

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

Date: Thursday 16th January 2020 10:00-11:00am

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

Members		
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
Non- Voting Attendees:		
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
Minutes		
Jacqueline Westcott	SSECCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/1.	Apologies for absence	Chair	V		
PCCiC20/2.	Declarations of interest regarding agenda items	All	V		
PCCiC20/3.	Minutes of the previous meeting : Date 16 th December 2019	Chair	R	A	
PCCiC20/4.	Action points from the previous meeting	Chair	R	R	
PCCiC20/5.	Feedback from Joint Operational Group	AP	V	R	
PCCiC20/6.	Primary Care Programme Report	AP	R	R	
PCCiC20/7.	Review of PCCiC work plan	AP	R	R	
PCCiC20/8.	PCN update	CG/KS	V	R	
PCCiC20/9.	One Single Access Offer GP contract	AP	R	R	
PCCiC20/10.	Primary Care Finance Report	AO	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/11.	Health Watch Issues	DB	R	R	
PCCiC20/12.	Key Issues log	Chair	R	R	
PCCiC20/13.	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair		A	
PCCiC20/14.	Date of Next Meeting: 20 th February 2020. 10.00am-11.00am Venue: Almond Room, Family Life Centre, Ash Street, Southport, PR8 6JH				

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Agreed Minutes (19.3.20) – Part I

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

Members		
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
Non- Voting Attendees:		
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
Minutes		
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
Members:						
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)	✓				
Non- Voting Attendees:						
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>Apologies for absence Apologies were received from: Graham Bayliss, Tracey Forshaw, Martin McDowell and Alan Cummings (Sharon Howard attended on behalf of NHSE). Fiona Taylor.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>	
PCCiC20/02	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC20/03	<p>Minutes of the previous meeting were agreed as an accurate record. Date 19th December 2019</p>	
PCCiC20/04	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>	
PCCiC20/05	<p>Report from Operational Group and Decisions made</p> <p>A Bootle practice's 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>Primary Care Programme Report The Primary care Programme Report was reviewed and updated.</p> <ul style="list-style-type: none"> • 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. • 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 & SF. • Information on learning disabilities health checks has been interrogated; CQRS variances and the figures have improved, as a result of this piece of work. • 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. • 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. 	
PCCiC20/07	<p>Update on Primary Care Commissioning in Common Work plan</p> <p>A discussion took place about the 19/20 work plan with some suggested changes for February and March.</p>	
PCCiC20/08	<p>Primary Care Network update</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>One Single Access Offer GP Contract</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>Primary Care Finance Report</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>Healthwatch Feedback</p> <p>A Health Watch representative will provide feedback at the February 2020 meeting.</p>	
PCCiC20/12	<p>Key Issues Log</p> <p>The following will be added to the key issues log:</p> <ul style="list-style-type: none"> • Finance and Resource • IT budget • Improving 7 Day Access • PCN Specification and Risks • One Single Access GP Contract Offer • Finance Reports • Primary Care Work plan 	
PCCiC20/13	<p>Any Other Business</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>Date of Next Meeting:</p> <p>Date of Next Meeting: 20th February 2020 10.00-11.00am Venue: Almond Room, Family Life Centre, Ash Street, Southport, PR8 6JH</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 December 2019

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 15.8.19 Update: there were no representatives present today. Chase for next meeting 19.9.19 Update: the template will be available in October 19 17.10.19 Update: No further update as yet	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.	Both	FT	Sept 19
PCCiC 19/112	The Committee asked that the IT investments budget be presented to the F&R Committee..	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	Both	DB AP	Jan 20

Key Issues Report to Primary Care Commissioning Committee



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

SF SS NHSE Joint Operational Group, Thursday 9th January 2020

Chair:
Jan Leonard

Key Issue	Risk Identified	Mitigating Actions
Park Street CQC Report The practice received a 'requires improvement' rating for safe and well led and a 'good' rating for effective, caring and responsive services.	There is a risk to the quality of service delivery as a result of issues identified by the inspection.	An action plan will be agreed with the provider to address the areas requiring improvement. This will be monitored via the Joint Operational Group.
Influenza vaccination uptake The group considered the latest figures and noted the variation between practices.	There is a greater risk of flu to the wider population.	CP to attend practice managers meeting to discuss uptake with Public Health England.
Estates Limitations in primary care estate.	Inability to expand service provision and innovate due to estates capacity.	Discussion to be held at PCCC as per work-plan.
PCN service specifications New PCN service specifications have been released for consultation. The workload implications are significant.	There is a risk of practice dis-engagement if the specifications remain in the current form.	Views collated from CCG and PCNs and shared with PCN members. Practices encouraged to respond to the consultation survey.

Information Points for Joint Commissioning Committees (for noting)

Looked after Children data cleanse, work ongoing as part of the LQC.

