

Meeting of the Primary Care Commissioning Committee

To be held on 24 February 2022

Via Microsoft Teams

AGENDA

1.	Welcome and Introduction		
2.	Apologies for Absence		
3.	Declarations of Interest		
4.	Minutes of the previous meeting held on 04 November 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	
6.2	COVID Vaccination Programme Update W Thompson	Presentation	
6.3	Access Project Update S Hayden	Enclosure	
7.	<u>Any Other Business</u>		
	Cycle of business	Enclosure	
8.	<u>Date and time of next meeting</u> Thursday 28 April 2022, 12.30pm		

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the meeting held on Thursday 04 November 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
Mr D Chandler, Chief Officer
Mrs C Nesbit, Director of People and Primary Care
Dr I Pattison, Clinical Chair
Dr G Stephenson, Primary Care Advisor
Dr F Khalil, Executive GP

In attendance: Ms R Wilkins, Primary Care Manager, NHSE
Mr J Dean, Healthwatch
Mrs W Thompson, Head of Primary Care
Ms S Hayden, Locality Commissioning Manager
Mrs S Watson, Locality Commissioning Manager
Mrs H Johnston, PA (minutes)
Mr C Binding, member of the Press

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. The committee was happy to continue with the recording facility.

2021/15 **Apologies for Absence**

Apologies for absence were received from Dr N O'Brien, Accountable Officer, Mrs T Lake, Associate Director of Finance and Ms D Cornell, Head of Corporate Affairs for South Tyneside and Sunderland CCGs.

The chair confirmed that the meeting was quorate.

2021/16 Declarations of Interest

The chair declared an interest that she is a lay member for South Tyneside CCG and chair of the Primary Care Commissioning Committee for South Tyneside CCG. This is a standing declaration going forward.

GP members of the committee re Item 6.4 Resilience and Retention Funding. GPs would participate in the discussion but would not take part in the decision making.

2021/17 Question Time

There were no questions from members of the public.

2021/18 Minutes of the meeting held on 24 June 2021

The Primary Care Commissioning Committee **APPROVED** the minutes of the meeting as a true record.

2021/19 Matter Arising

There were no matters arising.

2021/20 Finance 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 30th September (Month 6) 2021/22.

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 year to date Variance of 0.

The CCG was reporting a breakeven position at month 6 within delegated co-commissioning demonstrating full distribution of all funding available to support general practice and primary care networks during this period. The underspend reported in QOF related to prior year accrual benefits released to fund initiatives.

Within other GP services total uncommitted resources in H1 were identified of £642k which included circa £500k from prior year accruals. The Primary Care Commissioning Committee has previously approved the allocation of £50k of this resource for workforce initiatives in primary care, and separately £568k of funding has been approved as a

£2 a head payment to general practice to support system capacity and resilience. The £2 a head payment was administered to practices in September 2021.

The Primary Care Commissioning Committee **NOTED** the 2021/22 financial position update. The committee to receive that report.

2021/21 Winter Vaccination Programme Update

Mrs Watson explained that there is a joint winter vaccination programme this year with both the Flu and Covid vaccines and a joint winter vaccination programme board has been established with members across the system i.e., NHS Public Health, Local Authority. taking a whole system approach this year. The aim of the group is to look at the Covid/flu vaccine uptake, addressing any issues in regard to inequalities and vaccine hesitancy.

The cohorts for the flu programme that are eligible have been expanded for this year.

The team, general practice and colleagues in this meeting were thanked for their contribution to this programme.

A question was raised as to the reason for the hesitancy against uptake of the flu vaccine this year versus uptake of the COVID vaccine in response it was noted that flu figures were low last year, and it is suspected that there is less concern about flu than there is COVID. Walk in clinics/leaflet drop/door knocking has increased the uptake in key areas of the city and therefore further work in this area is being progressed. Pop up clinics have been arranged and key communication messages will reinforce that having the vaccine saves lives.

An update has been given recently to the Health Overview Scrutiny Committee on the progress made around flu/covid vaccines.

Councillors are really keen to understand what is being undertaken in Hendon/Millfield to increase uptake, especially amongst men aged 40-55 forward.

The Chair asked if colleagues from the press to enhance the messages to get the vaccine. Healthwatch also agreed to support.

The Chair thanked Mr Chandler for his offer of more resources, if required, to support the booster campaign.

