

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

Date: **Thursday 21<sup>st</sup> January 2021 10:00-11:00am**

**Venue: MS Teams due to Covid 19**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co 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 (Co Chair)	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
PCCiC21/1.	Apologies for absence	Chair	V		
PCCiC21/2.	Declarations of interest regarding agenda items	All	V		
PCCiC21/3.	Minutes of the previous meeting : Date 19 <sup>th</sup> November 2020	Chair	R	A	
PCCiC21/4.	Action points from the previous meeting	Chair	R	R	
PCCiC21/5.	Report from Operational Group and Decisions made:	JL	R	R	
PCCiC21/6.	Healthwatch Issues	DB	V	R	
PCCiC21/7.	PCN Update	CG/KS	V	R	
PCCiC21/8.	Primary Care Finance	RS	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC21/9.	Primary Care Dashboard	RH	V	R	
PCCiC21/10.	Covid 19 DES Capacity	AP	R	R	
PCCiC21/11.	Learning Disabilities	AP	R	R	
PCCiC21/12.	Key Issues log	Chair	R	R	
PCCiC21/13.	Primary Care Risk Register Part 1	Chair	R	R	
PCCiC21/14.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair			
PCCiC21/15.	<b>Date and time of next Meeting: 18<sup>th</sup> March 2021 10.00am-11.00</b>				

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common**  
**Approved minutes 21<sup>st</sup> January 2021 – Part 1**

Date: Thursday 21<sup>st</sup> January 2021

Venue: **MS Teams due to Covid-19 Pandemic**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
<b>Non-Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSSCCG	JE
Richard Hampson	Primary Care Contract Manager SSSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
<b>Minutes</b>		
Jacqueline Westcott	Senior Administrator	JW

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

Name	Membership	Nov20	Jan 21				
<b>Members:</b>							
Graham Bayliss	SS CCG Lay Member (Co Chair)	✓	✓				
Alan Sharples	SS CCG Lay Member	✓	✓				
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓				
Helen Nichols	S&F CCG Lay Member	✓	✓				
Fiona Taylor	S&F SS CCG Chief Officer	✓	N				
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓				
Jan Leonard	S&F CCG Director of Place (North)	✓	✓				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓				
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓				

Name	Membership	Nov20	Jan 21				
Jane Elliott	Locality Manager SSCCG	✓	N				
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A				
Sharon Howard	NHSE	N	N				
<b>Non-Voting Attendees:</b>							
Dr Craig Gillespie	GP Clinical Representative	✓	✓				
Dr Kati Scholtz	GP Clinical Representative	✓	✓				
Richard Hampson	Primary Care Contracts Manager	✓	✓				
Eshan Haqqani	Interim Primary Care Quality Manager	✓	✓				
Joe Chattin	LMC Representative	✓	N				
Debbie Fairclough	SS SF CCG Corporate Services	N	N				
Rebecca McCullough	SS SF CCG Finance	N	N				
Diane Blair	Healthwatch	✓	N				
Rob Smith	SS SF CCG Finance	N	✓				

No	Item	Action
PCCiC 21/1.	<b>Introductions and apologies</b>  GB opened the meeting; apologies were received from TF.	
PCCiC 21/2.	<b>Declarations of interest</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.	
PCCiC 21/3.	<b>Minutes of the previous meeting</b> Date: Thursday 19 <sup>th</sup> November 2020, amendments were made to the attendance register to acknowledge GB was in attendance at the meeting.	
PCCiC 21/4.	<b>Action points from the previous meeting</b> The action tracker was reviewed and updated.	
PCCiC 21/5.	<b>Reports from the Joint Operational Group</b> JL updated the committee on reports from November 2020 Joint Operational Group.	
PCCiC 21/6.	<b>Healthwatch Issues</b> There was no representative from Healthwatch at the meeting today.	
PCCiC 21/7.	<b>Primary Care Networks Update</b> CG and KS updated the Committee on the collaborative working between PCNs, practices and the CCG who are delivering the Covid 19 mass vaccination programme across South Sefton and Southport and Formby, it was reported that the programme is working very well and patients are giving positive feedback on the immunisation service provided.	

PCCiC 21/8.	<p><b>Primary Care Finances</b></p> <p>Rob Smith presented a paper to the Committee - Primary care Finances for South Sefton CCG and Southport and Formby CCG. The paper sets out the following recommendations:</p> <p>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the Covid-19 response.</p> <p>Financial arrangements for the second six months of the financial year have now been confirmed.</p> <p>As at 30<sup>th</sup> November the year to date financial position is underspent against budget and the full year forecast position is an underspend.</p> <p>MMcD reported that the ARR scheme plans are now in place with PCNs able to utilise available funds.</p> <p>The paper was included in the pack to the Committee.</p>	
PCCiC 21/9.	<p><b>Primary Care Quality Dashboard</b></p> <p>There has been no further changes to the Primary Care Quality Dashboard due to the Covid mass vaccination programme which is an ongoing priority.</p>	
PCCiC 21/10.	<p><b>Covid 19 DES Capacity</b></p> <p>JL presented a paper to the Committee – General Practice Capacity to support Covid Vaccination.</p> <p>On the 7<sup>th</sup> January 2021 NHSE/I issued a letter to CCGs and GPs regarding plans to release capacity to enable a focus on Covid Vaccination.</p> <p>It was agreed that the CCG would write to PCNs and ask them to stop undertaking care planning and reduce SMR activity (within Network Contract DES) to free up capacity to support vaccination. PCNs should also review extended access activity and redirect workforce to vaccination.</p> <p>It was agreed that the CCG would communicate with all practices to suspend the LQC in order to free up practices to support COVID vaccination. This supersedes the decision to suspend certain indicators within the LQC for those practices signed up to the ES. The activity driven indicators would continue.</p> <p>The CCG will shortly be writing out to practices inviting them to claim for staff backfill as a result of COVID absences. This process will mirror the process earlier in the year and costs will be met from the General Practice Covid Capacity Expansion Fund.</p> <p>The paper was presented in the pack to the Committee.</p>	

