

Meeting of the Primary Care Commissioning Committee

To be held on 24 June 2021, 12:30 – 1.30pm

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 29 April 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	Primary Care Policies update NHSE	Presentation	12.55-1.05
6.4	PCN Update S Hayden	Enclosure	1.05-1.15
7.	<u>Any Other Business</u>		
	<u>Cycle of business</u>	Enclosure	
8.	<u>Date and time of next meeting</u> 26 August 2021 12:30pm via MS Teams		

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the meeting held on Thursday 29 April 2021, 12.30pm via MS Teams.

Minutes

Present: Mrs P Harle, Chair
Mrs D Burnicle, Lay Member PPI
Mrs A Fox, Director of Nursing, Quality and Safety
Dr K Gellia, Executive GP
Mrs T Lake, Associate Director of Finance
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
Ms D Cornell, Head of Corporate Affairs
Mr J Dean, Healthwatch
Mrs J Spencer, Senior Primary Care Manager, NHSE
Mrs W Thompson, Head of Primary Care
Mrs J Thwaites, EA (minutes)
Ms R Wilkins, Primary Care Manager, NHSE

2021/14 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.

2021/15 Apologies for Absence
Apologies for absence were received from Dr N O'Brien, Accountable Officer, Mr D Chandler, Chief Officer and Mrs F Brown, Executive Director Neighbourhood Services, Sunderland City Council

The chair confirmed that the meeting was quorate.

2021/16 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.

Ms Cornell declared an interest in that she was Head of Corporate Affairs across South Tyneside and Sunderland CCGs.

Conflicts were noted for all GPs in attendance in relation to the finance report which held items for approval for the flu vaccinations and agreement to recommend approval of the proposed distribution of Covid 19 capacity expansion programme funding for months 1-6. The Chair noted that the GPs could be involved in the discussion but not the decision making.

2021/17 Question Time

There were no questions from members of the public.

2021/18 Minutes of the meeting held on 25 February 2021

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

2021/19 Matter Arising

In regard to the work to identify carers to be vaccinated it was noted that a lot of work had been undertaken with carers association and the Local Authority to identify carers as part of the vaccination programme.

It was explained that all carers were eligible for a COVID vaccination; practices have been informed that carers did not need to provide evidence of eligibility.

2021/20 Finance Report

The report provided a summary of the financial position for delegated practice budgets for the year ended 2020/21.

Agreement from the committee was requested on the proposed distribution of the Covid Capacity Expansion Funding for recommendation to the CCG Executive Committee and to seek support for underwriting potential costs associated with unused flu vaccines of up to 10%, equating to approximately £50k.

Attention was brought to information in the report regarding the first 6 months of 2021/22, the finance team were working through the notified allocations. For the delegated practice budget there was a rollover of the last 6 months into the 1st 6 months of this year plus some growth to recognise some national agreements. Work was being undertaken regarding the detail of the allocations at present and

it was noted that the detail of this would be presented to the Governing Body on 25 May and to a future meeting of the Primary Care Commissioning Committee for information.

In terms of the summary financial performance the following information was reported:

- A breakeven position for the 1st 6 months of the year
- Months 7-12 reported a minor over spend, this was utilised to support primary care
- There were some small movements linked to non-recurrent items which had been agreed previously by the committee
- Notification had been received in regard to the expansion of the COVID capacity expansion funding. It was expected that £622k would be received into the Sunderland system and would be linked to the 7 priority goals.
- In regard to the flu vaccinations, it had been confirmed that patients between 50-64 would be invited again in 21/22 for a free flu vaccination. Support was sought to cover off the risk for general practice to enable them to return up to 10% of unused vaccines (over and above the usual 10% sale or return that pharmaceutical wholesalers already offer).

The support for additional funding for the flu vaccinations was highlighted to support practices. It was noted that this had been discussed at ICS level.

In regard to the Covid capacity expansion funding, a comment was made that the challenge was to re-start services cancer, referrals etc. The challenge of Covid going forward was around recovery rather than reaction.

Concerns were expressed around the restarting of QOF alongside the vaccination programme and at a time when social distancing still remains in place making it very difficult to have a high volume of patients on site.

It was confirmed that issues had continued to be raised regionally and nationally.

The situation would continue to be monitored.

The Chair gave her thanks to the wider team, given the current situation and shifts in guidance and frameworks and noted that it was good that the CCG were supporting practices especially in regard to additional funding.

The Primary Care Commissioning Committee **NOTED** the 2020/21 financial position update.

The non-conflicted members **CONFIRMED** 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 30th September 2021.

The non-conflicted members **APPROVED** the underwriting of costs associated with unused flu vaccines of up to 10% at an approximate cost of £50k.

2021/21 Covid vaccination programme update

A brief update was given on the Covid vaccination programme.

