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Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 26th October 2021
Time: 9.30am – 11.45am
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number:	6
Title:	6 monthly report for Governing Body
Purpose: Decision	
Key Points for Discussion:	
To provide a summary of quarter 1 and quarter 2 of the Primary Care Commissioning Committee's activities and decisions in 2021/2022 to the Governing Body and to ensure the full commissioning pathway is presented to Governing Body.	
Recommendations:	Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters 1 and 2 of 2021/2022. Propose the Governing Body receives the report to support its own work plan and decision making.
Previously Considered By and feedback:	Contents of this paper have been discussed in open session of PCCC
Management of Declared Interest:	Conflicts of Interest are managed at each meeting of the Committee.
Risk and Assurance:	The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the July and September meeting as set out in this report to Governing Body.
Financial / Resource Implications:	Primary Care Co-Commissioning Committee is asked to note that at Month 6 (September), combined Primary Care budgets are reporting a year end £0.96m deficit.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications in this paper.

How does this reduce Health Inequalities:	Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.
How does this impact on Equality & diversity:	Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly. Equalities Impact Assessment for the work programme of the Primary Care Locality Development Group has been completed and monitoring and actions will be overseen by the Primary Care Locality Development Group and Primary Care Strategy Board.
Patient and Public Involvement:	The content of this paper has not required any direct consultation. Implications for public involvement have been drawn out in each of the papers to PCCC. There has been continued communications and engagement to support changes in primary care during the pandemic and the communications team are working to support increased public messaging about how access to general practices has changed.
Communications and Engagement:	Contents of this paper have been discussed in open session of PCCC
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Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning; David Jarrett, Area Director, Commissioning & Primary Care; Rosi Shepherd, Director of Nursing and Quality

Agenda item: 6

Report title: PCCC 6 Monthly Report for Governing Body

1. Background

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated commissioning of primary care to NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The CCG has established the Primary Care Commissioning Committee ('the Committee'). The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

The Primary Care Operational Group (PCOG or "Operational Group") is established as a sub-group of the Primary Care Commissioning Committee (PCCC) overseeing a programme of work to deliver the BNSSG Primary Care Strategy and General Practice Forward View. The PCOG is the operational arm of the PCCC and executes our responsibilities for delegated commissioning and the procuring of high quality general medical services for the population of BNSSG. The PCOG ensures that demonstrating and securing value for money is a core principle of the group and that budgetary oversight is provided to the PCCC.

It is recognised the PCCC and Governing Body, whilst running parallel decision-making processes need to stay aligned. Therefore, a PCCC six monthly update to Governing Body will be provided to ensure the full commissioning pathway is presented to Governing Body.

This quarter one and two update provides a summary of the activities and decisions in 2021/22.

2. COVID-19 and Recovery

Primary care was required to adapt its service model and services in response to Covid-19. A summary of the considerations and adaptations and approach to recovery is provided below:

Operational Plan 2021/2022 Draft Narrative – the draft narrative setting out plans to restore and increase access to general practice and to support the health and wellbeing of staff was shared at the April committee. The committee provided feedback on how to strengthen the plan and the final plan was submitted to NHSE by 3rd June 2021.

In May the committee was apprised that the SOP for general practice had been updated setting out 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

The committee reviewed and discussed the local approach to supporting practices and listening to patient voices. In July the committee was advised that the SOP for general practice had been formally withdrawn and NHSE guidance states that general practice should continue to offer a blended approach of face-to-face and remote appointments, with digital triage where possible.

Oximetry at Home – Primary, secondary and community care continue to work together to bring together both the step up and step down pathway for covid positive patients being monitored in the community. New guidance for the monitoring of pregnant women is currently being considered by the group and will be incorporated into the standard operating procedure. There has been ongoing work to evaluate the Oximetry at Home project.

Community Phlebotomy LES – The Community Phlebotomy Operational Group continues to meet weekly. A local enhanced service was developed for general practice and was launched in July 2021 with excellent sign up across BNSSG. Since the launch, several task and finish groups have been set up to review the standard operating procedure, clarify the red/amber drug monitoring process, and look at the data across Trusts and general practice. Work has also been continuing to ensure clinicians across the system understand the process and that there is governance in place in secondary care to safely manage the workload. Community phlebotomy now has a single platform accessible to primary and secondary care to log issues and queries and access all the training resources. The work has been presented to the Healthier Together Clinical Cabinet and the Healthier Together Executive Group and has the full backing of both. The Operational Group is aiming to launch the revised SOP and red/amber drug monitoring process on 31st October and will continue to monitor both demand and capacity in primary and secondary care, as well as evaluating the service to ensure it is right for patients.

Covid Mass Vaccination – Key Updates:

- All vaccination sites operating to the JCVI (Joint Committee on Vaccination and Immunisation) prioritisation criteria.
- 19 PCNs all still engaged in Phase 3 with 44 sites operational
- Mass vaccination site moved from Ashton Gate to UWE
- Avonmouth trailers have closed, and staff redeployed
- Current focus on maintaining an evergreen offer for our population; boosters for those eligible; 3rd doses for severely immunocompromised patients; school-based vaccination programme for the over 12s.
- Pfizer is the vaccine of choice for 3rd doses, boosters, and those under the age of 40.
- Moderna will be used more in the system shortly.

- Extensive walk-in offer – Cabot Circus clinic, Ikea pop up, use of the NBS by PCNs, community pharmacy and UWE
- Current methods of delivery include community pharmacies, PCNs, practice-based vaccination (directing people back to specific practices), roving teams supporting care homes and housebound delivery, Hospital Hubs delivering boosters to their staff, as are AWP and SWAST. Sirona delivery of the school immunisations and supporting the outreach clinics. These are all being supported by a strong communication and engagement plan.
- Workforce challenges. The current system pressures and need for recovery of services mean that a balance must be struck between priorities. The mass vaccination programme is regularly reviewing where clinical need is highest to deliver vaccination and redeploying workforce appropriately.

Focused Task and Finish Groups to Maximise Uptake:

- The homeless population
- Non-English as a first language, BAME, Somali, African Caribbean, Refugees and Asylum Seekers
- Those living a distance from a vaccine centre, those living in high deprivation areas, rural locations and Gypsy, Roma and Travellers
- People who are unable to can't get to a vaccination site for various reasons: learning disabilities, severe mental illness, physical disabilities, people with drug and alcohol problems and sensory impairment
- Younger people

Vaccination Programme: Next Steps

- Identify additional 'off grid' groups that we do not know about. Find ways to tap into people who do know and use their expertise to link to these groups – recognising they may not want to be brought into formal systems.
- Adapting and flexing the model to meet need and responding to insights.
- Work with Local Authorities and other system partners to maximise uptake of vaccine, using data to identify 'concerned' groups
- Further expansion of designated pharmacies as delivery sites
- Continued focus on vaccination of pregnant women
- Close working with the system flu group on the winter vaccination plan
- Continue with workforce planning and deployment of staff to support areas of the programme most in need.
- Work to feed learning from the mass vaccination programme into the development of the BNSSG Immunisation Strategy

PCN Contract Letter 21/22 and 22/23 - This letter outlines requirements for rest of 21/22 and next year for PCNs, including IIF funding and new funding for PCN Leadership & Management Support (there is change in focus to Clinical Directors not Commissioners ensuring funding meeting conditions).

The focus for the rest of 21/22 will be the gradual introduction of two specifications: cardiovascular disease prevention and diagnosis. In 22/23, there will be an introduction of two deferred specifications: anticipatory care and personalised care.

