

5. COVID-19 and Recovery Update

25th May 2021, BNSSG Primary Care
Commissioning Committee

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Overview

1. Covid Vaccination Programme
2. Access to general practice
3. Covid Expansion Fund

1. Covid Vaccination Programme

- 819,426 vaccinations delivered in BNSSG of which 292,823 are second doses as at 17th May recorded in NHSE Foundry
- 64% vaccines delivered by PCNs and a further 13% by community pharmacies
- Allocated a St John's Ambulance mobile vaccination unit. Will use for outreach clinics in under-served areas. First outing in Hartcliffe 28 May.
- Successfully bid for regional Equalities Funding which will be used for:
 - Vaccine Coach programme, located in Avonmouth supported by Pioneer PCN to target people in cohorts 1-9 who have not booked their vaccination – includes multi-lingual Coaches to support targeting people for whom English is not their first language.
 - Youth campaign to encourage young people to have the vaccine.

Updates to JCVI advice

- Updated JCVI advice and government instruction is that appointments for a second dose of a vaccine will be brought forward from 12 to 8 weeks for the remaining people in the top nine priority groups who have yet to receive their second dose. This is to ensure the most vulnerable people across the UK have the strongest possible protection from the virus at an earlier opportunity.
- People aged under 50 will continue to have their second dose at 12 weeks, as has been the deployment strategy so far.
- PCNs asked to plan additional clinics to support this bringing forward for people with appointments booked after 25th May and financial resources to support the administration costs to be made available. Where this is not possible patients to be directed to the National Booking Service. PCNs in BNSSG actively reviewing capacity to support this.
- JCVI has updated the advice in relation to the use of AstraZeneca in the under 40s who are to be offered an alternative vaccine in the same way as people aged under 30

Key developments

- Cohort 11 has now been announced and invitations to book via the National Booking Service were issued to people aged 36 and 37 on 18th May
- Local SOP developed to support movement of pfizer for pop up clinics
- Testing use of pfizer in a small number of pharmacies in BNSSG has started.
- PCNs have all been contacted to understand their capacity and any estates support needed
- Work continues to remodel capacity and demand planning to support completion of Phase 2 in light of updated guidance

2. Access to general practice

- Letter sent to general practice from NHSE on 13th May advising that the SOP for general practice is to be updated
- Letter stated the following:
 - All GP practices to ensure they are offering face to face appointments
 - Patients and clinicians have a choice of consultation mode. Patients' input into this choice should be sought and practices should respect preferences for face to face care unless there are good clinical reasons to the contrary
 - All practice receptions should be open to patients, adhering to social distancing and IPC guidance
 - Patients should be treated consistently regardless of mode of access.
 - Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback
 - CCGs to prioritise support to practices who are reporting very low levels of face to face appointments
- Updated IPC guidance is awaited

Local approach

- Operational plan sets out local approach to support recovery including offering a combination of face to face and remote access modes drawing on the learning from the pandemic and increasing face to face care during recovery. Promoting self care and supporting care navigation to enable people to see the right person at the right time remain key components of our primary care strategy delivery plan in BNSSG
- We need to listen and engage with patients and communities to understand opportunities for improving access locally and continue our work on digital inclusion
- Primary care has embraced new ways of working by adopting online and video consultations and worked as part of the system to support Advice and Guidance and provide more care in the community such as community phlebotomy

Understanding activity in general practice

- March General Practice Appointment Data for BNSSG published by NHS Digital shows 482,900 appointments in BNSSG compared to 406,840 last March – NB the CCG does not currently have access to this data set at practice level
- One Care extrapolated data demonstrates an average of 64,578 incoming and outgoing calls made per day across practices in BNSSG between mid February and May of this year
- We regularly monitor key quality and resilience indicators for practices at the Quality, Resilience and contracting sub group of PCOG and use dashboards to identify practices which may benefit from targeted improvement support and updates are shared with PCCC in closed session