- 147,000 Sunderland residents had been vaccinated mainly in the local vaccination centres but also the mass vaccination sites;
- The uptake in cohorts 1-9 was 90.4%
- Over 60,000 2nd doses had been administered
- Work continued to ensure cohorts 1-9 were contacted to invite them for vaccination and practices were now concentrating on cohorts 10-12 which were the over 40s to 49 year olds
- Care home patients had received both vaccinations and house bound patients continued to be given their 2nd doses
- Roving teams had been set up to vaccinate the hard to reach populations, visits had been made to the local mosque, the Bangladeshi Centre and the Sunderland Minster, further visits had been organised
- In terms of cohorts 10 -12 Primary Care Networks (PCNs) had all signed up to undertake these vaccinations
- Three sites had been approved to be a part of the national booking system (Houghton, Bunnyhill and Grindon). Patients would be invited by the national booking system to book into these sites once the pilot got underway.

The mass vaccination sites were vaccinating cohort 10.

In terms of next steps, the vaccination sites would continue with 2nd doses. First doses for cohorts 1-9 were still continuing and cohort 10 would also be invited.

Targeted communications were ongoing to ensure up to date information was made available to the public.

The utilisation of the call centre to support practices booking in patients had been reviewed; this would be stood down as of 30 April. Clear guidance to practices had been given and the call centre could be stepped up again if required.

Mr Dean noted that Healthwatch had been conducting a survey on patients experience of the vaccine programme. It was confirmed that the CCG had received a report for March 2021 which had been

shared with the operational group. A request had been made for some tailored information in regard to the local vaccination sites rather than information about the mass vaccination sites.

A question was raised in regard to the 3 pilot sites for the national booking scheme; what is the advantage of piloting this when from previous feedback regarding the system states it had not been working effectively in enabling patients to book appointments. In response it was noted that there were issues when a new cohort was initially invited to book their vaccine but overall the system worked well, especially as patients were able to book their second dose at the same time. The pilot would be closely monitored..

Thanks were given to the teams for their phenomenal efforts, especially Dr Khalil as a strategic clinical leader in co-ordinating this programme. The Chair added her thanks to all concerned in the vaccination programme.

The presentation was **RECEIVED** for assurance.

2021/22

General Practice Update

The purpose of the report was to provide an update in regard to General Practice services both from a national and local perspective.

An update was given on the areas that were changing in general practice, these were:

- The Primary Care Network (PCN) Direct Enhanced Service (DES) additional roles and service specifications, some of which have been delayed
- Vaccination and immunisations were in the quality and outcomes framework (QOF) with the funding following this
- Recruitment of Trainee Nurse Associates (TNA), 10 Healthcare Assistants (HCA) has been successful following interview to join the course at Teeside University in September 2021
- Two qualified nurse associates had been appointed.

It was noted that the work undertaken in Sunderland regarding workforce and the embedding of PCNs was unique in the region. Calls had been received enquiring how the CCG had managed to get the system to work together. The Chair noted that it is good to have the work acknowledged.

It was recognised that the work, achievements and outcomes of the CCG should be shared along with the investment in relation to the recruitment of workforce.

Action: Mrs Nesbit and Mrs Thompson to work with the communications team to promote the CCG's achievements from a primary care perspective.

There had been a number of concerns raised about PCNs across the region employing paramedics and the potential to place pressure on the system. The ICS was looking into how PCNs could continue to be supported with recruiting additional roles whilst also meeting the needs of the emergency response system.

A PCN update would be given to this committee at its next meeting. This would highlight plans going forward.

In regard to mental health practitioners it was hoped to have at least one adult and one children's practitioner per PCN. In respect of the additional roles re-imburement scheme plans were in place to spend the whole of the funding which equated to just under £4m.

It was noted that the CCG has supported many workforce initiatives, including nurse practitioners to undertake a master's degree.

The Primary Care Commissioning Committee **NOTED** the content of the report and the activities undertaken across PCNs and general practice. The Committee received assurance that Sunderland General Practices continue to be supported where appropriate.

2021/23

Committee end of year review

The annual review for the period 1 April 2020 to 31 March 2021 was presented to the committee.

The report gave assurance to the committee that it has delivered its responsibilities and operated within its terms of reference.

The number of times the committee had met would be checked as some issues had been raised in this area.

A forward look on what the committee would be focussed on in the coming year was included in the report.

It was noted that it was interesting to see what work the committee had focused on over the past year. One area of success that needed to go forward was the amount of work in general practice for Sunderland patients which showed the strength of local arrangements. The committee had been a success in its co-commissioning role with NHS England. It was also highlighted that the trust between commissioner and provider led to excellent teamwork.

The Chair acknowledged the amount of work undertaken and took the opportunity to thank all members of the committee for the immense amount of work over an incredibly challenging year. It was noted that

the public would appreciate an update on all the work that had been undertaken on their behalf.

The Primary Care Commissioning Committee **REVIEWED** the report and recommended its submission to the Governing Body for assurance.