Primary Care Commissioning Committee in Common January 2020

Agenda Item:	Author of the Paper:	
Report date: January 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379	
Title: GPFV / Primary Care Programme Report		
Summary/Key Issues: This report highlights the work programmes currently undertaken and the progress to date. The report now focuses on areas of transformation, delegation, and CCG projects.		
Recommendation The Primary Care Commissioning Committee is asked to note the areas of work and progress to date.		Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives *(x those that apply)*

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

Primary Care Commissioning Committee in Common January 2020

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x							

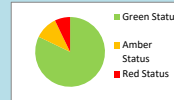
Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
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Process	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	
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

SF/SSCCG Primary Care Programme Report

Last Updated	09/01/2020 08:36
Total Projects	28
Green Status	23
Amber Status	3
Red Status	2
Closed	5



Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Resilience Funding	Transformation	GP Five Year Forward View	GP Resilience Programme	01.04.2017	31.03.2021	G	Gemma Murray	Angela Price/Jane Elliott/ Clare Touhey / Richard Hampson	All practices and federations have received information from NHSE on the 19/20 process to apply for resilience funding. The deadline to submit bids to NHSE was 12pm 1st July 2019. A panel where all CCGs & LMCs were able to send a representative to agree those schemes that meet the national criteria took place on 15th July 2019. The C&M funding available is approx. E350K. Successful practices received an MOU in August. Following this process there is still E260K funding still available. Practices have been notified and asked to get further bids in by the 4th October, the next panel to consider these submissions will take place on 21st October 2019 - Update - SS&SF CCG had two resilience submissions declined, and 1 approved which supported work to support a merger.
Clerical and Admin Training (Active Signposting)	Transformation	GP Five Year Forward View	Releasing Time for Care	01.04.2017	31.03.2021	G	Gemma Murray	Jane Elliott/ Claire Touhey	A training post is operational via iMerseyside to support signposting. There was a presentation at both wider groups re document management. Practices have now confirmed whether they will participate in the training, which has been organised to take place in both CCGs from October onwards. Thornfields are providing the training, dates and venues have been agreed and circulated.
International Recruitment	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.2017	31.03.2021	R	Sharon Howard	Craig Gillespie/Kati Scholtz	Meeting held on Tuesday 26th June 2018 - 5 interested practices attended. Further weekend event being held for potential recruits currently being planned for early 2019. Potentially there are two recruits identified within C&M. Practice readiness forms will need to be completed by GP practices NHSE/ manage the IGPR programme with clinical support from HEE. It has been identified that some international GPs do not have the equivalent experience as English GPs and further training may be required. Westway MC have completed a Tier 2 Visa application to enable them to employ an international GP from outside of the EEA. The application and licence costs will be reimbursed by NHSE/
GPFV - Additional 5000 Doctors	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.17	31.03.2021	R	Sharon Howard	Angela Price	5000 is the number of doctors required nationally, this drilled down to C&M is 194 additional doctors. Information is being collected quarterly via the GPFV monitoring returns on the number of hours provided by GPs in alternative settings.
ETTF- Estates Bids	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jan Leonard/Sam McCumiskey	3 bids for co-location originally submitted, this has reduced to two bids, one for Maghull and one for Formby. The bids are at PID stage, further discussion has taken place with Formby practices who have agreed this submission will no longer be progressed
E-Consultations/Online Consulting	Transformation	GP Five Year Forward View	Online Consulting	01.04.2017	31.03.2020	G	Gemma Cullen	Jane Elliot/Paul Shillcock	A roll out plan has been agreed across both CCGs. Discussions are in place regarding how this could work in the 7 day access service and at PCN level. There is an opportunity to establish an e- hub pilot with one PCN in both CCGs. In order to do this all practices within a PCN would need to be utilising e-consult. Currently there are 26 out of 49 practices across Sefton who are either using e-consult or are in a planned stage of roll out. We will be in a position to trial an e-hub in approximately 6 months time should a PCN be identified to trial. Primary care team and iMerseyside to meet to develop an e-consult strategy. Funding is available through NHSE to raise the profile of e-consult, other suggestions for the use of funding have been requested across C&M, covering the additional costs to support PCN/Federation level access has been suggested. Both CCGs will submit bids to fund licence costs to support working at scale through both federations. Bids submitted to NHSE in October have been successful. A meeting is being organised with teh Hurley Group and both federations to discuss further and develop pathways.
7 Day Access	Transformation	GP Five Year Forward View	Primary Care HUB	01.08.2017	ongoing	G		Angela Price /Clinical Leads	Both services went live on Monday 1st October 2018, positive feedback is being received. Monthly reporting data is being received. iMerseyside are working with NHS Digital regarding ERS and ICE, testing took place in March 2019. First contact physiotherapy has started in S&F, and is due to begin in South Sefton. Contract meetings with both providers taking place quarterly. Both services were commissioned via an APMS contract for a 2 year period (September 2020) with the option to extend for a year if needed. Latest utilisation rates are 72% for S&F, and 79% for SS.

