MA200: G Miller advised that the CCG Policy on Practice closures had been presented and discussed at the PIN (Partnership Involvement Network) meeting held in March 2022 for information. Action completed and closed.</p> <p>RESOLVED: The action arising from a previous meeting and the assurance given was NOTED.</p> <p>(ii) <u>Update on Practice Mergers</u>:</p> <p>K Roberts provided an update on the practice mergers.</p> <p><u>Merger 1 - Heaton Norris Health Centre and Marple Cottage Surgery:</u></p> <p>There was a confirmed date of 19 April 2022 for the merger. Ongoing discussions were taking place with NHS Property Services regarding continued use of South Reddish as a branch site to provide services until such time that the Heaton Norris site was developed. The GP Federation / Viaduct Care would be involved in discussions in the development of the Heaton Norris site with a vision for the longer term. All contract requirements were in place.</p> <p><u>Merger 2 – The Guywood Practice and Marple Cottage Surgery:</u></p> <p>The proposed date of the merger had been delayed until 6 June 2022 due to a number of subject 2's (standard contract). One of the subject 2's was for a lease arrangement. Ongoing discussions were taking place regarding lease arrangements post-merger. NHS Property Services had provided assurance that the merged practices could continue to use the site (Marple Cottage); a letter outlining an interim rent agreement letter had been supplied.</p> <p>Work had taken place to re-align the care home GP cover across the two</p>	

PCNs (Primary Care Networks). The CCG Community Matron and Primary Care Development Manager were working with homes and practices across the two PCNs.

RESOLVED:

The Primary Care Commissioning Committee NOTED the update provided on Practice Mergers.

(iii) Practice Merger – Contract Variation (Guywood and Marple Cottage):

Members were reminded that the Committee had approved the merger of two practices, Marple Cottage Surgery (PMS – Personal Medical Services) with The Guywood Practice (GMS – General Medical Services) at the meeting held on 16 February 2022.

Marple Cottage Surgery had submitted a request to vary their PMS contract to a GMS contract from 15 May 2022.

Members considered the report, outlining the differences and similarities of the two contract types. It was noted that there would be no financial impact to the CCG or impact for patients as services would remain in place. In response to a question regarding the provision of an out of hours service, K Roberts explained that one of the optional services was an automatic opt-in for Stockport practices – Out of Hours services, commissioned from Mastercall. The change in contract would not affect this.

RESOLVED:

That Primary Care Commissioning Committee APPROVED the Contract variation for Marple Cottage Surgery from a PMS contract to a GMS contract, effective from 15 May 2022.

Standing Items

Action

6. Primary Care Updates

J Ali provided an update on the current pressures faced by primary care including changes in national guidance on Covid restrictions, practices reporting staff absence due to illness, annual leave, and an increase in demand.

There remained challenges on staff recruitment and retention. It was noted that nine practices in GM (Greater Manchester) were reporting extreme demand (due to staff absence, vacancies, and leave) with 172 practices reporting pressures. Two practices in Stockport were reporting extreme demand and were being supported by the CCG. GP practices had increased the number of face to face appointments and extended hours.

J Ali reported that he was working with colleagues in the CCG to develop a workforce strategy, taking into consideration current demands and a trajectory for the next two years. It had been recognised that there would be a large number of retirements of experienced staff and the purpose of the strategy would focus on sustaining the primary care workforce.

A GM passport was being discussed to enable staff to transfer learning from

<p>one area to another.</p> <p>A discussion took place on how to raise the public perception of the challenges currently faced in primary care and in urgent care as well as recognising that services remained open. It was noted that the CCG and GM communications teams have a regular schedule of social media posts, encouraging the public not to go to A&E unless an emergency and to consider alternatives such as self-care and pharmacy.</p> <p>It was commented that the increased demand on A&E often deflected patients to their local GP and there had been instances of some pharmacies closing early due to staffing issues and patients being unable to access prescriptions. A further discussion took place on these issues.</p> <p>D Phillips referred to the ARRS (Additional Roles Reimbursement Scheme) and questioned whether Stockport had managed to recruit to these roles. J Ali advised that the roles would be recruited to according to each PCN's requirements, but new roles were being added such as Physician Associates and Nurse Assistants.</p> <p>RESOLVED: That the Primary Care update was NOTED by the Primary Care Commissioning Committee.</p>	
<p>7. Chairs' Update: ICS (Integrated Care Systems)</p>	
<p>The Chair advised that the GM Chairs of Primary Care Commissioning Committees had not met since the last meeting. The next meeting of the Chairs to discuss ICB (Integrated Care Board) items would be 25 April 2022.</p> <p>E Abraham-Lee joined the meeting.</p> <p>RESOLVED: The Chairs' Update was RECEIVED by the Primary Care Commissioning Committee.</p>	
<p>8. Notification of any Greater Manchester (GM) updates</p>	
<p>H Craig outlined the discussions taking place to support the transition of delegated primary care services to a GM ICB. There would be a GM Plan with locality plans included.</p> <p>D Phillips questioned whether information on the transition to an ICB had been disseminated to GPs. J Ali assured the meeting that this was a regular item of discussion at various forums including GP practice meetings, the LMC (Local Medical Committee) and GP Masterclass. It was further noted that Stockport had GP representation at the GM Primary Care Board and the GM GP Board.</p> <p>RESOLVED: The Primary Care Commissioning Committee NOTED the update from Greater Manchester.</p>	
<p>Primary Care Development</p>	<p>Action</p>

9. Vaccine Programme Update	
<p>K Roberts provided an update on the delivery of the Covid-19 vaccine programme. Stockport had delivered over 650k vaccines, an incredible achievement. It was highlighted that this had been a collaborative effort between the CCG, Council, GP practices, pharmacy, and volunteers.</p> <p>The spring booster campaign had commenced to include the over-75s and the housebound (over 5k boosters had been delivered) – this service was being supported by PCNs, Viaduct Care and the ongoing offer at Trinity Church.</p> <p>Targeted clinics had been added to focus on some of the harder to reach population that remained reluctant to have their first dose or their second dose. Two PCNs had committed to support the delivery of the Covid-19 vaccine for the 5 – 11-year-old cohort at Stockport Hub. Discussions had also begun on the autumn booster programme.</p> <p>D Phillips questioned whether there was a specific part of the Borough that had several un-vaccinated people. It was noted that levels of deprivation and age remained the significant factors for not taking up the opportunity to have a vaccine, hence the focus on targeted messages and pop-up clinics at different venues across the Borough.</p> <p>In response to a further question, the Trust (Stockport NHS FT) still had Covid wards open and whilst there had been a significant reduction in ICU capacity for Covid-19, numbers had plateaued impacting on the ability to increase elective (planned operations / diagnostic procedures) activity. In addition, Covid-19 continued to impact on care home admissions, affecting flow out of hospital.</p> <p>RESOLVED: The Primary Care Commissioning Committee NOTED the Vaccination Programme update.</p>	
Performance	Action
10.1 Stockport Quality Update	
<p>(i) <u>Stockport Quality Update Report</u>: E Abraham-Lee provided an update on current workstreams including working with care homes to facilitate ward rounds, supporting practices under pressure, and providing extended services for Asylum seekers and refugees.</p> <p>Members were advised on the recent change to the Diabetes pathway in line with NICE guidance.</p> <p>The risk threshold for CQC inspections had been lowered; monitoring activity through direct monitoring activity calls with providers had commenced.</p> <p>RESOLVED: The Primary Care Commissioning Committee NOTED the Stockport</p>	

Quality Update Report.