The table below sets out the 5 key objectives for PCNs in 2021/22 and 2022/223, and how the different elements of the Network Contract DES will support them:

Key Objectives. Aligned to general practice priorities, LTP priorities and NHS response to Covid-19	**Service requirements** New requirements introduced in a phased way will support the key objectives	**IIF Indicator areas of focus** Financial indicators to improve and reward performance against DES Service requirements and wider NHS priorities
1. **Improving prevention and tackling health inequalities** in the delivery of primary care – PCNs will be required to identify high need local populations and tailor services to them, as well as address inequalities in rates of diagnosis for cardiovascular disease and cancer.	• Tackling Neighbourhood Inequalities • CVD Diagnosis and Prevention • Early Cancer Diagnosis • Personalised Care	• Progress towards the national ambitions for: o Learning Disability Health Checks o Flu vaccinations to at-risk groups o Closing the hypertension diagnosis gap o Personalised care interventions e.g. social prescribing • More complete recording of ethnicity in patient records
2. Support **better patient outcomes in the community through proactive primary care** – including delivery of the Enhanced Health in Care Homes and Anticipatory Care services through multidisciplinary teams, offering more personalised services which will help people avoid unnecessary hospital admissions	• Tackling Neighbourhood Inequalities • Anticipatory Care • Enhanced Health in Care Homes (EHCH) • Personalised Care	• Delivery of key elements of the EHCH model and associated moderation of care home resident emergency admissions • Moderated admissions for ambulatory care sensitive conditions (ACSCs)
3. Support **improved patient access** to primary care services – implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic	• Extended Access service requirements • Delivery of all new services will support improved access for particular cohorts.	• Improved patient experience of accessing general practice • Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment • Improved provision of online consultations • Increased utilisation of Specialist Advice services, and community pharmacist consultations
4. **Deliver better outcomes for patients on medication** – including through the delivery of Structured Medication Reviews to priority patient cohorts, and through targeting prescribing behaviours known to improve patient safety.	• Structured Medication Reviews and Medicines Optimisation	• Improved provision of SMRs to priority groups • Targeted prescribing behaviours known to improve patient safety • Supporting more preventive treatment of asthma through increased use of inhaled corticosteroids.
5. Help **create a more sustainable NHS** - through reducing the carbon emissions generated by asthma inhalers.	• Structured Medication Reviews and Medicines Optimisation	• Encouraging clinically appropriate inhaler switching to low-carbon alternatives

Blood Bottle Shortage – A shortage in the supply of blood bottles nationally was announced during September which has resulted in a request to both secondary care and General Practice to suspend routine blood tests during this period which has resulted in some patients experiencing delays to their care. Practices have been supported with system-wide guidance to prioritise blood tests for those patients in whom tests are clinically indicated, and also with a focus on vulnerable groups. National guidance was received on 16th lifting restrictions from Primary Care from 17th September, subject to local stock positions. Practices were requested to follow best practice guidance developed nationally and adapted for local use as restrictions were lifted, aiming to work through the backlog over a period of 8 weeks. However, supplies to general practice are still limited at present as there is not yet assurance in the supply into the BNSSG system. This remains under weekly review but is significantly impacting practices' ability to provide routine care.

General Practice Resilience – There has been heighted pressure across the health and care system over the summer and this has also been felt in General Practice. This was reported to the committee in September. There was a significant increase in the number of practices reporting significant staff absence due to isolation, compounded by planned summer leave and shortage in locum cover supply - at a time when practices are experiencing an increase in demand for their services. Monitoring of practice resilience is in place so that support can be provided, and general practice resilience can be understood as part of understanding system pressures. Support to individual practices has been provided in the form of advice and guidance with

regards to business continuity, enabling digital support for remote working and supporting communications to patients.

Work is underway to develop and implement escalation actions and support for primary care. Key areas of focus are supporting capacity and workforce as well as communications to patients. Examples include:

- Developing staff sharing agreements to support mutual aid across the system including general practice
- Increasing use of system staff bank to support the vaccination programme and expand its application beyond the covid vaccination programme
- Expediting work to develop a Community, Primary Care and Social care workforce bank with an initial focus in primary care
- Continue to support Primary Care Networks to recruit to additional roles to support the expansion of the wider primary care team

3. 2021/22 Primary Care & Prescribing Budget

The 2021/22 Primary Care & Prescribing budget has been set in support of a balanced financial position, recognising:

- The financial pressure created from the Primary Care Delegated, Distance from Target (DfT) funding regime, and funding this pressure from a budget reserve allocated to Primary Care Core.
- The Primary Care Prescribing budget has been set at the 2020/21 outturn from typical activities, including net growth as indicated in the five-year plan.

The Committee approved budget recognises there is no contingency, and any pressures arising in the financial year would need to be managed within the agreed budget.

Primary Care – Delegated & Core

The CCG has set a balanced financial plan, breaking even against its Primary Care Medical allocation of £144.66m, which fulfils the financial and contractual obligations as set out in the five-year framework for GP services as agreed between NHS England and the BMA General Practitioners Committee (GPC) in England, and 2020/21 NHS England Operational & Planning guidance. Headlines are as follows:

- Planned Expenditure of £146.57m against income allocation of £144.66m, equating to a planned deficit of £1.9m before mitigations.
- An unidentified savings requirement of £1,186k, after considering an uncommitted contingency budget of £724k (0.5% of allocation)
- Forecast registered population growth of 1.5% applied to current registered list sizes
- Core PCN funding of £1.50 per head funded from CCG Core allocation

Primary Care Core

The budget for Core Primary Care has been set based on 2020/21 outturn and applying nationally defined growth. The budget set for 2021/22 includes a budget reserve of £1.18m. This reserve provides the funding necessary for a balanced budget across Primary Care, Delegated & Core.

The Primary Care system development funding (SDF) for 2021/22 provides the CCG with the opportunity to utilise up to £3,148k during the financial year, noting that a number of the schemes have an element of conditional funding with allocations received only once the funding has been committed.

The table below indicates the funding by scheme for the current year, and the indicative sums for two future years as indicated by the five-year plan.

	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's	2023/24 £000's
PCN Development					
- PCN Development Funding	718	720	482		
Core Funding Streams					
- Practice Resilience	131	139	139		
- GP Retention	209	192	198		
- Reception & Clerical Training	170	164	0		
- Online Consultations	364	247	261		
				<-----Years 4-5----->	
STP Funding				Allocations TBC	
- Workforce Training Hubs	165	198	198		
- Fellowship Funding	337	197	908		
- Supporting Mentors	0	92	134		
Improved Access	367	420	452		
Flexible Pools	0	120	120		
New to Partnership			256		
Transformation Funding	**2,461**	**2,489**	**3,148**	**3,113**	**3,027**

Primary Care Prescribing

The Primary Care Prescribing Budget has factored in; the outturn from 2020/21 as the starting position and adjusting this position for unusual events (COVID Pandemic), adding growth from the five-year plan, and applying an efficiency requirement of £4.6m (3.4% of plan). The following schedule presents the high level 2021/22 budget.

	£000's	£000's
Adjusted 20/21 Outturn		**140,221**
Growth Identified by Prescribing	5,306	
Savings Target	-4,600	
Net Inflation		**706**
2021/22 Full Year budget		**140,927**
2021/22 H1 Budget		**70,463**

The expected growth in funding identified in the five-year plan can be seen as follows:

Budget Line	Demographic Growth - 0.9%	Specific Growth Areas	Total
Practice Prescribing			
IPP Net	805,816	4,114,246	**4,920,062**
NCSO	11,719		**11,719**
NCSO to Cat M Position	24,009		**24,009**
Usual Cat M	209,180		**209,180**
Cat M Increase	18,162		**18,162**
PADM	60,867		**60,867**
Rebate Income	-		**-**
BCC Income	- 9,958		**- 9,958**
SGC Income	- 5,264		**- 5,264**
Addaction Income	- 284		**- 284**
Flu Recharge	- 17,607		**- 17,607**
Practice Prescibing Sub-Total	**1,096,639**	**4,114,246**	**5,210,886**
Other Prescribing			
Central Drugs	34,299		**34,299**
Home Oxygen	21,473		**21,473**
Dressings	22,838		**22,838**
Other Prescribing	2,073		**2,073**
Prescribing Incentive Schemes	9,281		**9,281**
Brook	-		**-**
OOH Stock	545		**545**
Trust Drugs	594		**594**
Prescribing Software	3,042		**3,042**
Primary Care Dispensing	760		**760**
Other Prescribing Sub-Total	**94,904**	0	**94,904**
Prescribing Total	**1,191,543**	**4,114,246**	**5,305,790**

4. Primary Care Networks

An update on PCN Additional Roles Reimbursement Schemes (ARRS) and workforce planning was taken to PCCC in May.

