

Meeting of the Primary Care Commissioning Committee

To be held on 29 April 2021 12:30

Via Microsoft Teams

AGENDA

1.	Welcome and Introduction		12.30 – 12.35
2.	Apologies for Absence		
3.	Declarations of Interest		
4.	Minutes of the previous meeting held on 25 February 2021	Enclosure	
4.1	Matters arising		
5.	<u>Question Time</u>		
5.1	Members of the public may raise issues of general interest that relate to items on the agenda. The chair's discretion is final on the matters discussed and timescale.		
6.	<u>Governance and assurance</u>		
6.1	Finance Report T Lake	Enclosure	12.35-12.45
6.2	COVID Vaccination Programme Update W Thompson	Presentation	12.45-12.55
6.3	General Practice Update J Spencer	Enclosure	12.55-1.05
6.4	End of year committee review D Cornell	Enclosure	1.05-1.15
7.	<u>Any Other Business</u>		
8.	<u>Date and time of next meeting</u> 24 June 2021 12:30pm via MS Teams		

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the meeting held on Thursday 25 February 2021, 12.30pm via MS Teams.

Minutes

- Present:** Mrs P Harle, Chair
Mrs A Fox, Director of Nursing, Quality and Safety
Dr K Gellia, Executive GP
Mrs T Lake, Deputy Chief Finance Officer
Mrs C Nesbit, Director of People and Primary Care
Dr I Pattison, Clinical Chair
Dr Geoff Stephenson, Primary Care Advisor
- In attendance:** Mr C Black, Primary Care Manager, NHSE
Mrs F Brown, Executive Director Neighbourhood Services, Sunderland City Council
Ms L Douglas,
Mrs J Spencer, Senior Primary Care Manager
Mrs W Thompson, Head of Primary Care
Mrs J Thwaites, EA (minutes)
- 2021/01 Welcome and Introductions**
The chair welcomed everyone to the meeting. The committee was informed that the meeting would be recorded to support administrative accuracy and for robust governance. There were no objections to the use of the recording device.
- 2021/02 Apologies for Absence**
Apologies for absence were received from Mrs D Burnicle, Lay Member PPI and Mr D Chandler, Chief Finance Officer/Deputy Chief Officer, Mr J Dean, Healthwatch and Ms D Cornell, Head of Corporate Affairs for South Tyneside and Sunderland CCGs.

The chair confirmed that the meeting was quorate.
- 2021/03 Declarations of Interest**
The chair declared an interest in that she was also a lay member for South Tyneside CCG. This would be noted as a standing declaration going forward.

It was noted that there were no material items of interest on the agenda as recurrent funding had been agreed previously.

2021/04 Question Time

There were no questions from members of the public.

2021/05 Minutes of the meeting held on 17 December 2020

The Primary Care Commissioning Committee **APPROVED** the minutes of the meeting

2021/06 Matter Arising

Mrs Burnicle has relayed a message to the Chair with regard to the Carers update, and the value of unpaid carers, noting that she had been involved in interviews for new Carer Centre staff. A number of staff had been successful in attaining social prescribing roles in Sunderland GP Alliance which would help the identification and support for carers. Mrs Burnicle also raised the advantage of the centre in terms of the people they recruit, train and support which could benefit other organisations who could offer more stable employment compared to the short term funding of voluntary organisations such as the Carers Centre.

Mrs Burnicle also noted that it was good to see that carers had been identified to be given priority in phase 6 of the vaccination programme.

It was noted that the Local Authority were the lead commissioner for the Carers Centre. The CCG were working with them to consider funding.

2021/07 Action Log

Items on the action log were updated and one item was closed as completed.

2021/08 Finance Report

The report gave an update on the financial regime put in place by NHS England and Improvement (NHSE/I) following the publication of guidance in relation to CCG financial management arrangements, and the implications from the NHSE/I phase 3 planning letter, specifically how this impacts on Delegated Co-Commissioning;

The report also provided a summary of the financial position of Delegated Co-commissioning budgets as at 31st January 2021. This

was split into months 1 to 6 (1st April 2020 to 30th September 2020) and months 7 to 12 (1st October 2020 to 31st March 2021).

An update on the overall CCG financial position was highlighted within the report identifying the £2m financial gap that had now moved to a breakeven position following allocation corrections.

In terms of the summary financial performance for the first 6 months of the year all top up allocations had been received, therefore a breakeven position was forecast. Some information around the Covid spend for this period had also been included in the report.

In terms of the position from October to March a breakeven position was reported. As previously reported the budgets were forecasting an underspend which had now been utilised through application of funding to agreed non recurrent schemes.

It was explained that the CCG was fully utilising the delegated allocation which was positive news for practices and primary care networks.

Further detail was included in the report in regard to the Community Integrated Team (CIT) contract and the introduction of the Primary Care Network (PCN) DES enhanced health in care home.