<p>PCCiC 21/11.</p>	<p><b>Learning Disabilities</b></p> <p>AP presented a paper to the Committee - Learning Disability Health Check Update.</p> <p>A Learning Disability (LD) Health Check Direct Enhanced Service (DES) is available to GP practices. This is a national scheme, participation is optional, and over and above core GP services.</p> <p>The underlying purpose of the scheme is to encourage primary medical services contractors to identify registered patients aged 14 and over who are known to the local authority social services department primarily because of their learning disabilities, and to offer, and provide such patients with an annual health check.</p> <p>The Local Quality Contract (LQC) ensures that all practices are offered the opportunity to sign up to deliver the LD DES at practice level, or via South Sefton Federation who can undertake the DES on behalf of a practice. However, all practices must choose one of the two options to ensure 100% population coverage being offered a health check.</p> <p>An update on the number of health checks undertaken as at November 2020 for each CCG was provided. A discrepancy between local and nationally reported figures from NHSD was discussed with a plan to work with NHSD to ensure accuracy of figures moving forward. A national target has been reset in year of 67%.</p> <p>KS advised that all practices in Southport and Formby were completing health checks on behalf of their own registered patients, it was suggested a reminder may need to be sent to the practices regarding the federation option.</p> <p>AP advised that the LD health check can be completed virtually due to the Covid 19 pandemic and there is no longer a requirement to complete a full physical health check. A communication to this effect will be sent to practices. A paper on LD health checks will be presented at Governing Body in February 2021 which will show the improvement in figures and uptake.</p> <p>The paper was presented in the pack to the Committee.</p>	
<p>PCCiC 21/12.</p>	<p><b>Key Issues Log</b></p> <ul style="list-style-type: none"> <li>• Primary Care Finance Report</li> <li>• Covid 19 DES Capacity</li> <li>• Risk to Primary Care - Covid 19 pandemic</li> <li>• Learning Disability Health Checks</li> </ul>	

<p>PCCiC 21/13.</p>	<p><b>Primary Care Risk Register Part 1</b></p> <p>The risk register was reviewed and updated.</p> <p>JC03 – Covid 19 is adding to the capacity risk.</p> <p>JC05 – Practices will continue to be surveyed regarding services from PCSE.</p> <p>JC29 – CCG working with LMC on a policy which will go to PCCiC for approval and then go live.</p> <p>JC32- There had been some improvement; however, there are struggles with staffing due to C19.</p> <p>JC37 – There have been struggles with staffing and workforce due to the huge workload.</p> <p>JC38 – The community provider is changing to Merseycare, there are ongoing staffing and capacity issues.</p>	
<p>PCCiC 21/14.</p>	<p><b>Any Other Business</b></p> <p>The Committee asked if the contract with PCSE could be reviewed at Audit Committee with a view to retracting the contract if evidence showed the organisation was underperforming, NHSE advised that this option would be highly unlikely as it would be difficult to source a new provider.</p> <p><i><b>Matters previously notified to the chair no less than 48 hours prior to the meeting.</b></i></p>	
<p><b>Meeting Concluded.</b></p>		
<p><b>Date of Next Meeting:</b> Thursday 18<sup>th</sup> March 2021 10.00am-11.00am. <b>Venue: MS Teams</b></p>		

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

Item		CCG	Lead	Time
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. <b>19.3.20 Update:</b> Item is on the agenda for today's meeting 19.3.20 <b>21.5.20 update:</b> item ongoing as not yet finalised. <b>16.7.20 Update:</b> item on going awaiting a report. <b>19.11.2020 update:</b> item remains ongoing	Both	DB AP	Jan 20
PCCCiC 20/89	<b>19.11.20:</b> Finance to present rent subsidiary for Trinity and St Marks to the committee.	Both	RS	Jan 21
PCCCiC 20/89	<b>19.11.20:</b> Finance to include the LQC budget in finance papers to the committee when next on the workplan	Both	RS	Jan 21
PCCCiC 20/89	<b>19.11.20:</b> Healthwatch to present information on the reductions of prescription waste.	Both	DB	Jan 21
PCCCiC 20/91	<b>19.11.20:</b> Interpreting service account codes to be reviewed and reissued to practices.	Both	RH/AC	Jan 21



## Primary Care Commissioning Committee January 2021

<b>Agenda Item:</b> 21/8	<b>Author of the Paper:</b>						
<b>Report date:</b> January 2021	Robert Smith Senior 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 30 November 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 30 <sup>th</sup> November 2020.							
<b>Recommendation</b>	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Note</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							
<p>The Primary Care Commissioning Committee is asked to receive this report noting:</p> <ul style="list-style-type: none"> <li>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>As at 30<sup>th</sup> November the year to date financial position is underspent by £340k against budget and the full year forecast position is a underspend of £303k.</li> </ul>							

### Links to Corporate Objectives 2020/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.

x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			Finance and Resource Committee – to be presented January 2021

## Primary Care – General Medical Services – Financial Position as at 30<sup>th</sup> November 2020

### 1. Financial Position as at 30<sup>th</sup> November 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for South Sefton CCG as at 30 November 2020.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 30<sup>th</sup> November. The total budget presented is for the full financial year (April 2020 to March 2021).

