

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

Date: **Thursday 15th October 2020 10:00-11:00am**

Venue: **Skype due to Covid 19**

Members		
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
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	SSCCG Locality Manager	JE
Richard Hampson	SSCCG Primary Care Contracts Manager	RH
Colette Page	SS SFCCG Practice Nurse Lead	CP
Minutes		
Jacqueline Westcott	SSCCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/58.	Apologies for absence	Chair	V		
PCCiC20/59.	Declarations of interest regarding agenda items	All	V		
PCCiC20/60.	Minutes of the previous meeting : Date 16 th July 2020	Chair	R	A	
PCCiC20/61.	Action points from the previous meeting	Chair	R	R	
PCCiC20/62.	Report from Operational Group and Decisions made: 13 th August 2020 10 th September 2020	JL	R	R	
PCCiC20/63.	Healthwatch Issues	DB	V	R	
PCCiC20/64.	PCN Update	CG/KS	V	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/65.	Primary Care Finances	RS	R	R	
PCCiC20/66.	Workforce (Strategy and Planning)	RH	R	R	
PCCiC20/67.	LQC Validation phase 5	AP	R	R	
PCCiC20/68.	LQC participation phase 6	AP	R	R	
PCCiC20/69.	QOF Panel	JL	V	R	
PCCiC20/70.	GP survey results	JL	R	R	
PCCiC20/71.	Key Issues log	Chair	R	R	
PCCiC20/72.	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair			
PCCiC20/73.	Date and time of next Meeting: 19th November 2020 10.00am-11.00am Venue: TBC				

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
draft Minutes 16.07.2020 – Part I V3

Date: Thursday 16th July 2020 Time 10.00-11.00am
Venue: Skype meeting due to Covid-19 Pandemic

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Dil Daly	SF CCG Lay Member (Co Chair)	DD
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SF 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 SSSCCG 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
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Dr 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	Mar20	April 20	May 20	July 20
Members:							
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓	A
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓	✓
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓	✓
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N	✓
Non- Voting Attendees:							
LMC Representative		N	C	✓	C	✓	A
Health Watch Representative		N	C	✓	C	✓	A

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	✓
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	✓
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	✓
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	✓
Jane Elliott	SSECCG Localities Manager	N	C	N	C	✓	N
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓
Debbie Fairclough	SS SF CCG						✓

No	Item	Action
PCCCiC/44.	<p>Apologies for absence</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>	
PCCCiC/45.	<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>	
PCCCiC/46.	<p>Minutes of the previous meeting Date 21st May 2020 were agreed as an accurate record.</p>	
PCCCiC/47.	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>	
PCCCiC/48.	<p>Report from Operational Group and Decisions Made: June 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton</p> <p>42 Kingsway submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open fully. It was noted that the practice have applied for some resilience funding to support transformation.</p> <p>Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group due to the number of new patient registrations when the list was open. Further work to be done with Crosby locality to address on-going issues of patient movement.</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – Southport and Formby</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p>	

	<p>July 2020: Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton and Southport and Formby</p> <p>2 Premises Improvement Grant applications were included in the pack, the Committee reviewed these, there were no comments. These will be submitted to F&R committee for approval.</p> <p>The process for reviewing QOF activity from 19/20 that has seen significant variance at practice level was discussed.</p> <p>It was reported that the 10 LeDer reviews are in the process of being submitted. The outcome of these and any learning will be shared back through the group.</p> <p>The recent outcome of a Judicial Review (elsewhere in the country) relating to payments to practices for Safeguarding work was discussed. Further work to agree a local rate for remuneration is required.</p> <p>It was noted that guidance from NHSE is expected imminently regarding the restarting of routine work in General Practice.</p> <p>The risk register was reviewed; a number of COVID risks were reduced. A new risk was added regarding access to phlebotomy services and the impact this is having on General Practice.</p> <p>An issue was highlighted regarding the weighting assigned to patients who reside in care homes. There was discussion around the process some concern that this may not be recorded correctly. Further work is being undertaken to understand the impact.</p>	
<p>PCCCiC/49.</p>	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting.</p>	
<p>PCCCiC/50.</p>	<p>PCN Update:</p> <p>South Sefton – Dr Gillespie gave feedback on the 2 PCNs in South Sefton, Seaforth and Litherland and the newly merged Crosby, Maghull and Bootle known as Team Sefton. 4 practices in Sefton have not signed to a PCN; however, 3 of the 4 practices have attended PCN meetings.</p> <p>Southport and Formby – Dr Scholtz gave feedback on Southport and Formby practices.</p> <p>Formby PCN continues to cover one practice not signed up to the Directed Enhanced Service (DES) for PCNs.</p> <p>Ainsdale and Birkdale PCN now covers one practice not signed up.</p> <p>Central and North localities no longer have PCN coverage.</p> <p>One practice in North did wish to sign up to the DES however there is not a geographically coterminous PCN to enable this.</p> <p>The CCG is working with providers and NHSE to ensure that the service specifications are delivered.</p>	

	<p>PCNs in Sefton A PCN paper will be presented to the Leadership Team to review and authorise coverage of those practices that are not signed to a PCN.</p>	
PCCCiC/51.	<p>Primary Care Finances It was reported that financial arrangements have changed due to Covid 19 with block arrangements in place to ensure delivery of services. The CCG is following advice from NHSE to support resolving the reported deficit of £152 to £78k for South Sefton to the end of July 2020. Southport and Formby reported deficit expected at £86k reducing to £71k following retrospective review. Advice from NHSE is to work through reviews on a month by month basis. Primary Care budgets are breaking even up to August 2020.</p>	
PCCCiC/52.	<p>Primary Care Programme Report The Primary Care Programme Report was reviewed and updated, (updates highlighted blue) the exception is international recruitment which has no further update.</p>	
PCCCiC/53.	<p>Performance (OOHs/7 Day Access/Contractual Compliance/DES South Sefton 7 Day Access service continued throughout the Covid 19 pandemic using a different operating model to reflect national guidance. Utilisation rates continue to rise above the national average set at 75% to 87%. The introduction of physiotherapy is now offered to patients.</p> <p>Go To Doc (GTD) is supporting the Covid Clinical Assessment Service for red and amber patients referred to the service by NHS 111. Regular meetings take place with Go To Doc to ensure contract compliance. It was noted that the Federation has been a great asset during the Covid 19 pandemic working alongside GTD and North West Boroughs to deliver services, the committee will write to the Federation expressing thanks for the support provided.</p> <p>The financial year 20/21 practices had 3 additional DES offered: Minor Surgery Out of Area Registrations Special Allocation Scheme</p> <p>Learning Disabilities DES is now part of LQC (for monitoring) all practices have signed up to this and have the option of providing the health check in practice or delegating to the Federation. Four practices in South Sefton have chosen the Federation option.</p> <p>Annual contract monitoring offering support and assurances will resume with practices as the CCG returns to usual business post Covid 19 with continued support from NHSE. There are no reported contract breaches.</p>	
PCCCiC/54.	<p>Primary Care Quality Dashboard</p>	
PCCCiC/55.	<p>Key Issues Log to Governing Body</p> <ul style="list-style-type: none"> • Joint Operational Group reports from June and July 2020 • PCN coverage of non- participating practices is robust in South Sefton. Southport and Formby are exploring coverage by 	

	<p>alternative provider given the scale of no- participation.</p> <ul style="list-style-type: none"> • The financial position for the CCG was noted and block arrangements in place with providers. COVID expenditure being tracked and reported. • The Primary Care Programme report was noted. • Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. A letter of thanks to be sent to South Sefton Federation and SF Health Ltd regarding their provision of services during COVID. 	
PCCCiC/56.	<p>Any Other Business</p> <p>The GP survey has been released in July 2020, the survey was collected until March 20 therefore mainly unaffected by changes to ways in working as a result of COVID. The performance of both CCGs is good and a further report will be presented to the next committee.</p>	
PCCCiC/57.	<p>Date of Next Meeting: Date of Next Meeting: 17th September 2020 10.00-11.00am Venue: TBC</p>	
<p>Meeting Concluded.</p> <p>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)</p>		



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

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

Item		CCG	Lead	Time
PCCiC 19/55	Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices 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 16.1.20 update: update due in February 2020. 19.3.20 update: item remains active 21.5.20 update: request for a more structured reporting for the future. 16.7.20 Update: the CCG will have discussions with Healthwatch regarding a change in structure this action can be closed.	Both	DB	Aug 19
PCCiC 19/112	The Committee asked that the IT investments budget be presented to the F&R Committee. 16.1.20 Update: F&R Committee have been asked to present IT investment budget at the next meeting. 19.3.20 Update: item ongoing 21.5.29 update: item ongoing investment not yet reported. 16.7.20 Update: there is no available funding nationally for investments, information will flow through on regional and local levels.	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 16.1.20 Update: Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20. 19.3.20 Update: Item is on the agenda for today's meeting 19.3.20 21.5.20 update: item ongoing as not yet finalised. 16.7.20 Update: item on going awaiting a report.	Both	DB AP	Jan 20

Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

South Sefton Primary Care Joint Operational Group, Thursday 13th August 2020

Chair:
Angela Price

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

A request to extend a practice boundary was received and approved.

Phlebotomy capacity has been increased and is currently 20% below pre-covid levels with plans to increase further. There was recognition that a lot of work had taken place to increase capacity but that the backlog of patients is substantial. The medicines management team have been coding patients where bloods are outstanding to identify patients affected.

In response to the 'Third Phase of NHS Response to COVID-19' letter of 31 July 2020, it was highlighted that general practice is at capacity and delivering the primary care areas outlined, however is reliant on community and secondary care services restoring activity to usual levels, where activity is not restored there could be an impact on patient safety and experience.

A drive through flu proposal was discussed utilising Aintree Race Course. Plans are in development to discuss with Leadership Team.

Southport and Formby Primary Care Joint Operational Group, Thursday 13th August 2020

**Chair:
Angela Price**

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

A request to extend a practice boundary was received and approved

Phlebotomy capacity has been increased and is currently 20% below pre-covid levels with plans to increase further. There was recognition that a lot of work had taken place to increase capacity but that the backlog of patients is substantial. The medicines management team have been coding patients where bloods are outstanding to identify patients affected

In response to the 'Third Phase of NHS Response to COVID-19' letter of 31 July 2020, it was highlighted that general practice is at capacity and delivering the primary care areas outlined, however is reliant on community and secondary care services restoring activity to usual levels, where activity is not restored there could be an impact on patient safety and experience

There is an APMS contract which expires in 2021. There was a discussion regarding the need for an option appraisal.

Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

South Sefton and Southport and Formby Primary Care Joint Operational Group, Thursday 10th September 2020

Chair:
Jan Leonard

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

The group considered an application to extend the current list closure in South Sefton at 42 Kingsway Surgery. After considering the application the group declined the request to extend the closure for a further 6 month period as the current closure had approximately 2 months remaining which should give sufficient time to embed workforce changes.

The group noted that a Southport & Formby practice, The Family Surgery was proceeding with managing its outer boundary. This will mean that a number of patients are asked to re-register at a practice closer to their home which supports the move for integrated care and closer working with community service teams. The CCG will liaise with the practice and affected CCGs to ensure a smooth transition. Safeguards will be in place to ensure that vulnerable patients are not affected.

The group discussed the issues surrounding the Enhanced Health in Care Homes specification and the interface between the proactive care element and the responsibility of the registered practice, this included the care planning element and the role of community services.

The group reviewed COVID improvement grant applications from practices and noted that all met the requirements, these will be submitted to F&R committee prior to submission to NHSE.

The group discussed flu plans and note that the drive through option was not being progressed as a result of practice feedback. It was recognised that this work had provided valuable insight in to a mass vaccination programme and may well be utilised for the flu expansion programme or COVID vaccinations at some point in the future. The group recognised the likely shortfall in vaccinations based on the vaccine ordering process – this will be added to the primary care risk register.

An application for the GP retainer scheme was approved for a Southport & Formby practice. The risk register was reviewed and a further risk added regarding access to COVID tests. The lack of available local testing is starting to impact on workforce as staff have to self-isolate whilst waiting for tests. It was noted that access to phlebotomy was improved

Primary Care Commissioning Committee October 2020

Agenda Item: 20/65	Author of the Paper:						
Report date: October 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 August 2020							
Summary/Key Issues: This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 st August 2020.							
Recommendation	<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 style="width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="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"> Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Further guidance regarding the remainder of the financial year is expected. As at 31st August the year to date financial position is a deficit of £165k and the full year forecast position is also a deficit of £165k. 							

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
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 – September 2020

Primary Care – General Medical Services – Financial Position as at 31st August 2020

1. Financial Position as at 31st August 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for South Sefton CCG as at 31 August 2020.

In response to the COVID emergency, temporary financial arrangements have been implemented for the period April – September 2020 and the original CCG financial plan has been suspended. CCG allocations have been revised and performance is assessed against the revised allocations. Further guidance relating to the remainder of the financial year is expected to be published in due course.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels 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.

The table below shows performance against budget allocation for the year to 31st August 2020. The total budget presented is for the period April to September 2020.

Table 1 – Delegated Co-Commissioning Position

Category	M1-M6 Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)
Core Contract	7,791,574	6,492,979	6,289,440	(203,540)
Premises	703,018	585,847	506,507	(79,340)
Staff Costs	140,084	116,737	116,737	0
QOF	1,114,171	928,474	908,613	(19,861)
Enhanced Schemes	88,428	73,690	73,690	0
PCN Schemes	783,083	652,568	649,812	(2,756)
Prescribing	43,852	36,543	36,543	0
Other	(497,140)	(414,284)	43,566	457,850
CCG Staff	56,997	47,498	60,521	13,023
Grand Total	10,224,067	8,520,052	8,685,429	165,377

The year to date financial position at 31st August 2020 is a deficit of £165k. Due to the temporary financial arrangements, the full year forecast for 2020/21 relates to the period April – September 2020/21.

As a consequence of the revised allocations, the Delegated Co-Commissioning budget was reduced by £1.548m for M1-M6, equating to a reduction of £258k per month. This has resulted in a negative contingency budget of £550k which is included within the other category in Table 1.

2. Movement from previously reported position – June 20 to August 20

Table 2 – Movement by Category between Month 3 June 2020 and Month 5 August 2020

Category	YTD Variance		
	Month 3	Month 5	Change
Core Contract	(92,711)	(203,540)	(110,829)
Premises	(11,057)	(79,340)	(68,282)
Staff Costs	20	0	(20)
QOF	(20,144)	(19,861)	283
Enhanced Schemes	0	0	0
PCN Schemes	(8,533)	(2,756)	5,778
Prescribing	0	0	0
Other	248,842	457,850	209,008
CCG Staff	35,156	13,023	(22,132)
Total	151,572	165,377	13,805

The year to date financial position has deteriorated by £14k since Month 3. An increased pressure on the 'Other' budget category relating to the revised allocations for 2020/21 has been significantly offset by an emerging surplus within the Core Contract budget and prior year costs not materialising within the Premises budget.

3. Detailed Commentary

Core Contract – The year to date financial position at M5 includes a £64k surplus arising from the contracts held with practices. There is a further £140k surplus resulting from payments ceasing for PMS Premiums (£96k) and APMS KPIs (£44k). The £140k surplus is recommitted as part of the Local Quality Contract.

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.

Other – The continuing pressure on the year to date financial position is as a result of the revised M1-M6 allocations resulting in a negative contingency budget.

4. 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. Further guidance regarding the remainder of the financial year is expected.
- As at 31st August the year to date financial position is a deficit of £163k and the full year forecast position is also a deficit of £163k.

Robert Smith
Management Accountant
October 2020

Primary Care Commissioning Committee October 2020							
Agenda Item: 20/65	Author of the Paper:						
Report date: October 2020	Robert Smith Management Accountant robert.smith@southportandformbyccg.nhs.uk Tel: 0151 317 8475						
Title: Primary Care – General Medical Services – Financial Position as at 31 August 2020							
Summary/Key Issues: This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 st August 2020.							
Recommendation The Primary Care Commissioning Committee are asked to receive this report noting: <ul style="list-style-type: none"> Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Further guidance regarding the remainder of the financial year is expected. As at 31st August the year to date financial position is a deficit of £109k and the full year forecast position is also a deficit of £109k. 	<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							

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
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 – September 2020

Primary Care – General Medical Services – Financial Position as at 31st August 2020

1. Financial Position as at 31st August 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for Southport & Formby CCG as at 31 August 2020.

In response to the COVID emergency, temporary financial arrangements have been implemented for the period April – September 2020 and the original CCG financial plan has been suspended. CCG allocations have been revised and performance is being assessed against the revised allocations. Further guidance relating to the remainder of the financial year is expected to be published in due course.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels 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.

The table below shows performance against budget allocation for the year to 31st August 2020. The total budget presented is for the period April to September 2020.

Table 1 – Delegated Co-Commissioning Position

Category	M1-M6 Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)
Core Contract	6,166,760	5,138,966	5,031,883	(107,083)
Premises	789,687	658,072	442,550	(215,522)
Staff Costs	36,920	30,767	48,097	17,330
QOF	958,564	798,803	819,223	20,420
Enhanced Schemes	138,958	115,799	118,774	2,975
PCN Schemes	667,230	556,025	558,193	2,168
Prescribing	52,430	43,692	43,692	0
Other	(418,449)	(348,564)	50,469	399,033
CCG Staff	44,783	37,319	26,559	(10,759)
Grand Total	8,436,883	7,030,879	7,139,441	108,562

The year to date financial position at 31st August 2020 is a deficit of £109k. Due to the temporary financial arrangements, the full year forecast for 2020/21 relates to the period April – September 2020/21.

As a consequence of the revised allocations, the Delegated Co-Commissioning budget was reduced by £535k for M1-M6, equating to a reduction of £89k per month. This has resulted in a negative contingency budget of £461k which is included within the other category in Table 1.

2. Movement from previously reported position – June 20 to August 20

Table 2 – Movement by Category between Month 3 June 2020 and Month 5 August 2020

Category	YTD Variance		
	Month 3	Month 5	Change
Core Contract	(62,036)	(107,083)	(45,047)
Premises	(8,501)	(215,522)	(207,021)
Staff Costs	14,307	17,330	3,023
QOF	6,950	20,420	13,470
Enhanced Schemes	0	2,975	2,975
PCN Schemes	(103,976)	2,168	106,144
Prescribing	0	0	0
Other	208,098	399,033	190,935
CCG Staff	15,921	(10,759)	(26,681)
Total	70,763	108,562	37,799

The year to date financial position has deteriorated by £38k since Month 3. An increased pressure on the 'Other' budget category relating to the revised allocations for 2020/21 has been offset by an emerging surplus within the Core Contract budget and prior year costs not materialising within the Premises budget.

In addition, due to changes to PCN arrangements in 2020/21, and the resulting payment details now confirmed, costs have increased against this budget and the surplus position reported Month 3 has now been revised.

3. Detailed Commentary

Core Contract - The year to date financial position at M5 includes a £25k surplus arising from the contracts held with practices. There is a further £82k surplus resulting from payments ceasing for PMS Premiums which is recommitted as part of the Local Quality Contract.

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.

Other – The continuing pressure on the year to date financial position is as a result of the revised M1-M6 allocations resulting in a negative contingency budget.

4. 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. Further guidance regarding the remainder of the financial year is expected.

- As at 31st August the year to date financial position is a deficit of £109k and the full year forecast position is also a deficit of £109k.

Robert Smith
Management Accountant
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item:	Author of the Paper:						
Report date: October 2020	Name: Richard Hampson Job Title: Primary Care Contracts Manager richard.hampson@southseftonccg.nhs.uk						
Title: Workforce Strategy 2020/2021							
Summary/Key Issues: The paper is designed to give an overview of workforce strategy within South Sefton CCG including reporting on PCN workforce activity.							
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Note</td> <td style="text-align: center; border: 1px solid black; width: 30px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

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

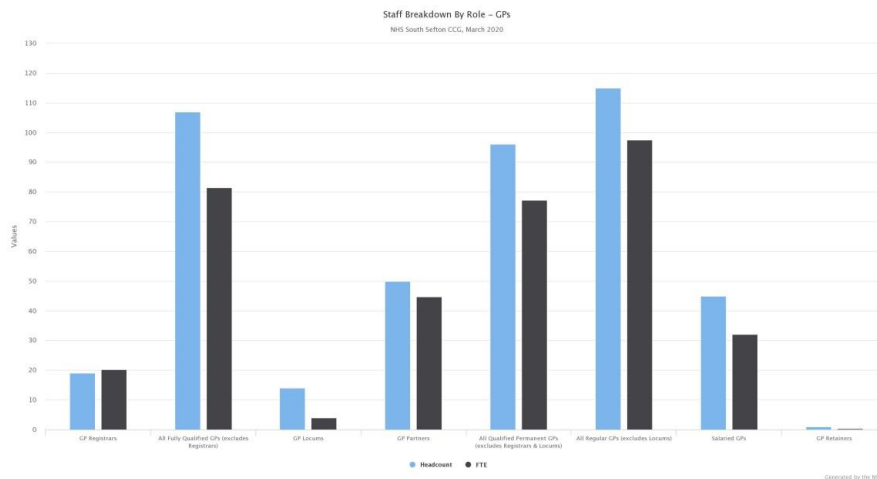
Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

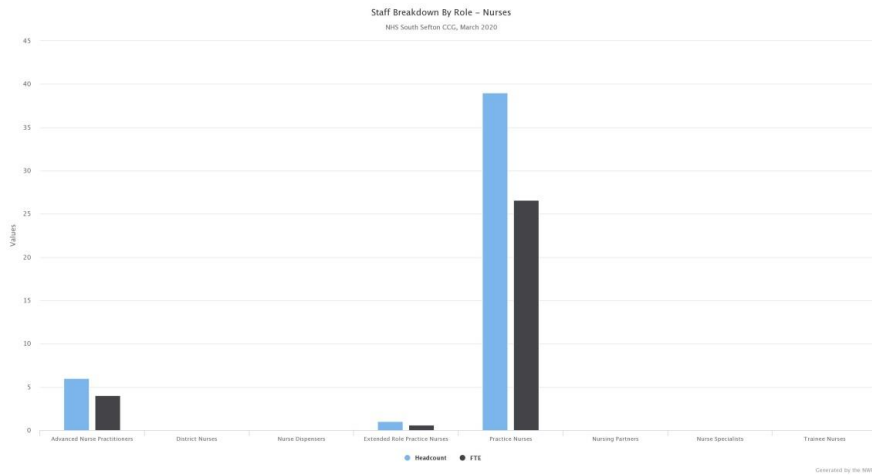
The paper was developed with input from both locality leads and PCN leads within South Sefton CCG. The paper is designed to present a high level overview of current workforce strategy within Primary Care at CCG and PCN level whilst supporting the CCG's wider people plan and strategy.

High Level Overview of Roles

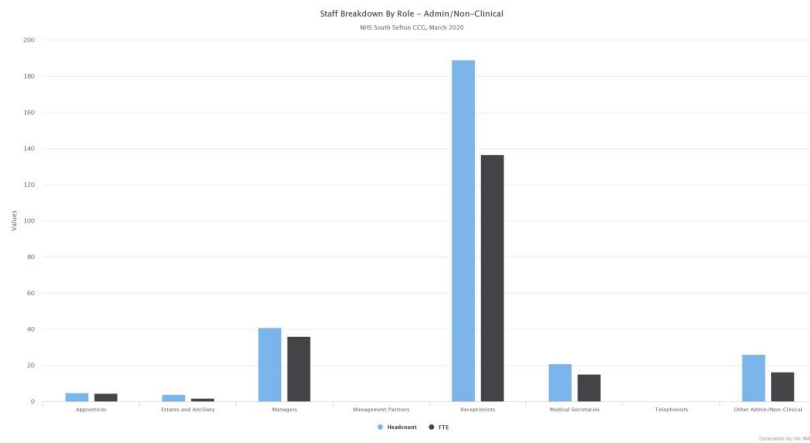
The following tables have been extracted from the National Workforce Reporting System (March 2020):



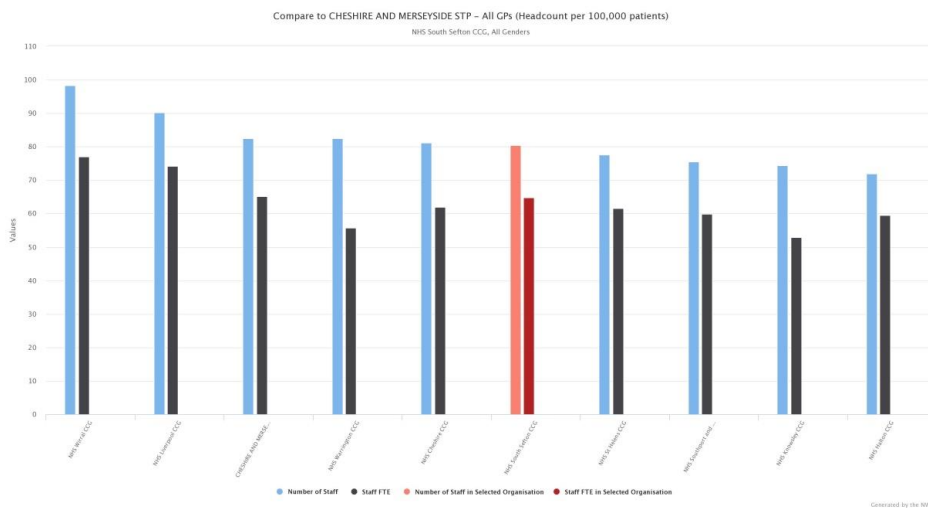
The above table shows headcount and full time equivalent (FTE) for GP's in South Sefton CCG.



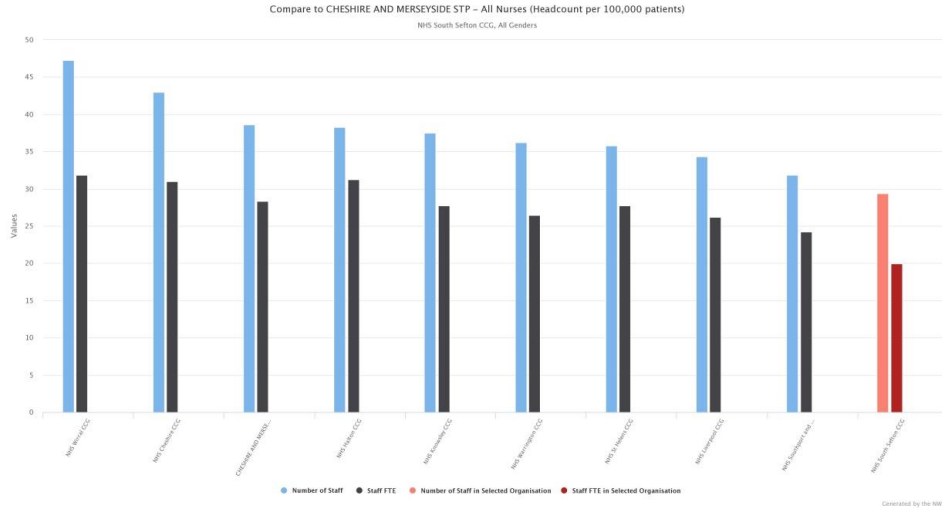
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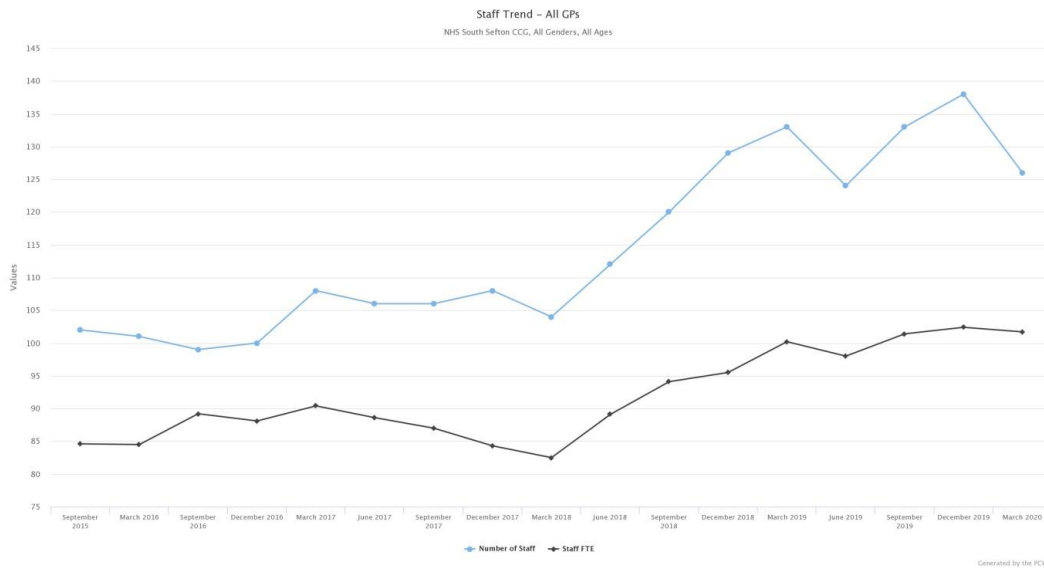
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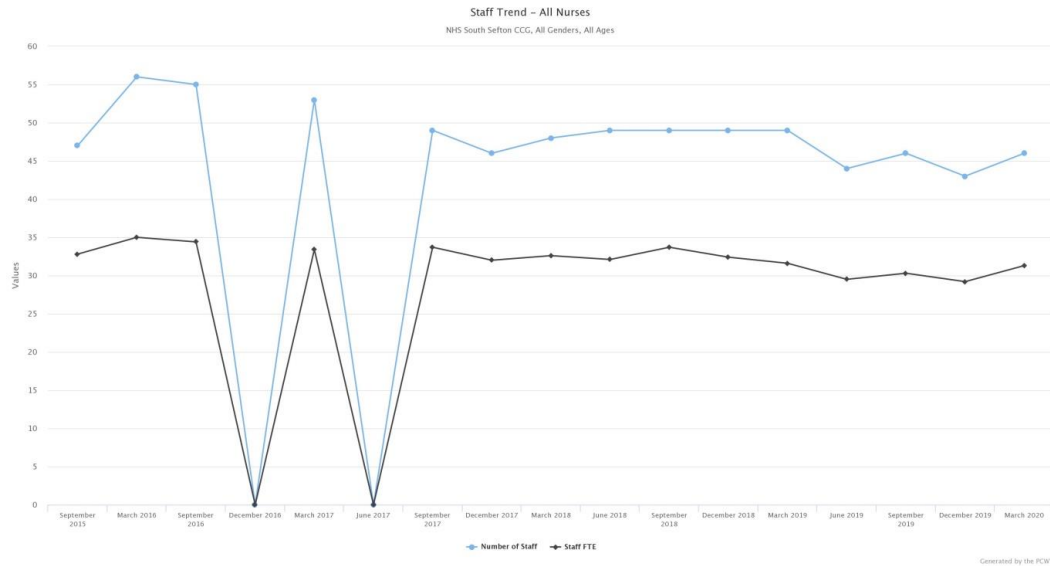
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The above table is a comparison all nurses in South Sefton when compared with other CCG's



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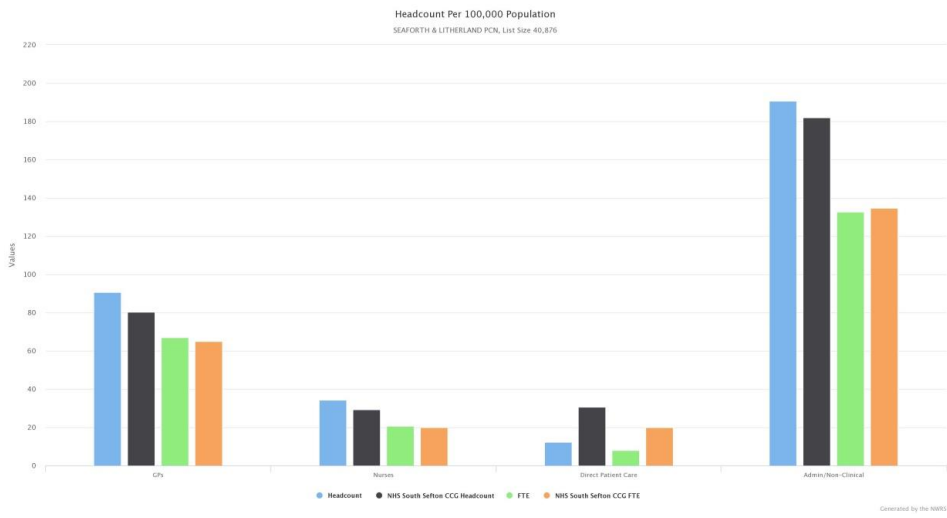
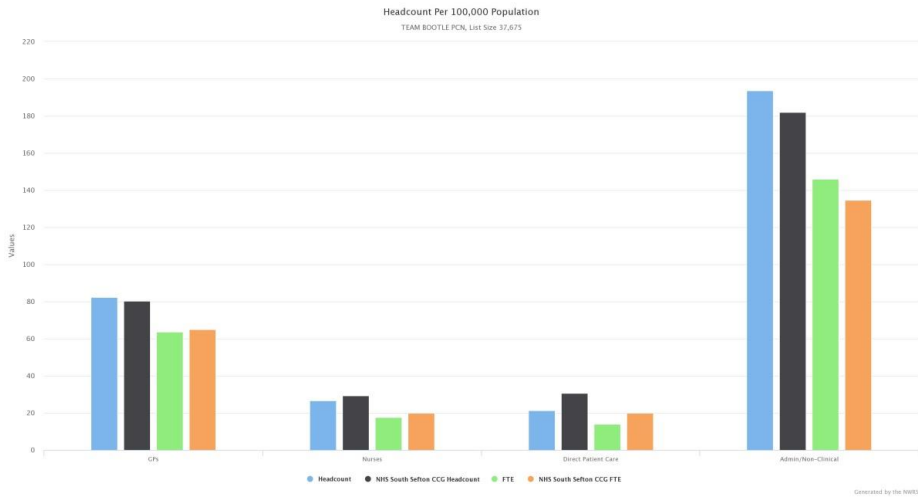
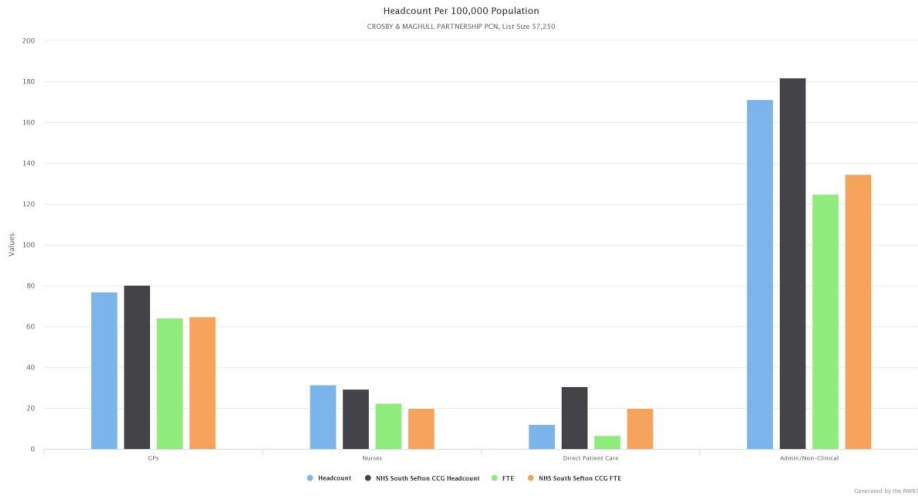
The above table shows total number nurses trend from September 2015 through to March 2020 for South Sefton CCG.