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Clinical Pharmacists	Transformation	GP Five Year Forward View	Workforce	01.04.2017	ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Susanne Lynch/Clinical Leads	7 PCNs across the two CCGs have signed up to the CCG clinical pharmacist offer which includes the medicines management hub, facilitation of the prescribing QI work within QoF and PCN level pharmacist prescribing clinics. NHSE scheme pharmacists have been transferred to PCN funding (4.16WTE) with the CCG as the employer. Recruitment underway for a further 2.84WTE pharmacists via the PCN funding (CCG as the employer). Clinical pharmacist offer fully integrated with CCG core medicines management support. Dr Anna Hunter funded by CCG to offer a session each month as clinical supervisor for the team and to fulfill requirements of the NHSE scheme.
Apex/Insight	Transformation	GP Five Year Forward View	Workload		ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Angela Price	Apex/Insight has been demonstrated at both wider group meetings. Practices have been asked to express an interest in using the tool as part of an NHSE pilot. Awaiting an implementation date, roll out of the tool has been delayed. Louise Taylor is going to work with both CCGs to help standardise reporting from APEX/Insight, potentially this could be used to support an access scheme for Phase 6 LQC. A meeting took place in November 19 with Apex/Insight to progress implementation.
ETTF- IT	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jane Elliot/Paul Shillcock	The amount of money for ETTF IT bids has reduced this year in order to increase ETTF for premises. There is an IM&T group looking at IT requirements, this includes representation from the primary care team, finance team, GP practice and iMerseyside
Practice Nurse 10 Point Plan	Transformation	GP Five Year Forward View	Practice Nurse 10 point plan	23.07.2017	Ongoing	G	Pippa Rose	Colette Page	ETP has employed a p/t mentor to increase numbers of practices accepting student nurses and number of mentors within practices. Slow rise in number of practices willing to accommodate students seen. 9 PNs trained as clinical supervisors allowing them to offer clinical supervision to PNs & HCAs across both CCGs. A further course for another 8-10 PNs/ ANPs with Edge Hill University is planned for early 2020. Currently a 12 month preceptorship programme provided by NHSE workforce lead is underway for new to practice PNs with plans for a second cohort being made, 4 new PNs have accessed this. Promoting 'All our Health' learning platform - to embed prevention, health protection and promotion of wellbeing - MECC training delivered previously and training in Anti-Microbial Resistance ongoing. Health Education England (HEE) have opted to distribute the CPD flexible cash allocation now to Enhanced Training Practice including a funded places for Non -Medical Prescribing, 7 PNs completed the GPN Leadership for Quality programme. No applications from either CCGs were made for the 2 year Advanced Care Practitioner course. In discussion with NHSE lead to promote Nursing Associate trainees within practices, 1 practice have supported a HCA with her application and another showing interest. Recruitment and retention continues to be challenging for many practices nationally. Promoting GPN as a viable career pathway is ongoing. Flexible cash allocation for CPD from Health Education England now issued to the Enhanced Training Practice. PN Lead will continue to accept and process applications for training fund support and NMP places on behalf of the ETP until capacity secured by ETP.
Workforce Steering Group	Transformation	GP Five Year Forward View	Workforce	01/05/2018	ongoing	A	Alan Cummings/Sharon Howard	Angela Price	A C&M workforce steering group has been developed. This is an extension of the Task and Finish Group for International Recruitment. This group will feed into the LWAB (Local Workforce Action Board).
2019/2020 GP Contract	GP Contract	Delegation		01.04.2019	31.03.2020	G	Alan Cummings/ Jan Hughes	Angela Price	Practice guide and timetable circulated to practices.
Primary Care Networks	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Sharon Howard / Gemma Murray	Angela Price	PCN registration documents for 7 PCNs submitted and approved in May 2019. South Sefton PCN are using the federation to deliver extended access. A local incentive scheme between the CCG and PCNs who are willing to cover populations where GP practices have not agreed to become part of a PCN has been developed. 1 practice in S&F is not part of a PCN, 4 practices in South Sefton have declined to be part of the PCN. NHSE have provided a PCN national data sharing agreement. There will be a variation to the GP contract in October to include a duty of co-operation to data share. Richard Hampson supporting with contracting documentation for networks. 'Network Contract Direct Enhanced Service Draft Outline Service Specifications' was published on 24th December, feedback on the plans is requested by January 15th 2020. The final version of the specifications will be published in early 2020 as part of the wider GP contract package for 2020/21.
Minor Surgery		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	DES participation is now confirmed. Practices who do not provide this service can refer patients to Joint Health or DMC. A GPSI is in discussion to provide locum session with a small number of practice in Southport and Formby. Richard Hampson supporting with variations and uptake data
Out of Area Registrations		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	A number of practices across Sefton have signed up to provide this DES, awaiting information from NHSE about how home visits were provided for this cohort of patients pre delegation. Richard Hampson supporting with variations and uptake data