The Chair gave her thanks to everyone involved in the vaccination programme. The chair also thanked members of the Public who had taken up the offer of vaccines and thanked the team for looking at some of the challenges that have been encountered and taking action to address those.

The Primary Care Commissioning Committee are happy to **RECEIVE** the presentation.

2021/2022 PCN Update

Ms Hayden gave a PCN update presentation including a list of specifications that PCNs are responsible for, an update regarding communications and engagement and an update regarding the Additional Roles Reimbursement Scheme.

Ms Hayden also provided information on 3 case studies and how the PCN teams have supported individuals.

The chair thanked the team for a good and interesting presentation. The group to **RECEIVE** that presentation as an update.

2021/2023 Resilience and Retention Funding

Conflicts of Interest were declared for GP members in terms of the decision making. The chair would value input into the discussion.

The purpose of the paper was to inform the Primary Care Commissioning Committee (PCCC) of the outcome of the bids that were submitted from General Practice both for resilience and retention programme funding and to request approval for the use of the underspend.

The report proposed use of the underspend against each scheme to ensure the funding is utilised within General Practice and the Committee members were supportive of the proposals.

The non-conflicted members of the Primary Care Commissioning Committee **NOTED** the content of the use of the funding mechanisms. The non-conflicted members **APPROVED** the use of the underspend for the proposed areas as outlined in section 7 of the report.

2021/2024 Workforce Update

The purpose of the report was to provide an update to the Committee regarding workforce planning for 21/22 including an update on the PCN additional role reimbursement scheme (ARRS).

The report outlined the progress in the following areas: -

- Primary Care recruitment and retention schemes
- Training and development
- PCN workforce - Additional Role Reimbursement Scheme (ARRS) and associated funding
- ICP and ICS workforce development

Key areas of the report were summarised for the Committee.

The Chair noted the amount of work ongoing to support General Practice workforce and that the CCG has a workforce group that includes practice management/practice nursing/CDs/Exec GPs.

The Primary Care Commissioning Committee **NOTED** the contents of the report.

2021/2025 GP Access Project

The paper gave the Primary Care Commissioning Committee an overview of the CCG's Improving General Practice Access Project which has commenced in the city. The paper also provided key information elicited from the GP Patient Survey published in July 2021.

The project will be conducted in 3 phases, with phase 1 and 2 being able to run concurrently; the project will run beyond the end of the CCG and therefore could be passed to All Together Better to carry forward.

The project will look at patient experience, expectation and communications and will be inclusive of those hard to reach or marginalised groups. It will also look at how practices deliver appointments (urgent and routine) with various clinicians and their knowledge of other providers that can support such as Community Pharmacy Referral Scheme and Extended Access. The final phase of the project will be to develop communication messages and systems that will support both patients and practices.

Assurance was given to the committee that the CCG is working with all practices across the City on access, looking at how we can increase face to face appointments, increase access with additional appointment slots whether this is through extended access or over spill clinics etc. This project is quite timely in relation to the supportive measures that we will take, working with all our practices to increase access, ensuring that we can offer additional appointments but also work with patients across the

City to make sure they get the access to their appointment at the right time which is part of a system approach.

The Primary Care Commissioning Committee were happy to **RECIEVE** the report, **NOTED** the commencement of the project, and **NOTED** the link to the letter in Appendix 1 and actions taken to support practices.

2021/2026 Any other business

There was no other business. The meeting closed at 2pm.

Cycle of business

The cycle of business is to be discussed at the next committee meeting.

2021/2027 Date of next meeting

To be confirmed.

DRAFT

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

PRIMARY CARE COMMISSIONING COMMITTEE	
24 th February 2022	
Report Title:	Finance Report for period to 31st January (Month 10) 2021/22
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 31 st January (Month 10) 2021/22.	
Key points	
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.	
Risks and issues	
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.	
Assurances	
The report provides assurance that the CCG is in line to achieve its financial duties for 2021/22.	
Recommendation/Action Required	
The Primary Care Commissioning Committee is asked to: <ul style="list-style-type: none"> • Note the 2021/22 financial position update. • Consider and approve the recommended non recurrent spending schemes. • Consider and recommend to the Executive Committee approval of the administration of available premises subsidy funding. 	
Sponsor/approving director	David Chandler, Chief Officer and Chief Finance Officer

Report author	Bill Bailey, Finance Manager					
Reviewed by	Mark Speer, Head of Finance 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	
GP members of the committee may be conflicted with regard the decision on NHSPS premises subsidies.						
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	N/A					

needed?	
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Version	Date	Comments
ACV1.0	11/02/2022	BB Initial Draft
ACV2.0	13/02/2022	MS review and amends
ACV3.0	15/02/2022	TL review and amends
ACV4.0	16/02/2022	TL review and amends
ACV5.0	16/02/2022	DC Final
ACV6.0		

Primary Care Commissioning Committee Finance Report for the period to 31st January 2022 (Month 10)

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 January 2022 (Month 10) 2021/22.