PCN Overview

In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 26 practices signed up to be part of a PCN, with 4 practices (3 from the same provider) choosing to opt out of the DES.

Currently in South Sefton CCG, there are two PCN’s: Crosby, Bootle and Maghull (following the approved merger of Crosby and Maghull and Bootle) and Seaforth and Litherland.

The below tables highlight the current staffing numbers across the networks. The PCN’s will be providing services to the populations of those practices who have not sign up to the PCN DES however these non-participating practice staff are not included in the below metric. (Please note that Bootle is still a standalone PCN due to the time lag from merging and the NWRS portal updating)



PCN Workforce

Bootle, Crosby & Maghull currently have Social Prescribing Link Works (SPLW) in post and have just appointed an additional SPLW to work across Bootle as the role has been very significant during COVID, particularly with shielding patients. Bootle practices have seen the benefit of SLPWs and the current worker has developed strong relationships with PCN practices. Clinical Pharmacists have been placed in the Medicines Management Hub which now works across all of South Sefton CCG. This has had significant benefits for practices in particular with hospital discharge reconciliation and care homes SMRs. The PCN plans to appoint more Clinical Pharmacists in future.

Seaforth and Litherland are looking to use the additional roles allocation funds to work with Liverpool Heart and Chest hospital to recruit three Physician Associates through the employ, deploy model. The physician associates will be focusing on the delivery on the DES specifications whilst also be supporting practices with day-to-day clinical duties. We have asked practices if they would be interested in supporting a PA, which will mean that the PA would be based in that practice and support the PCN as well as that specific practice day to day. In addition to that, we have also employed two WTE social prescribers through CVS and 1.56 WTE Community pharmacists through the CCG. Seaforth and Litherland PCN are currently supporting practices with the variety of initiatives which have been circulated via the workforce hub. Key initiatives the PCN are interested in are the GP fellowships / mentoring scheme which we believe is being led by the ICS.

Additional Role Reimbursement Scheme (ARRS)

In July 2018, the Network Contract Directed Enhanced Service (DES) went live, which provided funding to Primary Care Networks (PCN) through a new Additional Roles Reimbursement Scheme (ARRS). The scheme was designed to allow networks to build up and expand primary care teams to help deliver services and the network directed contracts. The scheme gave the PCNs the ability to hire full time equivalent (FTE) across five specific roles, over five years: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists and Paramedics.

Initially, the PCNs were asked to determine their allocation by understanding a baseline across the PCN area of staff funded by general practice and also by CCG. This created a baseline by which the PCN and the additional roles reimbursement scheme would be assessed against, moving forward.

In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

The below tables outline what the PCNs plans are in relation to additional recruitment through the ARRS to support PCN workforce in South Sefton CCG.

**** Please note that these are indicative plans with an option to flex dependent upon the outcome of recruitment ****

Crosby, Bootle and Maghull PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	1.90	0.00	2.47	0.00	8.00	12.37
Social prescribing link workers	2.50		1.00		2.00	5.50
First contact physiotherapists				2.00	2.00	4.00
Physician associates					4.00	4.00
Pharmacy technicians					2.00	2.00
Occupational therapists				2.00	2.00	4.00
Dietitians						0.00
Chiropodists / podiatrists						0.00
Health and wellbeing coaches				1.00	1.00	2.00
Care co-ordinators				3.00	3.00	6.00
					TOTAL:	39.87

Seaforth and Litherland PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.68		0.88	1.00		2.56
Social prescribing link workers	1.00		1.00			2.00
First contact physiotherapists						0.00
Physician associates				3.00		3.00
Pharmacy technicians				1.00		1.00
Occupational therapists				1.00		1.00
Dietitians						0.00
Podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00		1.00
					TOTAL:	10.56

Continuing Professional Development (CPD) Training Fund

South Sefton CCG has been supporting practices and PCN's with additional available funding for CPD. This funding will be distributed and managed through Health Education England (HEE) regional office working with the Primary Care Academy (Cheshire and Merseyside Training Hubs). This funding is aimed to support CPD requirements of nurses, midwives and AHPs in NHS provided services. This will allow access to funding linked to personal professional requirements as well as local priorities. This funding is aimed to support the NHS, and support building skills and expertise of our people vital to services and communities.

The Primary Care Training Hubs will ensure this funding can be accessed by appropriate staff within primary care. This funding has been calculated using NHS Digital 2019 workforce data. Each nurse, midwife and AHP working in primary care is able to access a third of their allocation over each of the next three years. Therefore, this funding is a one-year settlement and future allocations for years 2021/22 and 2022/23 will be reviewed in line with the Spending Review process. The allocation for Cheshire and Merseyside for 2020/21 is £347,333.

Nationally there is £150m increased investment in continuing professional development (CPD)

- There is a total Primary Care allocation of £1000 over 3 years for each registered nurse, nursing associate, midwife and allied health professional (AHP) calculated using September 2019 NSH Digital General Practice Workforce Data
- For 2021 the allocation is therefore £333 for each of these staff members. Please note that formal university accredited CPD Modules for specific disease areas do have a higher cost attached, and the practice/PCN may need to add to the funding provided if they wish to secure these modules for their staff.
- Access to funding must be linked to personal professional requirements as well as system and population health priorities. Please note that consideration for pooling part of the budgets may be an option to provide some training at scale, i.e. Immunisations & Vaccinations.

Attain Report

Sefton Heath and Care Transformation Board undertook some workforce analysis following on from the release of up to date (March 2020) workforce data on the National Workforce reporting System. The findings are set out in the table below and this will help to support the CCG in their workforce transformation plan.

Key Findings- Primary Care



<p>1 There are fewer GPs per head of 75+ population in Sefton than any benchmark, at 20% less than England's average, presenting challenges for accessibility to healthcare. This will continue to worsen and by 2024 will be 40%</p>	<p>2 Almost 80% more practice nurses are required in Sefton to match the best performing peer CCG impacting upon chronic disease management, health promotion, screening and sexual health</p>	<p>3 Recent implementation of the expanding pharmacy role has been successful with no recruitment issues and staffing levels exceed all benchmarks</p>
<p>ACTIVITY GROWTH PRESSURE</p>	<p>CURRENT STAFFING PRESSURE</p>	<p>NEW ROLE IMPLEMENTATION</p>
<p>4 A twelve month preceptorship is in place to support qualified nurses new to practice nursing concentrating on pre-screening and long term conditions which has shown that this can help in retention rates by supporting the workforce</p>	<p>5 37% of practice nurses across Sefton are 55 years old or over There will be a significant requirement to expand other key PC roles to compensate for challenged GP and practice nurse to list size ratios by 2024.</p>	<p>6 There is HIGH variation within nursing across Sefton in terms of roles and responsibilities within primary care</p>
<p>NEW ROLE IMPLEMENTATION</p>	<p>FUTURE STAFFING PRESSURE</p>	<p>PERFORMANCE / QUALITY PRESSURE</p>

Apex Insight

Apex Insight is still being rolled out to all practices in South Sefton CCG to support with workforce planning and capacity and demand. Apex software concentrates on the appointment element of the practices whilst Insight looks at the workforce. Together Apex Insight offers Practices a comprehensive workload analysis and workforce planning capability (software and support) to make informed decisions about the future.

Practice-level information can be consolidated at Locality, Federation, CCG and STP level to inform strategic planning and system-wide solutions to these challenges

Roll out is as follows:

Total Number of Deployments	31	
Deployments By Stage of Completion	Number	% Total
Pending	1	3%
E1 - CCG and Initial Practice Engagement Complete	30	97%
P1 - Induction Email Issued to Practice	30	97%
P2 - Apex Software Installed at Practice	27	87%
P3 - Apex Configured to Practice Data	26	84%
P4 - Email issued (Request P5a date, DPA & Info)	27	87%
P5a - Insight Workforce Planning Session	15	48%
P5b - Workload Training Session (Optional)	21	68%
P6 - Deployment & Training actions completed	1	3%

- P2 is the appointments software and practices should be utilising them.
- P5a is the workforce element and not all practices are choosing to do this.

NHS England Workforce Steering Group

Richard Hampson, Primary Care Contract Manager has recently joined as a member on NHS England's workforce steering group. The membership will allow CCG's to learn and shape the wider workforce plan spear headed by NHSE and also the CCG will be able to feed back any initiatives or schemes to the wider CCG team to ensure that any strategic initiatives are also in line with the CCG's people plan.

The purpose of this group is:

- To support the development of a Primary Care Workforce vision and strategy for the Cheshire and Merseyside
- To ensure that there is a credible and agreed baseline profile for the general practice and primary care workforce within Cheshire and Merseyside, to aid effective workforce planning and modelling across Primary Care Networks (PCN).
- That critical workforce gaps and risks are clearly identified with an informed and appropriate prioritised plan developed to address the gaps & risks identified.
- To deliver the initial workforce action plan and when developed, ensure its future development to reflect the level of local progress within the context of any other emerging priorities or risks within PCNs.
- To consider and plan how the utilisation of any national and local workforce development and education initiatives, including access to available funding relevant to general practice and primary care, might be connected and presented to enable their best application and adoption within Cheshire and Merseyside through the Primary Care Training Hubs across C&M.
- To monitor and report progress on the workforce aspects of General Practice Forward View to the Programme Board and the Cheshire and Merseyside Local Workforce Action Board (LWAB).
- Feedback relevant issues, concerns and /or examples of good practice to GPFV Programme Board and C&M LWAB as required.

Local Training Hub / Primary Care Academy

The GP federation in South Sefton CCG are part of the local training hub and together the CCG and Primary Care Academy (PCA) work closely to continuously develop, retain and attract more Primary Care workforce .The Cheshire and Merseyside PCA supports the delivery of a highly skilled and satisfied workforce whilst creating opportunities and career pathways, leading to desirable working environments for NHS primary and community care workforce in order to better meet the current and future needs of the Cheshire & Merseyside population.

The Primary Care Academy is a vehicle for workforce transformation and sits at the heart of general practice through its six Enhanced Training Hubs that are based in the communities across Cheshire and Merseyside.

2. Recommendations

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

Richard Hampson
Primary Care Contracts Manager
October2020

Primary Care Commissioning Committee in Common October 2020	
Agenda Item: 20/66	Author of the Paper:
Report date: October 2020	Name: Richard Hampson Job Title: Primary Care Contracts Manager richard.hampson@southseftonccg.nhs.uk
Title: Workforce Strategy 2020/2021	
Summary/Key Issues: The paper is designed to give an overview of workforce strategy within Southport and Formby CCG including reporting on PCN workforce activity.	
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 20/21	
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Process	Yes	No	N/A	Comments/Detail
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Process	Yes	No	N/A	Comments/Detail
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Equality Impact Assessment		x		
Legal Advice Sought			x	
Quality Impact Assessment			x	
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Presented to other Committees		x		

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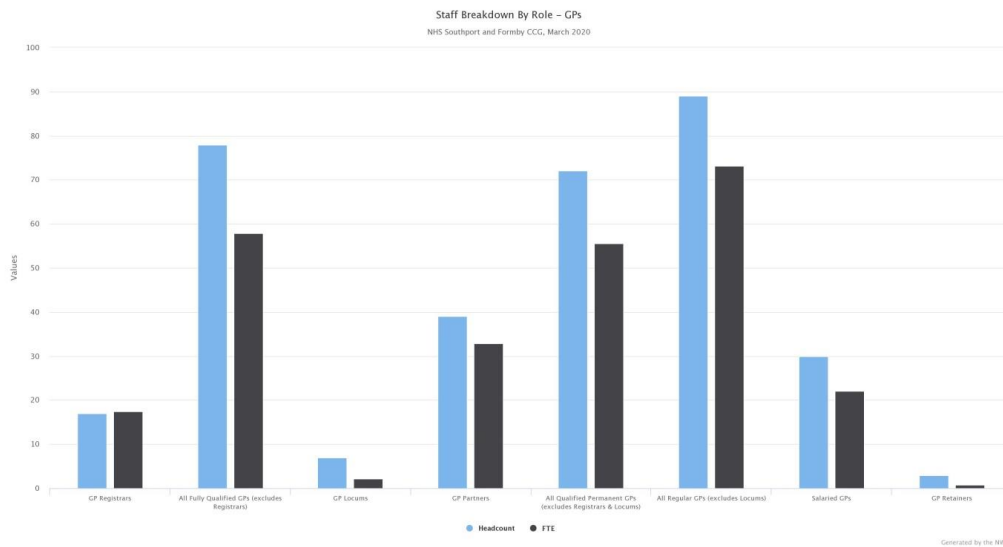
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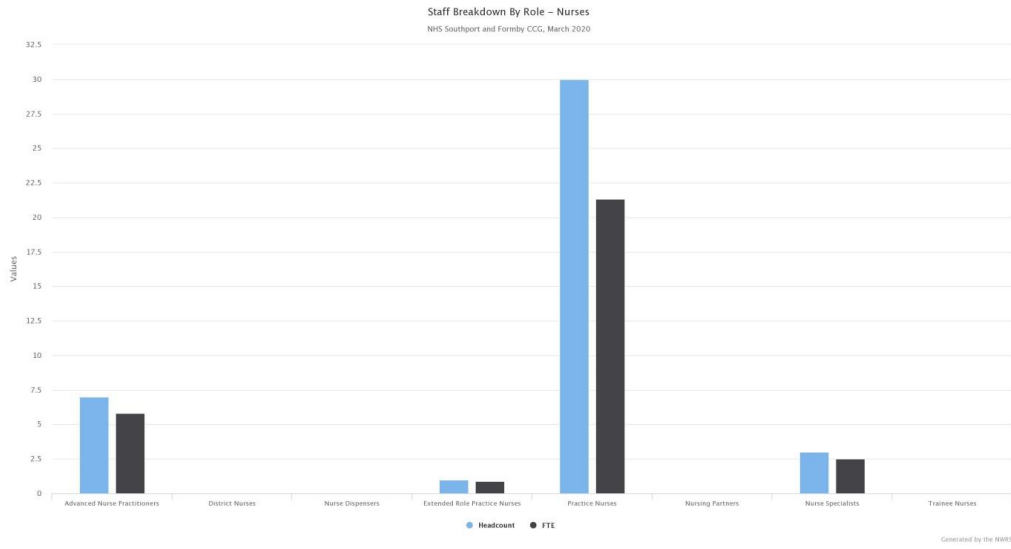
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High Level Overview of Roles

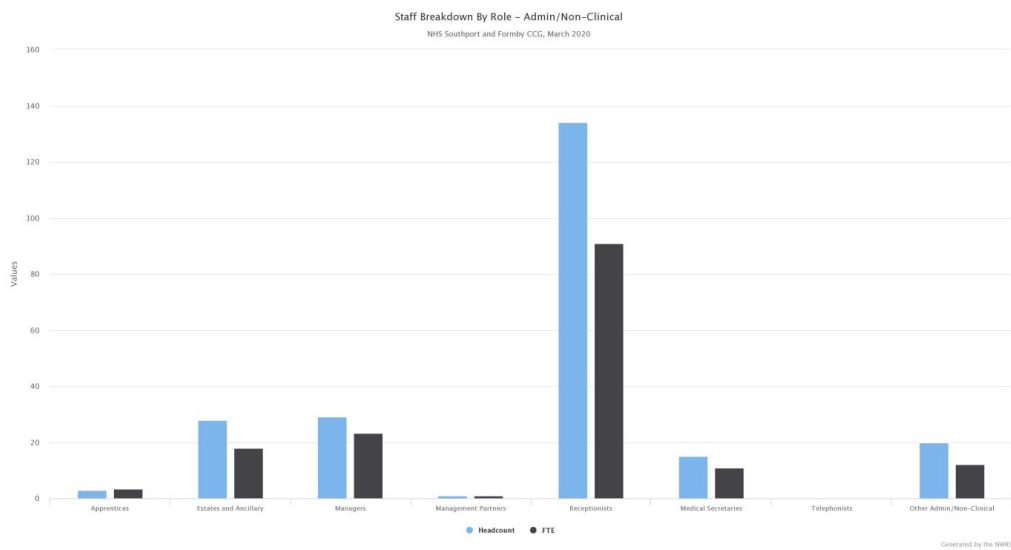
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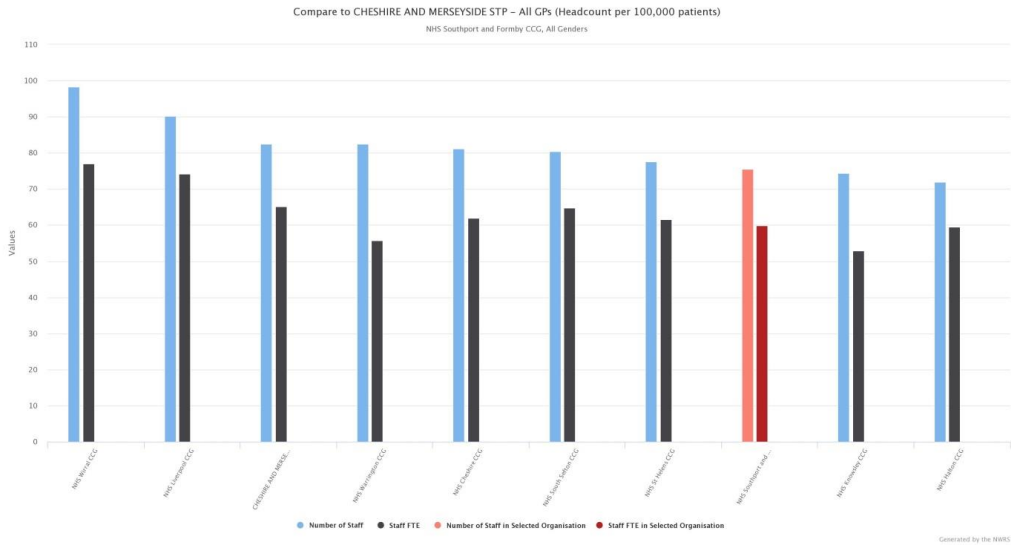
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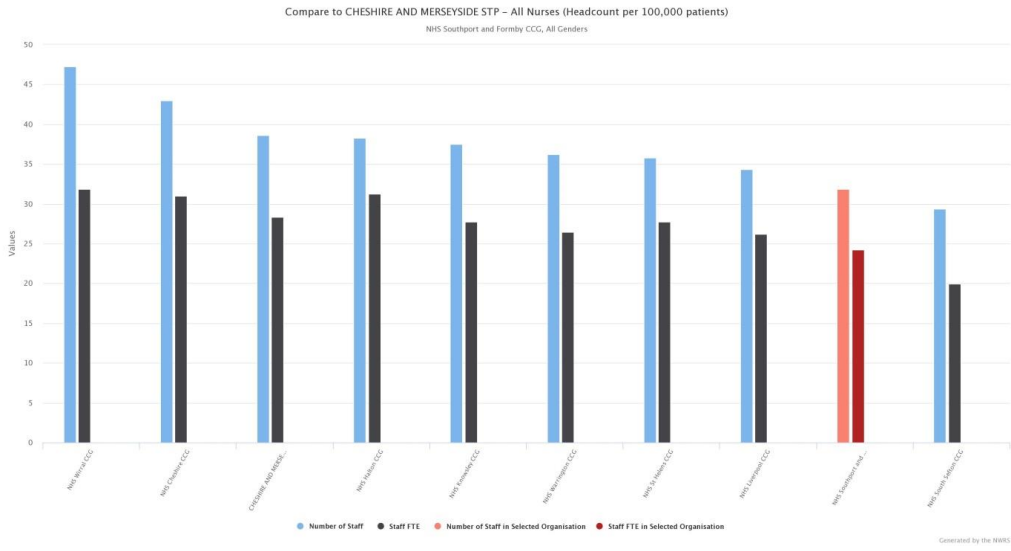
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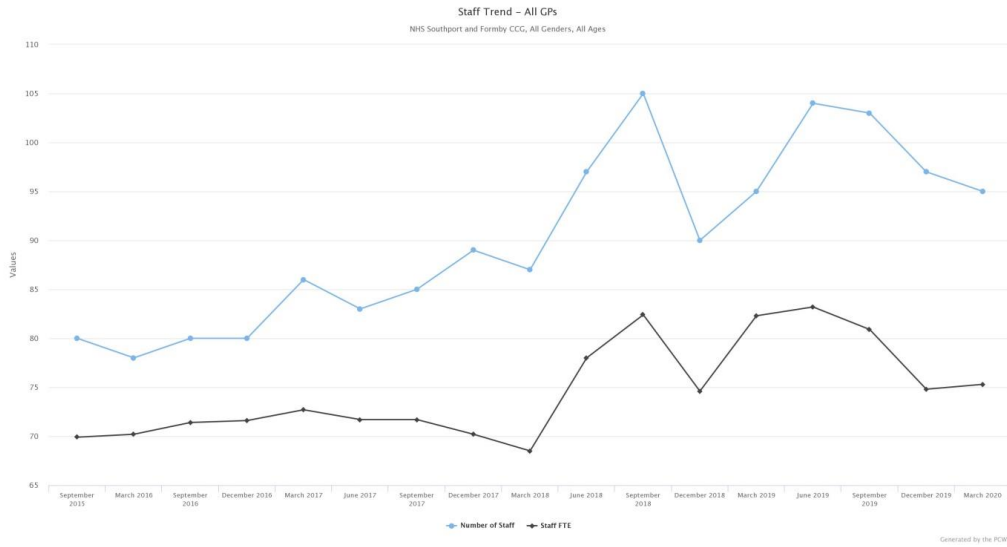
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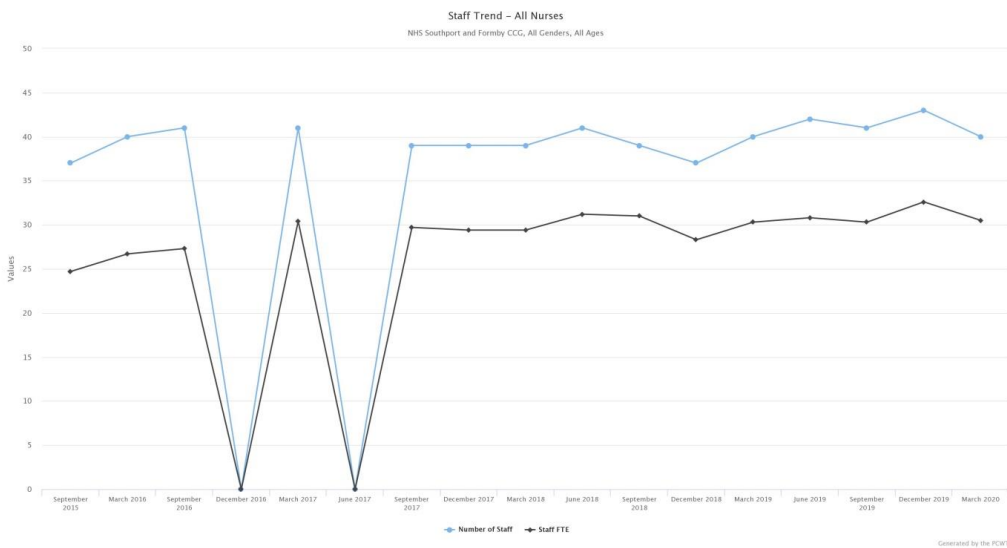
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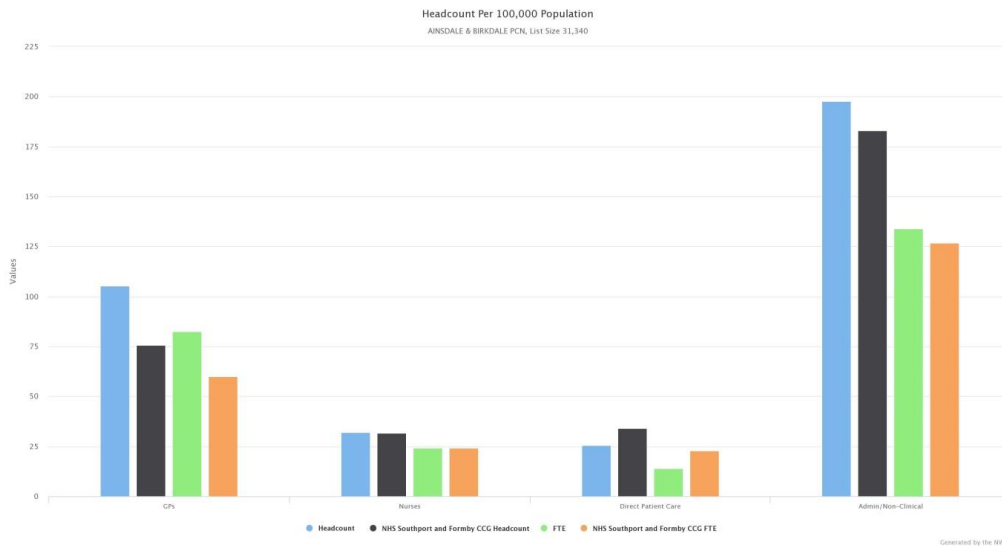
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PCN Overview

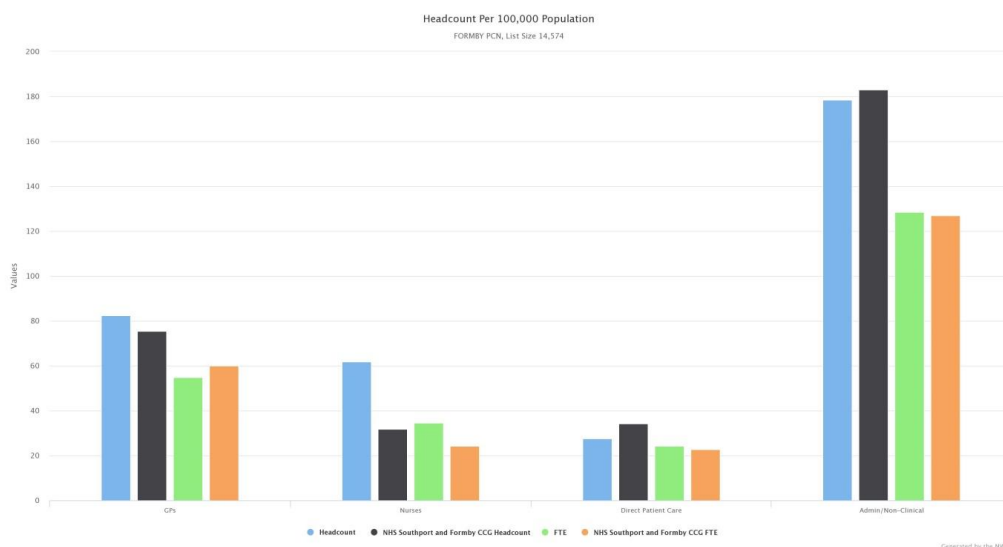
In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 7 practices signed up to be part of a PCN (one practice unfortunately has been stranded as the rest of the PCN do not wish to take part), with 12 practices choosing to opt out of the DES.

Currently in Southport and Formby CCG, there are two PCN’s: Ainsdale and Birkdale and Formby PCN.

The below tables highlight the current staffing numbers across the networks. The GP Federation in Southport and Formby CCG has been commissioned to provide and deliver the PCN service specifications to the patient population who currently do not fall within a PCN.



Ainsdale and Birkdale PCN Above



Formby PCN Above

PCN Workforce

Ainsdale & Birkdale PCN and Formby PCN are looking to bring in various team members to the PCN, through a variety of host employers, thus strengthening relationships with community and voluntary organisations, developing a deeper understanding of gaps in service and areas for improvement, and creating stronger support networks. In line with the DES service specifications, these roles will help support the networks in service delivery, but will also help to transform primary care by supporting GP practices and ensuring that the right skill mix, is delivering certain service areas, therefore releasing GP/ANP/PN time to pick up other aspects of work or projects within primary care.

Additional Roles:

The ANP, PA and Care Coordinator will support primary care in improving the quality and delivery of service to care home patients, also streamlining processes and strengthening relationships:

The ANP will chair a weekly MDT, where other partner agencies are invited to attend (ICT), they will also be the first port of call for care homes when a clinical need presents, referring on to practices for GP input when required.

The PA will support the ANP and will also work with care homes in ensuring that care plans are personalised, relevant and completed in a timely manner. The PA will also work within practices to support patients in relation to their specialism, also releasing some clinical time for GP/ANP/PNs.

The Care Coordinator will be the central point for collating and processing information about patients. They will receive information from care homes and other agencies and pass this on to the correct practice, team or individual. They will also collate information for the MDT and ensure all patient records are up to date and accurate. Where appropriate they will help coordinate patients, by signposting those to receive support for any other needs they may have (outcomes from the MDT or other agencies).

The SPLW – Cancer Specialist and GP Cancer Lead:

The SPLW – Cancer Specialist will have a dual role that supports practices with the data quality/audits required to improve screening rates, etc. and deliver holistic patient centred care, thorough HNA's and other signposting requirements. They will work closely with the various cancer charities to ensure that the PCN's have the most relevant and up to date, tools and support available.

The GP Cancer Lead will oversee the work of the SPLW – CS and support practices in increasing the uptake of screening, safety netting, referrals, etc. This will be done by utilising various tools and resources and implementing them into primary care. They will also work closely with the various cancer charities.

Clinical Pharmacists:

The Clinical Pharmacists will endeavour to carry out SMR's and clinics as requested by the PCN. They will work with practices to ensure that the standards of the SMR's are high and also support the relevant areas of the care planning process.

Social Prescribing Link Worker:

This role will support primary care to think differently about certain cohorts of patients, to explore other options and potentially reduce the number of frequent attenders as they receive support from elsewhere. The SPLW will build strong relationships with the community and voluntary sector organisations and help to create a new dynamic between them and primary care.

Additional Role Reimbursement Scheme (ARRS)

In July 2018, the Network Contract Directed Enhanced Service (DES) went live, which provided funding to Primary Care Networks (PCN) through a new Additional Roles Reimbursement Scheme (ARRS). The scheme was designed to allow networks to build up and expand primary care teams to help deliver services and the network directed contracts. The scheme gave the PCNs the ability to hire full time equivalent (FTE) across five specific roles, over five years: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists and Paramedics.

Initially, the PCNs were asked to determine their allocation by understanding a baseline across the PCN area of staff funded by general practice and also by CCG. This created a baseline by which the PCN and the additional roles reimbursement scheme would be assessed against, moving forward.

In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

The below tables outline what the PCNs plans are in relation to additional recruitment through the ARRS to support PCN workforce in Southport and Formby CCG.

**** Please note that these are indicative plans with an option to flex dependent upon the outcome of recruitment ****

Ainsdale and Birkdale PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.88	0.00	0.00	1.62	0.00	2.50
Social prescribing link workers	1.00	0.00	0.00	1.00	0.00	2.00
First contact physiotherapists				1.00		1.00
Physician associates				1.00	0.00	1.00
Pharmacy technicians				1.50		1.50
Occupational therapists						0.00
Dietitians						0.00
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00	0.00	1.00
						TOTAL:
						9.00

Formby PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.77	0.00	0.00	1.53	0.00	2.30
Social prescribing link workers	1.00	0.00	0.00	1.00	0.00	2.00
First contact physiotherapists						0.00
Physician associates				1.00	1.00	2.00
Pharmacy technicians				1.00		1.00
Occupational therapists						0.00
Dietitians						0.00
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00	0.00	1.00
						TOTAL:
						8.30

GP Federation ARRS:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	1.91		1.20			3.11
Social prescribing link workers	2.00		1.00			3.00
First contact physiotherapists						0.00
Physician associates			2.50			2.50
Pharmacy technicians						0.00
Occupational therapists						0.00
Dietitians			2.50			2.50
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators			2.50			2.50
						TOTAL:
						13.61

Continuing Professional Development (CPD) Training Fund

Southport and Formby CCG has been supporting practices and PCN's with additional available funding for CPD. This funding will be distributed and managed through Health Education England (HEE) regional office working with the Primary Care Academy (Cheshire and Merseyside Training Hubs). This funding is aimed to support CPD requirements of nurses, midwives and AHPs in NHS provided services. This will allow access to funding linked to personal professional requirements as well as local priorities. This funding is aimed to support the NHS, and support building skills and expertise of our people vital to services and communities.