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

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	15,583,144	10,388,764	10,057,826	(330,938)	(500,783)
Premises	1,406,044	937,360	826,454	(110,906)	(91,881)
Staff Costs	280,166	186,778	133,067	(53,711)	(78,505)
QOF	2,228,353	1,485,565	1,457,505	(28,060)	(36,791)
Enhanced Schemes	176,856	117,904	118,229	325	0
PCN Schemes	1,555,595	1,040,587	738,813	(301,774)	(298,992)
Prescribing	87,706	58,470	37,540	(20,930)	(20,932)
Other	(611,355)	(430,522)	69,532	500,054	719,528
CCG Staff	114,003	75,999	81,793	5,794	5,799
<b>Grand Total</b>	<b>20,820,512</b>	<b>13,860,905</b>	<b>13,520,759</b>	<b>(340,146)</b>	<b>(302,557)</b>

The year to date financial position at 30<sup>th</sup> November 2020 is an underspend of £340k against budget, and a forecasted full year position of a £303k underspend.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £874k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.

## 2. Movement from previously reported position – October 20 to November 20

Table 2 – Movement by Category between Month 7 October 2020 and Month 8 November 2020

Category	YTD Variance			FOT Variance		
	Month 7	Month 8	Change	Month 7	Month 8	Change
Core Contract	(288,476)	(330,938)	(42,461)	(500,783)	(500,783)	0
Premises	(73,838)	(110,906)	(37,068)	(91,881)	(91,881)	0
Staff Costs	(78,504)	(53,711)	24,793	(78,505)	(78,505)	0
QOF	(21,455)	(28,060)	(6,605)	(36,791)	(36,791)	0
Enhanced Schemes	1,432	325	(1,107)	0	0	0
PCN Schemes	(1,224)	(301,774)	(300,549)	10	(298,992)	(299,002)
Prescribing	(12,212)	(20,930)	(8,719)	(20,932)	(20,932)	0
Other	607,333	500,054	(107,279)	876,344	719,528	(156,816)
CCG Staff	18,074	5,794	(12,280)	18,074	5,799	(12,275)
<b>Total</b>	<b>151,129</b>	<b>(340,146)</b>	<b>(491,275)</b>	<b>165,536</b>	<b>(302,557)</b>	<b>(468,093)</b>

The year to date financial position has improved by £491k since Month 7, whilst the full year forecast has improved by £468k since Month 7. It should be noted that the full year forecast now includes expectations for M7-M12 where appropriate.

The significant improvement from Month 7 relates to 'Other' and 'PCN Schemes'. In Month 8, the CCG received additional budget totalling £157k for the M7-M12 period in relation to the below.

- Impact and Investment Fund = £68k
- Care Home Premium = £61k
- Increased Practice Funding = £28k

In the Month 7 position, the CCG had already fully budgeted for the above utilising funds from the contingency budget. Consequently the allocation received in Month 8 has now offset the reduction to the contingency budget.

For Month 8, the CCG's position for the Additional Roles Reimbursement Scheme (ARRS) was amended from breakeven, to year to date actual. This follows clarification of the reporting position by NHS England, and is reflected in the CCG's likely case final position at year end. This has improved the forecasted full year position for the 'PCN Schemes' category by £299k. The full year forecasted position currently assumes that the Primary Care Networks will fully claim the funding available in M9-M12.

## 3. Detailed Commentary

**Core Contract** – The year to date financial position at M8 includes a £107k underspend arising from the contracts held with practices. There is a further £224k underspend resulting from payments ceasing for PMS Premiums (£154k) and APMS KPIs (£70k). The £224k underspend is recommitted as part of the Local Quality Contract. The full year forecast underspend of £501k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in

relation to their properties for 2019/20. The result of this is a £70k benefit to the year to date financial position.

**Staff Costs** – For M7, the year to date underspend for Locum Cover and Doctors Retention Scheme was committed to the full year position. No additional forecast has been included for M8-M12 due to the unknown nature of these costs.

**Prescribing** – Prescribing Fees for 2020/21 have continued to perform below previous year's levels. The year to date variance and full year forecasted variances have been aligned, with the position currently including M1-M6 actual expenditure, and M7-M8 estimated expenditure.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast.

#### 4. Local Quality Contract as at 30<sup>th</sup> November 2020

Table 3 – Local Quality Contract Position

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Part 1	3,208,540	2,139,027	2,108,751	(30,275)	(45,413)
Part 2	517,317	344,878	276,257	(68,621)	(68,621)
Part 3	4,994	3,329	1,183	(2,146)	(2,146)
<b>Grand Total</b>	<b>3,730,851</b>	<b>2,487,234</b>	<b>2,386,191</b>	<b>(101,042)</b>	<b>(116,180)</b>

For Part 1 the year to date variance and full year forecasted variance both assume practices will achieve 100% payment. The £30k year to date underspend, and the £45k full year forecasted underspend reflect the additional budget the CCG made available for changes to patient list sizes. The July and October list size changes have not required the full utilisation of this budget.

Part 2 and Part 3 are the activity based schemes claimed for on a quarterly basis. The full year forecasted position matches the year to date position to reflect the uncertain activity levels resulting from the COVID-19 pandemic. The year to date position consists of Q1 and Q2 actual expenditure, with M7 and M8 accrued to budget. 2020/21 Phlebotomy activity after Q1 & Q2 is £17k less than after the same period in 2019/20. This includes the top up payment for 50% of the difference between Phlebotomy Q1 2019/20 and Phlebotomy Q1 2020/21.