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

H1 - 1st April 2021 to 31st September 2021

The guidance on finance and contracting arrangements for H1 2021/22 (1st April 2021 to 30th September 2021) was published on 25th March 2021 and subsequent financial envelopes for this period were released. Detail on the H1 arrangements has been included in previous reports the committee and is included in appendix 1 for information.

H2 - 1st October 2021 to 31st March 2022

The guidance on finance and contracting arrangements for H2 2021/22 (1st October 2021 to 31st March 2022) was published on 30th September 2021 and subsequent financial envelopes for this period were released.

The Key points included within the guidance are:

- Continues to be based on system level planning and delivery, with requirement to continue collaboration at an ICP level.
- Funding envelopes have been rolled forward from H1 (including Foundation Trust top ups and COVID Funding) and adjusted for:
 - Additional growth including funding for the provider pay award for 2021/22 and funding for the backpay to staff in provider organisations. There is no additional funding for CCG staff backpay.
 - Additional capacity funding to take into account increased levels of non-elective activity which for our ICP is £4.2m. This is expected to cover the entirety of the UEC pathway and it has been agreed to allocate this to the Local A&E Delivery Boards to determine the

allocation across the system. There is also further specific funding for 999 and 111 and primary care.

- A reduction in COVID system funding of £2m.
 - An efficiency requirement reflecting our distance from an adjusted original FIT (Financial Improvement Trajectory). For Central ICP the FIT is 1.14% which has translated into an efficiency of £2.8m.
- There are a few funding streams which we will continue to receive outside of the announced allocations as follows:
 - Funding to support elective activity recovery in H2 which has now been split into two funding streams.
 - Elective Recovery Fund (ERF) to incentivise systems to increase elective activity above baseline levels based on 2019/20 activity levels.
 - Targeted Investment Fund for targeted investments in return for specific delivery commitments in relation to elective care recovery. For NENC ICS there is c£39m of capital with an element flexible between capital and revenue (c£11m). A process is being undertaken in the NENC Provider Collaborative to identify schemes against this funding which will require system approval.
 - Additional CCG programme funding and service development funding (SDF) to enable delivery of Long Term Plan (LTP) priorities.
 - The Hospital Discharge Programme will continue to operate over H2 but confirmation has been provided that it will not continue into 2022/23. Any future costs beyond 1st April 2022 (including packages started in March 2022) will need to be funded from ICS and Local Authority envelopes. The ICS has not as yet been informed of the cap which is expected to be in place for H2 in relation to HDP costs.

The financial envelopes in H2 announced for delegated general practice services take into account the nationally agreed funding for general practice set out in July 2021 covering GP contract uplifts, Care Home Premium, Investment and Impact Fund, ARRS and new QOF indicators. NHSE/I has set out further funding in relation to improving access and supporting general practice in H2 for which schemes are currently being developed.

The application of system funding and efficiencies was agreed in the Governing Body in Common meeting in early November 2021 along with an updated memorandum of understanding covering the H2 period. The ICS will be expected to produce a balanced plan for the H2 period and it is expected further discussions may be required on how this can be achieved across the ICPs.

Please note that the CCG has participated in the H2 planning submission in line with national timelines, and in line with national expectations. The reported financial position contained within this report is based on the H1 reported month

6 outturn, and H2 plan submission. NHSE/I have confirmed that CCG financial performance will now be measured on the full 2021/22 financial year.

2022/2023 Planning

The 2022/23 operational priorities and financial framework published 24th December 2021, and various detailed technical guidance has been received throughout January. The CCG is awaiting further detailed guidance on some areas most notable in relation to how the Elective Recovery Funding (ERF) will work in 2022/23.