(ii) Update from Primary Care Quality Group: E Abraham-Lee advised that Stockport Primary Care Quality meetings had re-convened. The Terms of Reference (ToR) had been reviewed and presented to the Committee for approval.

Members were referred to a copy of the ToR for the Primary Care Quality Group. It was explained that the purpose of these meetings was to discuss any issues that affect the quality of services at practices; any decisions would be submitted to this Committee for approval. In order to receive assurance, a programme of practice visits would be scheduled.

In response to a question, E Abraham-Lee advised that the practice visits were due to start in the next couple of months. A letter would be sent to a practice prior to a visit, outlining the purpose of the visit and the representatives attending from the CCG. Discussions had taken place with Clinical Directors of PCNs and LMC (Local Medical Committee) on the process to be followed. It was expected that good practice would be shared, and support provided for any areas of development identified, working closely with practice managers. A primary care dashboard had been produced, collating all the data for each practice.

A discussion took place on the quality assurance process in Stockport and the ToR for the Primary Care Quality Group. It was commented that general practice was very good in Stockport and these visits would provide further assurance on quality improvements.

RESOLVED:

The Primary Care Commissioning Committee APPROVED the Terms of Reference for Stockport Primary Care Quality Group.

(iii) Learning Disability (LD) – performance to the end of March 2022:

K Roberts presented an update on year end performance for LD (Learning Disability) health checks, based on practice submissions as of 31 March 2022. Year-end performance was expected to be 73.6% (previous year figure of 60%).

The health check was for any person included on a LD register held at practice. Members were asked to note that whilst 100% was the target figure, this was unlikely to be achieved as there remained several patients that declined the opportunity to have a health check, as personal choice. Further work would take place with practices to sustain this improvement and achieve the best outcomes for this cohort of patients.

The Chair commended the work undertaken at practices to achieve this figure, despite the numerous challenges.

D Phillips sought clarification on the process for holding a discussion with a

<p>person with LD and was advised that there was a standard template but a care coordinator would have the opportunity to build a relationship with a patient on the register and understand any barriers or challenges. It was noted that easy to read leaflets and different forms of communications were used.</p> <p>RESOLVED: The Primary Care Commissioning Committee NOTED the update on Learning Disability performance.</p>	
10.2 Primary Care Commissioning Committee Finance Report	
<p>D Dolman provided a verbal update on the year end position to 31 March 2022. The current overspend was projected to be £335k, an improvement to the projection outlined at the previous meeting. In response to a question, the improved position was due to a revised schedule of NHS property services received and non-recurrent benefits.</p> <p>RESOLVED: The Primary Care Commissioning Committee NOTED the verbal update on the Finance Report for the period ending 31 March 2022 (Month 12).</p>	
ANY OTHER BUSINESS	
11. There were no other items of business.	
Meeting Governance	
Date and time of next meeting:	
The next meeting of the Primary Care Commissioning Committee would take place on Wednesday 15 June 2022 15:00 – 17:00 pm, Virtual Meeting.	

Practice Merger of Heaton Moor Medical Group and Cale Green Surgery

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Authors):	Kimberly Roberts		
Date:	15 th June 2022	Agenda Item No:	5
Previously Considered by:	Not previously considered		

Decision	x	Assurance		Information	x
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Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG
Purpose of the report:	
<p>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.</p>	
Key points (Executive Summary):	
<ul style="list-style-type: none"> The proposal is to formally merge Heaton Moor Medical Group (PMS) with Cale Green Surgery (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients. The Cale Green Surgery site will operate as a branch site of Heaton Moor Medical Group Following the merge, Cale Green Surgery would no longer be a part of the Victoria PCN and will join Heaton's Group PCN as part of Heaton Moor Medical Group. Heaton's Group PCN member practices are supportive of the additional practice joining their PCN if the merge is approved, and are underway with considering their future workforce planning The practices believe a formal merger will ensure long-term sustainability for services in the area enabling Cale Green Surgery to become a more resilient practice. An enhanced service offer will be provided including improved access for registered patients of both practices across the 6 sites. 	

- 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
- 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 planned redevelopment work at Cale Green Surgery is expected to significantly improve access for disabled and older patients, whilst improving overall patient experience by bringing the estate up to the high standards of the other branch sites of Heaton Moor Medical Group

Recommendation:

It is recommended that the Primary Care Commissioning Committee

1. Note and 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 patient list, subject to:
 - 2.1 Heaton Moor Medical Group agreeing to a contract variation to move onto a GMS contract in preparation for the merge
3. Note and approve the next steps

Aims and Objectives:

Which Corporate aim(s) is / are supported by this report:	<ul style="list-style-type: none"> • Start well • Live well • Age well • Die well • Lead well
Which corporate objective(s) is / are supported by this report:	<p>The following objectives are: -</p> <ul style="list-style-type: none"> • 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 Cale Green Surgery due to practice resilience if the merger is not approved. This practice has experienced challenges with recruitment of staff which has meant reliance on locums and clinical staff carrying out admin duties.						
Consultation and Engagement:								
Patient and Public Involvement:		All registered patients have been engaged with and given the opportunity to provide feedback or raise concerns on the merger proposal, via the sending of a text or letter. Messages have been added to the telephone systems, posters displayed in waiting rooms and on social media sites. 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,						
Potential Implications:								
Financial Impact:		Non-Recurrent Expenditure		Circa £3k for IT merge costs				
				Practice may be seeking financial estates support if this is available, to support improvements to existing estates through estates directive				
		Expenditure included within CCG Financial Plan		Yes				
Performance Impact:		Where performance has been impacted by workforce pressures at Cale Green Surgery it is expected there will likely be areas of improvement due to the support that the infrastructure of merging with a larger practice would provide.						
Quality and Safety Impact:		Increasing future sustainability and maintaining quality and safety is one of the reasons the practices wish to merge.						
Compliance and/or Legal Impact:		Stockport CCG needs to act within the terms of the Delegation Agreement with NHS England undertaking the functions relating to Primary Care Medical Services. A merger represents a variation to a practice's GMS/PMS contract and therefore requires agreement by Stockport CCG under delegated commissioning arrangements through the PCCC. The CCG have followed the processes as set out in NHS England Primary Medical Care Policy and Guidance Manual (PGM) for mergers.						
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 Heaton Moor Medical Group (PMS) with Cale Green Surgery (GMS). This will create one partnership operating under a GMS contract, with a single registered list of patients. The current Cale Green Surgery site will become a branch site of Heaton Moor Medical Group, in addition to their current 4 branch sites.
- 1.2. The practices have been discussing the possibility of merging over the last two years. Since April 2022 the practices have been working together as part of an informal merge agreement to support the resilience of Cale Green Surgery with 2 of the current Heaton Moor partners also joining as partners on the Cale Green Surgery contract. The Heaton Moor Practice Management team are also supporting the management of Cale Green Surgery. Having recognised the benefits of collaborative working they now wish to formally merge into one practice on a single contract.
- 1.3. A formal merger will provide the opportunity for Cale Green to become a more sustainable practice with extensive developments planned to the estate to improve patient access. The practice would remain fully accessible during any development work. A formal merge will ensure the practice is more resilient ensuring there is a sustainable workforce offer which will support retention of both patients and staff.
- 1.4. 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 across the 6 sites. The Cale Green Surgery 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 more resilient practice also.
- 1.5. The previous single-handed GP at Cale Green Surgery will become a partner of the new merged Heaton Moor Medical Group practice and will continue to be the primary GP at the Cale Green Surgery branch site, supported by new Salaried GP's.
- 1.6. The details of the two practices are listed below:

	Heaton Moor Medical Group	Cale Green Surgery
No of GP partners	10	1
Training practice	Yes	No
Registered Population	46,642	4002
Contract type	PMS	GMS
Practice Address	Heaton Moor Medical Group, 32 Heaton Moor Road, Stockport, SK4 4NX	Cale Green Surgery 20 Meyer Street, Cale Green, Stockport, SK3 8JE
Practice Code	P88026	P88034
CQC rating	Good	Good
GP patient Survey rated as good (National average 80%)	87%	88%

GP patient survey satisfaction with available appointment times (CCG average 75%)	81%	68%
QOF achievement rating 2020/2021	97%	99%
LD health Checks 2021/22 register size/uptake (National target 70%)	Register size 240 79% performance	Register size 9 44% performance
Flu uptake 65+ 2021/22	83%	82%

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

	Heaton Moor Medical Group	Cale Green Surgery
Enhanced and additional services delivered by the practice	<ul style="list-style-type: none"> • Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid Vaccinations • Learning Disabilities Health Checks • PCN developed services • Weight Management referrals • Long Covid • SMI Health Checks • NHS Health Checks • Smoking Cessation • Spirometry • 24hr BP monitoring • Minor surgery • Discharge 2 Assess GP cover at Bramhall Manor Care Home • Asylum Seekers medical cover at Britannia Hotel • Diabetes Specialist Nurse services 	<ul style="list-style-type: none"> • Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid vaccinations • Learning Disabilities Health Checks • PCN developed services • Weight Management referrals • Long Covid • SMI Health Checks • NHS Health Checks • Smoking Cessation

2. PROPOSAL

- 2.1. It is proposed that there will be a formal merger of the PMS contract currently held by Heaton Moor Medical Group with the Cale Green GMS contract, to create one partnership operating under one GMS contract. The contract will be held by Heaton Moor Medical Group with Cale Green Surgery 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 Heaton Moor Medical Group contract to move onto a GMS contract in preparation for the merge

- 2.2.2 On the practice merge date, the P code for Cale Green Surgery will fall away with the simultaneous termination of The Cale Green Surgery contract
- 2.2.3 The Heaton Moor Medical Group GMS contract will be varied to incorporate the Cale Green contract.
- 2.3. All current staffing will be retained to form one workforce transferred via TUPE arrangements, with the planned recruitment of an additional 6 salaried GPs to ensure less reliance on locum cover at the Cale Green branch site. Patients will have access to a wider range of clinicians with a broader skill mix, whilst having access to services not previously available to them with a choice of male or female practitioners available. The merged practice will continue to operate from both sites with patients having the choice to attend appointments and services at all 6 sites.
- 2.4. There is a planned re-development of the Cale Green Surgery site estate if the merge is approved. The development will ensure all consultation rooms are on the ground floor with a new entry point to include automatic double doors and a ramp. There will be new furniture that meets high infection control standards with a modern fire alarm system also installed. The car park currently has no parking bays set out; this will be rectified ensuring adequate disabled bays are marked. The planned works is expected to significantly improve access for disabled and older patients whilst improving overall patient experience by bringing the estate up to the high standards of the other branch sites of Heaton Moor Medical Group.
- 2.5. Heaton Moor Medical Group currently have 2 branch sites near Cale Green Surgery site, Adswood Road Surgery is 0.9 miles away with Little Moor Surgery at 1.8 miles away. Heaton Moor Medical Group already have experience of delivering services for this population group and are therefore well placed when required to consider population health management approaches, to have 3 branch sites geographically placed in close proximity to one another.

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 several 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 6 existing sites. Patients will be able to book appointments at and visit all sites. The CCG have been assured by the practice there will be no reduction in available appointments across any of the sites
What would the practice boundary be (inner and outer)	Heaton Moor Medical Group current boundary covers the whole of Stockport due to the spread of their branch sites; this would remain unchanged post-merger
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.	<p>The practices have provided assurance that there will be a merged clinical system and a single point of access for patients although all branch sites do retain a single telephone line for any specific site queries or appointments. The new merged practice will have equity of access available to all patients.</p> <p>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 improved extended hours with no detrimental impact on patients or a reduction in services.</p> <p>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 and increasing clinical capacity.</p>
Premises arrangements and accessibility to those premises to patients.	The merged practice plans to continue to operate from all existing sites and to maintain their current opening hours.
Proposed arrangements for involving patients about the proposed changes, communicating the change to patients and ensuring patient choice throughout.	Both practices have notified all patients via text message/email and posting of any updates onto the practice websites whilst sending letters out to patients who may be digitally excluded, requesting any questions or queries to be 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 proximity of each practice site
How the proposed merger is intended to benefit patients.	<p>Patients will have the choice to attend any of the 6 sites available to them as part of the larger merged practice. There will be increased extended hours access with more appointments available with GPs, nurses, and HCAs, with increased access to clinical specialties.</p> <p>Both practices currently have GP's and clinicians with specialties in different areas such as diabetes, pediatrics, and geriatrics. It is expected that the sharing of these skills and clinicians working across both sites will enhance the offer available to patients</p> <p>An Equality Impact Assessment has been completed (Appendix 1) and does not reveal any significant impact on any protected groups.</p>

Financial Impacts	Comments
Financial arrangements – the impact of Directions under the Statement of Financial Entitlements, or any specific terms included in the individual contracts.	<p>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</p> <p>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 Heaton Moor Medical Group</p> <p>Both practices are part of the Local Commissioned contract, and this will not be impacted by a merged list.</p>
Premises reimbursements	The newly merged practice would continue to operate from the existing premises. Rent reimbursement and reimbursable costs will be based upon the current levels in accordance with the 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 merged 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 Heaton's Group 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 merger, Cale Green Surgery would no longer be a part of the Victoria PCN and will join The Heaton's Group PCN as part of Heaton Moor Medical Group.
- 4.2. Following the merger, the Victoria PCN weighted list size will reduce to 41.1k. This remains within the recommended PCN size of 30-50k. Victoria PCN would have a reduced funding allocation and will therefore consider their workforce planning for the coming year. The CCG is assured the PCN have plans in place for alternative arrangements to allocate the resource and consider the best utilisation of the ARRS recruited roles, and therefore remain in a strong position to continue the delivery of the DES with the remaining membership practices.
- 4.3. The Heaton's Group PCN member practices are supportive of the additional practice joining their PCN if the merge is approved, and future workforce planning for the PCN is underway. The PCN have assured the CCG that they have enough flexibility for this 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 Heaton's Group PCN will receive additional ARRS funding to reflect the increased PCN weighted list size.