The Primary Care Training Hubs will ensure this funding can be accessed by appropriate staff within primary care. This funding has been calculated using NHS Digital 2019 workforce data. Each nurse, midwife and AHP working in primary care is able to access a third of their allocation over each of the next three years. Therefore, this funding is a one-year settlement and future allocations for years 2021/22 and 2022/23 will be reviewed in line with the Spending Review process. The allocation for Cheshire and Merseyside for 2020/21 is £347,333.

Nationally there is £150m increased investment in continuing professional development (CPD)

- There is a total Primary Care allocation of £1000 over 3 years for each registered nurse, nursing associate, midwife and allied health professional (AHP) calculated using September 2019 NSH Digital General Practice Workforce Data
- For 2021 the allocation is therefore £333 for each of these staff members. Please note that formal university accredited CPD Modules for specific disease areas do have a higher cost attached, and the practice/PCN may need to add to the funding provided if they wish to secure these modules for their staff.
- Access to funding must be linked to personal professional requirements as well as system and population health priorities. Please note that consideration for pooling part of the budgets may be an option to provide some training at scale, i.e. Immunisations & Vaccinations.

Attain Report

Sefton Heath and Care Transformation Board undertook some workforce analysis following on from the release of up to date (March 2020) workforce data on the National Workforce reporting System. The findings are set out in the table below and this will help to support the CCG in their workforce transformation plan.

Key Findings- Primary Care



<p>1 There are fewer GPs per head of 75+ population in Sefton than any benchmark, at 20% less than England's average, presenting challenges for accessibility to healthcare. This will continue to worsen and by 2024 will be 40%</p>	<p>2 Almost 80% more practice nurses are required in Sefton to match the best performing peer CCG impacting upon chronic disease management, health promotion, screening and sexual health</p>	<p>3 Recent implementation of the expanding pharmacy role has been successful with no recruitment issues and staffing levels exceed all benchmarks</p>
<p>ACTIVITY GROWTH PRESSURE</p>	<p>CURRENT STAFFING PRESSURE</p>	<p>NEW ROLE IMPLEMENTATION</p>
<p>4 A twelve month preceptorship is in place to support qualified nurses new to practice nursing concentrating on pre-screening and long term conditions which has shown that this can help in retention rates by supporting the workforce</p>	<p>5 37% of practice nurses across Sefton are 55 years old or over There will be a significant requirement to expand other key PC roles to compensate for challenged GP and practice nurse to list size ratios by 2024.</p>	<p>6 There is HIGH variation within nursing across Sefton in terms of roles and responsibilities within primary care</p>
<p>NEW ROLE IMPLEMENTATION</p>	<p>FUTURE STAFFING PRESSURE</p>	<p>PERFORMANCE / QUALITY PRESSURE</p>

Apex Insight

Apex Insight is still being rolled out to all practices in Southport and Formby CCG to support with workforce planning and capacity and demand. Apex software concentrates on the appointment element of the practices whilst Insight looks at the workforce. Together Apex Insight offers Practices a comprehensive workload analysis and workforce planning capability (software and support) to make informed decisions about the future.

Practice-level information can be consolidated at Locality, Federation, CCG and STP level to inform strategic planning and system-wide solutions to these challenges.

NHS England Workforce Steering Group

Richard Hampson, Primary Care Contract Manager has recently joined as a member on NHS England's workforce steering group. The membership will allow CCG's to learn and shape the wider workforce plan spear headed by NHSE and also the CCG will be able to feed back any initiatives or schemes to the wider CCG team to ensure that any strategic initiatives are also in line with the CCG's people plan.

The purpose of this group is:

- To support the development of a Primary Care Workforce vision and strategy for the Cheshire and Merseyside
- To ensure that there is a credible and agreed baseline profile for the general practice and primary care workforce within Cheshire and Merseyside, to aid effective workforce planning and modelling across Primary Care Networks (PCN).
- That critical workforce gaps and risks are clearly identified with an informed and appropriate prioritised plan developed to address the gaps & risks identified.
- To deliver the initial workforce action plan and when developed, ensure its future development to reflect the level of local progress within the context of any other emerging priorities or risks within PCNs.
- To consider and plan how the utilisation of any national and local workforce development and education initiatives, including access to available funding relevant to general practice and primary care, might be connected and presented to enable their best application and adoption within Cheshire and Merseyside through the Primary Care Training Hubs across C&M.
- To monitor and report progress on the workforce aspects of General Practice Forward View to the Programme Board and the Cheshire and Merseyside Local Workforce Action Board (LWAB).
- Feedback relevant issues, concerns and /or examples of good practice to GPFV Programme Board and C&M LWAB as required.

Local Training Hub / Primary Care Academy

The GP federation in Southport and Formby CCG are part of the local training hub and together the CCG and Primary Care Academy (PCA) work closely to continuously develop, retain and attract more Primary Care workforce .The Cheshire and Merseyside PCA supports the delivery of a highly skilled and satisfied workforce whilst creating opportunities and career pathways, leading to desirable working environments for NHS primary and community care workforce in order to better meet the current and future needs of the Cheshire & Merseyside population.

The Primary Care Academy is a vehicle for workforce transformation and sits at the heart of general practice through its six Enhanced Training Hubs that are based in the communities across Cheshire and Merseyside.

2. Recommendations

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

Richard Hampson
Primary Care Contracts Manager
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/67	Author of the Paper:
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379
Title: Phase 5 Local Quality Contract Validation	
Summary/Key Issues: The CCG is unable to continue to commission services via Local Enhanced Services within Primary Care. A Local Quality Contract (LQC) is commissioned from General Practice via an NHS Standard Contract. This paper describes the process and outcomes for validation of the Phase 5 LQC.	
Recommendation The Primary Care Commissioning Committee is asked to note the content of this report.	Note <input checked="" type="checkbox"/> Approve <input 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
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Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees				

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 October 2020

1. Introduction and Background

Phase 5 Local Quality Contract (LQC) has been commissioned from General Practice via an NHS Standard Contract (NHSSC) to cover the period 1st April 2019 to 31st March 2020. This investment enables the CCG to set a guaranteed income per patient for delivery of standards over and above the GMS/PMS and APMS core contract.

South Sefton CCG is committed to the continuous improvement of general practice through the development of the LQC. The standards developed for 2019/20 took into consideration the agreed level of funding available, local clinical feedback, and key areas of priority.

The intention is for the LQC to deliver schemes which result in quality improvements, efficiencies in spend elsewhere in the health economy, and sustainability of general practice.

2. Engagement

Practices had to submit information on the approved validation template no later than the last working day in June 2020, information from quarterly invoices submitted by practices was also used. These enabled practices to identify where KPIs did not reach the specified level of achievement, support achievements with any relevant practice data, and provide an explanation and proposed action plan for any KPI where the practice did not reach the specified level of achievement.

The validation panel met in July 2020. The panel consisted of the primary care clinical lead from the neighbouring CCG, a CCG lay member, a member of the finance team, a member of the medicines management team, members of the primary care team, and a Sefton LMC representative.

Outcomes of the validation were fed back to individual practices.

In respect of any practice where the panel did not feel the evidence submitted was sufficient, the practice were contacted to provide further information within 5 working days.

An appeals process was available for any practice if required.

3. Validation Outcome

- All practices submitted information for the validation panel to consider
- 9 practices were required to clarify or submit further information to complete the validation process
- Validation was completed for all GP practices
- The appeals process was not required

Overview of Validation Outcome

Criteria	Access Workforce 23%	COPD prevalence 3%	COPD review 10%	Use of resources 23%	Medicine Management 31%
Achievement by all Practice	100%	97%	100%	100%	100%

COPD Questionnaires 10% (Achievement was based on a sliding scale)					
<40% completed	40-49% completed	50-59% completed	60-69% completed	70-79% completed	>80% completed
49%	10%	10%	7%	10%	14%

4. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020	
Agenda Item: 20/67	Author of the Paper:
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379
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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.
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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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees				

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
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Report to the Primary Care Commissioning Committee in Common October 2020

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Outcomes of the validation were fed back to individual practices.

In respect of any practice where the panel did not feel the evidence submitted was sufficient, the practice were contacted to provide further information within 5 working days.

An appeals process was available for any practice if required.

3. Validation

- All practices submitted information for the validation panel to consider
- 2 practices were required to clarify or submit further information to complete the validation process
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- The appeals process was not required

Overview of Validation Outcome

Criteria	Access Workforce 23%	COPD prevalence 3%	COPD review 10%	Use of resources 23%	Medicine Management 31%
Achievement by all Practice	100%	100%	100%	100%	100%

COPD Questionnaires 10% (Achievement was based on a sliding scale)					
<40% completed	40-49% completed	50-59% completed	60-69% completed	70-79% completed	>80% completed
11%	11%	17%	5%	0%	56%

4. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/68	Author of the Paper:						
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379						
Title: LQC Participation Phase 6							
Summary/Key Issues: Recognising the impact of the COVID 19 pandemic, the Phase 6 Local Quality Contract (LQC) was revised and circulated to general practice on July 20 th 2020. The LQC comprises 3 elements that practices were asked to consider for participation (as participation for general practice is optional): <ul style="list-style-type: none"> Part 1 – A set of indicators with KPI's attached, all services within Part 1 are mandatory on sign up in order for practices to become eligible to participate in Part 2 and Part 3 schemes Part 2 – Additional activity based schemes which are offered to every practice and are optional for practice participation Part 3 – Services to be delivered from at least one provider according to patient population needs. 							
The information below summarises the participation from South Sefton GP practices							
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	<table style="border: none;"> <tr> <td style="padding: 2px;">Note</td> <td style="text-align: center; border: 1px solid black; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 20px;"></td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

Links to Corporate Objectives 20/21	
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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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees				

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 October 2020

1. Phase 6 LQC Participation

Each line represents a GP practice; all GP practices in South Sefton are participating in the LQC.

	Part 1			Part 2									Part 3	
	Good Practice Standards Assurance that practices are compliant	Part 1	Confirmation of a practice flu plan	Phlebotomy	Primary Care prescribing (Shared Care)	Drug Administration	Covert Drug Administration	Dementia	SMI	Safeguarding Children and Adults at Risk	Root Cause Analysis	ABPI	Syrian Vulnerable Persons Resettlement Scheme	
N84001	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84002	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84003	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84004	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84007	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84010	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84011	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84015	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84026	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84027	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84028	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84029	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84034	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84035	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84038	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84041	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84043	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84605	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84615	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84621	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84624	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84626	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
N84627	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
N84630	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Y00446	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	

2. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020							
Agenda Item: 20/68	Author of the Paper:						
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379						
Title: LQC Participation Phase 6							
<p>Summary/Key Issues:</p> <p>Recognising the impact of the COVID 19 pandemic, the Phase 6 Local Quality Contract (LQC) was revised and circulated to general practice on July 20th 2020.</p> <p>The LQC comprises 3 elements that practices were asked to consider for participation (as participation for general practice is optional):</p> <ul style="list-style-type: none"> • Part 1 – A set of indicators with KPI's attached, all services within Part 1 are mandatory on sign up in order for practices to become eligible to participate in Part 2 and Part 3 schemes • Part 2 – Additional activity based schemes which are offered to every practice and are optional for practice participation • Part 3 – Services to be delivered from at least one provider according to patient population needs. <p>The information below summarises the participation from Southport and Formby GP practices.</p>							
<p>Recommendation</p> <p>The Primary Care Commissioning Committee is asked to note the content of the report.</p>							
	<table border="1" style="margin-left: auto;"> <tr><td>Note</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees				

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 October 2020

1. Phase 6 LQC Participation

Each line represents a GP practice, all GP practices in Southport and Formby are participating in the LQC.

	Part 1			Part 2								Part 3		
	Good Practice Standards Assurance that practices are compliant	Part 1	Confirmation of a practice flu plan	Phlebotomy	Primary Care prescribing (Shared Care)	Drug Administration	Covert Drug Administration	Dementia	SMI	Safeguarding Children and Adults at Risk	Root Cause Analysis	Frailty Care Plans	Travellers	Syrian Vulnerable Persons Resettlement Scheme
N84005	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84006	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84008	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84037	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84511	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84513	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84514	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84517	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84518	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84525	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

2. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/70	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286						
Report date: October 2020							
Title: GP Patient Survey 2020							
<p>Summary/Key Issues:</p> <p>The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.</p> <p>The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.</p> <p>The paper highlights the key indicators and describes plans to act on the results.</p>							
<p>Recommendation</p> <p>The Primary Care Commissioning Committee in Common is asked to note the content of this report.</p>	<table style="border-collapse: collapse;"> <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;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black;"></td> </tr> </table>	Note	X	Approve		Ratify	
Note	X						
Approve							
Ratify							

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.
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.
	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				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

In the CCG, 11,530 questionnaires were sent out, and 3,252 were returned completed. This represents a response rate of 28%. The survey was undertaken between January – March 20 therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.

The GP Patient Survey measures patients' experiences across a range of topics, including:

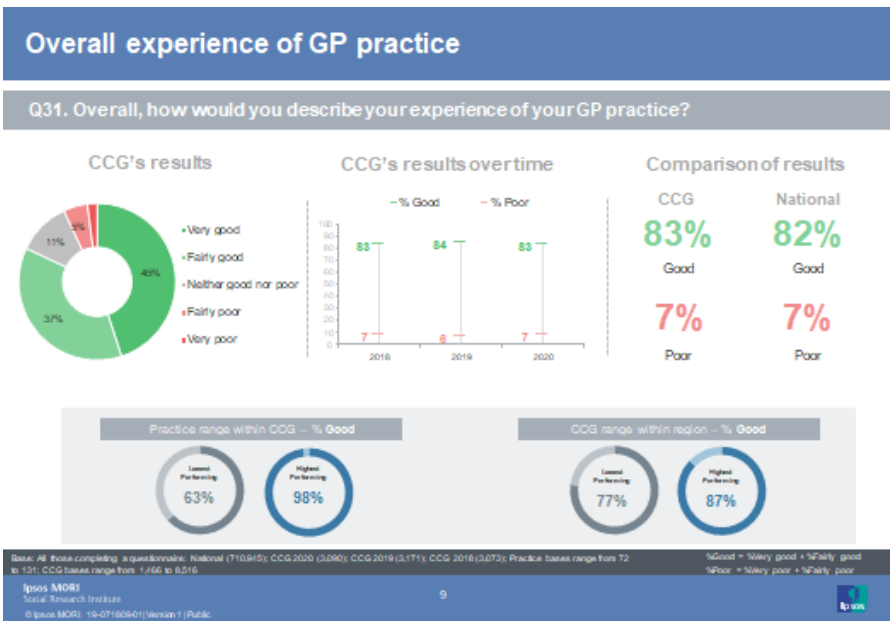
- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience
- Your health
- When your GP practice is closed
- NHS Dentistry
- Some questions about you
-

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. However it does have limitations as the sample sizes at practice level are relatively small and the survey does not include qualitative data, which limits the detail provided by the results.

The data provide a snapshot of patient experience at a given time, and are updated annually. Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.

The full slide pack is included with this report.

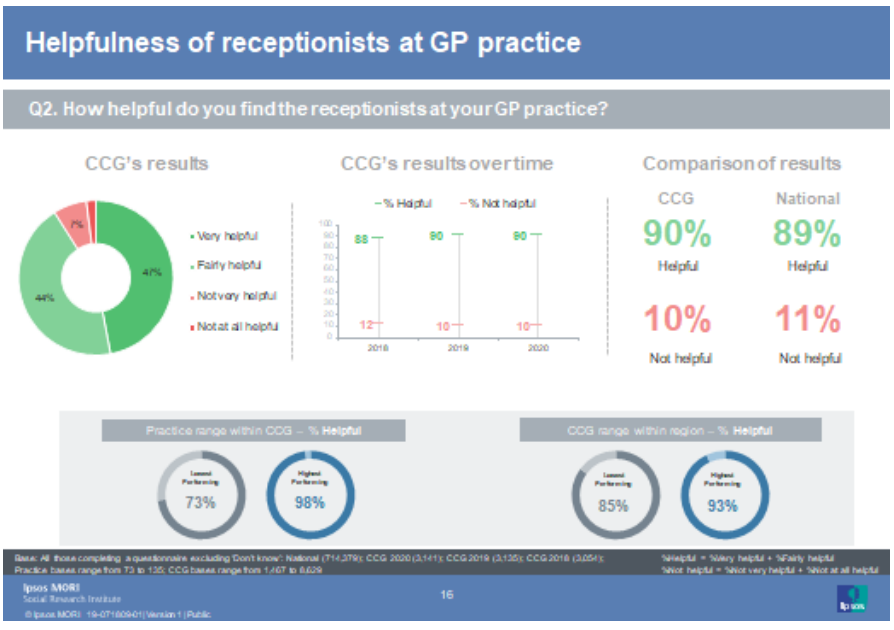
2. Key Results



The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.

This year's overall performance shows a slight reduction of 1.1% points on the 2019 score of 83.7%. This reduction is typical of the CCGs in our area, with only West Lancashire CCG achieving a higher score compared to 2019. The England average is 81.8% and shows a reduction of 1.2% to the previous year's score. At a national level SSCCG sit just above the England average and are ranked 56th out of the 135 CCGs that completed the GP Patient Survey (GPPS).

The overall CCG achievement helps to provide context when we dig deeper and review individual practice performance.



The CCG performs well and has maintained its position from previous years.

Access and Choice

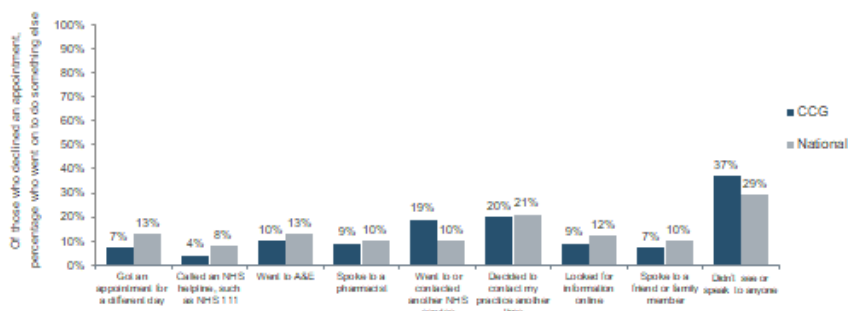
In relation to access, for the question 'Ease of Getting Through on the Phone' the CCG score was below the national average, with 60% of patients describing it as easy, this is a reduction from previous years. Since the COVID pandemic access to GPs has changed significantly with many other digital options being available. Other indicators relating to this include: awareness of on-line services, on-line use and ease of use all of which have increased since this survey was undertaken.

Choice of appointment

The CCG scores below the national average for the choice of appointment offered (53% compared with 60% satisfaction nationally) yet of those who took the appointment offered, 73% were satisfied with this (this is the same as national average). This is another indicator that will have been affected by changes introduced to access as a result of COVID.

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one); National (34,809); CCG 2020 (178)

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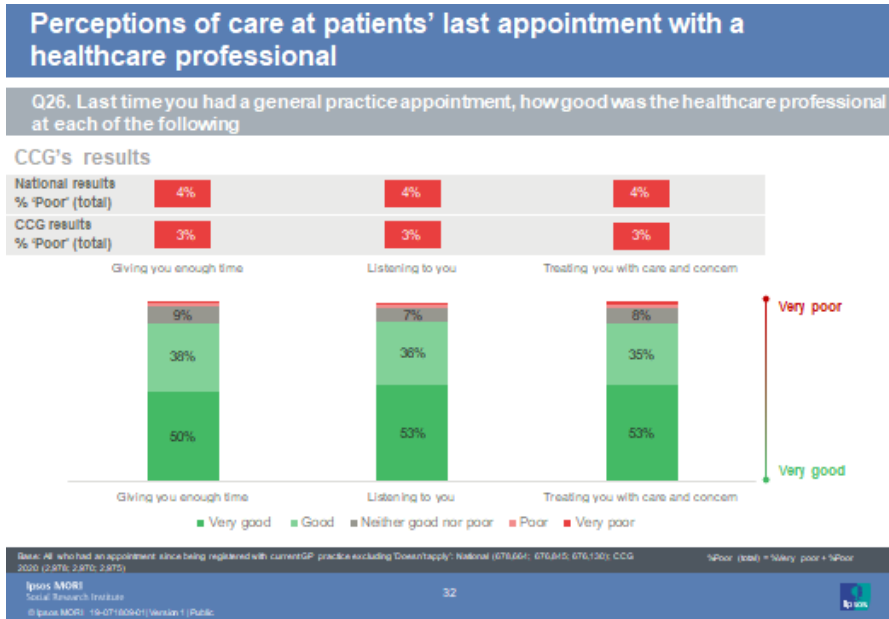
28



When asked about alternatives if patients chose not to take the appointment offered, the majority of patients contacted the practice on another occasion or accessed other NHS services. 10% chose to visit A&E which, whilst less than the national average, is not always the best option and further work can be done to offer alternatives such as 'NHS 111 first' scheme.

Quality of care.

When asked about how patients perceived the care they received the CCG scores well for 'Giving you enough time,' 'Being listened to,' and 'Treated with care and concern'. The CCG also scores above the national average for recognising mental health needs.



3. Conclusions

The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.

The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.

4. Recommendations

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

Jan Leonard
Director of Place
October 2020

GP PATIENT SURVEY

NHS SOUTH SEFTON CCG

Latest survey results

2020 survey publication

Version 1 | Public

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[Perceptions of care at patients' last appointment](#)

[Managing health conditions](#)

[Satisfaction with general practice appointment times](#)

[Services when GP practice is closed](#)

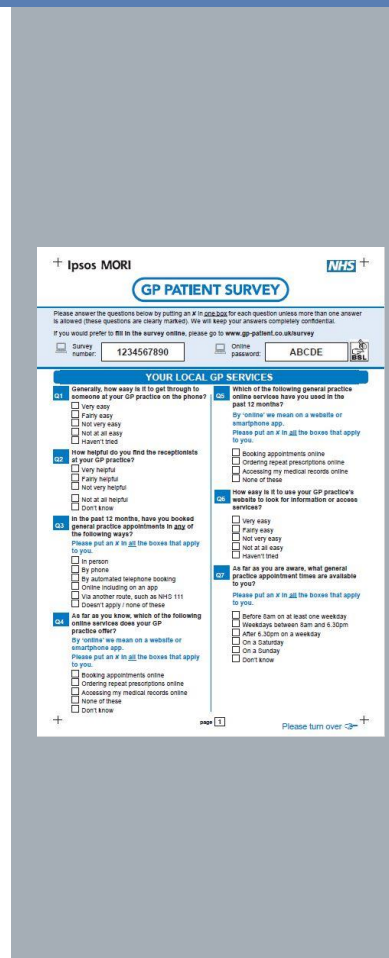
[Statistical reliability](#)

[Want to know more?](#)

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SOUTH SEFTON CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SOUTH SEFTON CCG, **11,530** questionnaires were sent out, and **3,252** were returned completed. This represents a response rate of **28%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.



Introduction

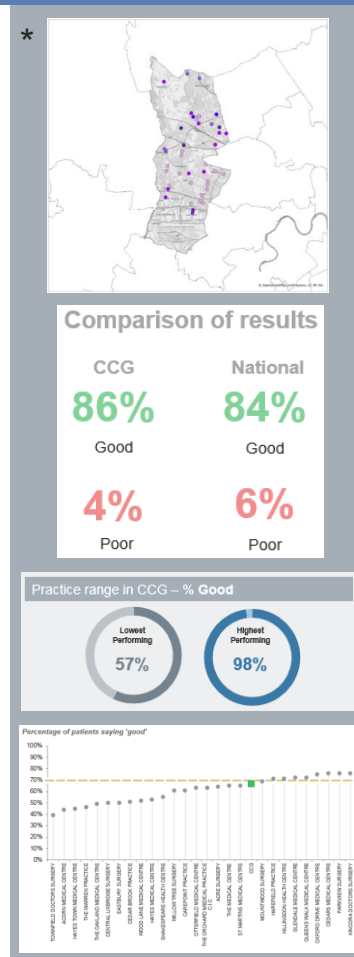
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here: <https://www.england.nhs.uk/about/regional-area-teams/>

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

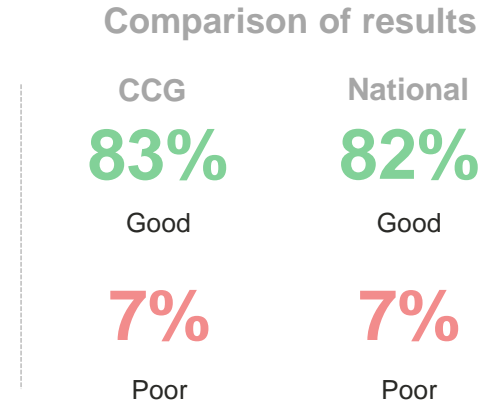
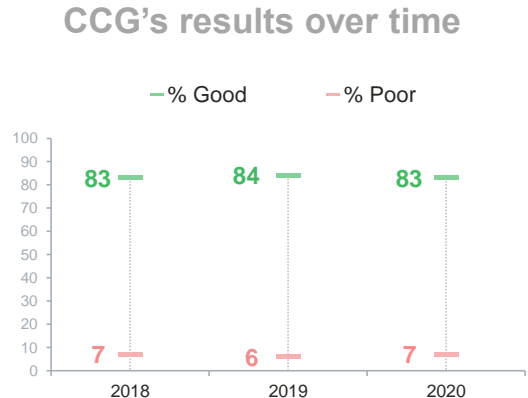
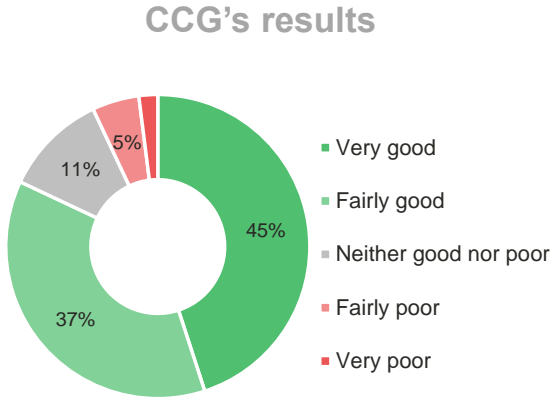
100%

Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?



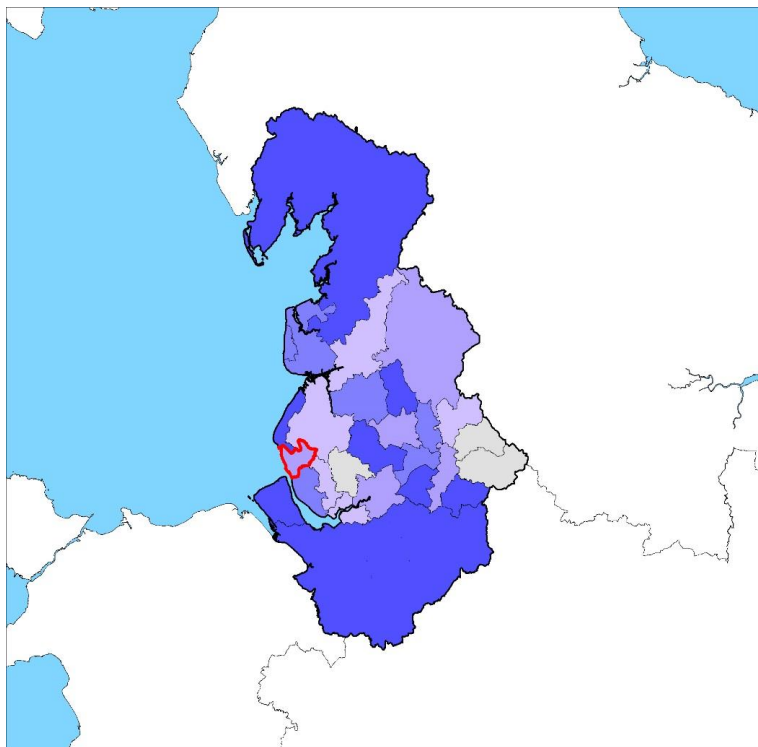
Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); CCG 2019 (3,171); CCG 2018 (3,073); Practice bases range from 72 to 131; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good

Dark Blue	85.2 up to 89.3
Medium Blue	82.7 up to 85.2
Light Blue	80.6 up to 82.7
Very Light Blue	78.3 up to 80.6
Grey	70.5 up to 78.3

Results range from

77%
to
87%

The CCG represented by this pack is highlighted in red

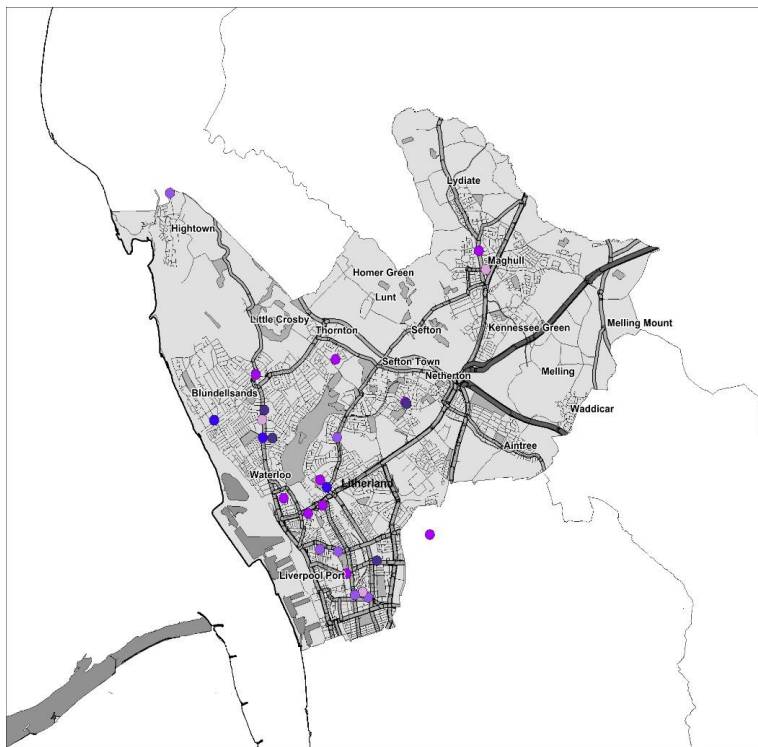
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,466 to 8,516 %Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
% Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

63%
to
98%

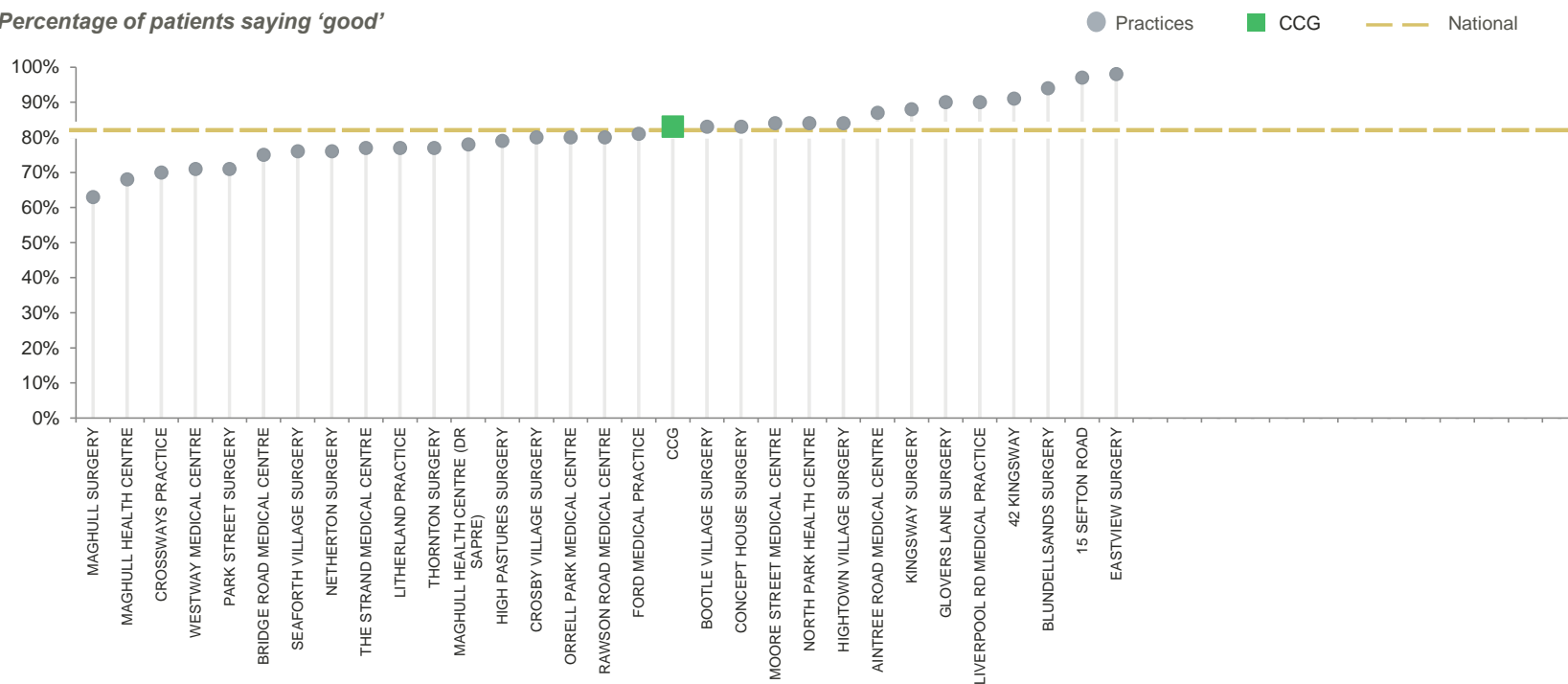
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 72 to 131 %Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