The key principles of the framework are:

- requirement to support system collaboration
- provides direction as to establishing the future allocations approach
- Allows for the local determination of funding flows to support local service decisions within a simplified payments system

The 2022/23 ICB programme allocations will be based on 2021/22 H2 system envelopes (H2 x 2) adjusted for:

- Baseline normalising adjustments e.g., normalise back pay for pay award funded in the 2021/22 H2 period
- Adjustment for net growth to uplift for activity, inflation and 1.1% general efficiency
- Convergence adjustment towards fair share allocations (will replace pace of change and FIT). The scale of the adjustment will be dependent on the individual system's distance from target fair share allocations.

Additional funding is expected to be allocated to support elective recovery and COVID-19 in 2022/23. As previously reported COVID-19 funding in 2022/23 has been reduced from 2021/22 levels with the reduction in funding being transferred to the elective recovery fund.

The 2022/23 primary care allocations are based on the 2021/22 H2 system envelopes adjusted for additional inflation of 5.9% and a convergence adjustments depending on individual systems distance from target fair share allocations.

Work is on-going across CCG finance and contracting teams in preparation for upcoming planning work and further information will be shared once available.

3. Summary Financial Performance

In line with the financial regime for H1 and H2, the summary financial forecast performance for delegated general practice budgets for month 1 to 10 along with the annual forecast for 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)	Annual NHSE/I Expenditure Plan (£000's)	Annual Forecast Outturn (£000's)	Annual Forecast Variance (£000's)
General Practice - GMS	19,974	19,963	-11	23,969	23,958	-11
General Practice - PMS	2,718	2,718	0	3,262	3,262	0
Other List-Based Services (APMS incl.)	1,980	1,980	0	2,376	2,376	0
QOF	4,239	3,919	-320	5,087	4,767	-320
Quality Premium	1,869	1,869	-0	2,243	2,243	0
Enhanced services	724	703	-20	840	827	-12
Premises cost reimbursements	2,685	2,646	-39	3,222	3,203	-19
Dispensing/Prescribing Drs	196	196	-0	235	243	8
Other - GP Services (including Career Start)	2,340	2,345	4	2,742	3,232	490
PC Networks	3,613	4,275	663	4,457	4,694	237
Total Primary Care Co-Commissioning	40,339	40,615	277	48,433	48,806	372
Assumed Additional ARRS Funding				106	0	-106
Assumed Additional WAF Funding	277	0	-277	266	0	-266
Total Primary Care Co-Commissioning (With assumed additional Funding)	40,615	40,615	0	48,806	48,806	0

Table 1: Delegated Co-Commissioning Financial Position

The CCG is reporting an overspend of £372k at month 10, which is linked to the Additional Roles Reimbursement Scheme (ARRS) and Winter Access Funding (WAF) as current forecasts are above the funding included within the CCG baseline allocation funding. Please note that the CCG received £330k WAF funding within the month 10 allocations. As can be seen in the table above however it is expected that the CCG will receive additional ARRS (£106k) and WAF (£266k) for the respective values this value which will bring the overall position back to breakeven position. Please note that the CCG may not require access to as much of the additional national funding to support the ARRS scheme due to slippage on other budgets and this will be kept under review.

The forecast breakeven position within Delegated Co-Commissioning demonstrates full distribution of all funding available to support general practice and primary care networks during this period. The underspend reported in QOF related to prior year accrual benefits released to fund initiatives as set out below.

Following a comprehensive review of the financial position uncommitted resources of £1,821k were identified within Other GP Services, the majority of which related to prior year accruals and not requiring the 0.5% contingency budget which is traditionally included within the Delegated Co-Commissioning financial position. The following schemes have previously been approved:

- £568k – System Capacity - £2 a head payment to general practice to support system capacity and resilience
- £50k – Various workforce initiatives
- £302k - Career Start practice nurse development scheme
- £213k - Air Filtration support for Primary Care

Following a review of the financial position with the Head of Primary Care and Director of People & Primary Care the following schemes are being put forward for approval to utilise the remaining c£700k of available funding:

- £450k (up to) – Pallion Estates work – Following the movement from the Urgent Treatment Centre (UTC) from Pallion to the main Sunderland hospital site work this proposal is to reconfigure the Pallion property to better meet the current and future needs of Primary Care.
- £200k (up to) - Practice Manager and Administration Programme – the purpose of this proposal is to invest in the practice manager and administration staffing groups with an objective of improving business continuity and succession planning within these areas.
- £50k – Additional workforce budget to support the work of the Primary Care Workforce Group

Primary Care Committee is asked to consider and approve the above non recurrent spending schemes.