2021/24 Any other business

There was no other business.

2021/25 Date of next meeting

24 June 2021 12.30pm via MS Teams

DRAFT

NHS Sunderland CCG Primary Care Commissioning Action Log 29 April 2021

Minute Reference	Action Point	Lead	Timescale	Current Status
2021/22 General Practice update	Mrs. Nesbit and Mrs. Thompson to work with the communications team to look at advertising the CCGs achievements	Mrs. Nesbit	Following the meeting	

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

PRIMARY CARE COMMISSIONING COMMITTEE	
24 June 2021	
Report Title:	Finance Report for period to 31st May (Month 2) 2021/22
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 period to 31st May (Month 2) 2021/22. • Confirm agreement to establish a £50k budget to support workforce development plans. • Seek approval to make payments on account in relation to shared care. • Seek approval in relation to the reallocation of resources with regard the 2018/19 GPQP true up. 	
Key points	
<p>The key issue in relation to the 2021/22 position is to ensure the CCG meets its financial duties for 2021/22, making best use of available delegated general practice budgets in line with the aims and objectives of the CCG and its GP Strategy.</p>	
Risks and issues	
<p>The key issues are to ensure the CCG meets all its financial duties for 2021/22 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 is in line to achieve its financial duties for 2021/22.</p>	
Recommendation/Action Required	

The Primary Care Commissioning Committee is asked to:

- Note the 2021/22 financial position update.
- Confirm agreement to establish a £50k budget to support workforce development plans.
- Approve the proposal with regard shared care payments for 2021/22.
- Approve the reallocation of resources in relation to the 2018/19 GPQP true up.

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	14/06/2021	BB Initial Draft
ACV2.0	14/06/2021	TL review & amendments
ACV3.0	14/06/2021	BB Amends
ACV4.0	14/06/2021	TL review & amendments
ACV5.0	15/06/2021	DC amend and Q
ACV6.0	15/06/2021	TL review and amendments

Primary Care Commissioning Committee Finance Report for the period to 31st May 2021 (Month 2)

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 period to 31st May (Month 2) 2021/22.
- Confirm agreement to establish a £50k budget to support workforce development plans.
- Seek approval to make payments on account in relation to shared care until the reworking of the 2021/22 scheme is complete.
- Seek approval in relation to the reallocation of resources with regard the 2018/19 GPQP true up.

2. Overview of NHS England and Improvement Guidance on CCG Financial Management in 2021/22:

The guidance on finance and contracting arrangements for H1 2021/22 (1st April 2021 to 30th September 2021) was published on 25th March 2021. The interim financial arrangements for H1 are based on the arrangements put in place for the final six months of 2020/21 (H2 2020/21).

The key points included within the guidance from a financial point of view are:

- The financial planning exercise applies to the 1st April 2021 to September 2021 period (H1), with the exception of Mental Health which has received confirmation of full year allocations and systems are required to plan to deploy full year resources in this area.
- The emphasis continues on system level planning with arrangements with a requirement to continue collaboration at an ICP level.
- H1 arrangements include system funding envelopes which are made up of adjusted CCG allocations, growth funding, system top-up and COVID-19 fixed allocation based on the H2 2020/21 period (1st October 2020 to 31st March 2021). The application of COVID-19 and growth funding are being discussed with partners across the ICP to collectively agree priorities.

- All systems will be expected to report a balanced financial position in H1 2021/22. This applies at ICP and ICS level.
- CCG block payment arrangements with NHS Foundation Trusts will remain in place for the H1 period, and signed contracts are not required for this period. The block contract values were uplifted by 0.5%, and local areas can collectively agree variations to the values.
- Through H1 systems have access to the following additional funding:
 - An Elective Recovery Fund to incentivise systems to increase elective activity over the H1 period whereby additional funding will be allocated to ICS areas who over perform against the set baseline. The exact details of how this will operate along with projections for the North East and North Cumbria ICS are currently being considered.
 - Additional CCG programme funding and service development funding (SDF) to enable delivery of Long Term Plan (LTP) priorities.
- CCGs are advised to set aside a contingency of up to 0.5% of their allocation to support risks although it is allowable not to include this.

As in H2 2020/21, the majority of costs need to be managed within the confirmed system envelope, however certain services/costs will continue to be funded outside of system funding including specialised high cost drugs and devices and specific COVID-19 services e.g. testing/vaccination. The Hospital Discharge Programme will continue to operate over H1, with new or additional care needs being funded on discharge from hospital for up to 6 weeks for Q1 and up to 4 weeks for Q2. The ICS will receive a fixed financial envelope for the costs associated with the arrangement.

In addition, systems will receive further allocations of national Service Development Funding (SDF) including significant amounts for primary care, mental health, cancer and maternity. There is also additional Spending Review funding, including the £500m previously announced for mental health and £1bn elective recovery funding.