A position statement from HEE & NHSE/I on implementing the FCP/AP Roadmap for AHPs in Primary Care was published on 07/05/21, stating the following:

- Employers need to ensure that staff are operating within the limits of their capability and provided with appropriate supervision to enable them to do so.
- Allied Health Professionals (AHPs) are not required to be First Contact Practitioners (FCPs) or Advanced Practitioners (APs) to work in primary care. However, those that are not qualified as FCPs will not be able to operate at that level of clinical practice. The capabilities are outlined in the FCP roadmap
- Experienced staff may wish to be verified as, or become, FCPs and APs, subject to the provision of training and educational supervision. This creates a developmental and career path for staff and introduces standardised terms across all disciplines so that patients, staff and employers can be confident about the post holder's level of competence.
- As signatories to the Network Contract DES, practices in PCNs are responsible for ensuring that all staff meet the education and training requirements it sets out and operate within the scope of their practice or capability for their discipline.

HEE & NHSE/I Position Statement

- First Contact Physiotherapists: The FCP road map for Musculoskeletal (MSK) FCPs has been published and includes clear competencies and training requirements for the roles. As per the Network Contract DES, First Contact Physiotherapists must be working at level 7 in their clinical work to be eligible for reimbursement under the ARRS. The criteria for demonstrating academic level 7 (MSc) capability is detailed in the MSK FCP/AP roadmap.
- Paramedics: As per the Network Contract DES, paramedics who are employed under the Additional Roles Reimbursement Scheme need to have completed their two-year 'Consolidation of Learning' period as a "newly qualified paramedic" and have a further three years' experience as a AFC Band 6 (or equivalent) paramedic. In addition, they need to be working towards developing academic Level 7 capability in paramedic areas of practice and, within six months of commencement of reimbursement for that individual, have completed and been signed off formally within the clinical competencies of the FCP Roadmap. However, a longer time period for this can be agreed with the commissioner where it is appropriate for the needs of the PCN and the paramedic. Where a paramedic is not working at academic Level 7 capability, the PCN must ensure that they are working as part of a rotational model in which they have access to regular supervision and support. We encourage PCNs to work with their systems and local ambulance trusts to come to an arrangement that ensures that the paramedic is operating within the scope of their competency.

Local Developments

- ARRS webinar organised by Training Hub held with PCNs 10th May sharing the guidance on supervision and competency for the ARRS and the HEE/NHSEI position statement and outlining Training Hub support and the contractual requirements and claims process

- Resource pack sent to PCNs including these updates and a summary of supervision and roadmap requirements for FCP/ACPs
- Further seminars planned with practice managers and clinicians in PCNs
- Training Hub has recruited to Physio FCP fellow and paramedic FCP fellow to support development of communities of practice
- Some PCN OD bids have included an element of backfill to support clinical supervision which has been supported for 2020/2021 funds

Paramedics and Mental Health Roles

- NHSE SW paramedic working group continues to develop rotational model with SWASFT for an indicative start date of January 2022.
- Mental health ARRS task and finish group –AWP have met with each locality to discuss needs and develop proposals for how the roles can work with a commitment for joint recruitment. This recruitment has now started. The first phase was unsuccessful, and the task and finish group is now reviewing the approach going forward.

Workforce Planning and Underspends

- Plans to be submitted again by 31 August 2021 and again at end of October. Will re-state PCN 21/22 position and indicate future years.
- At this point this provides an estimate of likely underspend for the remainder of the year. Once agreed as a fair representation, this underspend will be pooled at BNSSG level
- We will offer all PCNs the opportunity to bid against the 'pot'.
- Underspend cannot be carried forward into subsequent years
- Part of PCN development is ensuring 100% use of funding each year

5. Quality in General Practice

In the previous months, presentations have been taken to PCCC on Health Inequalities work as part of the BNSSG Primary Care Strategy (PCS) update and the Quality and Resilience update on the development of quality assurance processes. Following on from this work, a presentation was taken to PCCC in May, focusing on the question of what quality looks like in Primary Care. In particular, there are some specific areas of inconsistency and unwarranted variation that have been highlighted during Covid that need addressing.

The Primary Care Development team will be working closely with the Quality team in the coming months as this develops. In particular, now that resource is in place in the Quality team, we will be focussing on coproduction of the approach to Quality in Primary Care with general practice, understanding that this will need to align with PCN and ICP development. along with the system outcomes framework.

6. LES Update

Enhanced Health in Care Homes DES / GP Support to Care Homes LES
In April 2021, the closed committee received a proposal to review the care home LES funding. The introduction of the Enhanced Health in Care Homes Specification has meant that the GP Support to Care Homes LES had been subsumed. A proposal was put forward to refocus the outcomes of the care home LES and build on those in the Enhanced Health in Care Homes Framework aims. It was agreed that LES funding would continue to be paid to practices whilst these outcomes were being worked up. This was to ensure a stable funding position and not risk destabilising any practice. It was agreed that the differential tariffs linked to nursing and residential beds be removed in place of an equal tariff. The rationale was based on feedback that those supporting residential beds find the workload equal or greater to those in a nursing bed. This equalisation of funding also allowed any revised outcomes to be equally applicable across all beds. The proposal was presented in the open session in May with the report anonymised to remove the individual practice impact. The outcome of this decision was communicated to practices with those most impacted having a meeting with representatives of the CCG. Strong feedback on the loss of income and the relatively short phasing approach was noted and feedback presented to the committee in July 2021. The committee then agreed to a re-phased approach across the remainder of the financial year 21/22. The revised tariffs will be introduced in full for all practices from April 2022.

LES Review Update
Monthly updates have been presented to the committee across Quarter 1 and 2. The review has considered the revised tariffs / outcomes for the care home LES as well as developing a plan for the review for the Supplementary Services Specification and funding going forward. In addition, the group has refined the criteria for extracting data for the basis of activity-based payments associated with the LESs.

7. Medicines Optimisation Quarterly Update

Medicines Optimisation Quarterly Reports (April – Sept)
The medicines optimisation quality report is regularly presented on a quarterly basis to PCCC and provides an overview of the key medicines and safety work as well as highlights from the following meetings: Area Prescribing Medicines Optimisation Committee (APMOC), Medicines Quality and Safety meeting and the BNSSG Joint Formulary meeting.

Reports have been shared with PCCC at the April and July meetings and covered the key areas:

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. This service compliments the national NHS 111 service and Community Pharmacy Consultation Service (CPCS) with GP practices. The PGD service is aimed at alleviating some of the pressure on General Practice and Out of Hours Services. Updates have been provided to PCCC on this PGD pilot, with the latest report (April – June 2021) presented at the July PCCC showing positive results with an increased number of pharmacies (158) now offering the service, resulting in 4,260 appointments in other parts of the system such as GP practices and Out of Hours services for prescriptions being avoided. Future plans include

expanding the range of PGDs to other areas/conditions and supporting all GP practices to utilise and maximise benefit of the GP CPCS.

Antibiotic prescribing updates have been shared in both reports. Antibiotic prescribing as a whole has remained lower than before the pandemic. *Clostridioides difficile (C. diff)* cases remain above the England benchmark and are raised from previous years. It was explained that a *C.diff* and antibiotic review in GP practices in summer 2020 linked Clindamycin prescribing as one possible driver mostly due to the prescribing for cellulitis. Following this local guidance has been reviewed and a pathway for the diagnosis and treatment of cellulitis has been produced with a teaching session to support its implementation. *C. difficile* cases have remained high and other causes are being explored, with a system approach and a focus from stakeholders on putting a range of measures in place to address the high numbers of *C.diff* cases The Southwest region has set up a Health Care Associated Infections (HCAI) CDI Improvement Collaborative which the BNSSG area is a part of. The focus of this group is to review why cases are so high, develop plans and implement focussed work to reduce the numbers. The Prescribing Quality Scheme will also include some focused antibiotic projects to support this work.

Lifestyle prescriptions are leaflets that are used as an alternative or adjunct to prescribing. A local project aimed to promote lifestyle interventions and encourage patient empowerment to self-care first line. Locally leaflets were developed for gut health and mental wellbeing. This pilot has shown that not only do these leaflets have the potential to reduce prescribing costs; they may also reduce consultation time and reduce patients revisiting the GP Practice. The leaflets were also shown to positively impact patient outcomes and experience. An evaluation report has since been presented to Clinical Executive and next steps agreed, which includes further development of BNSSG lifestyle intervention leaflets in clinical areas where they are lacking, such as chronic back pain and ensuring the leaflets are made available in a range of languages.