4. Administration of Remaining GP Practice Subsidy Funding

As agreed in previous reports to the PCCC, the CCG has continued to provide a subsidy for practices based within NHS Property Services (NHSPS) buildings in relation to facilities management (FM) and service charges(SC). Subsidies have been provided on the following basis to practices:

- 2015/16 to 2017/18 NHSPS FM and SC subsidies based on historic budgets transferred by NHS England.
- 2017/18 one off additional NHSPS FM and SC subsidy provided to support clearing historic debts from the period 2015/16 to 2017/18.
- From 2019/20 onwards NHSPS FM and SC subsidies to practices have been provided based on 50% of the charges paid by practices.

As part of ongoing dialogue with NHSPS on disputed historic debt a settlement offer has been made to practices by NHSPS to write off 50% of outstanding disputed debt for the periods prior to 2021/22. If this debt settlement offer is accepted by all practices it will result in an underspend of c£750k on the budget available for subsidies through release of the accruals set aside to honour the pre-existing subsidy agreements made to practices. It is recognised this funding is intended to be utilised on supporting practices with regards primary care estate and therefore, it is proposed that any resulting underspend as a result of the debt settlements with NHSPS is protected and distributed to practices to support premises related costs including any equipment requirements. It is proposed that as part of any distribution of residual resources to practices that practices will need to confirm investment of the resource into quality or estate improvements.

There are three options available with regards distributing the underspend generated on against the subsidy budget to practices. These are:

- Option 1: Ringfence any specific practice level subsidy underspends at a practice level and agree distribution with individual practices.
- Option 2: Apportion the total estimated funding of £750k and distribute across all NHSPS practices on the basis of 2020/21 NHSPS Costs (Post True Up i.e. reconciliation of charges).
- Option 3: Apportion the total estimated funding of £750k and distribute across all NHSPS practices on the basis of practice population.

Following internal review it is proposed that option 2 is recommended to the Executive Committee for approval as is representative of individual practice estate size and cost implications of the buildings occupied. In this option where a practice had merged then the funding would be offered to the new / successor organisation. Option 1 was not felt to be a suitable option as it would disadvantage practices who settled disputed historic debt prior to the 50% write off offer being made by NHSPS. Option 3 was discounted as it took no account of the amount of "usage" of space and services from the NHSPS landlord and as such resultant financial implications and/or risk.

The Primary Care Commissioning Committee is asked to consider and recommend approval of both the overall proposal and the preferred option method to administer the £750k available premises subsidy resource. Due to the financial value final approval is required from the CCG Executive Committee.

For the detailed practice level calculations for both options please see appendix 2.

5. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the 2021/22 financial position update.
- Consider and approve the recommended non recurrent spending schemes.
- Consider and recommend to the Executive Committee approval the administration of available premises subsidy funding.

Bill Bailey
Finance Manager

Sunderland CCG

Appendix 1 – H1 Financial Framework

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 and the subsequent financial envelopes released for the period are:

- Announced allocations covered the period 1st April 2021 to 30th September 2021 period (H1), with the exception of Mental Health which has received confirmation of full year allocations with a requirement for systems to deploy full year resources in this area.
- The emphasis has continued on system level planning and delivery with arrangements including a requirement to continue collaboration at an ICP level.
- System funding envelopes 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 continue to be 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. In the North East and North Cumbria ICS the submitted plan for H1 is forecasting a balanced financial position however, during the planning exercise it was agreed that Tees Valley, Central and North ICP would plan for a surplus control total to offset pressures in North Cumbria ICP. Central ICP has therefore submitted an agreed planned surplus of £2m for the H1 period.
- CCG block payment arrangements with NHS Foundation Trusts 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.
- Systems were informed to not include any pay award costs within financial plans or forecasts over and above 1% that has been included within allocations and contract values with providers and that any excess granted for pay award would be supported with funding at a later date.

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. NENC ICS has been allocated a cap of £24.2m for HDP in H1. Any overspends against this cap will need to be met locally by systems and any underspends will be retained nationally. From an initial review of expected HDP expenditure across NENC ICS against the cap it is expected that the funding available will be sufficient to cover requirements for H1. The forecast for HDP in H1 is being closely monitored by Chief Finance Officers across NENC ICS.

