

**NHS South Sefton CCG NHS Southport & Formby CCG Primary Care Commissioning Committee in Common- Part 1 Agenda**

Date: **Thursday 19<sup>th</sup> March 2020 10:00-11:00am**

Venue: **3rd Floor, Boardroom, Merton House, Stanley Road, Bootle L20 3DL**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	BP
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Dil Daly	S&F CCG Lay Member	DD
<b>Non- Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Jane Elliott	SSECCG Locality Manager	JE
Richard Hampson	SSECCG Primary Care Contracts Manager	RH
Colette Page	SS SFCCG Practice Nurse Lead	CP
<b>Minutes</b>		
Jacqueline Westcott	SSECCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/15.	Apologies for absence	Chair	V		
PCCiC20/16.	Declarations of interest regarding agenda items	All	V		
PCCiC20/17.	Minutes of the previous meeting : Date 16 <sup>th</sup> January 2020	Chair	R	A	
PCCiC20/18.	Action points from the previous meeting	Chair	R	R	
PCCiC20/19.	Report from Operational Group and Decisions made February 2020 JOG March 2020 JOG	AP	R	R	
PCCiC20/20.	Procurements in Primary Care	RH	V	R	
PCCiC20/21.	Healthwatch Issues	DB	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/22.	PCN update	CG/KS	V	R	
PCCiC20/23.	Quality Update	EH	R	R	
PCCiC20/24.	Strategy and Planning Workforce	RH	R	R	
PCCiC20/25.	PCCiC Work plan 20/21	Chair	R	R	
PCCiC20/26.	Primary Care Finance	AO	R	R	
PCCiC20/27.	Key Issues log	Chair	R	R	
PCCiC20/28.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair		A	
PCCiC20/29.	<b>Date and time of next Meeting: 16<sup>th</sup> April 2020 10.00am-11.00am</b> <b>Venue: Almond Room, Family Life Centre, Ash Street, Southport PR8 6JH</b>				

## Declarations of Interest form

To be completed in all circumstances by the individuals listed below upon joining the CCG and thereafter at the request of the CCGs Governance Lead or Conflict of Interest Guardian.

- **All CCG employees**, including:
  - All full and part time staff;
  - Any staff on sessional or short term contracts;
  - Any students and trainees (including apprentices);
  - Agency staff; and
  - Seconded staff
- self-employed consultants or other individuals working for the CCG under a contract
- **Members of the governing body**
- All members of the CCG's committees, joint committees, sub-committees/sub-groups, including:
  - Co-opted members;
  - Appointed deputies; and
  - Any members of committees/groups from other organisations.

This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by the following groups:

- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

<b>Name:</b>	<b>Jane Elliott</b>
<b>Position within, or relationship with, the CCG (or NHS England in the event of joint committees):</b>	<b>Senior Administrator</b>
<b>Please confirm you have read and understand the Conflicts of Interest Policy</b>	<b>I confirm</b>

<b>Detail of interests held (complete all that are applicable, add additional rows if required):</b>				
Type of Interest* *See supplementary advice	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)
No interest to declare				

*The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

**Signed**

**Date**

**Signed**

**Position**

**Date**

**(Line Manager or Senior CCG Manager)**

Please return to [southsefton.ccg@nhs.net](mailto:southsefton.ccg@nhs.net)

## Types of interest

Type of Interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (In receipt of secondary income from a provider);</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<b>Indirect Interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

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- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

<b>Name:</b>	<b>Jane Elliott</b>
<b>Position within, or relationship with, the CCG (or NHS England in the event of joint committees):</b>	<b>Senior Administrator</b>
<b>Please confirm you have read and understand the Conflicts of Interest Policy</b>	<b>I confirm</b>

<b>Detail of interests held (complete all that are applicable, add additional rows if required):</b>			
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**Signed**

**Date**

**Signed**

**Position**

**Date**

**(Line Manager or Senior CCG Manager)**

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**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common  
Draft Minutes – Part I**

Date: 16<sup>th</sup> January Thursday 2020. Time 10.00 – 11.00am  
Venue: 3<sup>rd</sup> Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL

<b>Members</b>		
Graham Bayliss	S&F CCG Lay Member	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SS CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Dil Daly	S&F CCG Lay Member (Chair)	DD
<b>Non- Voting Attendees:</b>		
LMC Representative	LMC Representative	
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
<b>Minutes</b>		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

**Attendance Tracker** D = Deputy    ✓ = Present    A = Apologies    N = Non-attendance  
C= Cancelled

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
<b>Members:</b>						
Graham Bayliss	SS CCG Lay Member	A				
Alan Sharples	SS CCG Lay Member	✓				
Helen Nichols	S&F CCG Lay Member	✓				
Fiona Taylor	S&F SS CCG Chief Officer	A				
Martin McDowell	S&F SS CCG Chief Finance Officer	A				
Jan Leonard	S&F CCG Director of Place (North)	✓				
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓				
Alan Cummings	NHSE Senior Commissioning Manager	A				
Dil Daly	S&F CCG Lay Member (Chair)	✓				
<b>Non- Voting Attendees:</b>						
LMC Representative		N				

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Health Watch Representative		N				
Health & Well Being Representative		N				
Dr Craig Gillespie	GP Clinical Representative	✓				
Dr Kati Scholtz	GP Clinical Representative	✓				
Tracey Forshaw	SS SF CCG Interim Primary Care Quality	A				
Jane Elliott	SSECCG Localities Manager	N				
Richard Hampson	SSECCG Primary Care Contracts Manager	✓				
Colette Page	SS SFCCG Practice Nurse Lead	N				
No	Item	Action				
PCCiC20/01	<p><b>Apologies for absence</b> Apologies were received from: Graham Bayliss, Tracey Forshaw, Martin McDowell and Alan Cummings (Sharon Howard attended on behalf of NHSE). Fiona Taylor.</p> <p><b>Welcome and Introductions</b> The members of the committee introduced themselves.</p>					
PCCiC20/02	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>					
PCCiC20/03	<p><b>Minutes of the previous meeting were agreed as an accurate record.</b> Date 19<sup>th</sup> December 2019</p>					
PCCiC20/04	<p><b>Action points from the previous meeting</b> Members reviewed the action tracker and the tracker was updated.</p>					
PCCiC20/05	<p><b>Report from Operational Group and Decisions made</b></p> <p>Park Street Surgery recent CQC visit was rated as Requires Improvement. Sefton CCG will work with the practice to produce an action plan and review practice processes that are in place to address issues raised.</p> <p>Estates – discussions are to be held at a future Primary Care Commissioning in Common Committee meeting.</p> <p>PCN – The draft PCN services specification was circulated to PCNs nationally by NHSE on 24.12.2019. The consultation period deadline was set at 15.1.2020. Nationally PCNs have raised concerns regarding the PCN specification as time frameworks, work streams, funding are unrealistic and pose high risks to the future of PCNs. Preliminary discussions nationally have indicated PCNs are unable to sign up to the specification. There are significant concerns regarding practices that are not signed up to the PCN DE. PCNs are expected to provide some areas of the specification from 1.4.2020.</p>					

PCCiC20/06	<p><b>Primary Care Programme Report</b> The Primary care Programme Report was reviewed and updated.</p> <ul style="list-style-type: none"> <li>• A question was raised regarding the National figure of 5000 extra GPs, if the numbers could be accommodated within primary care for both CCG's. There was a discussion and it was felt that additional GPs could be placed in primary care.</li> <li>• E-consult funding for licences has been successful from NHSE. Process mapping for the 7 day access service is due to take place For both SS &amp; SF.</li> <li>• Information on learning disabilities health checks has been interrogated; CQRS variances and the figures have improved, as a result of this piece of work.</li> <li>• NHS digital data reviews have been made to practices for review and understanding of income funding, and unclaimed finances, 1 practice in SS and 1 practice in SF have taken up the offer.</li> <li>• 7 day access - both services have reported November 2019 data figures, South Sefton is at 75% and Southport and Formby 85%. The CCG target is set at 75% by March 2020. The CCG is ahead of the national target.</li> </ul>	
PCCiC20/07	<p><b>Update on Primary Care Commissioning in Common Work plan</b></p> <p>A discussion took place about the 19/20 work plan with some suggested changes for February and March.</p>	
PCCiC20/08	<p><b>Primary Care Network update</b></p> <p>There is national uncertainty regarding the future of PCNs due to a new specification released in December 2019. The specification feedback from PCNs is the expectation of workload, time frame and is unachievable and unrealistic. It was noted that the funding attached to the DES is also insufficient for providing services. Preliminary discussions have taken place and the national view is that PCNs are unable to sign up to the DES. NHSE have acknowledged feedback so far from PCNs and will be reviewing the DES including funding and timeframes.</p> <p>Action: SH to feedback regarding PCN specification.</p>	SH
PCCiC20/09	<p><b>One Single Access Offer GP Contract</b></p> <p>A paper was presented to the Committee setting out a proposal for one single access offer for the GP contract. The paper highlights the opportunity through PCNs to bring more coherence to the way that access is currently provided as outlined in 'Investment and evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan' published in January 2019.</p> <p>The intention is that the funding for the existing extended hours Direct Enhanced Service (DES), and for the CCG commissioned 7 day access, will fund a single combined access offer as an integral part of the Network Contract DES delivered to 100% of patients, including through digital services like the NHS App.</p> <p>The PCNs will have responsibility for delivering both 7 day access and extended hours DES from 1.4.2020. Awaiting further clarification and information from NHSE which is due March 2020.</p>	

PCCiC20/10	<p><b>Primary Care Finance Report</b></p> <p>A paper was presented to the Committee from finance on month 9 of the finance report for South Sefton CCG and Southport and Formby CCG. A further paper will be presented at the March 2020 meeting. Guidance on underspends will be reviewed by the Governing Body and finance team and fed back to the Committee. Any surplus financial savings will be directed back into primary care. A question was asked if the funding for the LQC was included in the finance report. Within the finance report was a delegated report; finance will review this to see if the LQC can be recorded in future reports.</p> <p>The finance team were thanked by a lay member of the Committee for the feedback and papers and expressed an interest in spending time with the team in order to gain a better understanding.</p>	
PCCiC20/11	<p><b>Healthwatch Feedback</b></p> <p>A Health Watch representative will provide feedback at the February 2020 meeting.</p>	
PCCiC20/12	<p><b>Key Issues Log</b></p> <p><b>The following will be added to the key issues log:</b></p> <ul style="list-style-type: none"> <li>• <b>Finance and Resource</b></li> <li>• <b>IT budget</b></li> <li>• <b>Improving 7 Day Access</b></li> <li>• <b>PCN Specification and Risks</b></li> <li>• <b>One Single Access GP Contract Offer</b></li> <li>• <b>Finance Reports</b></li> <li>• <b>Primary Care Work plan</b></li> </ul>	
PCCiC20/13	<p><b>Any Other Business</b></p> <p>AP advised the Committee that IMerseyside are currently working on a project of digitisation of medical records across Sefton practices. A risk has been identified with the transfer of medical records for patients registered on the special allocation scheme. An options paper will be circulated at the next Joint Operations Group meeting.</p>	
PCCiC20/14	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 20<sup>th</sup> February 2020 10.00-11.00am <b>Venue: Almond Room, Family Life Centre, Ash Street, Southport, PR8 6JH</b></p>	

**Meeting Concluded.**

**Motion to Exclude the Public:**

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

## SS SF NHSE Primary Care Commissioning Committee in Common – Part 1 Action Tracker January 2020

Item		CCG	Lead	Time
PCCiC 19/55	Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices <b>15.8.19 Update:</b> there were no representatives present today. Chase for next meeting <b>19.9.19 Update:</b> the template will be available in October 19 <b>17.10.19 Update:</b> No further update as yet <b>16.1.20 update:</b> update due in February 2020.	Both	DB	Aug 19
PCCiC 19/87	The Committee raised the TOR (terms of reference) for the PCCiC part 1, as they did not look complete, Chief officer FT took this as an action. <b>16.1.20 Update:</b> A review of the TOR will take place in April 2020. Close item.	Both	FT	Sept 19
PCCiC 19/112	The Committee asked that the IT investments budget be presented to the F&R Committee. <b>16.1.20 Update:</b> F&R Committee have been asked to IT investment budget at the next meeting.	Both	PS	Dec 19
PCCiC 19/117	Healthwatch to present the access reports for Bootle and Central Southport GP Patient survey results for Bootle and Central Southport <b>16.1.20 Update:</b> Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20.	Both	DB AP	Jan 20
PCCiC 20/08	The Draft PCN Service Specification December 2019 requires feedback and review from NHSE.	Both	SH	Feb 20

## Primary Care Commissioning Committee in Common January - March 2020

<b>Agenda Item:</b> 20/21	<b>Author of the Paper:</b>
<b>Report date:</b> January - March 2020	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> Bootle Patient Survey Results 2019	
<b>Summary/Key Issues:</b>  Bootle GP Patient Survey results to be viewed in conjunction with the Healthwatch Sefton Patient Survey.	
<b>Recommendation</b> The Primary Care Commissioning Committee in Common is asked to note the content of both patient survey results.	Note Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement		x		
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

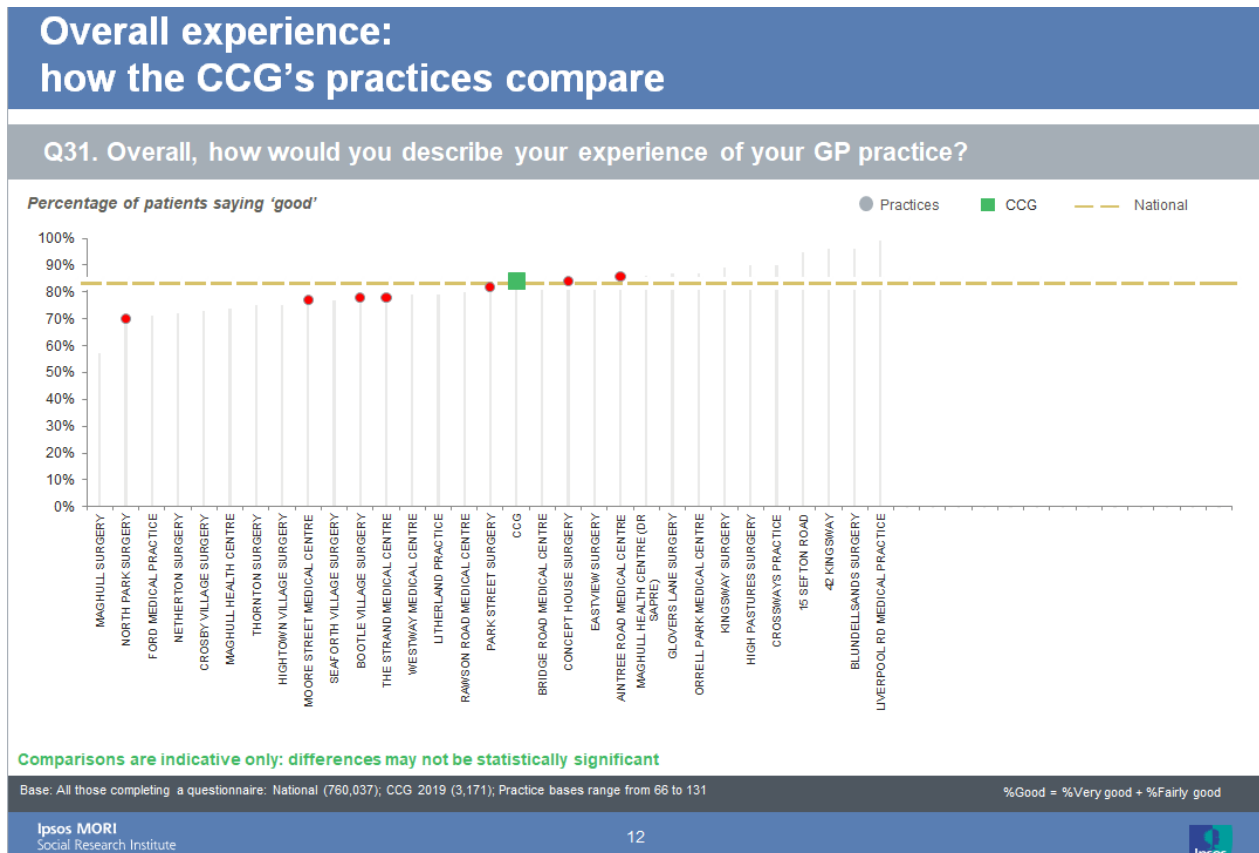
# Report to the Primary Care Commissioning Committee in Common March 2020

## 1. Introduction and Background

The GP Patient Survey (GPPS) is an England wide survey, providing practice level data about patients' experiences of their GP practices.

The following slides identifying Bootle practices have been taken from the 2019 GPPS publication to be viewed in conjunction with the 2019 Healthwatch Sefton Patient Survey at section 2.