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Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); Practice bases range from 72 to 131

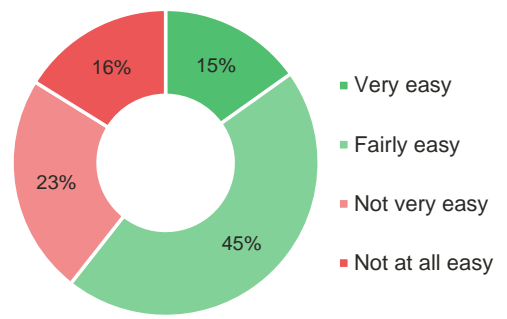
%Good = %Very good + %Fairly good

Local GP services

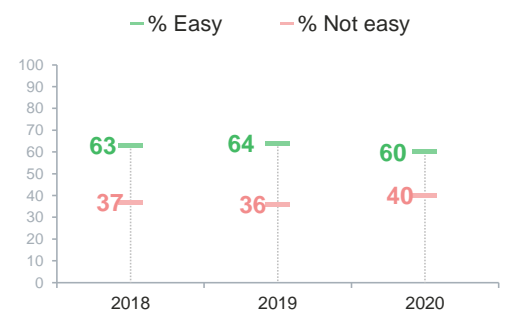
Ease of getting through to GP practice on the phone

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

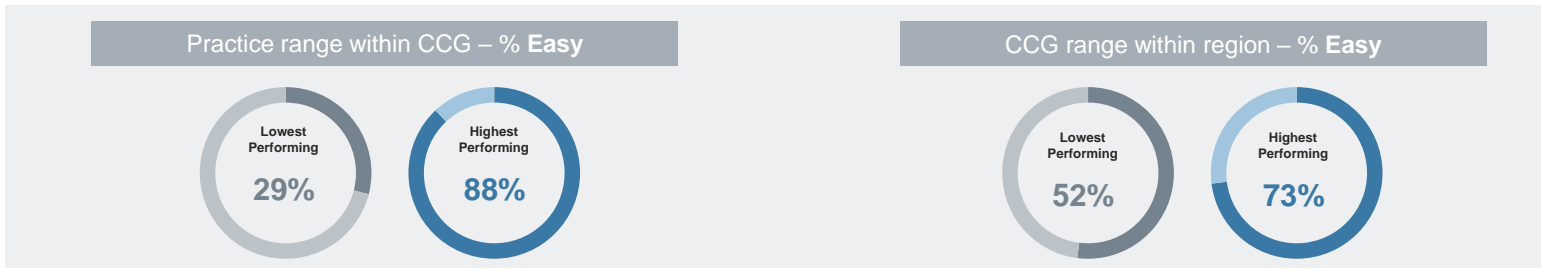
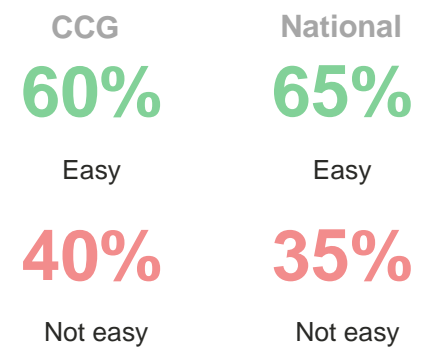
CCG's results



CCG's results over time



Comparison of results



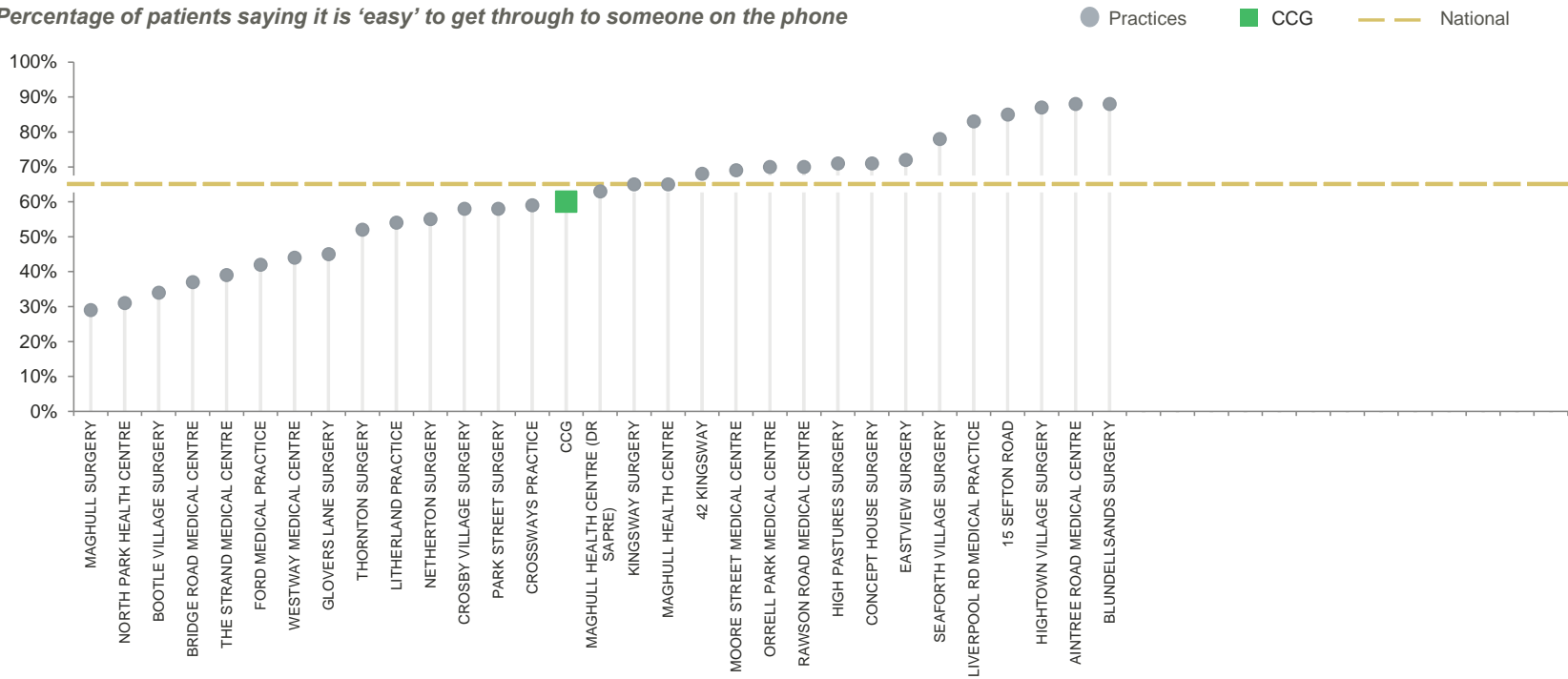
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); CCG 2019 (3,103); CCG 2018 (3,029); Practice bases range from 67 to 130; CCG bases range from 1,443 to 8,498

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

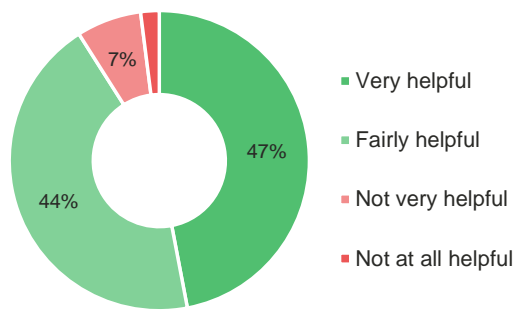
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); Practice bases range from 67 to 130

%Easy = %Very easy + %Fairly easy

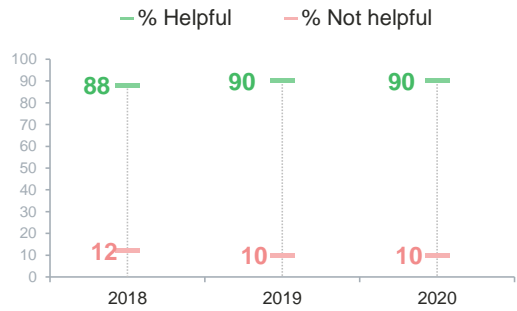
Helpfulness of receptionists at GP practice

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

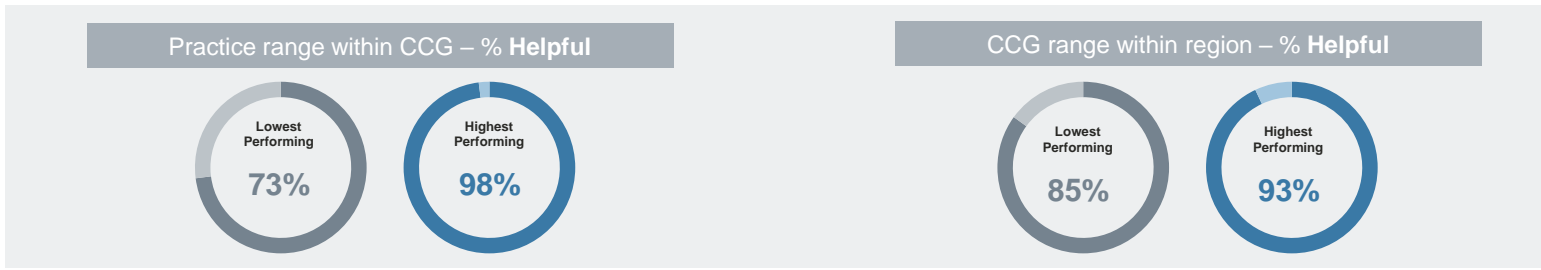
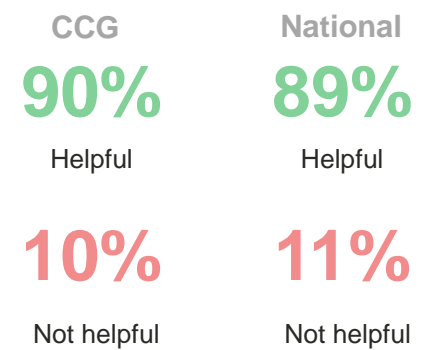
CCG's results



CCG's results over time



Comparison of results

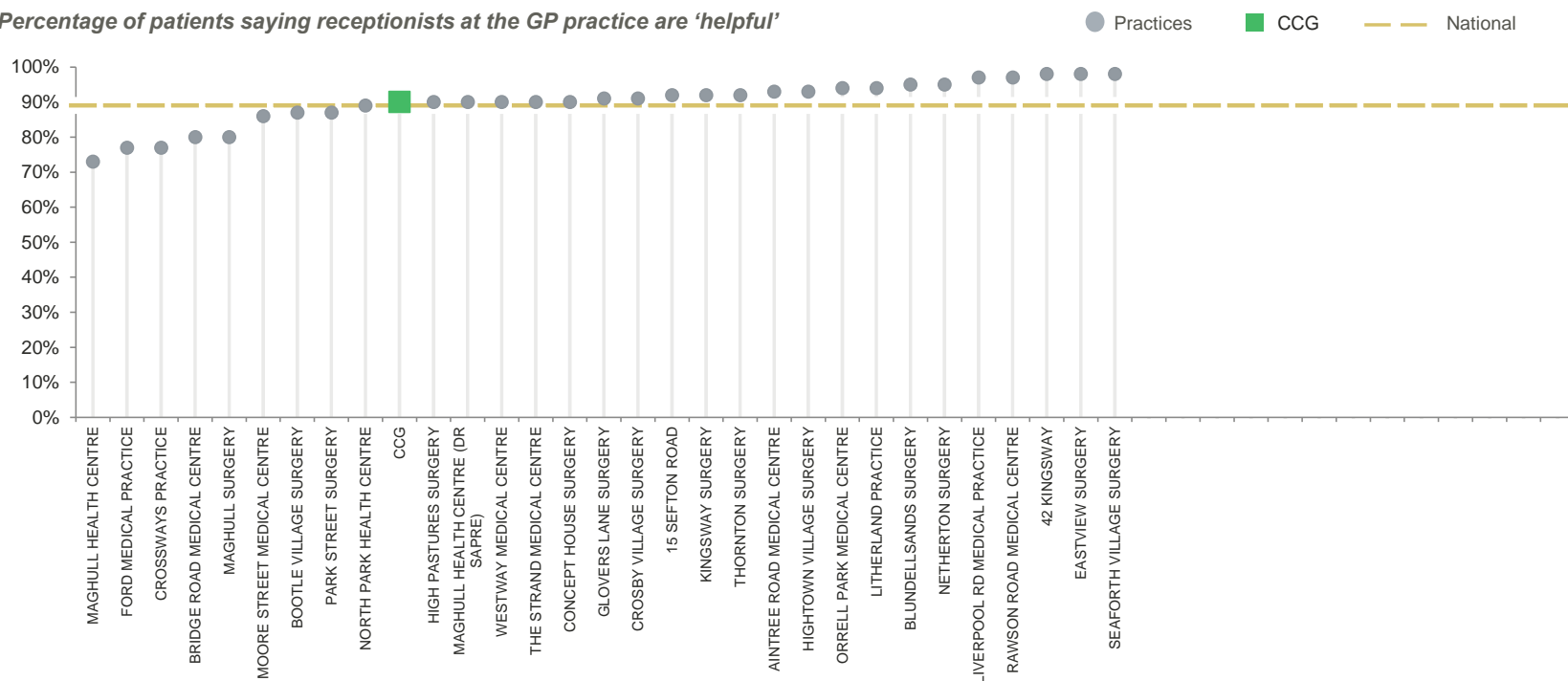


Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); CCG 2019 (3,135); CCG 2018 (3,054); Practice bases range from 73 to 135; CCG bases range from 1,467 to 8,629
 %Helpful = %Very helpful + %Fairly helpful
 %Not helpful = %Not very helpful + %Not at all helpful

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

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

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



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); Practice bases range from 73 to 135

%Helpful = %Very helpful + %Fairly helpful

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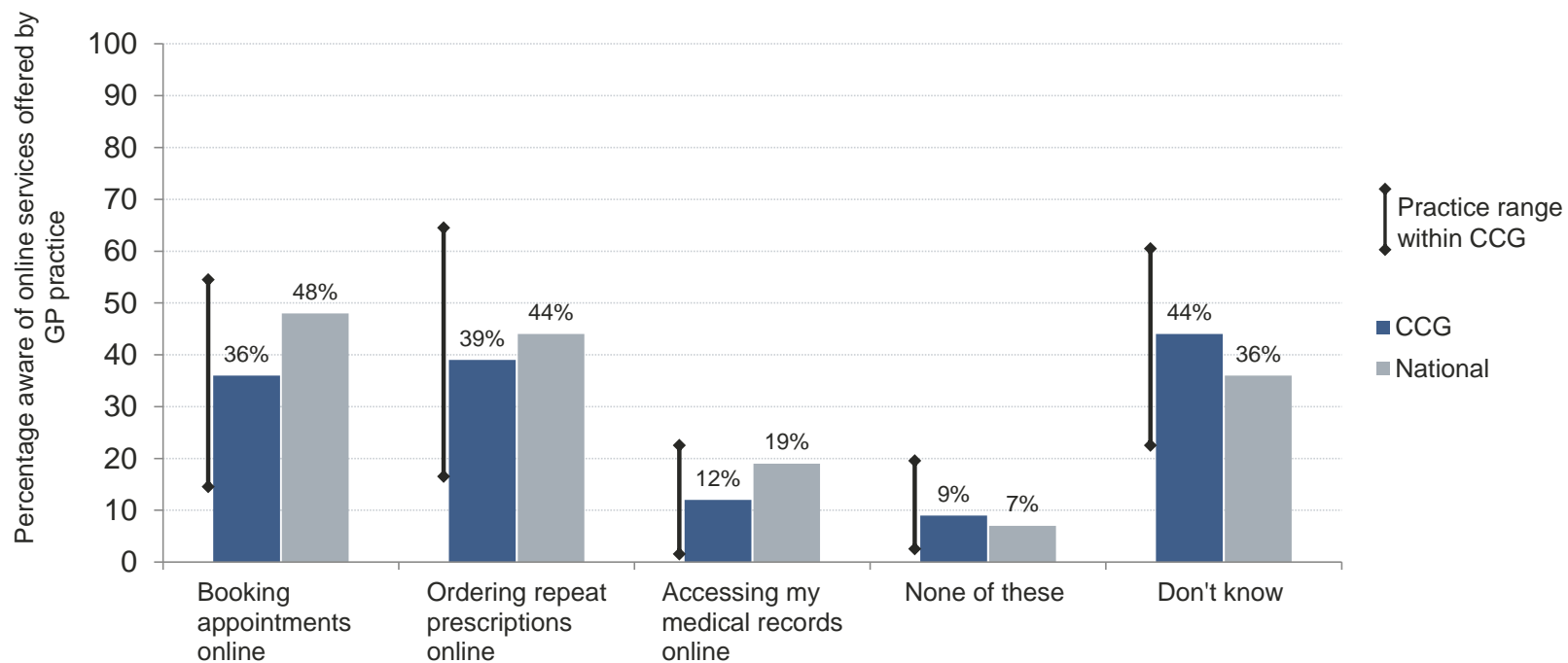
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Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

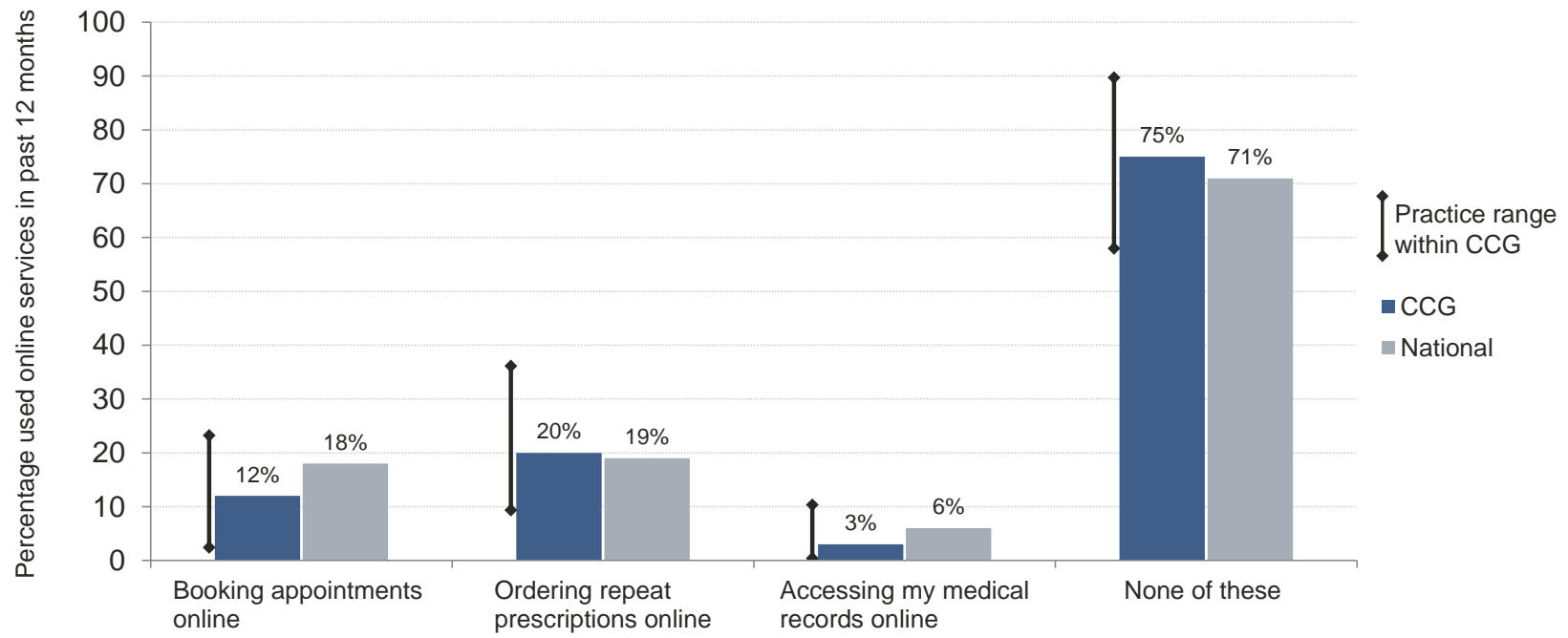


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (3,143); Practice bases range from 69 to 132

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



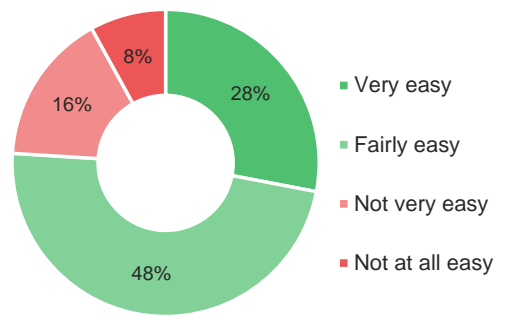
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (3,162); Practice bases range from 71 to 132

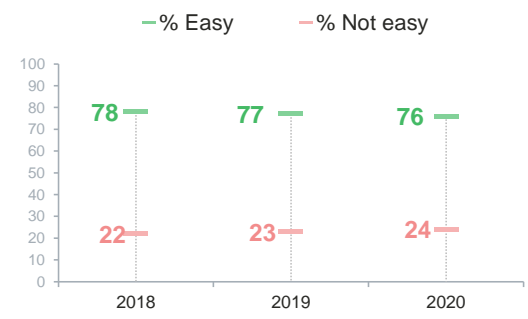
Ease of use of online services

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

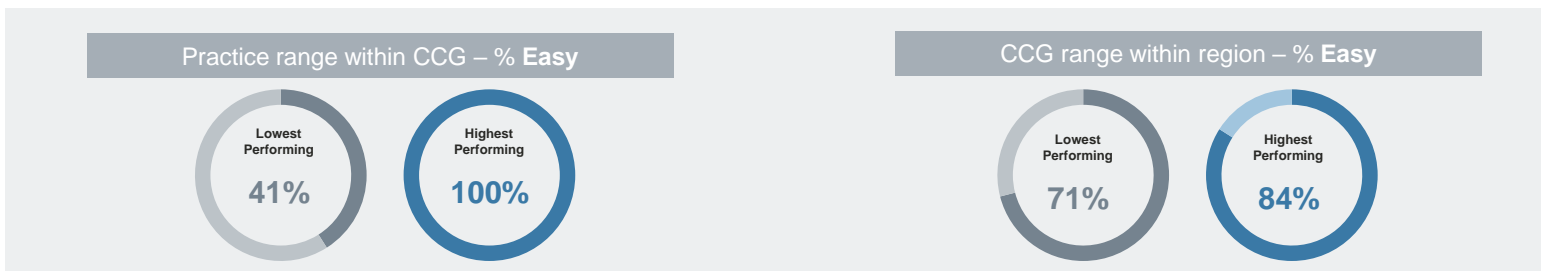
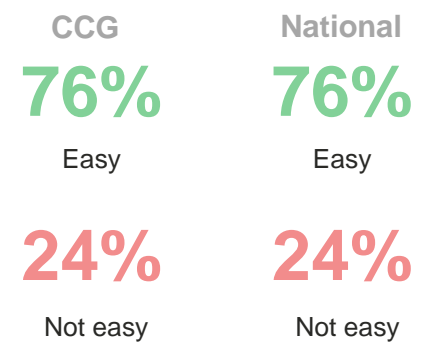
CCG's results



CCG's results over time



Comparison of results



*Those who say 'Haven't tried' (69%) have been excluded from these results.

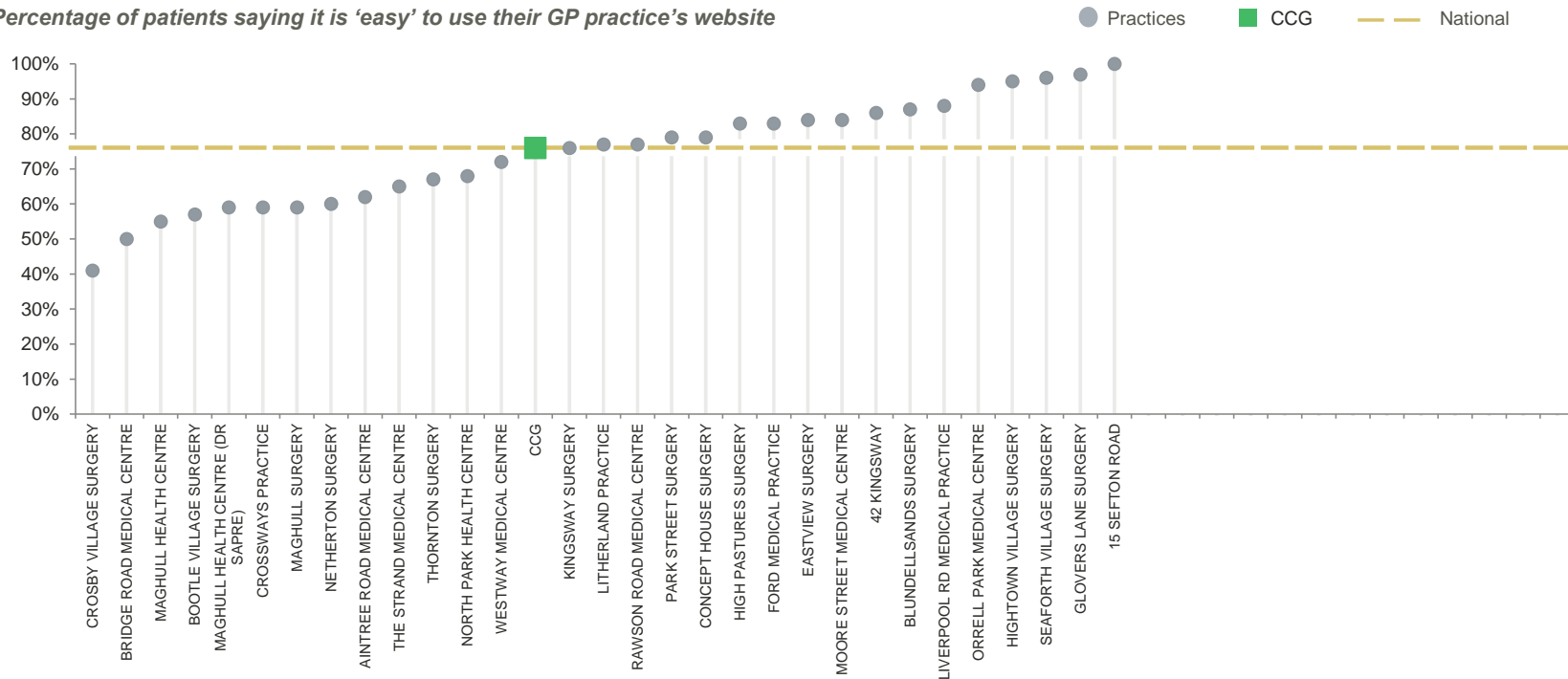
Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); CCG 2019 (779); CCG 2018 (763); Practice bases range from 17 to 47; CCG bases range from 565 to 3,419

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); Practice bases range from 17 to 47

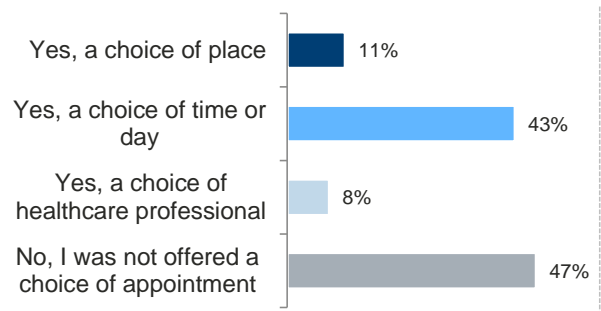
%Easy = %Very easy + %Fairly easy

Making an appointment

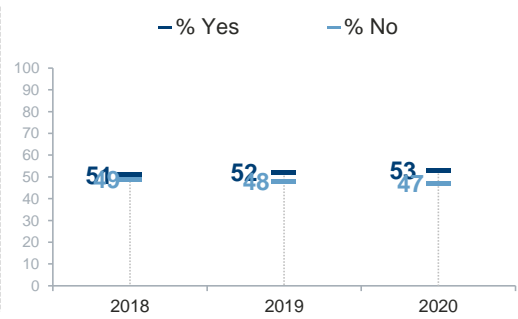
Choice of appointment

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

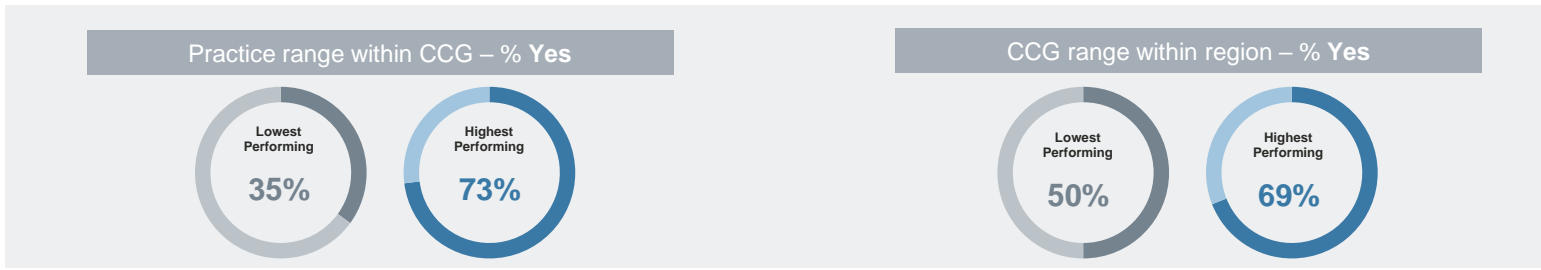
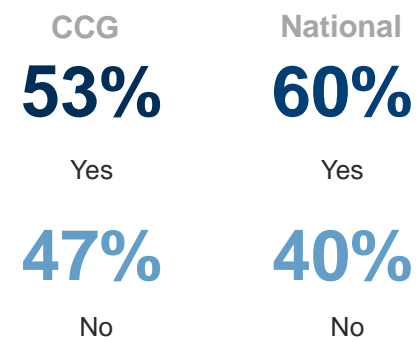
CCG's results



CCG's results over time



Comparison of results



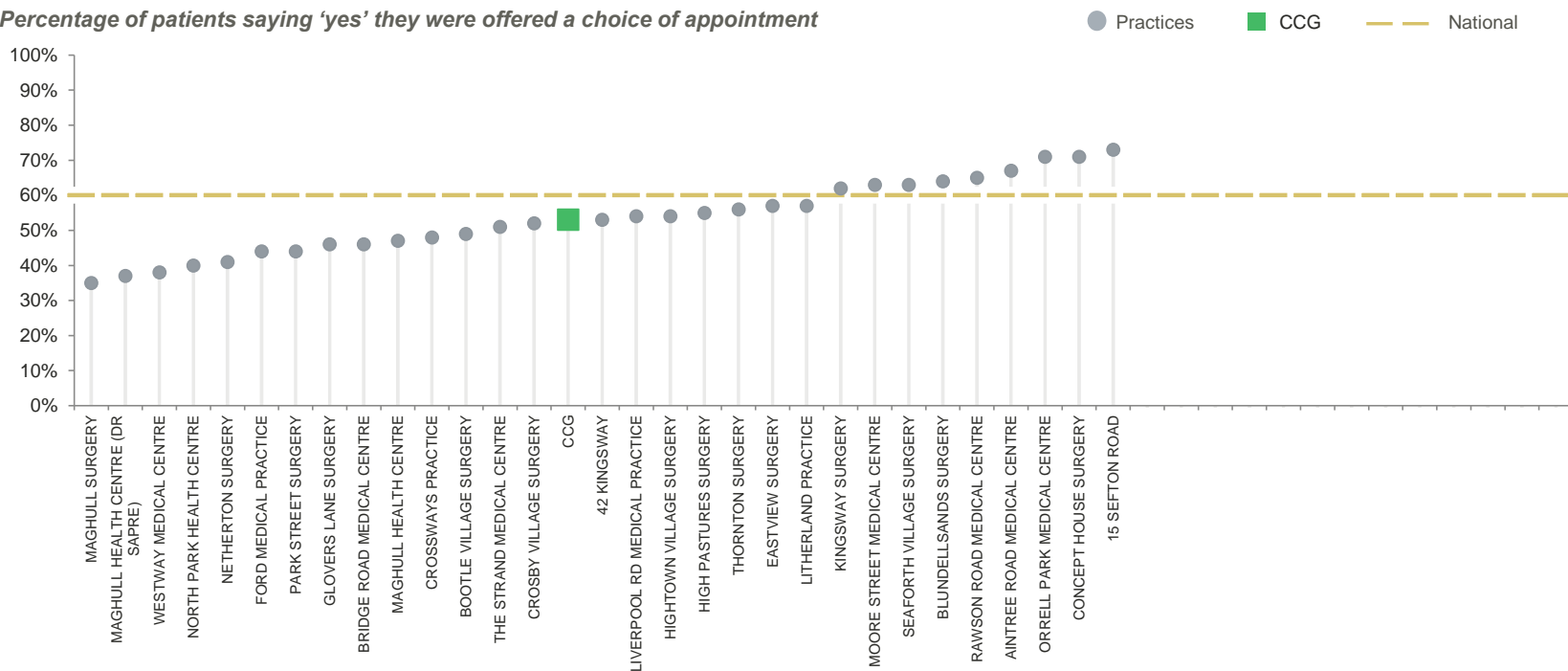
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); CCG 2019 (2,449); CCG 2018 (2,351); Practice bases range from 54 to 110; CCG bases range from 1,181 to 6,807