In addition, systems will receive further allocations of Service Development Funding (SDF) including significant amounts for primary care, ageing well, 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. As at the time of writing approximately £84k is expected to be allocated to the CCG for ERF performance to the end of August and around £8.4m to STSFT. This funding will be used to further support waiting list pressure areas.

The financial envelopes announced for delegated general practice services in H1 in 2021/22 consider 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.

Appendix 2 – Options to Distribute Practice Subsidy Funding:

Practice	Option 2 Apportion in relation to 2020/21 True Up Costs		Option 3 Apportion by £ / Practice List Size		Option 2 Vs Option 3
	Practice Bill	Residual Funding to Receive	Practice Raw List Size as at 01 October 2021	Residual Funding to Receive	Variance
1	52,604	28,265	0	0	
2	44,511	23,917	3,900	21,060	2,857
3	33,280	17,882	10,884	58,774	-17,221
4	44,053	23,670	0	0	
5	57,986	31,157	12,549	67,765	8,077
6	64,020	34,399	7,890	42,606	-8,207
7	34,071	18,307	4,600	24,840	-6,533
8	53,357	28,670	5,079	27,427	1,243
9	102,513	55,082	10,285	55,539	-457
10	65,120	34,990	7,618	41,137	-6,147
11	95,438	51,280	4,053	21,886	29,394
12	30,560	16,421	0	0	
13	71,994	38,683	6,411	34,619	4,064
14	91,915	49,388	8,652	46,721	2,667
15	79,212	42,562	4,428	23,911	18,651
16	44,210	23,755	0	0	
17	84,655	45,487	14,907	80,498	-11,256
18	64,201	34,496	6,060	32,724	1,772
19	65,845	35,380	6,314	34,096	1,284
20	41,910	22,519	5,290	28,566	-6,047
21	62,927	33,812	7,483	40,408	-6,596
22	111,443	59,880	12,486	67,424	-7,544
	1,395,825	750,000	138,889	750,000	0

Note some list sizes are zero where practices have since merged with others

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

Primary Care Commissioning Committee	
24 February 2022	
Report Title:	Improving General Practice Access
Purpose of report	
This paper gives the Primary Care Commissioning Committee an update regarding the progress of the CCG's Improving General Practice Access Project which has commenced in the city.	
Key points	
<p>The report summarises progress to date by the Project Group within the following areas:-</p> <ul style="list-style-type: none"> • Data review – it was noted from analysis of the data by the CCG Business Intelligence team that there is no correlation between various sets of data including appointment numbers offered, patient satisfaction and utilisation of other services • Data Quality – work is being undertaken alongside the NECS teams to support the improvement of appointment data recording in General Practice • Variation in usage of services – the group are pulling together an engagement plan to try and identify the reasons behind the variation and whether it is related to patient or practice staff behaviours • Telephone Access – the Digital team as part of their optimisation work are working with practices to optimise the usage of the telephone system functionality to improve patient experience of accessing the practice by phone • Engagement with patients and the public– a plan is in development to gain detailed patient and public feedback regarding access and the issues. A forum with the HWB is being held on the 17th February to gain an understanding of the issues that are being reported to elected members by the people of Sunderland. • Engagement with practices – a plan is also in development to carry out some detailed work with practices to look at the way that they offer appointments to their patients and gain feedback from them around the changes that they have already implemented or are planning to implement based on the patient feedback that they hold. <p>The Engagement plan is in development and will be shared as part of the next report.</p>	
Risks and issues	
<ul style="list-style-type: none"> • To be updated as the project progresses and the risk register for the project is completed 	

Assurances						
Project progress will be reported to the PCCC on a bimonthly basis						
Recommendation/Action Required						
The Primary Care Commissioning Committee are asked to:						
<ul style="list-style-type: none"> • Receive this report • Note the progress to date 						
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: 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						x
CO4: Identify and deliver the CCG's strategic priorities						
CO5: Covid-19 Response and Recovery						x
Relevant legal/statutory issues						
N/A						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	x	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes	In progress	No		N/A	
Quality impact assessment undertaken (please tick)	Yes	In progress	No		N/A	
As part of the development of the project plan equality and quality impact assessments are being completed						
Key implications						

Are additional resources required?	Not yet identified. Will be identified as the plan is developed.
Has there been appropriate clinical engagement?	The project group has representation from clinicians and phase 2 is engagement with practice staff
Has there been/or does there need to be any patient and public involvement?	Following review of the data and group meetings a patient engagement plan is in development A forum with the HWB is due to take place on the 17 February
Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken?	Yes , the project will support the improvement of patient experience when accessing healthcare – a quality impact assessment is in progress
Has there been member practice and/or other stakeholder engagement if needed?	High level discussions have taken place at PM meetings, Neighbourhood operational meetings and PCN meetings, further engagement is in progress.

