Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 31st May 2022
Time: 9.30am – 11.20am
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number:	13
Title:	6 monthly report to Governing Body
Purpose: Decision	
Key Points for Discussion:	
To provide a summary of quarter 3 and quarter 4 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 3 and 4 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 January 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 12 (March), combined Primary Care budgets are reporting a year end £0.9m surplus.
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. Primary Care Strategy update on Addressing Health Inequalities presented to PCCC in January – see section 4 of the report.

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 with listening events and media campaigns to promote changes. A digital inclusion plan has been developed and we are updating the communication and engagement plan for the primary care strategy.
Communications and Engagement:	Contents of this paper have been discussed in open session of PCCC.
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Table of Contents

Agenda item: 13

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 quarterly update to Governing Body will be provided to ensure the full commissioning pathway is presented to Governing Body.

This quarter three and four update provides a summary of the activities and decisions in 2020/21. This is a 6-month update noting the quarter 3 report was deferred to allow teams to focus on the Covid-19 response.

2. Summary

Throughout Q3 and Q4 work has continued to support the implementation of the Primary Care strategy in BNSSG. This has included:

- A focus on health inequalities and actively seeking to increase the proportion of people with Severe Mental Illness or Learning Difficulties who have health checks
- Supporting Primary Care Networks with the recruitment to additional roles

- Developing our offer on health and wellbeing for Primary Care
- A range of projects and initiatives aimed at supporting the workforce including the development of a staff bank led by One Care, professional leads for the PCN additional roles and a range of initiatives led by the Training Hub including student placements and apprenticeships through to mentoring and fellowships as well as Continuing Professional Development (CPD) support for clinicians

These developments have all been reflected in our operational plan and work continues to support activity planning to recognise the activity taking place in general practice. The activity plan for October to March 2002 was for 3,192,540 GP appointments.

In October, a national £250 million Winter Access Fund was announced to support increasing access to general practice. The CCG worked collaboratively with the Avon Local Medical Committee (LMC), the General Practice Collaborative Board (GPCB) and with system partners to develop proposals for BNSSG to both increase access and support practice resilience. Updates on the development of these proposals were shared regularly with the Committee and a full evaluation is planned for July.

In December, PCNs were asked to accelerate the booster campaign and prioritise services to achieve the national target. Work throughout Q3 and Q4 has continued to focus on maximising flu and Covid-19 vaccination uptake with the outreach programme aiming to increase uptake. Planning is now underway to develop the model for vaccination from the autumn whilst ensuring an evergreen offer is in place for Covid-19 vaccination. In addition, in December a system-wide leadership team mobilised and launched the Covid Medicines Delivery Unit which provides access to Covid-19 treatments for non-hospitalised patients believed to be at greatest risk of disease progression, hospitalisation, or death against a nationally set commissioning policy.

In January and March, the Committee was apprised of the escalation support to Primary Care as part of responding to the omicron surge and the impact of increased staff covid related absence. The escalation framework for general practice was updated and situation reporting was re-instated to understand the impact on general practice and provide targeted support to individual practices.

Throughout Q3 and Q4 the Committee were kept updated on key contracting and estates developments. Progress on the capital schemes supported by NHS grants was shared with the Committee along with the process for Minor Improvement Grants applications as well as rent reviews. In November, the Committee approved the recommendation to close the Capel branch surgery of Shirehampton. The Committee also approved a managed list dispersal of the Helios Medical Centre following the notification of the retirement of Dr Frank Mulder, a single-handed GP partner, which gave rise to the termination of the contract. The practice contract terminated on 30th April 2022.

Significant work has been undertaken to ensure primary care support to Interim Accommodation Centres. A multi-agency approach has been adopted to ensure that health assessments, GP

registration and access to safeguarding and mental health services is available to people arriving in the UK.

As part of the quality report the Committee was apprised that:

- 68 practices have a 'Good' CQC rating
- 5 practices have 'Requires Improvement' overall
- There are no practices which have an inadequate rating

The Committee was updated on Primary Care incident reporting via Datix and the processes in place to monitor this. The most common theme during this period were medicines related incidents and a particular focus on medicines on discharge. Actions were set out working with acute providers to improve the completion of discharge summaries and work is underway to clarify the responsibilities for amber and red drug prescribing.

A quarterly medicines optimisation report is presented to the Committee. At the January meeting, it was highlighted that 166 (95%) pharmacies are now live with the Patient Group Direction services which cover a range of pathways such as UTI, impetigo, management of minor skin and eye conditions and to 30th November 21, 8570 PGD consultations have been provided. The NHS Community Pharmacist Consultation Service - GP Referrals was also highlighted. 26,500 referrals have been made from a GP to a community pharmacy for a minor illness.

The BNSSG medicines optimisation strategy was launched in January. Work continues to support optimal antibiotic prescribing. In addition, a BNSSG ICS C.difficile working group has been set up to respond to the increase in rates seen since the start of the pandemic.

The Committee has received monthly finance reports as well as end of year reports and budget forecasts for 2022/2023. The financial position as of 31st March 2022 (Year-end), of the combined Primary Care Budgets reported an underspend of £0.9m.

The growth in the baseline Primary Care Medical funding for 22/23 allocation will provide an increase of c8.5%. This includes a significant growth to the Investment & Impact Funding & the Additional Role Reimbursement Scheme (ARRS). The General Practice Transformation funding indicates an increase of 16% to £3,571k. The Medicines Management allocation for 22/23 is set on the forecast outturn, including emerging cost pressures, and identified savings opportunities. The funding allocated to this portfolio, is intended to support a balanced financial position for 22/23.

3. Primary Care Strategy

The Primary Care Strategy Board continues to meet monthly and has built on the strong relationships with public health, population health management, the voluntary sector, wider Primary Care, and the integrated care system.
The priorities and delivery plan have continued to be relevant and appropriate during the response to Covid-19, with some areas of transformation work moving forward at pace.

Models of Care

Primary Care Networks

On 3rd December, NHSE wrote to practices to ask them to prioritise the vaccination programme and highlighted changes in QOF and Investment and Impact Funding (IIF) for the remainder of 21/22 to support this. Our PCNs have worked very hard in 21/22 to recover from the effects of the pandemic. The letter required practices to agree a plan with commissioners in order to access the full QOF funding for 21/22, therefore the following activity was proposed to continue as a priority:

- SMI health checks
- Learning disability health checks
- 'Best efforts' long term condition reviews focussed especially on people with diabetes or multiple long-term conditions
- 'Best efforts' approach to a longer-term preventative medicine domain, focussed on your local population, e.g., smoking cessation, optimising hypertension, non-diabetic hyperglycaemia, or obesity management
- Winter Access Fund schemes
- Measures to support urgent care capacity in BNSSG
- Any activity that supports a particular population e.g., contraceptive services, joint injections

On 20th December, the latest Network Contract Directed Enhanced Service (DES) Contract and IIF guidance was published which confirmed the continued focus for Q4 on vaccination and immunisation along with access.

In addition, our PCNs have:

- Developed workforce plans for 22/23 and 23/24
- 100% of PCNs mapped their appointment books to national guidance to improve data quality
- Continued PCN organisational development work and development against the PCN maturity matrix
- Continued Care Homes support - supporting practices to understand wider Primary Care (pharmacy and Sirona) input to DES, working with care providers to understand the DES and the benefits it brings; development of personalised care templates, virtual MDTs, EMIS proxy access

Population Health Management, Prevention and Health Inequalities

Health inequalities work in General Practice has continued through the Primary Care Strategy Board (PCSB) in collaboration with Public Health, Healthwatch, Building Healthier Communities Group and PHM/Prevention and Health Inequalities Groups.

The PCSB continues to explore and highlight opportunities for prevention across all providers of Primary Care in the following priority areas: Public Mental Health & Wellbeing; Healthy Weight; Alcohol; Tobacco and CVD.

This has included work in the following areas:

- MECC: promoting this approach and making every contact count for our population and staff

- Mapping of Public Health services available across BNSSG
- Improving awareness of support available to patients
- Developing a toolkit to support prevention and awareness campaigns
- Embedding digital tools for supported self-management and proactive care

In 2022/23 PCNs are required to identify populations experiencing inequality in health provision and/or outcomes, agreeing with the commissioner an approach to engagement and tackling the unmet needs of the population. Work began in Q4 to progress this linking in with the system PHM and the CORE20PLUS5 programme.

Continuing to Support Clinically Vulnerable Patients

Worked closely with Bristol Sight loss Council and Pocklington Trust to develop and launch guidance on management of patients with visual impairment.

Learning Disabilities

Following the achievement of the LD Annual Health Checks (AHC) target of 67% in 2020/21 there was a drive in Q4 to achieve the 70% target for this year having worked to embed and build on the targeted interventions:

- improved coding to assist with accurate identification and reporting
- rollout of the LD champions programme to all GP practices across BNSSG supported by CLDT staff
- further specific training sessions for practice nurses & other practice staff to ensure completion of high-quality LD Annual Health Checks

Severe Mental Illness (SMI)

- Dedicated steering group established under the Community Mental Health Programme Board to drive work forward on increasing SMI physical health checks (increase of 12% - 35% delivered by General Practice over 4 months during height of vaccination delivery)
- EMIS coding and template development work for increased numbers of SMI health checks
- Regular feedback to PCNs on uptake
- Tailored support to PCNs offered

Access, Resilience and Quality

BNSSG CCG has a successful General Practice Resilience Programme (GPRP) which has been delivering tangible results for 2 years. The GPRP provides individualised support for a small number of practices at any one time which have significant resilience challenges. Practices receive bespoke support from BNSSG CCG, OneCare, the LMC and from other partners to meet the individual requirements. The GPRP is combined with the BNSSG CCG Quality Programme for General Practices and with input from the CCG Primary Care Contracts Team where this is beneficial to practices.

The CCG GPRP has continued to successfully deliver the following key aims and has supported a total of 9 practices during 2021/22:

- Increased practice resilience
- Reduced unwarranted variation

- Embedding a culture of continuous improvement
- Prevented unmanaged contract hand backs

The aims of the GPRP are delivered by supporting practices to tackle root causes of challenges which are individual to each practice. The benefits and outcomes delivered by the GPRP include:

- Reduced staff attrition
- Reduced patient attrition
- Stabilisation of the patient list
- Increase in successful staff recruitment
- Improved retention
- Reduced staff absence
- Reduction in the number of complaints
- Income maximisation and improved financial stability
- Improved financial benchmarking performance

As part of our Winter Access proposals, we developed an Access, Resilience & Quality Support Programme (AR&Q) which aims to enhance the existing and successful BNSSG GPRP model. The key difference between the GPRP and the AR&Q Support Programme are that the AR&Q Support Programme is designed to:

- Have an increased focus on patient access, demand, and capacity
- Provide a much greater amount of hands-on support.

The AR&Q Programme is already providing support to local practices and enabling improvement. Real time monitoring of practice resilience is in place through the development of situation, escalation, and OPEL reporting so that support can be put in place and General Practice resilience can be understood as part of understanding and feeding into system pressures meetings.

The Primary Care Development and Quality teams have been working closely on specific areas of inconsistency and unwarranted variation that has been highlighted during Covid-19. A GP access survey was developed and results from this have been used as the baseline for this work and to inform winter access plans.

Developing the Workforce

Our workforce continued to face challenges as levels of Covid-19 increased, including staff shortages due to lack of available workforce or locum cover, sickness, and isolation at a time when practices were experiencing an increase in demand for their services; some of the work to support is outlined below:

- SitRep reinstated due to an increase in number of practices reporting significant staff absence due to isolation so practices could report challenges and receive support
- 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
- Winter Access proposals developed including a flexible approach to additional improved access resource

- Project commenced to develop and implement a Community, Primary Care and Social Care collaborative bank with an initial focus in General Practice
- Continued support Primary Care Networks to recruit to additional roles to support the expansion of the wider Primary Care team and manage the current shortage of workforce in this area along with work to understand the impact

This PCN workforce plans and work as part of the Primary Care Outcomes and Activity group ensured plans were captured accurately in the operational plan for 2022/23. In addition, work commenced to ensure Primary Care input into the system 1-, 3- and 5-year workforce plan.

Additional Roles Underspend

PCNs were invited to bid against the unclaimed funding pot for the purpose of recruiting or engaging further additional rules in line with the Network Contract DES Specification. Any payment claimed was in addition to a PCNs original allocated sum and must be affordable from 22/23 budgets. The unclaimed funding could not carry forward into subsequent years.
Bids were invited from all PCNs against the following priorities:

- Additional workforce capacity to support mass vaccinations (taken from the ARRS role groups)
- PCN roles that were able to support Mental Health, for example recovery navigators and Social Prescribers, Health and Wellbeing Coaches with a special interest
- PCNs in an area of high deprivation
- PCNs who have Additional Roles Reimbursement Scheme (ARRS) staff on paid leave e.g., parental leave or sickness leave

Where a PCN submitted a bid, they had to acknowledge that:

- They have a process in place to recruit to the roles for which the funding relates
- Evidence that they have the capability to recruit to these roles

In order to bid against the unclaimed funding PCNs were provided a template to complete by the end of January. All but one bid was approved, as this did not meet the criteria for ARRS funding.