GPPS 2019 publication refers to responses collected between January 2019 and March 2019.

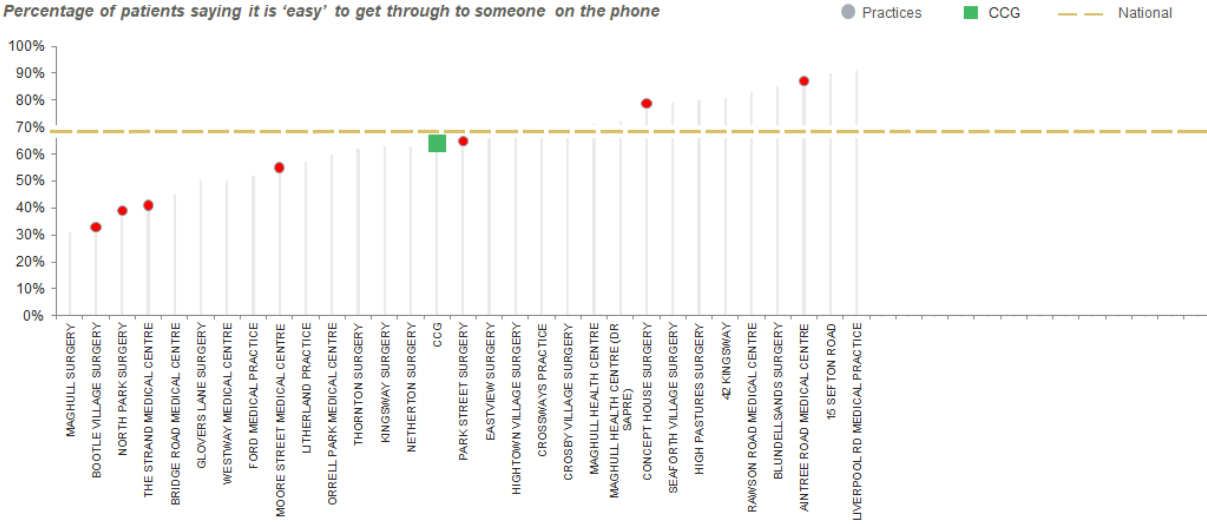




# Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only; differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (742,537); CCG 2019 (3,103); Practice bases range from 65 to 126

%Easy = %Very easy + %Fairly easy

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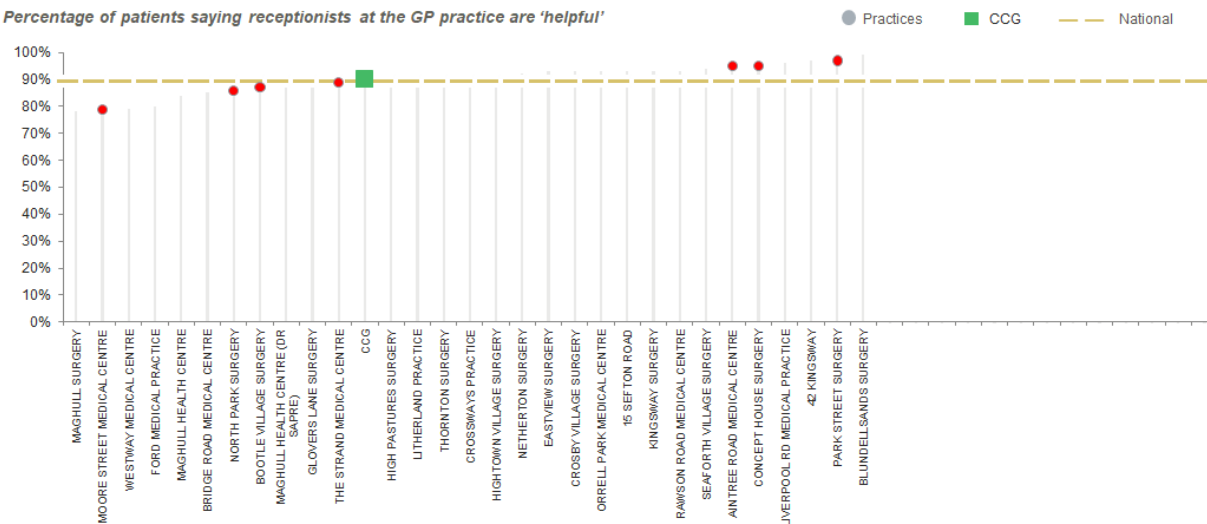
15



# Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only; differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (751,111); CCG 2019 (3,135); Practice bases range from 67 to 127

%Helpful = %Very helpful + %Fairly helpful

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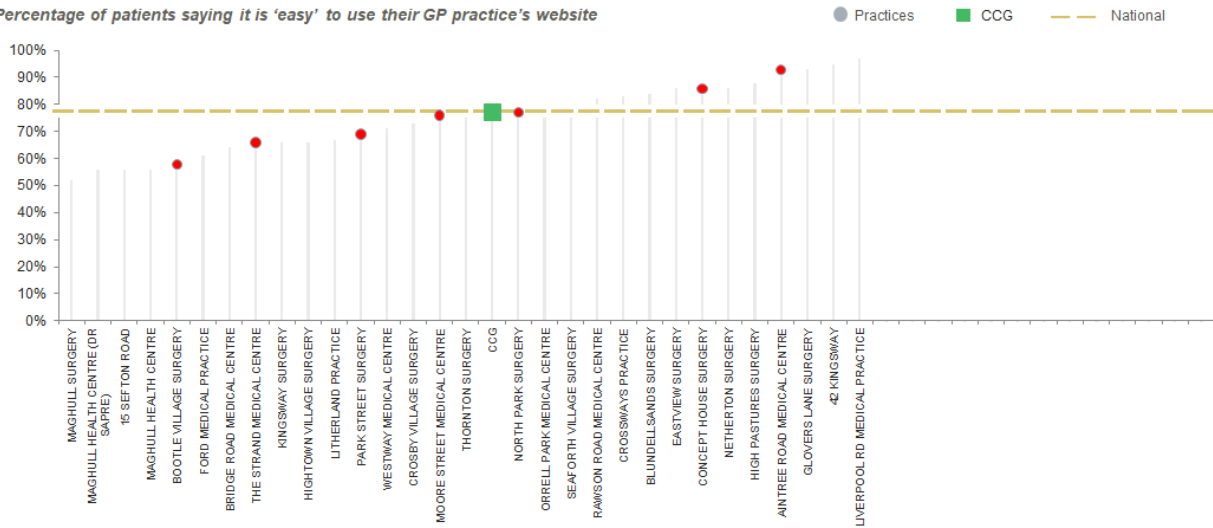
17



# Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (259,817), CCG 2019 (779); Practice bases range from 12 to 43 %Easy = %Very easy + %Fairly easy

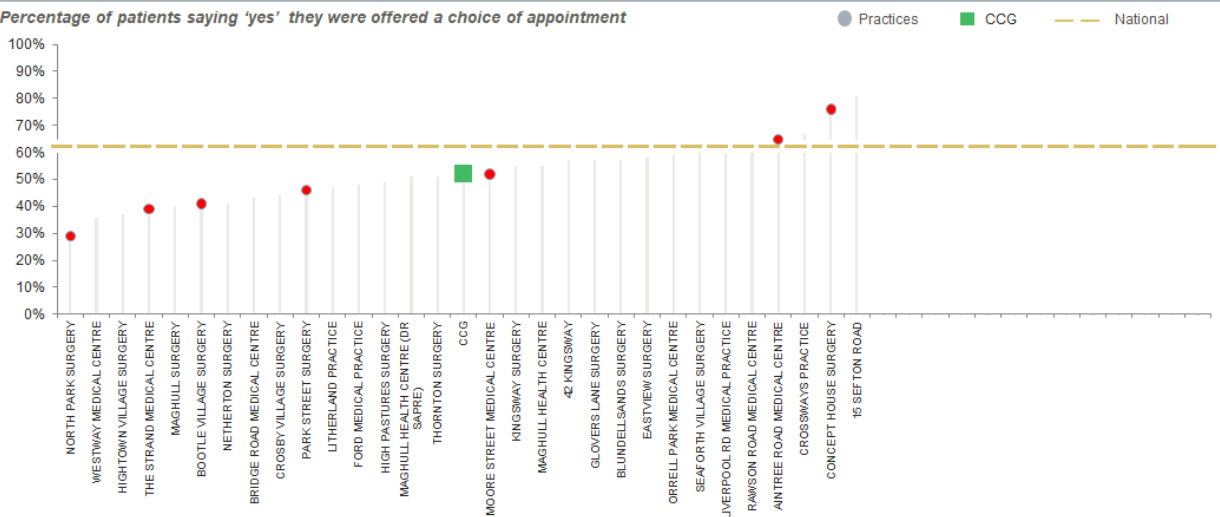
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# Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

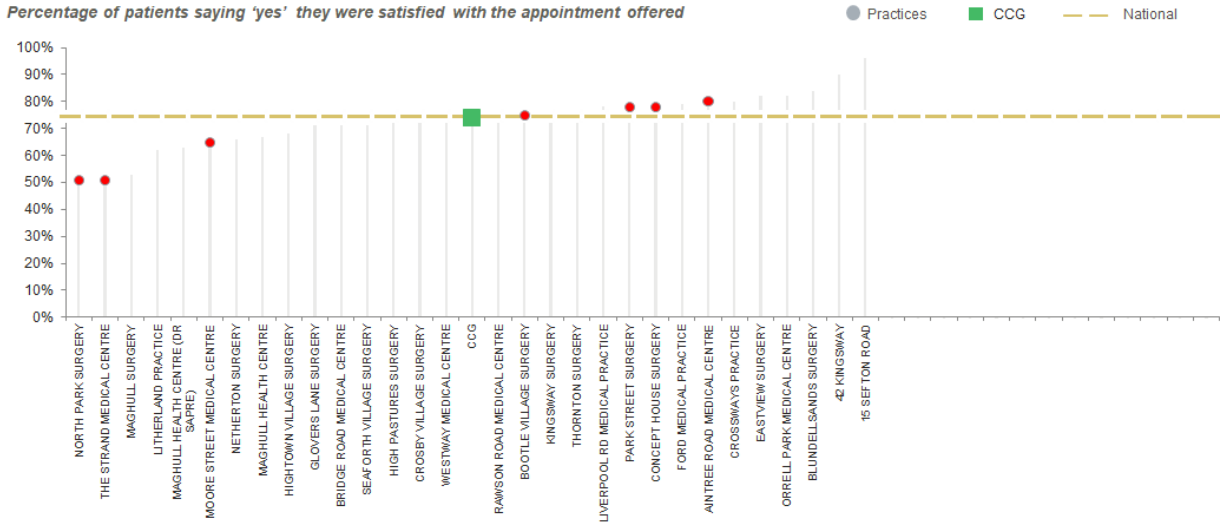
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (593,075), CCG 2019 (2,449); Practice bases range from 51 to 99 %Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

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# Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?



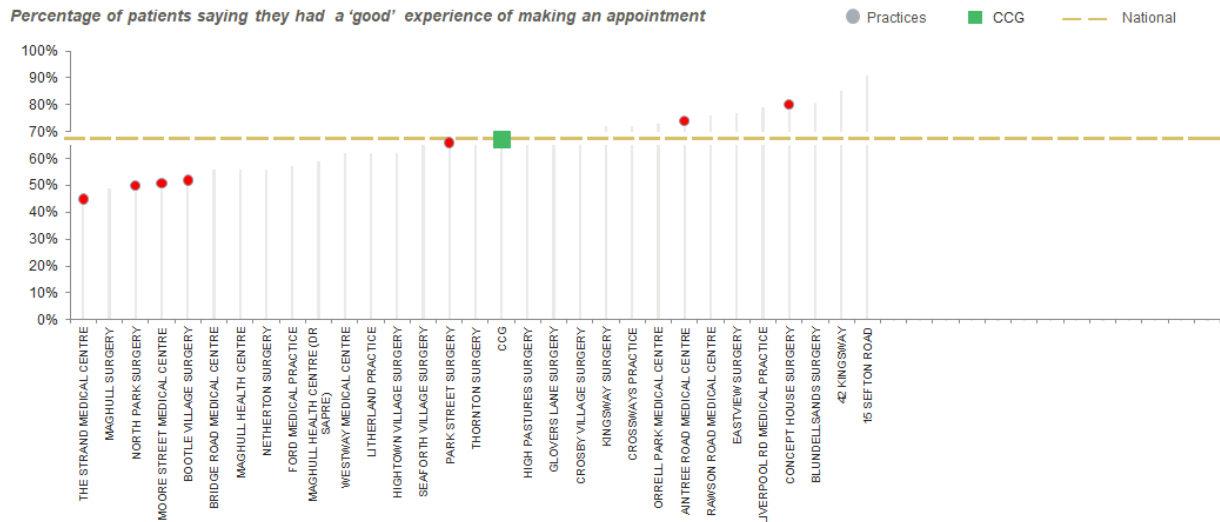
Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (711,867); CCG 2019 (2,942); Practice bases range from 63 to 122



# Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (705,310); CCG 2019 (2,916); Practice bases range from 63 to 124

%Good = %Very good + %Fairly good



# Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

*An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”*

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	770,512	0.10	0.15	0.16
CCG	4,034	1.29	1.96	2.14
Practice	110	6.83	10.06	10.92

For example, taking a CCG where 4,034 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.96 percentage points from that question’s result (i.e. between 28.04% and 31.96%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when comparing groups, especially where there are small numbers e.g. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

## 2. Healthwatch Sefton Patient Survey Results

Healthwatch Sefton 2019 publication refers to responses collected between September 2019 and November 2019.

**Healthwatch Sefton. South and Central Sefton (Bootle locality) GP Access Comparison Table (Community engagement – September – November 2019)**



GP access emerged as a theme during 2018 and it was agreed that across the Bootle locality community engagement would be undertaken. Surveys were filled in during outreach to community champion groups, voluntary, community and faith sector groups, Asda shopping centre (Bootle) and online. A common survey was used (formally agreed with NHS South Sefton Clinical Commissioning Group and NHS England) in all practices. The table below shows a comparison of results from 11 of the main questions from the survey. Reports from all visits have been published and can be found via the following web link - <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

	I know the name of my 'named GP'	Most common reason for making appointments	I received a suitable appointment	I see the same GP to maintain continuity of care	Most common method for making an appointment	Most common type of appointment offered	How easy is it to get through to someone when booking an appointment	I can book a routine appointment in advance	I can get an appointment on the same day	I have used another service because I couldn't get an appointment	Experience of making an appointment to see a doctor
<b>Bootle Village Surgery</b>	71%	Long term medical condition (52%)	95%	65%	Phone (60%)	Face to Face consultation (68%)	Not easy at all/ not very easy (90%)	16%	26%	8 patients	Very good/ Fairly good (25%)
<b>Concept House (inc Sefton Rd Surgery)</b>	91%	Long term medical condition (64%)	100%	64%	Phone (80%)	Face to Face consultation (60%)	Very easy/fairly easy (80%)	100%	89%	1 patient	Very good/ Fairly good (34%)
<b>Moore Street Medical Centre</b>	77%	Long term medical condition (36%)	82%	27%	Phone (55%)	Face to Face consultation (95%)	Not easy at all/ not very easy (77%)	27%	23%	12 patients	Very good/ Fairly good (45%)
<b>North Park Health Centre</b>	30%	Long term medical condition (44%)	78%	9%	Phone (52%)	Face to Face consultation (64%)	Not easy at all/ not very easy (83%)	48%	23%	8 patients	Very good/ Fairly good (34%)
<b>Park Street surgery</b>	89%	Long term medical condition (50%)	72%	22%	Phone (50%)	Face to Face consultation (67%)	Not easy at all/ not very easy (94%)	17%	11%	5 patients	Very good/ Fairly good (18%)

Strand Medical Centre	77%	Long term medical condition (69%)	83%	15%	Phone (85%)	Depends on why you are calling (46%)	Not easy at all/ not very easy (85%)	23%	31%	5 patients	Very good/ Fairly good (15%)
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\*Bootle Village Surgery – 21 surveys were completed.  
 \*Concept House surgery – 10 surveys were completed. Sefton Rd surgery – 1 survey was completed.  
 \*Moore Street Medical Centre – 22 surveys were completed.  
 \*North Park Health Centre – 23 surveys were completed  
 \*Park Street Surgery – 18 surveys were completed  
 \*Strand Medical Centre – 13 surveys were completed

### 3. Recommendations

The Primary Care Commissioning Committee in Common is asked to note the content both patient survey results.