Primary Care Commissioning Committee

GP Access Project Update

24 February 2022

1. Introduction

This paper gives an update on the progress made by the Improving GP Access group.

2. Background

The NHS Long Term Plan commits to improving access to primary care services. Primary care plays a fundamental role as the 'front door' of the NHS: equitable and responsive access is therefore essential to better patient health.

However, practices cite increasing demand for appointments at a time when QOF has restarted, the COVID vaccination programme is continuing, and the Flu campaign is ongoing. This coupled with diminished capacity due to holidays and sickness is compounding concerns regarding access to appointment.

Practice appointment rates vary from 233 per 1000 weighted list size to 845 per 1000 weighted list size with variation in the Extended Access appointment rates from 2.40 per 1000 weighted list size to 68.44 per 1000 weighted list size. Utilisation of in hours (8am-7pm weekdays) ED and UTC has variation from 20.27 per 1000 weighted list size to 43.40 per 1000 weighted list size. GP patient survey results also suggest there are concerns regarding access but this not a local issue. The publication of a letter from the national team acknowledged the challenges faced by practices and outlined actions to be taken locally to address concerns regarding access.

3. Project Phases

The project is being delivered in 3 phases, with the first two phases in progress, collecting and analysing data and feedback from both the practices and the patients to determine the issues with access.

The third phase will be the development of a delivery plan to support the improvements.

The project group meets monthly and includes representation from Primary Care team, BI, Exec GP, Practice staff both clinical and non-clinical, Sunderland Extended Access Service (SEAS), Digital Team, Comms and engagement, Quality and Safety, Healthwatch and ATB Reform Team. A member of the Health and Wellbeing Board has been nominated to join the group and is due to attend the next meeting.

4. Data Review

The group have initially reviewed individual data sets looking at the following areas

- Number of appointments split by clinician and type

- Number of in hours 111 calls
- Number of in hours A&E and UTC attendances
- Extended access appointment data
- GP Patient Survey Data
- E-consultation data

From the initial review of the data, some data quality issues were identified with the recording of data in the appointment book. It was also clear from the data that there is variation between usage of services such as 111, Extended Access, A&E and UTC by patients in different practices.

It was agreed that it would be useful to look at linking the data to see if there is correlation between the individual data sets for example number of appointments available and the number of calls to 111 or UTC/A&E attendances. This data was reviewed in the December meeting and surprisingly there was no direct correlation between any of the data sets compared: -

- GP/ANP appointments vs And E attendances
- GP/ANP appointments vs 111 calls
- GP/ANP appointments vs SEAs appointments
- E-consult vs And E attendances
- E-consult vs 111 calls
- E-consult vs SEAs appointments
- GP/ANP appointments vs satisfaction with appointment times

This suggests that the way that patients book appointments is more based on behaviour rather than availability.

5. Project Plan/Next Steps

5.1 Areas identified from the data

5.1.1 Telephone Access

From the GP survey an area that clearly needed further investigation was telephone access with variation in satisfaction levels across practices in the city; 25% of patients surveyed stated they found this not very or not at all easy and 92% of patients stated that telephone was the method they used to try and make an appointment.

The majority of practices in the city have moved to cloud based telephony systems which gives increased functionality to patients accessing the practice by telephone.

The CCG Digital team are in the process of implementing a project which looks to optimise the technology available to practices including the cloud-based telephony system. A project was piloted in one practice which sent patients a text message when they were in the telephone queuing system advising them of alternative options such as e-consult and online ordering of prescriptions. Early data showed a reduction in telephone calls following the initial texts, the digital team are rolling this out to other practices and outcomes from this work are fed into the group.

Another focus from the group is to look at dropped call data; a template is currently being developed with support from the practice managers to capture the data directly from the practices. This data will help to identify potential unmet need. From discussions with practice managers, it has been noted that a proportion of dropped calls come in the Out of Hours period so it is important to ensure that patients understand the pathways available to them when the practice is closed.