Following the publication of the Gosport report, local assurances were sought from all providers to ensure that prescribing of opioids medicines was clinically appropriate and that starting doses and dose escalations were appropriate. Overall, all four providers and GP Practice opioid prescribing review highlighted no areas of significant concern. Where areas of improvement were identified these will be re-audited as part of an agreed annual assurance process.

An update was provided to PCCC on proxy ordering. Proxy access for ordering medication is a system that allows care home staff to order medication on behalf of their residents. This uses current proxy functionality available in EMIS, via GP online services to enable care home staff to be set up by proxy for all residents in their care to access information and order medication for direct care. In BNSSG, around 8% of the care homes have adopted proxy ordering, the team is also supporting 48 care homes at different stages of implementation across the area.

PCCC was also informed of a number of safety related work streams that had either been undertaken or are ongoing. A new system wide BNSSG newsletter has been introduced covering Medicines Quality and Safety which aims at informing health and care professionals working across all sectors in BNSSG of any new or ongoing medicines safety issues and actions being taken to improve safety.

BNSSG Prescribing Quality Scheme for GP practices 2021/22
BNSSG CCG currently offers an annual Prescribing Quality Scheme (PQS) which all GP practices can sign up to participate in. The scheme includes quality, safety and cost saving

prescribing tasks. GP practice engagement with the scheme has always been good even despite the covid pandemic.

In line with previous years, funding for the Prescribing Quality Scheme equates to £1 per actual patient on the practice list (payment will be split between different parts of the scheme); Part one: Achieving Financial Balance and part two: Quality and Safety Projects

For 2021/22 all GP practices continue to be set a 'fair share' prescribing budget. The methodology for setting this budget considers as many factors as possible which create prescribing variation between practices.

Cost saving work will be identified for implementation throughout the year by the BNSSG CCG Medicines Optimisation Team and will need to be prioritised by the CCG Medicines Optimisation Pharmacist (MOP).

PCCC were also informed that the quality projects have considered areas of importance nationally and for the system e.g., high risk medicines, long term conditions and reducing emergency admissions and have tried to align with system priorities while avoiding duplication. The related projects aim to embed evidence-based guidance within practices in order to reduce inequalities through adoption and guidance adherence. The quality projects for 2021/22 include: a clinical review of heart failure patients, antibiotic stewardship with a focus on cellulitis prescribing, an azathioprine project to support wider system pathway development in order to understand compliance with medication to extend the time before a biologic medication would be required, safety projects including a review of Oramorph prescribing and adrenaline autoinjector pens. Practices also have a choice of a clinical project depending on their local priorities from either diabetes or drugs of dependence. Updates will be provided to the committee as the scheme progresses.

8. End of Year Flu Reporting

The end of year Flu report was presented at the April PCCC. This highlighted that there had been an increased vaccine uptake in 2020/21 compared to the previous year, including increases in all at risk groups. These improvements are good considering the complexities of service delivery, mass vaccination programme starting during the season, the complications of ordering additional vaccines and late addition to the vaccination cohorts.

Cohort	BNSSG uptake 2020/21	BNSSG uptake 2019/20	National uptake 20/21
Over 65 years	83%	78%	81%
Clinically at risk	56%	48%	53%
Pregnant women (all)	45%	45%	44%
2 year olds (all)	64%	63%	55%

3 Year olds (all)	65%	65%	58%
50-64years (only allowed from 01/12/20)	53%	N/A	45%

In order to support the BNSSG System ensure the good vaccine uptake, System wide flu groups were established with membership from all stakeholders and clear governance arrangements put in place. Targeted work streams included Sirona working with North Somerset Local Authorities and We Are With You to support a homeless pilot. Innovative work with the community pop ups in Southmead Mosque and Easton with NBT consultant and GPs from ICE, Bristol Council and Avon LPC which has now been adopted by the Covid groups to share learning including a site assurance checklist.

A weekly Flu report was established which presented data updates to all system partners.

Community pharmacies in BNSSG saw a large uptake in Flu vaccinations this year, delivering 42791 vaccines (as per 10/03/21) compared to 27,126 vaccines in the 2019/20 season. This may relate to a number of reasons, including their good accessibility during the pandemic and clinical at risk patients attending the pharmacy to collect their regular prescriptions.

Extensive support was given to Primary Care with a proactive approach to support areas of perceived low uptake. Collaborative working with One Care helped to support primary care, with a designated Flu Teamnet page, EMIS searches and proactive primary intelligence dashboard.

Communications is key to ensuring a successful Flu campaign. This season it was highly important to work as a system to prioritise the uptake among Covid-vulnerable groups, hard-to-reach, and underserved communities and to encourage staff uptake to act as ‘ambassadors’ for the vaccination to patients.Excellent communications strategy was put in place, targeting harder to reach groups. This included directly engaging with and briefing to VCSE and faith groups – seeking insight and support in distributing materials. Also, co-production of materials with Bristol Muslim Strategic Leadership Group and Community Access Support Service Bristol was also helpful to support the campaign. A sports campaign to target in particular males with long-term conditions was also undertaken working with Bristol City, Bristol Flyers and the Bristol Bears.

Overall, good FHCW uptake of the vaccine was seen across BNSSG, with AWP showing significant rise from 19/20 though NBT did show a decrease from last year and will need to be a focus for 2021/22.

The report presented to PCCC also highlighted the learning established from the 2020/21 season and that this was being taken forward into plans for the coming year.

9. Primary Care Contracts, Performance, Quality and Resilience

The BNSSG CCG Estates & IT Sub-Group meets monthly to consider key service and estates issues and identify where the strategic priorities are and how an estates baseline can help to determine a Primary Care Estates and Service Infrastructure Delivery Plan including:

- How to maximise investments in NHS PS premises for Primary Care use
- How to maximise use of key strategic sites
- Where the key capacity pressures from new housing are
- Where the key contractual pressures are – sustainability risks/contract handbacks etc.
- Recognising the cost pressures of increased revenue from DV visits
- Supporting the development of key new estate via ETTF and MIG applications

Capital Projects - Estates and Technology Transformation Fund (ETTF) and STP Capital Development Projects

Schedule of BNSSG Capital Projects Supported by NHS Grant Funding

Programme	Project	Funding Source	OBC / Concept Approval	FBC / Project Approval	Building Works Completion	Comments
Little Stokes PCN	Bradley Stoke	ETTF & GPs	May 2019	Dec 2019	April 2020	Works Complete and building operational.
	Coniston	ETTF & GPs	May 2019	Mar 2020	Jul 2020	Works Complete and building operational.
Pioneer Medical Group	Lawrence Weston	ETTF	Jan 2020	Jul 2020	Jul 2021	Works recently completed and building now operational.
	Avonmouth	ETTF & GPs	Sep 2018	Jan 2020	Dec 2020	Works Complete and building operational.
	Bradgate	ETTF & GPs	Sep 2018	Jul 2020	Jul 2021	Construction progressing well.
Glos Road Corridor	Glos Road MC	ETTF	Nov 2019	Aug 2020	Sep 2021	Construction progressing well and is on track. Preparation for exiting of temporary Nevil Road site underway.
	Monks Park	ETTF & GPs	Nov 2019	Oct 2020	Jul 2021	Construction progressing well.
	Fallodon Way	ETTF & GPs	Nov 2019	TBC	TBC	Work is progressing on FBC and planning permission has now been secured. Work currently being undertaken to confirm the affordability of the scheme. A proposal will be brought forward to PCOG & PCCC when ready (likely to be in August 2021).
	Conygre	ETTF & GPs	Nov 2019	May 2021	April 2022	Planning permission is now secured, and works are out for tender. Additional ETTF capital

						has been secured Increased to deliver the enlarged proposal and NHSE have approved the scheme. Internal CCG approvals will be sought once final tendered price is returned by practice.
Tyntesfield PCN	Tower House	ETTF & GPs	May 2019	Mar 2021	May 2022	Practice is now designing and planning internal reconfiguration of the building to increase operational efficiency and new ways of working. Involvement in the mass vacs programme have delayed the practice in developing and finalising plans. Works are due to go out to tender towards the end of Sept 2021.
	Admin Hub	ETTF & GPs	May 2019	N/A	N/A	Practice has now aborted this project as economic fragility associated to Covid means they cannot secure the value they need from the sale of a of their Brockway site that is necessary to enable this project to progress.
Healthy Weston	Parklands Village	ETTF & S106	Dec 2018	Dec 2020	July 2022	All parties signed contracts in June 2021 and construction is due to get underway in August 2021.
	Central Weston	STP Wave 4	Jul 2020	November 2021	Jun 2023	Work on full Business Case is progressing.