**Angela Price**  
**Primary Care Programme Lead**  
**March 2020**

## Primary Care Commissioning Committee in Common January – March 2020

<b>Agenda Item:</b> 20/21	<b>Author of the Paper:</b>						
<b>Report date:</b> March 2020	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379						
<b>Title:</b> Central Southport Patient Survey Results 2019							
<b>Summary/Key Issues:</b> Central Southport GP Patient Survey results to be viewed in conjunction with the Healthwatch Sefton Patient Survey.							
<b>Recommendation</b> The Primary Care Commissioning Committee in Common is asked to note the content of both patient survey results.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Note</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

<b>Links to Corporate Objectives</b> <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement		x		
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

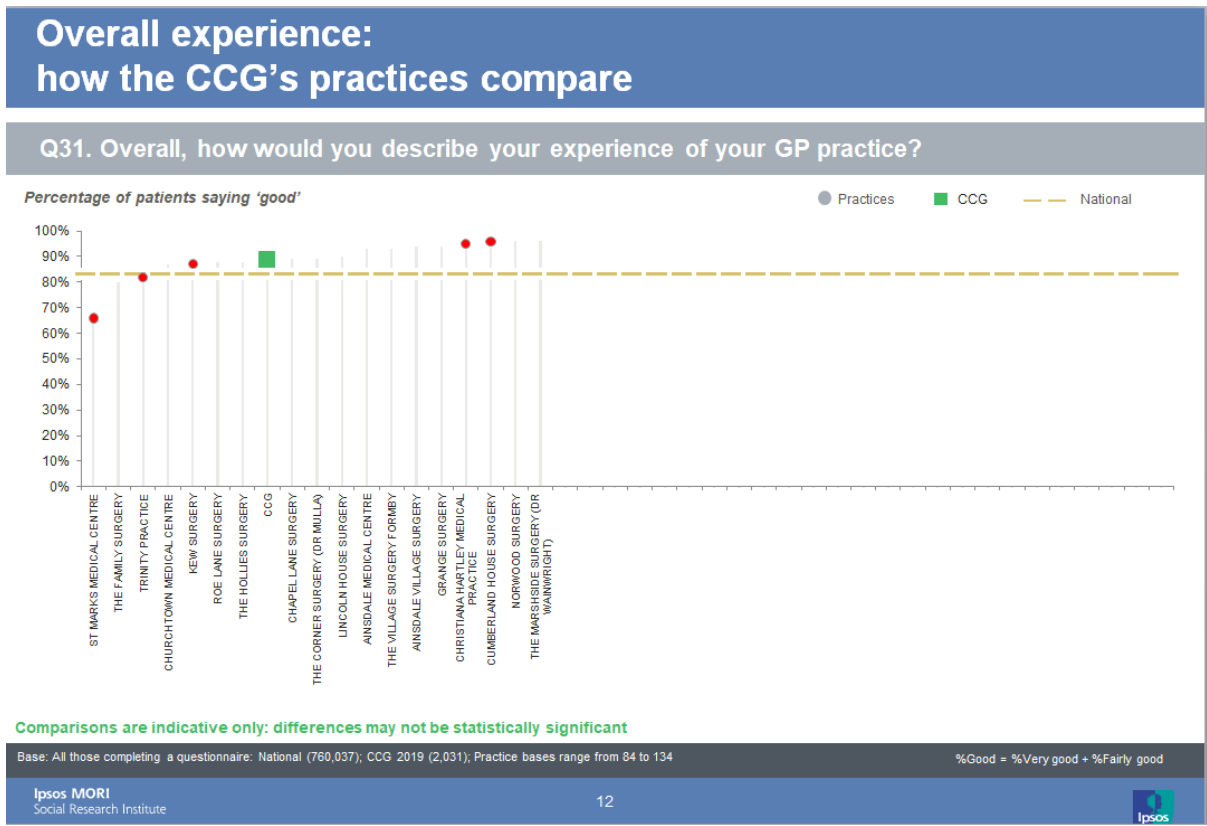
# Report to the Primary Care Commissioning Committee in Common March 2020

## 1. Introduction and Background

The GP Patient Survey (GPPS) is an England wide survey, providing practice level data about patients' experiences of their GP practices.

The following slides identifying Central Southport practices have been taken from the 2019 GPPS publication to be viewed in conjunction with the 2019 Healthwatch Sefton Patient Survey at section 2.

GPPS 2019 publication refers to responses collected between January 2019 and March 2019.

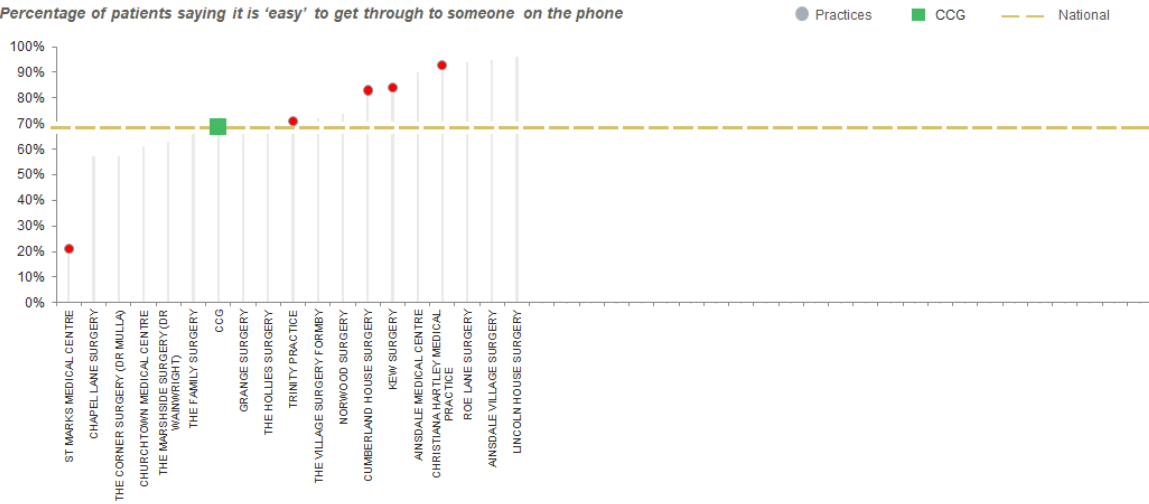




## Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'haven't tried': National (742,537); CCG 2019 (1,983); Practice bases range from 81 to 132

%Easy = %Very easy + %Fairly easy

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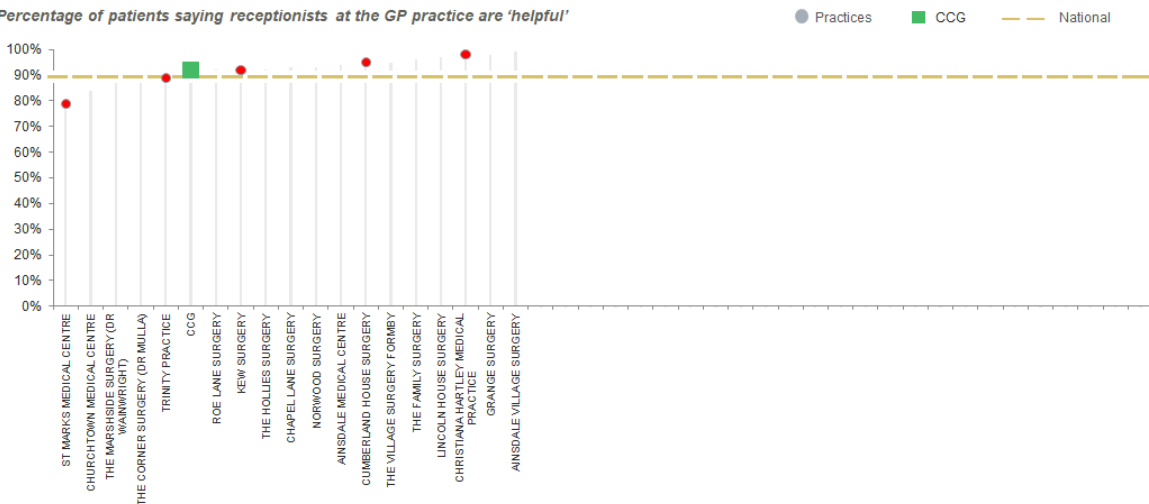
15



## Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (751,111); CCG 2019 (2,002); Practice bases range from 84 to 132

%Helpful = %Very helpful + %Fairly helpful

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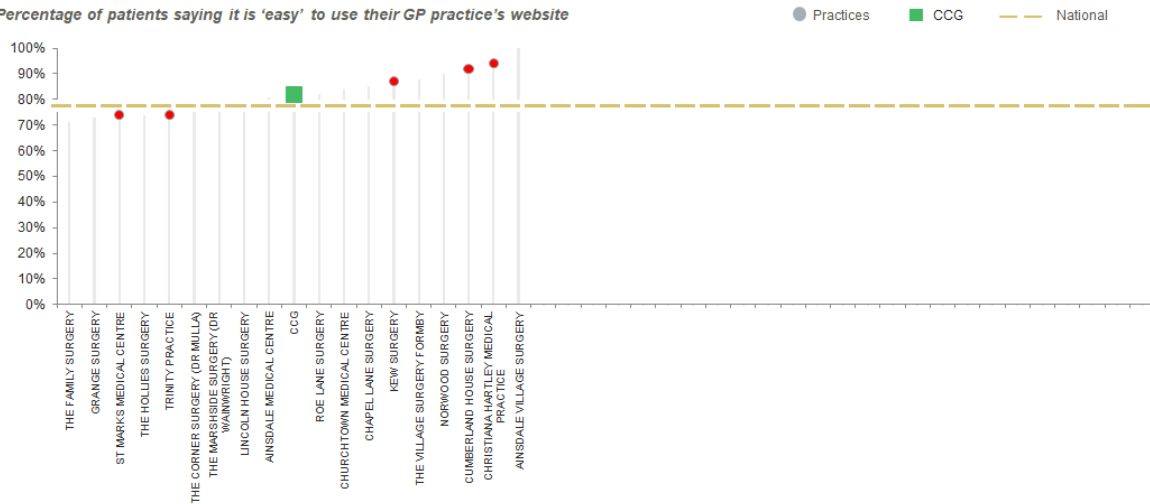
17



## Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'haven't tried'. National (259,817); CCG 2019 (727); Practice bases range from 20 to 63

%Easy = %Very easy + %Fairly easy

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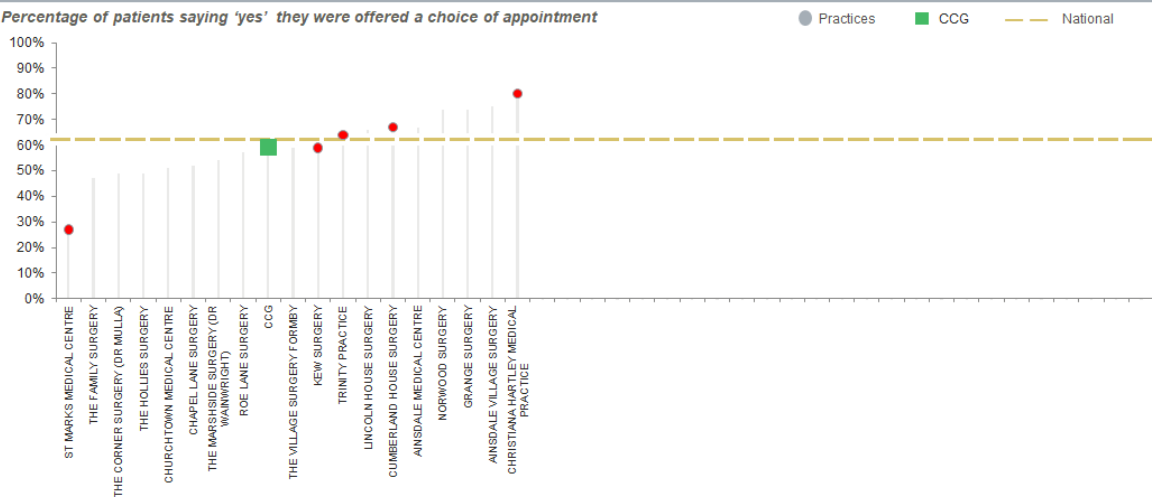
22



## Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply'. National (593,075); CCG 2019 (1,580); Practice bases range from 62 to 107

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

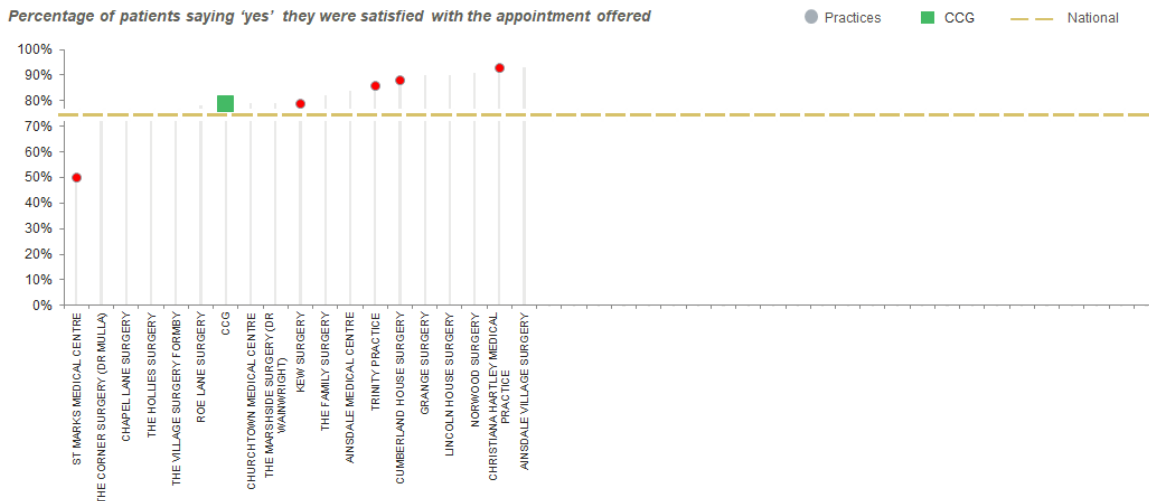
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## Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (711,867); CCG 2019 (1,911); Practice bases range from 79 to 128

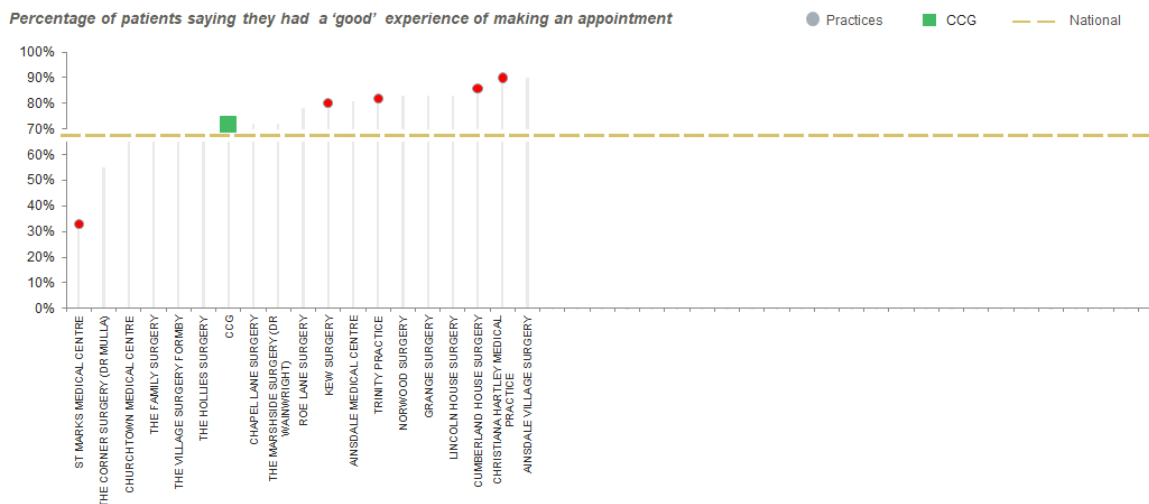
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## Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (705,310); CCG 2019 (1,884); Practice bases range from 79 to 128

%Good = %Very good + %Fairly good

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## Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

*An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”*

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	770,512	0.10	0.15	0.16
CCG	4,034	1.29	1.96	2.14
Practice	110	6.83	10.06	10.92

For example, taking a CCG where 4,034 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.96 percentage points from that question’s result (i.e. between 28.04% and 31.96%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when comparing groups, especially where there are small numbers e.g. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

## 2. Healthwatch Sefton Patient Survey Results

Healthwatch Sefton 2019 publication refers to responses collected between September 2019 and November 2019.