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

Choice of appointment: how the CCG's practices compare

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

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



Comparisons are indicative only: differences may not be statistically significant

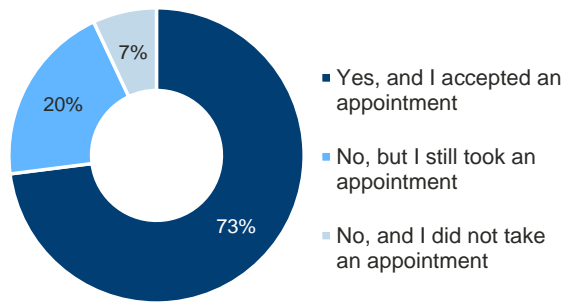
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); Practice bases range from 54 to 110

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

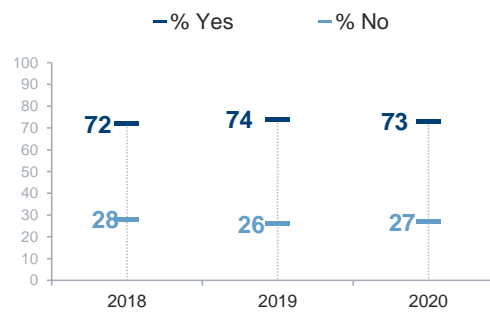
Satisfaction with appointment offered

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

CCG's results

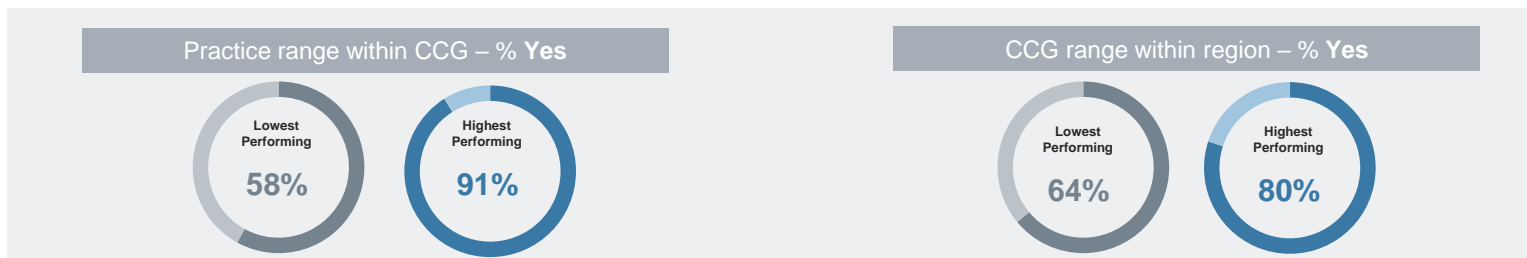


CCG's results over time



Comparison of results

CCG	National
73% Yes, took appt	73% Yes, took appt
20% No, took appt	21% No, took appt
7% No, didn't take appt	7% No, didn't take appt



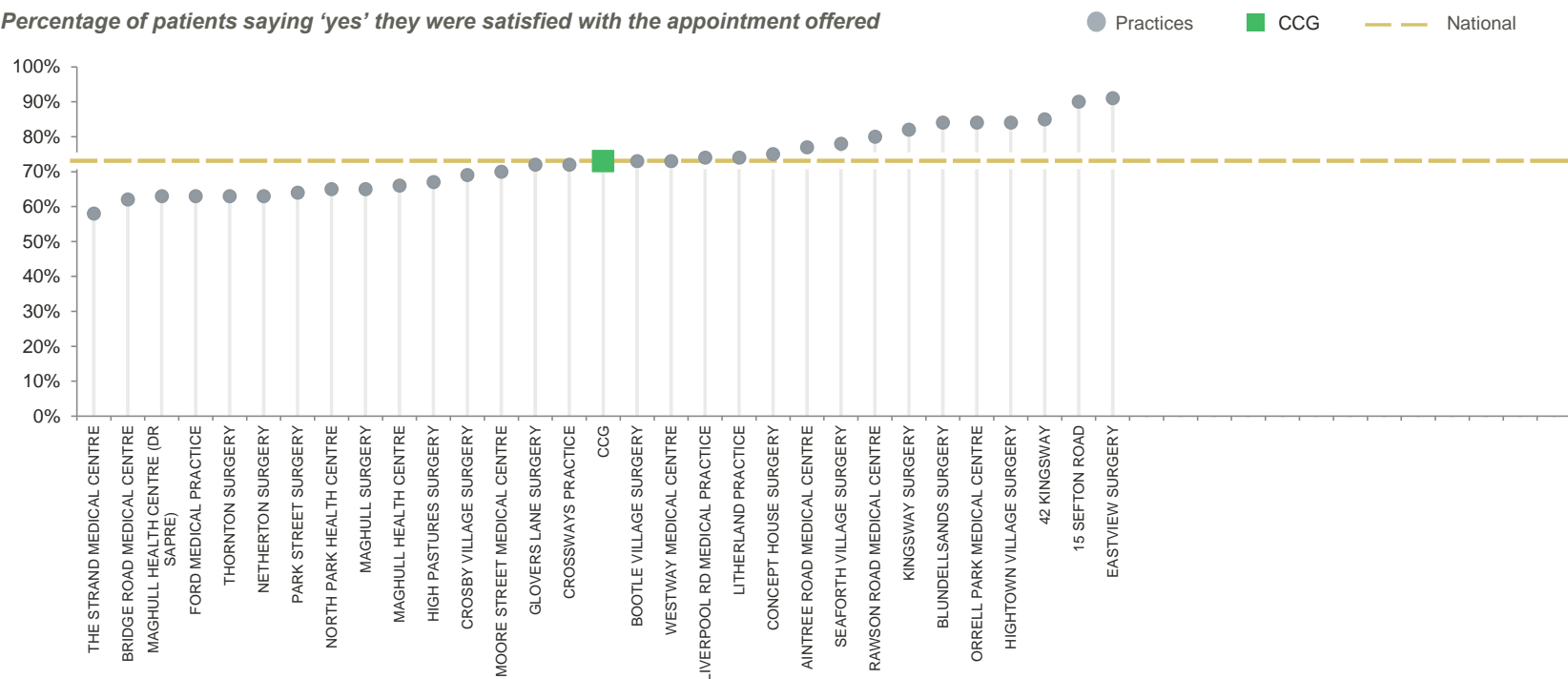
Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); CCG 2019 (2,942); CCG 2018 (2,866); Practice bases range from 66 to 128; CCG bases range from 1,404 to 8,159

%No = %No, but I still took an appointment + %No, and I did not take an appointment

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

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

Percentage of patients saying 'yes' they were satisfied with the appointment offered

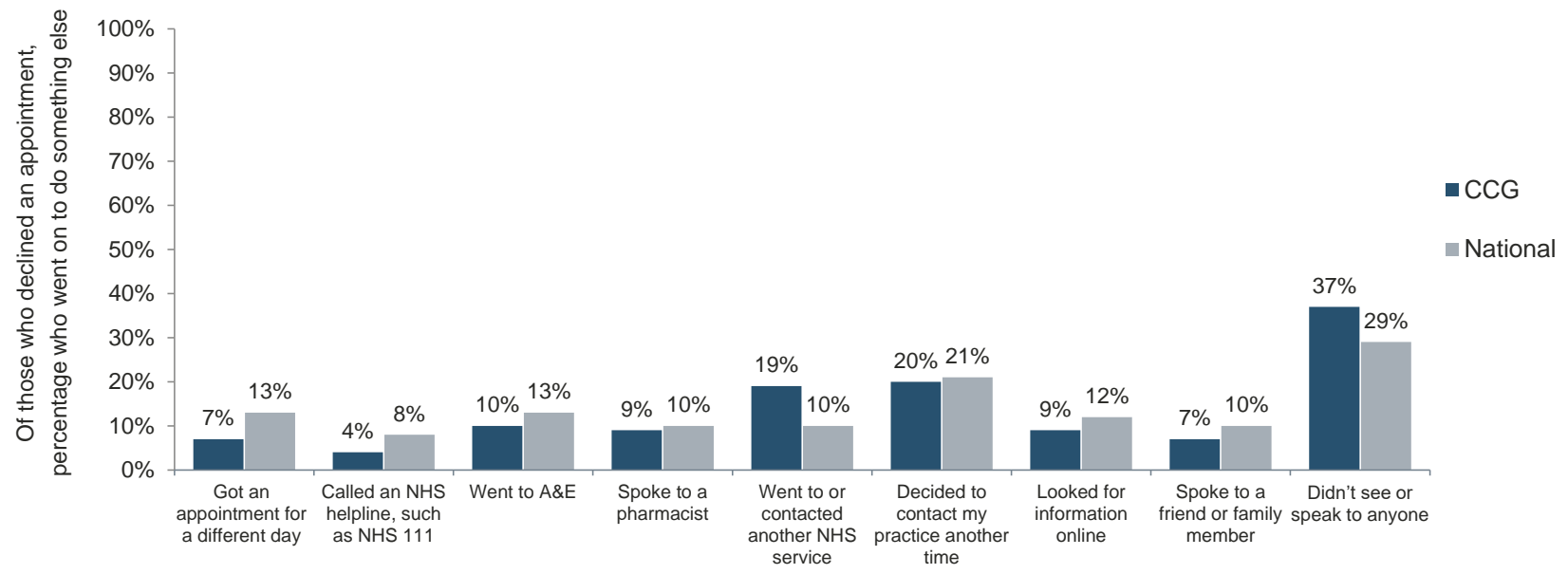


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); Practice bases range from 66 to 128

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



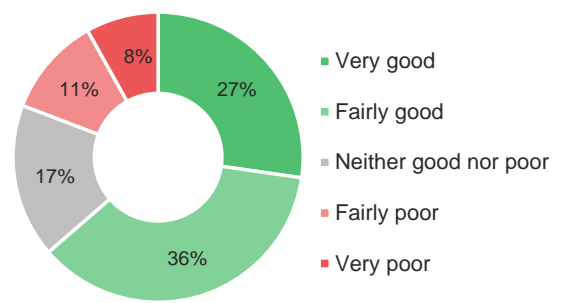
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (178)

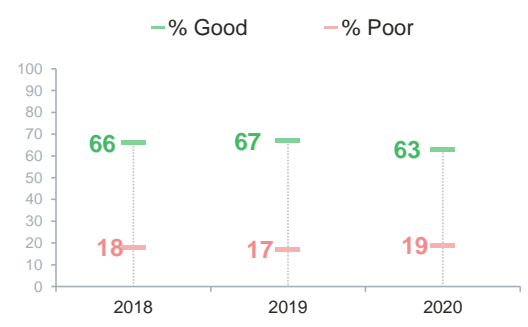
Overall experience of making an appointment

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

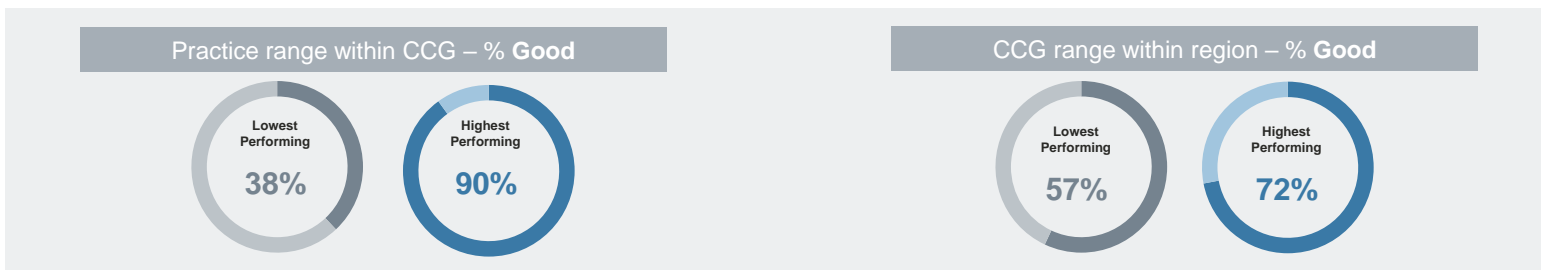
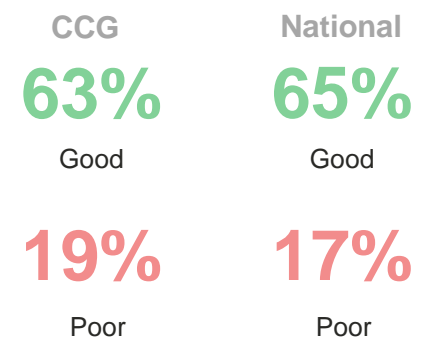
CCG's results



CCG's results over time



Comparison of results



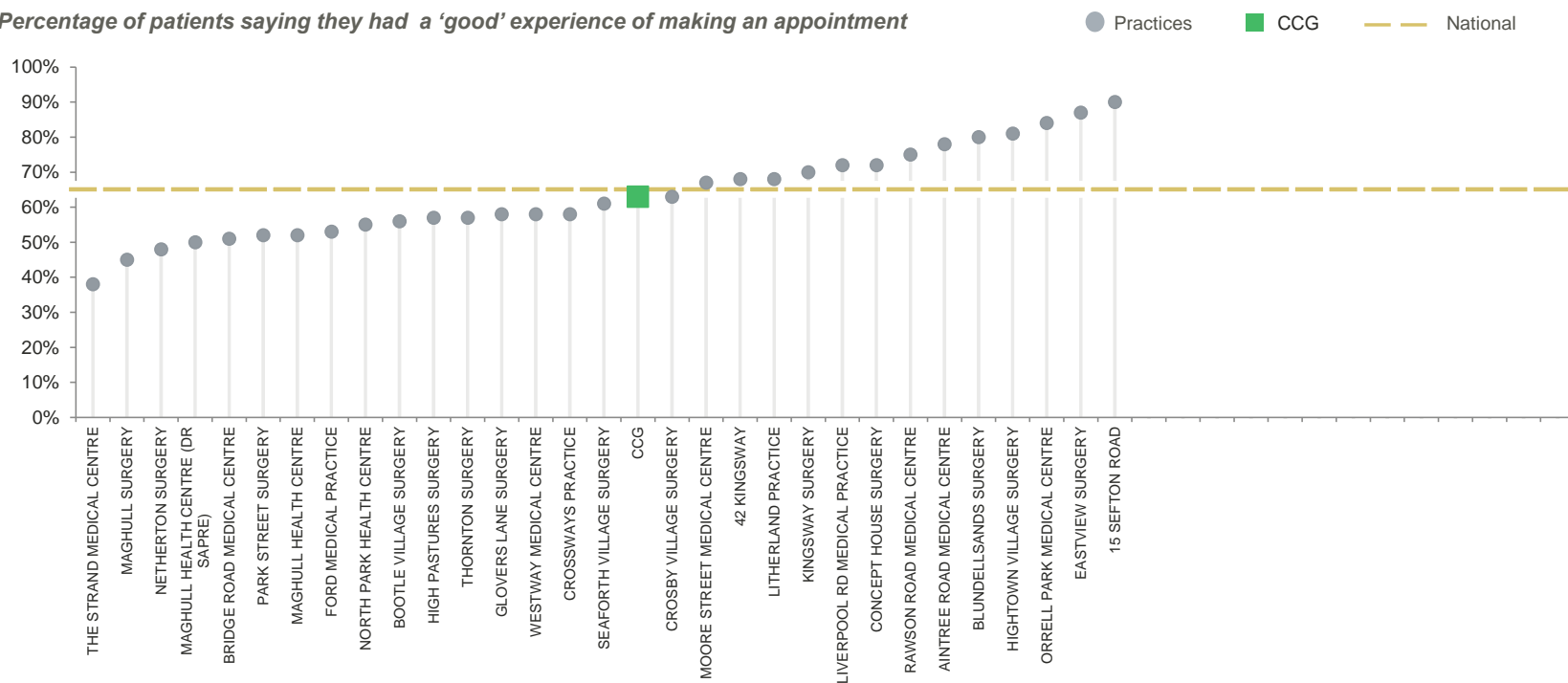
Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); CCG 2019 (2,916); CCG 2018 (2,822); Practice bases range from 68 to 124; CCG bases range from 1,390 to 8,057

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

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

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

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); Practice bases range from 68 to 124

%Good = %Very good + %Fairly good

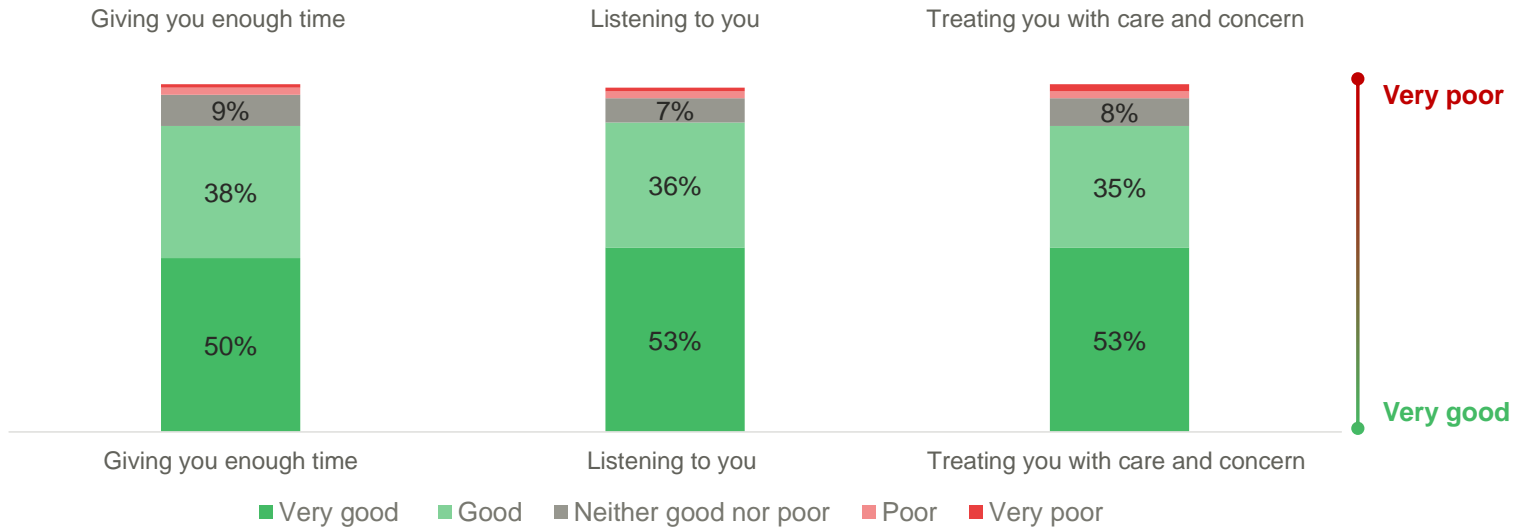
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	3%	3%	3%
% 'Poor' (total)	3%	3%	3%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (2,978; 2,970; 2,975) %Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	7%	4%	5%
% 'No, not at all'			

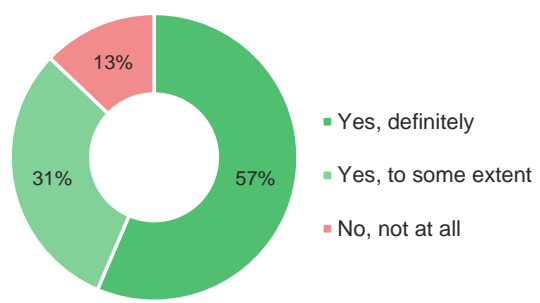


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (603,943; 667,229; 663,675); CCG 2020 (2,656; 2,932; 2,902)

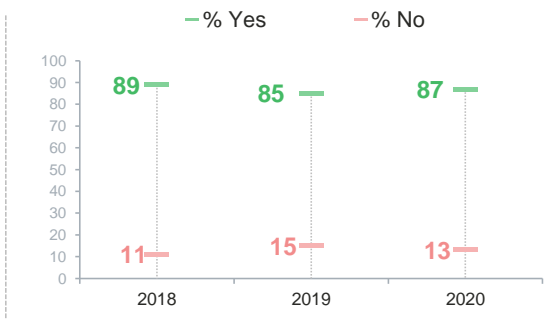
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

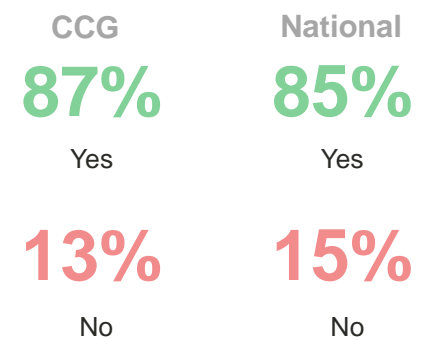
CCG's results



CCG's results over time



Comparison of results



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,270); CCG 2019 (1,193); CCG 2018 (1,175); Practice bases range from 27 to 62; CCG bases range from 554 to 3,765

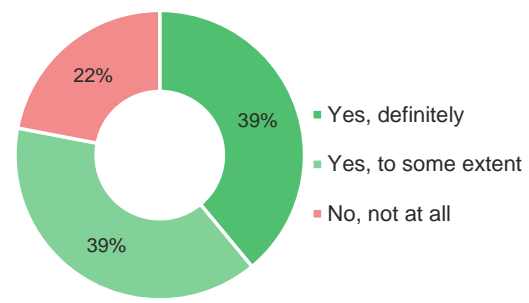
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

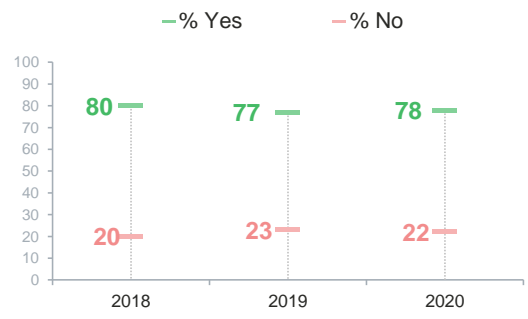
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

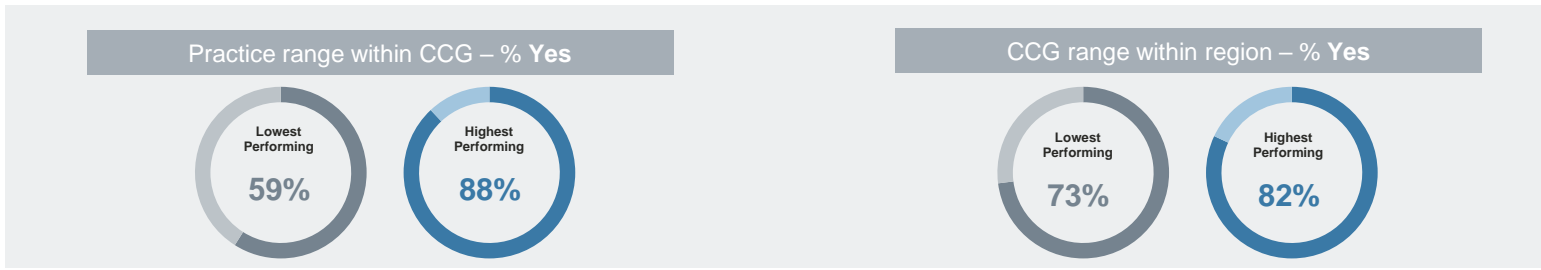
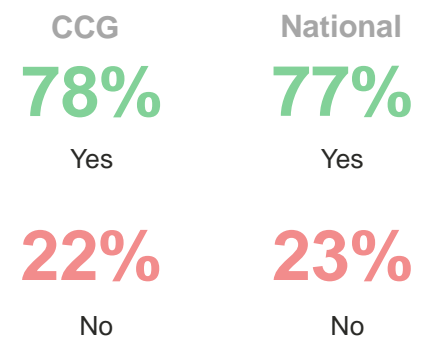
CCG's results



CCG's results over time



Comparison of results

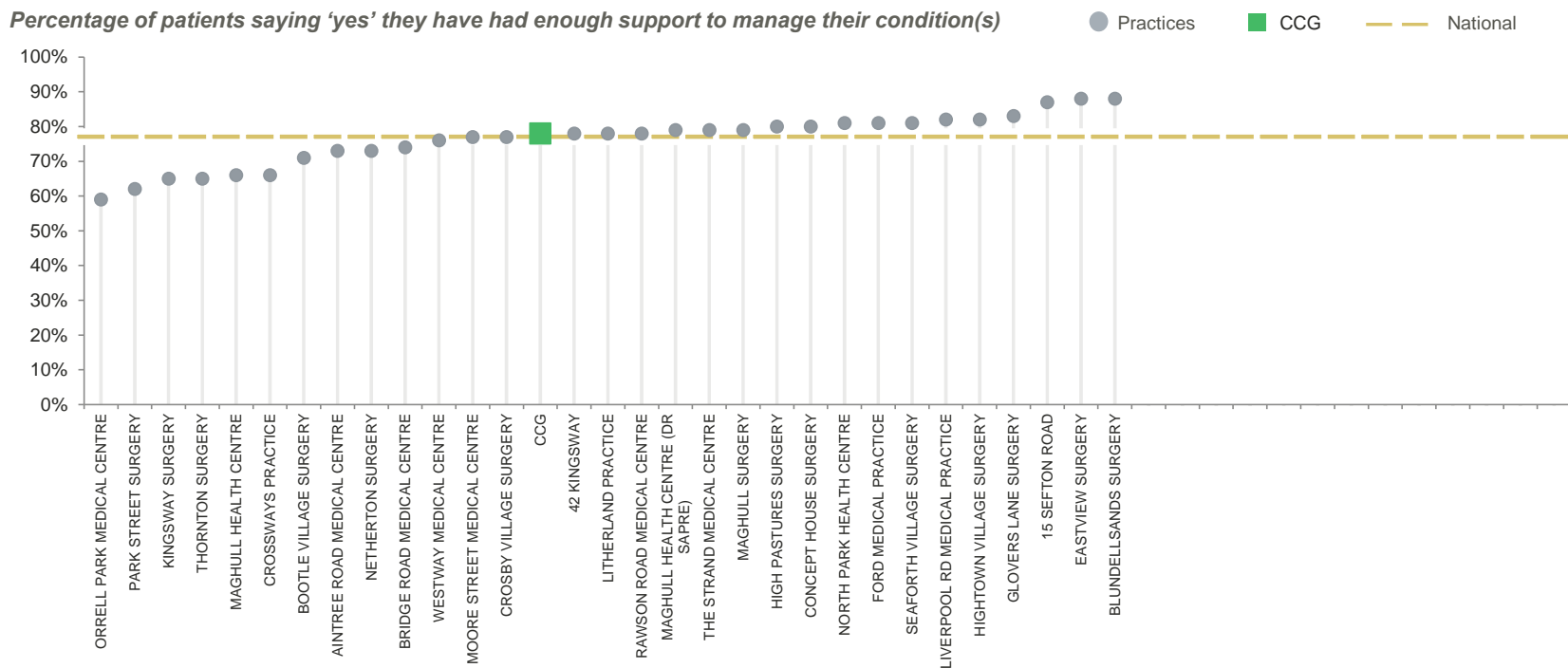


Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say'; National (279,703); CCG 2020 (1,392); CCG 2019 (1,374); CCG 2018 (1,312); Practice bases range from 26 to 63; CCG bases range from 644 to 3,830

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,392); Practice bases range from 26 to 63

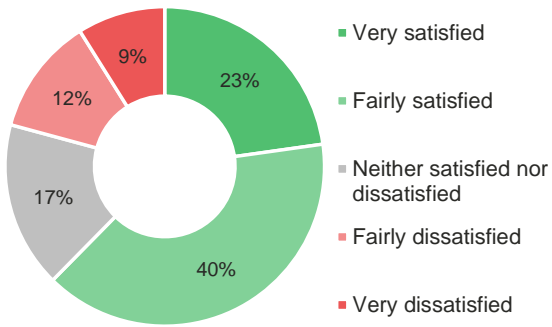
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

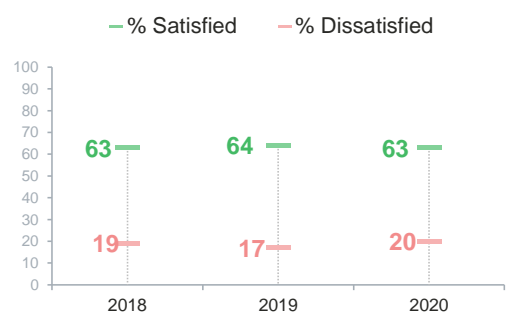
Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

CCG's results



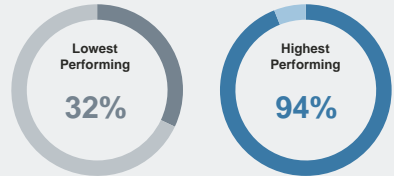
CCG's results over time



Comparison of results

Category	CCG	National
Satisfied	63%	63%
Dissatisfied	20%	19%

Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



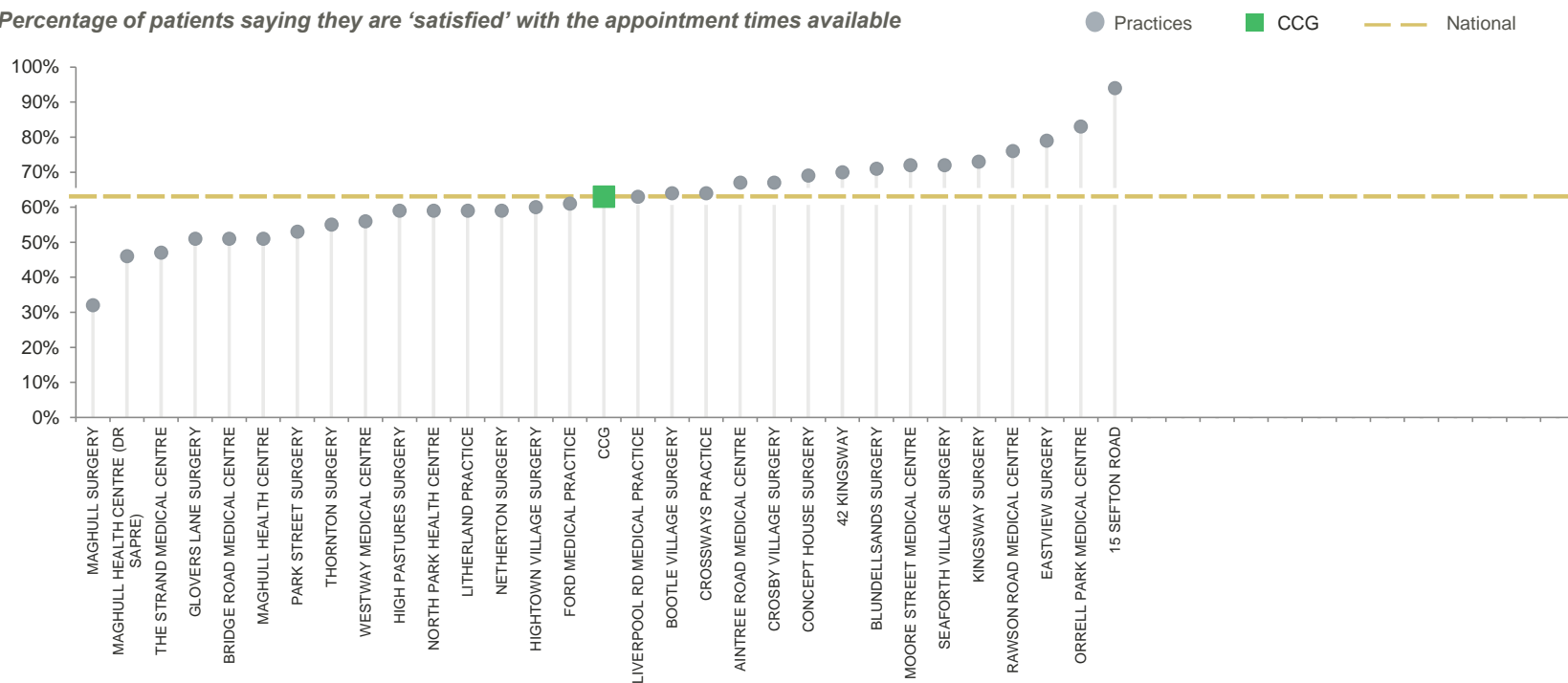
*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); CCG 2019 (2,839); CCG 2018 (2,800); Practice bases range from 64 to 126; CCG bases range from 1,355 to 8,078
 %Satisfied = %Very satisfied + %Fairly satisfied
 %Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); Practice bases range from 64 to 126