In light of the Covid pandemic work from the CIT group had been stood down. Sunderland GP Alliance who were operating this contract had been making payments to practices in year. Work would continue on the detail of the contract to understand any overlap with the DES. Funding released from this work would be ringfenced for general practice inline with NHSE England guidelines.

It was noted that it was good that the CCG had good secure funding and financial balance. In regard to the CIT and the overlap the committee were supportive of the funding to continue.

The Primary Care Committee

NOTED the update with regard the CCG financial regime for the 2020/21 financial year.

NOTED the financial position of delegated general practice budgets for the period ending 30th September 2020 (Months 1 to 6).

NOTED the CCGs forecast financial position for delegated for the period 1st October 2020 to 31st March 2021 (Months 7 to 12).

APPROVED the continued payment of the CIT contract in 2020/21 noting the potential overlap with the Enhanced Health in Care Homes PCN DES.

2021/09 General Practice Commissioning Audit Report

The purpose of the report was to provide an update to the Committee on the results of the audit undertaken by Audit One into the CCG's role in General Practice Commissioning.

The Audit had taken place in December 2020 in regard to primary medical care commissioning arrangements from 2018/19. The scope of the audit covered finance and governance aspects of primary care commissioning.

The CCG had received a full assurance level which was aligned to the NHSE England assurance framework and substantial assurance that any risks identified were managed effectively. There had been no compliance issues and no recommendations had been made from AuditOne.

It was noted that this report gave the PCCC assurance and that it was good that no recommendations had been made by AuditOne. Thanks were given to the team for all the work undertaken to achieve this assurance.

The Primary Care Commissioning Committee **NOTED** the content of the report and were assured that the CCG was undertaking its delegated functions with regards to financial assurance in accordance with NHS England's requirement and expectation.

2021/10 Covid vaccination programme update

A presentation was given outlining the current position in relation to the vaccination programme.

In terms of the eligible cohort of patients new targets had been set for cohorts 1-9.

Key points were highlighted which included:

- 134,000 patients identified in Sunderland to be offered a vaccination as part of phase1 (cohorts 1-9)
- Sunderland has access to both the Pfizer and AstraZeneca vaccines, these vaccines are used as received recognising the logistical issues around the Pfizer vaccine.
- In relation to the recently authorised Moderna vaccine it was explained that this is not as yet available in this region.

- Patients require 2 doses of the vaccine; the guidance has been amended from a 3 week period to now give the 2nd dose within a 12 week window.
- The national ambition is to vaccinate all patients in cohort 1-4 by mid-February, the new target is to vaccinate cohorts 5-9 by the end of April 2021 with first doses. All remaining adults are to be vaccinated by the end of July 2021.
- The original uptake target was for 75% of all patients overall but 100% of care home residents. From a Sunderland perspective the uptake is approximately 95%
- Sunderland has utilised all vaccine deliveries and has the capacity to deliver more but this is determined by access to vaccine deliveries.
- Changes to the shielded guidance have identified more patients to be vaccinated
- It was explained that the CCG are attending the Covid champions network meetings for people who have volunteered to become champions to spread information and messages about Covid and also the vaccination programme
- Local hospital trusts and the mass vaccination sites are vaccinating health and social care staff. The CCG are liaising with the Local Authority to plan how to vaccinate eligible patients in the hard to reach groups
- Second doses of the vaccine are due to commence w/c 1 March 2021.

Key public messages are that we are working through cohorts in turn and patients will be contacted when they are due the vaccine; patients are encouraged not to contact GP practices. Patients can be vaccinated at local sites and do not, if they do not wish to, travel to the Nightingale site but, if they are taking up the local option, they must ensure they cancel the Nightingale appointment. An awareness of fraudulent calls in relation to Covid vaccinations was highlighted.

Patients will shortly be contacted to book in for their 2nd doses.

Congratulations were given for the fantastic effort in Sunderland and that it was good to get key messages out to the patients. It was noted that when moving into the second dose supply that primary doses are expected to reduce. It was hopeful that they would increase going forward.

It was noted that over 89% of social care vaccinations have been completed. Due to the national vaccination centres sending letters out to eligible patients, it is unclear who has been offered the vaccine and there are data lags in the system. Work has commenced with DWP to understand who carers are in Sunderland.

Congratulations were given to all concerned over the success of the vaccination programme and not to underestimate the clinical resource and commitment that has gone into this. Thanks were given to Dr Khalil, the Clinical Directors, all practices and clinicians involved in the programme.

A question was raised in relation to contacting the 'hard to reach' groups. In response it was noted that in regard to the BAME community a vaccination clinic was held at the Bangladeshi Centre and the Local Authority has been asked to contact all other faith groups in Sunderland. Plans are also in place around asylum seekers, refugees and the traveller community. Learning disability patients are covered under cohort 6 with over 24% already in receipt of a vaccination. A roving team had been set up to go out to CQC registered homes and patients in supported living accommodation.