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Special Allocation Scheme		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	One practice in Sefton operates this scheme, and has signed up to deliver this DES again in 2019/20. Richard Hampson supporting with variations and uptake data. Also supporting with monthly reviews for the practice who is signed up to the DES
Learning Disabilities	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angie Price	All practices in S&F have agreed to do the learning disabilities for their own patients. 4 practices in SS have opted for the federation to deliver scheme. The CCG have met with South Sefton Federation to review how the health checks are delivered, a revised scheme has been developed to include home visits. The revised process has been shared with GP practices for implementation in 2019/20. Further plans to expand the scheme in 2020 are currently being developed. Work is currently being done to clarify practice reporting arrangements, and to understand how the national figures are calculated. Michelle Lyons is supporting and liaising with S&F and Sefton practices to finalise their 2019/20 Learning Disability options and complete the QTR 1 and QTR 2 payments and data analysis.
GP Contract	Business As Usual	Delegation	NHS Digital Finance Data	01.04.2019	31.03.2020	G	N/A	Angela Price	Practice financial information based on NHS digital data on NHS funding earned in 2018/19 is currently being produced. Data has been shared with GP practices with the offer of a practice visit to discuss.
Local Quality Contract Phase 4	Business As Usual	Primary Care Operational	Business As Usual	01.04.2018	01.09.2019	G	N/A	Angela Price/ Craig Gillespie/ Kati Scholtz	Phase 4 LQC has been operational 01.04.18 - 31.03.19. Validation panel has met to agree outcomes for both CCGs. An evaluation of phase 4 LQC will take place.
Local Quality Contract Phase 5	Business As Usual	Primary Care Operational	Business As Usual	01.04.2019	01.09.2020	G	N/A	Angela Price/Craig Gillespie/Kati Scholtz	Phase 5 LQC agreed and circulated to GP practices - Practice sign up complete, quarter 1 invoices have been processed. Monitoring of phase 5 is ongoing - new tracking excel sheet has been implemented to support collation of the quarterly returns
Localities	Business As Usual	CCG	CCG	01.04.2019	ongoing	G	N/A	Jane Elliott/ Claire Touhey	Business as usual, PCNs have formed some discussions at localities. Locality mangers - Clare Touhey for Southport and Formby, and Jane Elliot for South Sefton. There is an option to merge locality and PCN meetings to maximise efficiencies, this is currently being discussed locally. MOU have been drafted and sent to PCN in South Sefton. Maghull locality will remain the separate. Discussions still taking place in practices in the North
Influenza Coordination 2019/2020	National Mandate	CCG	CCG	01.04.2019	ongoing	G	Julie Byrne	Colette Page	Member of Flu task & Finish group with NHSE and sub group at Sefton Local authority. Begin developing coordination plans for 2019/20 season. Practices who had not ordered enough vaccines to reach targets set by NHSE were encouraged to increase numbers, some did. All practices advised to switch on their automatic emis extraction for flu data onto Immform. This allows easy identification of groups not accessing vaccination and surgery can be encouraged to be proactive inviting in. Support given to Bootle PCN with pilot for delivering vaccinations to housebound and residents of care homes. Created a focus group of PNs for 2-3 year old flu as massive variation across both CCGs. Lowest performing practice only vaccinating 2.2% (2 out of 88 eligible children) Highest practice reaching 100%. Some will only need to vaccinate a few children to reach 100%. Appears some may not be inviting children in. PN lead and member of BI now have access to Immform to view vaccination data regularly. Delay for Sanofi vaccines has occurred (under 65yr olds). Practices already suffering as result, some state pharmacies are ahead with vaccinating patients. Practices advised by PHE not to order for next year yet as advice from JCVI not yet published. Antiviral prescribing out of hours secured with GTD. In-hours yet to be determined.
Local Authority Health Protection Forum	National Mandate	CCG	CCG	01.04.19	ongoing	G	Charlotte Smith	Colette Page	Attend bi monthly Health Protection Forum (HPF) chaired by the LA. Flu subgroup reports into the HPF, which then feeds into NHSE.
NHSE/ PHE S&I Programme Boards	National Mandate	CCG	CCG	01.04.2019	Ongoing	G	Hayley Mercer	Colette Page	Attend/ dial in for quarterly Screening & Immunisation Programme Boards. Review targets achieved by CCGs and address concerns. Contact practices not attaining national targets to gain assurance or assist/ provide support where necessary. Liaise with PHE S&I coordinator/ managers.

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
PHE/ S&I practice visits	Business As Usual	CCG	CCG	01.06.19	ongoing	G	Julie Byrne	Colette Page	Visit practices with PHE S&I coordinators as part of the PHE 3 yearly site visit quality assurance programme, aim to meet members of the nursing team and practice manager as a minimum. Discussions had re all V&I programmes, detailed data for each practice reviewed and issues identified can be addressed. Support offered for how to increase targets where necessary. St Mark's and North Park visits complete with recommendations made.
Practice Nurse/ HCA meetings	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange and coordinate PN/ HCA meetings and training events. Source speakers/ training providers. Work with ETP regarding training needed for PNs/ HCAs using HEE CPD flexible cash. Provide a 2nd clinical supervision course for 8-10 PNs to offer supervision across the CCG in line with GPFV PN 10 PP. Review priorities across CCG in LTCs/ disease areas and focus training for PNs/ HCAs around these. Promote attendance at meetings as a network and supportive environment.
Protected Learning Time (PLT)	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange 4-6 PLT events per year. Source consultants and expert speakers from acute/ community/ voluntary providers. Arrange for pharmaceutical sponsors to support the events. Facilitate the afternoon with 150-200 delegates in attendance. The CCG with the LMC have reviewed the historic PLT scheme which was inequitable across practices, with agreement that the funds will be utilised to support admin and PM training - a training plan to be devised with input from PMs regarding topics to prioritise. 60 admin staff received training as chaperones, A further 4 sessions (60 places) are booked in September with plans underway to provide another 4 sessions early 2020.
Project Activity Key				Project RAG Key					
↗		Ahead of Schedule		G					
↘		Behind Schedule		A					
→		On target		R					
X		No Activity							

Primary Care Commissioning Committee in Common (PCCCiC) Work Plan (Part 1) 19/20 v7 (updated 23.12.2019)