Training Hub

The Training Hub's focus has been on preparing and submitting a successful bid as part of a national procurement process. The Training Hub continues to be hosted by the CCG and they have successfully secured a three-year contract.
They have continued to deliver a wide-ranging programme to support Primary Care:

- Training Hub seminars and resources to support the ARRS roles and clinical supervision
- Professional leads in post working to optimise use of ARRS creating communities of practice and learning resources for practices and our people working in Primary Care and supporting staff retention
- Work to support Mental Health Support workers in General Practice through creation of a professional lead role
- Newly Qualified GPs and mentoring continues with a new cohort onboarded in November
- 46 GPs and 5 nurses joined the Fellowship programme

Continued development and delivery of GP recruitment and retention initiatives such as:

- Return to work support after short career breaks
- Extended mentoring to mid and later career GPs
- New to partnership support
- Continuing Professional Development support
- Portfolio career development
- HEE funded GP fellowship in population health to develop future PH practitioners
- HEE funded simulation fellow to develop simulation training in General Practice, offering improved workplace-based education and training, supported by simulation suite at UHBWFT
- Supporting General Practice Nurse Leadership development
- Educational delivery in areas such as cancer awareness, dermoscopy and shared decision making
- Medicines optimisation training
- Supporting practice managers through project management training offer
- Managing the national continuing professional development allocations for GP, nurses and Allied Health Professionals in Primary Care
- Supporting workforce supply through increasing nurse, paramedic and physician associate student placements in General Practice and increasing apprenticeships
- Created an induction day and resources for all new staff to General Practice
- Working with South West Ambulance Services to create a rotational role

Staff Health and Wellbeing

The health and wellbeing of our staff continues to be a priority. BNSSG were successful in a bid for a Health and Wellbeing Support Offer for staff working across Primary Care. In October, a project manager came into post that has supported enabling General Practice and wider Primary Care access to our BNSSG Healthier Together Support network, which provides confidential wellbeing and mental health support including talking therapies, psychological therapy for work-related trauma and training and resources for individuals and managers.
In General Practice, the training hub has supported with wellbeing webinars, education, and training for managing difficult conversations following the significant increase in abuse received by frustrated patients.

Infrastructure

Communication and Engagement

As part of the Winter Access proposals in Q3 we have worked collaboratively to develop a robust proactive and positive communication and engagement plan for our practices and patients through communication and engagement workshops. This has been essential to support and guide our practices through NHSE requirements but also during incredibly challenging times to support messaging to our population and media to:

- Increase public understanding and acceptance of changes to General Practice and Primary Care
- Combat perception that GPs and teams ‘just don’t want to’ see patients face-to-face
- Restore faith in local Primary Care services
- Reduce incidences of abuse
- Reduce patient complaints and increase patient satisfaction

- Boost workforce morale and retention
- Support practices in handling complaints
- Improve practice websites

Primary Care Business Intelligence

Primary Care data is complex, and it is challenging to get timely, accurate and complete data with many different sources. Crucial to ensure this happens and it is tested with Primary Care colleagues has been the establishment of the Primary Care Outcomes and Activity Group by our Primary Care Development and BI Teams, led by one of our Clinical Directors with representation across localities, OneCare and GPCB. This group has been key in demonstrating the value of Primary Care to the wider system and do so in a way that system colleagues understand in terms of activity, impact of Primary Care investment and support for addressing the backlog and understanding the impact of urgent, elective, and planned care programmes. This has been critical in Q3 and Q4 for the submission of our operating plan.

Digital

Considerable work has continued to support the new ways of working and models of care during:

- Ongoing support for Primary Care input into System Digital Strategy, ICP development and digital inclusion work
- Significant work to prepare for implementation of shared care tool
- Extension of online consultation provider contracts for a further year to enable an in-depth evaluation to take place in 2022/23
- Further promotion of tools to support proactive and preventative management of patients e.g., remote monitoring through eConsult templates, accuRx Florey/Pathways.
- Elemental implementation has continued across practices to support Social Prescribers accessing patient records and providing signposting to services for patients
- ORCHA implementation to support quality and safety assurance of the increasing use of Apps across the system

Estates

The CCG has been working with Archus to prepare out-of-hospital PCN, ICP and ICS level Infrastructure Plans. The four-phase process that started in 2021, Q3 and Q4 has focussed on phase 2 and 3 outlined below:

Task	Dates
Phase 2 – PCN/Wider Stakeholder Workshops and PCN Estate Strategies	Completed
Includes: Meeting prep (agenda, slides etc), all locations PCN kick off meeting, PCN mid-point meetings, 1-1 workshops with wider stakeholders, review of PCN outputs, queries, clarifications and workshop prep, feedback workshop no.1 with individual PCN's, preparation of estates strategy documents, feedback workshop no.2 with individual PCN's	
Phase 3 – Locality Wide Engagement & Strategy Development	Completed

Includes: Locality wide strategy workshop no.1 prep and in person workshops, action by individual stakeholders, Locality wide strategy workshop no.2 prep and in person workshops, collate and prioritisation, high level assessment of SOA and costs, agree template for proposed ICS overview strategy	
Phase 4 – ICS Wide Strategy Development	
Includes: CSF & Investment Objectives Workshop prep and workshop, follow up prioritisation workshop, capital planning, production of overarching ICP wide strategy including investment priorities.	Due June 2022

Ongoing System Support

We have continued to work collaboratively and proactively to support system programmes of work:

- Minor Injuries Proposal and System CAS
- Urgent Care Winter Access proposals
- Community Winter Access proposals
- Outpatients Programme and Elective recovery
- Community Phlebotomy
- Oximetry at Home

Delegated Primary Care

Significant work started to pursue our expression of interest to NHSEI to assume delegation of pharmaceutical, optical services and dentistry by April 2023.

4. Operational Planning Update

The Primary Care activity plan was presented to Committee for the second half of 2021/22 (H2) in November. The plan was not part of the H2 submission requirement and had been developed locally. The activity plan included additional activity currently absent from the national General Practice appointment dataset. The local H2 plan forecast 3,192,540 GP appointments for the period October 21 to March 22. Primary Care activity returned to above pre-pandemic levels in July 2020 and demand continues to exceed pre-pandemic levels. Face to face appointments continue to account for an average 58% of activity which reflects embedding of the new hybrid model of telephone, video, online or face to face options where clinically appropriate.

2021/2022 Priorities and Operational Planning: October 2021 – March 2022 – ICSs were asked to provide a narrative plan covering the second half of the financial year. The narrative was submitted to NHSE by 12 noon Tuesday 16th November 2021 and the narrative for restoring access to General Practice was shared at the November Committee. This included a summary of the Winter Access Fund proposals, plans to address health inequalities and inequality of access through the Primary Care Strategy Programme Board, supporting delivery of the PCN DES requirements, initiatives, and proposals to support workforce growth and retention in Primary Care and a continued focus on staff health and wellbeing.

In January, the Committee were advised of the planning timeline for submission of the ICS plan for 2022/2023. The key operational plan areas for Primary Care were shared with the Committee and these are set out below:

- Primary Care as an integral part of solution to key system challenges that require a whole system response, including elective recovery and supporting people in their own homes and local communities
- Greater role for community pharmacy through the pharmacy integration programme – aim for universal participation. Incentives for contribution to national minimum 2m appointments. Include blood pressure measurement and smoking cessation, new medicines & discharge medications
- Expansion of Primary Care Workforce GPs, ARRS & PCNs
- Support continued delivery of good quality access by increasing and optimising capacity, addressing variation, and spreading good practice
- Revised arrangements for enhanced access through PCNs from October 2022
- Support practices and PCNs to ensure every patient has the right to be offered digital-first Primary Care by 2023/24
- GP contract changes including Network Contract DES
- PCNs to deliver anticipatory care and personalised care and expand focus on CVD diagnosis and prevention from April 2022
- Catch up on backlog of care for ongoing conditions
- Address health inequalities with communities
- Maximise clinically appropriate activity and target capacity to meet urgent care demand, minimise deterioration in oral health and reduce health inequalities in dental services.
- Develop delegated commissioning of dental, community pharmacy and optical services from 2023/24

5. Covid-19 Vaccination and Flu Vaccination update

Covid-19 Mass Vaccination – Key Updates:

All PCNs in BNSSG continue to be engaged and delivering vaccinations, to date, two thirds of the vaccinations delivered in BNSSG have been through General Practice. The General Practice Covid-19 Vaccination Enhanced Service Specification was updated and extended to September 2022. The notice period was shortened to 21 days and a formal 'Pause' mechanism was introduced. To support delivery of vaccination to more vulnerable groups, a £10 supplement for vaccinations to care home residents, care home staff, housebound patients, immunosuppressed patients, and 5-11yr olds is being offered.

PCNs can access programme workforce where needed to support delivery to housebound patients or care homes to maintain a focus on core business. This will continue, maximising the benefits of using a local PCN based delivery mechanism whilst providing additional programme resource to support where needed.

PCNs are also able to use Improved Access time to deliver vaccinations and provided appointments on a booked and walk in basis.

In March, several sites opted in to vaccinate 5-11y olds without underlying conditions, as well as the clinically vulnerable.

Along with wider programme staff, PCNs have also supported the School Immunisation Service workforce in vaccinating 12-15s second doses in school, supported outreach clinics and piloted new approaches delivering a hyper local vaccination service. Nearly 40,000 vaccinations have been given in our outreach clinics since March 2021.

From the beginning of the programme, General Practice has also been key to developing and driving work to improve vaccination uptake in more vulnerable populations and to reduce health inequalities, using the Make Every Contact Count approach. Examples of the work piloted in the groups addressing this include:

- Freshers' fair stalls and vaccine delivery was organised at UWE, University of Bristol and Weston College
- Sixth form college-based clinics
- Walk-in clinic in IKEA aimed at Inner City Bristol residents
- We continued to focus on improving uptake in members of our population with Learning Disabilities and Severe Mental Illness by holding designated clinics and improving communications, working with system partners
- Continued focus on improving vaccine uptake in pregnancy, not just Covid-19 but flu, and pertussis as well**.** A leaflet normalising Covid-19 vaccine during pregnancy was developed, printed, and distributed by the BNSSG programme. This has been translated into 7 languages including Romanian, Somali and Arabic. This leaflet was well-received and shared with SW Regional comms leads for use in other systems
- Vaccination clinics were established, working in partnership with Public Health, LA & Commissioned service 'We are With You, Weston', for substance misuse clients Working together with BIC PCN using Winter Access Funding to set up the first community clinic last month; these clinics will continue over the next six months
- Regular outreach continues to those most at risk of not being effectively served via traditional methods, focus on areas with lower uptake: Easton Sweetmart, homeless, refugees/asylum seekers, Wai Yee Hong Chinese supermarket
- Working in partnership in Bristol to vaccinate people as part of the Afghan Relocations and Assistance and Afghan Citizens Resettlement Scheme

- Caafi health continued to support with vaccine uptake in populations with low uptake by attending antenatal clinics in the community, working with staff in health and social care settings, and helping to set up family clinics in the community
- Developing a range of materials and a Caafi health offer to support vaccination as a Condition of Deployment in health and social care setting, ensuring employers were able to support their staff in improving uptake
- A pilot project is being run in Barton Hill / Lawrence Hill with BIC PCN to look at improving access to health care and health literacy alongside Covid-19 vaccinations

Reducing Inequalities Grants have also been awarded to communities to build upon the work done to address longstanding health inequalities. The outcomes of the work completed by the communities will be shared so all can learn and adopt good practice.

To ensure that system partners and our public have access to the most up to date information about the vaccination programme, there have been regular updates through the 'grabajab' website, briefings with MPs, development of a social media calendar to support messaging and community events, and stakeholder newsletters and emails detailing the latest statistics.

There has been a continued focus on our communications campaign to support our population in accessing vaccinations and ensuring the right information is available for decision making. These communications have also supported Primary Care in delivering the vaccinations, working with One Care on patient communications for PCNs to share with their practice population, ensuring clarity around availability of appointments and how to access General Practice services at the height of vaccination delivery. The programme has also updated and distributed Anti-Vaccination Guidance for delivery sites, including PCNs.

In December, in response to the rapid scaling up of vaccination capacity to meet Prime Minister's target of offering everyone eligible a booster by the end of December, the programme worked with Healthier Together communications leads to ensure consistent messaging. The programme worked closely with the school-based Immunisation Service (in partnership with Sirona and PCNs), ensuring ongoing communications with schools and local authorities, particularly highlighting the importance of 12-week gap after positive Covid-19 test.

Media themes have more recently centred around Spring Boosters, vaccinations for 12- to 15-year-olds and 5- to 11-year-olds, vaccination during pregnancy, eligibility of immunosuppressed people, delivery in care homes and coverage of walk-in clinics. Dr Neil Kerfoot and Dr Geeta Iyer took part in Spring booster media activity on BBC Points West and BBC Radio Bristol.

The Insights Team has seen the programme plan and initiate a behavioural change campaign, identifying target groups and are now starting qualitative research to understand attitudes and motivation behind choosing not to be vaccinated, and to improve uptake. The outputs of this work will feed into "The Big Conversation" and the Healthier Together Working with People and Communities Strategy.

PCNs have also been part of the vaccination programme evaluation, which will help to inform delivery of services in BNSSG.

Vaccination Programme - Next Steps:

The current focus of the programme is on maintaining an evergreen offer for all throughout the summer. Many PCN sites will be pausing their activity over the summer but will be ready to participate again in the autumn, so there will be a need for clear communications for our staff and public on this complex programme. Plans for the autumn vaccination programme will incorporate the need to run a vaccination service alongside core General Practice, continuing to utilise workforce across the programme effectively and co-ordinating with the flu vaccination programme. Our approach will broaden, offering more than vaccinations, by listening to our communities and offering services that will make a difference and deliver outcomes that matter.