The number of patients declining the vaccine are extremely low.

In regard to hesitancy of uptake the local authority has found that in relation to the independent provider sector this was around 5%. Sunderland City Council are working closely with other Directors of Public Health to look at vaccination myth busters and webinars to reassure the public about the programme.

In regard to Covid recovery plans a question was raised as to if there was any information that clinicians could give on how this issue was impacting on general practice. It was noted that a dedicated clinical leaders' session has been arranged to discuss Covid recovery and the longevity of the Covid vaccination programme.

The presentation was **RECEIVED** for assurance accepting the concerns around the letters to patients and invitations from elsewhere to take up the vaccination.

2021/11

Evaluation of the Sunderland GP Career Start Scheme

The purpose of the report was to evaluate the current Sunderland GP Career Start Scheme and outline recommendations for the continuation of the scheme.

It was noted that there was no reference to Sunderland Medical School in the report, this would help to inform future engagement with Sunderland University. It was noted that Jon Twelves had held a meeting with the medical school in the past concerning GP career

start and nursing; this was within the gift of Sunderland GP Alliance but there was definitely a confirmed link with the University.

A note of caution was raised that no updated allocations had been received and that the CCG would have to work within a finite financial envelope; this was one area that sat outside of the national contract. A caveat was suggested around the agreement of the recommendations linked to affordability.

A question was raised around locums and VFM for the system. The information regarding locums had been requested from Sunderland GP Alliance.

The issue around attracting GPs to the area was raised citing the social deprivation in the city and it was noted that it was good to see that GP registrars were training in the city as the career start scheme was very popular with them.

It was noted that the scheme was popular in Sunderland and other regions were trying to replicate this, hence the need to protect its future. It was suggested to look at a potential clause within the contract to retain salaried GPs in Sunderland and not as locums.

A comment was made that remaining as a locum was a career choice for some GPs for a temporary period of time to have a fuller awareness of the practices they were working in.

Ms Douglas explained that she was looking at the GP fellowship programme and would link in with the CCG to put ownership with the practices and identify the training they required.

There needed to be further work to align with the national scheme, including the salary contribution.

At this point Mr Black left the meeting 13.29pm

It was explained that the national scheme allows for sabbaticals and maternity leave; it is proposed to have a scheme which has a universal offer for all eligible candidates.

The Committee noted the difficulties in attracting GPs to Sunderland, the need to protect this scheme going forward and to leave a legacy for the future from a Sunderland perspective. There was strong support for the scheme to continue.

The Primary Care Commissioning Committee:

APPROVED the continuation of the Sunderland GP Career Start scheme with the following elements:

- A continued recurrent cost envelope for 5 new GPs per year, with pauses such as maternity leave being managed in the overall envelope (which may reduce the number of new recruits to the scheme in the following year) unless the commissioner approves a case for additional funding to be considered on a case by case basis.
- Review the above financial envelope once plans to extend the offer of the fellowship to eligible participants and close the gaps between national scheme and local scheme are agreed
- An amended service specification to include aligning the current scheme to the model elements of the national scheme, including embedding the principles in the more detailed guidance about what the offer will include for each element. SGPA to detail how their model will fulfil each element to provide assurance to the CCG and NHSE/I.
- SGPA to undertake surveys of the experience of career start GPs and host practices every six months in order to identify and address potential issues, and share this information with the CCG.
- Develop and agree with the CCG a process for matching candidates to host practices, support to host practices in attracting candidates, and encouraging a fair distribution of CSGPs across the city (accepting that personal choice is also a factor)
- Ensure that CSGPs have 1:1 discussions with a management lead on a regular basis (face to face where possible) to discuss any areas of concern and feedback to the CCG regarding any issues
- Agree with the CCG the programme of education to be offered to CSGPs to ensure alignment to models of care within the city and provide updates regarding uptake
- The outcome measures and quarterly provider monitoring arrangements to be amended to reflect the above

At this point Dr Pattison left the meeting 13.34pm

2021/09 General Practice Update

The purpose of the report was to provide an update regarding the national changes that have been put in place to support General Practice and to highlight key local changes in General Practice within Sunderland

It was explained that the childhood immunisation Direct Enhanced Service (DES) is going to be a new domain in the Quality and Outcomes Framework (QOF). This will now be an essential service.

In regard to the risks highlighted in the report it was noted that the practice in question has recruited to the vacant posts and two other practice managers have supported the practice in the interim.

In regard to the environmental sustainability programme and the meeting with NHS Property Services (NHSPS) NHSPS has agreed to work with practices and await the action plans to see what is required.

The Primary Care Commissioning Committee **NOTED** the contents of the report and the activity undertaken across general practice and received assurance that Sunderland General Practice continues to be supported where appropriate

2021/12 Any other business

Cycle of business – the Chair asked the members to look at this with a view to going forward and what needed to be prioritised, a possible restructure or remove items.