#### 5. Recommendations

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

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.
- As at 30<sup>th</sup> November the year to date financial position is underspent by £340k against budget and the full year forecast position is a underspend of £303k.

**Robert Smith**  
Senior Management Accountant  
January 2021

## Primary Care Commissioning Committee January 2021

<b>Agenda Item:</b> 21/8	<b>Author of the Paper:</b>							
<b>Report date:</b> January 2021	Robert Smith Senior Management Accountant <a href="mailto:robert.smith@southportandformbyccg.nhs.uk">robert.smith@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8475							
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 30 November 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 30 <sup>th</sup> November 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 style="padding: 2px;">Note</td><td style="text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td></td></tr> <tr><td style="padding: 2px;">Ratify</td><td></td></tr> </table>	Note	x	Approve		Ratify	
Note	x							
Approve								
Ratify								
<ul style="list-style-type: none"> <li>• Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>• As at 30<sup>th</sup> November the year to date financial position is underspent by £215k against budget and the full year forecast position is a underspend of £196k.</li> </ul>								

Links to Corporate Objectives 2020/21	
x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			Finance and Resource Committee – to be presented January 2021

## Primary Care – General Medical Services – Financial Position as at 30<sup>th</sup> November 2020

### 1. Financial Position as at 30<sup>th</sup> November 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for Southport & Formby CCG as at 30 November 2020.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 30<sup>th</sup> November. The total budget presented is for the full financial year (April 2020 to March 2021).

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

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	12,333,524	8,222,348	8,048,732	(173,616)	(261,637)
Premises	1,579,373	1,052,917	749,886	(303,031)	(363,573)
Staff Costs	73,838	49,226	73,316	24,090	34,246
QOF	1,917,130	1,278,086	1,327,237	49,151	62,576
Enhanced Schemes	277,912	185,276	155,276	(30,000)	(30,000)
PCN Schemes	1,296,404	876,956	719,589	(157,367)	(179,830)
Prescribing	104,858	69,906	69,906	0	(28,394)
Other	(476,723)	(314,539)	64,874	379,412	572,392
CCG Staff	89,567	59,713	56,007	(3,706)	(1,562)
<b>Grand Total</b>	<b>17,195,883</b>	<b>11,479,889</b>	<b>11,264,822</b>	<b>(215,067)</b>	<b>(195,781)</b>

The year to date financial position at 30<sup>th</sup> November 2020 is a underspend of £215k against budget and a forecasted full year position of a £196k underspend.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £778k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.



## 2. Movement from previously reported position – October 20 to November 20

Table 2 – Movement by Category between Month 7 October 2020 and Month 8 November 2020

Category	YTD Variance			FOT Variance		
	Month 7	Month 8	Change	Month 7	Month 8	Change
Core Contract	(151,611)	(173,616)	(22,005)	(261,637)	(261,637)	0
Premises	(319,718)	(303,031)	16,687	(221,215)	(363,573)	(142,358)
Staff Costs	13,644	24,090	10,446	9,242	34,246	25,004
QOF	30,524	49,151	18,626	62,576	62,576	0
Enhanced Schemes	(36)	(30,000)	(29,964)	0	(30,000)	(30,000)
PCN Schemes	(10,249)	(157,367)	(147,118)	(16,845)	(179,830)	(162,985)
Prescribing	(16,565)	0	16,565	(28,394)	(28,394)	0
Other	513,088	379,412	(133,676)	757,392	572,392	(185,000)
CCG Staff	(15,050)	(3,706)	11,344	(15,052)	(1,562)	13,490
<b>Total</b>	<b>44,028</b>	<b>(215,067)</b>	<b>(259,095)</b>	<b>286,068</b>	<b>(195,781)</b>	<b>(481,849)</b>

The year to date financial position has improved by £259k since Month 7, whilst the full year forecast has improved by £482k. It should be noted that the full year forecast now includes expectations for M7-M12 where appropriate.

The significant improvement from Month 7 relates to 'Premises', 'Other' and 'PCN Schemes'. For Premises the unused budget has now been committed into the full year forecasted position. In future financial years, this budget will be reassigned to the contingency budget.

In Month 8, the CCG received additional budget totalling £185k for the M7-M12 period in relation to the below.

- Impact and Investment Fund = £52k
- Care Home Premium = £111k
- Increased Practice Funding = £22k

In the Month 7 position, the CCG had already fully budgeted for the above utilising funds from the contingency budget. Consequently the allocation received in Month 8 has now offset the reduction to the contingency budget.

For Month 8, the CCG's position for the Additional Roles Reimbursement Scheme (ARRS) was amended from breakeven, to year to date actual. This follows clarification of the reporting position by NHS England, and is reflected in the CCG's likely case final position at year end. This has improved the forecasted full year position for the 'PCN Schemes' category by £163k. The full year forecasted position currently assumes that the Primary Care Networks will fully claim the funding available in M9-M12.