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues</p> <p>TOR</p> <p>Delegation Agreement</p> <p>Transition Plan to Delegation</p> <p>Update on Primary Care Networks</p> <p>Overview of GP Contract</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues/ PCN update</p> <p>Update on Local Quality Contract</p> <p>LD update</p> <p>30 Day post delegation verbal summary</p>	<p>- Feedback from Joint Operational Group/Primary Care Programme Report/ Healthwatch issues/PCN update</p> <p>Primary Care Budget Workshop</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues/PCN registration Outcome/PCN update clinical leads</p> <p>7 Day Access</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/Healthwatch issues / PCN update</p> <p>- Sign up to Direct Enhanced Services</p> <p>- Quality Update and Complaints Log</p>	<p>- Feedback from Joint Operational Group/ Healthwatch issues/PCN update / PCCC Work plan v2</p> <ul style="list-style-type: none"> - Enter and view Healthwatch reports - LQC Validation Committee - Update on additional roles recruitment (Primary Care Networks)
Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<ul style="list-style-type: none"> • Feedback from Joint Ops Group (JL) V • Primary Care Programme Report (AP) R • Procurements in Primary Care (List then schedule any key dates going forward) (RH) R • Healthwatch issues/Healthwatch Template (MK) V • PCN update (CG/KS) V • 10 Point nursing plan (CP) R • E-Consult demonstration 	<ul style="list-style-type: none"> • Meeting Cancelled 	<ul style="list-style-type: none"> • Feedback from Joint Ops Group • IT Investments • Primary Care Dashboard (inc workforce) • Healthwatch issues • PCN update • Performance (OOHs / 7 Day Access / Contractual compliance / DES 	<ul style="list-style-type: none"> • Feedback from Joint Ops Group • Primary Care finance • Primary Care Programme Report • Healthwatch issues • PCN update • One single access offer GP contract • Review of the PCCCiC work plan (19/20) 	<ul style="list-style-type: none"> • Feedback from Joint Ops Group • Primary Care Programme • Procurements in Primary Care • Healthwatch issues • PCN update • Quality Update and Complaints Log (Strategy & Planning) – Workforce • PCCCiC work plan (20/21) • LQC Phase 6 	<ul style="list-style-type: none"> • Feedback from Joint Ops Group • Primary Care finance • Primary Care strategy and planning • Primary Care Dashboard (inc workforce) • Primary Care Programme Report • Healthwatch issues • PCN update • Performance (OOHs / 7 Day Access / Contractual compliance DES

(NW)					
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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.

April 20 (Strategy & Planning) – Estates

Primary Care Commissioning Committee in Common January 2020

Agenda Item: PCCiC20/9	Author of the Paper:
Report date: January 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379

Title: One Single Access Offer – GP Contract

Summary/Key Issues:

This paper highlights the opportunity through Primary Care Networks (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

Recommendation	Note	<input checked="" type="checkbox"/>
The Primary Care Commissioning Committee in Common is asked to note the content of this report and the intended national changes to implement one single access offer through Primary Care Networks.	Approve	<input type="checkbox"/>
	Ratify	<input type="checkbox"/>
		<input type="checkbox"/>

Links to Corporate Objectives *(x those that apply)*

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 January 2020

1. Introduction and Background

'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' was published in January 2019. This agreement between NHS England and the BMA General Practitioners Committee (GPC) in England, and supported by Government, translates commitments in The NHS Long Term Plan into a 5 year framework for the GP services contract.

The agreement details the opportunity through Primary Care Networks (PCNs) to bring more coherence to the way that access is currently provided. The intention is that the funding for the existing extended hours Direct Enhanced Service (DES), and for the CCG commissioned 7 day access service, 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.

NHS England (NHSE) and NHS Improvement (NHSI) together with stakeholders will evolve and implement a single coherent access offer that PCNs will make for both physical and digital services.

An NHSE and NHSI review of access will be undertaken in 2019 to focus on 4 goals:

- Learn from existing GP extended hours and enhanced access schemes, including evidence of the costs of service provision
- Take account of 'The NHS Long Term Plan' commitments to improve urgent care in the community and ensure it is joined up, including for example how PCNs work with Urgent Treatment Centres and GP streaming services provided in A&E
- Seek to improve patient reported access and reduce variation in experience of long waits
- Take account of digital advances, so that physical and digital access are considered together including by delivering via services such as the NHS App

The CCG has supported requests for information from NHSE/I regarding the service Key changes and timeline:

2019/20

- Extended Hours Access DES requirements introduced across all practices in every network (until March 2021)
- NHS111 direct appointment booking into practices introduced nationally
- NHSE Review of wider access arrangements

2020/21

- Start of transition to new access arrangements – post review

2021/22

- New access arrangements fully implemented – post review
- Patient reported access and waiting times data published monthly at individual and PCN level

Primary Medical Care	Criteria	17/18	18/19	19/20	20/21	21/22
		Commissioning Arrangement				
Core Hours	8.00am – 6.30pm Monday to Friday (excluding bank holidays)	NHSE (CCG Joint Commissioning arrangements) commission GP Practices		CCG commission GP Practices		
Extended Hours DES	Outside of core hours based on 30 mins per 1000 patients Monday – Saturday (excluding bank holidays)	NHSE (CCG Joint Commissioning arrangements) commission GP Practices Optional Scheme		CCG commission PCNs 100% population part of PCN DES		CCG commissions PCNs Single combined access offer as an integral part of the PCN DES delivered to 100% population
7 Day Access	Routine and same day access to primary care to 8.00pm Monday to Friday, plus Saturday and Sunday capacity- 7 day access, 365 days 100% of population covered		CCG commissions service through GP Federation(s)			

The CCG has supported a request for information from NHSE and NHSI as part of the national review of access to general practice services in England. This information was in relation to the current service commissioned by the CCG, and included:

- contract value and contracting arrangements
- practices covered, model of the service provided, and modes of access
- IT infrastructure
- Collection method for patient feedback

Further detail regarding the arrangements for 7 day access to become a PCN responsibility is awaited, however, it is anticipated that further clarification will be provided as part of the 2020/2021 GP contract changes.