2021/13 Date of next meeting

29 April 2021 12.30pm via MS Teams

CATEGORY OF PAPER	✓
Proposes specific action	✓
Provides assurance	✓
For information only	



PRIMARY CARE COMMISSIONING COMMITTEE	
29 April 2021	
Report Title:	Finance Report Year ended 2020/21
Purpose of report	
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Present to the Primary Care Commissioning Committee a summary of the financial position for delegated general practice budgets for the year ended 2020/21. • Confirm agreement from the committee on the proposed distribution of Covid Capacity Expansion Funding for recommendation to the CCG Executive Committee. • Seek support for underwriting potential costs associated with unused flu vaccines of up to 10%, approximately £50k. 	
Key points	
<p>The key issues in relation to the 2020/21 position are to ensure the CCG meets its financial duties for 2020/21 and that the CCG makes best use of available delegated general practice budgets in line with the aims and objectives of the CCG and the GP Strategy.</p>	
Risks and issues	
<p>The key issues are to ensure the CCG meets all its financial duties for 2020/21 and effectively utilises the resource available as part of the delegated general practice budgets on general practice services.</p>	
Assurances	
<p>The report provides assurance that the CCG has delivered its financial duties in 2020/21 and effectively utilised the resources available as part of the delegated general practice budgets on general practice services.</p>	
Recommendation/Action Required	
<p>The Primary Care Commissioning Committee is asked to:</p>	

<ul style="list-style-type: none"> Note the 2020/21 financial position update. Confirm support and agreement to recommend to the CCG Executive Committee approval of the proposed distribution of COVID Capacity Expansion Funding for the period 1st April 2021 to 31st September 2021. Approve the underwriting of costs associated with unused flu vaccines of up to 10% at £50k. 							
Sponsor/approving director		David Chandler, Chief Officer and Chief Finance Officer					
Report author		Bill Bailey, Finance Manager					
Reviewed by		Tarryn Lake, Associate Director of Finance					
Governance and Assurance							
Link to CCG corporate objectives (please tick all that apply)							
CO1: Ensure the CCG meets its public accountability duties						✓	
CO2: Maintain financial control and performance targets						✓	
CO3: Maintain and improve the quality and safety of CCG commissioned services							
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services							
CO5: Identify and deliver the CCG's strategic priorities						✓	
CO6: Develop the CCG localities						✓	
CO7: Integrating health and social care services, including the Better Care Fund							
CO8: Develop and deliver primary medical care commissioning						✓	
Relevant legal/statutory issues							
N/A							
Any potential/actual conflicts of interest associated with the paper? (please tick)		Yes		No		N/A	✓
Equality analysis completed (please tick)		Yes		No		N/A	✓
Key implications							
Are additional resources required?		None					
Has there been appropriate clinical engagement?		N/A					

Has there been/or does there need to be any patient and public involvement?	N/A
Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken?	N/A
Has there been member practice and/or other stakeholder engagement if needed?	N/A

Version	Date	Comments
ACV1.0	22/04/2021	BB Initial Draft
ACV2.0	22/04/2021	MS Review
ACV3.0	22/04/2021	TL Review & Amends
ACV4.0	23/04/2021	DC Final

Primary Care Commissioning Committee Finance Report for the period to 31st March 2021 (Month 12)

1. Purpose of Report:

The purpose of this report is to:

- Present to the Primary Care Commissioning Committee a summary of the financial position for delegated general practice budgets for the year ended 2020/21.
- Confirm agreement from the committee on the proposed distribution of Covid Capacity Expansion Funding for recommendation to the CCG Executive Committee.
- Seek support for underwriting potential costs associated with unused flu vaccines of up to 10%, approximately £50k.

2. Overview of NHS England and Improvement Guidance on CCG Financial Management in 2020/21:

1st April 2020 to 30th September 2020 (Months 1 to 6):

As reported previously the month 1 to 6 reporting period operated under a financial regime of retrospective allocation top ups for pressures and COVID-19 expenditure against revised CCG allocations.

1st October 2020 to 31st March 2021 (Months 7 to 12):

As previously noted, NHSE/I implemented a revised financial regime for the second half of 2020/21. This was based on the principles of system allocations, system performance and risk management, centrally set block contract values and prospective funding for expected COVID-19 costs. Locally, this has meant

that NHS funding has been allocated at a County Durham, South Tyneside and Sunderland Integrated Care Partnership ('Central ICP') level.

A Memorandum of Understanding was agreed by Governing Bodies in Common on 29 September 2020 setting out financial management principles across the ICP and agreeing how system funding would be allocated. As part of that, a joint planning group with representatives from all three CCGs, chaired by the CCG Accountable Officer determined utilisation of any remaining balance of COVID-19 funding.

Central ICP organisations have successfully managed financial risk in 2020/21 and as a whole reporting a surplus against the breakeven target. Organisations are currently finalising their 2020/21 financial positions and further information will be provided in future reports to the executive.