## 3. Detailed Commentary

**Core Contract** - The year to date financial position at M8 includes a £42k underspend arising from the contracts held with practices. There is a further £131k underspend resulting from payments ceasing for PMS Premiums which is recommitted as part of the Local Quality Contract. The full year forecast underspend of £262k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in

relation to their properties for 2019/20. The result of this is a £200k benefit to the year to date financial position. In M8, the unused budget allocated to a property no longer in use was added to the full year forecasted position, increasing the forecasted underspend by £140k.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast

#### 4. Local Quality Contract as at 30<sup>th</sup> November 2020

**Table 3 – Local Quality Contract Position**

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Part 1	2,546,401	1,697,601	1,683,635	(13,965)	(20,948)
Part 2	649,242	432,828	375,766	(57,062)	(57,062)
Part 3	16,073	10,715	7,816	(2,899)	(2,899)
<b>Grand Total</b>	<b>3,211,716</b>	<b>2,141,144</b>	<b>2,067,217</b>	<b>(73,926)</b>	<b>(80,909)</b>

For Part 1 the year to date variance and full year forecasted variance both assume practices will achieve 100% payment. The £14k year to date underspend, and the £21k full year forecasted underspend reflect the additional budget the CCG made available for changes to patient list sizes. The July and October list size changes have not required the full utilisation of this budget.

Part 2 and Part 3 are the activity based schemes claimed for on a quarterly basis. The full year forecasted position matches the year to date position to reflect the uncertain activity levels resulting from the COVID-19 pandemic. The year to date position consists of Q1 and Q2 actual expenditure, with M7 and M8 accrued to budget. 2020/21 Phlebotomy activity after Q1 & Q2 is £25k less than after the same period in 2019/20. This includes the top up payment for 50% of the difference between Phlebotomy Q1 2019/20 and Phlebotomy Q1 2020/21.

#### 5. Recommendations

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

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.
- As at 30<sup>th</sup> November the year to date financial position is underspent by £215k against budget and the full year forecast position is a underspend of £196k.

**Robert Smith**  
**Senior Management Accountant**  
**January 2021**

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

7 January 2021

**To:** GPs in England, Regional Directors of Primary Care and Public Health and CCGs

Dear colleagues,

### **Freeing up practices to support COVID vaccination**

We would like to thank you and your teams for the tremendous response in rapidly mobilising vaccination centres over December and January while continuing to manage the ongoing needs of your population and continuing to provide additional and much needed support to your local urgent and emergency care systems. By next week, the vast majority of designated PCN vaccination sites will have started to deliver vaccinations.

This letter sets out further support we are taking to free up GPs, practice teams and PCNs to advance the vaccine rollout.

We recognise that the challenge of balancing how best to allocate your practice and PCN resources including workforce time is a daily reality for many practices. It is our intention to support the professional judgement of clinicians in making these decisions, where needed.

To do this, we are asking **CCGs to take the following steps immediately with respect to prioritisation of work:**

1. Take a supportive and pragmatic approach to minimise local contract enforcement across routine care, with attention and support focused on the core areas set out above.
2. Suspend any locally commissioned services, **except** where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital

discharge. For example, suspension of reporting requirements relating to PMS key performance indicators. Budgeted payment against these services should be protected to allow capacity to be redeployed.

3. Review whether clinical staff involved in CCG management could be made available to redeploy in support of practices or PCN work.

**We will also take the following steps nationally:**

4. In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, we will provide further funding for PCN Clinical Director support temporarily for Q4 (Jan-March 21), equivalent to an increase from 0.25WTE to 1WTE for those PCNs where at least one practice is participating in the COVID-19 Vaccination Programme Enhanced Service.

This is in recognition of the additional demands on the role in managing the COVID response, vaccination process and coordinating the engagement and access for harder to reach groups. Recognising that many Clinical Directors may have clinical and other commitments, this funding will be able to be flexibly deployed by PCNs to support the leadership and management of the COVID response.

5. The Minor Surgery DES income will be income protected until March 2021 and we intend to make similar provision for the additional service income related to minor surgery within the global sum.
6. The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021.
7. The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected. Payment will be made on past performance against the relevant clinical domains. We will use the 20/21 recorded register size to apply the usual prevalence adjustment as well as the usual list size adjustment to 20/21 QOF payments.
8. Appraisals can be declined during this period but if you are going ahead, please use the revised, shortened, supportive 2020 model.

Alongside the vaccination programme, we have set out a number of areas which represent the biggest priorities for general practice over the coming quarter, to be

supported through the COVID-19 Capacity Expansion Fund. In addition to securing additional workforce these priorities are as set out in our [9 November letter](#):

- Ensure general practice remains fully and safely open for patients, including maintenance of appointments.
- Supporting establishment of the simple COVID oximetry@home patient self-monitoring model and identifying and supporting patients with Long COVID.
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list.
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations. Note that any prioritised chronic condition management reviews may be carried out remotely where clinically appropriate.
- On inequalities, making significant progress on learning disability health checks and ethnicity recording.

### **Extended access arrangements from April 2021**

In [our recent letter](#) describing the necessary preparation for the COVID-19 vaccine programme, we urged local providers and CCGs to repurpose extended hours and access capacity to support the vaccination programme. This letter provides an update on extended access arrangements from April 2021 in order to ensure that previously planned contractual changes do not disrupt vaccination activity.

We have previously set out – in [Investment and Evolution](#) – that from April 2021 the wider CCG-commissioned extended access service would become part of the Network Contract Directed Enhanced Service (DES).

Given the uncertainty around the timing of the COVID vaccination programme, we have agreed with the British Medical Association's General Practitioners Committee (England) that we will delay the planned introduction of the new standardised specification for extended access as part of the Network Contract DES – and the associated national arrangements for the transfer of CCG extended access funding. We do not anticipate that the national introduction of the new enhanced access service or the associated transfer of funding will take place before April 2022.

The extended hours access requirements in the existing Network Contract DES will remain as they are for the same period. In instances where the capacity is not

required for vaccine delivery, it should be used for local priorities. This includes access to urgent and pre-booked appointments over the coming winter months.