Flu Vaccination Updates

PCCC received regular flu vaccination highlight reports throughout the flu season. These reports showed the levels of circulating flu which remained low throughout the season as well as provided a summary of the ongoing work and any national guidance issued.

It was noted that the BNSSG System Flu Group had reformed for the 21/22 season with representatives from primary and secondary care, CCG, Avon LPC, Avon LMC, Local Authorities, Public Health and the Screening and Immunisation Team. Lessons have been reflected upon from the previous season and to address some of the issues highlighted a flu data working group and a care provider working group had been set up. A risk log was also developed, and key risks shared with PCCC throughout the season. It was also highlighted that a synergistic approach to both the flu and Covid-19 vaccine campaigns, with cross system working was important for a successful programme.

National guidance and recommendations were included in the reports alongside local updates and communications during the season. A local BNSSG winter communications group formed to ensure consistent messaging across the Integrated Care System (ICS). National communications were available for the staff vaccine programme as well as patient facing communications. The wider national winter vaccination communications included an integrated campaign signalling the importance of both the flu and Covid-19 vaccines building on learnings from previous flu and Covid-19 vaccine marketing activity to bust myths, overcome barriers and hero the benefits of vaccines to drive uptake effectively. A 'boost your immunity' national headline campaign ran during the season.

Local communications included items on BBC Points West and BBC Radio Bristol supported by local GPs and Community Pharmacists. A Radio Ujima session explained the importance of vaccination. To prevent the flu messaging becoming lost in ongoing Covid-19 campaigns, BBC Points West and ITV West Country have had specific features on flu vaccinations, with the filming taking place in a local GP vaccination clinic. A local maternity focused social media video and a 2- and 3-year-old focused social media video was filmed to help encourage uptake in these specific cohorts. Bristol Local Authority also issued communications regarding the 2- and 3-year-old vaccines to childminders and nurseries to support uptake as these were areas of local focus to increase vaccination rates. A local 'grabajab' webpage was used to promote the flu vaccination campaign alongside the Covid-19 booster vaccinations.

Regular communications relating to flu were issued to practices in the General Practice Bulletin and via a flu resource webpage available on the One Care Teamnet website. Reminders have also included supporting patients with learning disabilities with their flu vaccinations and about vaccinating clinically 'at risk' children.

It was noted that GP practices in BNSSG had all ordered flu vaccination stock for the 21/22 season, however, it was suggested there may not be sufficient ordered to meet the new national ambitions for all groups. It was difficult for practices to ascertain what the likely 50–64-year uptake would be, and the vaccine required as they only received confirmation to vaccinate this age group part way through the season last year. Practices were therefore encouraged to order additional stock where they felt they would have insufficient stocks for their population from the national stockpile. It was highlighted that there were also national delivery delays to flu vaccines supplied by Seqiris which affected some providers locally.

A flu vaccine uptake trajectory was developed to support the identification of areas which would benefit from additional focus and support. Data overall continued to show a positive uptake rate for the over 65 years cohort and as of March, we achieved the national ambition for this group overall with a BNSSG uptake of 86% at the end of the season. The 'at risk' cohort however remains below ambition with an uptake of 54% in March 22, but this was similar to last season's uptake. Nationally there have been concerns in relation to the slow uptake of the vaccine in 2- and 3-year-olds due to children being carriers of the virus and so important they are vaccinated prior to flu circulation. Locally uptake has been slowly increasing with March uptake being 55%. Local communications to nurseries and childminders have been issued to support the uptake in this group and wider communications to support the clinical risk groups. Uptake in pregnant women also remains lower than hoped at 42% despite targeted communications and an offer from maternity teams in addition to standard routes.

Updates on provider staff vaccinations plans and uptakes were also provided to PCCC via the report throughout the season. This included the types of clinics held and any difficulties that arose such as data collation for those receiving vaccination off site and stock delays.

Representatives from the BNSSG System flu group are also part of the Mass Vaccination Maximising Uptake group to ensure both vaccination programmes are aligned and that lessons learnt are taken forward. A flu outreach task and finish group has been set up and it is overseeing the offer of flu vaccine in outreach clinics.

The flu outreach programme continues to be a success and feedback suggests the offer of a flu vaccine alongside a Covid-19 vaccine has been positive. Support from community pharmacies as well as Sirona to deliver flu vaccinations in an outreach setting has worked well as has the utilisation of community influencers and trusted voices within the community to support key vaccination messages. Local uptake data has helped to inform us of areas that would benefit from outreach work to ensure we are targeting areas with the lowest uptake.
Delivering vaccines through family clinics has also been shown to be a success, the initial clinic resulted in 44 adult patients accepting a flu vaccine, many of whom had not previously received the vaccine and 35 children (19 received the injection option due to the intranasal vaccine containing porcine gelatine) in the first clinic. This showed the concept worked well and other successful family clinics were held such as the clinic in November at the Southmead Mosque, with 56 adult flu vaccines and 73 children's flu vaccines (of which 40 were IM vaccinations) were delivered. Further family clinics were also delivered in the Hartcliffe area. Overall, 642 flu vaccines have now been given via outreach up to 3rd March 2022.

The March report described the feedback from a survey sent to practice nurses in BNSSG and describes areas that had gone well such as well-prepared clinics and areas that had gone less well such as vaccine delays and poor uptake in children. Feedback was shared on groups that were difficult to engage with such as patients who don't regularly present in Primary Care and working aged men, as well as the support that might be helpful to practices from the BNSSG health care system such as resources and communications to address myths in relation to the vaccine.

Every year, the local antiviral pathway for flu outbreaks is reviewed to ensure it is robust and current for the forthcoming flu season. It was noted that discussions had taken place with local GP practices, PCNs, Sirona and Severnside to ensure there is service in place this season to provide antivirals in a timely way in event of a flu outbreak in a care home setting. A single PCN provider

was agreed to provide this service across BNSSG for 21/22. The flu outbreak antiviral pathway was updated and shared to relevant parties.

6. Winter Access Fund

In October, the Committee was apprised that a letter was received from NHS England/Improvement on the 14th of October, which outlined the plan for improving access for patients and supporting General Practice including steps to:

- Increase and optimise capacity in General Practice
- Address variation in patient access and encourage good practice
- Improve communication with the public on how to best access General Practice, and support on tackling abuse and violence against NHS staff

The letter acknowledged that as with other parts of the NHS current workload pressures in General Practice are intense – nationally this financial year practices have provided more appointments than in the equivalent period before the pandemic. However, it also cited variation in appointment availability and the ability to see a GP face-to-face. The letter announced a national £250 million Winter Access Fund. The Committee was apprised of the timeline and approach to be taken to work collaboratively with practices and the system to submit a plan for BNSSG by the end of October.

In November, the Committee received an overview of the Winter Access Fund proposals for BNSSG. The schemes aimed to address:

- Supporting resilience and additional capacity
- Reviewing and addressing variation
- Increasing on the day appointments / urgent care needs
- Supporting access and patient experience
- Enablers

The CCG had been required to submit a plan to NHSE/I and to also identify up to 20% practices requiring additional support. It had been agreed at system level that these practices would not be individually named. A robust support and resilience programme had commenced. Alongside this would be support and resilience offers open to all practices across BNSSG.

It was reported that a number of initiatives had started, and that work was underway to secure leads and project capacity to support mobilisation of all of the schemes. Ongoing governance of the schemes would sit with the Primary Care Locality Development Group reporting to the General Practice Collaborative Board and to the PCCC.

Further updates on the proposals and their implementation were presented to the Committee in January and again in March. The schemes are listed below:

Enhanced General Practice Resilience and Quality Support Programme was developed to provide support to a small number of BNSSG practices which will benefit from intensive, hands-on support to understand and tackle the root causes of resilience and quality issues.

Practices which were not already in receipt of support were identified for the programme and have been onboarded. Currently, there are 9 practices participating in the programme. Commissioning process between BNSSG CCG and One Care for additional programme capacity has been completed. Recruitment processes are in progress and there have been successful appointments made to increase the programme team capacity.

GP Clinical Network Service (CNS) provided a GP homeworking opportunity for those on the Mass Vaccs bank, GPs taking a career break, those who would otherwise retire or who have recently retired, those only wanting to work a few hours per week etc. Only 1 practice took up this offer, so the scheme was expanded to enable practices to take on additional administrative support over the winter period to support additional sessions.

Digital remote consultation offer was developed to support General Practice with the use of a digital remote consultation by a third-party supplier.

Mental Health Offer – This scheme built on learning from the work with the Integrated Care Partnerships (ICPs) and broader mental health models to develop a Mental Health First Contact Practitioner with VitaMinds. A Standard Operating Procedure was developed to deliver remote consultations with a Mental Health Practitioner following a referral from General Practice. In most cases this was possible following an e-consultation with the patient and without the need for a review with a GP/nurse prior to the referral, thus reducing the waiting time for an assessment with VitaMinds.

SDUC/ Expansion of Improved Access – A flexible approach expanding on Improved Access (excluding Covid-19 vaccinations and in addition to current IA specification) was developed offering funding for additional 15 minutes per 1000 population. 71 practices had signed up to participating in this scheme.

Community Pharmacy/Medicines Optimisation Offer

- Community Pharmacy Consultation Service (CPCS) was developed to extend the Community Pharmacy scheme and maximise CPCS sign-up and training for best practice utilisation as well as for eConsult and AskmyGP referrals to link to it.
- Patient Group Directions - development of further local PGDs, UTI and hay fever, urine dip sticking added to UTI PDG.
- PCNs are being supported to accelerate the development of prescribing hubs.

Telephony – Practices have been supported with additional telephony costs over winter to maintain responsiveness to patients and to finance call recording to help with staff safety.

Proactive and positive communications - Use of local insights helped to support national comms campaign. A local project to deliver proactive and positive comms about General Practice was announced and is now underway via social media.
A proposal for signposting and practice website development has been developed incorporating work from Health Watch, practice PPGs and voluntary sector to maximise the use of health apps to support self-care in population.

Health Inequalities

- Provision of mobile phones and pay-as-you-go SIM cards were supplied to support homeless population in communicating with service providers and attending scheduled appointments
- Treatment for patients with Hepatitis C in homeless population has been set up
- A Dentistry Pilot has been established to give access to dental services for homeless population who have poor dentition resulting from intravenous drug usage and poor diet
- Bolstering Homeless Health Service workforce was announced to meet the demand expected with the pandemic over winter. Outreach clinics were set up at a temporary accommodation for homeless
- Trauma Psychologist support to homeless pilot was introduced – Homeless patient cohort generally have complex and traumatic backgrounds from which alcohol and substance misuse arises
- Expansion of Family Centred Clinics - Community-based clinics were supported developing a family centred approach to healthcare bespoke to the community in which the clinics are held to make every patient contact count. Weekly outreach family clinics targeting the most marginalised and disadvantaged people within our communities were set up
- Find Your Village' pilot - Project seeks improved outcomes for young children and their families, by bringing families together and enabling them to meet their needs. Pilot in development to support Somali families until the child is 2 years old
- A pilot for appointments a First Contact mental health practitioner has been introduced to offer support to young people of colour aged 11-17 years, who are requesting a GP appointment for mental health concerns in a PCN in Inner city and East Bristol

The same day urgent care scheme has been the most successful with many additional appointments in General Practice provided through this scheme.

A number of schemes to reduce health inequalities were approved for 6 months and the lessons learnt from these schemes will be built into future commissioning intentions. Evaluation of all the schemes is taking place during April and May, however the Health Inequalities schemes will be evaluated later in the year. Some schemes received significant uptake whereas for others uptake was lower and some schemes did not make it to delivery. The main reason for this was due to the acceleration of the Covid-19 booster campaign at the same time as delivering these schemes. Other reasons for this will be explored as part of the evaluation. The CCG supported practices to

submit claims which will provide more information regarding activity. The expectation was that circa £2m in additional investment would be drawn down.

It was agreed that the final report will be presented to the Committee in July 2022 including the activity and investment outturn position.

7. Primary Care Escalation

Primary Care was experiencing increased Covid-19 related absences and therefore work continued to support stabilisation of Primary Care.

In January, the Committee was apprised that practices were invited to attend a PCN Q&A meeting to discuss escalation and that the Primary Care and Locality Development Group (PCLDG) meetings were to be held twice weekly in January to co-ordinate the response between the CCG, One Care, Severnside and the LMC.

BMA guidance on practice business continuity planning was shared with practices. Communications to practices were issued setting out the process for requesting digital support for remote working due to Covid-19 related absence. The escalation framework was refreshed to support omicron surge planning and shared with practices setting out escalation thresholds and actions for practices, PCNs and localities. This has been developed collaboratively at PCLDG and shared with Sirona and Severnside and with Bronze command to enable alignment of response across wider Primary Care, community services and system partners. Heads of Locality worked with PCN CDs, and Locality GP leads to refresh PCN and locality level escalation plans. Situation reporting was re-instated to understand workforce absence levels in General Practice with processes in place to offer advice, guidance and support to practices as required. A communications guide was developed to support practices with consistent messaging to their population to mirror the escalation framework. Primary Care supported the expansion of the oximetry at home service, which was introduced to support the omicron surge and keeping people well in the community. Distribution of paediatric pulse oximeters to practices was carried out with more being procured to secure 1 per practice site. One Care worked with the CCG Incident Control team to secure and deliver lateral flow test supply to practices to support business continuity.