The guidance released by NHSE/I in relation to the COVID19 response outlined that as normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to COVID-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Further, NHSE/I have confirmed allocations for the first six months in 2021/22 will be based on the same financial regime with the financial regime for the remaining six months of 2021/22 still to be determined.

As the CCG currently faces uncertainty surrounding availability of recurrent resources the Governing Body has agreed that in order to adhere to guidance and to ensure good governance is in place that no further recurrent investment decisions are made until certainty is provided on recurrent allocations with the exception of specific areas where recurrent allocation funding is provided by NHSE/I (e.g. the Mental Health Investment Standard). It is recognised there may be a requirement to agree specific recurrent investment to support the COVID-19 response as an exception to this. Such decisions have been approved within the scheme of delegation of the CCG and reported to the Executive Committee and Governing Body.

3. Summary Financial Performance

In line with the financial regime for 1st April 2020 to 30th September 2020 months 1 to 6), described earlier in section 2, delegated practice budgets achieved a breakeven position.

COVID/ Non COVID Expenditure	Category	Month 1-6 NHSE/I Expenditure Plan (£000's)	Month 1-6 Actuals (£000's)	Month 1-6 Variance (£000's)
Non COVID Expenditure	General Practice - GMS	11,569	11,569	0
	General Practice - PMS	1,625	1,625	0
	Other List-Based Services (APMS incl.)	1,077	1,077	0
	QOF	2,205	2,205	0
	Quality Premium	1,121	1,121	0
	Enhanced services	333	333	0
	Premises cost reimbursements	1,581	1,581	0
	Dispensing/Prescribing Drs	112	112	0
	Other - GP Services (including Career Start)	807	807	-0
	PC Networks	1,400	1,400	0
Reserves	0	0	0	
Non COVID Expenditure Total		21,830	21,830	0
COVID Expenditure	Other GP Services	561	561	0
COVID Expenditure Total		561	561	0
Total COVID and Non COVID Expenditure		22,391	22,391	0

The summary financial performance for delegated general practice budgets for month 7 to 12 in 2020/21 is outlined below:

COVID/ Non COVID Expenditure	Category	Month 7 to 12 NHSE/I Expenditure Plan (£000's)	Month 7 to 12 Actuals (£000's)	Month 7 to 12 Variance (£000's)
Non COVID Expenditure	General Practice - GMS	11,569	11,569	-1
	General Practice - PMS	1,625	1,627	3
	Other List-Based Services (APMS incl.)	1,077	1,079	1
	QOF	2,205	2,037	-168
	Quality Premium	1,121	953	-168
	Enhanced services	333	330	-3
	Premises cost reimbursements	1,581	1,662	81
	Dispensing/Prescribing Drs	112	72	-40
	Other - GP Services (including Career Start)	2,234	2,695	461
	PC Networks	1,477	1,492	15
Reserves	148	0	-148	
Non COVID Expenditure Total		23,483	23,515	33
COVID Expenditure	Other GP Services	0	5	5
COVID Expenditure Total		0	5	5
Total Month 7 to 12 Position		23,483	23,520	38

The CCG reported a final outturn of £38k overspend within Delegated Co-Commissioning for the month 7 to 12 position demonstrating full distribution of all funding available to support general practice and primary care networks during this period.

This small overspend in the main relates to a number of non-recurrent schemes offset with a number of areas of slippage.

4. 2021/22 COVID Capacity Expansion Fund

The CCG received an additional targeted allocation of £786k in 2020/21 from NHSE/I as part of the announced General Practice COVID Capacity Expansion Fund. This has been extended for a further 6 months for the period 1st April 2021 to 31st September 2021 with a further £622k expected to be allocated to the CCG. This funding will continue to be ring-fenced exclusively for use in general practice to expand capacity to support the COVID-19 response. As set out previously NHSE/I set out an expectation that CCGs should not introduce overly burdensome administrative processes for PCNs and practices to secure support from this fund.

Funding from the General Practice COVID Capacity Expansion Fund is expected to support the following seven priority goals as outlined below:

1. Increasing GP numbers and capacity
2. Supporting the establishment of COVID oximetry@home model.
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain shielding list.
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations.
6. Inequalities - Making progress on learning disability health checks and actions to improve ethnicity data recording in GP records.
7. Offering backfill for staff absences where agreed with the CCG to meet demand and individuals are not able to work remotely.

In line with the NHSE&I guidance to reduce the admin burden on practices in relation to the distribution of the General Practice COVID Expansion Fund, it is proposed that in a similar approach to 2020/21 the majority of funding is distributed to practices via an SLA outlining the requirements to allocate funding in support of delivering the seven priority goals. As part of the SLA it is proposed that the CCG will undertake retrospective audits with practices to confirm the use of the funding in line with NHSE/I guidance.