5. PATIENT SURVEY AND STAKEHOLDER FEEDBACK

- 5.1. The Practice have engaged with all registered patients of both Heaton Moor Medical Group and Cale Green Surgery, including PRG members, sending a text to over 40k patients with a link to a letter on their respective websites setting out their proposal to merge, requesting patients share their feedback and questions. In addition to this, posters have also been displayed in the practice waiting rooms and reception areas with a message also placed on the telephone system.
- 5.2. To ensure they were able to reach the patients who may be digitally excluded and give them the opportunity to give their feedback, the practices have sent out a combined 6k letters to those patients without a mobile number or email address.
- 5.3. Cale Green Surgery received 32 responses with 95% of patients supportive of the merger, acknowledging the pressures placed on a single-handed GP service and noting the potential service benefits. 5% of patients who were unsure or concerned regarding the merger, was due to them thinking they may be unable to visit the current site, or they would no longer be able to request appointments with the current GP. The practice has responded directly to all feedback to provide assurance that the surgery will remain open, and that the existing GP would remain at Cale Green Surgery after the merger.
- 5.4. Heaton Moor Medical Group received 40 responses, the majority of which were related to confusion that Heaton Moor would be closing and relocating to Cale Green Surgery site. This was discussed with each patient individually to provide assurance that Heaton Moor site would remain open with Cale Green Surgery being an additional site available to them. Those patients who had the opportunity to discuss this directly with, were then fully supportive of the merger proposal.
- 5.5. Engagement will continue with patients over the next few months in the lead up to the merger date.
- 5.6. All practices in The Heaton's Group PCN are supportive of the additional site joining their Primary Care Network.
- 5.7. The LMC have advised they have no objections or concerns with the merger and are therefore also supportive of the proposal.
- 5.8. Healthwatch have been notified on the receipt of the merger application by Stockport CCG. No response from Healthwatch has been received to date. Both Heaton Moor Medical Group and Cale Green Surgery have

been advised that Healthwatch are able to support them with advice on further engagement if this is required in the future.


6. RECOMMENDATIONS

- 6.1. Note and 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:
 - 6.2.1. Heaton Moor Medical Group agreeing to a contract variation to move onto a GMS contract in preparation for the 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 and national teams of changes to PCN membership
- 7.4. PCN care home alignment discussion to be undertaken with both PCN's to determine where alignment will be for the care home currently aligned to Cale Green Surgery
- 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		
1.	Name of the Strategy / Policy / Service / Project	The merger of contracts of two Stockport practices, to form a single GMS contract, Heaton Moor Medical Group currently operating under a PMS contract and The Cale Green Surgery 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 6 sites. The Cale Green Surgery site will become a branch site of Heaton Moor Medical Group.
4.	List the main activities of the project:	<ul style="list-style-type: none"> • 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?	<p>To provide an improved and equitable service to patients in both practices. To increase the viability and sustainability of these practice.</p> <p>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.</p> <p>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.</p> <p>Patients will have increased access and a wider choice of services across all sites following the merge, including increased extended hours access with more appointments available with GPs, nurses, and HCAs, with increased access to clinical specialities</p>
IMPACT ON SERVICE USERS		
6.	Who currently uses this service?	Joint practice registered population of 50,644
7.	Are there any clear gaps in access to this service? (e.g. low	None identified.

	access by ethnic minority groups)	
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)	There is a planned re-development of the Cale Green Surgery practice estate if the merger is approved. The development will ensure all consultation rooms are on the ground floor with a new entry point which will include automatic double doors and a ramp on the side of the building. The estate currently does not have easy access, this is directly off a main road with no ramp and has a single width door. The car park currently has no parking bays set out; this will be rectified ensuring adequate disabled bays are marked. The planned works is expected to significantly improve access for disabled and older patients whilst improving overall patient experience by bringing the estate up to the high standards of the other branch sites of Heaton Moor Medical Group.
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 34 to 33 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 overall 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? (What communications methods will you use to ensure this message reaches all community groups?)	The Practice have engaged with all registered patients of both Heaton Moor Medical Group and Cale Green Surgery, including PRG members, sending a text with a link to a letter on their respective websites setting out their proposal to merge, requesting patients to share their feedbacks and questions. In addition to this, posters have also been displayed in the practice waiting rooms and reception areas with a message also placed on the telephone system. To ensure they were able to reach the patients who may be digitally excluded and give them the opportunity to give their feedback, the practices have sent out a combined 6k letters to those patients without a mobile number or email address.
13.	What have the public and patients said	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.

	about the proposed changes? (Is this project responding to local needs?)	Concerns were generally around the concern of patients being able to continue to access their current site and if the Cale Green single-handed GP would remain. The practice has 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	<i>No negative impact expected; however, the following actions provide for mitigation should the need arise:</i>	
	Carers	None	N/A
	Disability	<i>No negative impact expected; however, the following actions provide for mitigation should the need arise:</i> The planned building works at the site will significantly improve access for this group of patients	Both practices will continue learning disability annual health checks, and this will continue following the merger. 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	<i>No negative impact expected</i>	

	<i>Marriage / Civil Partnership</i>	<i>No negative impact expected</i>	
	<i>Pregnancy & Maternity</i>	<i>No negative impact expected</i>	There would be no change for on-going pregnancy support services and support for parents with children
	<i>Race</i>	No negative impact expected	<p>Patients will continue to be supported with language/interpreter support as required.</p> <p>The Heaton Moor Medical Group Practice have a large cohort of Asylum Seekers currently registered with the practice. They will continue to support this population both on site at Britannia Hotel if required and at the practice/branch site as required.</p> <p>Information would continue to be available to patients to meet their language needs.</p>
	<i>Religion & Belief</i>	No negative impact expected	
	<i>Sex</i>	No negative impact expected	Cale Green is currently limited to a single-handed GP and reliance on locums. The merged practice will provide the opportunity with an increase in GPs to provide patient choice at this site for both female and male clinicians alongside the opportunity to travel and access clinicians at all other branch sites
	<i>Sexual Orientation</i>	No negative impact expected	
	<i>Other</i>	No negative impact expected	
IMPACT ON STAFF			
15.	How many staff work for the current service?	11 GP partners/ 25 salaried GP / 1 ANP / 3 Nurse practitioners / 5 Practice Nurse / 3 Advanced Practitioners / 6 Phlebotomists/ 1 DSN / 3 HCA / 2 Pharmacists / 78 Reception, Admin & nonclinical staff/ 1 Assistant Practice Manager / 1 Managing Partner	
16.	What is the potential impact on these	None all staff to be TUPE into new merged contract. Several of the clinical staff at Cale Green Surgery have more recently supported reception	

	employees? (Including potential redundancies, role changes, reduced hours, changes in terms and conditions, locality moves)	teams/admin functions due to long term sickness which has resulted in a reduction in available clinician time. The clinician’s preference is to return to full clinical time and increased patient contact which the merge would support, due to the streamlining of back-office functions and ease of recruiting staff as part of a larger more attractive practice.	
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
	<i>Age</i>	N/A	
	<i>Carers</i>	N/A	
	<i>Disability</i>	Positive	Improved access and work experience with planned estates re-development of Cale Green Surgery site
	<i>Gender Reassignment</i>	N/A	
	<i>Marriage / Civil Partnership</i>	N/A	
	<i>Pregnancy & Maternity</i>	N/A	
	<i>Race</i>	N/A	
	<i>Religion & Belief</i>	N/A	
	<i>Sex</i>	N/A	
	<i>Sexual Orientation</i>	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 retraining or redeployment?	N/A	
IMPACT ON STAKEHOLDERS			