In March, the Committee was advised that 23 practices had contacted the CCG and One Care resilience teams to report an increase in Covid-19 related absence causing operational pressure and therefore situation reporting would be re-established and remain in place until after Easter. Locum availability was in short supply to cover Covid-19 related absence. Communications were re-issued to practices setting out contact details to report resilience and business continuity pressures as well as procedures for reporting Covid-19 outbreaks.

8. Covid-19 Medicine Delivery Unit (CMDU)

Covid-19 Medicine Delivery Unit (CMDU) Services are being deployed nationally to provide access to Covid-19 treatments for non-hospitalised patients believed to be at greatest risk of disease progression, hospitalisation, or death against a nationally set interim commissioning policy.

A BNSSG leadership team was established from across all sectors within BNSSG to design and develop the CMDU service which met the national timeframe to go live in December 2021. The initial service was delivered by Sirona and the acute trusts, but in late February 2022 the clinical assessment for eligibility, prescribing and administration of infusion moved to two GP practices within BNSSG. A Specialist Clinical Assessment Team has been established in Concord Medical Centre and Mendip Vale Medical Practice. This 'Specialist' team screen and review patients for their suitability for Covid-19 treatments and have undertaken specific training by colleagues from acute sector.

The same clinical leadership remains in place and a clear governance framework has been established to show the integrated workings and responsibilities of all involved, this has been agreed by BNSSG Clinical Cabinet. Regular updates are presented to BNSSG Bronze and show that over 840 patients have been treated between its start in December 2021 to 30 April 2022. Work continues to meet the requirements of the national commissioning policy and activity levels continue to be monitored. There is a good system wide communications strategy which is constantly being updated, utilising the Remedy platform and the General Practice Bulletin and system wide comms to 111 / Out of hours and other providers. Full detailed information on the service can be found on remedy pathway (bnssgccg.nhs.uk)

We are now working with Population Health Management colleagues and datasets are being reviewed including age, ethnicity, locality, and gender for example, to further enhance the service and reduce potential health inequalities.

We are linked in with the national and regional team to understand potential developments and future requirements. Nationally local systems have been requested to have a CMDU model in place until end of September, after this date, it is anticipated that there will be a requirement to have a Primary Care function to deliver Covid-19 treatments longer term. By delivering the current CMDU in Primary Care combined with the learnings we are gaining, this puts BNSSG in a positive position if a change and further role out is required within Primary Care.

9. Primary Care Contracts, Performance, Quality and Resilience Report

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	OBC / Concept Approval	FBC / Project Approval	Building Works Completion	Status
Little Stokes PCN	Bradley Stoke	May 2019	Dec 2019	April 2020	Works Complete and building operational.
	Coniston	May 2019	Mar 2020	Jul 2020	Works Complete and building operational.
Pioneer Medical Group	Lawrence Weston	Jan 2020	Jul 2020	Jul 2021	Works completed and building operational.
	Avonmouth	Sep 2018	Jan 2020	Dec 2020	Works Complete and building operational.
	Bradgate	Sep 2018	Jul 2020	September 2021	Works Complete and building operational.
Glos Road Corridor	Glos Road MC	Nov 2019	Aug 2020	October 2021	Works completed and building operational.
	Monks Park	Nov 2019	Oct 2020	September 2021	Works completed and building operational.
	Fallodon Way	Nov 2019	TBC	TBC	FBC in progress - Affordability and viability under review.
	Conygre	Nov 2019	November 2021	Sept 2022	Works are underway on site with an estimated completion of Sept 2022.
Tyntesfield PCN	Tower House	May 2019	November 2021	May 2022	Works are currently underway and estimated to be complete by May 2022.
	Admin Hub	May 2019	N/A	N/A	Business case determined project was not viable.
Healthy Weston	Parklands Village	Dec 2018	Dec 2020	October 2022	Works are underway on site with an estimated completion of Sept 2022.
	Central Weston	Jul 2020	Nov 2022	2024	Work on full Business Case is progressing, though submission of a planning application has been delayed.

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 was carried over into 2021/22 to ensure any schemes that were not completed before the 31st of March 2021 were still able to be completed. Following successful due diligence checks, 20 schemes were approved to complete MIGs works and all works were completed by the deadline of 31st March 2022. In total 20 schemes were completed and covered a wide range of works from supporting compliance of the Disability Discrimination Act by installing ramps and widening doorways, to increasing clinical capacity and introducing PCN

Admin hubs in some practice sites. As a result of increasing these workspaces, 18 new clinical rooms and 9 new admin desks were created across 10 practices.

Planning for the 2022/23 MIG round has commenced and practices and PCNs have submitted Expressions of Interest (EoI's) these EoI's are being accessed and prioritised against the Healthier Together Estates Strategy key principles, PCN and Practice Estate capacity and value for money of proposed schemes. Prioritised schemes will be invited to submit a full application and due diligence forms. Final approval will be given by the Director of Commissioning and respective Area Director.

Rent Reviews

On site reviews re-commenced for rent reviews instructed from September 2021.

Reviews in progress

There are currently 34 rent reviews in progress and an additional 3 reviews are being appealed by the practice.

Reviews Delayed

13 reviews were carried over as incomplete from delegation, a further 25 reviews were delayed due to Covid-19. The CCG has established bi-monthly meetings with the District Valuer to manage the back log and recover the position. There are currently 17 overdue reviews.

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.

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	37	16	53
North Somerset	18	11	29
South Gloucestershire	22	11	33
Totals	**77**	**38**	**115**

Number of GP Premises –Main / Branch

	Contracts	Main Premises	Branch	Shared Premises
Bristol		36	11	5
North Somerset		15	12	1
South Gloucestershire		22	8	1
Totals	**79**	**73**	**31**	**7**

Number of GP Premises – Rent Type

	Actual Rent	CHP	Block contract	Cost Rent	NHS PS	Notional Rent	Grand Total
Bristol	6	6	1	1	11	28	53
North Somerset	4				3	22	29
South Gloucestershire	1			1	5	26	33
Totals	**12**	**6**	**1**	**2**	**19**	**77**	**115**

Branch Closures

The closure of the Capel Road branch of Shirehampton Group Practice took place on 9 March 2022, as approved at PCCC November 2021.

The Primary Care Contracts team expects an application from a practice in Spring 2022 and will review this when received.

Weight Management / Long Covid Direct Enhanced Service

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

Bristol are now introducing a pilot Tier 2 service in certain areas of the city. Full details have been requested. Allocations for all practices under this enhanced service have now been received and distributed. This represents circa 37% of each practice's obesity register. The DES allows for a review at the end of November 2021. If, at this point, a practice has delivered less than 40% of this allocation, the CCG are entitled to re-distribute the remaining allocation to practices that look like they may exceed their initial allocation. This distribution can take place from January 2022.

As detailed in the GP Contract update letter dated 1 March 2022, this enhanced service is to continue in 22/23.

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 of 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.

A self-assessment template has been published and practices were required to submit by 31 March 2022 with confirmation that they have 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

Submission of this template and confirmation that these requirements are in place, needs to be made for practices to access the remaining 25% of funding.

The majority of practices have returned the self-assessment as of 11 April 2022 and will be entitled to the final tranche of payment. We will chase any outstanding practices with a view to

release all the funding by the end of May 22.

Primary Care Support to Interim Accommodation Centres

Further to previous updates, we continue to support 6 hotels across in BNSSG. 3 in Bristol, 2 in South Gloucestershire and 1 in North Somerset.

The Almondsbury hotel which has circa 60 people placed there since January closed 11th May 2022 because the provider has given notice to the Home Office. There was a workstream in place to support the closure and safe transfer of patients to their onward accommodation.

The Haven team maintain to provide health care services across all the hotels. Further work continues in response to health and social care wrap around services and immunisation and screening for new arrivals across all the hotels.

Work has commenced to conduct some assumption modelling on future provision impact based on current data and activity of residents across BNSSG hotels.

On 14th March 2022, Bristol received 3 oncology paediatric patients from Ukraine accompanied by their mothers. A system response to manage the arrival on the day and welcome the families was enacted and appropriate oncology treatment commenced on 15th March 2022. Registration with a GP practice was organised the same day.

GP registration advice for all arrivals from Ukraine is to register patients with GPs with open lists covering the postcode within the Practice boundary area of where they are residing whilst in the UK.

The 3 LAs will work with BNSSG CCG to conduct mapping to review the impact on Primary Care registrations.

Further to the above there is also work underway to map all mental health provisions in place and identify additional mental health provision that will be required for:

- UKR arrivals – PTSD and other types of mental health and well-being support
- Support for host families
- Support for health and social care staff supporting any pathways
- Support for Asylum seeker/refugees coming from other routes
- ARAP (Afghan Relocations and Assistance Policy) families

10. Helios Medical Centre

Dr Frank Mulder, the single-handed GP of Helios Medical Centre formally notified the CCG on 22 October 2021 that he wished to give notice of retirement giving rise to the termination of his contract. In November 2021, the PCCC agreed a managed list dispersal for this patient list. The CCG team has worked with the provider and other system stakeholders to ensure continuity of

provision of primary medical services for the registered patients of Helios Medical Centre. Patients have been communicated to by letter with a list of Practices close to their home postcode specific to each individual patient, two sign posting events were held at Helios Medical Centre in February 2022 giving patients the opportunity to come and ask questions and seek relevant support if required.

Patients that have not registered with a Practice and have remained on the Helios Medical Centre list on 25th March were transferred to Practices close to their home address and this was communicated to the patient. For 13 practices this was completed electronically via EMIS, and the remainder were worked through as manual registrations practice by practice, due to lower number of allocations. Once patients were registered with their new Practice this was followed up with a final letter advising the patient which Practice, they are now registered with.

The Helios Medical Centre PMS contract terminated on 30th April 2022.

11. Primary Care Quality Report

Quality update reports were taken to PCCC in Q3 and 4. A summary of these is provided below.

Key Lines of Enquiry

- Support to GP Practices with acknowledged quality issues identified via the dashboard
- Specific areas of focus in these practices include patient access, complaints, safeguarding and the management of pathology results/prescriptions/letters
- Themed work includes specific domains related to Patient Safety, Clinical Effectiveness, Responsiveness and Leadership

Risks

- Several practices require focussed support to improve identified quality issues which could potentially impact on patient health outcomes resulting in patient harm

Assurance

- Quality Dashboard Spotlight provides evidence of focussed support to practices and is shared at PCOG/PCCC (closed)
- Quality Standard Operating Procedure, Quality Stocktake and Escalation Plan will be used to identify issues and enable a process for quality improvement
- Quality, Development (Resilience) and Contracting meet CQC monthly to discuss issues with practices in BNSSG

CQC Update

- **3** practices have an ***Overall*** '**Outstanding'** rating
- **68** practices have a **'Good'** rating
- 5 practices have **'Requires Improvement'** overall
- There are no practices which have an inadequate rating

- Montpelier Health Centre and Coniston Medical Practice CQC inspections have resulted in both practices moving from 'Requires Improvement' to 'Good' overall and 'Good' in all domains. These practices have been part of the quality and resilience support programme

Actions and Projects (CQC)

- Monthly relationship meetings with CCG and CQC to discuss high risk practices, forthcoming inspections, and process updates
- CQC have restarted inspections from 1st February 2022. Due to Covid-19 they are prioritising inspections where there is evidence of risk to life, or the immediate risk of serious harm to people. Where they can support increasing capacity across the system, particularly in adult social care and where a focus on the urgent and emergency care system will help us understand the pressures, where local or national support is needed, and share good practice to drive improvement
- CQC will be looking at the Good and Outstanding practices who are at the 5-year position to undertake a 'dip sample' involving a clinical search and monitoring call. Depending on the outcome further investigation may include a site visit with full inspection.
- It is likely that most of the CQC activity in Q3 will be outside BNSSG however they will continue to undertake a risk-based approach intervening as required
- Next steps will involve addressing those amber rated practices to ensure that improvements are taking place and they do not tip towards red

Primary Care Incidents Quarter 3 and 4 (October- March) 2021/22

Key Lines of Enquiry

- Work is required to establish which BNSSG GP Practices require training to enable them to report incidents onto the Datix system
- The numbers of incidents being reported onto Datix is constant. In quarter 3 of 2021/22 there were a total of 195 incidents submitted onto Datix compared to 272 for the same period in 2020/21
- The drop in numbers may be due to staffing levels, the urgency of the vaccination programme and system pressures
- The reported Datix incidents are reviewed and broken down into themes; this allows learning to be identified and is provided in the slides below. The learning is also shared quarterly in a newsletter to Primary Care