The financial envelopes announced for delegated general practice services in H1 in 2021/22 take into account the nationally agreed contract inflation rates for GMS and PMS as well as additional commitments made as part of the PCN DES such as increases to the Additional Roles Reimbursement Scheme (ARRS) and PCN Care Home payments.

3. Summary Financial Performance

In line with the financial regime for 1st April 2021 to 30th September 2021, the summary financial forecast performance for delegated general practice budgets for month 1 to 6 in 2021/22 is outlined below:

Category	Year to Date NHSE/I Expenditure Plan (£000's)	Year to Date Actual (£000's)	Year to Date Variance (£000's)	Month 1-6 NHSE/I Expenditure Plan (£000's)	Month 1-6 Forecast Outturn (£000's)	Month 1-6 Forecast Variance (£000's)
General Practice - GMS	3,995	3,991	-4	11,985	11,973	-11
General Practice - PMS	544	544	-0	1,631	1,631	0
Other List-Based Services (APMS incl.)	396	396	0	1,188	1,188	0
QOF	848	848	-0	2,544	2,544	0
Quality Premium	374	374	0	1,122	1,122	0
Enhanced services	116	116	-0	349	349	0
Premises cost reimbursements	537	537	-0	1,611	1,611	0
Dispensing/Prescribing Drs	39	39	-0	117	117	0
Other - GP Services (including Career Start)	305	308	4	914	925	11
PC Networks	642	642	-0	1,925	1,925	0
Total Primary Care Co-Commissioning	7,795	7,795	0	23,385	23,385	0

The CCG is reporting a breakeven position at month 2 and a forecast breakeven position for month 6 within Delegated Co-Commissioning demonstrating full distribution of all funding available to support general practice and primary care networks during this period.

Within other GP services uncommitted resources have been identified of £142k. Further work is being undertaken to confirm allocation of this resource to support general practice in Sunderland.

4. Workforce Development Plans

In order to facilitate workforce development plans it is proposed that £50k of funding is allocated from the uncommitted resource currently held in Other GP Services. Detailed plans are currently being finalised in relation to workforce initiatives with the intention that they will be taken to an extraordinary Primary Care Commissioning Committee in July for approval. It is therefore asked that this funding be earmarked to support the implementation of these plans once they are agreed.

5. Shared Care Payments

A detailed refresh of the arrangements in relation to the shared care SLA for 2021/22 is currently being undertaken. In order to ensure practices who continue to do the work for established shared care arrangements maintain cashflow it is recommended that monthly funding continues to be paid to practices at the 2020/21 rate of £3.14 per head per annum until the refresh has been concluded.

Once the SLA has been refreshed and practices have confirmed sign up a reconciliation will be completed on the payments made in respect of 2021/22 and appropriate adjustments for each practice will be considered.

6. 2018/19 QP Overpayment

Following the completion of the final true up for 2018/19 QP it has been confirmed that payments have been made in excess of the amounts due to practices across the City. **These payments total £105k and range from 16p per head of population to 50p per head of population across all practices.** Rather than a retraction of the funding from individual practices approval is being sought from PCCC to agree for practices to retain this funding to support additional covid-19 response and recovery costs over and above those already funded by the covid capacity expansion funding.

It should be noted that the amount of £105k is net of amounts which practices were due in relation to statins, as a result of incorrect baseline data being used originally, therefore no additional payments will now be made in relation to this.

7. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the 2021/22 financial position update.
- Confirm agreement to establish a £50k budget to support workforce development plans.
- Approve the proposal with regard shared care payments for 2021/22.
- Approve the reallocation of resources in relation to the 2018/19 GPQP true up.

Bill Bailey
Finance Manager
Sunderland CCG



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

PRIMARY CARE COMMISSIONING COMMITTEE	
24 JUNE 2021	
Report Title:	Primary Care Network DES Progress Update
Purpose of report	
The purpose of this report is to provide an update to the Committee regarding PCN progress against the DES requirements and to outline the changes in the 2021/22 specifications.	
Key points	
<p>The report outlines the PCN DES requirements in the following areas: -</p> <ul style="list-style-type: none"> • Structured Medication Reviews and Medicines Optimisation • Enhanced Care in Care homes • Social prescribing • Early Cancer Diagnosis <p>The report also includes information regarding the Investment and Impact Fund requirements and outlines the recruitment against PCN workforce plans for 2021/22 and future planning, alongside information regarding premises and the PCNs' communication and engagement strategy.</p>	
Risks and issues	
<p>The following risks/issues are identified</p> <ul style="list-style-type: none"> • Ongoing risk around premises availability and cost to PCNs as no funding available through the DES to cover this expense; however, under new guidance practices can apply for additional space and associated reimbursement but one practice needs to enter into a lease for the space on behalf of the PCN. 	
Assurances	
The PCNs are on track to deliver all requirements under the PCN DES.	
Recommendation/Action Required	
The Primary Care Commissioning Committee is asked to:	