2. Recommendations

The Primary Care Commissioning Committee in Common is asked to note the content of this report and the intended national changes to implement one single access offer through Primary Care Networks.

Angela Price
Primary Care Programme Lead
January 2020

Primary Care Commissioning Committee in Common January 2020

Agenda Item: PCCiC 20/9	Author of the Paper:						
Report date: January 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379						
Title: One Single Access Offer – GP Contract							
Summary/Key Issues: This paper highlights the opportunity through Primary Care Networks (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							
Recommendation The Primary Care Commissioning Committee in Common is asked to note the content of this report and the intended national changes to implement one single access offer through Primary Care Networks.	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Note</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding-right: 10px;">Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding-right: 10px;">Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Note	x	Approve		Ratify	
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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
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Report to the Primary Care Commissioning Committee January 2020

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An NHSE and NHSI review of access will be undertaken in 2019 to focus on 4 goals:

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7 Day Access	Routine and same day access to primary care to 8.00pm Monday to Friday, plus some Saturday and Sunday capacity- 7 day access 365 days a year to 100% population		CCG commissions service through GP Federation(s)			

The CCG has supported a request for information from NHSE and NHSI as part of the national review of access to general practice services in England. This information was in relation to the current service commissioned by the CCG, and included:

- annual contract value and contracting arrangements
- practices covered, model of the service provided and modes of access
- IT infrastructure
- Collection method for patient feedback

Further detail regarding the arrangements for 7 day access to become a PCN responsibility is awaited, however, it is anticipated that further clarification will be provided as part of the 2020/2021 GP contract changes.

2. Recommendations

The Primary Care Commissioning Committee in Common is asked to note the content of this report and the intended national changes to implement one single access offer through Primary Care Networks.

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

Primary Care Commissioning Committee 2020

Agenda Item: PCCiC20/10	Author of the Paper:						
Report date: January 2020	Robert Smith Management Accountant robert.smith@southseftonccg.nhs.uk Tel: 0151 317 8475						
Title: Primary Care – General Medical Services – Financial Position as at 31 December 2019							
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 31 st December 2019.							
Recommendation The Primary Care Commissioning Committee are asked to receive this report noting that as at 31 st December the year to date position is an surplus of £704k against budget. The full year forecast position is a surplus of £487k.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Note</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

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.

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 31st December 2019

1. Executive Summary

This report focuses on the financial performance of the Delegated Co-Commissioning budget for South Sefton CCG as at 31 December 2019.

Table 1 – Delegated Co-Commissioning Position

Cost Centre	598678				
Category	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast Variance
Core Contract	14,881,783	11,161,170	11,057,573	(103,597)	16,592
Premises	1,731,390	1,298,215	1,024,715	(273,500)	(111,451)
Staff Costs	431,450	323,496	281,121	(42,375)	(32,978)
QOF	2,258,462	1,693,575	1,634,483	(59,092)	(79,150)
Enhanced Schemes	157,818	118,233	132,644	14,411	19,039
PCN Schemes	883,992	662,882	464,803	(198,079)	(257,730)
Prescribing	87,670	65,637	65,712	75	0
Other	1,879,849	121,491	120,074	(1,417)	(860)
CCG Staff	109,586	82,172	42,069	(40,103)	(40,324)
Grand Total	22,422,000	15,526,871	14,823,195	(703,676)	(486,862)

The year to date financial position at 31st December 2019 is a surplus of £704k, with a full year forecast financial position for 2019/20 of a £487k surplus. The reduced year end forecast position reflects the variable nature of costs such as Locum cover, potential list size changes in Q4, and the possibility of budgeted Premises and APMS Contract pressures still occurring. Within the Other budget line located in Table 1 is £1.7m unallocated reserves phased in month 12.

2. Monthly Movement

Table 2 – Movement by Category between M8 and M9

Category	YTD Variance			FOT Variance		
	M8	M9	Change	M8	M9	Change
Core Contract	(79,432)	(103,597)	(24,165)	16,592	16,592	0
Premises	(243,416)	(273,500)	(30,084)	(111,451)	(111,451)	0
Staff Costs	(45,291)	(42,375)	2,916	(23,935)	(32,978)	(9,043)
QOF	(52,766)	(59,092)	(6,326)	(79,150)	(79,150)	0
Enhanced Schemes	11,790	14,411	2,621	19,071	19,039	(32)
PCN Schemes	(100,980)	(198,079)	(97,099)	(132,825)	(257,730)	(124,905)
Prescribing	(52)	75	127	0	0	0
Other	(2,789)	(1,417)	1,372	(860)	(860)	0
CCG Staff	(38,895)	(40,103)	(1,208)	(39,078)	(40,324)	(1,246)

In month 9 the year to date financial position has further improved, with the surplus increasing by £152k. The full year forecasted surplus position has also increased by £135k.

The favourable full year forecast variance includes benefits based on expected payment levels regarding Primary Care Network (PCN) Additional Posts scheme costs (Social Prescribers & Clinical Pharmacists).