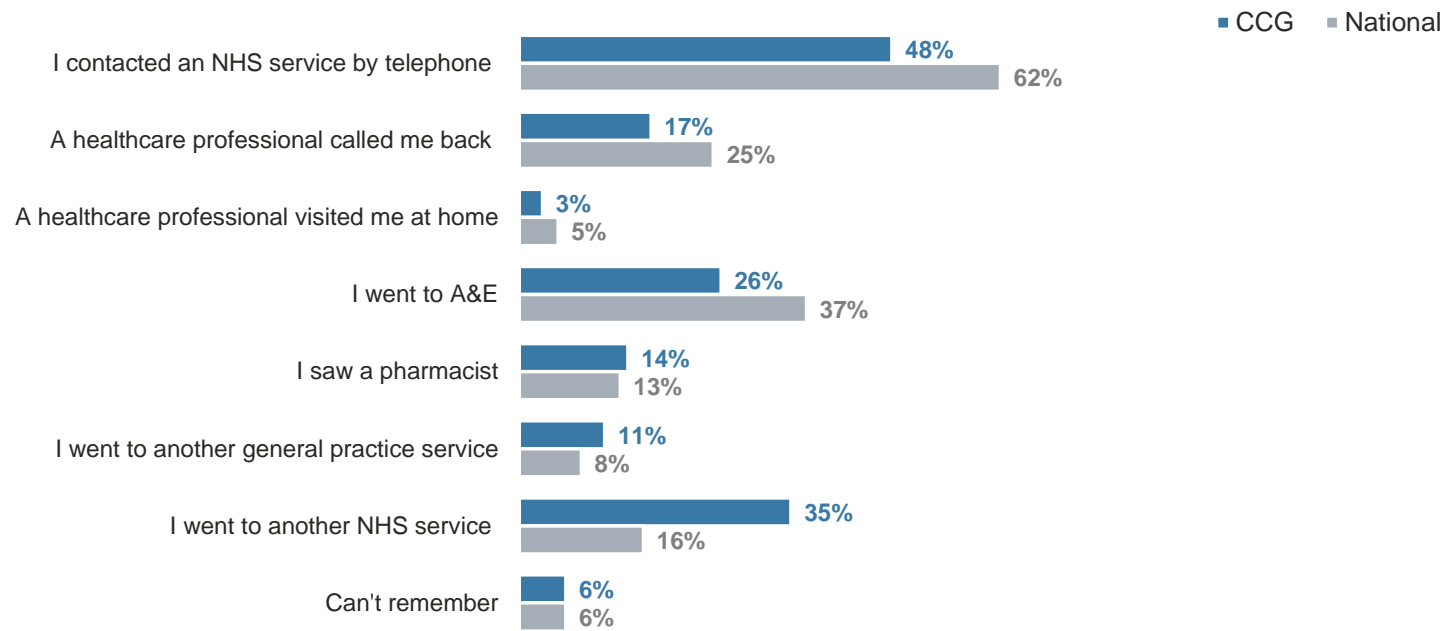
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

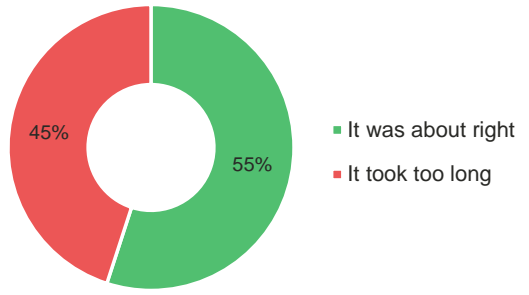


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (602)

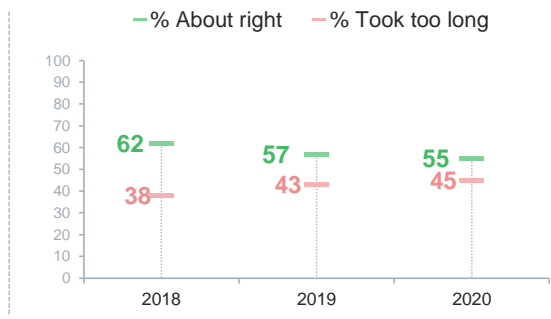
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

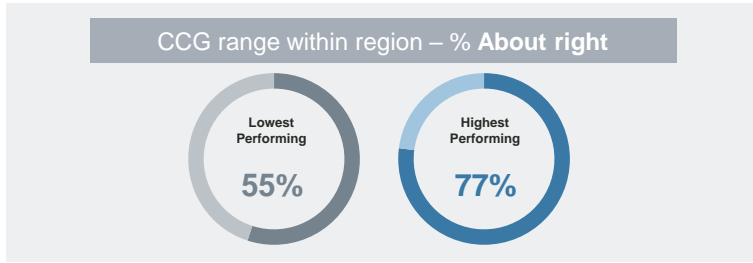
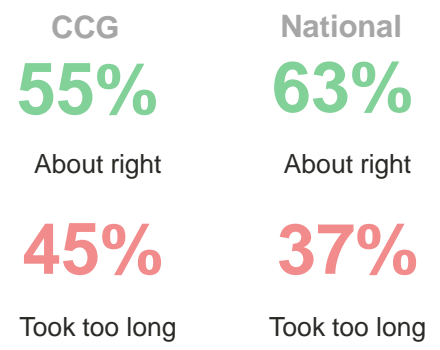
CCG's results



CCG's results over time



Comparison of results

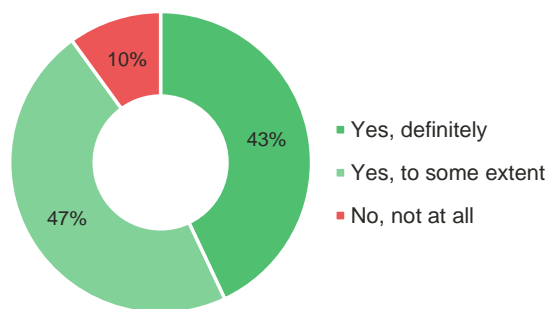


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (558); CCG 2019 (527); CCG 2018 (517); CCG bases range from 263 to 1,450

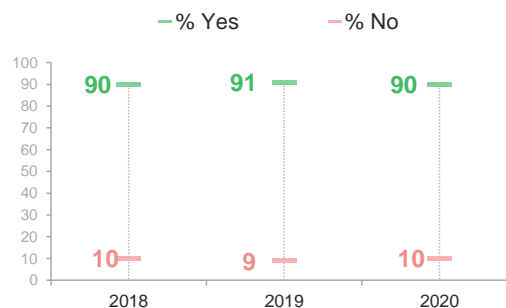
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

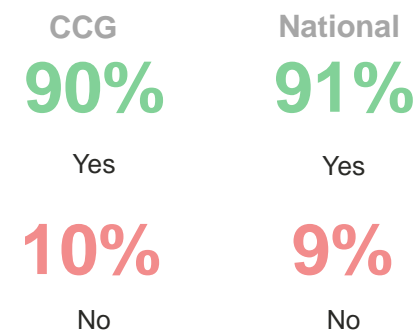
CCG's results



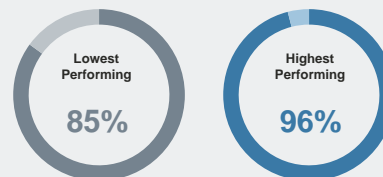
CCG's results over time



Comparison of results



CCG range within region – % Yes



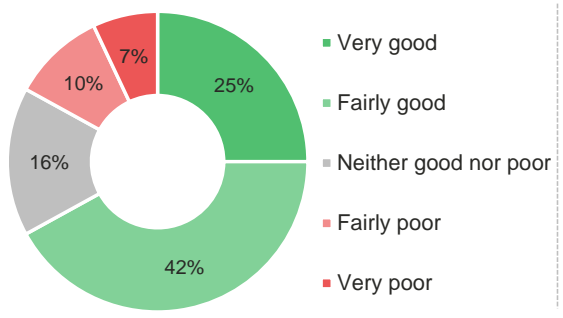
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (558); CCG 2019 (558); CCG 2018 (527); CCG bases range from 273 to 1,472

%Yes = %Yes, definitely + % Yes, to some extent

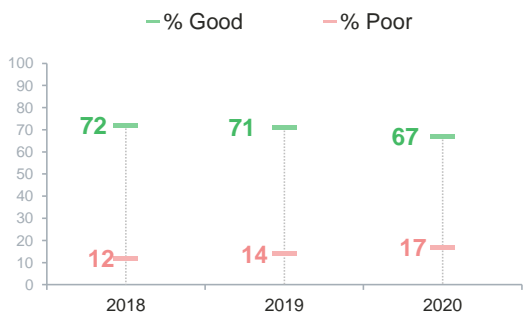
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

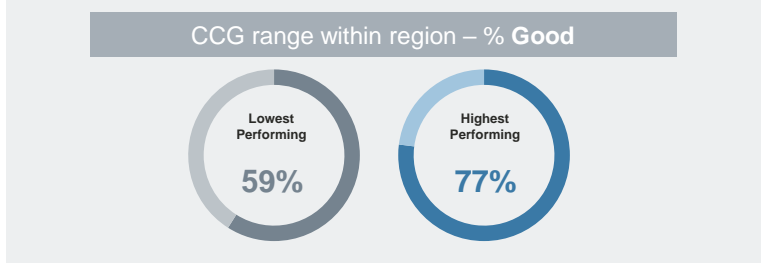
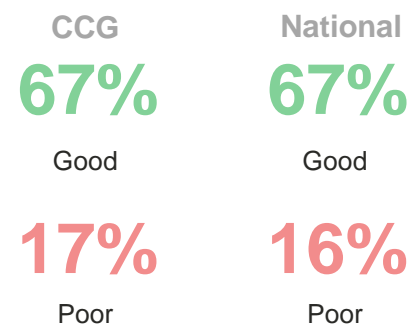
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (578); CCG 2019 (557); CCG 2018 (534); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

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

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

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

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults registered with an English GP practice

739,637

Completed surveys in the 2020 publication

31.7%

National response rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

GP PATIENT SURVEY

NHS SOUTHPORT AND FORMBY CCG

Latest survey results

2020 survey publication

Version 1 | Public

Ipsos MORI
Social Research Institute

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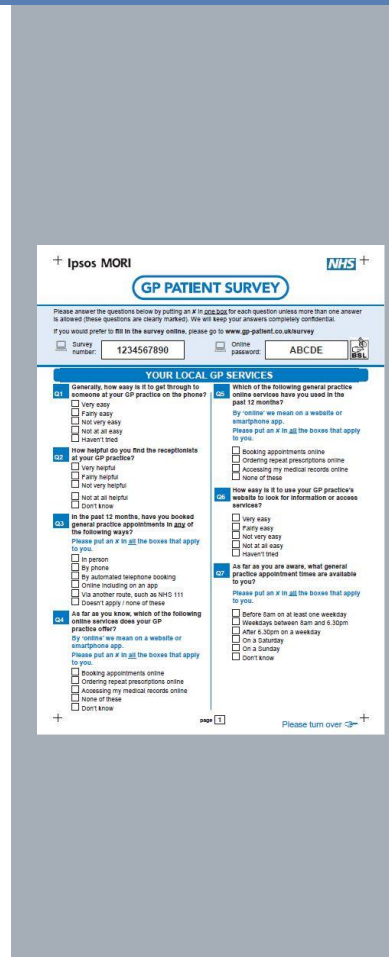
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SOUTHPORT AND

Primary Care
Commissioning

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SOUTHPORT AND FORMBY CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SOUTHPORT AND FORMBY CCG, **4,840** questionnaires were sent out, and **1,956** were returned completed. This represents a response rate of **40%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.



Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.

* More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

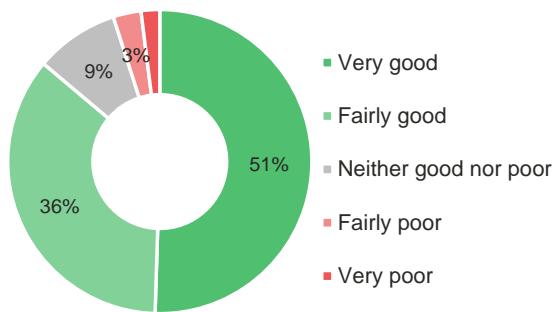
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

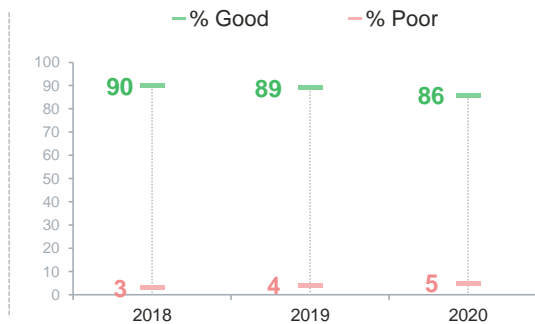
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

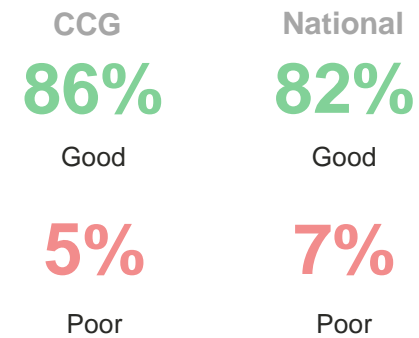
CCG's results



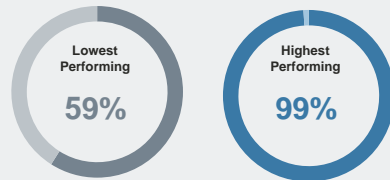
CCG's results over time



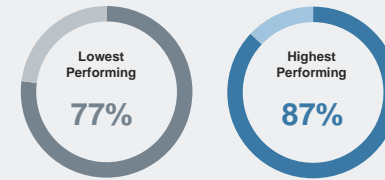
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



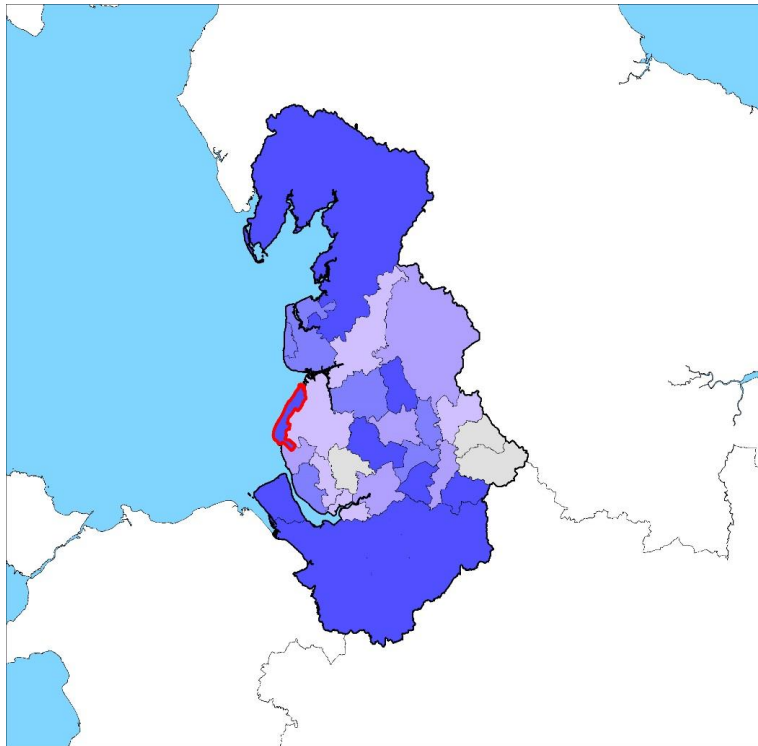
Base: All those completing a questionnaire: National (710,945); CCG 2020 (1,891); CCG 2019 (2,031); CCG 2018 (2,021); Practice bases range from 98 to 125; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

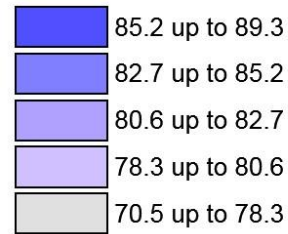
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

77%
to
87%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

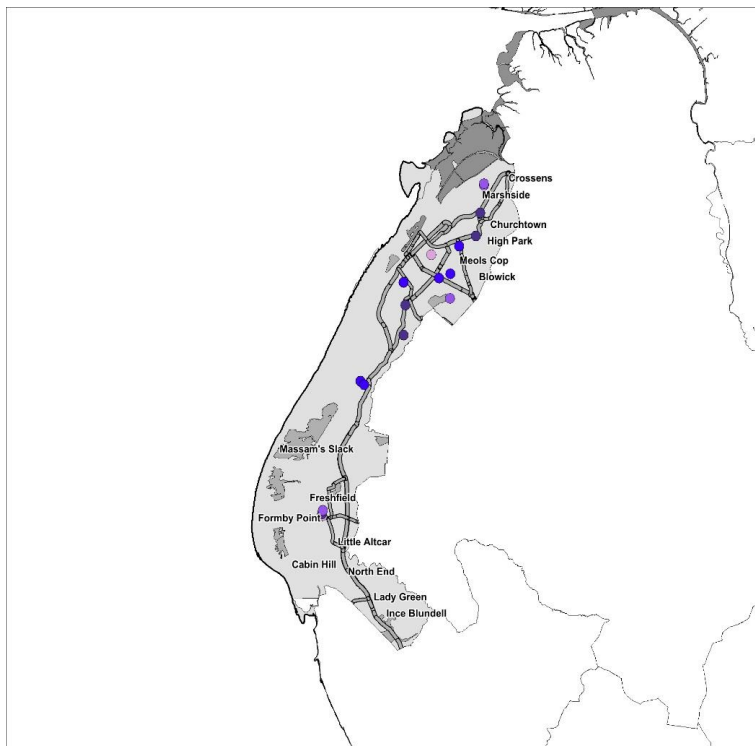
Base: All those completing a questionnaire: CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
% Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

59%
to
99%

Comparisons are indicative only: differences may not be statistically significant

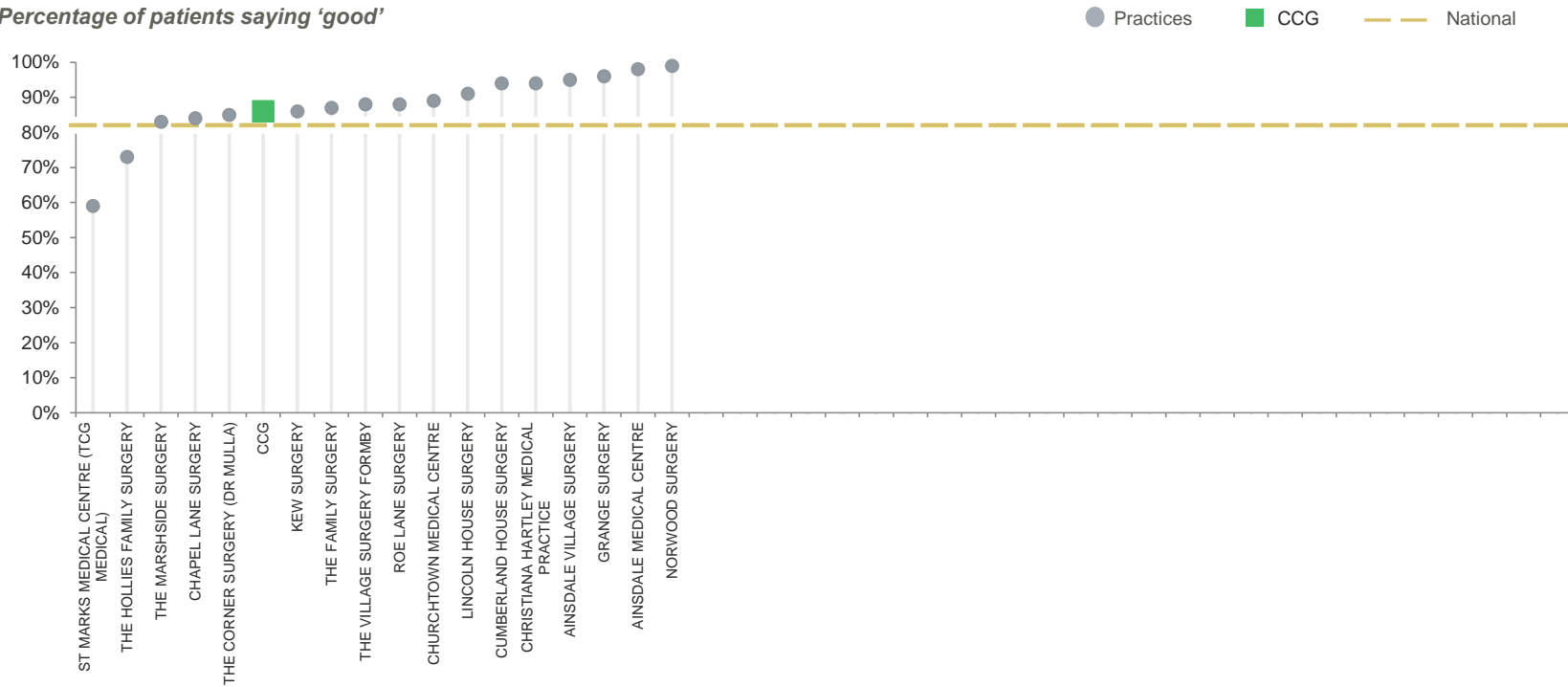
Base: All those completing a questionnaire: Practice bases range from 98 to 125

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (1,891); Practice bases range from 98 to 125

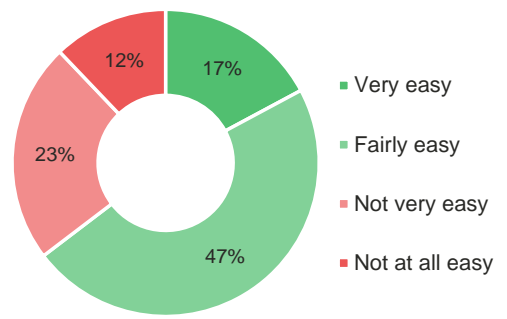
%Good = %Very good + %Fairly good

Local GP services

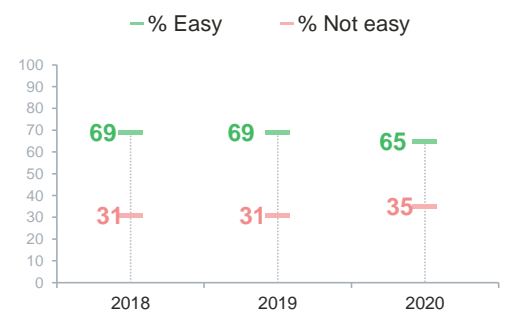
Ease of getting through to GP practice on the phone

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

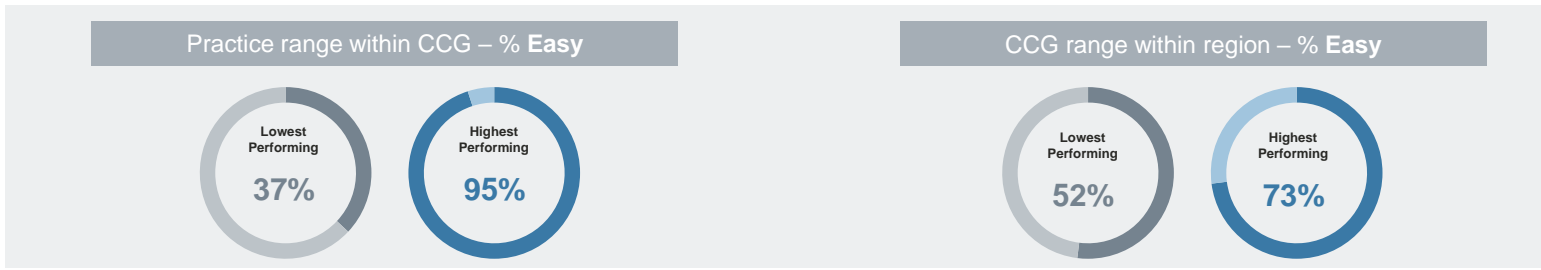
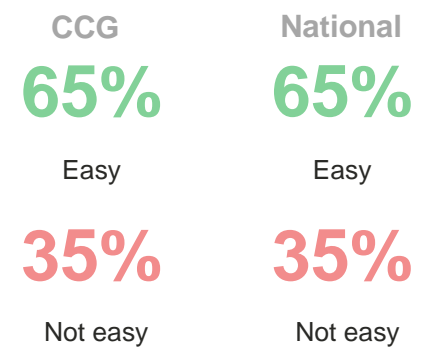
CCG's results



CCG's results over time



Comparison of results



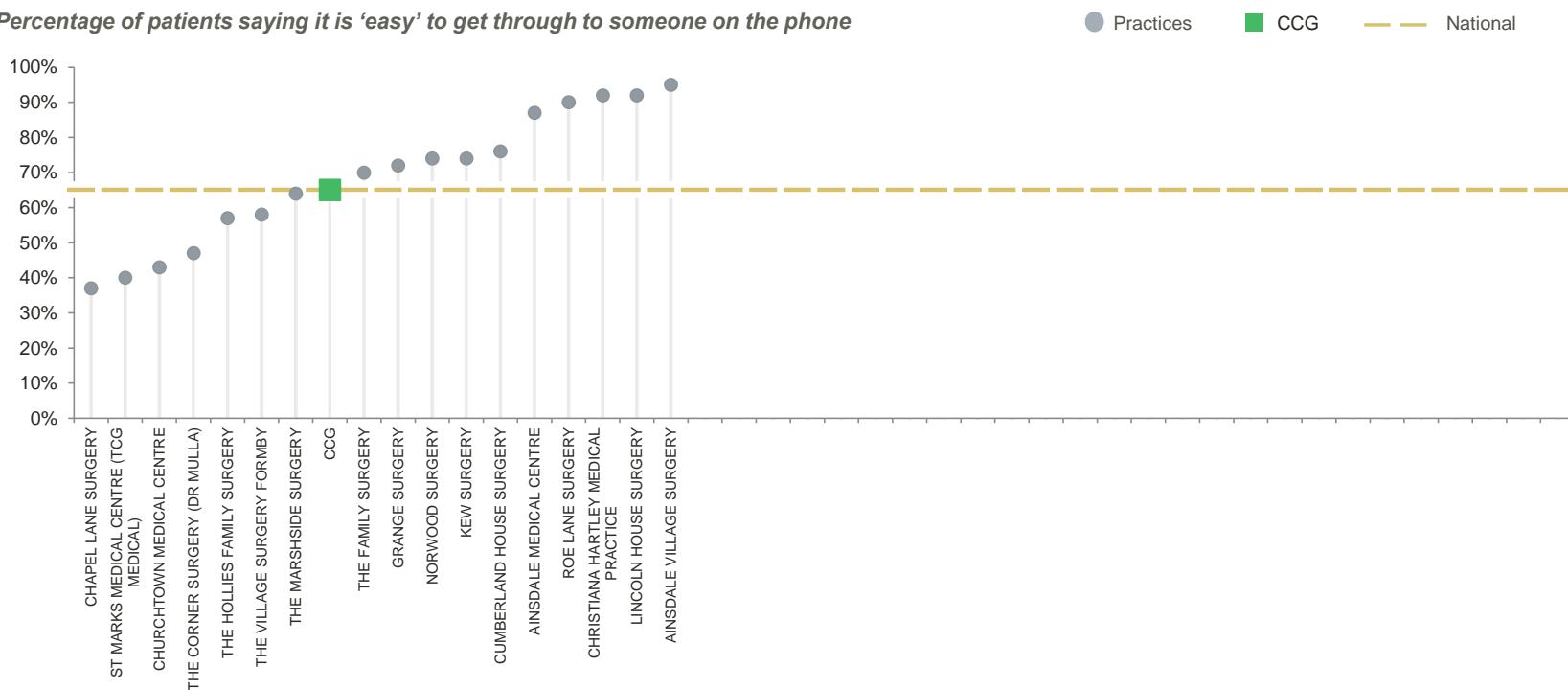
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (1,873); CCG 2019 (1,983); CCG 2018 (1,980); Practice bases range from 96 to 123; CCG bases range from 1,443 to 8,498

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

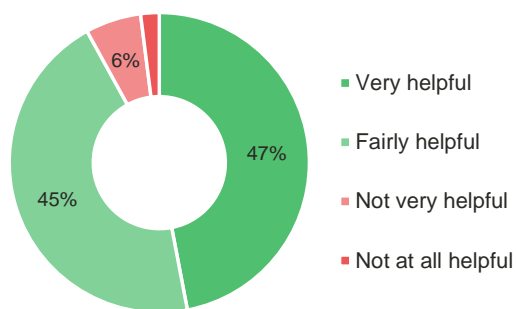
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (1,873); Practice bases range from 96 to 123

%Easy = %Very easy + %Fairly easy

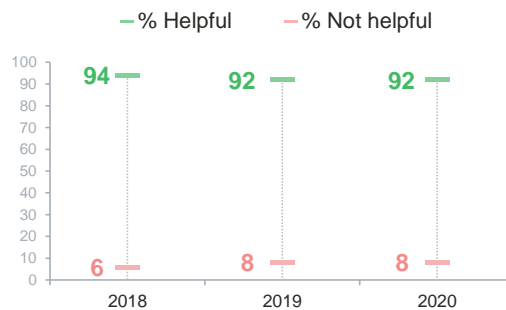
Helpfulness of receptionists at GP practice

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

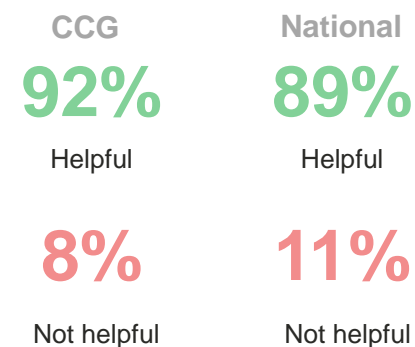
CCG's results



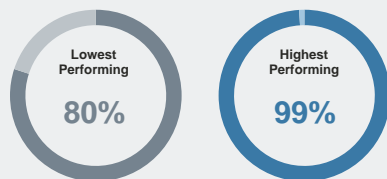
CCG's results over time



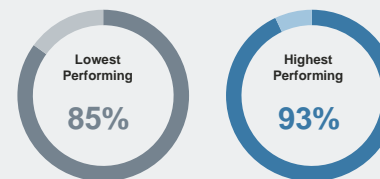
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful



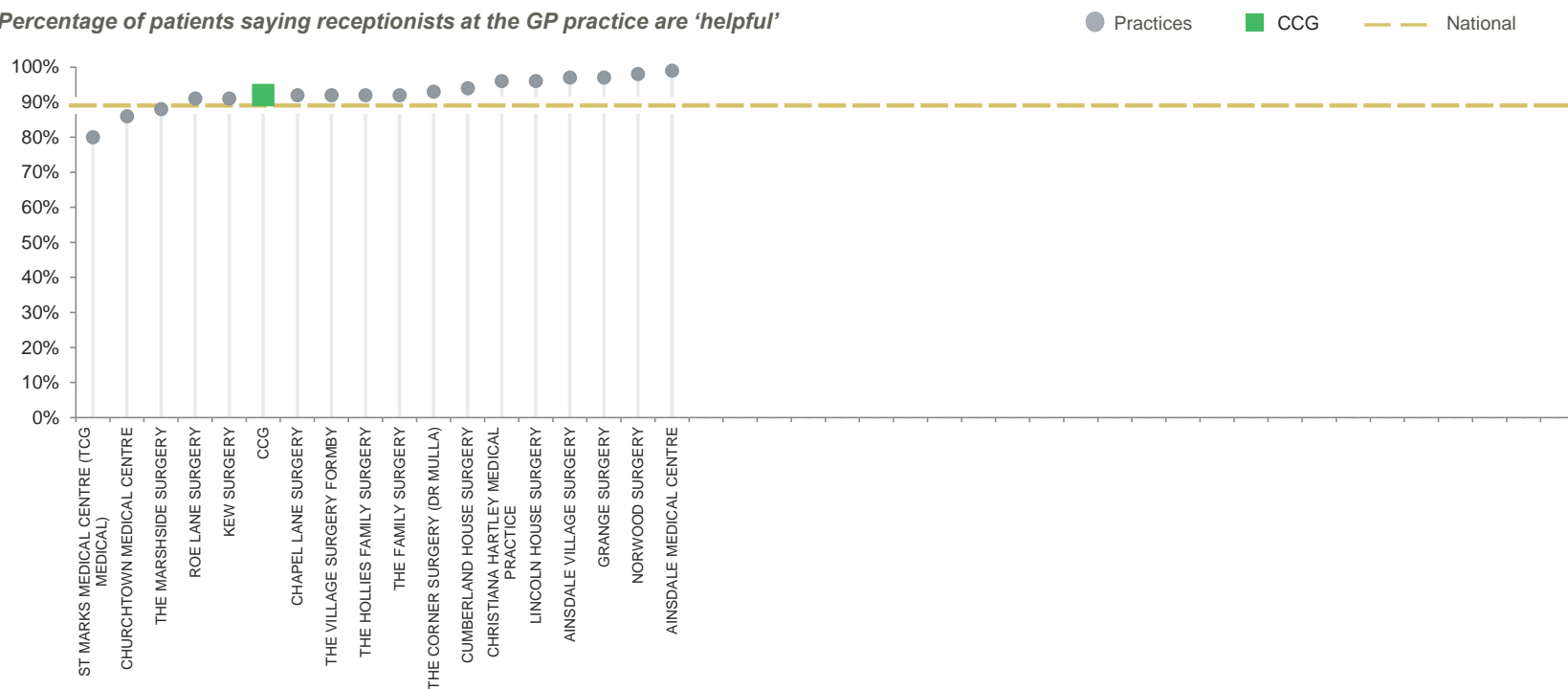
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (1,905); CCG 2019 (2,002); CCG 2018 (2,009); Practice bases range from 98 to 126; CCG bases range from 1,467 to 8,629

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

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

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

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



Comparisons are indicative only: differences may not be statistically significant