20.	Who are the stakeholders for the service?	<ul style="list-style-type: none"> • PCN member practices • LMC • CCG • Community services teams • Healthwatch
21.	What is the potential impact on these stakeholders?	<p>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</p> <p>There will be a change to the PCN membership at Victoria PCN with the loss of a member practice. The CCG is assured the PCN still remains viable and able to deliver against the Network DES specifications with the remaining member practices</p>
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.	<p><i>EIAs should be signed off by your Director and attached to policy / strategy documents sent to Governing Body.</i></p> <p><i>Your completed EIA should be sent to the corporate services team for publication:</i></p>	

Appendix 2

The practice boundary will remain the same for the new merged practice as it is currently for Heaton Moor Medical Group, this covers the whole of Stockport due to the spread of branch sites currently



P88026 Heaton Moor
EDEC boundary.pdf

Appendix 3

Existing site plans and proposed plans for redevelopments at Cale Green Surgery



MMD091.04.22.01 -
Existing Floorplans.pdf



MMD091.04.22.02 -
Existing Elevations.pdf



MMD091.04.22.03 -
Proposed Floorplans.pdf



MMD091.04.22.04 -
Proposed Elevations.pdf

Appendix 4

Copy of application form for contractual merger



pgm-annex-a-templa
te-business-case-for-merger.docx

QOF 2021/22 Childhood Immunisation Payments

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Gale Edwards		
Date:	15 th June 2022	Agenda Item No:	9.4
Previously Considered by:	This report is being presented for the first time.		

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

Purpose of the report:
<p>The purpose of this report is to provide the Primary Care Commissioning Committee (PCCC) with:</p> <ul style="list-style-type: none"> • An overview of the impact of the Childhood Immunisation QOF Domain and specifically related to how this has impacted practice performance and payments for 2021/2022 • The supporting information to consider the proposal to include criteria for exception reporting on issues outside of the practice control resulting in practices achieving a improvement in performance and payments.
Key points (Executive Summary):

The Quality and Outcomes Framework (QOF) is a national system for the performance management and payment of GPs. Participation in the QOF is voluntary but most practices earn a significant proportion of their income through QOF. From 1 April 2021 NHSE&I introduced changes to the provision of routine vaccinations and immunisation in general practice including the introduction of a domain within the QOF scheme.

Stockport general practice historically have high performance under the QOF scheme including the previous childhood immunisation enhanced service.

Under the new childhood immunisation domain practices are not able to use exception report / personalised care adjustments in 2021/22 other than for rare cases where the vaccination is contraindicated (e.g., allergy to a vaccine). Not having this option is unusual within the remainder of the QOF scheme.

Although patient numbers are small some high performing practices have been impacted due to factors outside of their control. To mitigate against this the CCG have developed jointly with the LMC a set of four criteria for exception reporting that results in an additional one-off payment required by the CCG of £25,233 to practices.

In year adjustments have been made for those practices with high rates of refugee registrations due to the transient nature of this population.

The approach being proposed is outside of the national QOF guidance, but similar approaches have been adopted across other CCGs in Greater Manchester.

Recommendation:

It is recommended that the Primary Care Commissioning Committee:

- 1) **Note** the exception reporting criteria being proposed is outside of national guidance, but a similar approach have been adopted across some local CCGs under their delegated responsibilities.
- 2) **Consider and agree** the proposed approach to include the four exceptions resulting in an increased payment by the CCG of £25,233 to the practices identified.
- 3) **Note and agree** that this proposal is for the year 2021/22 performance
- 4) **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 and lead Well
Which corporate objective(s) is / are supported by this report:	<p>Improve quality & safety of care</p> <p>Support people to remain healthy and independent as long as possible</p> <p>Improve early identification of health conditions</p> <p>Ensure people can access safe, high quality care when necessary</p>

Risk and Assurance:	
List all strategic and high-level risks relevant to this paper	N/A

Consultation and Engagement:	
Patient and Public Involvement:	[N/A]
Clinical Engagement:	[Discussions with CCG clinical leads and Local Medical Committee]

1. INTRODUCTION

- 1.1. The Quality and Outcomes Framework (QOF) is part of the national GP contract for the performance management and payment to general practice. All Stockport practices participate in the national QOF in most practices this is a significant proportion of their income. Within QOF each measure has indicator points attached to it and usually covers management of chronic conditions, public health priorities, and quality improvement.
- 1.2. In the GP contract changes for 2021/22 the Childhood Immunisation DES ceased and was replaced with an item of service payment and a new vaccination and immunisation domain within QOF.
- 1.3. The QOF Childhood immunisation award payments are based on reaching thresholds and generally apply to the highest achieving practices as they start at 90% for two of the indicators and 87% for the third.
- 1.4. Practices are not able to use exception report / personalised care adjustments other than for rare cases where the vaccination is contraindicated (e.g., allergy to a vaccine) It is usual for exception reporting in other QOF domains.
- 1.5. The childhood immunisation QOF indicators are:
 - 1.5.1. *Full indicator: The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis (DTaP) containing vaccine before the age of 8 months (Points: 18; Threshold: 90-95%; Points at lower threshold: 3)*
 The first indicator applies to children on the day that they turn eight months old. At that time, they should have received three doses of the (DTaP) combined vaccines – in line with the national schedule.
 Practices gain 3 points for getting to 90%, rising to 18 points for 95%.
 - 1.5.2. *Full indicator: The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months (Points: 18; Threshold: 90-95%; Points at lower threshold: 7)* There are 7 QOF points for getting to 90% and 18 points for getting to 95% with a tight timescale to give vaccinations and no exception reporting permitted other than contraindication to vaccine as before.
 - 1.5.3. *Full indicator: The percentage of children who reached 5 years old in the*

preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. (Points: 18; Threshold: 87-95%; Points at lower threshold: 7) For this indicator there are 18 points but with a slightly wider range than the other two indicators, 7 points for achieving 87% and full points for 95%

- 1.6. The aim of the national scheme is to improve uptake, monitoring and measuring of childhood vaccinations and to avoid the use of exceptional reporting for situations such as parental refusal or nonattendance by patients. However, some practices in Stockport have found the national QOF targets are unobtainable due to factors outside of their control including:
 - 1.6.1. Children's registering with the practice having already missed the required vaccination within the QOF age range with those registered children included as part of the practice denominator
 - 1.6.2. Children registered in the last month of year who could have their vaccination but due to the tight timescale of delivering the vaccination may be missed. In other domains of the QOF scheme patients registering in the last three months are excluded from the denominator.
 - 1.6.3. Children registering from abroad where they are on a different vaccination schedule or have no vaccination history.
 - 1.6.4. Children that are unable to be vaccinated within the required timescales due to a clinical reason for example a child unable to have a live vaccine whilst undergoing chemotherapy treatment.