3. Covid Expansion Fund

COVID-19 General Practice Covid-19 Capacity Expansion Fund (CEF) 2021/22

Next Steps, Agree Requirements for April – Sept 2021

- **NHSE/I letter – Ed Waller and Nikki Kanani 19th March 2021**
<https://www.england.nhs.uk/coronavirus/primary-care>
- Priority to maintain and expand general practice capacity in order to support the ongoing response to COVID-19,
- Tackle the backlog of care, and continue to support delivery of the vaccination programme.
- That must include making full use of PCN entitlements under the Additional Roles Reimbursement Scheme, with an objective of 15,500 FTE roles in place by the end of the year, as well as ensuring active support for GP recruitment and retention initiatives.
- £120 million of revenue funding will be allocated to systems, ring fenced exclusively for general practice, to support the expansion of capacity until the end of September.
- Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September. The funding is non-recurrent and should not be used to fund commitments running beyond this period.
- **The conditions attached to the allocation and use of this funding are as set out in the initial General Practice Covid Capacity Expansion Fund letter of 9 November 2020, and systems are expected to use the funding to make further progress on the seven priorities identified in that letter.**
- Though this funding is not allocated to support COVID-19 vaccination directly, **we expect systems to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.**

Parameters remain the same – Expectations/7 Priority Goals

1. Increasing **GP numbers and capacity**
2. Supporting the **establishment of the simple COVID oximetry@home model**, arrangements for which will be set out in a parallel letter shortly
3. First steps in **identifying and supporting patients with Long COVID**
4. Continuing to **support clinically extremely vulnerable patients and maintain the shielding list**
5. Continuing to make inroads into the **backlog of appointments including for chronic disease management and routine vaccinations and immunisations**
6. On inequalities, making **significant progress on learning disability health checks**, with an expectation that all CCGs will without **exception reach the target of 68% by March 2021** set out in the inequalities annex to the third system letter; and **actions to improve ethnicity data recording in GP records**
7. Potentially **offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to carry out their role remotely.**

ICSs and CCGs will be expected to achieve these goals, and confirm they have

Where are we – May 2021

- An initial payment of £1.16 per actual registered patient list size at 1st October 2020 was paid to all Practices
- Tranche 2 release of funds - PCN/practice level declaration sent out at PCNs (ensure collaboration) – align for payment processing for May 2021 – **Received at PCN level with practice level breakdown**
- **Tranche 2 decision at PCCC** - £0.86 per actual registered patient payment* has now been released in full to Practices that have achieved the LD AHC target of 67% (Overall CCG achievement was 69%). PCCC agreed 10% of £0.86 funding held back for practices that did not achieve the target. Remainder funding is held back to utilise for supporting Practices with achievement in 2021/22. We allow those that did not achieve the target to reach a set target in Q1 and Q2 for a further opportunity for achievement and link further to the new KPIs for the Covid expansion fund 2021/22.
* **Payment was set at Practice level**
- **Residual funds to carry over from contingency pot available in 2020/21 = Approximately £150k remaining** Proposal to rollover into CEF 2021/22 and release funds aligned to PCNs partaking and **committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.**

Agreed CEF 2021/22 - Proposal to use same model as 20/21

Recommended through Primary Care Cell, Covid Costs Panel and agreed by Primary Care Commissioning Committee (LMC consultation agreed PCN level payment)

Outcome Based Memorandum Of Understanding Model

(1st part payment based on £per patient population* and 2nd part payment paid on achievement of certain targets)

* actual patient population at 1st April 2021

Continue preferred option **agreed MOU, with split payment, 2nd payment** based on key deliverables being achieved and 7 core criteria Actual population – reasoning due to this fund being specifically for Covid-19

Next Steps, PCCC agreed approach for April – Sept 2021

Proposed we link work with the Primary Care Activity and Outcomes group being led by BI colleagues to concentrate deliverables within the new MOU and payments; enabling targeted recovery and management of backlog in primary care.