CCGs must now make arrangements for the CCG-commissioned extended access services to continue until April 2022. Where these services are already commissioned from PCNs, we would expect these arrangements to continue.

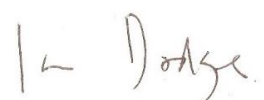
We would also strongly encourage commissioners to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness.

Thank you for your continued hard work and rapid action to do all that is necessary to respond to this pandemic.

Yours sincerely,



**Dr Nikita Kanani MBE**  
Medical Director for  
Primary Care



**Ian Dodge**  
National Director,  
Strategy and Innovation



**Ed Waller**  
Director of Primary Care

## PRIMARY CARE COMMISSIONING COMMITTEE in COMMON January 2021

<b>Agenda Item:</b> 20/10	<b>Author of the Paper:</b>	<b>Clinical Lead:</b>						
<b>Report date:</b> January 2021	Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286	Kati Scholtz						
<b>Title:</b> General Practice Capacity to support COVID Vaccination								
<b>Summary/Key Issues:</b>  On 7 <sup>th</sup> January 21 NHSE / I issued a letter to CCGs and GPs regarding plans to release capacity to enable focus on COVID Vaccination. This paper summarises the letter and describes actions to the points within the letter.								
<b>Recommendation</b>  The committee is asked to receive/approve/ratify* this report.		<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
Ratify	<input type="checkbox"/>							

### Links to Corporate Objectives 2020/21

	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.

	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		<b>X</b>		
Clinical Engagement		<b>Y</b>		
Equality Impact Assessment		<b>N</b>		
Legal Advice Sought		<b>N</b>		
Quality Impact Assessment		<b>N</b>		
Resource Implications Considered		<b>Y</b>		
Locality Engagement		<b>N</b>		
Presented to other Committees	<b>x</b>			CCG leadership team



## Report to the Primary Care Committee January 2021

### 1. Introduction and Background

Throughout December GPs and PCN groupings have been mobilising vaccination sites for COVID Vaccination. Within Sefton we have 4 sites:

- Maghull Town Hall and North Park in South Sefton CCG
- Southport Centre for Health and Wellbeing and Ainsdale Centre for Health Wellbeing in Southport and Formby CCG.

All sites will be live from week commencing 11<sup>th</sup> January with both the Pfizer and Astra Zeneca vaccines being delivered on site and deployed to care homes. There is an ambition to have all elderly care homes residents vaccinated by 31<sup>st</sup> January 21 and all four priority cohorts by mid February.

### 2. Key Issues

Take a On 7<sup>th</sup> January NHSE / I issued a letter (ref 001559) to General Practice setting out steps to be taken to support practices release capacity for the COVID Vaccination programme.

The steps are outlined below along with local action:

The letter described steps CCGs should take immediately with respect to prioritisation of work:

Take a supportive and pragmatic approach to minimise local contract enforcement across routine care, with attention and support focused on the core areas set out above.

**Action:** The CCG writes to PCNs and asks them to stop undertaking care planning and reduce SMR activity (within Network Contract DES) to free up capacity to support vaccination. PCNs should also review extended access activity and redirect workforce to vaccination.

2. Suspend any locally commissioned services, except where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital discharge. For example, suspension of reporting requirements relating to PMS key performance indicators. Budgeted payment against these services should be protected to allow capacity to be redeployed.

**Action:** The CCG writes to all practices and suspends the LQC. This supersedes the decision to suspend certain indicators within the LQC for those practices signed up to the ES. The activity driven indicators would continue .

3. Review whether clinical staff involved in CCG management could be made available to redeploy in support of practices or PCN work.

**Action:** No further action as CCG staff already involved in the vaccination programme.

**The letter also sets out the following actions being taken nationally:**

- Further funding for PCN Clinical Director support temporarily for Q4 (Jan-March 21), equivalent to an increase from 0.25WTE to 1WTE for those PCNs where at least one practice is participating in the COVID-19 Vaccination Programme Enhanced Service.
- The Minor Surgery DES income will be income protected until March 2021
- The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021.
- The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected.
- Appraisals can be declined during this period.

### **General Practice COVID Capacity Expansion Fund**

The CCG will shortly be writing out to practices inviting them to claim for staff backfill as a result of COVID absences. This process will mirror the process earlier in the year and costs will be met from the General Practice Covid Capacity Expansion Fund. The funding available to each CCG is £422.1 (SS) and £321.8 (SF).

### **3. Conclusions**

The committee is asked to note the actions being taken forward to support practices to engage in the vaccination programme.

### **4. Appendices**

NHSE / I letter.

**Jan Leonard**  
**Director of Place**  
**January 2021**

## Primary Care Commissioning Committee in Common January 2021

<b>Agenda Item:</b> 21/11	<b>Author of the Paper:</b>				
<b>Report date:</b> January 2021	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a>				
<b>Title:</b> Learning Disability Health Check Update					
<p><b>Summary/Key Issues:</b></p> <p>A Learning Disability (LD) Health Check Direct Enhanced Service (DES) is available to GP practices This is a national scheme, participation is optional, and over and above core GP services.</p> <p>The underlying purpose of the scheme is to encourage primary medical services contractors to identify registered patients aged 14 and over, who are known to the local authority social services department primarily because of their learning disabilities, and to offer, and provide such patients with an annual health check.</p> <p>The Local Quality Contract (LQC) ensures that all practices are offered the opportunity to sign up to deliver the LD DES at practice level, or via South Sefton Federation who can undertake the DES on behalf of a practice. However, all practices must choose one of the two options to ensure 100% population coverage being offered a health check.</p>					
<p><b>Recommendation</b></p> <p>The Primary Care Commissioning Committee is asked to note the content in this report.</p>	<p>Note</p> <table style="border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 20px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 20px;"><input type="checkbox"/></td> </tr> </table>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Approve	<input checked="" type="checkbox"/>				
Ratify	<input type="checkbox"/>				

Links to Corporate Objectives 20/21	
x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.

x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
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	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 January 2021

### 1. Introduction and Background

NHS South Sefton CCG and NHS Southport and Formby CCG have developed a bespoke process, which was put in place as both CCGs were identified to have low historic health check uptake. The CCG process enables practices to either undertake the LD health check for their own patients, or access South Sefton GP Federation who will undertake the health check on behalf of the practice. This process is part of the LQC to ensure 100% population coverage, as the DES is optional for practice participation.