2. PROPOSAL

- 2.1. The CCG were awaiting a decision from the regional and national teams on how to manage some of the QOF childhood immunisation challenges and impacts highlighted by practices.
- 2.2. All Greater Manchester CCG's have now been advised by the regional team that any adjustments to nationally calculated QOF payments will need to be considered and approved by their Primary Care Commissioning Committee as part of their delegated responsibilities.
- 2.3. Recognising the impact on our practices for issues outside of their control, Stockport CCG is proposing that the following criteria be adopted for exception reporting for the indicators relating to the childhood immunisation for the financial year 2021/22. Any future year's considerations will need to be considered by the ICS.
 - 2.3.1. Children registered after the age range that they can be vaccinated.
 - 2.3.2. Child registered in March 2021, even if they could still have been vaccinated the practice would have to identify the newly registered unvaccinated child and vaccinate in an unrealistically short timescale. This would only be a very small number of children, as most reach the upper age limit before March.
 - 2.3.3. Children unable to be vaccinated in the required timescale for a clinical reason
 - 2.3.4. Child registered from abroad and unable to meet the target due to different schedules.

3. FINANCIAL

3.1 Set out below is the summary of the financial impact to practices when adopting the exclusion criteria proposed above under the three QOF indicators

Summary Movement Totals

VI-01	£ 6,760.52
VI-02	£ 9,159.59
VI-03	£ 9,313.11
Total	£ 25,233.22

3.2 The table below sets out the individual practice pre and post exception reporting impacts for Indicator **VI-01**

EXCEPTIONS														
Numerator	Denominator	Achievement	Points achieved	Pounds achieved	Registered after the age at which child could be vaccinated	Registered after 1st March 2022 and not vaccinated	Clinically contraindicated during indicator timescale	Registered from abroad and unable to give UK recommended immunisations	New Numerator	New Denominator	New Achievement	New points achieved	New pounds achieved	Difference
120	126	95.24%	18	£3,620.88	0	0	0	0	120	126	95.24%	18	£3,620.88	£0.00
81	102	79.41%	0	£0.00	2	0	0	0	81	100	81.00%	0	£0.00	£0.00
111	117	94.87%	15.05	£3,027.71	2	1	0	0	114	117	97.44%	18	£3,620.88	£593.17
78	82	95.12%	18	£3,620.88	0	0	0	0	78	82	95.12%	18	£3,620.88	£0.00
70	76	92.11%	9.32	£1,873.96	0	0	0	0	70	76	92.11%	9.32	£1,873.96	£0.00
65	68	95.59%	18.00	£3,620.88	0	0	0	0	65	68	95.59%	18	£3,620.88	£0.00
60	63	95.24%	18	£3,620.88	0	0	0	0	60	63	95.24%	18	£3,620.88	£0.00
49	55	89.09%	0	£0.00	0	0	0	0	49	55	89.09%	0	£0.00	£0.00
182	207	87.92%	0	£0.00	8	0	0	0	182	199	91.46%	7.37	£1,482.92	£1,482.92
99	107	92.52%	10.57	£2,126.28	2	0	0	0	99	105	94.29%	15.86	£3,189.82	£1,063.54
111	116	95.69%	18	£3,620.88	0	0	0	0	111	116	95.69%	18	£3,620.88	£0.00
131	136	96.32%	18	£3,620.88	0	0	0	0	131	136	96.32%	18	£3,620.88	£0.00
116	129	89.92%	0	£0.00	4	2	1	0	116	122	95.08%	18	£3,620.88	£3,620.88
													Total	£6,760.52

3.3 The table below sets out the individual practice pre and post exception reporting impacts for Indicator **VI-02**

Numerator	Denominator	Achievement	Points achieved	Pounds achieved	EXCEPTIONS				New Numerator	New Denominator	New Achievement	New points achieved	New pounds achieved	Difference
					Registered after the age at which child could be vaccinated	Registered after 1st March 2022 and not vaccinated	Clinically contraindicated during indicator timescale	Registered from abroad and unable to give UK recommended immunisation						
106	115	92.17%	11.78	£2,370.19	0	0	0	0	106	115	0.921739	11.7826	£2,370.19	£0.00
97	115	84.35%	0	£0.00	1	1	0	0	97	113	0.858407	0	£0.00	£0.00
93	109	85.32%	0	£0.00	6	1	0	1	101	109	0.926606	12.8532	£2,585.55	£2,585.55
85	90	94.44%	16.78	£3,375.02	0	2	0	1	85	87	0.977011	18	£3,620.88	£245.86
86	94	91.49%	10.28	£2,067.24	2	0	0	0	88	94	0.93617	14.9574	£3,008.84	£941.60
67	72	93.06%	13.72	£2,760.36	0	0	2	0	67	70	0.957143	18	£3,620.88	£860.52
68	75	90.67%	8.47	£1,703.16	0	1	0	0	69	74	0.932432	14.1351	£2,843.42	£1,140.26
47	51	92.16%	11.75	£2,362.64	0	0	0	1	48	51	0.941176	16.0588	£3,230.39	£867.75
43	48	89.58%	0	£0.00	0	0	0	0	43	48	0.895833	0	£0.00	£0.00
196	223	87.89%	0	£0.00	1	0	0	0	196	222	0.88	0	£0.00	£0.00
110	117	94.02%	15.84	£3,185.89	0	0	0	0	110	117	0.940171	15.8376	£3,185.89	£0.00
93	99	93.94%	15.67	£3,151.50	1	0	1	0	95	99	0.959596	18	£3,620.88	£469.38
111	126	88.10%	0	£0.00	2	0	0	0	113	126	0.896825	0	£0.00	£0.00
139	158	87.97%	0	£0.00	4	2	0	0	139	152	0.914474	10.1842	£2,048.66	£2,048.66
														£9,159.59