Black Dates = Achieved previously
Green Dates = Achieved during reporting period
Grey Dates = Planned in future

Minor Improvement Grants (MIGs)
As the Minor Improvement Grants (MIGs) process was put on hold due to the COVID-19 Pandemic, the Capital funding from NHSE has been carried over into 2021/22 to ensure any schemes that were not completed before the 31st March 2021 were still able to be completed.

Following successful due diligence checks, 22 schemes have been approved to complete MIGs works. To date 12 schemes have completed works, a further 9 are due to complete works by the end of Q2 and 1 scheme remains working through due diligence.

Rent Reviews
Due to Covid-19 the District Valuer had been carrying out Desk Top Reviews only. On site reviews will recommence for rent reviews instructed from September 2021.

Reviews in progress
There are currently 5 rent reviews in progress and an additional 2 reviews being appealed by the practice.

Reviews delayed
13 reviews were carried over as incomplete from delegation. 25 reviews have been delayed due to Covid-19. The CCG has established bi-monthly meetings with the District Valuer to manage the back log of and recover the position.

Budget Position
2021/22 Premises budgets had been set at 20/21 outturn level, with inflation added where necessary.

As at 30th June 2021 (Month 3), there are no variances shown against the Premises costs as there has been no indication to suggest the costs have deviated from the budgeted expenditure.

Requests for Additional GMS Reimbursable Premises/Space
We have received three formal applications for additional space, all of which were for NHS Property Services tenanted premises with void space, which was already reimbursed by the CCG. All requests taken through due process and approved.

Informal additional space requests
The Primary Care Contracting Team received two informal additional space requests in May and June. Neither request was submitted through the Additional Space and IM&T request process. Practices have been advised of the correct process which is currently closed to submissions for premises where the CCG does not hold void space, while the locality estate strategy programme lead by Archus is underway.

NHS Property Services & Community Health Partnership Premises

TIR GP lease and service charge progress

Completion of Leases: To date 0/17 completed.

BNSSG CCG is liaising with practices, NHS Property Services, and the LMC to settle historical debt in relation to CCG reimbursable premises costs owing to NHS PS. These funds have been passed on to practices by the CCG in 2018/19 and 2019/20, but in some instances, have not been passed on to NHS PS. These arrangements will see practices reimbursing the CCG these amounts, and the CCG will then pass these funds on to NHS PS.

In 2020/21, the CCG will pay NHS PS directly for the reimbursable amounts under the Premises Cost Directions. This will both aid the cash flow of NHS PS and reduce the CCG risk around the unpaid liabilities.

Key Premises Information

Practices with applied abatements
Please note that the table below relates to sites rather than the number of practices within each locality, and that some sites have multiple abatements. Financial analysis will be developed to understand budget implications in future years.

CCG			
	Sites with No Abatement	**Sites with Abatements**	**Total Sites**
Bristol	**38**	**16**	**54**
North Somerset	**18**	**11**	**29**
South Gloucestershire	**22**	**11**	**33**
Totals	**78**	**38**	**116**

Number of GP Premises –Main / Branch

	Contracts	**Main Premises**	**Branch**	**Shared Premises**
Bristol		37	11	5
North Somerset		15	12	1
South Gloucestershire		22	8	1
Totals	**80**	**74**	**31**	**7**

Number of GP Premises – Rent Type

	Actual Rent	**CHP**	**Block contract**	**Cost Rent**	**NHS PS**	**Notional Rent**	**Grand Total**
Bristol	7	6	1	1	11	29	55
North Somerset	4				3	22	29
South Gloucestershire	1			1	5	26	33
Totals	**12**	**6**	**1**	**2**	**19**	**77**	**117**

Single handed Practice – Helios Medical Centre
On Wednesday 24 March 2021, CCG teams met with Dr Mulder. The practice had formally requested a partnership variation to include the current partners of Mendip Vale on the contract. This change was proposed to take place with effect from 1st April 2021, however the CCG did not receive formal written notification required to consider this partnership variation proposal and were not made aware of this prior to the notification. In this scenario both Mendip Vale and Helios

would remain as separate contracts and patient lists would remain independent. The Partnership was not formally considered or agreed and therefore Mendip Vale acted as sub-contractors to the Helios contract in direct agreement with Dr Frank Mulder since 1st April 2021.

A formal Annex 4A application for partnership was received on 19/04/2021. This application to amend the partnership remains pending at current. The CCG have requested that the contractor provide further assurance on premises matters prior to a formal review of the partnership change request application.

Weight Management / Long Covid Direct Enhanced Service
NHS England released two new direct enhanced services for 21/22. These were offered to all practices on 28 June with a deadline for sign up on 23 July 2021. Although the sign up deadline is after, practices were able to start delivery from 1 July 2021.
Sign up rate for Weight Management DES is at 75 practices as of 15 August 2021.
Sign up rate for Long Covid DES is at 75 practices as of 15 August 2021.

Weight Management
Through this enhanced service practices will be paid £11.50 per referral to one of four weight management services:

- NHS Digital Weight Management services for those with hypertension and/or diabetes.
- Local Authority funding tier 2 weight management services:
- Diabetes Prevention Programme for those with non-diabetic hyperglycaemia; or
- Tier 3 and Tier 4 services

We acknowledged that there is currently no tier 2 service in place in the Bristol Local Authority region. We have liaised with colleagues from the council who confirm that a pilot service has been commissioned to commence from September 2021.

Long Covid
Upon sign up practices will be entitled to £0.371 per registered patient (75% of payment). This will be paid monthly. The list size is taken as at January 2021. The remaining £0.124 per registered patient (25%) will be paid upon commissioner confirmation that the required self-assessment has been completed by 31 March 2022.

The process for the self-assessment will take the form of a declaration confirming that the following is in place:

- Workforce education and training in place on how to identify, assess and manage Long COVID; this learning may differ depending on the role and learning need of each professional
- Development of own practice/primary care network clinical pathway to enable supported self-management; this might include referral to a social prescriber or health and wellbeing coach
- Knowledge of local clinical pathways including how to signpost to support or refer to a specialist clinic where necessary
- Comprehensive data coding for Long COVID from the start date of the enhanced service (but retrospective coding opportunistically where practical)

- Equity of access plan, working with system partners, to help raise awareness of support and to understand potential barriers

Temporary Branch Closures relating to Covid-19
Only two temporary branch closures now remain in place. Both are pending branch closure applications and are being supported accordingly.

As pressure has escalated across Primary Care during the summer, we have continued to check with practices the status of all branch surgeries and any temporary closures are reported through the PCCC. None have been received during Q1 and Q2.

Primary Care Support to Interim Accommodation Centres
Bristol is currently supporting Asylum seekers and Refugees across three hotel sites. Two sites are specifically supporting families evacuated from Afghanistan. The other site was already receiving Asylum Seekers and Refugees within Bristol through a previous home office pathways. We are working with the Haven who are an established service in the local area, to support residents alongside ensuring they receive support from a local GP practice. To facilitate this an enhanced service has been developed across the Haven and the surgeries to ensure a clear offer is made available to the residents.

Extension of pod initiative
In September 2020 the BNSSG CCG Estates and IM&T sub-group approved principles for Covid pods (portakabins), following the establishment of a self-funded pod in a South Bristol practice which generated interest from other primary care providers. The purpose of the pods was to support practices at PCN level in consulting Covid-19 positive patients in a separate hot/red area, thereby reducing the risk of cross-infection and reducing risk to the population and practice workforce. Pods were to be rented for a fixed term and would not form part of practice/PCN substantive estate.