<ul style="list-style-type: none"> Note the contents of this report; Note the changes in DES requirements for this year. 						
Sponsor/approving directors		Clare Nesbit, Director of People and Primary Care				
Report author		Sarah Hayden, Locality 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						x
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						x
Relevant legal/statutory issues						
All PCN services are delivered under a Directed Enhanced Service which is commissioned under the GMS/PMS/APMS contract.						
Any potential/actual conflicts of interest associated with the paper? (please tick)		Yes	x	No		N/A
All GP members of the Committee are members of PCNs						
Equality analysis completed (please tick)		Yes		No		N/A x
Quality impact assessment undertaken (please tick)		Yes		No		N/A x
If no, please specify						
Key implications						
Are additional resources required?		No				
Has there been appropriate clinical engagement?		CDs are involved in the development of PCNs				
Has there been/or does there need to be any patient and public involvement?		A PCN communication and engagement plan has been developed to support the PCN agenda				

Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken?	The DES is a national scheme developed to support the reduction in health inequalities and improve patient outcomes
Has there been member practice and/or other stakeholder engagement if needed?	Regular PCN meetings take place looking at the progress of the PCN and sharing new areas of work and best practice. As part of the communication and development plan stakeholder engagement is to take place.

Primary Care Network DES Progress Update

1. Introduction

The Primary Care Network Directed Enhanced Service (DES) came into effect on 1st July 2019. In Sunderland there are six Primary Care Networks covering populations of 37,482 to 55,347. Each of the Primary Care Networks has a Clinical Director and a Network agreement in place.

There are four service specifications detailed within the 2021/22 Primary Care Network DES and these are the primary focus of the PCNs for this year. They are:

- Structured Medication Reviews and Medicines Optimisation
- Enhanced Health in Care Homes
- Social Prescribing
- Early Cancer Diagnosis

Due to the pandemic the introduction of further service specifications have been delayed until later in 2021/22, namely:

- Anticipatory Care
- Personalised Care
- Cardiovascular disease – Diagnosis and prevention
- Tackling health inequalities

As part of the DES, PCNs are also required to engage with their populations on how best to deliver services; and develop and submit a workforce plan for 2022/23 recruitment.

This report details the requirements under the DES for each of these areas and the current progress in each area.

2. Specifications

2.1 Structured Medication Reviews and Medicines Optimisation

The development of the clinical pharmacy team workplan for this year has taken into consideration the following:

- DES requirements
- Practice priorities
- Citywide focus with local PCN priorities
- Population health priorities of Sunderland

The 2021/22 DES specification includes only minor updates to requirements relating to delivery of a structured medication review (SMR) and a medicines optimisation service by primary care networks (PCNs).

As for last year, there is the requirement to carry out SMRs prioritising patients: -

- in care homes
- with complex and problematic polypharmacy,
- on medicines commonly associated with medication errors
- with severe frailty, particularly isolated or housebound
- using one or more potentially addictive medications from the following groups: opioids; gabapentinoids; benzodiazepines; and z-drugs
- patients with reactive triggers.

PCNs are asked to focus on regular reviews of prescribing data and targeted improvement activities to optimise the quality of prescribing of:

- a) antimicrobial medicines
- b) medicines that can cause dependency
- c) metered-dose inhalers, where a lower-carbon alternative may be appropriate
- d) nationally identified medicines of low priority

The NHS Long Term Plan sets out the aims for medicines optimisation to reduce inappropriate prescribing. Improved medicines use will: -

- improve patient outcomes
- ensure better value for money for the NHS
- reduce waste

A copy of the work plan developed by Juliet Fletcher and the PCN employed clinical Pharmacists can be found in Appendix 1.

2.2 Enhanced Health in Care Homes

The specification for Enhanced Health in Care homes remains unchanged, focusing on

- Delivering MDT arrangements to all aligned care homes within the PCN
- Delivering a weekly ward round to aligned care homes
- Developing plans for all new patients within 7 days of admission/7days readmission following hospital episode

This work stream is linked into the system wide care home group, building on the processes developed during the Vanguard programme. All patients in care homes are aligned to a practice and PCN and ward rounds are carried out on a weekly basis.

2.3 Social Prescribing

All PCNs are required under the DES to have a Social Prescribing service in place. Each of the 6 PCNs appointed a Social Prescriber in 2019/20 and developed the service further during 2020/21 recruiting further Social Prescribers alongside new roles of Health and Wellbeing Coaches and Care Coordinators into the team. Practices/PCNs are also able to refer into Age Concern Living Well Link Workers. ATB Programme 1 has also agreed a Social Prescribing Strategy – a model to implement the strategy is in development.

As part of the Investment and Impact Fund (IIF) scheme detailed in the updated guidance released in March 2021 there is an increase in the target from 4-8 referrals to a social prescriber per 1,000 patients to 8-12 referrals per 1,000 patients for the PCNs to achieve.