5. Flu Vaccinations

In respect of the forthcoming flu season (2021/22), it has been confirmed that patients aged 50-64 will be invited again this year for a flu jab free of charge. Practices have been asked to submit their orders to ensure there is sufficient supply of vaccines to cover this age group. However as per the position last year, pharmaceutical companies are only going to allow a 10% return of unused vaccines; therefore, as per the agreement in 2020/21 the Committee is asked to support the costs associated with a further 10% should this be required (approx.

£50k) so that practices feel confident in ordering sufficient supply without having financial penalty associated with unused stock.

6. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the 2020/21 financial position update.
- Confirm support and agreement to recommend to the CCG Executive Committee approval of the proposed distribution of COVID Capacity Expansion Funding for the period 1st April 2021 to 31st September 2021.
- Approve the underwriting of costs associated with unused flu vaccines of up to 10% at £50k.

Bill Bailey
Finance Manager
Sunderland CCG

CATEGORY OF PAPER	✓
Proposes specific action	
Provides assurance	✓
For information only	

PRIMARY CARE COMMISSIONING COMMITTEE	
29 April 2021	
Report Title:	General Practice Update
Purpose of report	
The purpose of this report is to provide an update regarding General Practice services both from a national and a local perspective.	
Key points	
This update provides information relating to the changes within a number of areas including: <ul style="list-style-type: none"> • PCN DES • QOF • GP Contract • Local based changes in General Practice • Recruitment of one of the new roles within the Additional Roles Reimbursement Scheme – Trainee Nurse Associate/Nurse Associate. 	
Risks and issues	
None identified	
Assurances	
Practices have received all key documentation relating to changes in this document.	
Recommendation/Action Required	
The Primary care Commissioning Committee is asked to: <ul style="list-style-type: none"> • Note the contents of the report and the activity undertaken across PCNs and general practice • Receive assurance that Sunderland General Practice continues to be supported where appropriate 	
Sponsor/approving director	Clare Nesbit, Director of People and Primary Care
Report author	Jackie Spencer, Senior Commissioning Manager
Governance and Assurance	

Link to CCG corporate objectives (please tick all that apply)						
CO1: Ensure the CCG meets its public accountability duties						
CO2: Maintain financial control and performance targets						✓
CO3: Maintain and improve the quality and safety of CCG commissioned services						
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services						
CO5: Identify and deliver the CCG's strategic priorities						
CO6: Develop the CCG localities						
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						✓
Relevant legal/statutory issues						
NHSE issued changes in respect of General Practice						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
Equality analysis completed (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	No					
Has there been appropriate clinical engagement?	Yes, all practices, PCNs and clinical leaders receive copies of all key documentation					
Has there been/or does there need to be any patient and public involvement?	No					
Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken?	None identified					
Has there been member practice and/or other stakeholder engagement if needed?	Not required					

General Practice Update

29 April 2021

1 Introduction

The purpose of this report is to provide an update regarding General Practice services both from a national and a local perspective.

2 Update

2.1 Primary Care Networks

On 31 March 2021, NHSE/I published an updated Directed Enhanced Service (DES) and all its supporting documentation for 2021/22. In summary the changes are:

- Additional Roles Reimbursement Scheme (ARRS) funding will rise nationally from £430m in 2020/21 to £746m in 2021/22);
- Expansion of ARRS roles continue with the following additional roles applicable from 2021/22:
 - Paramedics
 - Advanced Health Practitioners
 - Trainee Nurse Associates
 - Nurse Associates
 - Mental Health Practitioners (50% funded via local Mental Health Trust)
- The ARRS now includes the ability to have an Advanced Practitioner for specific roles, reimbursed at band 8a – only one per role per PCN can be reimbursed.
- Investment and Impact Fund (IIF) will increase in funding nationally to £150m with at least £30m to incentivise improvements in access
- Four service specifications that were due to be introduced from April will be delayed. These are:
 - Personalised Care;
 - Anticipatory Care;
 - Tackling Inequalities;
 - CVD diagnosis and Prevention.
- The areas to be continued in 2021/22 are:
 - Structured Medication Reviews;
 - Enhanced Health in Care Homes;
 - Social Prescribing;
 - Supporting Early Cancer Diagnosis.
- There will be a phased approach to the introduction of new IIF indicators. These indicators are still to be agreed.
- A nationally consistent enhanced access service specification will be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022.

2.2 Quality & Outcomes Framework (QOF)

QOF for 21/22 is to be based on the indicator set from 2020/21, with only limited changes as follows:

- Vaccination and Immunisation changes – there will be a new Vaccs and Imms domain transferring funding from the Childhood Immunisation DES to QOF which will increase the total value of QOF;
- There will be further funding added into QOF, transferring from mental health funding to strengthen the Serious Mental Illness physical health check indicator and support uptake;
- There is a new indicator for cancer focussing on cancer care reviews and support for patients;
- Learning Disability and Supporting Early Cancer Diagnosis QI modules will be repeated in 2021/22.
- Remote working when clinically necessary will continue to be an acceptable way of delivering QOF reviews

2.3 GP Contract

As per the five-year deal, practices will receive the annual uplift to the global sum for population growth, and for additional funding for vaccinations and immunisations. The cervical screening additional service will become an essential service and a contractual requirement will be introduced for a timelier transfer of patient records when patients move between practices.