Areas of consideration (those highlighted in red have been agreed to be considered as key areas of focus);

- **Chronic disease management**
- **SMI Physical Health Checks (£160k further transformation funds - enable completion rates, concentrated work in Primary Care)**
- **Immunisations**
- **Covid-19 Mass Vaccinations**
- **Learning Disability Annual Health Check achievement – aspiration 100%, target 75% and additional targets for 2020/21 non acheivers**
- **Ethnicity Recording (note data being collected via Mass Vaccs pinnacle recording, not filtering through to EMIS)**
- **Oximetry @ Home (to be mentioned but no actual delivery target)**

Draft MOU for 2021/22 to include

- using payment methodology as per 2020/21 Tranche 1 funding 2021/22
- Submission of a Practice/PCN level plan regarding recovery in order to release 1st part payment. Include caveat for PCNs not taking part in Mass Vaccs programme.
- Link achievement to financials released from the General Practice Covid Capacity Expansion Fund

Proposal for CEF 2021/22 MOU

Practice level payment

LD 2021/22 = 10% of £0.86

Allow those that did not achieve the target to reach a set target by end of Q2 in 2021/22 to allow further opportunity for achievement and link further to the new KPIs

Proposal for CEF 2021/22 MOU

PCN Level payment

Covid Mass Vacs - Residual Funding to be used for PCNs delivering Mass Vaccs only pay all PCNs same amount approximately £8300 per PCN

Core criteria funding

1st Tranche = £1.27 per actual list size at 1st April 2021

2nd Tranche = £0.63 per actual list size at 1st April 2021

Include specific deliverable targets linked to Expectations/7 Priority Goals

- LD AHC = 75%
- Ethnicity Recording = 100% aspiration (limitations due to Pinnacle not updating EMIS)

Proposal for CEF 2021/22

PCN Level payment - SMI Health Checks Completed (6 sets) Using £160K Transformational Funding

SMI Health Checks Completed (6 sets) = £160k

Incentive to achieve 50% by 30th August 2021

Monitored monthly - Based on searches

Paid in tranches - Weight the funding based on required numbers of delivery

Funding cap levels

Proposal for CEF 2021/22 – SMI Health Checks

PCN	SMI register	Practice Population	SMI Prevalence	Proportion % of CCG register	Health Checks	Proportion of £160k	50% - Payment Upfront
4PCN	390	53,846	0.7%	4.1%	164	£6,548	£3,274
Affinity PCN	469	51,324	0.9%	4.9%	197	£7,874	£3,937
Bridge View PCN	420	38,171	1.1%	4.4%	176	£7,051	£3,526
Bristol Inner City PCN	1255	85,553	1.5%	13.2%	527	£21,070	£10,535
Connexus PCN	566	55,039	1.0%	5.9%	238	£9,503	£4,751
FABB - Beechwood, Air Balloon, Fishponds PCN	507	38,028	1.3%	5.3%	213	£8,512	£4,256
FOSS - Fireclay and Old School Surgery PCN	439	47,512	0.9%	4.6%	184	£7,370	£3,685
Gordano Valley PCN	335	51,835	0.6%	3.5%	141	£5,624	£2,812
HealthWest PCN	576	71,758	0.8%	6.0%	242	£9,671	£4,835
Mendip Vale PCN	328	45,400	0.7%	3.4%	138	£5,507	£2,753
Network 4	534	69,113	0.8%	5.6%	224	£8,965	£4,483
Northern Arc	447	43,566	1.0%	4.7%	188	£7,505	£3,752
Phoenix PCN	419	38,009	1.1%	4.4%	176	£7,035	£3,517
Pier Health PCN	1041	95,088	1.1%	10.9%	437	£17,477	£8,739
Severnvale PCN	165	32,497	0.5%	1.7%	69	£2,770	£1,385
Stokes PCN	342	60,522	0.6%	3.6%	144	£5,742	£2,871
Swift PCN	780	77,097	1.0%	8.2%	327	£13,095	£6,548
Tyntesfield	242	32,954	0.7%	2.5%	102	£4,063	£2,031
Yate and Frampton PCN	275	58,584	0.5%	2.9%	115	£4,617	£2,308
Grand Total	9530	1,045,896	0.9%	100.0%	4,000	£160,000	£80,000

The SMI register uses a combination of SMI health check search (EMIS) results and the QOF register from 19/20.

We requested use of the SMI EMIS search results from each practice, unfortunately there are 9 still outstanding. Where a practice has signed up we have used the EMIS results, where they are still outstanding we have used the QOF 19/20 results.