3. Detailed Commentary

Core Contract – The year to date financial position is a surplus of £104k, with a full year forecasted position of £17k deficit. The movement from a surplus year to date position, to a deficit in the forecasted position is due to list size changes being anticipated in Q4, and potential benefits in relation to APMS contract pressures not committed to the forecast. 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 9 the year to date financial position is a surplus of £274k, with a full year forecasted position of £111k surplus. The budget includes £250k allocated towards pressures resulting from Rent Reviews which is currently unused, therefore the year to date financial position includes £187k surplus related to this. From this £187k year to date surplus, £28k is committed to the full year forecast. Feedback from the NHSE Estates team has highlighted a small number of practices due Rent Reviews, but impact of this currently unable to be calculated.

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

Staff Costs – In month 9 year to date underspend in relation to Locum cover has begun to be committed to the full year forecast. 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 which the CCG is encouraging further usage off. 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. The year to date variance in relation to this is £19k surplus.

QOF – As at month 9, the year to date position is a surplus of £59k, 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 £14k, with a full year forecasted position of £19k deficit. The year to date position is based upon Q1 & Q2 performance; with the Minor Surgery being the most over performing scheme. The full year financial position may be impacted by the CCG encouraging greater participation in the completion of Learning Disability Health Checks.

PCN Schemes – The year to date financial position is a surplus of £198k, 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. Forecasted surplus has increased in month 9 to represent this. Additionally PCNs have received funding in relation to Extend Hours since July; however clawbacks are expected as the scheme is not currently fully operational.

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 October, with accruals for November and December.

Other – The year to date and full year forecasted financial position is a £1k surplus. Increased Professional Fees (Translation and Interpreting, plus District Valuator) have moved the year to date variance in line with full year forecasted variance during month 9. Full year forecast position for CQC Reimbursements set to breakeven as minimal claims received year to date.

CCG Staff – The CCG currently has 4 members of staff budgeted from the Delegated Co-Commissioning budget. One of these posts is currently vacant. These posts have been budgeted for the entire financial year; however commencement of the posts didn't begin until month 3, with the fourth post beginning early October. Going forward, the year to date and full year forecast positions will improve, similar to month 9, until the vacant post is recruited to.

Appendix A – PCN Overview at 31 December 2019

4. Recommendations

The Primary Care Commissioning Committee are asked to receive this report noting that as at 31st December the year to date position is a surplus of £704k against budget. The full year forecast position is a surplus of £487k.

Robert Smith
Management Accountant
January 2020

Appendix A – PCN Overview at 31 December 2019

Cost Centre 598678

PCN	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast Variance
Crosby & Maghull Partnership	6,798,655	5,098,456	5,111,717	13,261	72,900
Default	2,693,918	732,341	307,222	(425,119)	(348,548)
Formby	265,338	198,963	184,171	(14,792)	(22,683)
No PCN	1,860,337	1,395,108	1,388,565	(6,543)	1,155
Seaforth & Litherland	5,244,305	3,932,806	3,842,994	(89,812)	(3,654)
Team Bootle	5,559,447	4,169,197	3,988,525	(180,672)	(186,032)
Grand Total	22,422,000	15,526,871	14,823,195	(703,676)	(486,862)

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 January 2020

Agenda Item: PCCiC20/10	Author of the Paper:						
Report date: January 2020	Robert Smith Management Accountant robert.smith@southseftonccg.nhs.uk Tel: 0151 317 8475						
Title: Primary Care – General Medical Services – Financial Position as at 31 December 2019							
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 31 st December 2019.							
Recommendation The Primary Care Commissioning Committee are asked to receive this report noting that as at 31 st December the year to date position is a surplus of £561k against budget. The full year forecast position is a surplus of £468k.	<table style="width: 100%; border-collapse: collapse;"> <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"/>						

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.

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 31st December 2019

1. Executive Summary

This report focuses on the financial performance of the Delegated Co-Commissioning budget for Southport & Formby CCG as at 31 December 2019.

Table 1 – Delegated Co-Commissioning Position

Category	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast Variance
Core Contract	11,881,013	8,910,630	8,787,880	(122,750)	(30,348)
Premises	1,800,420	1,350,037	1,131,495	(218,542)	(152,399)
Staff Costs	210,185	157,554	115,600	(41,954)	(57,038)
QOF	1,956,405	1,467,135	1,410,571	(56,564)	(75,642)
Enhanced Schemes	252,236	189,090	208,225	19,135	25,677
PCN Schemes	738,476	553,768	449,215	(104,553)	(140,631)
Prescribing	104,854	78,552	78,552	0	0
Other	194,305	69,147	74,026	4,879	3,359
CCG Staff	86,106	64,556	23,608	(40,948)	(40,967)
Grand Total	17,224,000	12,840,469	12,279,173	(561,296)	(467,989)

The year to date financial position at 31st December 2019 is a surplus of £561k, with a full year forecast financial position of a £468k surplus. The reduced forecast position is to reflect the variable nature of costs such as Locum cover, list size changes in Q4, and the possibility of budgeted Premises and APMS Contract pressures still occurring. Within the Other budget line located in Table 1 is £102k unallocated reserves phased in month 12.