5.1.2 Data Quality Exercise

The Neighbourhood Practice Managers linked in with the Business Intelligence team to look at the data quality issues that they identified with the data presented to them from GP systems regarding appointments. The CCG BI team are linking with NECS who are developing some guidance as these issues have been identified nationally. Once this guidance is available the project group will review and support the implementation to increase the quality of the data available in the city.

5.1.3 Variation in usage of services

One area that was identified via the data was a variation in the utilisation by practice population of services such as extended access. The Extended Access team have carried out work with practice who are both high and low users of the services to identify any issues and support to ensure that there is equity where possible across the city. This workstream continues with changes and will continued to be reviewed by the Project Group. It is envisaged that this will also be included in the engagement workstreams to look at whether variation is caused by staff or patient behaviours e.g. do reception staff advise patients to call 111 if there are no available appointments rather than book an extended access appointment if that is appropriate?

5.2 Engagement Plan Phase 1 and 2

From the group discussions and review of the data it has been agreed to do some targeted engagement with patients to get to the reasons behind access concerns. This will be undertaken and build on the outputs of the National GP survey, recent local surveys such as that carried out by ATB and also feedback received from Healthwatch.

The group are currently pulling together an engagement plan to engage with patients.

The following areas will be addressed

- Health inequalities targeting groups whose voices may not normally be heard
- Why patients access services when they do
- Awareness of services such as extended access and referrals to community pharmacy
- How services are offered within the practices

This will be carried out with a mix of focus groups, using local groups that engage with patients who may not necessarily link in with primary care services and PPGs. It is hoped that this research will confirm the assumption from the data review that patients utilise services based on a behavioural pattern.

A further element of the plan will look at engagement with practices to understand their issues in relation to access and the steps that they are individually taking to improve access to the practice. It is hoped that some best practice models will come from these discussions which will support the formation of the third phase of the project. This exercise will also try to determine if there are staff behavioural issues in offering other services such as 111 and Extended access appointments.

5.2.1 Healthwatch Information

Healthwatch hold a great deal of information from patients regarding patient access. Following a meeting with the Project Lead and Engagement Coordinator it was agreed that they will present the themes from the contacts from patients that they have had in relation to GP access.

5.2.2 Health Overview Scrutiny Committee Members Forum

The Health Overview Scrutiny Committee have nominated a representative to sit on the Improving GP access project group, the Board had looked to have access to GP services as one of their projects, but it was agreed that they would feed into the CCG workstream.

A forum will be held with members on 17th February to discuss the experiences of GP Access that have been identified by their constituents. The outcome of the session will feed into further engagement workstreams.

5.3 Delivery Plan Phase 3

Once the research as detailed above is completed a delivery plan will be developed targeting the areas identified with actions to support improving access and increasing understanding around the options available to patients within Primary Care and when they should be used. Suggested additions to the delivery plan to date are described in the following sections: -

5.3.1 Communications Plan

One area that it is clear from the initial scoping of the project will be required is communications with Patients and practices. This will support changes in patient behaviour and understanding.

It is clear that understanding of the services available to patients is not always there, including the following areas

- PCN ARR's roles
- Extended Access
- Community Pharmacy Referral Scheme

From discussions with the Councillor assigned to sit on the group, one area that has been identified by her is a lack understanding by many members of the public of NHS terms and Jargon such as extended access and social prescribing by patients and how this can be made clearer. This will be added to the communication plan and discussed with the providers of the services.

It has been identified via the group that any communications need to be in various formats, not just utilising social media to ensure that more of the population are reached.

5.3.2 Staff Training

It still appears that there is variation across the practices when it comes to the utilisation of Extended Access appointments; it is envisaged that this will be included in phase 3 of the plan. A continuation of the training and support given to practices to ensure that Extended Access appointments are offered will be included.

5.3.3 Education

The Project Group have discussed the education of patients but have suggested that this should start at a young age with education sessions at schools looking at

- when and how to access primary care services
- which clinicians patients might see at the practice.

5.4 Next Steps

The Engagement plan will be completed and delivered to identify further areas to be added to the Phase 3 delivery plan. A further update will come to this group in April.

6.0 Recommendation

The Primary Care Commissioning Committee are asked to:

- Receive this report
- Note the progress to date

Primary Care Commissioning Committee Cycle of Business 2021

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 it's appropriate	√	√	√	√	√	√
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.						

From February 2022 to possibly October 2022

STANDING AGENDA ITEMS	Feb	April	June	Aug	Oct	
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 it's appropriate						
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.						