3.4 The table below sets out the individual practice pre and post exception reporting impacts for Indicator VI-03

					d after the age at which child could be vaccinate d	EXCEPTIONS									
						Registered after 1st March 2022 and not vaccinated	Clinically contraindicat ed during indicator timescale	Registered from abroad and unable to give UK recommended immunisations		New Numerator	New Denominator	New Achievement	New points achieve d	New pounds achieved	
Numerator or	Denominator	Achievement	Points achieved	Pounds achieved											Difference
119	135	88.15%	8.58	£1,725.69	0	1	0	0	2	119	132	90.15%	11.33	£2,279.81	£554.12
114	134	85.07%	0	£0.00	1	0	0	0	0	114	133	85.71%	0	£0.00	£0.00
114	126	90.48%	11.78	£2,369.62	7	0	0	0	0	121	126	96.03%	18	£3,620.88	£1,251.26
97	107	90.65%	12.02	£2,418.86	0	1	0	0	0	97	106	91.51%	13.20	£2,655.41	£236.55
101	113	89.38%	10.27	£2,066.56	2	0	0	0	3	106	113	93.81%	16.36	£3,290.43	£1,223.87
87	92	94.57%	17.40	£3,500.62	0	0	0	0	0	87	92	94.57%	17.40	£3,500.62	£0.00
63	68	92.65%	14.76	£2,970.07	0	1	0	0	0	63	66	95.45%	18	£3,620.88	£650.81
42	48	87.50%	7.69	£1,546.42	0	0	0	0	5	42	43	97.67%	18	£3,620.88	£2,074.46
198	223	88.79%	9.46	£1,903.01	0	0	0	0	3	198	220	90.00%	11.13	£2,237.91	£334.90
104	115	90.43%	11.72	£2,358.16	1	0	0	0	0	104	114	91.23%	12.81	£2,577.58	£219.42
101	110	91.82%	13.62	£2,740.80	1	0	2	0	1	105	110	95.45%	18	£3,620.88	£880.08
128	134	95.52%	18	£3,520.88	0	0	0	0	0	128	134	95.52%	18	£3,620.88	£100.00
152	181	83.98%	0	£0.00	2	0	0	0	7	152	172	88.37%	8.89	£1,787.63	£1,787.63
															£9,313.11

4. CONCLUSION

It is recommended that the Primary Care commissioning Committee

4.1. Note the exception reporting criteria being proposed is outside of national guidance but a similar approach is also being adopted across some other local CCGs under their delegated responsibilities.

4.2. Consider and agree the proposed approach to include the four exceptions resulting in an increased payment by the CCG of £25,233 to the practices identified.

4.3. Note that this proposal is for the year 2021/22 performance

4.4. Note and approve the next steps.

5. NEXT STEPS

4.1 To inform the practices of the decision of the PCCC.

4.2 For the CCG to arrange the necessary payment in accordance with the decision.

6. POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure			The finance implications are identified in the paper			
	Recurrent Expenditure			Nil			
	Expenditure included within CCG Financial Plan			Yes		No	X
Performance Impact:	The paper highlights the impact on performance achievements for 2021/22 as a result of factors outside of the practice control						
Quality and Safety Impact:	[N/A]						
Compliance and/or Legal Impact:	Primary care providers to meet the National QOF framework, this paper is brought about due to challenges faced by local practices						
Equality and Diversity:	General Statement: The identification of disease prevalence is informed by the national equality impact assessment						
	Has an equality impact assessment been completed?			Yes		No	X
	If Not Applicable please explain						

Primary Care Quality Report

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe, Executive Nurse		
Report From (Author):	Elaine Abraham-Lee		
Date:	15 June 2022	Agenda Item No:	10.1
Previously Considered by:	Executive Board		

Decision		Assurance	x	Information	x
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Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To present an overview of Primary Care Quality.
Key points (Executive Summary):
<ol style="list-style-type: none"> 1. Updated Primary Care Quality Dashboard 2. Care Home ward rounds audit 3. Post-natal checks
Recommendation:
<ol style="list-style-type: none"> 1. To Note the information contained within the quality report 2. To Note the next steps

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

Which corporate objective(s) is / are supported by this report:	<i>Patient Safety, Good Quality Care, Patient Experience</i>
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Risk and Assurance:	
List all strategic and high level risks relevant to this paper	<i>Patient Safety, Good Quality Care, Patient Experience</i>

Consultation and Engagement:	
Patient and Public Involvement:	<i>None</i>
Clinical Engagement:	<i>Shared with LMC for information</i>

1. Introduction

- 1.1. Stockport CCG have updated the Primary Care Quality Assurance Dashboard. The latest data is attached.



Primary Care Quality
Dashboard ANON M.

2. Quality

2.1 NHSE Complaints

The next update for formal complaints made to NHS England in relation to GP practices, will be at the start of the next quarter. Data expected mid-July 2022.

2.2 Local Service Improvement Suggestions

The next update for local service improvement suggestions will follow the end of the current quarter. Data expected mid-July 2022.

2.3 Incidents

During the month of April and May 2022, no clinical incidents were reported.

2.4 Friends and Family

The suspension of FFT data submission in GP practices ended at the end of March 2022. GP practices will have started to collect FFT from April onwards. There is no requirement to submit any data prior to July 2022, to give practices time to re-establish the FFT collection. This data will then be checked prior to publication on the NHS website.

2.5 CQC Inspections

The CQC provided an update in early February 2022, CQC will inspect where there is evidence that people are at risk of harm. This applies to all health and social care services, including those where inspections were previously postponed except in cases where CQC had evidence of risk to life.

<https://www.cqc.org.uk/news/stories/update-cqcs-regulatory-approach-changes-1-february>

2.6 Cervical screening

Results for April 2022

Early repeat	4
Mis match vial/info	2
Unlabelled vial	1
Out of date vial	1
Out of age range	1

3. Care Home ward rounds

Following a few queries raised from care homes about the frequency/delivery of care home ward rounds by GP Practices a discussion is planned with the Care Home Managers Forum to further explore this issue. To date individual meetings have been facilitated between the GP practice and the care home to identify and resolve issues. The agreed actions are being monitored and will be followed up to ensure completion.

It is anticipated that a repeat audit on care home ward rounds will be undertaken to confirm frequency and delivery method of ward rounds and identify any other issues.

Dr J Ali Primary Care Clinical Lead, Workforce and Women & Children's Clinical Lead and Elaine Abraham-Lee Primary Care Quality Assurance Manager are to attend the next Care Home Managers Forum to make initial enquires.

4. Post Natal Checks

The Primary Care Quality Assurance Manager was contacted by a patient representative group with suggestion that the good practice being followed at one Stockport practice in relation to post-natal checks be implemented across Stockport.

The change in practice is because of changes to the GP contract 2020-21 and are to be implemented in all practices.

Following a discussion between the Primary Care Clinical Lead, Workforce and Women & Children's Clinical Lead and Primary Care Quality Assurance Manager and Assistant Commissioning Manager the following improvement areas were identified.

- GP Practice Awareness of 2020-2021 Changes to Core GP Contract
- Standardisation of GP post-natal 6-week process
- GP Training/Education Sessions
- IT Systems - EMIS Community tab, shared record promotion
- GP practice ring around - How long for an appointment etc
- GP Feedback on patient experience stories
- Performance dashboard monitoring

These improvement areas could potentially give the following outcomes.

Increased GP Awareness of changes to core GP contract re resumption of 6 week check ups

Increased face to face GP post-natal 6-week check-ups (including physical and mental health)

Reduction in variation of process for requesting mother to attend their GP 6 week Post Natal appointment

5. Primary Care Quality Meeting 4th May 2022 summary

5.1 Contractual issues

It was confirmed that Heaton Norris Health Centre and South Reddish Medical Centre had merged. A further two mergers were in progress (the next merger was due to take place 6 June 2022). There were currently 35 GP practices in Stockport – this would reduce to 33 practices.