Traditionally this has been a difficult group of patients to engage, with DNA's experienced. Learning from previous years has led to a refinement in the federation process this year. A data sharing agreement has been developed to enable South Sefton Federation to enter the health check directly onto GP practice systems, and to offer the health check as a home visit.

Due to the refinement in the process, the majority of federation activity will take place in Quarter 4 (Jan to March).

The national scheme requires practices to enter the LD register list size quarterly, on to the Calculating Quality Reporting Suite (CQRS). Data on register sizes, and numbers of health checks undertaken, are then extracted from CQRS quarterly, collated, and published for each quarter nationally by NHS Digital (NHSD).

GP Practices and South Sefton Federation provide information to the primary care team on a monthly basis so that there is an up to date record of numbers of patients on each register, and on numbers of health checks performed. This then allows for checks and monitoring of data on CQRS, and for reminders to go to practices where activity is low.

There has in the past been a discrepancy between the monthly data collected locally, and NHSD figures published quarterly, we are currently working closely with NHSD to understand their process and reconcile both sets of figures from quarter 2 onwards. It has been established that NHSD flag data quality issues, some of which relate to the register information provided, which may be the discrepancy. It is understood that this has led to an under reporting in activity. Data from quarter 2 onwards is being cross checked with NHSD to ensure that figures moving forward are correct before national publication.

There is work currently being done with the regional NHSE LD team regarding our bespoke process, and the recent changes to the national target which have caused some confusion. Local targets of 60% for Southport and Formby CCG, and 45% for South Sefton CCG were agreed in March 2020, and then altered in September 2020 to a newly revised national target of 67%. It has been confirmed that the denominator used by NHSE for calculating achievement is based on 18/19 figures.

The national target is for each CCG to achieve, however in the national LD DES for GP practices there are no targets of achievement set.

Practices with support from MerseyCare did an exercise in 19/20 to review all patients on LD registers to ensure accurate LD numbers. As a result of this the denominator for 20/21 has reduced from 18/19, and therefore national figures won't accurately reflect the work undertaken across Sefton.

### Summary of Issues:

- Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's
- Discrepancy of data – local data, CQRS, NHSD – data quality flags
- Movement in targets from locally agreed targets to revised nationally set targets
- Inflated register sizes due to 18/19 data being used nationally

### Update on Health Checks November 2020 – 67% national target

	No of completed Health Checks @ 27.11.20	18/19 LD Register	Achieved target against 18/19 Patient Population	Number of practices in each completed % category @ 7.1.21					Federation responsibility	Totals Practices
				0%	1 - 25%	26- 50%	51- 100%			
South Sefton	142	744	19%	6	9	6	5	4	30	
Southport & Formby	389	761	51%	1	5	4	8	0	18	

20/21 LD registers (South Sefton 674, Southport and Formby 733)

Achievement based on 20/21 LD registers is 21% for South Sefton, and 53% for Southport and Formby.

## 2. Recommendations

The Primary Care Commissioning Committee is asked to note the content in this report.