The service provides monthly data and also a quarterly newsletter to give guidance and share best practice and case studies to educate the practices about cohorts of patients that would benefit from a referral. Work is also being undertaken with the Clinical Pharmacists to ensure that they are aware of the service and how to refer patients in as they may come across suitable patients when carrying out the Structured Medication Reviews.

2.4 Early Cancer Diagnosis

The main elements of the Early Cancer Diagnosis specification remain the same this year but there is any addition which is for PCNs to support the restoration of the cervical screening programme. The specification requires PCNs to: -

- Review quality of referrals for suspected cancer
- Ensure a robust safety netting process for monitoring patients referred urgently for suspected cancer or further investigations to rule out cancer
- Ensure all referred patients have access to information on their referral
- Contribute to improving local uptake of National Cancer screening programmes
- Establish a community of practice to support peer review and sharing of best practice

The PCNs continue to link with Sarah Kucukmetin from Cancer UK to look at their data and develop improvement plans and share best practice.

3. Investment and Impact Fund

The initial Investment and Impact Fund (IIF) revised guidance was published on 17 September 2020. The IIF is an incentive scheme focusing on resourcing high quality care in areas where PCNs can contribute significantly towards the triple aim of:

- Improving health and saving lives (eg through improvements in medicines safety)

- Improving the quality of care for people with multiple morbidities (eg through increasing referrals to social prescribing services)
- Helping to make the NHS more sustainable

Nationally the IIF was worth £24.24 million in 2020/21 rising to at least £150 million in 2021/22, £225 million in 2022/23 and £300 million in 2023/24.

From October 2020, PCNs were measured against the following targets with funding paid to the PCNs based on their achievement in terms of points. Each point was worth £111 to an average PCN. Details of the indicators are shown in the table below:

Domain	Area	Indicators	Points Available	Lower Threshold	Upper Threshold
Prevention and tackling health inequalities	Prevention	PR01: Percentage of patients aged 65 and over who received a seasonal flu vaccination	72	70%	77%
	Tackling health inequalities	HI01: Percentage of patients on the learning disability register aged 14 and over who received an annual learning disability health check	47	49%	80%
Providing high quality care	Personalised care	PC01: Percentage of patients referred to social prescribing	25	0.4%	0.8%
	Medicines safety	MS01: Percentage of patients aged 65 and over currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine	32	43%	30%
		MS02: Percentage of patients aged 18 and over currently prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant) and an antiplatelet without a gastro-protective medicine	6	40%	25%

		MS03: Percentage of patients aged 18 and over currently prescribed aspirin and another antiplatelet without a gastro-protective medicine	12	42%	25%
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The table below shows the most up to date data available from the viewpoint dashboard (2020/21 indicators)

Red = not met target threshold Amber = within lower and upper threshold Green = exceeded target threshold

PCN	Percentage of patients aged 65 and over who received a seasonal flu jab as at 13/10/2020 (March 2021)	LD patients over 14 receiving an annual health check (March 2021)	PC01: Percentage of patients referred to social prescribing (March 2021)	MS01: Percentage of patients aged 65 and over currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine (December 2020)	MS02: Percentage of patients aged 18 and over currently prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant) and an antiplatelet without a gastro-protective medicine (December 2020)	MS03: Percentage of patients aged 18 and over currently prescribed aspirin and another antiplatelet without a gastro-protective medicine (December 2020)
Coalfields	93.47%	87.65%	0.53%	18.94%	21.01%	17.76%
East	89.81%	82.60%	0.49%	9.38%	18.95%	9.13%
North	90.12%	64.11%	1.02%	14.56%	15.79%	17.43%
Washington	93.54%	85.11%	0.70%	12.17%	17.37%	33.3%
West 1	87.85%	85.0%	0.36%	9.02%	17.27%	19.48%
West 2	89.68%	90.76%	0.93%	10.44%	18.35%	27.27%

The table below gives the revised 2021/22 indicators, it should be noted that the three medicines optimisation indicators have been removed and 2 new flu vaccination indicators have been introduced alongside an access recording target.

Domain	Area	Indicators	Points Available	Lower Threshold	Upper threshold
Prevention and tackling health inequalities	Prevention	VI-01 – Percentage of patients aged 65 or over who received a seasonal influenza vaccination between 1 September and 31 March	40	86%	80%
		VI-02 – Percentage of patients aged 18 to 64 years and in a clinical at risk group who received a seasonal influenza vaccination between 1 September and 31 March	88	90%	57%
		V1-03 – Percentage of children aged 2 or 3 who received a seasonal influenza vaccination between 1 September and 31 March	14	82%	45%
	Tackling health inequalities	HI – 01 – Percentage of patients on the Learning Disabilities Register aged 14 or over, who receive an annual Learning disability health check and a completed health action plan	36	80%	49%
Providing high quality care	Personalised care	PC – 01 – Percentage of patients referred to social prescribing	20	1.2%	0.8%
	Access	ACC – 01 – Confirmation that, by 30 June, all practices in the PCN have mapped all active appointment slot types to the new set of national appointment categories,	27	N/A	N/A

		and are complying with the August 2020 guidance on recording of appointments			
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Now that the data dashboard is available it will be shared regularly with the PCNs at meetings allowing action plans to be developed to support achievement of the IIF targets.