Ten PCNs submitted proposals and a total of 12 pods were approved for 8 PCNs. Subsequently, 9 pods were installed in 6 PCNs. Costs of £112,650 were approved against an identified budget of £144,000. A range of proposed durations for rental were received and for equity all rentals were capped at 35 weeks. This would take rentals up to Summer 2021 when it was expected the vaccination programme would be complete and numbers of Covid-19 positive patients anticipated to reduce.

In July 2021 a PCN approached the CCG requesting extended use of their pod due to the impact on estate capacity from the continuation of the Covid-19 vaccination programme (phase 3) and sustained high demand for primary care services, a position that was mirrored in practices across BNSSG. A survey issued as part of a review of the pod initiative offered PCNs the opportunity to register expressions of interest for extended duration of their pod(s), or to take up the rental offer if the PCN had not done so when the initiative launched.

Seven PCNs, all of whom had existing pod rentals, registered expressions of interest which were reviewed at September 2021 Estates and IM&T sub-group. The subgroup has agreed that pod rentals can be extended until 31st March 2022. There will be no additional IM&T support costs for the extended rental. The Primary Care Contracting team will liaise with PCNs to determine the final rental costs for this period. Indicative costs are £30K-£40K and will also encompass the

lapsed period between previously agreed rental end dates to current, enabling provision to continue for all PCNs until 31st March 2022.

Covid Expansion Fund
An approach to the covid-19 expansion fund was agreed, noting that the split and release of monies had been arranged at PCN level. The LMC had discussed this with PCN Clinical Directors and PCN level was the preferred option and enabled PCNs to work together more effectively. The funding would be broken down to practice level as requested to allow PCN Clinical Directors to apportion funding for specific schemes. The £150k residual money from the 2020/21 is to be rolled over and used to support the PCNs which continued to vaccinate for cohorts 10 and above and met the core criteria. As part of the core criteria for 2021/22, the achievement target for Learning Disability Annual Health Checks had been increased to 75% with an aspiration of 100%. Flu vaccination is not one of the core criteria and the flu vaccination achievement will be included in another tranche of funding.

10. Quality Report

Quality update reports were taken to PCCC in May, July and September. A summary of these is provided below.

Key Lines of Enquiry
- Support to GP Practices rated red on the dashboard
- Themed work includes the specific domains regarding Patient Safety, Clinical Effectiveness, Responsive and Leadership
- Specific areas of focus in these practices involve patient access, complaints, safeguarding and the management of pathology results/prescriptions/letters.

Current Issues
- 8 practices are rated ‘Red’ on the Primary Care Dashboard and 9 are ‘Amber’.
- 7 practices out of 80 have ‘requires improvement (RI)’ overall ratings from Care Quality Commission (CQC) inspections
- 2 practices with ‘Responsive’ domain Inadequate with Inadequate in all the Population Groups
- Incidents being reported onto CCG Datix are increasing as practices are being encouraged to report.

Actions
- 5 practices require focussed support, and this is being managed by the CCG quality, contracts, resilience and medicines optimisation teams.
- Monthly review at Primary Care Quality, Resilience and Contracting of Quality Spotlight practice positioning to discuss actions and assurance with red and amber practices
- Quality Dashboard Spotlight provides evidence of focused support to practices and is shared at PCOG/PCCC (closed).
- Quality Stocktake provided to practices with concerns to identify issues and make improvements
- Quality Improvement plan and Memorandum of Understanding agreement between practice and CCG (Red practices).

- Review of implementation of improvement plans through regular meetings between CCG, practice and provider(s)
- Undertake Quality escalation process as required.
- Incidents are shared with providers for information and support with the request to undertake a brief investigation and feedback of findings
- Incidents are reviewed with Primary Care Quality Leads and Medicines Optimisation Team and themes for actions to be undertaken are discussed at provider quality assurance monthly meetings.

Assurance

- CQC reinstated their routine inspection programme from 1.4.2021 following Covid pandemic and are now inspecting all those practices RI overall. Those with Good overall and RI in a domain will have a desktop review and the single rating can be changed.
- PCOG/PCCC to receive quarterly dashboard reports to closed session to meet data sharing requirements.
- Quality, Development and Contracting CCG and CQC meet monthly to discuss issues with practices in BNSSG.
- Medicines Optimisation Quarterly Quality and Patient Safety report to PCOG/PCCC to share learning and provide assurance of quality work being undertaken.
- CCG and CQC meet monthly to discuss issues with practices in BNSSG.
- Escalations to be reported to PCOG/PCCC by exception.
- Incident themes and outcomes reported shared with providers at assurance meetings and through newsletters

Primary Care Incidents Quarter 1 (April-June) 2021/22

Current situation in Primary Care

- Incidents reported onto the CCG Datix system are reviewed by the Quality and Medicines Optimisation Teams.
- All providers are asked to investigate further/share learning within the practice/PCN.

Key Lines of Enquiry

- There is a need to establish that all BNSSG GP Practices are aware of how to report incidents
- The numbers of incidents being reported onto Datix are increasing. In quarter 1 of 2021/22 there were a total of 256 incidents submitted onto Datix compared to 93 for the same period in 2020/21. This is an increase of 175% year on year.
- The Datix incidents that are reported are broken down into themes in order that we know what learning is required which is identified in the slides below. These are shared in a newsletter to Primary Care.

Risks

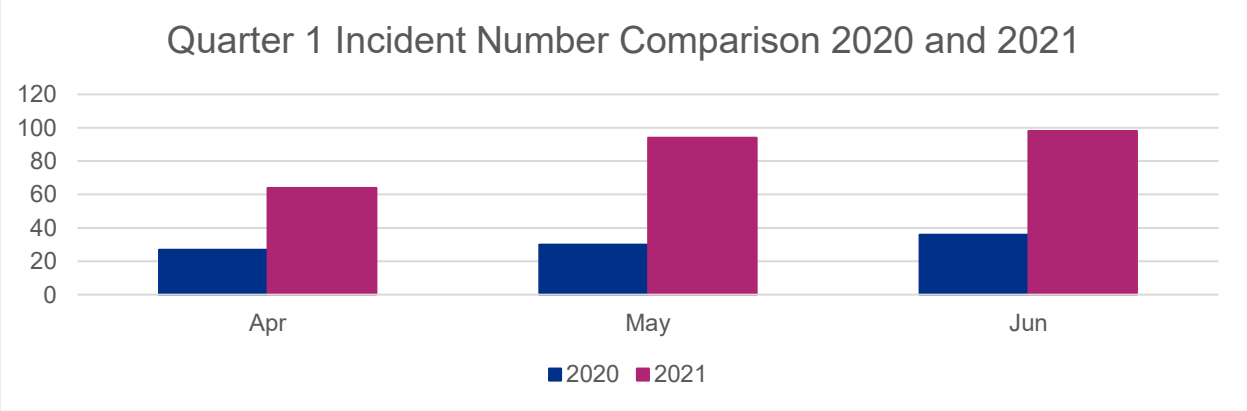
- As a result of the increasing number of incidents being reported a backlog has developed and not all incidents have been closed on the Datix system. There are a total of 623 incidents that are open. 409 are being reviewed, 132 are waiting final approval and 82 are in the holding area pending action.

Assurances

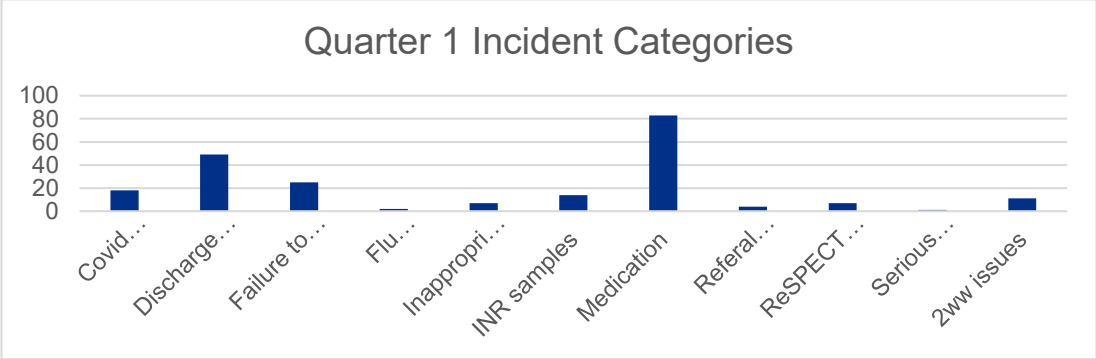
- The Quality and Medicines team view all incidents that are submitted daily and then monitor, respond and chase the providers for immediate actions which need to be undertaken.
- Medicines related incident trends are monitored and shared in newsletters and networks. Incident trends inform the medicines safety related work and projects.
- The quality team provides direct support to GP practices and providers to resolve incidents when they are challenging or more complex
- Serious incidents and escalations are discussed with the GP Quality Lead for review and support to take forward concerns and themes into the system.