All documents related to PCNs, QOF and the GP Contract have been circulated to PCN Clinical Directors and to all GP Practices in Sunderland.

3 Local Update

3.1 PCN Additional Roles – Trainee Nurse Associates/Nurse Associates

During April 2021 PCNs have interviewed for the roles of Trainee Nurse Associates and qualified Nurse Associates.

There were 10 Health Care Assistants interviewed for the TNA role with Teesside University and all were successful. These students will start their training in September 2021.

Two applicants for the Nurse Associate role were also interviewed and were successful – the candidates have the opportunity to visit the four practices that applied for a Nurse Associate before reaching agreement of where the placement will be held.

4 Recommendation

The Primary Care Commissioning Committee is asked to:

- Note the contents of the report and the activity undertaken across PCNs and general practice;
- Receive assurance that Sunderland General Practice continues to be supported where appropriate.

CATEGORY OF PAPER	✓
Proposes specific action	
Provides assurance	✓
For information only	



PRIMARY CARE COMMISSIONING COMMITTEE 29 APRIL 2021	
Report Title:	Committee Annual Review 2020-2021
Purpose of report	
To provide the Primary Care Commissioning Committee with the annual review for the period 1 April 2020 to the 31 March 2021.	
Key points	
<p>In order to provide assurance to the Governing Body on the delivery of its delegated functions, each formal sub-the committee undertakes an annual review of its performance and effectiveness throughout the year as specified in its terms of reference. This includes identifying the main areas of work the committee has focused on and any key challenges in the delivery of these.</p> <p>The attached report outlines the achievements and assurances the committee has gained throughout the year to demonstrate its roles and responsibilities and also includes any risks identified as part of this work. The report also includes a review of attendance and a forward look to the coming financial year</p> <p>The attached review focusses on the committees performance and effectiveness throughout the year, as well as identifying the main areas of work the committee has focused on. The review also outlines the achievements and assurances the committee has gained through this work and also includes the main challenges it has faced as well as forward look to the coming financial year.</p> <p>The committee also asked each of its formal sub groups to undertake an annual review to provide it with assurance on their effectiveness in delivering their roles and responsibilities. The committee has received and reviewed the sub-group annual reviews and were assured that they had operated within their agreed terms of reference.</p>	
Risks and issues	
The key challenges faced by the committee are detailed in the attached review.	
Assurances	
The committee has met its terms of reference throughout the year for 2020/21.	
Recommendation/Action Required	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Review the end of year review; <p>Recommend its submission to the Governing Body for assurance</p>	

Sponsor/approving directors	Mrs. C Nesbit, Director of Primary Care and People					
Report author	D Cornell, Head of Corporate Affairs					
Governance and Assurance						
Link to CCG corporate objectives (please tick all that apply)						
CO1: Develop and support system transformation and ensure a well-led organisation						✓
CO2: Maintain financial control and performance						
CO3: Maintain and improve quality of CCG commissioned services						✓
CO4: Identify and deliver the CCG's strategic priorities						
CO5: Covid-19 Response and Recovery						
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
Quality impact assessment undertaken (please tick)	Yes		No		N/A	✓
If no, please specify						
Key implications						
Are additional resources required?	None identified as annual review only					
Has there been appropriate clinical engagement?	None identified as annual review only					
Has there been/or does there need to be any patient and public involvement?	None identified as annual review only					
Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken?	None identified as annual review only					
Has there been member practice and/or other stakeholder engagement if needed?	None identified as annual review only					

ANNUAL REVIEW OF PRIMARY CARE COMMISSIONING COMMITTEE

In line with its terms of reference, this committee reports to the governing body and must undertake an annual review of its performance and provide an account of its work. This template is aimed at assisting the chairs of those groups to produce a standardised report on that review.

Review period	April 2020 to March 2021		
Number of Meetings	7 formal meetings held virtually (5 as part of Integrated Assurance Committee and 2 as formal meetings)		
Members	Number of apologies / deputies attended (see below)		
	Number of meetings eligible to attend:	Number of meetings attended by members:	Number of meetings where deputy attended: (*n/a – no deputy)
Mrs Pat Harle, Lay Member Primary Care Commissioning Chair	7	7	n/a
Mrs Debbie Burnicle, Lay Member Patient and Public Involvement	7	6	n/a
Dr Neil O'Brien Accountable Officer	7	7	n/a
Dr Karthik Gellia, GP Executive	7	7	n/a
Dr Geoff Stephenson, Primary Care Advisor	2	7	n/a
Dr Ian Pattison, Clinical Chair	7	7	n/a
Mr David Chandler, Chief Officer and Chief Finance Officer	7	6	1
Mrs Ann Fox, Director of Nursing, Quality and Safety	7	7	n/a
Mrs Clare Nesbit, Director of People and Primary Care	7	7	1
Ms Wendy Thompson, Head of Primary Care	7	5	1
Ms Deborah Cornell, Head of Corporate Affairs	7	6	n/a
NHS England primary care contracting representative	2	1	n/a
*Mr John Dean, Chair of Healthwatch	2	2	n/a
*Mrs Fiona Brown, Director of People Services, Sunderland City Council	2	1	1