**Healthwatch Sefton. Southport and Formby (central) GP Access Comparison Table (Enter and View visits) (November 2018)**



GP access emerged as a theme during 2018 and it was agreed that Enter and View visits (announced) would be planned for practices in the central Southport locality. A common survey was used (formally agreed with NHS Southport & Formby Clinical Commissioning Group and NHS England) in all practices. The table below shows a comparison of results from 11 of the main questions from the survey. Reports from all visits have been published and can be found via the following web link - <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

	I know the name of my ‘named GP’	Most common reason for making appointments	I received a suitable appointment	I see the same GP to maintain continuity of care	Most common method for making an appointment	Most common type of appointment offered	How easy is it to get through to someone when booking an appointment	I can book a routine appointment in advance	I can get an appointment on the same day	I have used another service because I couldn’t get an appointment	Experience of making an appointment to see a doctor
<b>Kew Surgery</b>	88%	Long term medical condition (56%)	95%	47%	Phone (74%)	Face to Face consultation (67%)	Very/ fairly easy (67%)	67%	41%	3 patients	Very good/ fairly good (78%)
<b>Christiana Hartley Medical Practice</b>	89%	Long term medical condition (62%)	100%	38%	Phone (74%)	Face to Face consultation (70%)	Very/ fairly easy (88%)	81%	58%	5 patients	Very good/ fairly good (100%)
<b>Cumberland House Surgery</b>	81%	Long term medical condition (48%)	100%	38%	Phone (68%)	Face to Face consultation (48%)	Fairly easy (43%)	72%	41%	4 patients	Very good/ fairly good (83%)
<b>St Marks Medical Centre</b>	31%	Long term medical condition (42%)	80%	17%	Phone (53%)	Face to Face consultation (51%)	Not easy (54%)	23%	34%	16 patients	Very good/ fairly good (14%)

\*19 patients completed the survey during the visit to Kew Surgery  
 \*28 patients completed the survey during the visit to Christiana Hartley Medical Practice  
 \*31 patients completed the survey during the visit to Cumberland House Surgery.  
 \*36 patients completed the survey during the visit to St Marks Medical Centre  
 \*Only 5 patients were available to talk to during the visit to Trinity practice and therefore the results have not been included within this comparison.

### 3. Recommendations

The Primary Care Commissioning Committee in Common is asked to note the content of both patient survey results.

**Angela Price**  
**Primary Care Programme Lead**  
**March 2020**

<h2 style="margin: 0;">Primary Care Commissioning Committee in Common</h2> <h3 style="margin: 0;">MARCH 2020</h3>				
<b>Agenda Item:</b> 20/23	<b>Author of the Paper:</b>			
<b>Report date:</b> March 2020	Name: Ehsan Haqqani Job Title: Interim Primary Care Quality Manager Email: <a href="mailto:ehsan.haqqani@southseftonccg.nhs.uk">ehsan.haqqani@southseftonccg.nhs.uk</a> Tel: 0151 317 8522			
<b>Title:</b> Primary Care Quality Report				
<b>Summary/Key Issues:</b>  This provides an overview of primary care quality for Quarter 2019/20 including: <ul style="list-style-type: none"> <li>Incident reporting including Serious Incidents</li> <li>Complaints</li> <li>Learning Disabilities Mortality Review Programme (LeDeR)</li> <li>Reviews under LSCB, LSAB and Sefton Community Safety Partnership</li> </ul>				
<b>Recommendation:</b>  The Primary Care Commissioning Committee is asked to receive the report.				
	Note <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">Approve</td></tr> <tr><td style="text-align: center;">Ratify</td></tr> </table>	X	Approve	Ratify
X				
Approve				
Ratify				

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered				
Locality Engagement			X	
Presented to other Committees	X			Three contact of the paper have been shared in other forums including; Joint Operational Group and Joint Quality and Performance Committee

Links to National Outcomes Framework ( <i>x those that apply</i> )	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to Primary Care In Common Committee March 2020

### 1. Executive Summary

This report provides an update through to PCiCC of the quality agenda for the CCGs for Q3 which includes;

- Incident reporting including Serious Incidents
- Complaints
- Learning Disabilities Mortality Review Programme (LeDeR)
- Reviews under LSCB, LSAB and Sefton Community Safety Partnership

A report will come through to PCiCC on a quarterly basis.

### 2. Introduction and Background

- 2.1 South Sefton (CCG) and Southport and Formby CCG (CCGs) became the lead commissioner for Primary Care services in April 2019, which has been included as part of the 5 year forward plan. This report details four areas for the Primary Care quality agenda as part of assurance to the Primary Care in Common Committee (PCiCC) for CCGs.
- 2.2 It is anticipated the quality report will be presented to the PCiCC on a quarterly basis with updates as required.

### 3. Key Issues

- 3.1 Incident Reporting including Serious Incidents - There is a scheduled change over from Datix to Ulysis for the reporting and management of incidents and complaints. The system launch will be used to promote the reporting system, as well as the values of reporting incidents to capture learning that can be disseminated across the Primary Care. Although this shouldn't affect reporting of incidents in general practice. The Primary Care Quality Manager will ensure any changes are notified across practices.

Further work is required to support robust reporting of incidents and the identification of serious incidents. This is currently recorded the Primary Care risk register. A quarterly performance report will come through to PiCC for all incidents.

- 3.2 Complaints – A report will be provided to this Committee to provide assurances on the management of complaints, the identification of learning and how this is being disseminated.
- 3.2 LeDeR – a number of emerging themes have been highlighted as part of LeDeR reviews for Primary Care, which will need to be considered as part of system learning across Primary Care including local quality contract. Trends and themes are reported through to the Joint Operational Group. Current trends identified from reviews are:
- DNA and consideration for change to 'Not Brought'
  - Lack of engagement with cancer screening programmes (linked to DNA)



- Lack of evidence of Best Interest decisions being made to support decisions to remove from cancer screening programmes
- Lack of evidence of Best Interest decisions for DNA CPR within GP records
- Lack of evidence of engagement in decision making with family relatives when a person is living in a care home
- Lack of evidence of the LD annual health assessment within GP records (acknowledgement there are likely to be improvements following LQC)
- Poor quality of health action plans following LD annual health assessment

#### 4. Conclusion

This report provides an update to PCiCC on four key areas of the quality agenda for Q3. A further update will be submitted following Q4.

#### 5. Recommendations

- 5.1. Currently there are 4 safeguarding reviews ongoing within South Sefton CCG and 1 safeguarding review for Southport & Formby CCG.
- 5.2. Learning from these reviews will be identified on conclusion of the reviews.

#### 6. Appendices

##### 6.1 Serious Incidents

##### 6.2 Complaints

##### 6.3 Learning Disability Mortality Reviews

##### 6.4 Reviews under LSCB, MSAB and SSCP

##### 6.1 Serious Incidents

- 6.1.1 During the period of 2019/20 there was 1 incident raised on StEIS. During the period Q1 – Q2 2019/20 there were two opens incidents, one had been raised on the period 2018/19 and remained open on StEIS subject to further assurance being received. Both incidents were raised by PC24 and for South Sefton CCG.
- 6.1.2 There have been no Never Events reported year to date.
- 6.1.2 One incident had been open on StEIS for >100 days due to further assurance being required. Both incidents have now been closed on StEIS.
- 6.1.3 The learning has been shared with PC24 and Joint Operational Group. The 2019/20 incident relates to;
  - Medical Cover
  - Timely review for action to results.
  - GP's appropriate use of task manager within the EMIS system when reviewing abnormal bloods to ensure patient follow up.

Plans are in place to disseminate the wider learning across primary care for actions on task manager.

- 6.1.4 Further work is required to develop robust processes on the review of incidents reported via Datix from general practice, to ensure all incidents are reviewed and actioned in a timely manner. The PCiCC should receive reports on a quarterly basis on performance management on all incidents including serious incidents.

## 6.2 Complaints

- 6.6.1 Within Q3 2019/20 there have been a total of 3 Primary Care complaints raised;
- 2 for Southport & Formby CCG.
  - 1 complaint for South Sefton CCG.
- 6.6.2 One complaint related to a concern in relation to a catchment area for a Practice (SFCCG) the other 2 complaints are awaiting consent from the patient in order to proceed (1 x SSCCG, 1 SFCCG).
- 6.6.3 Learning identified and themes and trends will be collated within the next report to include the full financial year 2019/20.
- 6.6.4 Further work is required is required to provide performance management against standards for complaints, and further work is required to develop systems and process to collate trends and themes arising from complaints. This would also include process for disseminating learning across both CCG's to support the sharing of learning across primary care.
- 6.6.5 There is a planned changeover from Datix to Ulysses as a database for reporting, and managing complaints. Whilst this poses a risk to Primary Care as a change to current systems and processes. This will provide an opportunity to redesign the process around the management and reporting of complaints to include the better identification of learning.

## 6.3 Learning Disability Mortality Reviews (LeDeR)

- 6.3.1 There has been a national programme in place for all people over the age of 4 years of age with a diagnosis of a learning disability to have a review of the circumstances into their death. Each CCG has an identified Local Area Contact for LeDeR. For the CCGs this is the Assistant Chief Nurse. Anyone can notify the death of a person to the LeDeR team based in the University of Bristol, who have been commissioned by NHS E to support the programme. Since January 2016 there has been a total of 72 cases notified or the LeDeR programme.

**Table 1. LeDeR Cases 2019/20 Q3**

	Total No. 2016 YTD	No. Notified 2019/20 Q3	No of cases reviewed and closed 2019/20 Q3	Total Number Open Cases 2019/20 Q3	Number Allocated to a Reviewer 2019/20 Q3	Number of unallocated cases 2019/20 Q3
South Sefton CCG	32	8	6	17	12	3
Southport & Formby CCG	39	7	12	14	9	5

- 6.3.2 There is a requirement for cases notified on LeDeR to be allocated to a LeDeR reviewer within 3 months and completed within 6 months of being reported. No monies were provided by NHS E to CCGs to support the LeDeR programme which has prevented CCGs to manage LeDeR in-line with national performance. CCGs performance is monitored by NHS E.
- 6.3.3 The CCGs have secured additional non recurrent funding for the programme following a successful bid to NHS E for £37 k. These monies have been passed across to Mersey Care NHS Trust to support the programme and submit a business case to enable sustainability. NHS E have also secured additional funding to enable legacy cases to be reviewed and closed down to support the national reporting requirements. This will account for 24 open cases.
- 6.3.4 There has been good engagement from GP practices to support the reviews, and all areas of best practice and learning are shared back with individual practices to manage through their internal governance processes. All areas of learning are also reported through to Joint Operational Group to support system learning across Primary Care.
- 6.3.5 There are a number of trends and themes coming through from the LeDeR reviews for Primary Care, with more work needed to be undertaken to support improvements:
- DNA and consideration for change to 'Not Brought'
  - Lack of engagement with cancer screening programmes (linked to DNA)
  - Lack of evidence of Best Interest decisions being made to support decisions to remove from cancer screening programmes
  - Lack of evidence of Best Interest decisions for DNA CPR within GP records
  - Lack of evidence of engagement in decision making with family relatives when a person is living in a care home
  - Lack of evidence of the LD annual health assessment within GP records (acknowledgement there are likely to be improvements following LQC)
  - Poor quality of health action plans following LD annual health assessment.

## 6.4 Reviews under LSCB, MSAB and SSCP

There are a number of statutory and non-statutory reviews which are in progress which are under the management of the Local Safeguarding Children's Board (LSCB), Merseyside Safeguarding Adult Board (MSAB), and the Sefton Safer Community Partnership (SSCP). All learning from reviews will be shared across both SSSCG and SFCCG GP practices. All reviews under LSCB, MSAB and SSCP are supported by the Designated Professionals, Named GP and the Assistant Chief Nurse. The Assistant Chief Nurse supports GP practices in the absence of a Named GP for safeguarding adults, including providing support to the practice and writing the individual management review's (IMR).

### 6.4.1 LSCB

- SCR 5 (SSCCG) completed, date of publication due March 2020

### 6.4.2 MSAB

- Learning Review (SSCCG) – review completed awaiting action plan from MSAB
- Serious Adult Review (SSCCG) – in progress
- Serious Adult Review (SFCGG) – awaiting review to be progressed via MSAB

### 6.4.3 SSCP

- Learning Review (WLCCG) – review completed and awaiting final report from SSCP expected March 2020
- DHR 8 (SSCG) – review in progress

**Ehsan Haqqani**  
**Interim Primary Care Quality Manager**  
**March 2020**

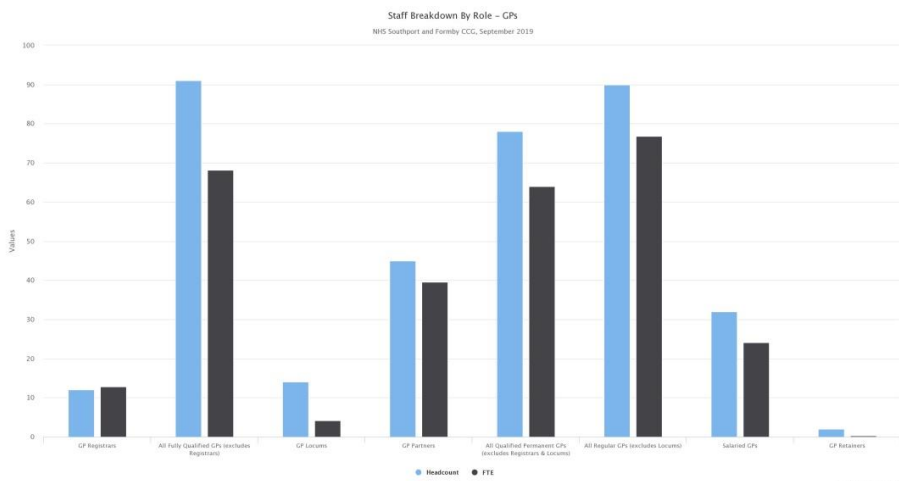
# Primary Care Commissioning Committee

## Workforce Baseline

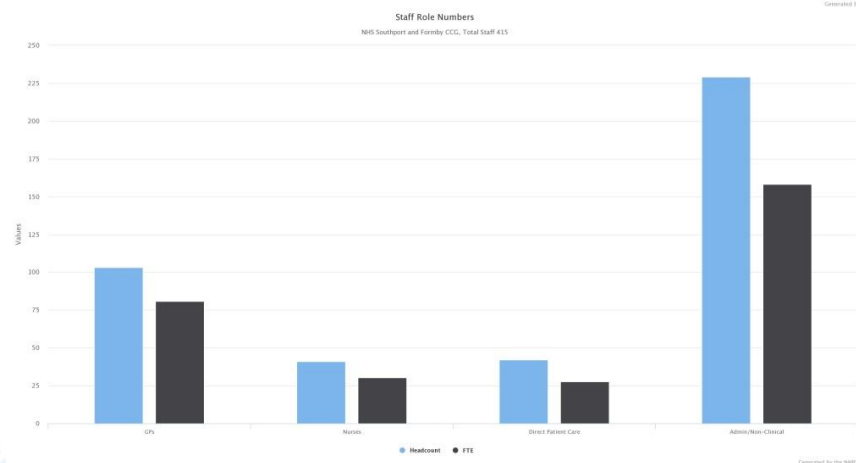


Staying **local & together**  
**together** with you

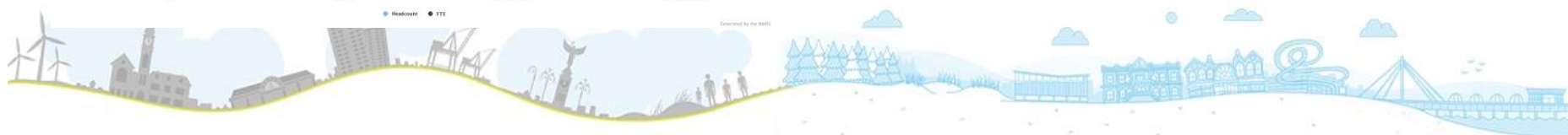
## S&F Workforce – Breakdown by Role



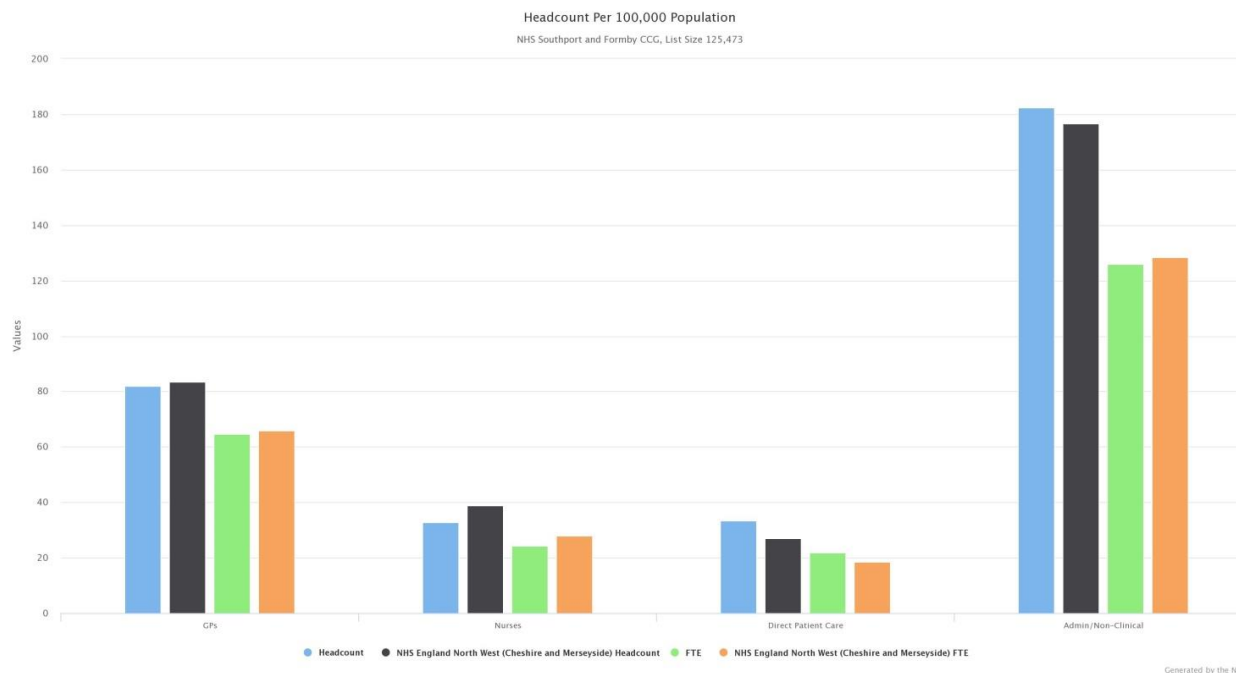
GP Registrars: 12 - FTE: 12.8  
Fully Qualified GP: 91 - FTE: 68.1  
Locums: 14 - FTE: 4.1  
GP Partners: 45 - FTE: 39.6  
All GP's: 90 – FTE: 76.8  
Salaried GP: 32 – FTE: 24.1  
GP Retainers: 2