2. Monthly Movement

Table 2 – Movement by Category between M8 and M9

Category	YTD Variance			FOT Variance		
	M8	M9	Change	M8	M9	Change
Core Contract	(108,984)	(122,750)	(13,766)	(30,348)	(30,348)	0
Premises	(196,570)	(218,542)	(21,972)	(154,529)	(152,399)	2,130
Staff Costs	(33,964)	(41,954)	(7,990)	(39,908)	(57,038)	(17,130)
QOF	(10,095)	(56,564)	(46,469)	(75,642)	(75,642)	0
Enhanced Schemes	28,713	19,135	(9,578)	25,677	25,677	0
PCN Schemes	(36,637)	(104,553)	(67,916)	(56,018)	(140,631)	(84,613)
Prescribing	(75)	0	75	0	0	0
Other	4,031	4,879	848	3,358	3,359	1
CCG Staff	(38,976)	(40,948)	(1,972)	(38,958)	(40,967)	(2,009)

In month 9 the year to date financial position has further improved, with the surplus increasing by £168k. The full year forecasted surplus position has also increased by £102k.

The favourable full year forecast variance includes benefits based on expected payment levels regarding Primary Care Network (PCN) Additional Posts scheme costs (Social Prescribers & Clinical Pharmacists). The £17k favourable movement in relation to Staff

Costs is the inclusion of expected Locum cover underspend into the full year forecasted position.

3. Detailed Commentary

Core Contract – The year to date financial position is a surplus of £123k, with a full year forecasted position of £30k surplus. The reduced surplus in the forecasted full year position is due to list size changes anticipated in Q4, and the benefit in relation to APMS contract pressures not materialising not being committed to the forecasted position. Potentially this will be mitigated due to decreasing PMS Premiums in line with the scheme ending in March 2020, resulting in additional surplus in excess of the current £25k. 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 9 the year to date financial position is a surplus of £219k, with a full year forecasted position of £152k surplus. The budget includes £275k allocated towards pressures resulting from Rent Reviews which is currently unused, therefore the year to date financial position includes £206k surplus related to this.

From this £206k year to date surplus, £133k is committed to the full year forecast. Feedback from the NHSE Estates team has highlighted a small number of practices due Rent Reviews, but impact of this currently unable to be calculated.

Staff Costs – In month 9 year to date underspend in relation to Locum cover has begun to be committed to the full year forecast. Locum cover is currently reporting a year to date surplus of £9k, 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 £32k surplus.

QOF – As at month 9, the year to date position is a surplus of £57k, 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 £19k, with a full year forecasted position of £26k deficit. The year to date position is based upon Q1 & Q2 performance; with the Minor Surgery being the most over performing scheme. The full year financial position may be impacted by the CCG encouraging greater participation in the completion of Learning Disability Health Checks.

PCN Schemes – The year to date financial position is a surplus of £105k, 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. Forecasted surplus has increased in month 9 to reflect this. Additionally PCNs have received funding in relation to Extend Hours since July; however clawbacks expected as scheme not currently fully operational.

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 October, with estimations for November and December.

Other – The year to date financial position is a £5k deficit, with this reduced to £3k deficit 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.

CCG Staff – The CCG currently has 4 members of staff budgeted from the Delegated Co-Commissioning budget. One of these posts is currently vacant. These posts have been budgeted for the entire financial year; however commencement of the posts didn't begin until month 3, with the fourth post beginning early October. Going forward, the year to date and full year forecast positions will improve, similar to month 9, until the vacant post is recruited to.

Appendix A – PCN Overview at 31 December 2019

4. Recommendations

The Primary Care Commissioning Committee are asked to receive this report noting that as at 31st December the year to date position is a surplus of £561k against budget. The full year forecast position is a surplus of £468k.

Robert Smith
Management Accountant
January 2020

Appendix A – PCN Overview at 31 December 2019

Cost Centre 603678

PCN	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast Variance
Ainsdale & Birkdale	4,043,344	3,032,252	2,999,692	(32,560)	(34,822)
Central	4,688,957	3,516,449	3,521,648	5,199	(4,349)
Default	1,119,120	762,877	353,656	(409,221)	(305,853)
Formby	1,717,016	1,287,625	1,231,809	(55,816)	(47,565)
No PCN	1,531,985	1,148,886	1,132,030	(16,856)	(25,229)
North	4,123,578	3,092,380	3,040,338	(52,042)	(50,171)
Grand Total	17,224,000	12,840,469	12,279,173	(561,296)	(467,989)

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 Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 19 th December 2019	Chair: Graham Bayliss
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Key Issue	Risk Identified	Mitigating Actions

Information Points for Southport and Formby CCG Governing Body (for noting)

The Committee received an update on the development of the Primary Care Quality dashboard.

The Committee noted the proposed investment in IT for Primary Care and asked that a detailed paper regarding the financial impact of this to be presented to the Finance & Resource Committee.

The Committee supported the Joint Operational Groups recommendation for a formal list closure for Ainsdale Medical Centre for 6 months.

The Committee noted that the new Social Prescribing roles which form part of the Network Contract Directed Enhanced Service are now in post.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, 19th December 2019

Chair:
Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)

The Committee received an update on the development of the Primary Care Quality dashboard.

The Committee noted the proposed investment in IT for Primary Care and asked that a detailed paper regarding the financial impact of this to be presented to the Finance & Resource Committee.

The Committee supported the Joint Operational Groups recommendation for a formal list closure for Blundellsands Surgery for 6 months.

The Committee noted that the new Social Prescribing roles which form part of the Network Contract Directed Enhanced Service are now in post.