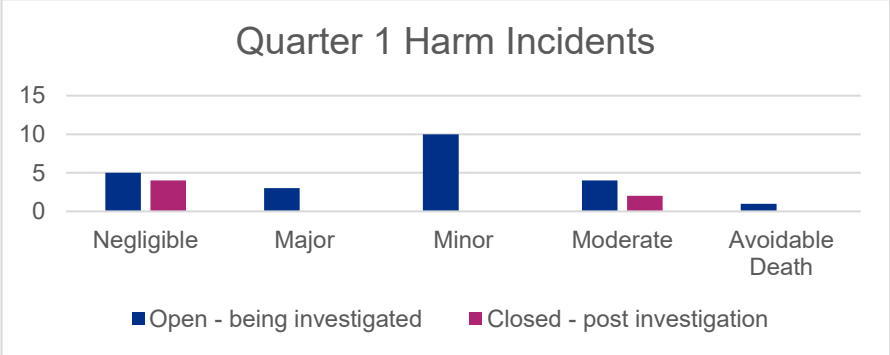
Next Steps to embed the Patient Safety Strategy in Primary Care

- A Standard Operating Procedure is in development for managing incidents reported onto the CCG Datix system.
- A project has been established to work with practices to ensure that they have robust incident reporting processes (including reporting on Datix)
- A trajectory with timelines is being developed for closing incidents which are currently on the system which will be presented in October.
- The Nursing & Quality team has been successful in securing some non-recurrent funding to provide positions which will support the introduction and development of the Patient Safety and to add resource to Primary Care Patient Safety monitoring.
- The aim is the actions above will contribute to embedding the Patient Safety Strategy in primary care to enable a focus on outcomes and shared learning across the system and into all GP Practices/PCNs/Localities.



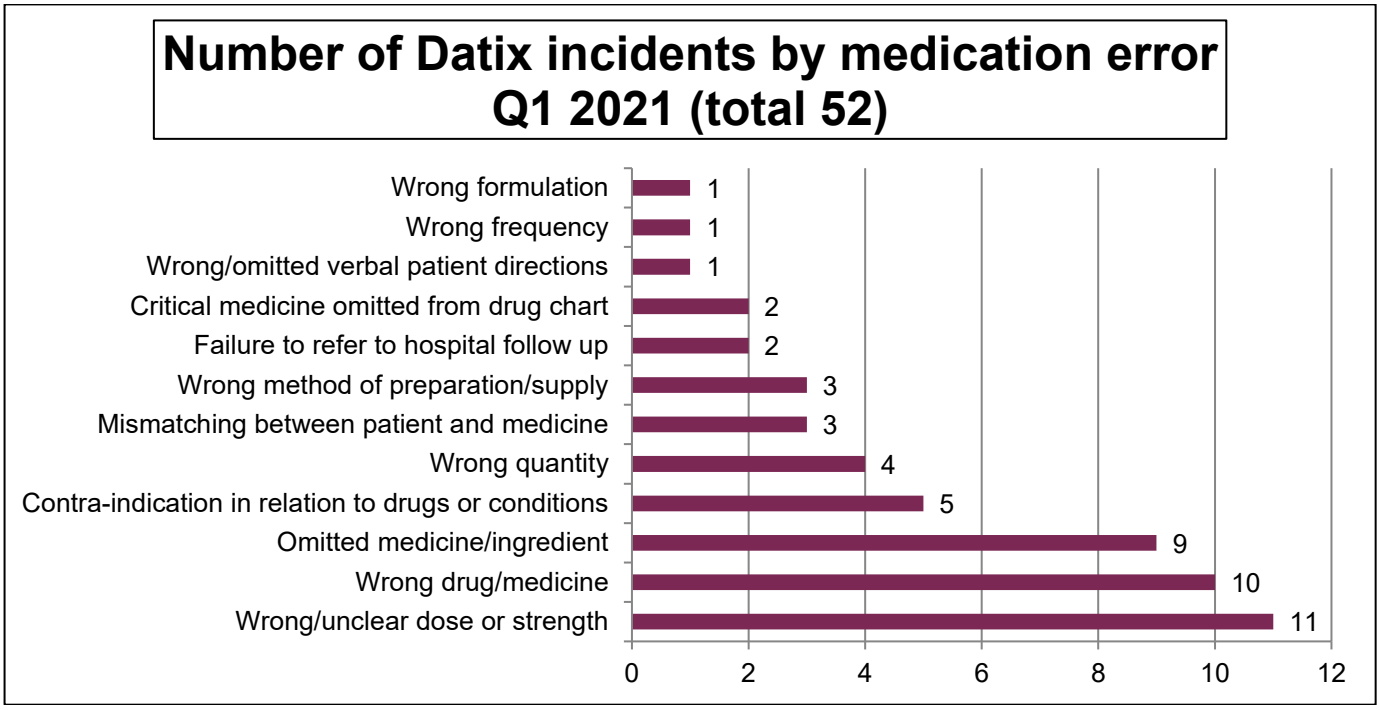
In quarter 1 of 2021/22 there were a total of 256 incidents submitted onto the DATIX system compared to 93 for the same period in 2020/21. This is an increase of 175% year on year which has been helped by the CCG Prescribing Quality Scheme Medicines Safety Project for 2020/21 which aimed to increase the number reported and coding on Datix with practices reviewing their own internal reporting processes. The breakdown of the medication incidents can be seen in the charts on slide 4. It is therefore positive to note that this has allowed better sharing of learning across the area.

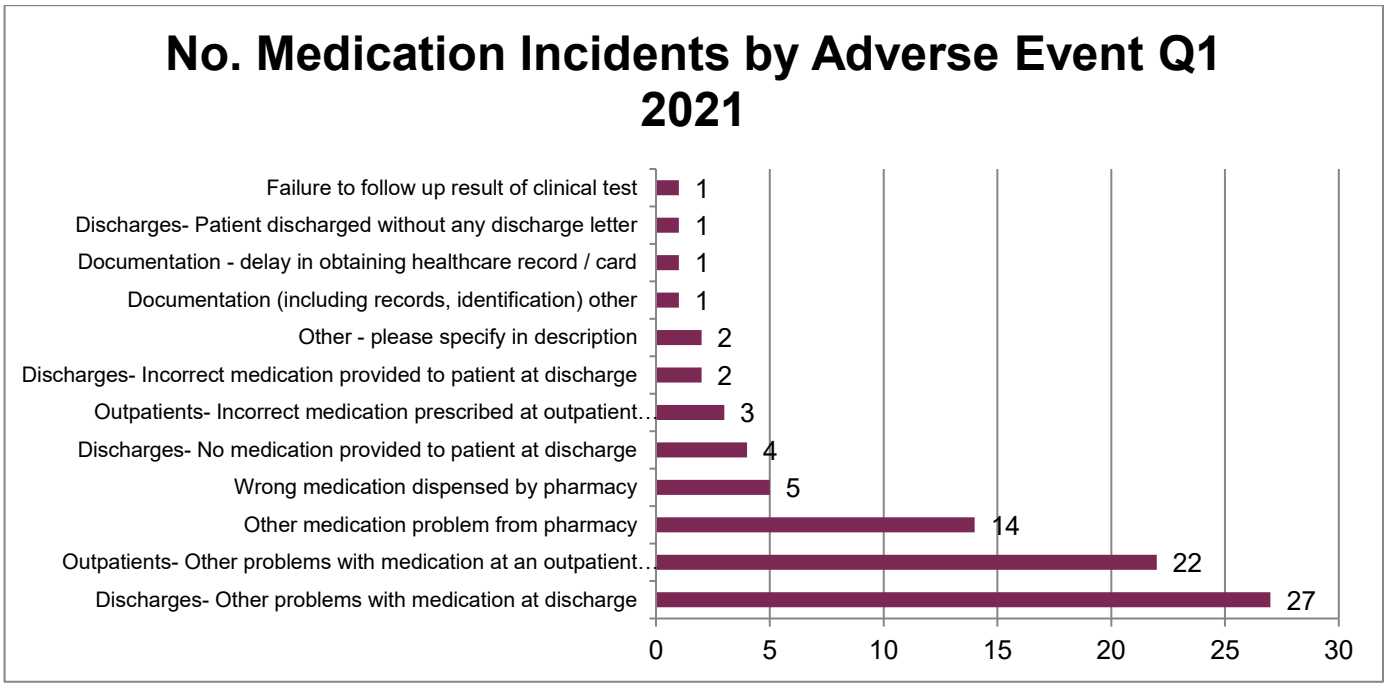




Harm Classification:
Low Harm: minimal injury needing no / minimal intervention
Major: major injury leading to long term incapacity or disability (Grade 4 pressure injury or long-term effects)
Minor: minor injury or illness requiring minor intervention (increase hospital stay 1-3 days of Grade 2 press injury)
Moderate: moderate injury requiring professional intervention (increase hospital stay 4-15 days or Grade 3 pressure injury)
Avoidable death