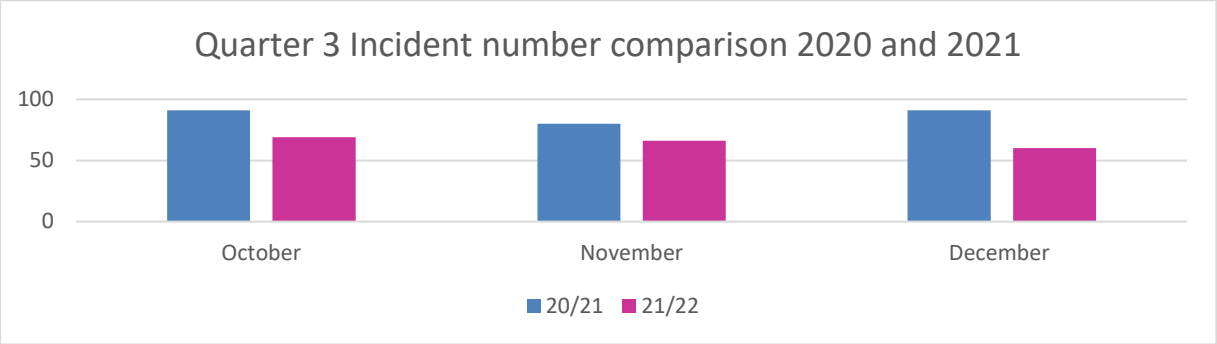
Risks

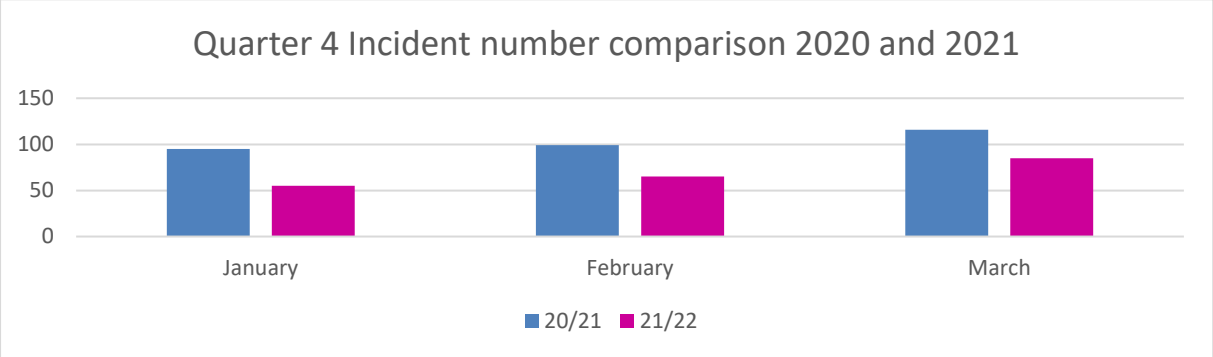
- With the number of reported incidents increasing, this is impacting on the time taken to review them; this has resulted in a higher number of open incidents being on the Datix system
- There are a total of 319 incidents open incidents on the Datix system relating to the Quality team. These incidents have all been seen by a member of the quality team to identify any incidents which require immediate attention

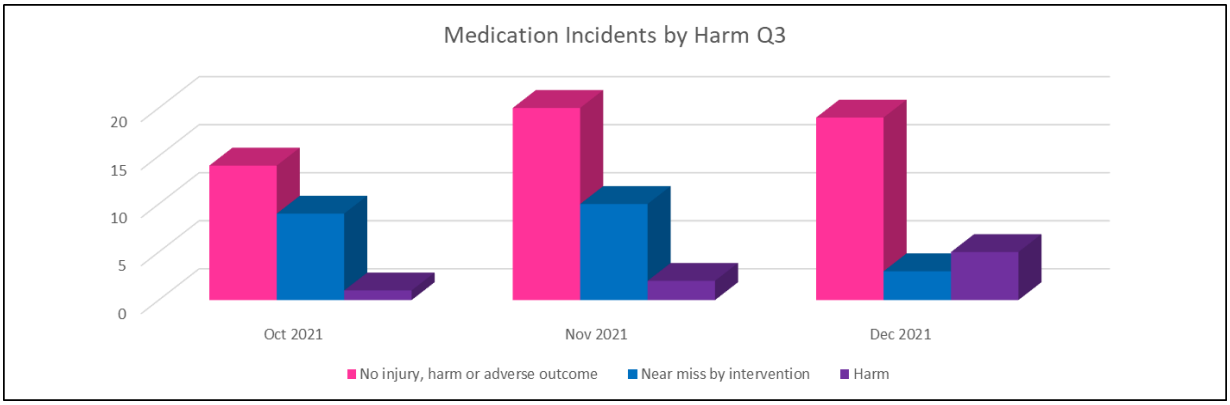
Assurances

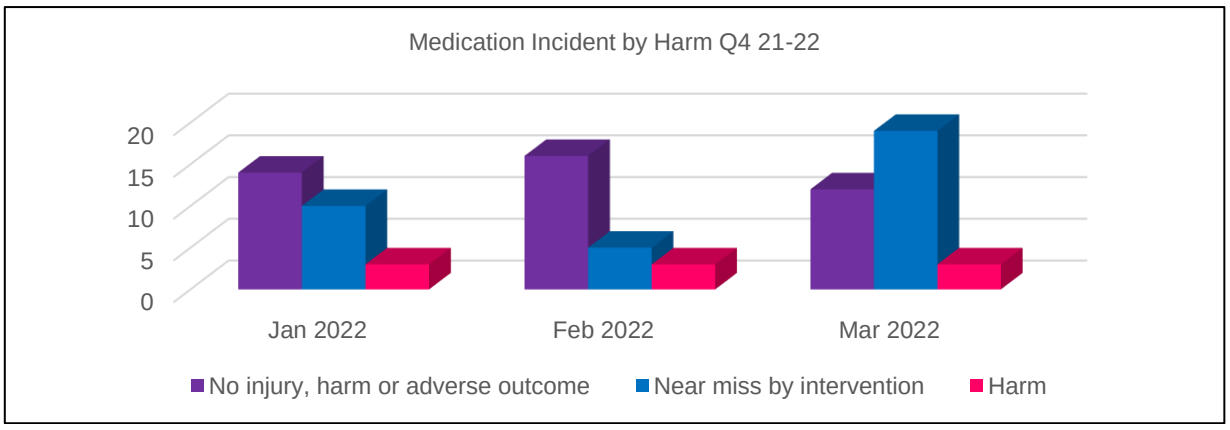
- The Quality team view all incidents that are submitted. All medication incidents are reviewed by the Medicines Optimisation Team
- Medicines related incident trends are monitored and shared in newsletters and networks

- Incident trends inform the medicines safety related work and projects
- Incidents are shared with relevant parties to investigate, feedback or to share the learning in line with the Standard Operating Procedure agreed
- The Quality team provides direct support to GP practices and providers to resolve incidents when they are challenging or 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
- A Patient Safety Primary Care project manager has been employed in the Quality team to implement the patient safety strategy within Primary Care
- Meetings with the Acute providers are held with the Medication Safety Officers to discuss all medication related concerns and the Primary Care leads to discuss any patient safety concerns to take any incident learning forward. The same approach has been introduced in the Community sector









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-19 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:

- The top themes of this quarter are medication on discharge ranging from no medication provided, wrong dosage provided, wrong medication on discharge summary.
- Failure to send out timely discharge letter and difficulties accessing appropriate appointment / patient review which we have identified further as incorrect referrals to Yate MIU and incorrect requests to Sirona for bloods for non-housebound patients. The Yate MIU and Sirona housebound blood web pages were distributed in the GP bulletin and since this was communicated there have been no more incidents reported.

Acute Provider:

- Collaborating with the End-of-Life group to improve the Notification of Death process.
- Ongoing work with the Chief Clinical Information Officer to improve discharge summaries at North Bristol Trust.
- Programme of work with Clinical Leads to improve awareness amongst Junior Doctors on the importance of completing discharge summaries in a timely and correct manner, highlighting the impact of incorrect discharge summaries on patient care.
- IM&T working on our new Electronic Patient Record system, which will improve communication with Primary Care.
- Project work with the BNSSG Remedy team to update BNSSG clinical pathways.
- Working with the Referral Service on improvements and resolving issues.

- Maintenance of inhouse intranet pages to keep updated on what we must do for our patients so that there is awareness about contract obligations.
- Pharmacy leads made aware of the issues of medication in our discharge summaries.

Medicines:

- Omitted medicines/ingredients was the most frequent medicine error in Q4 due to missing medication on discharge.
- Problems with medications on discharge is an ongoing theme which the hospitals are aware of and auditing.
- Amber and red TLS medications continue to be reported and a system wide newsletter highlighting everyone's responsibility in medication prescribing is being published in May to educate and share learning.
- There has been a second datix regarding unopposed oestrogen HRT in a woman with an intact uterus. The BNSSG Menopause guidelines have been updated to include a reminder about this.
- Review of possibility of prescribing by the AWP Perinatal metal health service is being undertaken following an incident with a request for complex changes in medication.
- Incidents continue to be shared for learning and instigation with Medicines safety officers, NHS England, Controlled drugs accountable officer and relevant clinical teams.
- Incident reports relating to medicines continue to be reported from across BNSSG, monitored for trends and learning shared where appropriate.
- Sharing learnings with relevant groups such as the Medicines, Quality and Safety group and its subgroups (Anticoagulant Safety, Diabetes Safety and Prescribed Dependence Forming working groups) including highlighting incidents relating to **harm** (5 x negligible, 3 x minor).
- 2 LASA (Look-Alike, Sound-Alike) dispensing errors occurred in Q3 which prompted the Medicines Optimisation Team to write an article on LASA errors for the BNSSG System wide medicines safety newsletter for shared learning.
- Second incident reported in the same year on Datix where a woman, with an intact uterus, was prescribed unopposed oestrogen HRT (oestrogen therapy alone without progesterone). This incident prompted the MO team to write an article for the BNSSG System wide medicines safety newsletter and MO monthly newsletter for shared learning. Incident has also been highlighted to GP Menopause working Group.
- A new theme is developing where GP practices are increasingly being asked to prescribe amber and sometimes red TLS medicines in Primary Care. This theme will be shared with the CCG Formulary Team, Joint Formulary Group and Medicines Quality and Safety Group in March 22 meeting for discussion to see if any further work is needed around the prescribing of these medicines.
- Issues with medication on discharges – ongoing theme, discharge related datix themes shared with MSOs
- Incidents continued to be shared for shared learning and investigation with: **Medication Safety Officers** (MSOs)**; NHS England** (where the incidents involve a community pharmacy); **Controlled Drugs Accountable Officer** (CDAO) South West (where the incidents involve controlled drugs); Any other relevant clinical teams (e.g., Antibiotics Specialist Pharmacist)

General Practice Nurse (GPN) Update

Projects in 2021/22

- Care programme completed by a cohort of 12 nurses (Quality Improvement and Leadership). Evaluating the programme, support participants and continue to embed learning
- Continue to roll out shiny minds app with workforce survey incorporated
- Clinical Supervision training for supervisors and supervisees provided to GPNs by GP Nurse Educators. Developing training for supervisees as well as supervisors
- Student Nurse toolkit completed and launched – interest from Health Education England (HEE) to use across the area
- Collaborative work with Avon Local Medical Committee (ALMC)/Training Hub to improve Continuing Professional Development process
- Wellness resources promoted, nurses engaged to find out issues and what they feel will help
- Monthly GPN forums monthly with good feedback and engagement from GPNs
- Induction programme for Primary Care developed by ALMC and toolkit for new into practice nurses
- Linking digital nurse champions with initiatives such as more simulation-based training in practice

New to Practice: NHSE/I Transformation Funds - £99,999

Jointly developed by ALMC, BNSSG Practice Nursing team and BNSSG Training Hub
Aims:

- To encourage nurses to take up roles in General Practice and aid retention
- To support 10 new to practice nurses by providing a preceptorship programme (protected CPD time) and Fundamentals of nursing course
- To create a legacy nurse mentor 0.4 wte for the 10 nurses and other projects

Nurse Associate Development: HEE Funded Programme - £69,291

To develop the role of Nurse Associates across SW
Within BNSSG joint work between ALMC who will provide the Leadership and the Training Hub who will provide project support (£27k & £42k respectively)
Aims:

- To increase uptake of Trainee Nurse Associate Roles by 1 in each PCN in 2022/23 and to develop a TNA Roadmap and support network
- Support employers and potential apprentices to meet the entry requirements of the programme
- Support practices & PCNs to develop the educational infrastructure require to support apprentices and students

GPN System Leadership: NHSE/I Funds (pending confirmation)
To create a strategic GPN Leadership Role

- Will act as a co-ordinator for local workforce recruitment and retention initiatives and ensure that we are aligned to national priorities. This has been put on hold until the end of February, but the funding has been agreed in principle

New to Practice (funding for 2 GPNs): NHSE/I Funds - £73,000
Jointly supported by ALMC/BNSSG Practice Nursing team/ BNSSG Training Hub
Aims:

- The funding is to enable the salaries of two 1.0 FTE band 5 GPNs new to practice per system
- To train and support two new-to-general-practice nurses for one year
- To encourage nurses to take up roles in General Practice/aid retention

Other Projects 2022:

- Further Motivational Interviewing facilitation training for GPNs from June
- Scoping for Video Group Consultation training
- Development of Safeguarding package including webinars for GPNs
- Continuing work to develop Primary Care Network CN GPN leads
- Development of a system wide respiratory interest group

12. Medicines Optimisation Report

The Medicines Optimisation Quality Report is presented on a quarterly basis to PCCC and provides an overview of the key medicines and safety work as well as highlights from system wide meetings in BNSSG regarding medicine related pathways / guidelines and updates on decisions made at the BNSSG Joint Formulary meeting each quarter. Reports have been shared with PCCC at the October 21 and January 22 meetings.

During the period October 21- March 22, the Adult Formulary met on four occasions and approved a number of new drug request applications. These included applications such as Cefiderocol (Fetcroja power for intravenous infusion) for treatment of multidrug resistant aerobic gram-negative infections where there are no other treatment options available, Forceval soluble tablets as a complete vitamin and mineral supplement to maintain normal levels in intestinal failure patients who have swallowing difficulties under the care of the nutrition team and Aprepitant for prevention of post-operative nausea and vomiting for patients attending adult anti-reflux surgery.