GP: 103 – FTE: 80.9  
Nurses: 41 – FTE: 30.3  
Direct Patient Care: 42 – FTE: 27.6  
Admin / Non-Clinical: 229 – FTE: 158



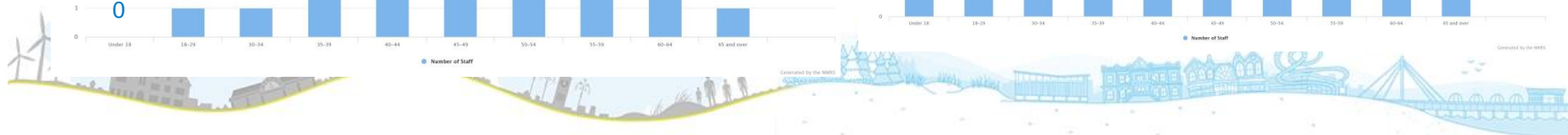
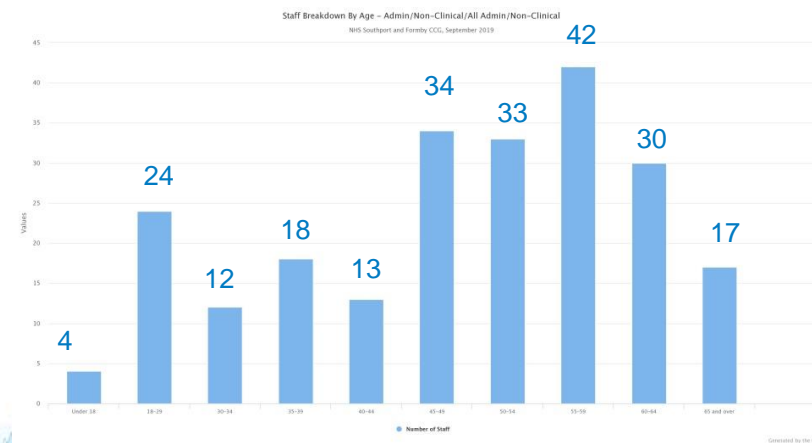
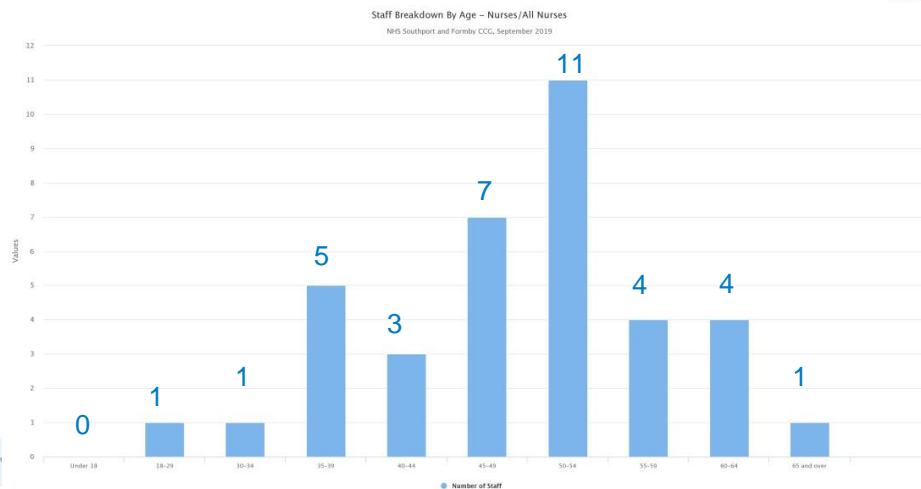
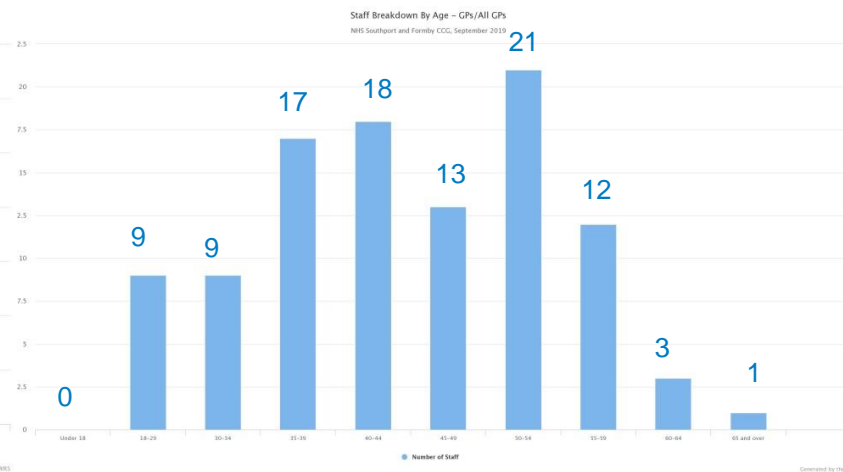
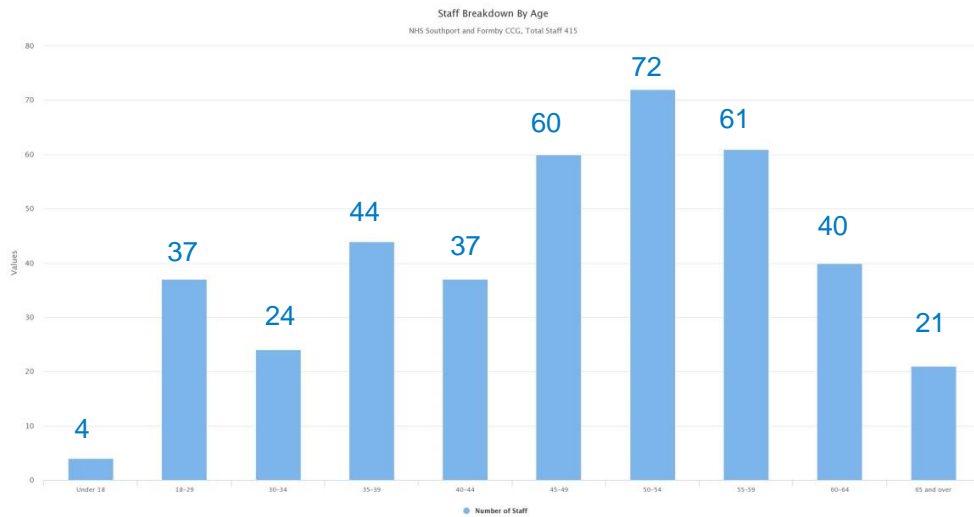
## S&F Workforce – Head Count (per 100,000) In Comparison to STP



GP's: S&F: 82.09 – FTE: 64.49 | C&M: 83.49 – FTE: 65.79  
 Nurses: S&F: 32.68 – FTE: 24.18 | C&M: 38.81 – FTE: 28.0  
 DPC: S&F: 33.47 – FTE: 21.98 | C&M: 27.13 - FTE: 18.45  
 Admin/Non-Clinical: S&F: 182.51 – FTE: 125.96 | C&M: 176.71 –  
 FTE: 128.42

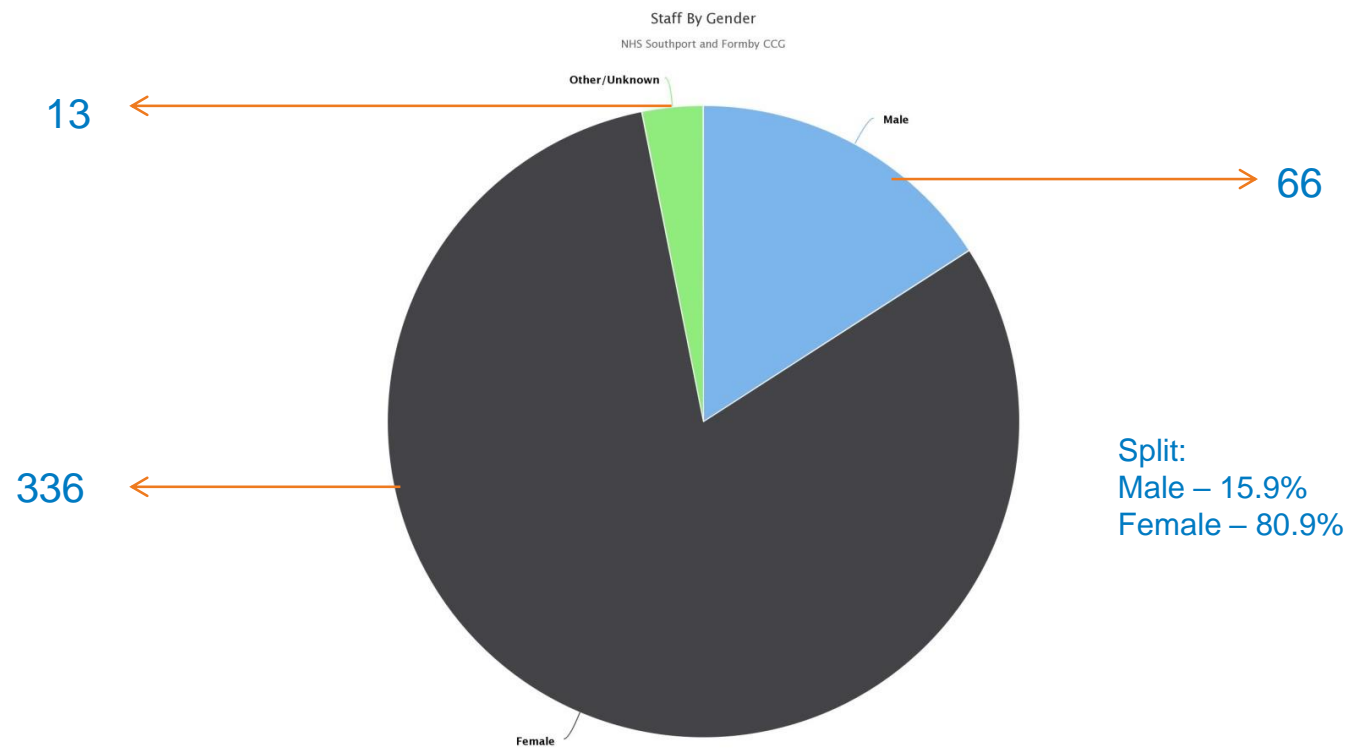


## S&F Workforce – Breakdown by Age





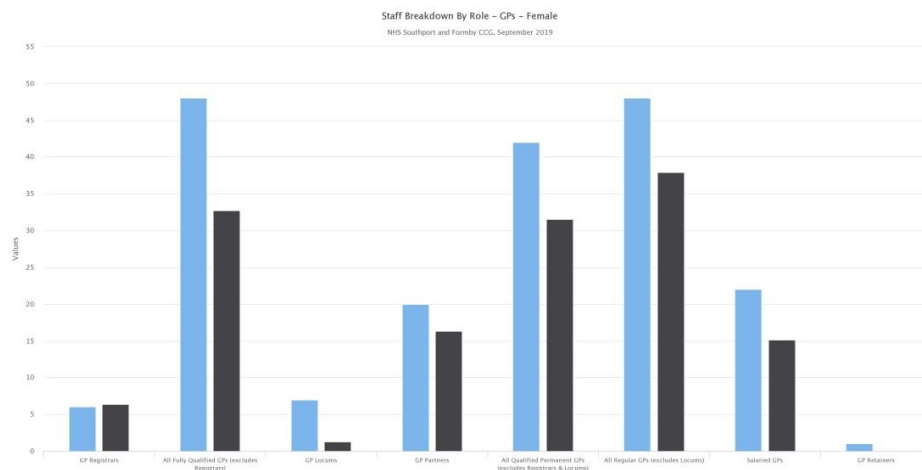
## S&F Workforce – Breakdown by Gender



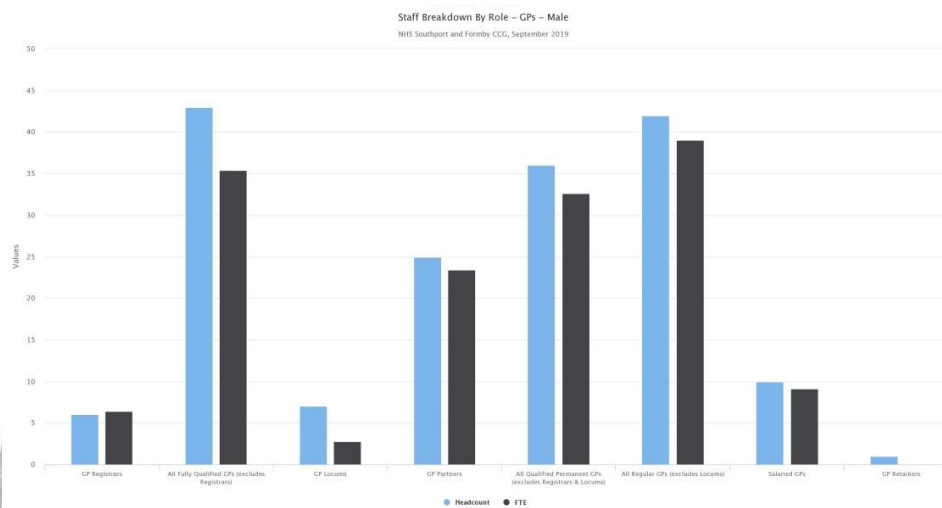
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## S&F Workforce – Breakdown by Gender (Cont)