4. Workforce

Jayne McQuillan continues to support the PCNs in developing their workforce plans, Jayne works alongside the PCN CDs to ensure they are aware of the roles they can recruit to and develop a succinct plan to work towards.

4.1 Workforce 2021/22

PCNs are able to receive reimbursement for key roles that are employed to support the delivery of PCN services. Within Sunderland practices, the Local Authority, STSFT and GP Alliance employ these roles on behalf of the PCNs. Across the city the following roles are in post or it is planned that they will be in post within this financial year:

Staff employed by Sunderland GPA on behalf of the PCNs:

- Clinical Pharmacists x 35 whole time equivalent (WTE)
- Pharmacy Technicians x 11 WTE
- Social Prescribing Link Workers x 12 WTE
- Health and Wellbeing Coaches x 6 WTE
- Care Coordinators x 6 WTE

Staff to be employed by the practices on behalf of the PCNs:

- Qualified Nurse Associates recruited x 3 (July 21)
- Nurses Associates x 2 (in post when they qualify - September 21)
- HCAs starting Trainee Nurse Associate Programme x 10 (2-year programme commencing September 2021)
- Trainee Nurse Associates x 8 (in post when they qualify - March 22)

Therapies Staff employed by STSFT on behalf of the PCNs:

- Specialist Dietician x 5, these roles will support the following workstreams
 - develop a dietician led bariatric service
 - reviewing patients in their own homes regarding nutritional support, aligning with current care home patients to reduce the spend on supplements
 - prediabetes/type 2 diabetes, Very Low Carb diet

- Podiatrist x 3 these roles will support the following workstreams
 - High risk patients, care home/domiciliary care
 - Specialist Podiatrist – Community vascular team, assess diagnose and set management plan for patients in community with Peripheral Arterial Disease

Therapies staff employed by the Local Authority:

- Occupational therapist x2
- First contact physiotherapists X 2

4.2 Scoping of Future roles

4.2.1 Mental Health Practitioners (to be employed by CNTW)

Work is currently taking place to develop a model for this. As per the guidance these roles will be 50% funded by PCNs and 50% funded by CNTW. 6 Mental Health Practitioners will be employed in this financial year with a plan to recruit a further 6 in 2022/23. These roles are being developed alongside the mental health transformation work that is taking place in the city.

It is suggested that these roles will work closely with other PCN-based roles to help address the potential range of biopsychosocial needs of patients with mental health problems. This could include:

- PCN MDT meetings, including for example working with PCN clinical pharmacists for medication reviews, and social prescribing link workers for access to community-based support
- Accepting some direct referrals from non-GP primary care colleagues where appropriate, subject to agreement on volumes and good governance mechanisms for management of these.

4.2.2 Paramedics

Jayne and the Clinical Directors are currently reviewing an offer from NEAS for paramedics within PCNs; this is being reviewed in light of the services that are currently available in the city such as Recovery at Home.

From Sunderland CCG's perspective there is currently an anticipated underspend of £129k against the total (100%) Additional Roles Reimbursement budget. This will be reduced should the PCNs go ahead with the recruitment of Mental Health Practitioners in 2021/22.

5. Premises

One of the main issue that the PCNs are experiencing as they grow is premises spatial capacity as most practices in the city are at full capacity. As part of the PCN Development Plan, PCNs will be required to create a PCN estates strategy which will be

supported by a developed clinical strategy and underpinned by the workforce plan. To do this PCNs need to understand all current available estate, usage, and identify the premises needed to deliver the services provided by PCNs.

NHSE have provided Commissioners with a document '*Guidance for Commissioners on Contractor applications for new or expanded estate driven by the PCN Extended Roles workforce*'. This document advises several steps to be undertaken to;

- clarify the baseline and current use of estate
- test the full range of ways of working
- consider how best the service could be delivered and identify whether this leads to a requirement for physical estate
- In some cases, it may identify a need for additional space and applications may be submitted via clinical leads, a member practice, or a federation to commissioners for review and consideration; the guidance sets out the steps for commissioners to consider when processing such requests.

5.1 Scoping of Premises (current use of estate)

There are a few areas to scope out with regards to vacant premises or space within these premises. This will involve General Practice, NHS Property Services, STSFT, Local Authority and commercial space. The GPA, who are the main employer of the additional PCN roles have recently started to scope out where additional space may be available. Any applications for space will need to be approved by PCCC as rent/rates reimbursement will apply.