Pathways and guidance discussed at the Area Prescribing Medicines Optimisation Committee included; an updated version of the medicines to avoid prescribing in dementia for common physical health conditions guidance, Primary Care prescribing of PDE-5 inhibitors for erectile dysfunction guidelines, Healthier Together community Patient Specific Directions to support clear medicines administration processes, updated Health Care Support Workers and influenza vaccinations guidance, anal irrigation guidance and the updated good practice guidance on homely remedies in care homes. All of which were approved by the Committee. Other guidance approved included the paediatric asthma guideline which supports both national recommendations as well as the green agenda, medicines reuse in care home or hospice setting guidelines, a chronic pain self-help resource and the SOP for delivering Comirnaty/Pfizer Vaccine in school and clinic setting.

Strategic updates from the Regional Medicines Optimisation Committees (RMOC) including the new cholesterol medication Inclisiran, the national overprescribing review report and community phlebotomy proposals for red /amber drug monitoring were also discussed. Updates from other

ICS related medicines meetings were also provided to the group to ensure good governance. An overview of the current financial position and new NICE guidance was also discussed.

The quarterly reports during this period also covered the following key areas:

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service continues to offer a valuable service to the BNSSG community following its start date of March 2020. This service complements 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.

The PGDs cover: UTIs for females aged 16-64 (Trimethoprim or Nitrofurantoin), Impetigo for adults and children aged 2 and over (Fucidin, Flucloxacillin or Clarithromycin) and Hydrocortisone cream for children under 10 and for use on the face in patients over 1 year, Chloramphenicol eye drops & ointment for children from 31 days to under 2 years. The Penicillin V and Clarithromycin PGDs to treat bacterial tonsillitis for adults and children over 5 years has now been reinstated along with IPC advice for the community pharmacists and has seen excellent uptake.

At the January meeting, it was highlighted that 166 (95%) pharmacies are now live with the PGD services and so far, to 30th November 21, 8570 PGD consultations have been provided, meaning that 8570 appointments in other parts of the system such as GP practices and Out of Hours services for prescriptions have been avoided by this service managing the patient's health needs. Of these 8570 consultations, the urinary tract infection PGD had the greatest number of consultations. See breakdown of the pharmacy service provision:

01.03.20 - 30.11.21	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	166 (up from 164 at the time of the last report)	156	5771 (up from 4285 at the time of the last report)
Sore Throat	166 (up from 164)	87	475 (up from 70)
Impetigo	166 (up from 164)	125	895 (up from 666)
Hydrocortisone	166 (up from 164)	127	868 (up from 729)
Chloramphenicol	166 (up from 164)	123	561 (up from 234)
Total			8570

Next steps for this service include the completion of a service evaluation in order to understand any inequalities and to understand how best a patient communications campaign should be targeted. There are also plans to expand the range of PGDs to other areas/conditions including certain hay fever preparations.

The NHS Community Pharmacist Consultation Service - GP Referrals (GP-CPCS) was also highlighted in the quality reports, since the pilot started in July 2019 this has now been commissioned by NHS England and 26,500 referrals have been made from a GP to a community pharmacy for a minor illness, with November showing the highest number of referrals (2851).

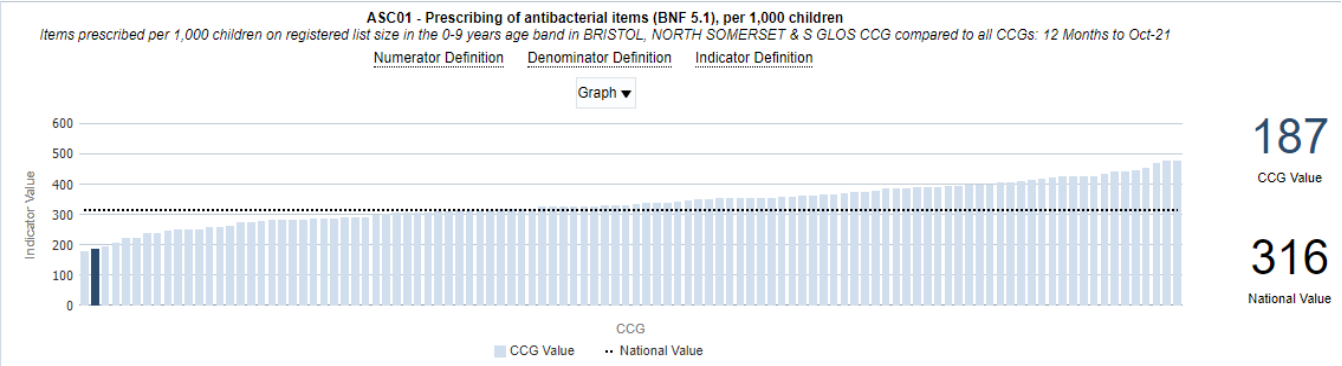
A pilot CPCS with NHS England started in October in the South Bristol Urgent Treatment Centre (UTC) to refer minor illnesses to the community pharmacy via an electronic referral. Initial feedback on this had been positive.

Both reports highlight progress on the BNSSG Medicines Optimisation Strategy and Integrating NHS Pharmacy and Medicines Optimisation (IPMO) Plan. The Medicines Optimisation Strategy[1] highlights the Medicines Optimisation vision, the reasons for change alongside the principles, key deliverables, and project deliverables. This strategy started to launch across the system in January. In the January PCCC meeting it was mentioned that a poster to support the launch of this strategy is in its final stages of production following stakeholder feedback. The IPMO plan has now been signed off by the Healthier Together Executive Group on 16th December 2021 and so work will now continue to ensure the system vision is taken forward.

PCCC was highlighted to a series of polypharmacy medicines optimisation training events which have been delivered in conjunction with the Training hub, allowing primary and secondary care clinicians access to a variety of training choices for upskilling in areas of need. Training sessions are delivered virtually and are recorded, to enable access for those unable to attend a module. The training to date has been well attended from a range of clinicians in BNSSG and received positive feedback. Training has included shared decision making, pain management, long term conditions and deprescribing, how to facilitate behaviour change, dependence forming medicines and initiating medicines.

PCCC was also informed of a number of safety related work streams that had either been undertaken or are ongoing. This included work to action the NatPSA alert on the risk of inappropriate anticoagulation of patients with a mechanical heart valve, work to support valproate safety and the quarterly system wide Medicines, Quality and Safety newsletter.

Antibiotic updates were given at both meetings. It was highlighted that antibiotic levels were increasing with rates at the highest level since the pandemic, this was particularly noted in amoxicillin prescribing in children. It was noted that during World Antimicrobial Awareness Week in November BNSSG had a focus on antibiotic prescribing in children. An antibiotic prescribing in children data pack was sent to each PCN via their PCN pharmacists. This pack highlighted how each PCN and practice within the PCN benchmarked in their prescribing to children. As a CCG we benchmark well as the second lowest prescribers of antibiotics in children aged 0-9, BNSSG is the dark blue line in the graph below. The data is per 1,000 children on list. Although it was noted there is some variation between individual practices.



Although our prescribing rates in children are positive, we need to continue stewardship to ensure prescribing is appropriate.

[1] Medicines Optimisation Strategy presentation forms Appendix 1 as a separate document to this report.

C. difficile infection (CDI) rates continues to be monitored. Cases continue at the higher rate we have been seeing since the start of the pandemic. Although November has seen a drop (data too recent to be included in the graph below) to 11 cases but subsequent months have consistently been slightly higher than pre-pandemic levels.

A review into quarter 1 community cases has been completed, with 56 COCA (Community onset community associated), COIA (community onset indeterminate association) and COHA (community onset hospital associated) cases reviewed. There was nothing in the data that indicated a cause/s for the increased rates in CDI. The most common risk factors (excluding antibiotics) were taking a PPI and immunosuppression. Skin infections were the most frequent indication for antibiotics and amoxicillin was the most frequently prescribed. It was noted that 73% of antibiotic courses reviewed were considered to be appropriate and the 30 day all case fatality was within the national rate. A BNSSG ICS C.difficile working group has been set up to support this work.

13. Finance Report

The financial position as of 31st March 2022 (Year-end), of the combined Primary Care Budgets reported an underspent of £0.9m.

The key variances include:

- Primary Care Prescribing, £321k underspend, attributable to category M credits, now forecast to be c.£0.5m per month across the final quarter, creating an unforeseen significantly favourable position. This improvement has meant the risk pool has not been required to support a balanced financial position
- Primary Care Services, £588k underspent, largely attributable to; Locally Enhanced Services as a result of concluding a historical review of activity searches, recognising an overprovision from the prior year, and an underspend against reserve budgets

The table below illustrates the position on 31st March 2022:

Summary Financial Position

	2021/22 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)	£151,147	£151,147	£151,449	£95	**£151,544**	**(£397)**
Other Primary Care	£23,961	£23,961	£19,815	£3,360	**£23,175**	**£786**
Medicines Management	£140,927	£140,927	£140,606	£0	**£140,606**	**£321**
Totals	**£316,034**	**£316,034**	**£311,870**	**£3,455**	**£315,325**	**£709**

Retrospective Funding & Risk Reserve

ARRS*	£147	£147	£0	£0	**£0**	**£147**
Winter Access Fund (WAF)**	£53	£53	£0	£0	**£0**	**£53**
Risk Pool - CCG Reserve	£0	£0	£0	£0	**£0**	**0**
Net Total	**£316,234**	**£316,234**	**£311,870**	**£3,455**	**£315,325**	**£909**

***Additional Role Reimbursement Scheme - Nationally held Allocation due to be allocated**

****Winter Access Fund - Nationally held Allocation due to be allocated**

14. Financial Resource Implications

In support of General Practice capacity additional resources, totalling £25.1m (vaccination funding of £13.6m paid directly to General Practice), beyond those set in the baseline budget have been utilised during the financial year:

Scheme	£000's
Additional Funding	
Covid Expansion Fund	2,150
Vaccinations (Inc Clinical Director Enhancements)	13,600
Winter Access Fund	1,969
Weight Management	68
Long Covid	516
PCN Leadership & Management	721
Sub total - Additional Funding	**19,024**
Accessed Allocation	
Transformation Funding	2,794
Additional Roles Reimbursement Scheme (ARRS)	3,297
Sub total - Additional Funding Accessed	**6,091**
Total Additional & Accessed Funding	**25,115**

Covid-19 Expansion Fund

The 21/22 Covid-19 Capacity Expansion Fund (CEF), £2.15m, was allocated to CCGs to support General Practice to expand capacity to; return capacity to at least prior year levels and to support seven priority goals.

Clinical Director Enhancements

The additional PCN Clinical Director funding, up to £1.9m was provided to increase Clinical Director time per PCN in support of the vaccination programme:

- Apr 2021 – Sep 2021, increased Clinical Director time from 0.25 WTE to 1 WTE
- Oct 2021 – Nov 2021, increased Clinical Director time from 0.25WTE to 0.75WTE
- Dec 2021 – Mar 2022, increased Clinical Director time from 0.25 WTE to 1 WTE

Vaccination Programme

The Primary Care element of the vaccination programme, started early December 2020, had been supported through an additional source of revenue delivered directly by NHSE to the Lead PCNs identified as a part of the vaccination programme:

- Item of Service Fee, £12.58 / vaccination, has supported Primary Care to deliver the vaccination, with specific variation to appropriately fund 'hard to reach' population (e.g., Care Homes)

- Nationally purchased/provided equipment & consumables, to support Primary Care to deliver the vaccination
- Additional Funding to support those costs not covered via the nationally purchased/provided route above. The funding made available is £20m nationally, applied on a 'drawdown' method locally
- Guidance issued on 3 December 2021 introduced additional payments to help attract and retain staff during unsociable parts of the week over the festive period in support of the booster vaccination programme

Winter Access Fund (WAF)

The Winter Access Fund (WAF) supported capacity over the five months November to March, a national £250m Winter Access Fund helped patients with urgent care needs to get seen, on the same day, taking account of their preferences, instead of going to hospital.

There was significant work to maximise the access of the WAF funding, plans developed in collaboration with General Practice secured £1,969k in support of providing additional resilience & capacity.

Weight Management (PbR)

In line with the government policy to tackle obesity it was recognised often General Practice is the first 'port of call' when patients need health advice & support. To recognise the key role, NHS England provided up to £20m nationally to support General Practice from 1 July 2021 until March 2022. In total £68k of additional funding was accessed by General Practice.

Long Covid

To recognise the key role and additional requirement from General Practice in managing this complex condition, NHS England provided up to £30m nationally to support Long Covid from 1 July 2021 to 31 March 2022. In total this has provided £516k of additional funding to General Practice for the BNSSG system.

PCN Leadership & Management

The updated 2021/22 Network Contract DES included a payment for PCN leadership and management for the period 01 October 2021 to 31 March 2022. This represents £721k for the BNSSG system.