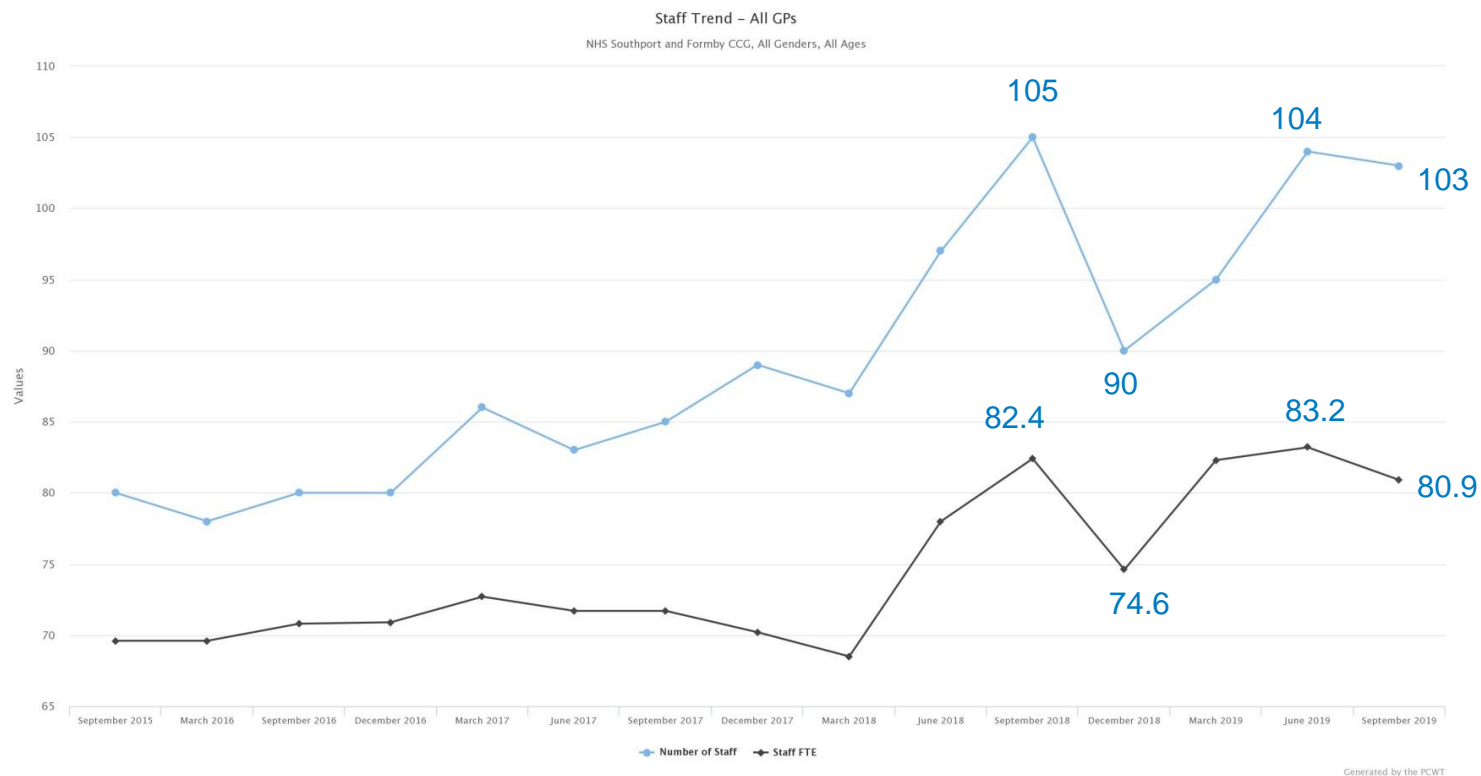
GP Registrars: 6 - FTE: 6.4  
Fully Qualified GP: 48 - FTE: 32.7  
Locums: 7 - FTE: 1.3  
GP Partners: 20 - FTE: 16.3  
All GP's: 42 – FTE: 31.5  
Salaried GP: 22 – FTE: 15.1  
GP Retainers: 1



GP Registrars: 6 - FTE: 6.4  
Fully Qualified GP: 43 - FTE: 35.4  
Locums: 7 - FTE: 2.8  
GP Partners: 25 - FTE: 23.4  
All GP's: 42 – FTE: 39.0  
Salaried GP: 10 – FTE: 9.1  
GP Retainers: 1



## S&F Workforce – GP Trend

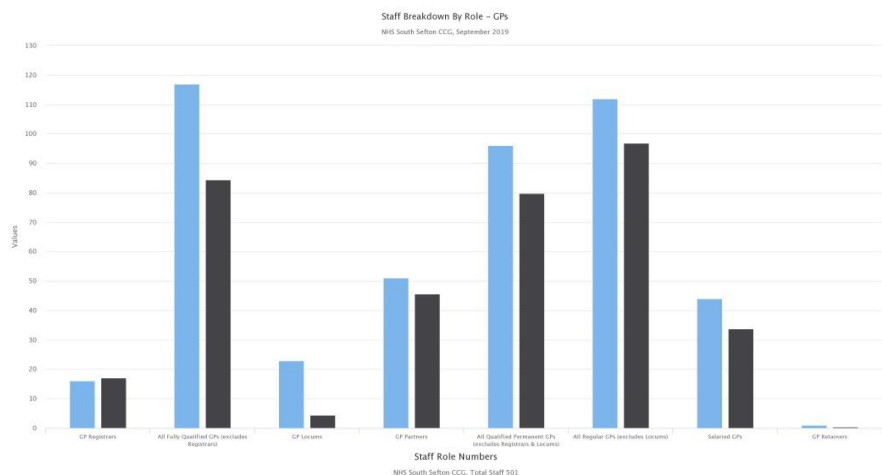


## PCN Workforce Update – Southport & Formby

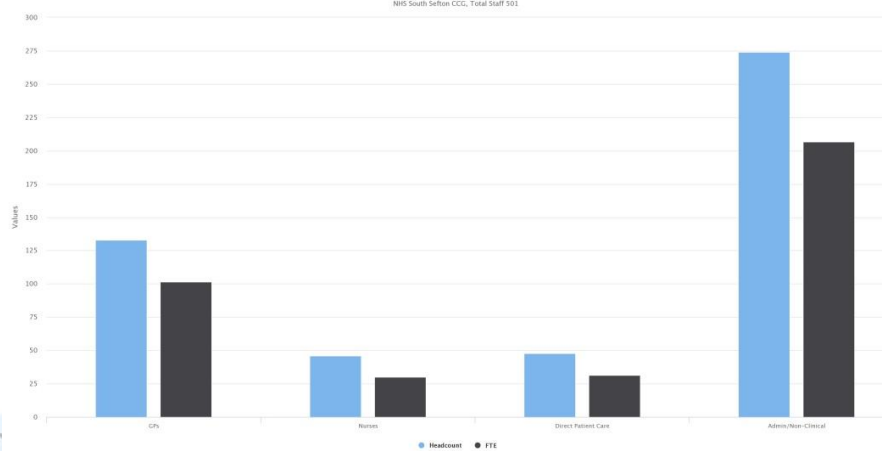
- Continued use of the Pharmacy Hub for Medicines Management
- Clinical Pharmacist's in practice
- Rotating Paramedic now imbedded in the Ainsdale & Birkdale PCN to support with home visits



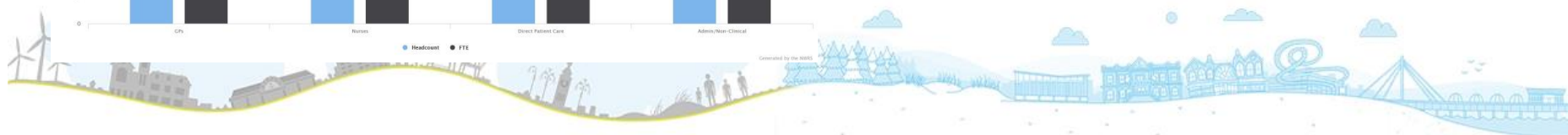
## SS Workforce – Breakdown by Role



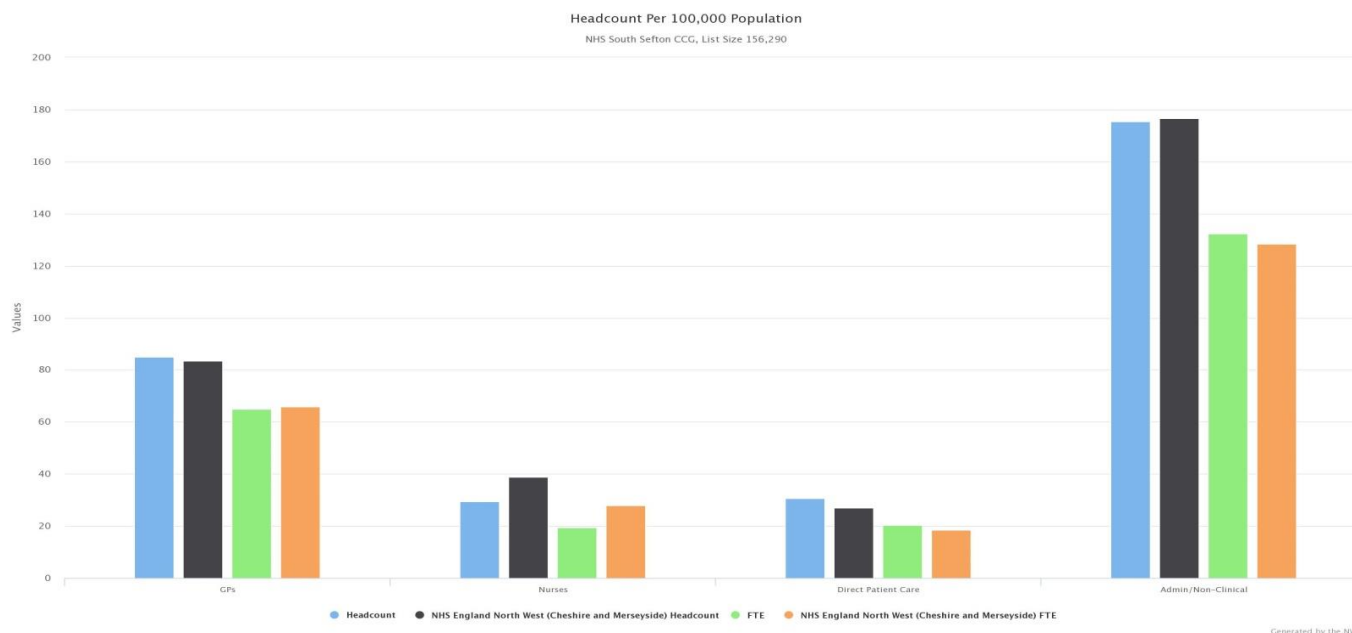
GP Registrars: 16 - FTE: 17.1  
Fully Qualified GP: 117 - FTE: 84.3  
Locums: 23 - FTE: 4.5  
GP Partners: 51 - FTE: 45.7  
All GP's: 112 – FTE: 96.9  
Salaried GP: 44 – FTE: 33.7  
GP Retainers: 1



GP: 133 – FTE: 101.4  
Nurses: 46 – FTE: 30.3  
Direct Patient Care: 48 – FTE: 31.5  
Admin / Non-Clinical: 274 – FTE: 206.6



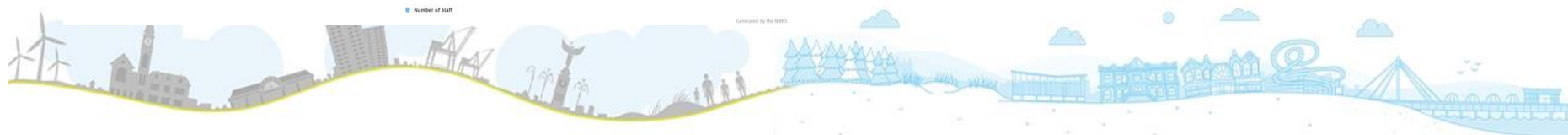
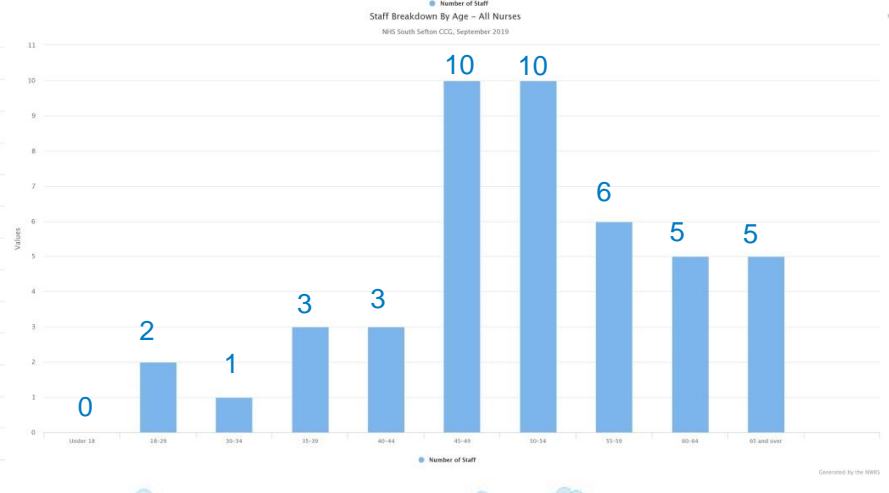
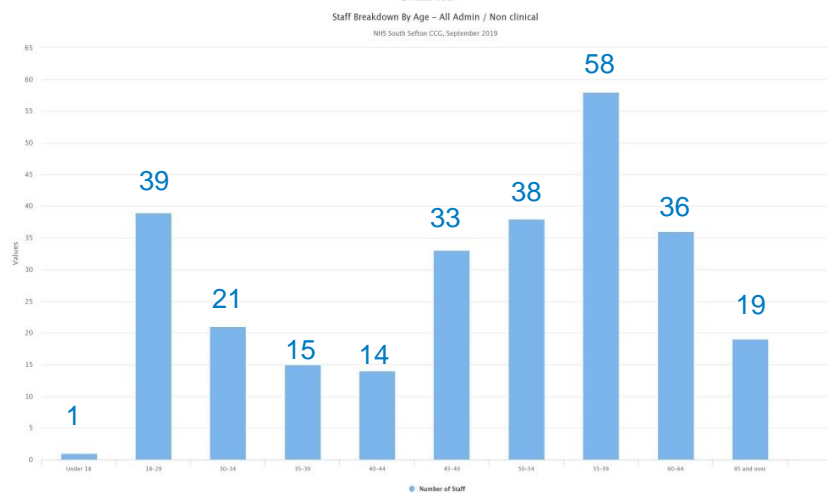
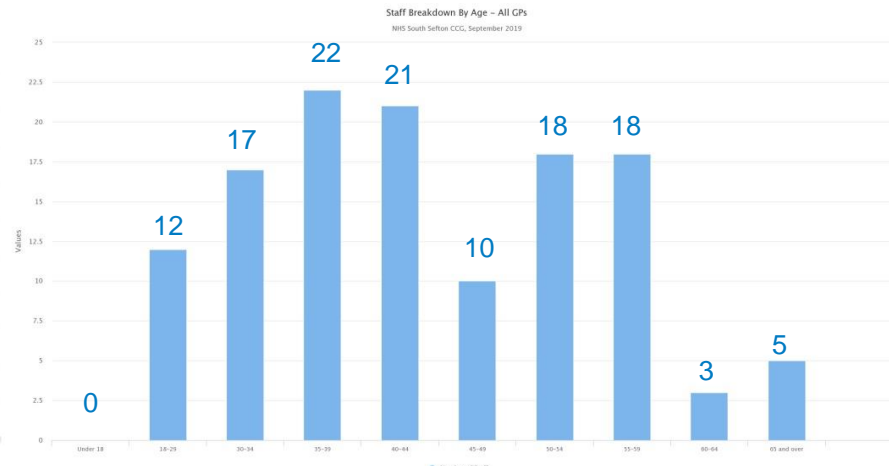
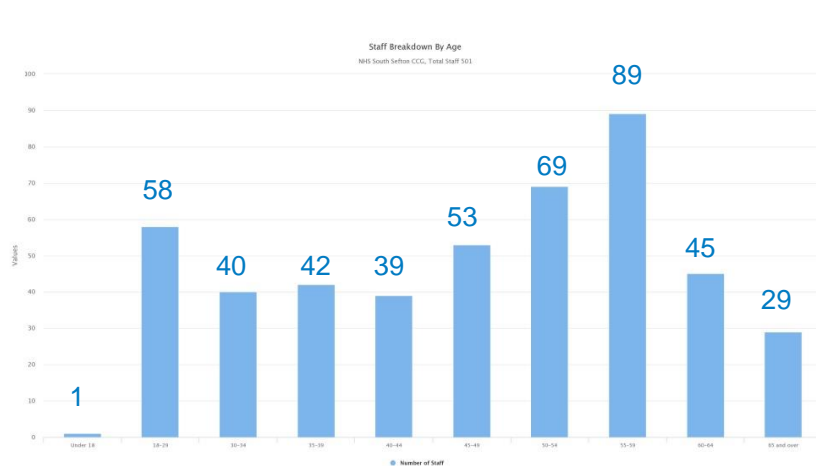
## SS Workforce – Headcount (per 100,000) in Comparison to STP