5.2 NHSE Primary Care Team update

It was noted that there had been a reduction of GP practices across GM (Greater Manchester). Dr M Kumar (Chief Medical Officer) would Chair the GM System Quality Group – this replaced the GM Quality Board and would commence from 19 May 2022;

meetings would then be bi-monthly. Dr Woodworth to be included on the membership as GM Primary Quality Chair.

Discussions about the range of phlebotomy pathways in my in primary care continued.

5.3 Workforce/education/training update

JA provided an update on the discussions taking place to support the training for nurses and nurse practitioners. These discussions included whether nurses / practitioners could be trained to carry out the 8-week baby checks, joint injections, and pessary changes for example.

Consideration was given to what training was required across GM and establishing a GM training hub i.e., training care home HCA's and other staff to undertake phlebotomy tasks. Prior to this work progressing, issues around indemnity would need to be clarified. GM would lead on providing this training.

Work is underway to review the Diabetes pathway. Stockport had responded to a request for data on its current programmes of work including the eight care practices for Diabetes (including foot checks, BMI, smoking and expert learning course). It was noted that the Trust (SFT) currently does not have sufficient diabetic nurse specialists to sustain the MDT as part of the Diabetes prevention programme.

A review of asthma admissions at the Trust is underway and a consultant would be presenting at the next Masterclass in June on the revised Asthma guidelines.

Work was also taking place to understand why Stockport was the third largest admissions for Diabetes for children in the country and whether this was a coding issue.

6.0 NEXT STEPS

6.1 The primary care excel dashboard is operational and receiving quarterly updates.

6.2 A practice visit schedule has been created and the first visit undertaken. The dashboard was well received, and constructive feedback given by the practice.

7. POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure						
	Recurrent Expenditure						
	Expenditure included within CCG Financial Plan		Yes		No		N/A
Performance Impact:	The dashboard will be used to inform practices and PCNs of their performance and areas of good practice and areas to focus on.						
Quality and Safety Impact:							
Compliance and/or Legal Impact:							

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

PCCC Finance Report for the period ending 31st March 2022 - Month 12

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	David Dolman		
Date:	15 June 2022	Agenda Item No:	10.2
Previously Considered by:	This is the first time the report has been presented		

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

Purpose of the report:
The purpose of the report is to provide an overview of the financial performance of the primary care delegated commissioning budget as at 31 March 2022.
Key points (Executive Summary):
<ul style="list-style-type: none"> The CCG is reporting an adverse variance of £0.335m for 2021/22
Recommendation:
(i) Note the outturn position is an adverse variance of £0.335m for the period 1 April 2021 to 31 March 2022.

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:

- Outturn as at 31 March 2022
- 2022/23 financial planning update

2.0 Outturn as at 31 March 2022

The CCG is reporting an adverse variance of £0.335m as at 31 March 2022. The financial position is summarised in Appendix 1 where the following significant variances to budget are detailed:

NHS Property Services - a favourable variance of £0.428m. £0.137m resulting from the settlement of prior year invoices disputed with NHS Property Services and £0.291m relates to 20/21 costs being lower than forecast.

Non-Delegated PRC Schemes - a favourable variance of £0.254m due to locally commissioned services payments being lower than planned.

Business Rules/General Reserves - £1.048m adverse variance reflects that total planned expenditure exceeds the allocation received for Primary Care Delegated Commissioning for 2021/22.

3.0 Next Steps

1. Work with primary care colleagues to implement the recommendations of LCS review to bring the Primary Care Delegated Commissioning into balance.

4.0 POTENTIAL IMPLICATIONS

Potential Implications:						
Financial Impact:	Non-Recurrent Expenditure					
	Recurrent Expenditure	The finance implications are identified in the paper				
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A
Performance Impact:	Reporting a provisional adverse variance of £0.335m for 2021/22					
Quality and Safety	N/A					

Impact:							
Compliance and/or Legal Impact:	Reporting in compliance with national guidance						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	✓
	If Not Applicable please explain why						

Appendix 1 – Outturn as at 31 March 2022

Service Line	Annual Budget £'000	Outturn £'000	Outturn Variance £'000
General Practice - GMS	12,077	12,062	(15)
Global Sum	12,077	12,062	(15)
General Practice - PMS	16,948	16,931	(17)
Contract Value	16,948	16,931	(17)
QOF	5,114	5,114	0
QOF Aspiration	3,426	3,426	0
QOF Achievement	1,688	1,688	0
Enhanced services	5,964	5,941	(23)
DES- Individual Practice Payments			
Learn Dsblty Hlth Chk	159	158	(0)
Minor Surgery	316	303	(13)
Violent Patients	73	63	(10)
PCN-Participation	550	550	0
Long Covid	157	157	0
Weight Management	16	16	0
Primary Care Network DES Expenditure (Payments to PCN's)			
PCN-Extended Hours Access	457	457	0
PCN-Clinical Director	234	234	0
PCN Support Payment	321	321	(0)
PCN DES Care Home Premium	273	273	0
PCN- IIF Achievement	445	445	0
ARRS			
PCN-Clinical Pharmacist	1,477	1,477	0
PCN DES Care Coordinator	398	398	0
PCN DES Health and Wellbeing Coach	67	67	0
PCN DES Pharmacy technicians	167	167	0
PCN-Physiotherapist	787	787	0
PCN DES Nursing Associate	19	19	0
PCN DES Clinical Pharmacist Advanced Practitioner	27	27	0
PCN DES Trainee Nursing Associate	20	20	0
Premises Cost Reimbursement	3,480	3,488	8
Prem Clinical Waste	54	63	9
Prem Notional Rent	1,049	1,054	5
Prem Rates	411	389	(21)
Prem Water Rates	67	67	0
Prem Healthcentre Rent	1,572	1,609	36
Prem Actual Rent	327	306	(21)
Other Premises Cost	11	7	(4)
Prem Other	11	7	(4)
Dispensing/Prescribing Drs	300	242	(58)
Prof Fees Prescribing	300	242	(58)
Other GP Services	962	1,040	78
Legal / Prof Fees	18	18	0
CQC	199	199	0
PCO Locum Adop/Pat/Mat	603	691	88
Sterile Products	4	2	(1)
PCO Doctors Ret Scheme	59	59	0
Translation Fees	63	63	0
Healthcare Foundation Trust	9	0	(9)
Indemnity	4	4	0
Covid-19 Medical Exemption Assessment	4	4	0
Business Rules/General Reserves	(1,048)	0	1,048
Total PCR Excl Non Del PRC Scheme & Pass through costs	43,809	44,826	1,017
Non-Delegated PRC Schemes	1,962	1,708	(254)
Winter Pressures Additional Capacity	51	51	0
Winter Access Fund	1,269	1,269	0
NHS Property Services	894	466	(428)
Total PRC Cost Centre	47,985	48,320	335

End of Documentation Pack