*These members are invited to attend but do so as and when required

Role and responsibilities of the committee

The Committee, established in accordance with statutory provisions, makes collective decisions on the review, planning and procurement of primary medical care services in Sunderland, under delegated authority from NHS England. The role of the Committee is to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act.

In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

The functions of the Committee are undertaken with a view to increasing the quality, efficiency, productivity and value for money within co-commissioning as well as removing any potential administrative barriers.

Details of main work areas

The main areas of work for the Committee include:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Newly designed enhanced services ('local enhanced services' and 'directed enhanced services')
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The Committee also carries out the following activities under delegated authority from the Governing Body:

- Planning, including needs assessment, of primary medical care services in Sunderland
- Undertaking reviews of primary medical care services in Sunderland
- Co-ordinating a common approach to the commissioning of primary care services generally
- Managing the budget for commissioning of primary medical care services in Sunderland.

Main achievements and assurances

The Committee has met seven times virtually during the year, 5 as part of the Integrated Assurance Committee and twice in its own right to ensure continued effective management of the primary medical care commissioning function.

The Committee has continued to make decisions (where appropriate) and receive assurance for its key roles and responsibilities by receiving regular reports/updates on the following:

- Financial updates on the management of the delegated general practice budgets
- Primary Care response to Covid 19 pandemic and regular vaccination programme updates
- Practice and branch mergers, boundary changes, expansion business cases and list closures
- GP Practice contract performance concerns
- Update General Practice Forward View initiatives
- General Practice Strategy implementation updates

- Primary care estates subsidiaries
- General practice transformation funding
- GP Patient Survey results
- Internal audit reports
- GP contract reform
- General Practice Quality Premium Proposal for 2019/20
- General practice quality and GP retention scheme
- An evaluation of the GP Career Start scheme

The reports/updates cover key issues and any risks and or issues arising as a result. The reports also provide key assurances and identify risks, both actual and potential. The Committee seeks assurance on mitigating actions to address these risks and ensures these are captured on the corporate risk register and managed in line with the CCG's risk management arrangements. Any items requiring a more detailed focus by the Committee are given additional time on the agenda to allow for a more in-depth discussion to address any areas of concern relating to primary care to provide additional assurance on work undertaken to mitigate the risks associated with this.

The confirmed minutes from each meeting are submitted to the Governing Body to provide assurance on the delegated functions the Committee manages on its behalf.

The Committee also receives assurance from the following subgroups via receipt of regular minutes:

- General Practice Workforce Steering Group
- Primary Care Local Quality Review Group

Details of key issues faced by the committee

Some of the key issues faced by the committee in 2020/21 have included:

- The impact on general practice in relation to the Covid- 19 pandemic
- Continued management of conflicts of interest
- GP recruitment and retention
- Quality issues in primary care
- Underspend on delegated general practice budgets
- NHS Property Services increase in charges for practices
- Practice mergers and contractual changes

Prospective forward look at main areas of work for coming year (2020/21)

The Committee will continue to focus on the roles and responsibilities as specified in its terms of reference. There will be standing items on the agenda for assurance purposes, such as the primary care finance report, Covid-19 recovery and the impact on general practice as part of All Together Better, along with any key areas of focus for primary care to ensure the Committee can provide robust assurance to the Governing Body on its delegated functions.

The Committee will continue to focus on the supporting the delivery of the CCG's strategic priorities, plans and key deliverables as well harnessing the positive transformation changes that have been put in place due to the pandemic. The Committee will seek assurance on these areas of work to ensure patients in Sunderland continue have a positive experience of general practice and services.

Another key focus of the Committee will be on the developing North East and North Cumbria Integrated Care System (NENC ICS) structures and the establishment of more collaborative ways of

working at across the Sunderland health and care economy. This will include next steps for primary care networks, All Together Better and other provider collaboratives as well as place-based commissioning arrangements as part of the transition to the NENC ICS.

The Committee will need to ensure these the CCG continues to meet its statutory duties and functions throughout the transition period as relevant to its terms of reference and until such times as new legislation transfers this responsibility to the new NENC ICS structure.

Proposal to review terms of reference?	No
Chair of the Committee	P Harle, Lay Member for Primary Care Commissioning and Quality
Report Author	D Cornell Head of Corporate Affairs
Date:	25 April 2021