(The data does not include incidents that meet the Serious Incident reporting criteria. The potential avoidable death relates to a Covid vaccine incident which is being investigated by the NHSE Regional Mass Vaccination team and reported through the governance routes of Clinical Delivery Group and Mass Vaccination Group.)





Themes: Actions/Outcomes/Shared Learning

Hospital Discharges

- Discussions and meetings are ongoing with various CCG teams and providers in relation to discharge issues to take learning and improvements forwards.
- Inaccurate discharge summaries are a recurrent theme from all providers who discharge patients.

- When one provider was investigated it was discovered that an internal process for distributing the summaries to GP Practices had been changed which resulted in some being sent out before the patient had been discharged which has now been rectified.
- The most reported theme in this quarter is medication related. This can be broken down into medication adverse events and error type. Current trends by adverse event are showing discharge related issues, outpatient related issues and community pharmacy related incidents. Most frequent trends by type of error were wrong dose/strength, wrong drug, and omitted drug. Individual incidents were shared with the relevant trust Medicines Safety Officers (MSO) or NHS England for further investigation and review.

Medicines

- Incident reports relating to medicines continue to be reported from across BNSSG, monitored for trends and learning shared where appropriate.
- Actions taken this quarter include:
- Sharing learning with relevant groups such as the Medicines, Quality and Safety group and its subgroups including highlighting incidents relating to harm. An incident highlighted specific learning relevant to Pharmacy Technicians and so this was shared with their local forum. Incidents relating to practice nursing have been shared with the local nurse forums.
- Other specific actions following incidents include developing a standard operating procedure in relation to cancelling electronic prescriptions prompted by an incident relating to a controlled drug.
- Also following an incident and feedback in relation to ScriptSwitch, the Medicines Optimisation team have made the messaging clearer on some switches where the suggested alternative is a change to a similar drug but not the same medication as not all switches are a simple brand swap of the same medication.
- Action was also taken following an incident which related to drug interactions with anticoagulants. This was shared with the anticoagulant safety group, trust anticoagulant pharmacist and a newsletter article written to raise awareness of these interactions.
- Close working with the Trust Medicines Safety Officers at the local Trusts continues and following an incident affecting both primary and secondary care relating to changing between lithium formulations (liquid to tablets) a helpful newsletter article was written and will be shared in the next system medicines safety newsletter.

11. Primary Care Quality Assurance Process and Quality Escalation Plan

Papers were presented to April PCCC setting out the proposed quality assurance and escalation process. The key features of this are:

- Quality Standard Operating Procedure, Quality Stocktake and Escalation Plan are in place for each practice to identify issues and enable a process for quality improvement.
- Quality Stocktake provided to practices with concerns to identify issues and make improvements
- Quality Improvement Plan and Memorandum of Understanding agreement between practice and CCG (Red practices).
- Review of implementation of improvement plans through regular meetings between CCG, practice and provider(s)

12. Special Allocation Scheme Contract

In June 2021 the closed committee reviewed the basis for a financial uplift to the SAS contract in order to secure a two-year extension of the contract with the current provider until 30/06/23.

During discussions the provider detailed that there had been no financial uplift throughout the duration of the current contract and that the current service envelope covered the operating costs only. In recognition of this a 10.57% uplift has been applied to the revised contract value taking into account global sum uplifts across the last 5 years. This revised contract value takes into account increase in charges from UHBW, commencing from 1st July 2021. The extension of the Special Allocation Scheme (SAS) contract has created a recurrent cost pressure which has been mitigated through projected underspend in Improved Access. It was agreed that the costings would be reviewed prior to the second year of the extension. Improved activity data was a further requirement made by the CCG to the provider in consideration to continuation of service costs.

The paper was presented to the open committee for information in July 2021.

13. Delegation of Primary Care Services to the Integrated Care System

A paper was presented to PCCC in September in order to brief the Committee on the proposals for delegation of commissioning primary care services to the ICS, and to invite the Committee to discuss next steps.

The Committee was asked to note the recommendation endorsed by the ICS Executive Group to submit an expression of interest to NHSE to assume delegation of pharmaceutical and optical services in April 2022, pending a full due diligence process, and to confirm to NHSE that we will be able to assume delegation of dentistry services by April 2023.

14. Financial Resource Implications

The financial position as at 30th September 2021 (Month 6), of the combined primary care budgets is reporting an underspend of £0.96m, of which:

- £0.94m relates to Prescribing as a result of increased Category M costs during H1.
- The Primary Care, Core & Delegated budgets have essential presented a breakeven position. The reported overspend will be retrospectively funded.

The table below illustrates the position at 30th September 2021 (Month 6).

	2020/21 Annual Budget (£ '000)	Year to Date Budget (£ '000)	Year to date Expenditure (£ '000)	COVID-19 Costs (£ '000)	TOTAL Expenditure (£ '000)	Year to Date Variance (£ '000)
Primary Care (Delegated)	£145,175	£72,502	£72,483	£94	**£72,577**	**(£75)**
Other Primary Care	£22,218	£13,141	£10,487	£2,600	**£13,087**	**£54**
Medicines Management	£140,927	£70,464	£71,403	£0	**£71,403**	**(£940)**
Totals	**£308,320**	**£156,107**	**£154,373**	**£2,694**	**£157,067**	**(£961)**

The NHS has continued to operate an alternative financial framework for the first half of 2021/22 as it continues to respond to the Covid pandemic.

- Funding has only officially been issued for Apr 21 – Sept 21, known as H1.
- Covid funding continues to be made available supporting the system to respond to pressures.
- Additional funding continues to recognise where additional resource is required to deliver increased activity/capacity.

The financial framework for the committee reported budgets had been set in support of a breakeven position for H1 and is expected to support this outcome for the financial year.

We have received guidance on the H2 allocation for the CCG and can confirm the allocations will be as per the budget originally issued for this financial year, including any allocations presented within the monthly finance paper.

15. Legal Implications

No legal implications applicable.

16. Risk Implications

The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting.

17. Implications for Health Inequalities

Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.

18. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Equalities Impact Assessment for the work programme of the Primary Care Locality Development Group has been completed and monitoring and actions will be overseen by this group and the Primary Care Strategy Board.

19. Consultation and Communication including Public Involvement

Implications for public involvement have been drawn out in each of the papers to PCCC. There has been continued communications and engagement to support changes in primary care during the pandemic with listening events and media campaigns to promote changes and the communications team are working to support increased public messaging about how access to general practices has changed.

20. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters one and two in 2021/22.
Propose the Governing Body receives the report to support its own work plan and decision making.

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Glossary of Terms and Abbreviations

CQC	Care Quality Commission – regulatory body for health and social care services
LMC	Local Medical Committee – professional organisation representing GP practices
Local Enhanced Services	These are locally commissioned primary care services that recognise services delivered above the core contract for general practices.
PCN	A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.
IIF	Investment and Impact Fund – a national incentive fund available to PCNs if they achieve certain outcomes
NBS	National Booking Service – national service enabling people to book their vaccination appointments at pharmacies, mass sites and some PCNs