Transformation (SDF) & Resilience

The majority of the funding made available for 21/22 has been received (£2,794k). This recognises the final indicative allocation for Fellowship funding of £280k has not been allocated to the CCG. The table below indicates the allocation received against each of the schemes:

		Allocations Received			Allocations Not Rec'd		
Scheme	National (£000's)	Confirmed Allocations H1	Confirmed Allocations H2	21/22 Allocations Received	Conditional Allocations Q2	H2 Indicative Allocations	Total H1 & H2 SDF
Workforce: Training Hubs	12,000	99	99	**198**			**198**
Workforce: GP Retention- system allocations	12,000	100	98	**198**			**198**
Fellowships - aspiring leaders fellowship (GPs and nurses)	55,000	347	281	**628**		280	**908**
Supporting Mentors Scheme	8,100	118	165	**283**			**283**
Primary Care Networks - development and support systems	29,200	241	241	**482**			**482**
Practice resilience programme - local	8,500	70	70	**139**			**139**
Online consultation software systems (local)	16,000	131	131	**261**			**261**
Improving Access		226	226	**452**			**452**
Flexible Pools		60	60	**120**			**120**
Practice Nurse Measures			33	**33**			**33**
Sub Total	**140,800**	**1,391**	**1,403**	**2,794**	**0**	**280**	**3,074**

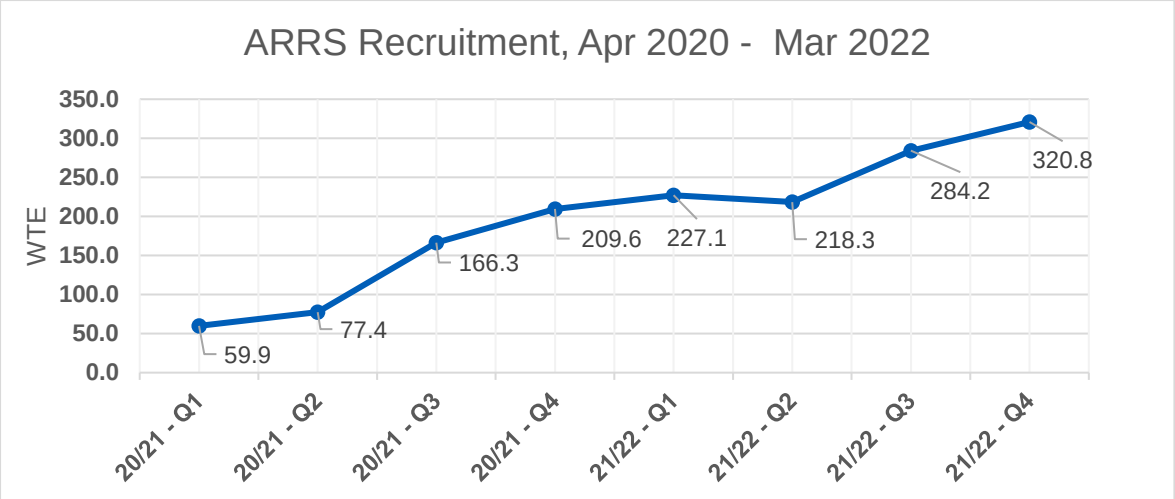
Additional Roles Reimbursement Scheme (ARRS)

The baseline Additional Roles Reimbursement Scheme (ARRS) funding (£6.7m) represents around 60% of the total maximum reimbursable sum to PCNs. The table below indicates the national and local values.

	2020/21	2021/22	2022/23	2023/24
National Funding				
Original ARRS Funding (A)	257,000K	415,000K	634,000K	891,000K
Additional ARRS Funding (B)	173,222K	331,000K	393,000K	521,000K
	430,222K	**746,000K**	**1,027,000K**	**1,412,000K**
BNSSG Funding				
Original ARRS Funding (C)	4,167K	6,664K	10,218K	14,447K
Additional ARRS Funding (D)	2,809K	5,311K	6,337K	8,448K
	6,976K	**11,975K**	**16,555K**	**22,895K**

Our system utilised all of the local allocation, and drew down £3,297k of the nationally held funding. In total £9,961k has been utilised in support of additional roles into General Practice.

The graph below indicates the whole time equivalent (WTE) of staff recruited across the period Apr 2020 to March 2022, representing an increase of 260 additional WTE.



22/23 Financial Planning Assumptions

The growth in the baseline Primary Care Medical funding for 22/23 allocation will provide an increase of c8.5%. This includes a significant growth to the Investment & Impact Funding & the Additional Role Reimbursement Scheme (ARRS). There is also an opportunity to access nationally held ARRS funding, £6.3m, creating the opportunity to increase the funding by a further 4.2% above 21/22 baseline.

The General Practice Transformation funding, at the time of writing this paper, suggests an increase of 16% to £3,571k (Excl. GPIT, not reported via PCCC). A number of these schemes will be a continuation of plans from the five-year forward view, the detail of the 22/23 sources of funding will be available imminently.

The Medicines Management allocation for 22/23 is set on the forecast outturn, including emerging cost pressures, and identified savings opportunities.

The funding allocated to this portfolio, is intended to support a balanced financial position for 22/23.

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 January 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. The Primary Care Strategy Programme Board is taking forward the work on health inequalities in Primary Care and this is detailed in section 3 of the report.

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. A digital inclusion plan has been developed and we are updating the communication and engagement plan for the Primary Care Strategy. A proactive communication campaign has been developed as part of the Winter Access schemes.

20. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters three and four 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

AHC	Annual Health Checks
APMS	Alternative Provider Medical Services
ARRS	Additional Roles Reimbursement Scheme
AR&Q	Access, Resilience & Quality Support Programme
BIC	Bristol Inner City
CQC	Care Quality Commission – regulatory body for health and social care services
CEV	Clinically Extremely Vulnerable
CDI	C. difficile infection
CLDT	Community Learning Disability Team
COCA	Community onset community associated
COHA	Community onset hospital associated
CPCS	Community Pharmacy Consultation Service
CNS	Clinical Network Service
CVD	Cardiovascular Disease
CPD	Continuing Professional Development
DES	Directed Enhanced Service
EDI	Equality, Diversity and Inclusion
EMIS	Egton Medical Information System
GPCB	General Practice Collaborative Board
GP-CPCS	NHS Community Pharmacist Consultation Service - GP Referrals
GPRP	General Practice Resilience Programme
HEE	Health Education England
ICP	Integrated Care Partnership
ICS	Integrated Care System
IIF	Investment and Impact Fund
IPMO	Integrating NHS Pharmacy and Medicines Optimisation
LES	Local Enhanced Services - These are locally commissioned Primary Care services that recognise services delivered above the core contract for General Practices.
LMC	Avon Local Medical Committee

LPC	Avon Local Pharmaceutical Committee
MDT	Multi-Disciplinary Team
MECC	Making Every Contact Count
NatPSA	National Patient Safety Alerting Committee
NHSEI	NHS England and Improvement
NICE	National Institute for Health Care and Excellence
OPEL	Operational Pressures Escalation Levels
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.
PGD	Patient Group Direction
PCLDG	Primary Care Development Group
PCSB	Primary Care Strategy Board
PHM	Population Health Management
QOF	Quality and Outcomes Framework
Sitrep	Situation Reporting
SOP	Standard Operating Procedures
SMI	Severe Mental Illness
TIR	Transformation Indicator Return
UHBWFT	University Hospitals Bristol and Weston NHS Foundation Trust
UTC	Urgent Treatment Centre

Appendices

Appendix 1 - Medicines Optimisation Strategy presentation forms a separate document to this report.

Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

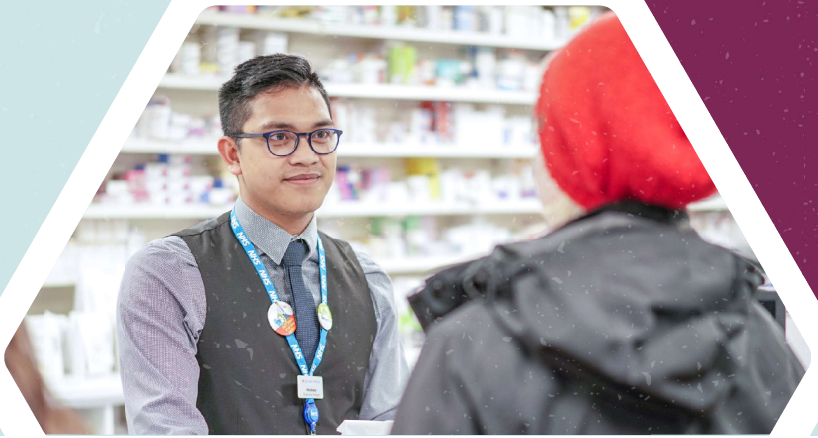
NHS

Medicines Optimisation Strategy

Overview

This Medicines Optimisation Strategy aligns with the NHS Long Term Plan

It is collectively owned by all of the partner organisations that make up Healthier Together Integrated Care System (ICS) of Bristol, North Somerset and South Gloucestershire



VISION – Medicines Optimisation

"To implement a person-centred, collaborative approach to get the best value from medicines"

Personal

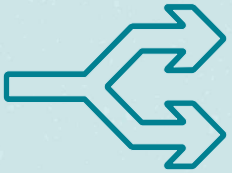
Person-centred, shared decision-making and outcomes that matter

Value

Evidence based, cost effective and good clinical outcomes

Technical

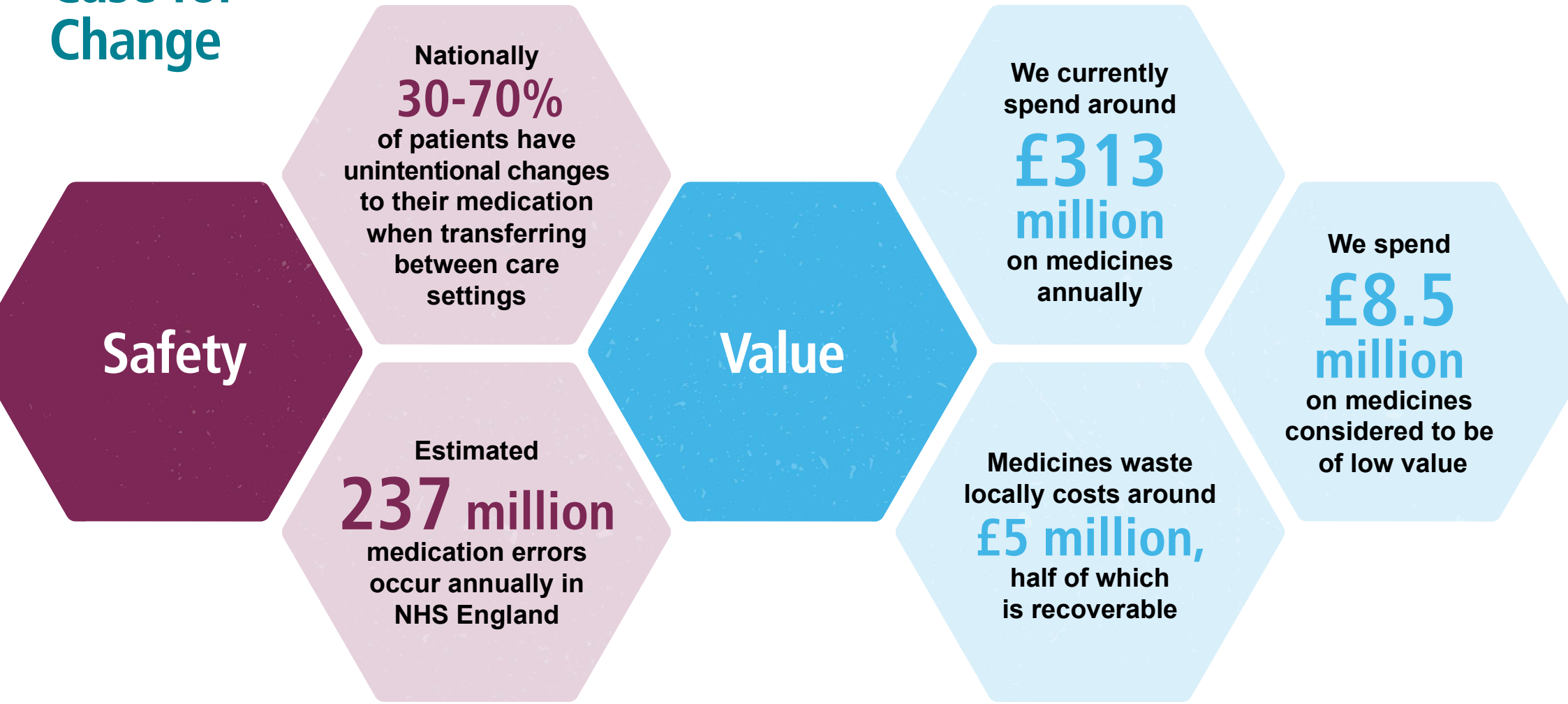
High quality, safe care and for the right people



Allocative

Dividing up our resources to achieve the best outcomes for the population

Case for Change



Case for Change

Admission avoidance

Approximately **15%** of readmissions due to a medicine related issue

Nationally, avoidable adverse reactions cause over **180,000 bed days** contributing to **1,708 deaths.** Costing £98.5 million per year

Leadership and workforce

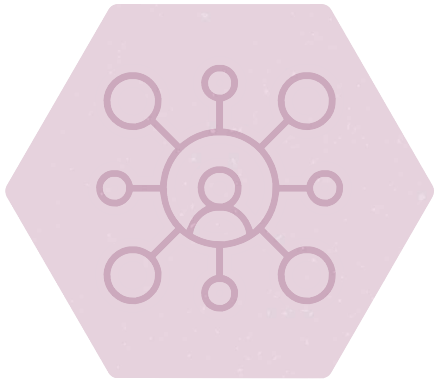
An integrated, agile Pharmacy workforce to deliver key elements

Strong leadership and system planning are required to ensure workforce available and able to meet requirements

Support system workforce, recruitment and expand system networks

Principles

1. Safe, Person-Centred Care



- Holistic approach with shared decision making central to all prescribing decisions