**Angela Price**  
**Primary Care Programme Lead**  
**January 2021**

PI/PT/PS	COVID-19	Update: Q3 2020/21: 12 January 2021	Residual Risk Q2 2020	Residual Risk Q3 2020	Mitigating Actions	Review	Action/Owned																			
Details of Risk	Committee	Area/Team/Function	Description of Risk	Owner	Initial Score	Key controls and assurances in place (and actions completed) (What control systems are already in place to prevent the risk from being realised...)	Residual Risk Q2 2020	Residual Risk Q3 2020	Lead Review Date	Comms Review Date	Proposed Action	Q4 19/20	Q1 2021	Q2 2021	Plan to Prioritise	Other Trends	Theme									
	Assessment Ref	SF	SS	date			Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score											
PR	Primary Care Commissioning Committee in Common	JC03	SF	SS	Mar 2017- Q4 2016/17	Commissioning	Please in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	16	4	4	16	4	4	16	Nov-20	Nov-20	International recruitment application due at end Nov 17. Primary care workshop planned for mid-Nov to review Shaping Bolton plans. Views from localities to be gathered to build plan. 2 year LCC to be completed. LCC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access/7 days services near finalised, to be presented to GB Feb 18 ahead of procurement. Degree GP FV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LCC being finalised. LCC has been approved via approvals panel. Clinical Pharmacy pilot trial successful. Plan to mobilise clinical pharmacists progressing. Bid for Primary Care Network funding being prepared. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 9pm and 8pm weekly evenings and 10am to 1pm weekends. Staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. IT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs need to continue plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GP's in their first five years and also GP's who are approaching retirement.	16	16	16	--	--	Primary Care Services
PR	Primary Care Commissioning Committee in Common	JC05	SF	SS	Apr 2017- Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in	Jan Leonard	5	4	20	3	4	12	3	4	12	Nov-20	Nov-20	Memorandum at meeting by CCG reps. LA has written to NHS regarding ongoing situation and lack of progress, awaiting further response. Issues raised at Regional Meeting, similar issues in other	12	12	12	--	--	Corporate Systems and Processes
PR	Primary Care Commissioning Committee in Common	JC29	SF	SS	25/02/2020	Commissioning	Non Medical Prescribing (NMP) Risk that without robust NMP policy in place staff may be being asked to work outside the scope of their role.	Jan Leonard	3	3	9	3	3	9	3	3	9	Nov-20	Nov-20	NMP policy being reviewed. This will be presented through appropriate CCG governance process for approval and the LMC, then shared with all GP Practices. Review of NMP policy delayed due to COVID, will now pick up this work. Staff policy went to JMOG and LMC to review. LMC are in the process of reviewing this document. Policy to be presented to Quality Committee for approval.	9	9	9	--	--	Commissioning
PT1	Primary Care Commissioning Committee in Common	JC32	SF	SS	08/07/2020	Primary Care	There is currently a shortage in access to phlebotomy within primary care and community care services. This will have an impact on patient care for patients and the timing of clinical decisions including prescribing of certain drugs.	Jan Leonard	3	3	9	4	4	16	4	4	16	Nov-20	Nov-20	A thorough wide meeting will be taking place to review the overall review of Phlebotomy services with Primary Care CCG, including Primary Care representative. July update: Issue causing clinical delays, additional capacity being commissioned via Federated community services increasing routine provision. Anodotally, practices are starting to see an improvement in access to phlebotomy. A further practice in Buxton had indicate capacity to accept referrals from neighbouring practices which can be funded via the LCC. Situation improved, additional capacity remains in place. Issue remain with access to community service SF CCG. Risk reduced.	NA	9	16	--	--	Primary Care Services
PT1	Primary Care Commissioning Committee in Common	JC37	SF	SS	17/11/2020	Primary Care	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings.	Jan Leonard	5	5	25	NA	NA	NA	3	4	12	Nov-20	Nov-20	Mass Vaccine project team now established to oversee the Mass Vacc programme. CCG is working with LA to identify premises across all PCN areas. These are being reviewed by NHSE for approval. CCG Medicines Management Lead, Primary Care Lead, Mass Vacc Lead and Corporate Services lead represent the CCG on the Mass Vaccine cell. GPs for how the COVID19 Mass Vacc clinics will be managed now been shared with CCGs.	NA	NA	NA	NA	NA	Primary Care Services
PT1	Primary Care Commissioning Committee in Common	JC38	SF	X	17/11/2020	Primary Care	There is risk over access to certain community services due to lack of access.	Jan Leonard	3	3	9	NA	NA	NA	3	3	9	Nov-20	Nov-20	CCG to continue to work with all relevant parties to ensure there is a robust response to the mass vaccine programme. Working with NHSE to understand requirements. Awaiting details of enhanced services.	NA	NA	NA	NA	NA	COVID-19

- TEN TCCG AF RISK THEMES**
- 1 Corporate Systems and Processes
  - 2 Partnership Working
  - 3 Reconfiguration and Design of Services
  - 4 Commissioning
  - 5 Quality Assurance of Providers
  - 6 Financial Deltas
  - 7 Public and Patient Engagement
  - 8 Access to Services
  - 9 Performance Targets
  - 10 Primary Care Services



COVID-19										Update: Q3 2020/21: 12 January 2021										TOP TEN CCG AF RISK THEMES																		
Details of Risk										Key controls and assurances in place (and actions completed) (What control systems are already in place to prevent the risk from being realised...)										Review																		
Committee	Area/Team	Ref	SF	SS	date	Area/Team/Function	Description of Risk (i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Initial Score	Residual Risk Q2 2020	Residual Risk Q3 2020	Lead Review Date	Committee Review	Proposed Action	Actions Completed	Q4 2020	Q1 2021	Q2 2021	Plan in prior 2	On track	Theme																	
PR	Primary Care Commissioning Committee in Common	JC03	SF	SS	Mar 2017- Q4 2016/17	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	16	Nov-20	Nov-20	International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Better plans. Views from localities to be gathered to build plan. 2 year LCC to be completed. LCC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access 7 days reviewed near finalised, to be presented to GB Feb 18 ahead of procurement. Degree GP FV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LCC being finalised. LCC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bid for Primary Care Network funding being prepared. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 9pm and 8pm weekly evenings and 10am to 1pm weekends. Staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. IT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs need to continue plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GP's in their first five years and also GP's who are approaching retirement.							16	16	16	--	--	Primary Care Services												
PR	Primary Care Commissioning	JC05	SF	SS	Apr 2017- Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in	Jan Leonard	5	4	12	Nov-20	Nov-20	Memorandum at meeting by CCG reps. LA has written to NHS regarding ongoing situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other							Corporate Systems and Processes																	
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PR	Primary Care Commissioning Committee in Common	JC37	SF	SS	17/11/2020	Primary Care	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings.	Jan Leonard	5	5	20	Nov-20	Nov-20	Mass Vaccine project team now established to oversee the Mass Vacc programme. CCG is working with LA to identify premises across all PCN areas. These are being reviewed by NHSE for approval. CCG Medicines Management Lead, Primary Care Lead, Mass Vacc Lead and Corporate Services lead represent the CCG on the Mass Vaccine cell. SOPs for how the COVID19 Mass Vacc clinics will be managed now been shared with CCGs.																		Jan Leonard	NA	NA	NA	NA	1	Primary Care Services

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