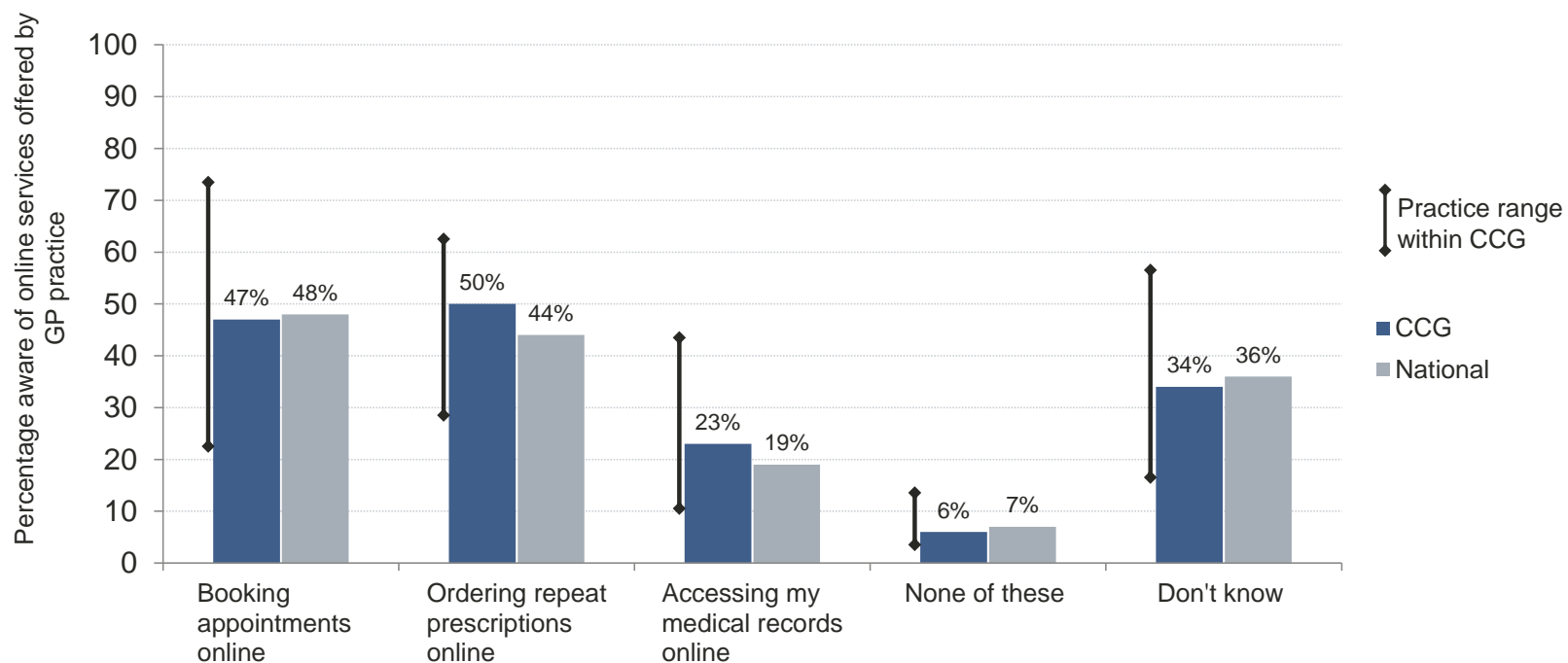
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (1,905); Practice bases range from 98 to 126

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

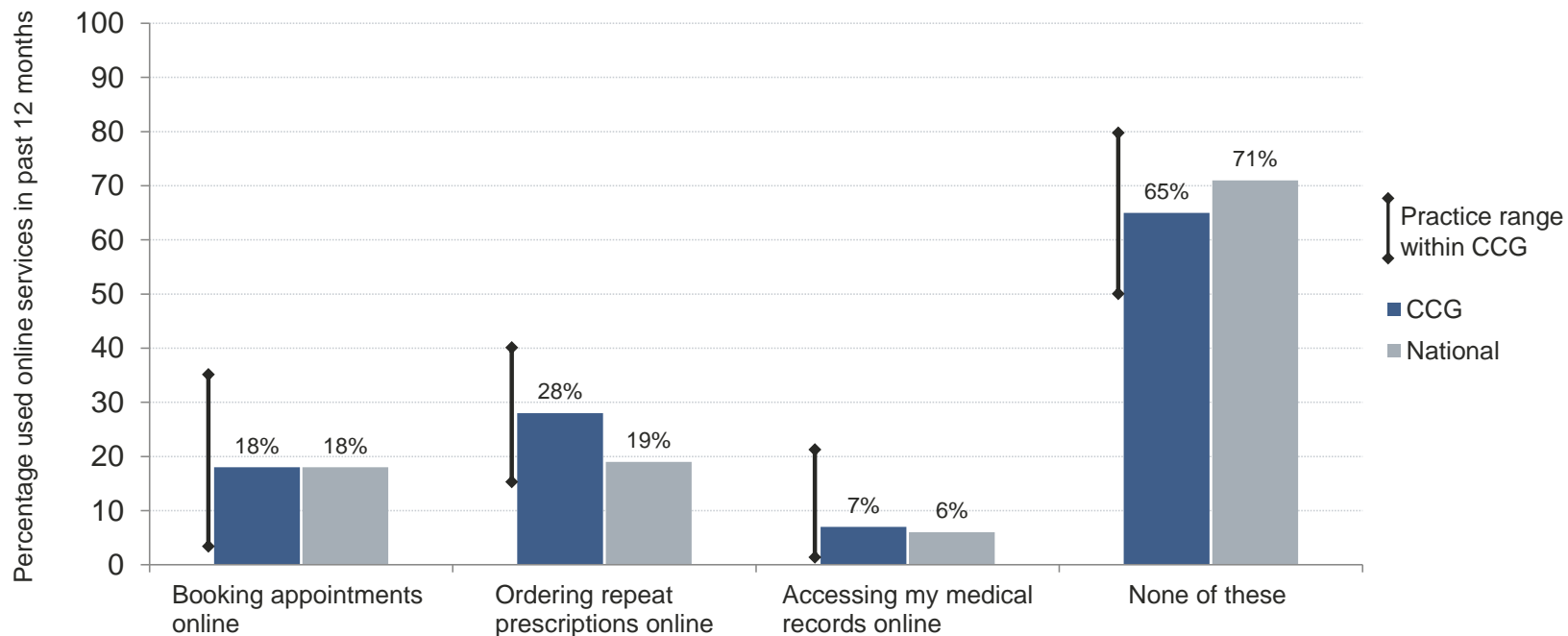


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (1,897); Practice bases range from 100 to 120

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



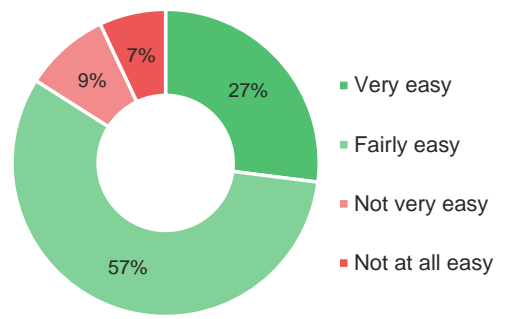
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (1,927); Practice bases range from 103 to 125

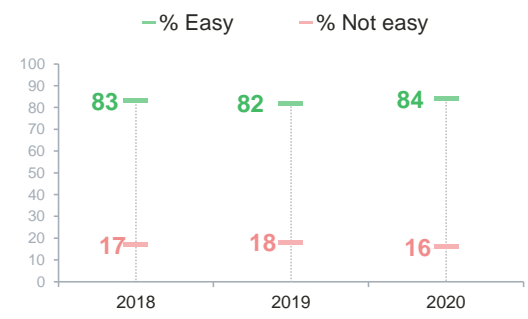
Ease of use of online services

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

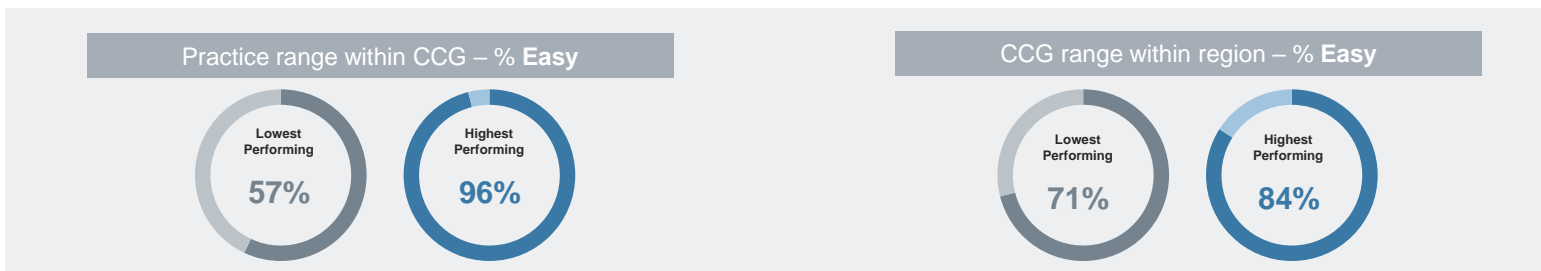
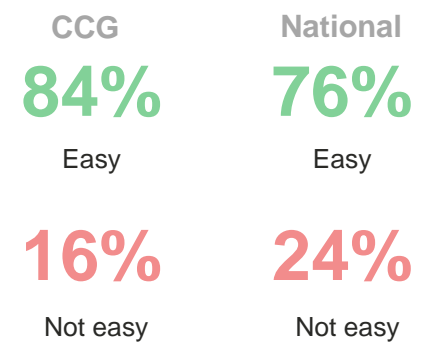
CCG's results



CCG's results over time



Comparison of results



*Those who say 'Haven't tried' (60%) have been excluded from these results.

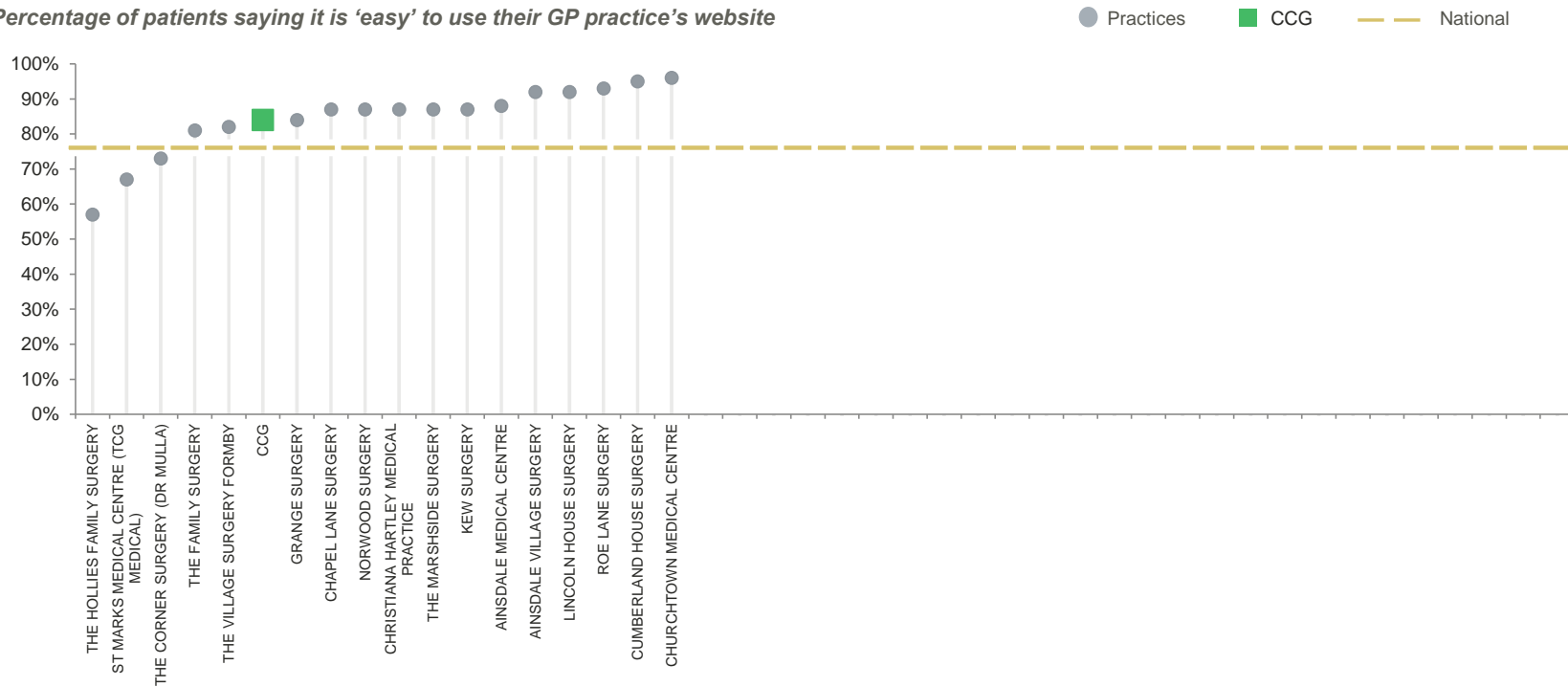
Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (741); CCG 2019 (727); CCG 2018 (699); Practice bases range from 25 to 56; CCG bases range from 565 to 3,419

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (741); Practice bases range from 25 to 56

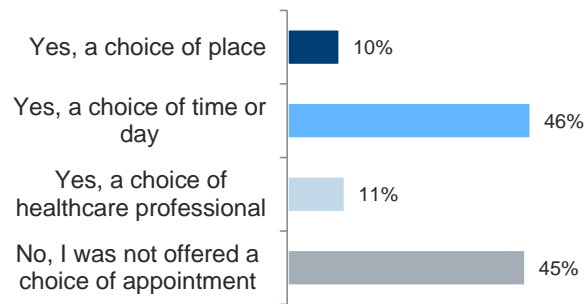
%Easy = %Very easy + %Fairly easy

Making an appointment

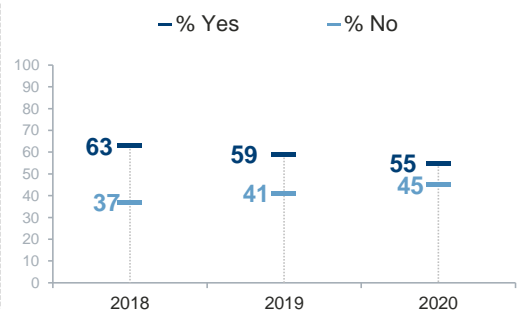
Choice of appointment

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

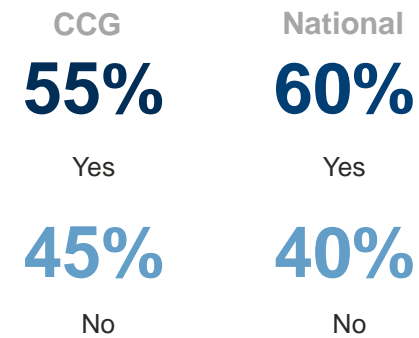
CCG's results



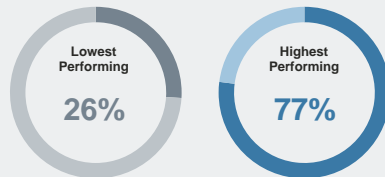
CCG's results over time



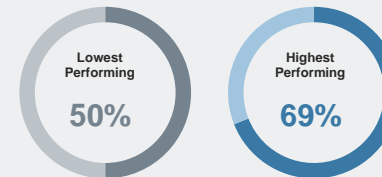
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



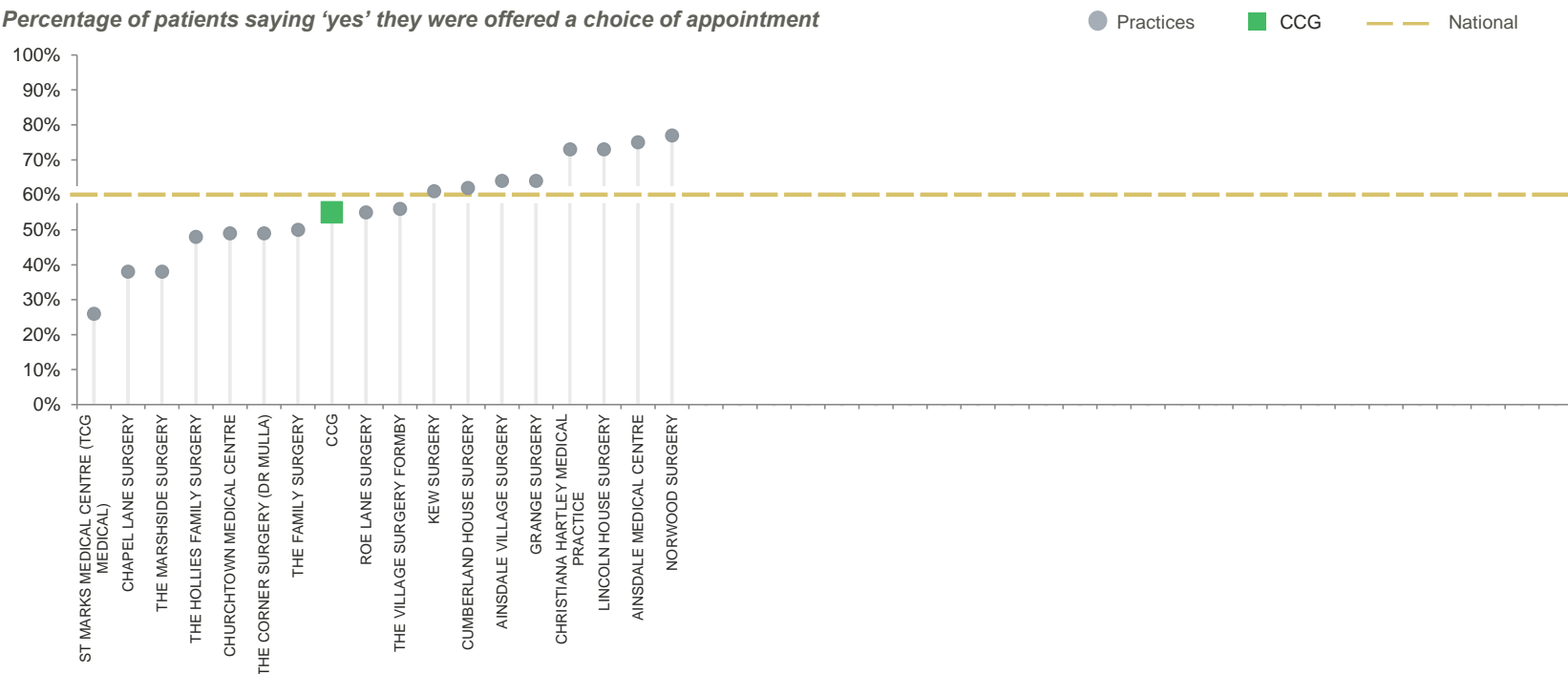
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (1,527); CCG 2019 (1,560); CCG 2018 (1,635); Practice bases range from 75 to 102; CCG bases range from 1,181 to 6,807

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

Choice of appointment: how the CCG's practices compare

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

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



Comparisons are indicative only: differences may not be statistically significant

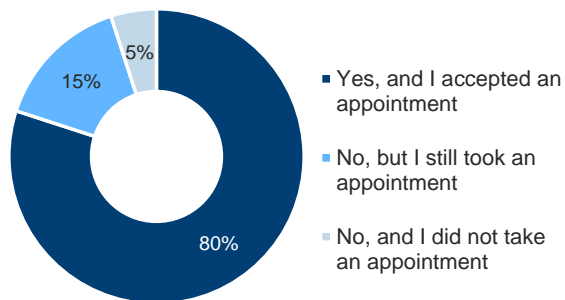
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (1,527); Practice bases range from 75 to 102

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

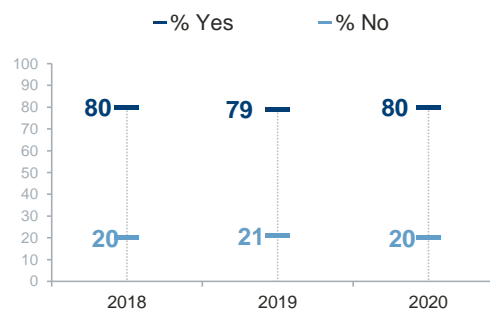
Satisfaction with appointment offered

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

CCG's results



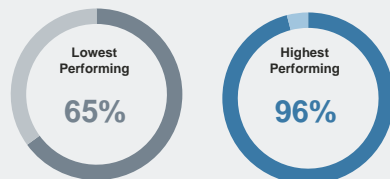
CCG's results over time



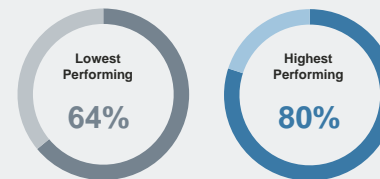
Comparison of results

CCG	National
80% Yes, took appt	73% Yes, took appt
15% No, took appt	21% No, took appt
5% No, didn't take appt	7% No, didn't take appt

Practice range within CCG – % Yes



CCG range within region – % Yes



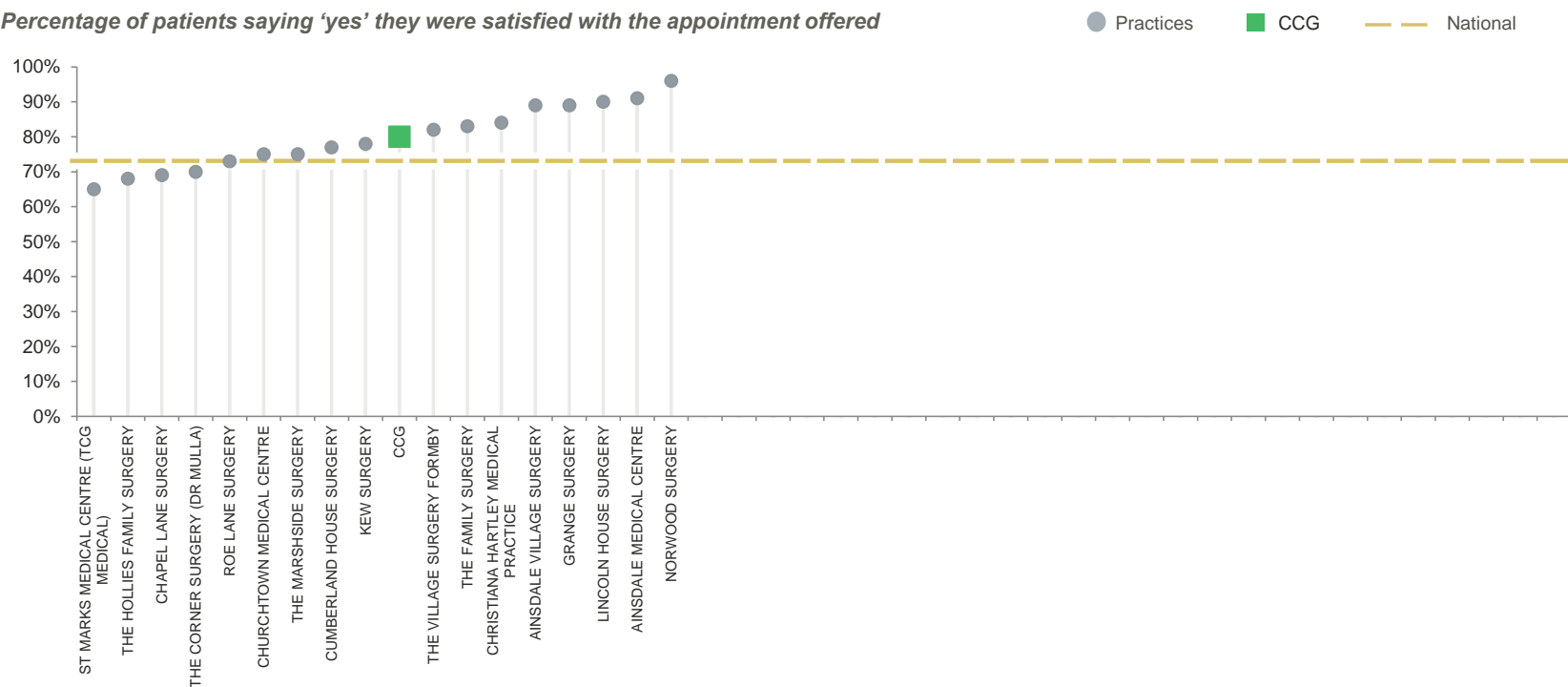
Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (1,814); CCG 2019 (1,911); CCG 2018 (1,916); Practice bases range from 95 to 120; CCG bases range from 1,404 to 8,159

%No = %No, but I still took an appointment + %No, and I did not take an appointment

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

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

Percentage of patients saying 'yes' they were satisfied with the appointment offered

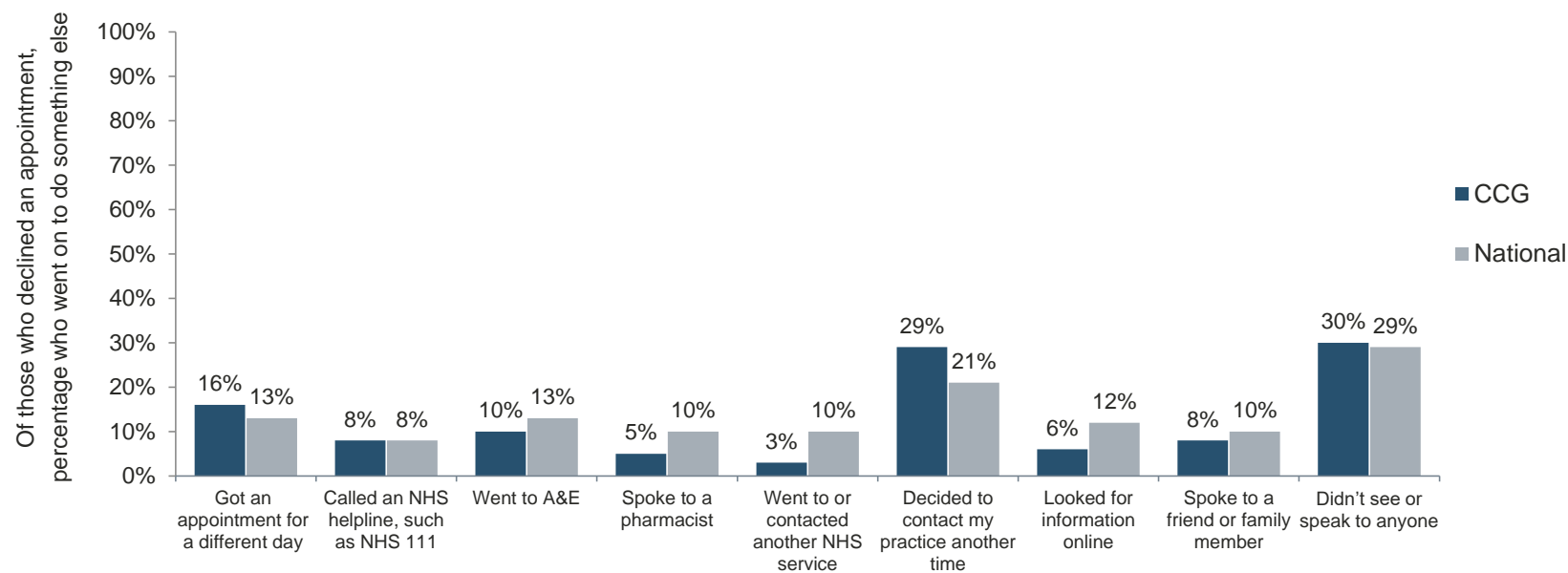


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (1,814); Practice bases range from 95 to 120

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



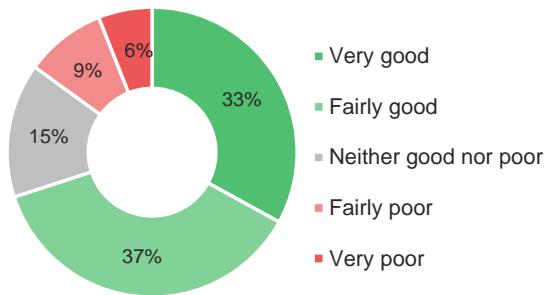
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (80)

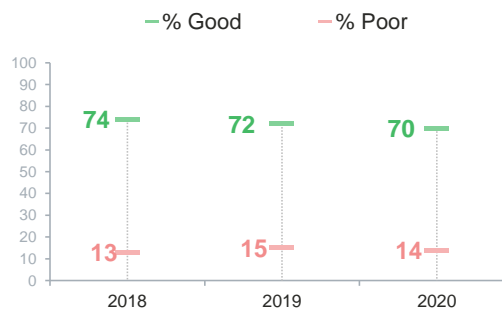
Overall experience of making an appointment

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

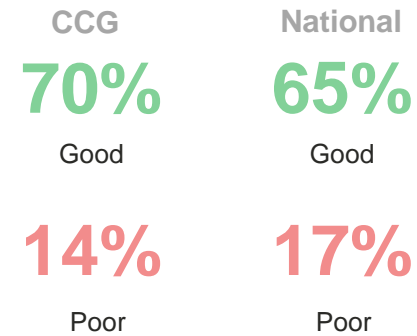
CCG's results



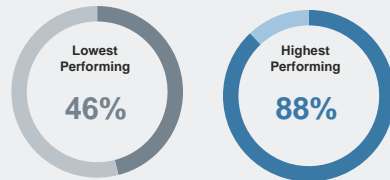
CCG's results over time



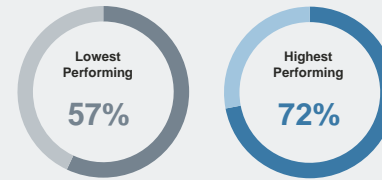
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



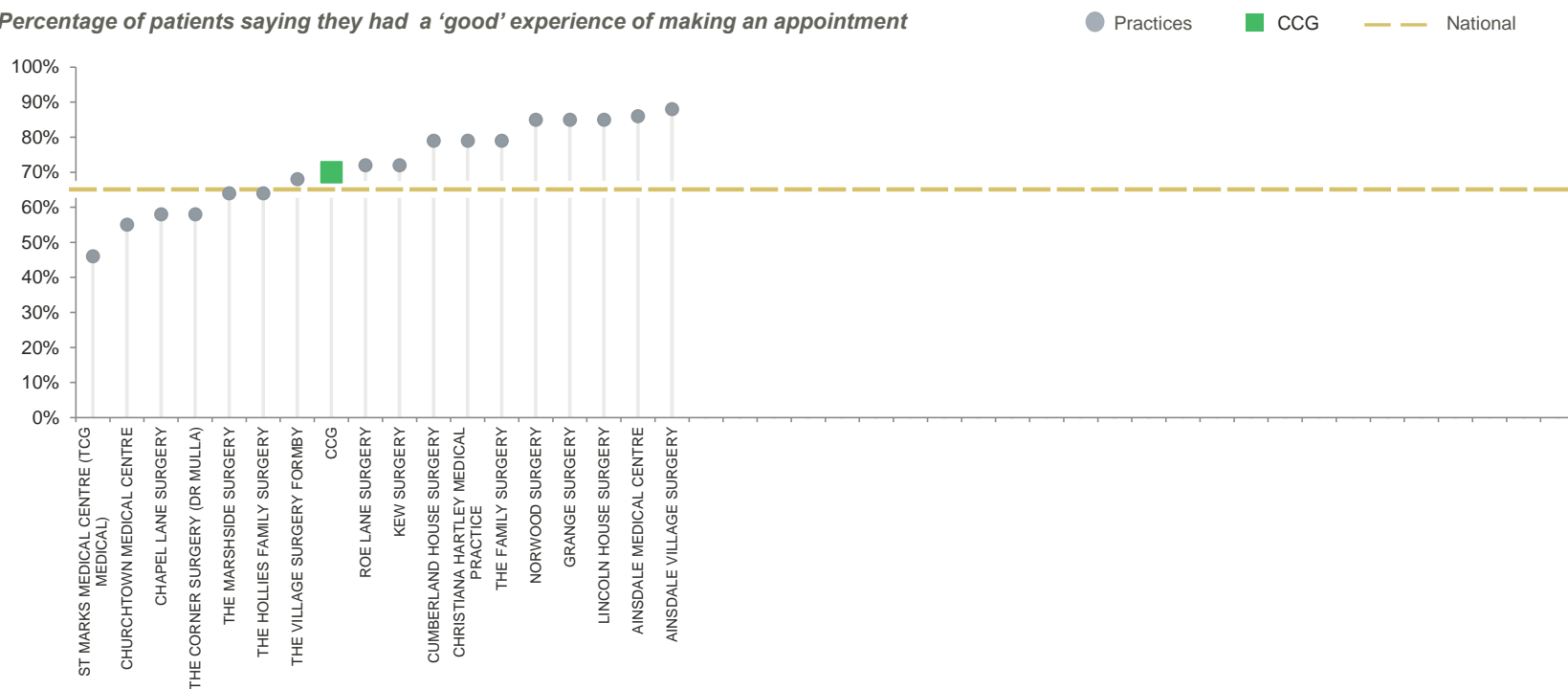
Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (1,798); CCG 2019 (1,884); CCG 2018 (1,899); Practice bases range from 95 to 118; CCG bases range from 1,390 to 8,057

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

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

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

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (1,798); Practice bases range from 95 to 118