- Prevention / early intervention to reduce the impact of long-term conditions whilst encouraging self-care
- Reduce hospital admissions through greater focus on medicines safety
- Systematic structured medication reviews and deprescribing, to reduce inappropriate polypharmacy and medication related harm
- Embed decision support tools to improve medicines safety
- Change the culture relating to use of medicines, both with clinicians and the public

2. Delivering Best Value

- ICS-wide strategy for reducing medicines waste
- Maximise the use of best value biologics
- Our aspiration is that all sectors of the ICS have a formulary adherence target of 90%

- Reduce low priority prescribing medicines
- Aim to achieve financial balance through a value-based approach to medicines and strive to ensure we get the best value for every pound we spend
- Utilise a standardised and integrated approach to patient pathways, to reduce inequalities and unwarranted variation ensuring equity of prescribing and access to medicines
- Recognise environmental challenges relating to medicines and minimise impact where possible

Principles

3. Medicines Quality and Safety

- System wide approach to medicines safety
- Priority areas include polypharmacy, high risk situations and transitions of care
- Focus on reducing harm from high risk medicines e.g. insulin, anticoagulants, prescribed dependence forming medicines
- Regarding World Health Organisation challenge aim to reduce severe avoidable medication related harm by 50% and reduce hospital admissions due to medicines
- Aim to align incident report system across all providers, improving safety by reporting and learning from medication errors whilst encouraging an open culture
- Empower patients to engage with their medicines and develop resources for patients to support their understanding of their medicines

4. Resilient Pharmacy Workforce

- Ensure that we have the right workforce that has ability, skills and flexibility to deliver the system requirements
- Work to align with ICS Workforce Strategy
- Health and Care teams to support the Medicines Optimisation principles across the ICS

Principles

5. Strong, Collaborative System Leadership

- A collaborative approach to leadership.
- Good communication channels with stakeholders on all Medicines Optimisation aspects across ICS
- ICS-wide aligned processes across all sectors

6. Digital/IT

- A single, integrated patient medication record across the ICS. Having the right access, to the right information, at the right time, as a single consolidated view of the information held for their patient across the system
- Digitally driven improvements in flow of patients through the acute sector to deliver earlier discharge times in the day
- Standardisation of medicines descriptions and coding in systems in line with NHS dictionary of medicines and devices (dm+d)
- Strive for greater use of digital solutions to improve efficiencies and safety around medicines
- Digital technologies are an underpinning enabler for significant changes to care provision across the system

BNSSG Integrated Pharmacy and Medicines Optimistation Programme

SYSTEM PRIORITY AREAS	Acute Care Collaboration	Integrated Care	Prevention	Workforce	Digital / I.T	Urgent & Emergency Care
	Re-design Technical Services	BNSSG Formulary adherence	Medicine Quality and Safety including PINCER principles	Recruitment and retention for expanding roles	Further development of current integrated digital system accessible by all sectors	Refer to Pharmacy Schemes
	Homecare at Scale	Enhanced Health in Care Homes	Community Pharmacy & healthy living pharmacies	Pre-registration plans	One system wide patient medication record	Urgent Care Pharmacist integration programme
	Procurement opportunities	Polypharmacy focus	Signposting and self-care	Education & training	ePMA roll out across acute trusts	Access to medicines & pharmacies out of hours
	High cost devices procurement/High cost drug pathways and adoption of biosimilars as they come to market	Monitored Dosage Systems process to reduce inappropriate use	Long term conditions	Career programme across the system	Electronic Prescription Services capability expanded across all providers	Community Pharmacist Consultation Service (CPCS)
	Working with specialised commissioning	Mental Health - STOMP - Autism, Learning difficulties, Suicide prevention, physical health, perinatal	Reducing inequalities	Pharmacy Professionals Networks across BNSSG	Integrated electronic prescribing system	Patient Group Directions in community pharmacy
		Engagement with Primary Care Networks and Integrated Care Partnerships		Collaborate with Primary Care Networks (PCNs)	Red drug prescribing visible to whole system	Secondary care refer patients to Discharge Medicines Service at their local community pharmacy
		Repeat Prescription Hubs		Specialist Pharmacists working across PCNs & Acute Trusts	Electronic Transfer of Care	
		Standardise and rationalise Patient Group Directions across BNSSG		Portfolio/Joint Roles		

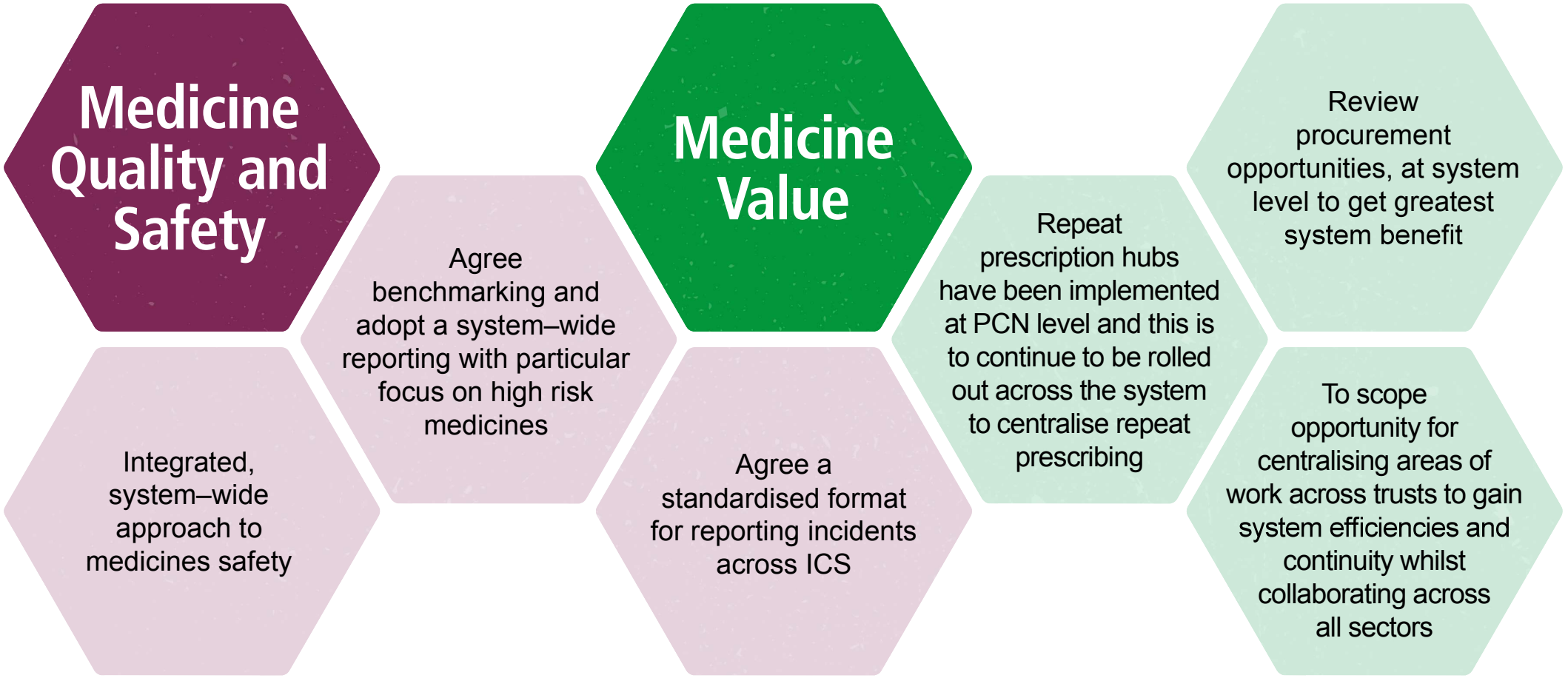
Key Deliverables

WHAT	HOW
Increased awareness of medicines optimisation agenda across all sectors	Communicate and engage all stakeholders in the Medicines Optimisation strategy and improve understanding how it is relevant
Increased use of self-care medication and "lifestyle prescriptions"	Empower patients through shared decision making and provide alternatives to medicines
Reduce Medicines Waste	Improved care home processes, use of prescribing hubs, structured medication reviews, public education, appropriate disposal of medicines and recycling
Medicines Value:	
90% compliance with BNSSG formulary by 2023/24	Audit of formulary adherence
90% uptake of best value biologicals (BVB)	Early agreed pathways to introduce BVB in all areas
Reducing avoidable harm from medicines by 50% by 2023/24	Use of system safety tools such as PINCER, eclipse/radar and structured medication reviews
Aim for lowest 10% of CCGs for low value prescribing	Prescribing quality schemes, dashboards, networking between providers

Key Deliverables

WHAT	HOW
Increase number of pharmacy technician and pre-registration pharmacy training places	System–wide workforce plan
Single system–wide medication record	Digital technology – further development of current integrated digital system accessible by all sectors
Engagement with a national genomics programme	Linking in with The Global Alliance for Genomics and Health and Genomic Medicine Service Alliance
Align with guidance and outputs from English Pharmacy Aseptic Transformation Board	Local Technical Services review
Improve system–wide outcomes, for example secondary care admissions, morbidity and mortality	Investing in medicines when evident this will improve clearly identified outcomes
Meet antibiotic national prescribing targets and Health Care Acquired Infections national targets	Agree a system–wide Antimicrobial Resistance Programme

Overview of Individual Project Deliverables



Overview of Individual Project Deliverables

Workforce

Develop a sustainable, integrated and diverse workforce that is trained appropriately to meet the system requirements

Work closely with the ICS workforce groups to align and implement plans

Support staff wellbeing

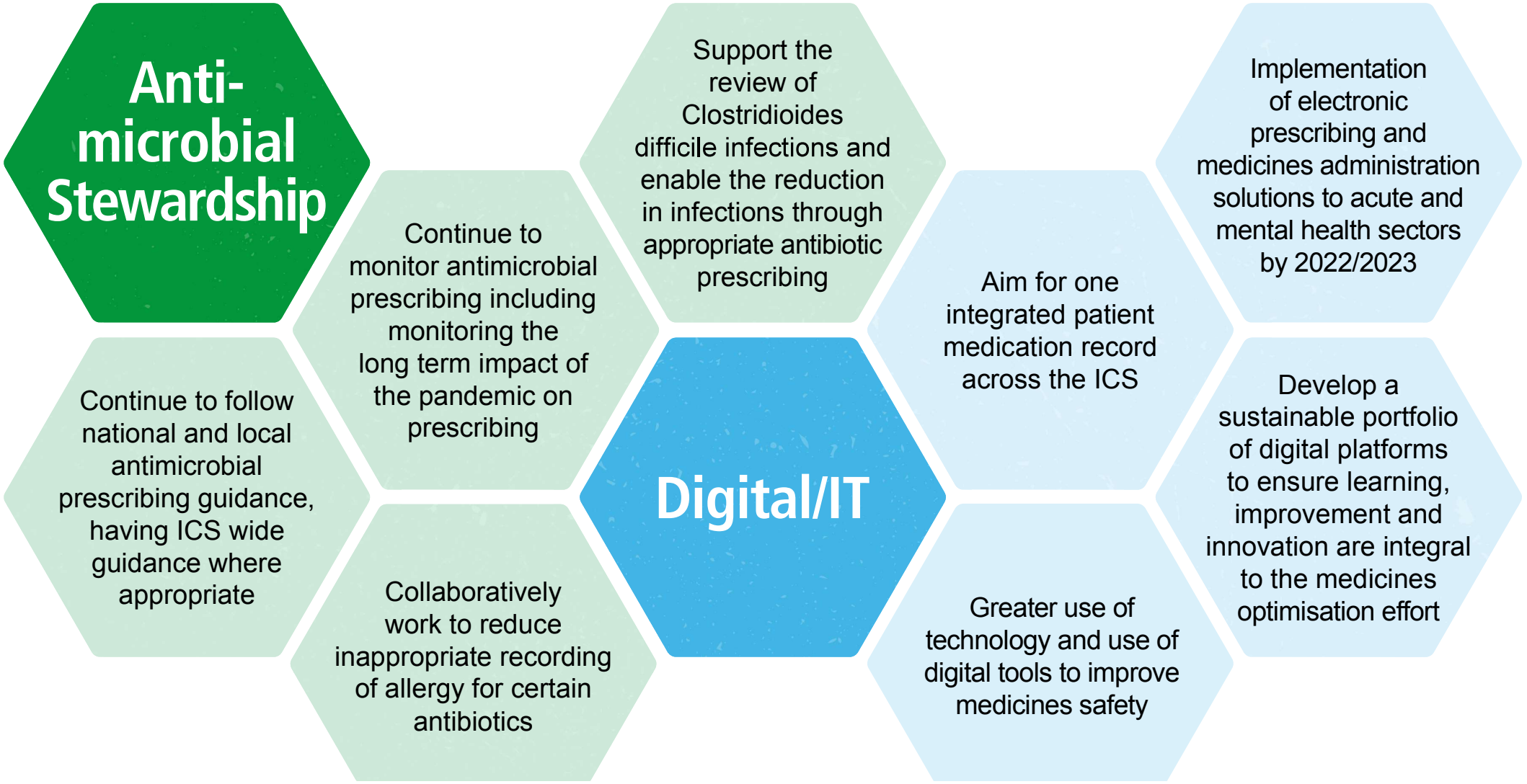
Poly-pharmacy

Educational programme developed to upskill all health care professionals involved with polypharmacy

Support the Structured Medication Review Directed Enhanced Service in General Practice

Reduce inappropriate polypharmacy

Overview of Individual Project Deliverables



Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

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