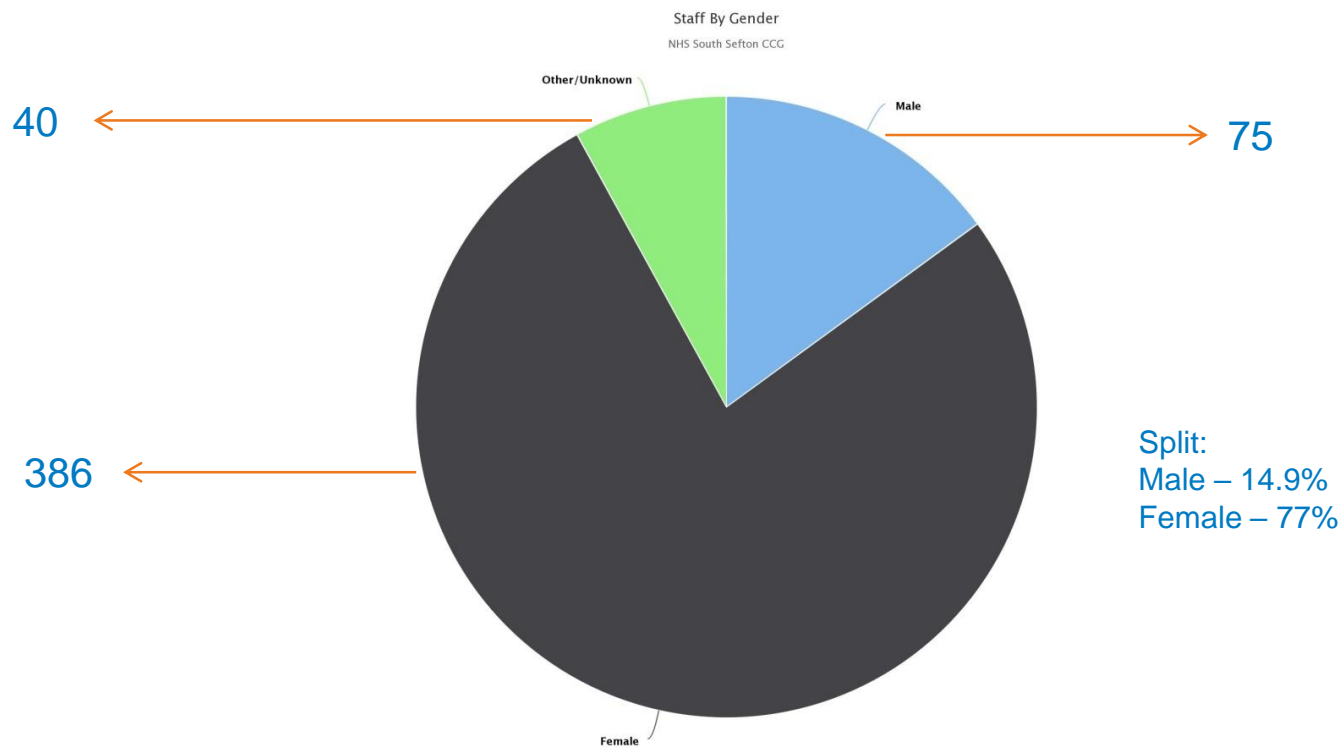
GP's: SS: 85.10 – FTE: 64.86 | C&M: 83.49 – FTE: 65.79  
 Nurses: SS: 29.43 – FTE: 19.36 | C&M: 38.81 – FTE: 28.0  
 DPC: SS: 30.71 – FTE: 20.18 | C&M: 27.13 - FTE: 18.45  
 Admin/Non-Clinical: SS: 175.32 – FTE: 132.19 | C&M: 176.71 –  
 FTE: 128.42



# SS Workforce – Breakdown by Age



## SS Workforce – Breakdown by Gender

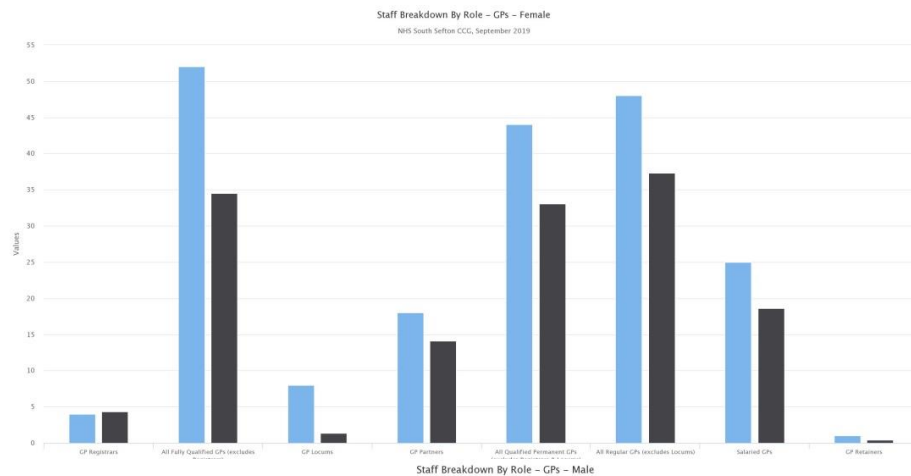


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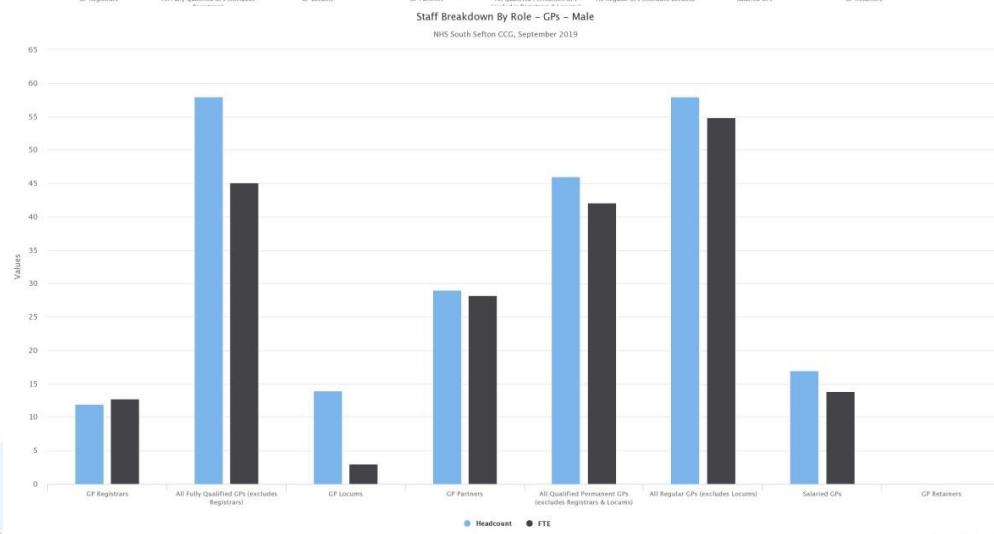




## SS Workforce – Breakdown by Gender (Cont)



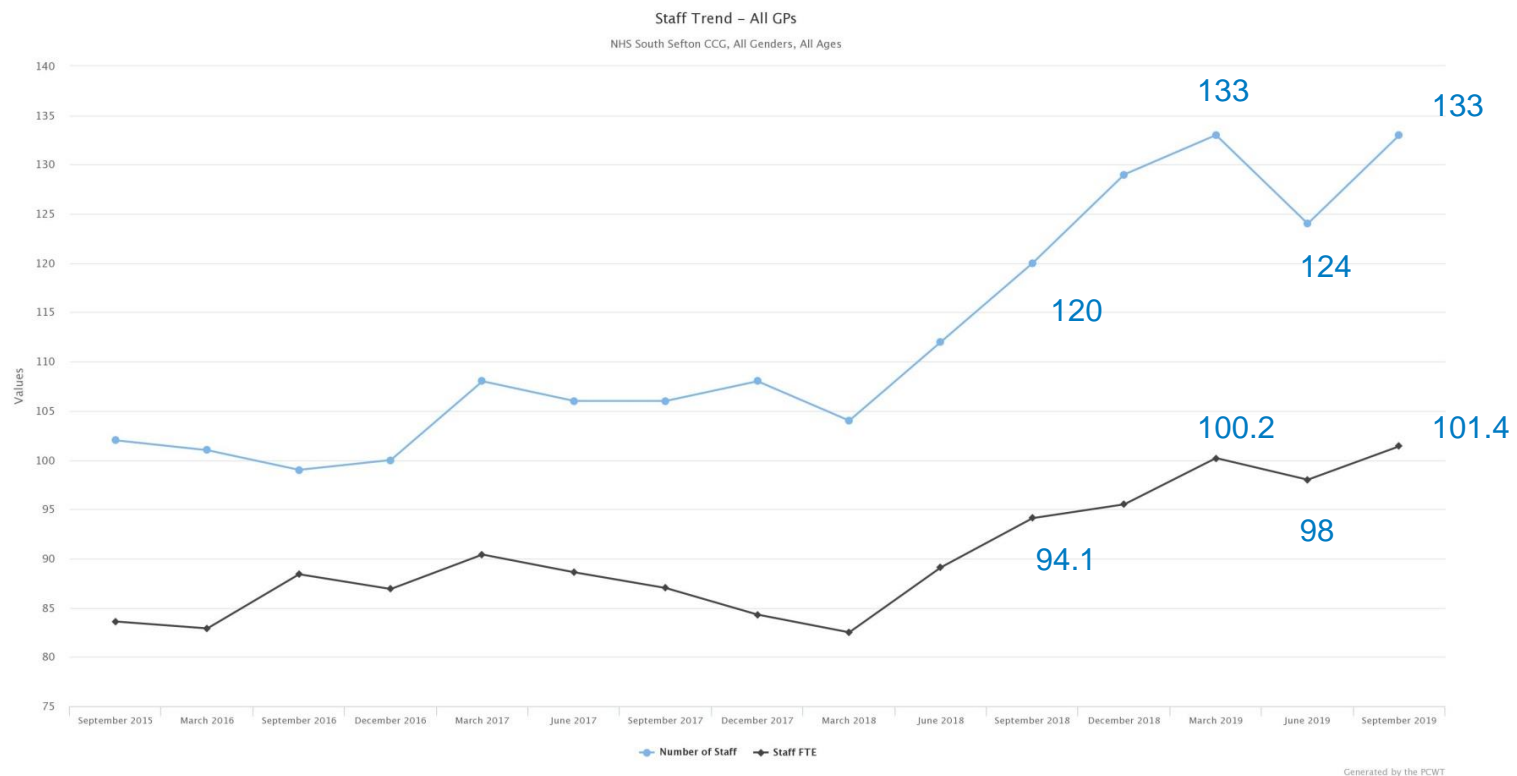
GP Registrars: 4 - FTE: 4.3  
Fully Qualified GP: 52 - FTE: 34.5  
Locums: 8 - FTE: 1.4  
GP Partners: 18 - FTE: 14.1  
All GP's: 48 – FTE: 37.3  
Salaried GP: 25 – FTE: 18.6  
GP Retainers: 1 – FTE: 0.4



GP Registrars: 12 - FTE: 12.8  
Fully Qualified GP: 58 - FTE: 45.1  
Locums: 14 - FTE: 3  
GP Partners: 29 - FTE: 28.2  
All GP's: 58 – FTE: 54.9  
Salaried GP: 17 – FTE: 13.9  
GP Retainers: 0



## SS Workforce – GP Trend



## PCN Workforce Update – South Sefton

- Continued use of the Pharmacy Hub for Medicines Management
- Clinical Pharmacist's in practice
- Social Prescribing Link workers now taking referrals from General Practice – 1 active per PCN with Crosby and Maghull PCN allocation 1.5 due to size
- Discussions are starting regarding how Rotating Paramedics can be effectively used within PCN's



## GP Retainer Scheme

- The National GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice
- The scheme is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility.
- In South Sefton there is 1 GP currently on the retainer scheme
- In Southport & Formby there are 3 GP's currently on the retainer scheme



## Additional Roles Reimbursement

1. More roles are now added to the Scheme from April 2020, at the request of PCN Clinical Directors. PCN's can now choose to recruit from the following roles, in addition to those previously agreed, to make up the workforce they need: **pharmacy technicians, care co-ordinators, health coaches, dieticians, podiatrist and occupational therapist**. Mental health professionals will be added from April 2021 following current pilots.
2. 6,000 extra staff are funded by Government, through additional investment for NHSEI of £150m/£300m/£300m/£300m between 2020/21 and 2023/24 expanding the Scheme to 26,000. Reimbursement now increases from the current 70% to 100% for all 26,000 roles.
3. For the average PCN in 2020/21, that means around 7 FTE staff, through an average reimbursement pot of £344,000. This rises to 20 FTE staff and an average reimbursement pot of £1.3 million in 2023/24. Assurances made under this deal mean PCN's can recruit fully, without worry about the theoretical risk of future employment liability and redundancy costs. PCN's are encouraged to take immediate action to recruit, with additional support from the CCG, e.g. through collective/batch recruitment exercises, supporting joint or rotational roles with other community providers. Adding 26,000 extra staff in the PCN additional roles scheme now becomes a first order priority for the whole NHS.



## GP Contract Update - Workforce

- 1) More doctors working in general practice
- 2) Releasing time to care
- 3) Improving access for patients
- 4) Reforming payment arrangements for vaccinations and immunisations
- 5) Updating the QOF Framework (asthma, COPD and heart failure domains overhauled)
- 6) Delivering PCN service specifications
- 7) Introducing the Investment and Impact Fund (IIF)



## GPN 10 Point Plan

1. Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career – Feb 2020 update: A return to practice nurse will be starting employment in an S&F practice soon.
2. Extend leadership and educator roles – Feb 2020 update: A further 5 PN's and 3 NMP practice pharmacists have become clinical supervisors.
3. Increase the number of pre-registration placement in general practice – Numbers have increased from 3 in S&F to 5, in SS they have doubled from 1 to 2 with current projections increasing to 6.
4. Establish inductions and preceptorships - 2 new PN's have accessed the first cohort with 2 more currently attending the second (provided by NHSE).
5. Improve access to the return to practice programmes – The lead mentor also has tried to recruit practices to accept the return to practice nurses but so far none have been placed, however 2 practices are being assessed as appropriate by the lead mentor.
6. Embed and deliver a radical upgrade in prevention – Feb 2020 update: practice are being encouraged to sign up to the Blood pressure Quality Improvement Initiative being rolled out across C&M.
7. Support access to educational programmes – HEE has opted to distribute the CPD flexible cash allocation to Enhanced Training Practices including the funding for Non-Medical Prescribing courses.
8. Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice – Feb 2020 update: Applications are open for the 2020-2022 cohort of this training. 2 PN's are interested and the PN lead will be encouraging PN's to apply.
9. Develop healthcare support worker (HCSW), apprenticeship and nursing associates career pathways – The PN lead and NHSE lead for nursing associates are promoting practices to employ Nursing Associate Trainees.
10. Improve Retention – Recruitment and retention continues to be challenging for many practices nationally.



Primary Care Commissioning Committee in Common (PCCiC) Work Plan (Part 1) 20/21 v3 (updated 21.2.2020)

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Programme Report</li> <li>Estates OOH/7 Day Access/Contract Compliance (Strategy &amp; Planning)</li> <li>Primary Care Dashboard (inc Workforce)</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>LQC Participation (Phase 6)</li> <li>Quality Update/ Complaints Log</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Finance</li> <li>Primary Care Quality Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Programme Report</li> <li>Performance (OOHs/7 Day Access/Contractual Compliance/DES)</li> <li>Procurements in Primary Care 2021/22</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Finance</li> <li>GP Patient Survey Results</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Quality Dashboard</li> <li>Workforce (Strategy &amp; Planning)</li> <li>LQC Validation (Phase 5)</li> </ul>
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Finance</li> <li>Primary Care Programme Report</li> <li>Estates (Strategy &amp; Planning)</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>QOF Data</li> <li>IT Investments</li> <li>Quality Update/Compl aints Log</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Finance</li> <li>Primary Care Quality Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Programme Report</li> <li>Performance (OOHs/7 Day Access/Contractual Compliance/DES)</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Finance</li> <li>PCCiC work Plan 2021/22</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from Joint Ops Group</li> <li>Health watch Issues</li> <li>PCN Update</li> <li>Primary Care Quality Dashboard</li> <li>Workforce (Strategy &amp; Planning)</li> </ul>



Quality update to include: CQC, F&F Test, QOF data (when available), GP Patient Survey (when available)

Please note there are no APMS procurements scheduled in this time period.

Primary Care Programme Report/ Primary Care Dashboard? Quarterly

Performance 6 monthly??

May 20 Finances bi-monthly???

## Primary Care Commissioning Committee March 2020

<b>Agenda Item: 20/26</b>	<b>Author of the Paper:</b>
<b>Report date:</b> March 2020	Robert Smith Management Accountant <a href="mailto:robert.smith@southseftonccg.nhs.uk">robert.smith@southseftonccg.nhs.uk</a> Tel: 0151 317 8475

**Title:** Primary Care – General Medical Services – Financial Position as at 29 February 2020

**Summary/Key Issues:**  
This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 29<sup>th</sup> February 2020.

<b>Recommendation</b>	Note	<input checked="" type="checkbox"/>
The Primary Care Commissioning Committee are asked to receive this report noting:	Approve	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>As at 29th February the year to date financial position is a surplus of £908k.</li> <li>The full year forecast position is a surplus of £588k.</li> </ul>	Ratify	<input type="checkbox"/>

**Links to Corporate Objectives 2019/20**

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.

x	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Links to National Outcomes Framework (x those that apply)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Primary Care – General Medical Services – Financial Position as at 29<sup>th</sup> February 2020

### 1. Executive Summary

This report focuses on the financial performance of the Delegated Co-Commissioning budget for South Sefton CCG as at 29 February 2020.