5.2 General Practice

We now have an up-to-date picture of vacant space in general practice which mainly involves ad hoc rooms on various days of the week in some GP Practices. Depending on the role and what is required this will be useful going forward e.g. pharmacist may need to work in practice 3 days a week, 1 day from home and 1 day in an admin hub which would enable him/her to meet with colleagues, plan workload and carry out offline audits.

5.3 NHS Property Services

NHS Property Services have provided a schedule of space within Sunderland which includes void space and sessional and 'Open Space' which are able to be booked out by other organisations / services e.g. STSFT & CNTW services. From this schedule it is evident that there is some space available within each PCN. This requires further exploration.

STSFT and commercial space is currently being explored by the GPA.

5.4 Premises Next Steps

The next steps regarding proposed estate are to:

- Complete scoping of STSFT premises
- Consider ways of working within the services provided eg
 - The new roles being recruited will have different estate needs. For example, clinical pharmacists will need a PCN hub to enable groups of pharmacists to work together to plan their workload, do off line audit work etc. They will also need clinical consulting space to enable them to see patients. Most GP practices are keen, despite their own space constraints, to see their PCN pharmacist working within their GP practice for some part of the week. Social prescribers are likely to require a central hub and locality-based hubs where referrals and admin / planning can be carried out. They are likely to have their patient interactions in community spaces or people's homes.
- Consider how best the service could be delivered and identify whether this leads to a requirement for physical estate.
- If additional space is required prepare a report for PCCC outlining costs, funding source and any gaps. The reimbursement of rooms to host PCN staff does follow the Premises Costs Directions but there is a process that needs to be followed which includes confirmation from member practices of the PCN that they are supportive of the request.

6. Communication and Engagement

In 2019 NECS were commissioned to develop a Communication and Engagement plan for the PCNs. This work halted during the pandemic but has been reinstated. The plan supports the engagement of both patients and stakeholders within the PCNs. The first sessions will look at explaining what a PCN is and how this will support improving healthcare for patients, with future sessions looking at getting feedback for new services that are being developed within the PCN. The plan is now with the CDs for review following comments at the CCG's PPI group.

7. Recommendation

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report
- Note the changes in DES requirements for this year.

Appendix 1 – Clinical Pharmacy Team Workplan

At PCN Level		
1. DES requirement - Structured medication reviews		
SMRs	Frailty as previously agreed and then areas as agreed plus referrals	Agree volume to be delivered Regular appointments to be arranged
2. DES requirement - Collaboration on wider local medicines issues		
Review of gabapentinoid prescribing	DES/ possibly GPQP As SMR or focused medication review	Sunderland area is an outlier
Review of opioid prescribing	DES/ possibly GPQP As SMR or focused medication review	Sunderland area is an outlier
Review of antidepressant prescribing	DES/ possibly GPQP As SMR or focused medication review	Sunderland CCG has highest prescribing volume (items) of all CCGs
Medication Safety	EG Ongoing monitoring of gastroprotection, prescribing of sodium valproate in women of childbearing age	
Review of seven-day prescribing	Possible GPQP	
Review of OTC prescribing	Possible GPQP	
Review of lipid modification medication	Possible GPQP	
3. Care Home support		
Attendance at MDT	DES	
Medication review on admission		
Technician support including waste avoidance		
4. For development		
LTC clinic delivery	Consider population health needs. Sunderland has a high: - <ul style="list-style-type: none"> • prevalence of CVD • prescribing rate of antidepressants 	Clinical area to be agreed at PCN level <i>Note: not all pharmacists will be able to support this immediately</i>
Discharge/clinical letter processing	Dependent on outcome of proposal (in development)	
At Practice level		
Clinical/general queries and tasks		This list is not exhaustive Focus to be agreed at PCN level
Care home medication reviews		
Support for shared care drug monitoring		
Focused medication reviews		
Focused prescribing reviews	From prescribing reports and readily available data	
Prescribing processes – support and review		
Medicines reconciliation		
Prescribing audits		

Primary Care Commissioning Committee Cycle of Business 2020/21

STANDING AGENDA ITEMS	April	June	Aug	Oct	Dec	Feb
Governance and Assurance						
Finance update	√	√	√	√	√	√
Primary Care internal audit report						√
Delegated budget	√					
Committee end of year review and terms of reference	√					
Carers report					√	
General Practice communications strategy and action plan		√			√	
General Practice presentations	√	√	√	√	√	√
Discussion/decision						
Workforce update as and when	√	√	√	√	√	√
CQC update report			√			
Update on contractual changes when avail	√	√	√	√	√	√
Information and assurance						
GP Strategy refresh					√	
In year learning						
GP Comms audit report	√					
GP Patient survey results				√		
Digital update 6 monthly	√			√		
Items by exception						
General Practice assurance framework		√				
Primary care approach to carers					√	
Vaccination programme					√	
Any other business						
Relevant news stories when avail						
What went well etc.						