**Table 1 – Delegated Co-Commissioning Position**

Category	Annual Budget.	YTD Budget.	YTD Actual.	YTD Variance.	Forecast Variance.
Core Contract	14,881,783	13,641,430	13,518,262	(123,168)	18,290
Premises	1,731,390	1,586,707	1,250,542	(336,165)	(144,855)
Staff Costs	431,450	395,384	348,246	(47,138)	(32,978)
QOF	2,258,462	2,069,925	1,997,703	(72,222)	(79,150)
Enhanced Schemes	157,818	144,507	162,121	17,614	19,039
PCN Schemes	883,992	810,180	560,750	(249,430)	(257,730)
Prescribing	87,670	80,223	80,223	0	0
Other	1,879,849	148,489	94,577	(53,912)	(56,975)
CCG Staff	109,586	100,428	56,518	(43,910)	(53,289)
<b>Grand Total</b>	<b>22,422,000</b>	<b>18,977,273</b>	<b>18,068,942</b>	<b>(908,331)</b>	<b>(587,648)</b>

The year to date financial position at 29<sup>th</sup> February 2020 is a surplus of £908k.

The full year forecast for 2019/20 is a surplus of £588k. This reflects anticipated variable costs still expected for Locum cover; APMS contract pressures and premises costs. Reserves are included within the Other cost line and total £1.7m.

### 2. Movement from previously reported position – December 19 to February 20

**Table 2 – Movement by Category between M9 December 2019 and M11 February 2020**

Category	YTD Variance			FOT Variance		
	M9	M11	Change	M9	M11	Change
Core Contract	(103,597)	(123,168)	(19,572)	16,592	18,290	1,698
Premises	(273,500)	(336,165)	(62,664)	(111,451)	(144,855)	(33,404)
Staff Costs	(42,375)	(47,138)	(4,763)	(32,978)	(32,978)	0
QOF	(59,092)	(72,222)	(13,130)	(79,150)	(79,150)	0
Enhanced Schemes	14,411	17,614	3,202	19,039	19,039	0
PCN Schemes	(198,079)	(249,430)	(51,351)	(257,730)	(257,730)	0
Prescribing	75	0	(75)	0	0	0
Other	(1,417)	(53,912)	(52,495)	(860)	(56,975)	(56,115)
CCG Staff	(40,103)	(43,910)	(3,807)	(40,324)	(53,289)	(12,965)
<b>Total</b>	<b>(703,676)</b>	<b>(908,331)</b>	<b>(204,654)</b>	<b>(486,862)</b>	<b>(587,648)</b>	<b>(100,786)</b>

Since M9 the year to date financial position has further improved, with the surplus increasing by £205k. The full year forecasted surplus position has also increased by £101k.

The favourable movement in the full year forecast variance includes benefits in relation to Business Rates and Water Rates as a result of a NHSE led reconciliation. Additional favourable movement in the Other Category is due to a low uptake of CQC Fee reimbursement.

### 3. Detailed Commentary

**Core Contract** – The year to date financial position is a surplus of £123k, with a full year forecasted position of £18k deficit.

- APMS contract pressures not committed to the forecast but appear in year to date position.
- Potentially this will be mitigated due to decreasing PMS Premiums in line with the scheme ending in March 2020.
- For 2019/20, £221k in costs from the CCG's Local Quality Contract (LQC) will be funded from the Core Contract budget.

**Premises** – At month 11 the year to date financial position is a surplus of £336k, with a full year forecasted position of £145k surplus.

The annual budget includes an amount allocated for rent reviews which is currently unused. Feedback from the NHSE Estates team has highlighted a small number of practices which are due Rent Reviews, but the impact of this cannot be calculated at present.

- The full year forecast includes an expected £30k surplus expected on Clinical Waste, and a £60k surplus from a duplicated Rent budget.

**Staff Costs** – Locum cover is currently reporting a year to date surplus of £25k, with a full year forecast of £11k surplus.

- This has partially been offset by a £2k forecasted full year deficit in relation to the Doctors Retention scheme.
- This is in addition to the existing full year forecasted position of £24k surplus in relation to the Seniority scheme which finishes at the end of March 2020.

**QOF** – As at month 11, the year to date position is a surplus of £72k, with the full year forecast position expected to be a surplus of £79k.

- The forecasted surplus is based upon 18/19 achievement levels, and reflects the delayed nature of QOF payments.

**Enhanced Schemes** – The year to date financial position is a deficit of £18k, with a full year forecasted position of £19k deficit.

- The year to date financial position reflects over performance for Minor Surgery and an increased participation in the completion of Learning Disability Health Checks.

**PCN Schemes** – The year to date financial position is a surplus of £249k, with a full year forecasted position of £258k surplus.

- The primary factor in this relates to the PCN Social Prescribing and Clinical Pharmacist DES schemes, and this is based upon the maximum claimable amount expected until the end of the financial year.
- Additionally PCNs have received funding in relation to Extend Hours since July; however clawbacks are expected as the scheme is not currently fully operational. Clawbacks to be confirmed in M12.

**Prescribing** – Currently the year to date financial position for Prescribing (Personal Administration Fees) is breakeven, and this is expected to continue through to the end of the financial year. Costs relating to Prescribing are in arrears by two months, therefore the financial position includes actual costs for April through to December, with estimations for January and February.

**Other** – The year to date financial position is a surplus of £54k with a full year forecasted financial position of a £57k surplus. Full year forecast position for CQC Reimbursements has reduced in M11 to reflect the minimal claims received year to date.

**CCG Staff** – The CCG currently has 4 members of staff budgeted from the Delegated Co-Commissioning budget. The budget reflects the full year costs; however, the reported position reflects costs incurred from appointment of the associated staff (3 commenced June 2019 and 1 in October 2019). The forecast reflects expected costs for 2019-20 in full.

**Appendix A** – PCN Overview at 29 February 2020.

#### 4. Recommendations

The Primary Care Commissioning Committee are asked to receive this report noting:

- As at 29th February the year to date financial position is a surplus of £908k.
- The full year forecast position is a surplus of £588k.

**Robert Smith**  
**Management Accountant**  
**March 2020**

**Appendix A – Overview at 29 February 2020 (Practices Grouped by PCN)**

PCN	Annual Budget.	YTD Budget.	YTD Actual.	YTD Variance.	Forecast Variance.
Crosby & Maghull Partnership	6,798,655	6,231,442	6,233,458	2,016	50,136
Default	2,693,918	895,079	363,469	(531,610)	(361,513)
Formby	265,338	243,177	222,588	(20,589)	(26,525)
No PCN	1,860,337	1,705,132	1,686,937	(18,195)	(5,701)
Seaforth & Litherland	5,244,305	4,806,760	4,699,748	(107,012)	(39,305)
Team Bootle	5,559,447	5,095,683	4,862,743	(232,940)	(204,739)
<b>Grand Total</b>	<b>22,422,000</b>	<b>18,977,273</b>	<b>18,068,942</b>	<b>(908,331)</b>	<b>(587,648)</b>

**Please Note:** In the above, Default refers to costs that are not allocated to a specific practice, therefore cannot be associated to a Primary Care Network. No PCN refers to practices that are not in a Primary Care Network.

## Primary Care Commissioning Committee March 2020

<b>Agenda Item:</b> 20/26	<b>Author of the Paper:</b>							
<b>Report date:</b> March 2020	Robert Smith Management Accountant <a href="mailto:robert.smith@southseftonccg.nhs.uk">robert.smith@southseftonccg.nhs.uk</a> Tel: 0151 317 8475							
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 29 February 2020								
<b>Summary/Key Issues:</b> This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 29 <sup>th</sup> February 2020.								
<b>Recommendation</b> The Primary Care Commissioning Committee are asked to receive this report noting:		<table border="1" style="border-collapse: collapse;"> <tr><td>Note</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Note	x	Approve		Ratify	
Note	x							
Approve								
Ratify								
<ul style="list-style-type: none"> <li>As at 29<sup>th</sup> February the year to date position is a surplus of £665k against budget.</li> <li>The full year forecast position is a surplus of £457k.</li> </ul>								

Links to Corporate Objectives 2019/20 (x those that apply)	
x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.



x	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Primary Care – General Medical Services – Financial Position as at 29<sup>th</sup> February 2020

### 1. Executive Summary

This report focuses on the financial performance of the Delegated Co-Commissioning budget for Southport & Formby CCG as at 29 February 2020.

Table 1 – Delegated Co-Commissioning Position

Category	Annual Budget.	YTD Budget.	YTD Actual.	YTD Variance.	Forecast Variance.
Core Contract	11,881,013	10,890,770	10,741,371	(149,399)	(27,014)
Premises	1,800,420	1,650,045	1,414,566	(235,479)	(123,843)
Staff Costs	210,185	192,566	137,903	(54,663)	(57,038)
QOF	1,956,405	1,793,165	1,724,856	(68,309)	(75,642)
Enhanced Schemes	252,236	231,110	254,754	23,644	25,677
PCN Schemes	738,476	676,822	547,936	(128,886)	(140,631)
Prescribing	104,854	96,008	96,011	3	0
Other	194,305	84,513	77,888	(6,625)	(6,496)
CCG Staff	86,106	78,894	33,929	(44,965)	(52,197)
<b>Grand Total</b>	<b>17,224,000</b>	<b>15,693,893</b>	<b>15,029,213</b>	<b>(664,680)</b>	<b>(457,184)</b>

The year to date financial position at 29<sup>th</sup> February 2020 is a surplus of £665k.

The full year forecast for 2019/20 is a surplus of £457k. This reflects anticipated variable costs still expected for Locum cover; APMS contract pressures and premises costs. Reserves are included within the Other cost line and total £102k.

### 2. Movement from previously reported position – December 19 to February 20

Table 2 – Movement by Category between M9 December 2019 and M11 February 2020

Category	YTD Variance			FOT Variance		
	M9	M11	Change	M9	M11	Change
Core Contract	(122,750)	(149,399)	(26,649)	(30,348)	(27,014)	3,334
Premises	(218,542)	(235,479)	(16,938)	(152,399)	(123,843)	28,556
Staff Costs	(41,954)	(54,663)	(12,709)	(57,038)	(57,038)	0
QOF	(56,564)	(68,309)	(11,745)	(75,642)	(75,642)	0
Enhanced Schemes	19,135	23,644	4,509	25,677	25,677	0
PCN Schemes	(104,553)	(128,886)	(24,333)	(140,631)	(140,631)	0
Prescribing	0	3	2	0	0	0
Other	4,879	(6,625)	(11,504)	3,359	(6,496)	(9,855)
CCG Staff	(40,948)	(44,965)	(4,018)	(40,967)	(52,197)	(11,230)
<b>Total</b>	<b>(561,296)</b>	<b>(664,680)</b>	<b>(103,384)</b>	<b>(467,989)</b>	<b>(457,184)</b>	<b>10,805</b>

In month 11 the year to date financial position has further improved, with the surplus increasing by £103k. The full year forecasted position has decreased by £11k to a £457k surplus.

The reduction in full year forecast is primarily due to an £29k adverse movement in Premise costs due a reconciliation performed on Business Rates and Water Rates reimbursements. This has been offset by a £21k favourable movement across CCG Staff and Other (CQC Reimbursements).

### 3. Detailed Commentary

**Core Contract** – The year to date financial position is a surplus of £149k, with a full year forecasted position of £27k surplus.

- APMS contract pressures not committed to the forecast but appear in the year to date position.
- Potentially this will be mitigated due to decreasing PMS Premiums in line with the scheme ending in March 2020
- For 2019/20, £116k in costs from the CCG's Local Quality Contract (LQC) will be funded from the Core Contract budget.

**Premises** – At month 11 the year to date financial position is a surplus of £235k, with a full year forecasted position of £124k surplus.

The annual budget includes an amount allocated for rent reviews which is currently unused. Feedback from the NHSE Estates team has highlighted a small number of practices which are due Rent Reviews, but the impact of this cannot be calculated at present.

**Staff Costs** – Locum cover is currently reporting a year to date surplus of £19k, with a full year forecast of £17k surplus. This is in addition to the existing full year forecasted position of £40k surplus in relation to the Seniority scheme which finishes at the end of March 2020. The year to date variance in relation to this is £39k surplus.

**QOF** – As at month 11, the year to date position is a surplus of £68k, with the full year forecast position expected to be a surplus of £76k.

- The forecasted surplus is based upon 18/19 achievement levels, and reflects the delayed nature of QOF payments.

**Enhanced Schemes** – The year to date financial position is a deficit of £24k, with a full year forecasted position of £26k deficit.

- The year to date financial position reflects over performance for Minor Surgery and an increased participation in the completion of Learning Disability Health Checks.

**PCN Schemes** – The year to date financial position is a surplus of £129k, with a full year forecasted position of £141k surplus.

- The primary factor in this relates to the PCN Social Prescribing and Clinical Pharmacist DES schemes, and this is based upon the maximum claimable amount expected until the end of the financial year.
- Additionally PCNs have received funding in relation to Extend Hours since July; however clawbacks expected as scheme not currently fully operational. Clawbacks to be confirmed in M12.

**Prescribing** – Currently the year to date financial position for Prescribing (Personal Administration Fees) is breakeven, with this replicated in the full year financial position. Costs related to Prescribing are in arrears by two months, therefore the financial position includes actual costs for April through to December, with estimations for January and February.

**Other** – The year to date financial position is a £7k surplus, with this reduced to £6k surplus in the full year financial position. Increased Professional Fees (Translation and Interpreting, plus District Valuator) are expected to be offset by the CQC Reimbursement budget being higher than required. Full year forecast position for CQC Reimbursements has reduced in M11 to reflect the minimal claims received year to date.

**CCG Staff** – The CCG currently has 4 members of staff budgeted from the Delegated Co-Commissioning budget. The budget reflects the full year costs; however, the reported position reflects costs incurred from appointment of the associated staff (3 commenced June 2019 and 1 in October 2019). The forecast reflects expected costs for 2019-20 in full.

**Appendix A** – PCN Overview at 29 February 2020

#### 4. Recommendations

The Primary Care Commissioning Committee are asked to receive this report noting:

- As at 29<sup>th</sup> February the year to date position is a surplus of £665k against budget.
- The full year forecast position is a surplus of £457k.

**Robert Smith**  
**Management Accountant**  
**March 2020**

**Appendix A – PCN Overview at 29 February 2020 (Practices Grouped by PCN)**

PCN	Annual Budget.	YTD Budget.	YTD Actual.	YTD Variance.	Forecast Variance.
Ainsdale & Birkdale	4,043,344	3,706,084	3,665,020	(41,064)	(39,091)
Central	4,688,957	4,297,881	4,308,441	10,560	9,150
Default	1,119,120	932,397	433,548	(498,849)	(317,083)
Formby	1,717,016	1,573,763	1,506,101	(67,662)	(56,721)
No PCN	1,531,985	1,404,194	1,379,977	(24,217)	(27,010)
North	4,123,578	3,779,574	3,736,125	(43,449)	(26,428)
<b>Grand Total</b>	<b>17,224,000</b>	<b>15,693,893</b>	<b>15,029,213</b>	<b>(664,680)</b>	<b>(457,184)</b>

**Please Note:** In the above, Default refers to costs that are not allocated to a specific practice, therefore cannot be associated to a Primary Care Network. No PCN refers to practices that are not in a Primary Care Network.

# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton and Southport and Formby Primary Care Joint Operational Group, Thursday 13th<sup>th</sup> February 2020

Chair:  
Jan Leonard

## Key Issues to report back to the Primary Care Commissioning Committee in Common

- The formation of a virtual Clinical Reference Group to review new referral forms for general practice was discussed
- Feedback was received on work of the medicines management hub and the support provided to general practice on medication and discharge queries
- Apex/ Insight is being rolled out to general practice with the support of iMerseyside
- Digitisation of Lloyd George records, transfer of records, and a proposed solution was explored
- The group reviewed and updated the risk register

# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton and Southport and Formby Primary Care Joint Operational Group, Thursday 12 <sup>th</sup> March 2020	Chair: Angela Price
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## Key Issues to report back to the Primary Care Commissioning Committee in Common

- Business continuity plans were discussed. The Primary Care Team are preparing some supportive documentation for GP practices in relation to pandemic contingency planning, major infectious disease outbreak guidance and a pro-forma for completion by practices in the event of a closure.
- Interim commissioning arrangements for interpreting services were discussed
- The group discussed opportunities for the 7 day access services to support the delivery of childhood immunisations, extend flexibility of appointment times, and increase capacity
- The group reviewed the risk register and added COVID-19