%Good = %Very good + %Fairly good

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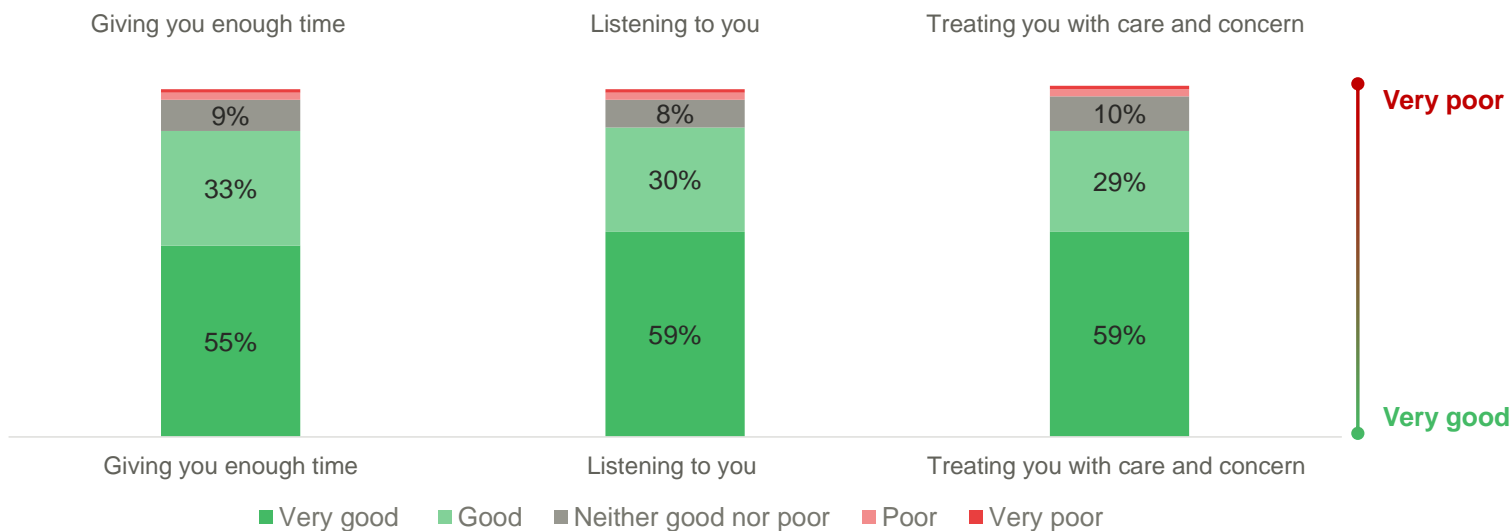
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	3%	3%	3%
% 'Poor' (total)	3%	3%	3%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (1,835; 1,833; 1,819)

%Poor (total) = %Very poor + %Poor

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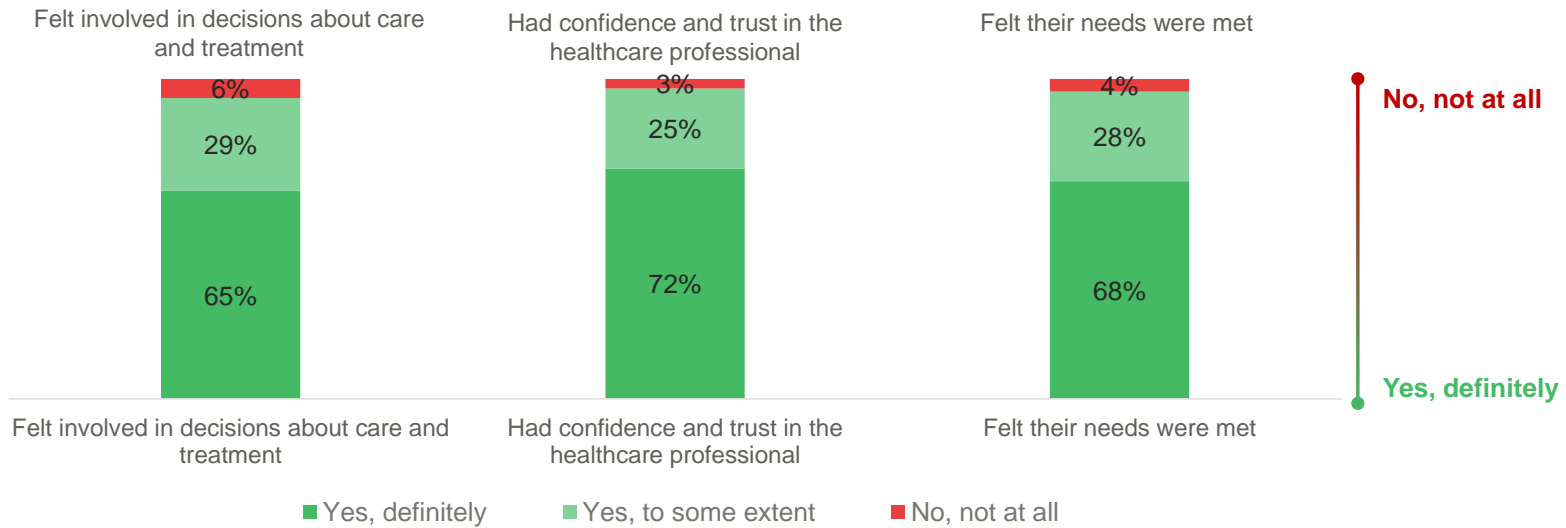


Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	6%	3%	4%
% 'No, not at all'			

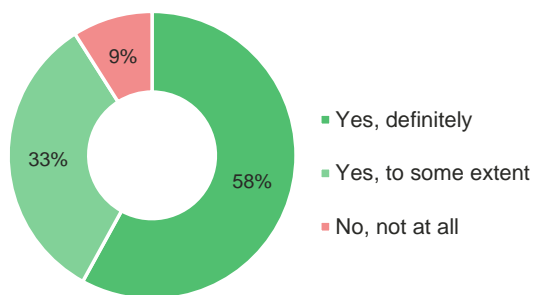


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (603,943; 667,229; 663,675); CCG 2020 (1,651; 1,807; 1,811)

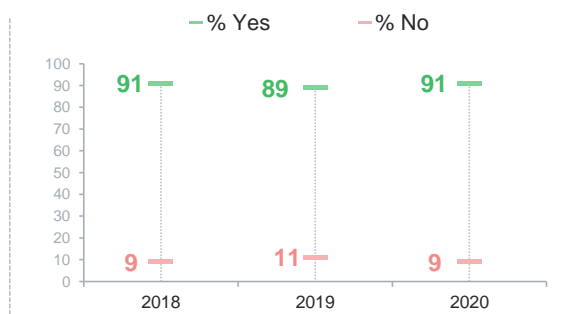
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

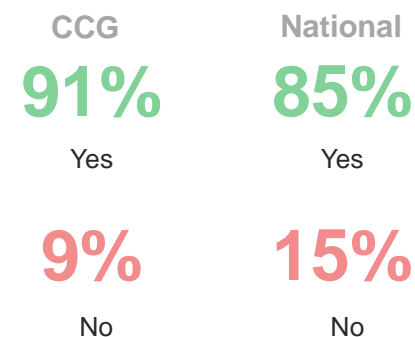
CCG's results



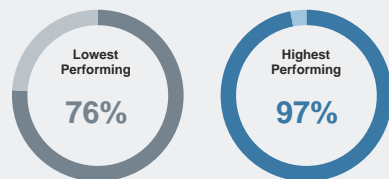
CCG's results over time



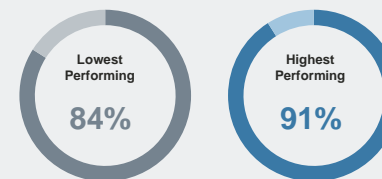
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (668); CCG 2019 (727); CCG 2018 (725); Practice bases range from 26 to 50; CCG bases range from 554 to 3,765

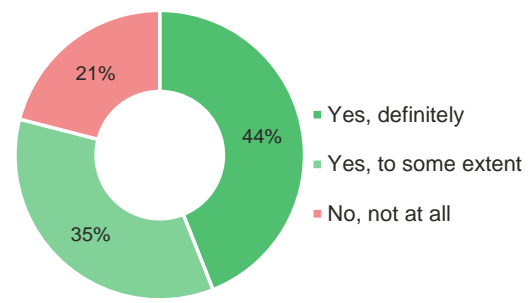
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

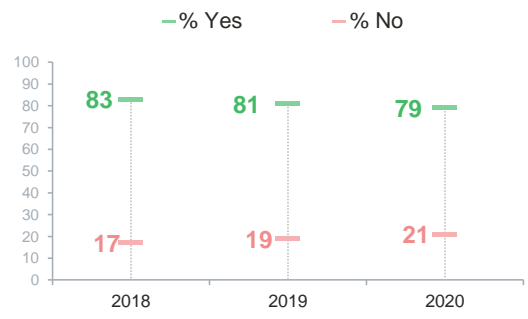
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

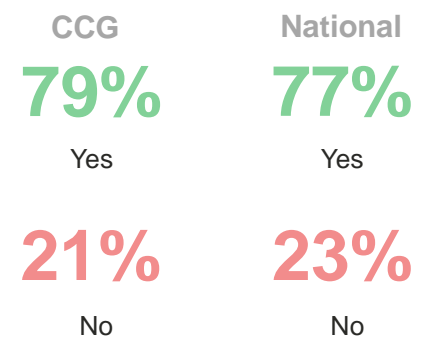
CCG's results



CCG's results over time



Comparison of results

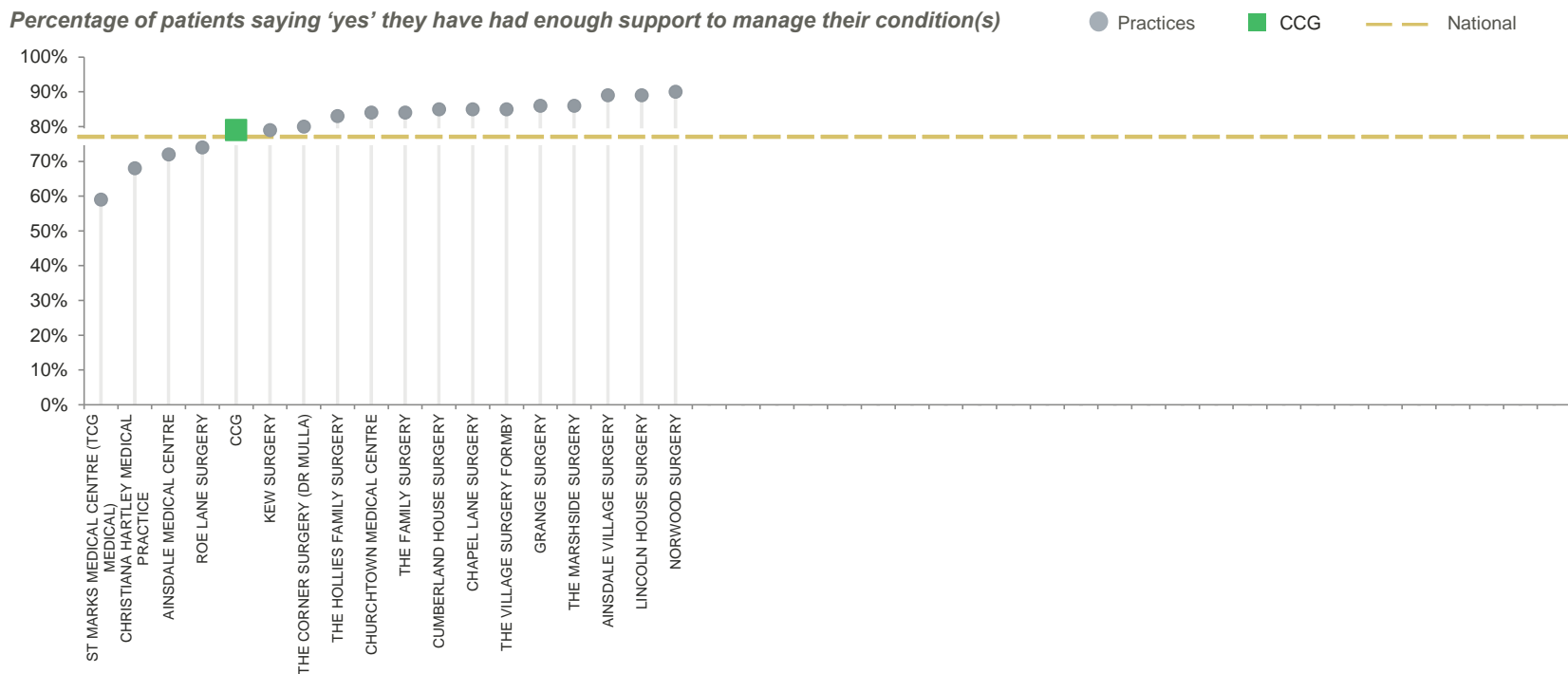


Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (809); CCG 2019 (860); CCG 2018 (864); Practice bases range from 37 to 56; CCG bases range from 644 to 3,830

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (809); Practice bases range from 37 to 56

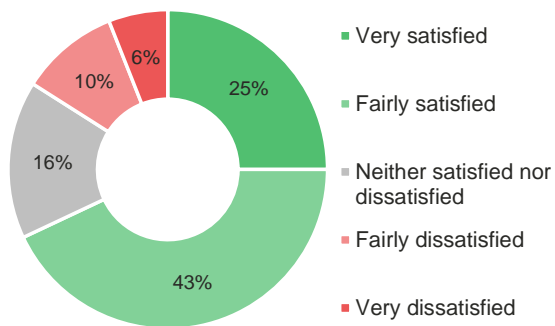
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

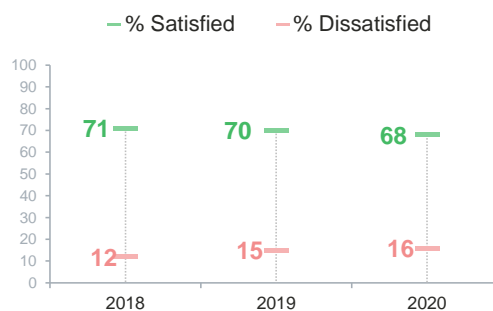
Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

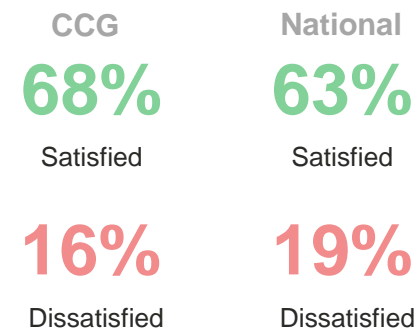
CCG's results



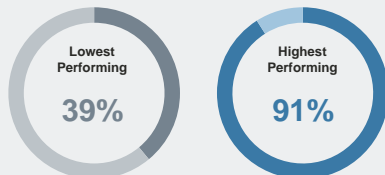
CCG's results over time



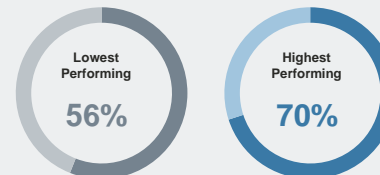
Comparison of results



Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

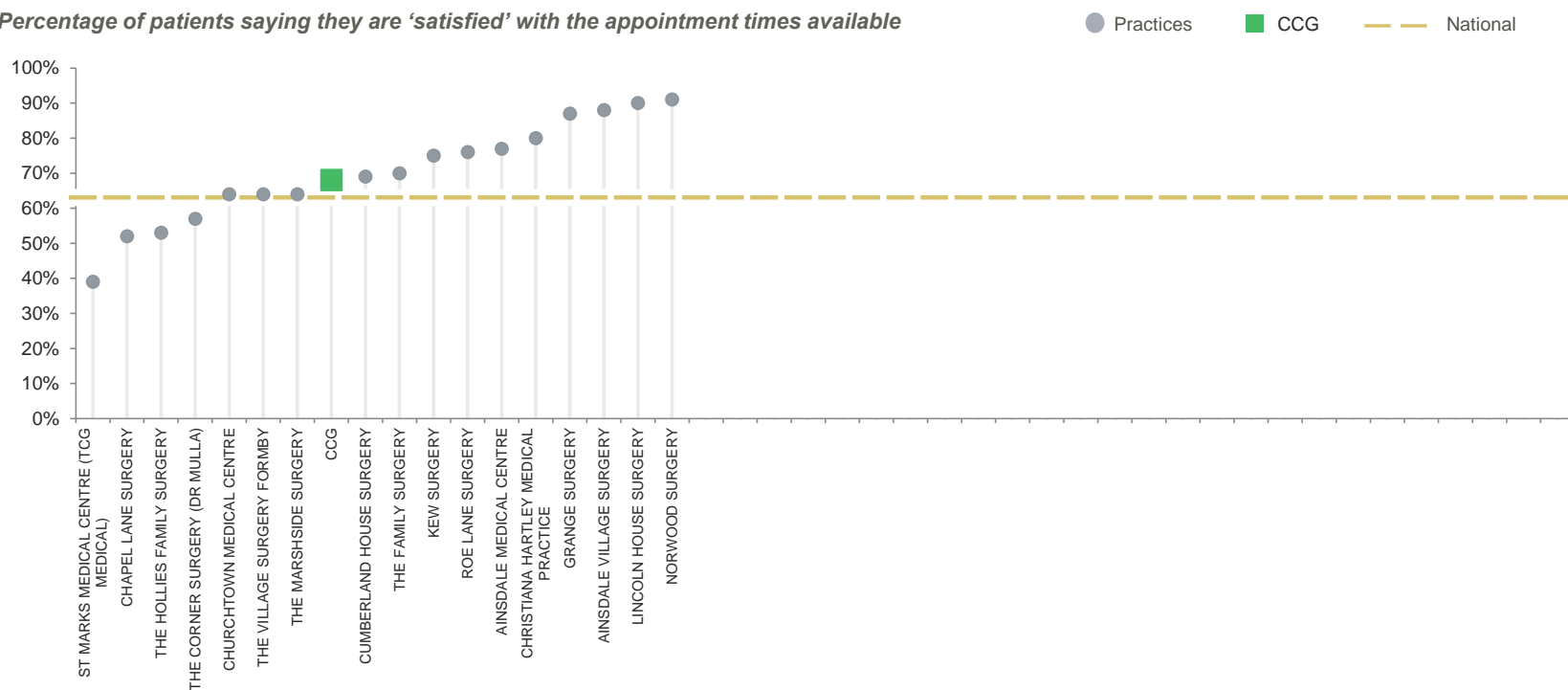
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (1,773); CCG 2019 (1,879); CCG 2018 (1,904); Practice bases range from 86 to 117; CCG bases range from 1,355 to 8,078

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (1,773); Practice bases range from 86 to 117

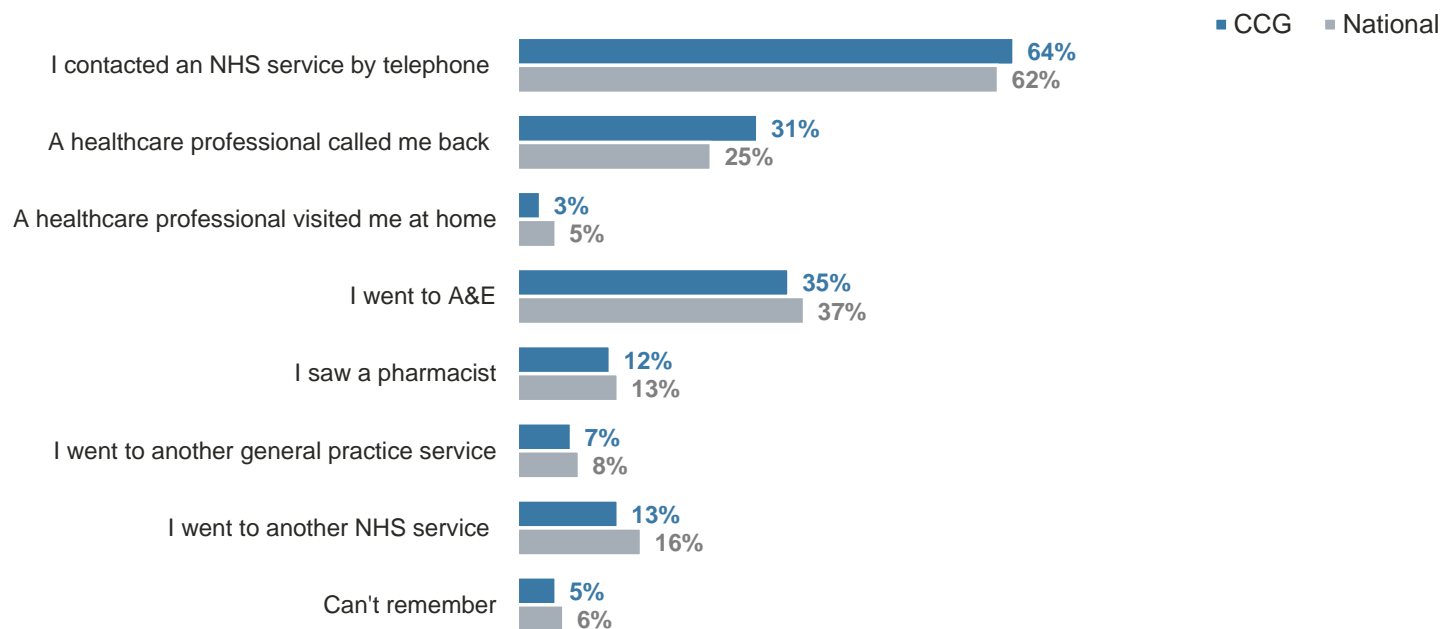
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

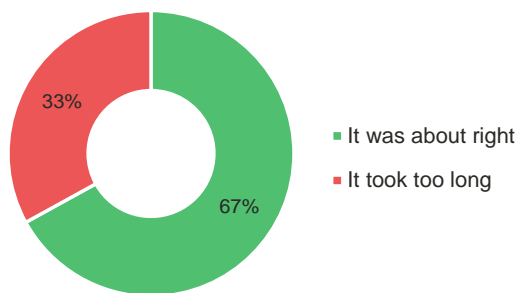


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (305)

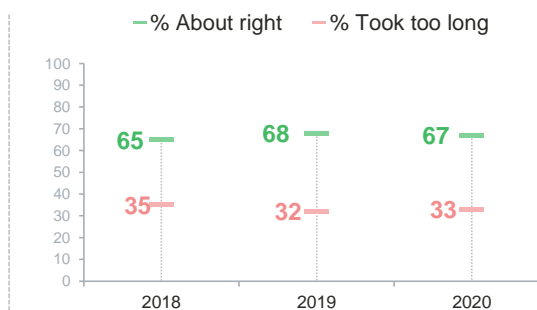
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

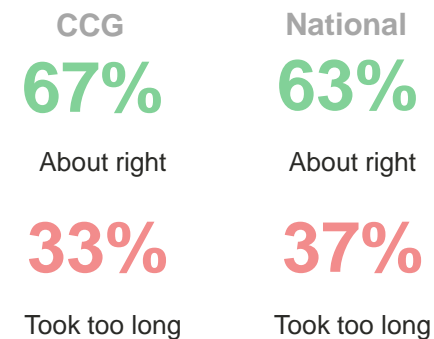
CCG's results



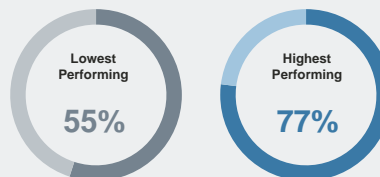
CCG's results over time



Comparison of results



CCG range within region – % About right

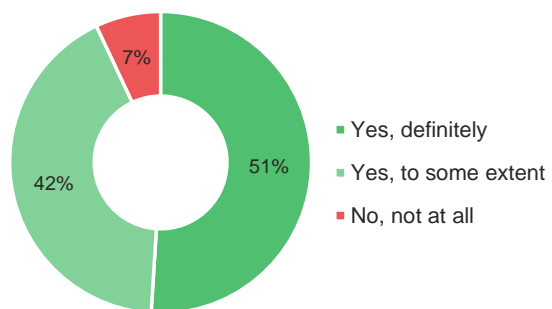


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (283); CCG 2019 (292); CCG 2018 (300); CCG bases range from 263 to 1,450

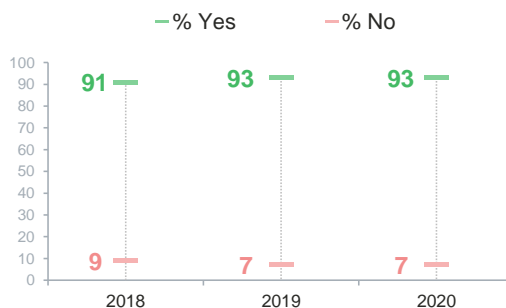
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

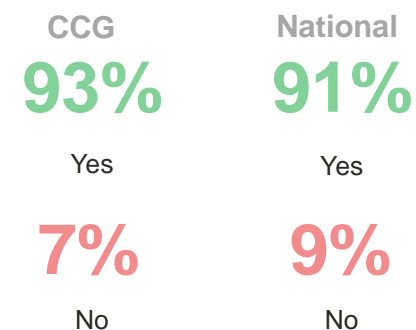
CCG's results



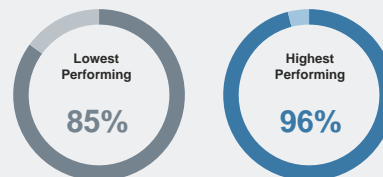
CCG's results over time



Comparison of results



CCG range within region – % Yes



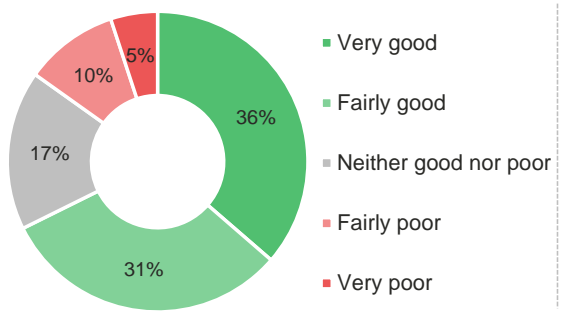
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (282); CCG 2019 (300); CCG 2018 (310); CCG bases range from 273 to 1,472

%Yes = %Yes, definitely + % Yes, to some extent

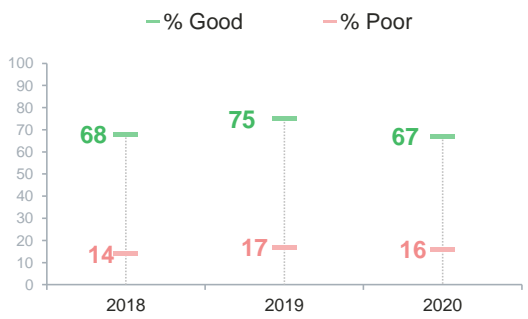
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

CCG's results

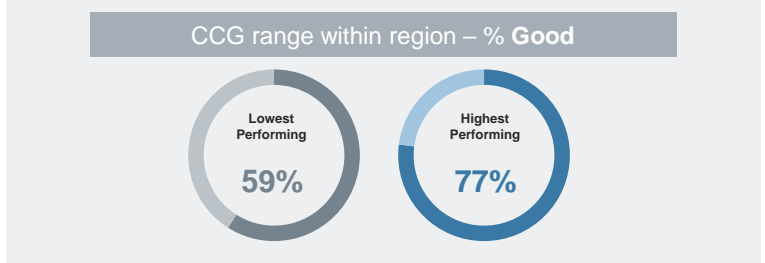


CCG's results over time



Comparison of results

CCG	National
67%	67%
Good	Good
16%	16%
Poor	Poor



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (293); CCG 2019 (297); CCG 2018 (306); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

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

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

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

Want to know more?



Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults registered with an English GP practice

739,637

Completed surveys in the 2020 publication

31.7%

National response rate

20.70 01V - NHS
SOUTHPORT AND

Primary Care
Commissioning

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

**Primary Care Commissioning Committee in Common
October 2020**

Agenda Item: 20/70	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286						
Report date: October 2020							
Title: GP Patient Survey 2020							
<p>Summary/Key Issues:</p> <p>The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.</p> <p>In the 20/21 survey SFCCG are placed in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The paper highlights the key indicators and describes plans to act on the results.</p>							
<p>Recommendation</p> <p>The Primary Care Commissioning Committee in Common is asked to note the content of this report.</p>	<table border="0"> <tr> <td>Note</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td 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 20/21

	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.
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.
	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				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

In the CCG, 4,840 questionnaires were sent out, and 1,956 were returned completed. This represents a response rate of 40%. The survey was undertaken between January – March 20 therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.

The GP Patient Survey measures patients' experiences across a range of topics, including:

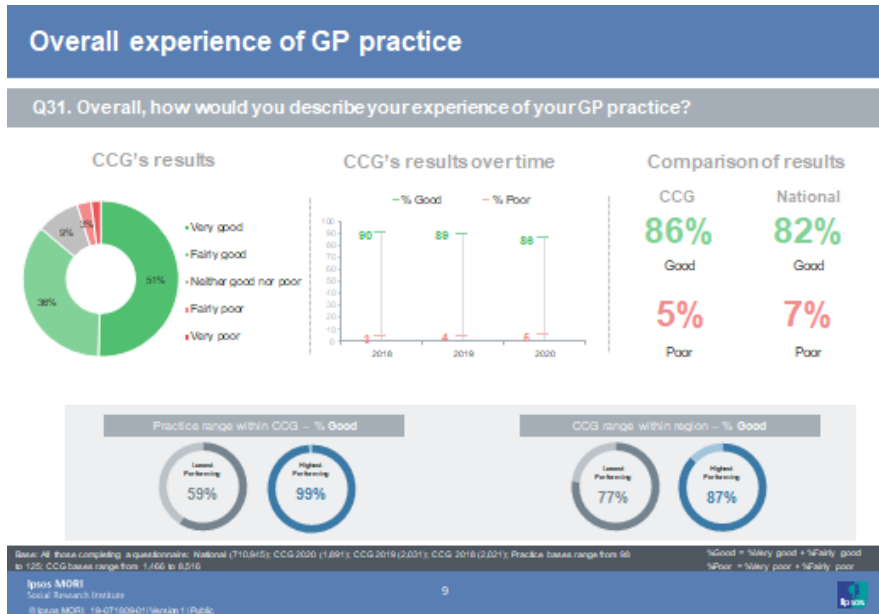
- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience
- Your health
- When your GP practice is closed
- NHS Dentistry
- Some questions about you
-

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. However it does have limitations as the sample sizes at practice level are relatively small and the survey does not include qualitative data, which limits the detail provided by the results.

The data provide a snapshot of patient experience at a given time, and are updated annually. Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.

The full slide pack is included with this report.

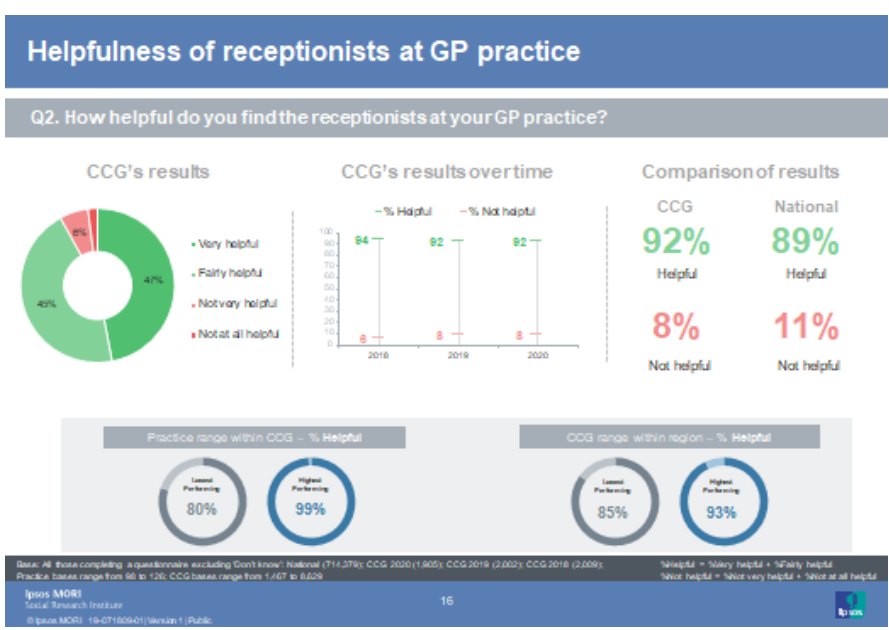
2. Key Results



Southport & Formby CCG (SFCCG) perform particularly well in this indicator. The 2020 overall performance score is 86.4% and means they are the highest performing CCG compared to our regional neighbours.

This year's overall performance shows a slight reduction of 2.1% points on the 2019 score of 88.5%. This reduction is typical of the CCGs in our area, with only West Lancashire CCG achieving a higher score compared to 2019. The England average is 81.8% and shows a reduction of 1.2% to the previous year's score.

At a national level SFCCG sit comfortably in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS). The overall CCG achievement helps to provide context when we dig deeper and review individual practice performance.



The CCG performs well and continues to achieve higher than the national average despite a small reduction from previous years.

Access and Choice

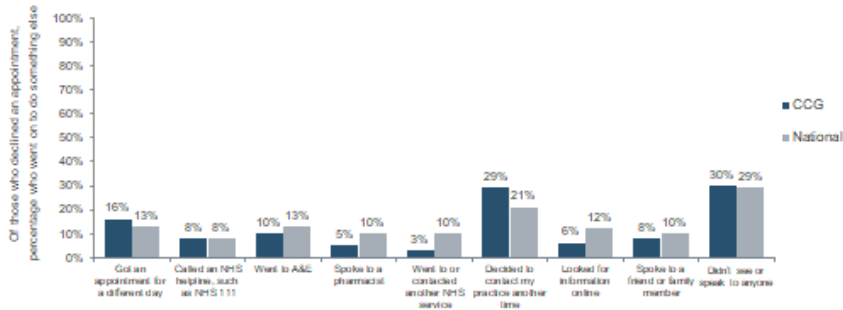
In relation to access, for the question 'Ease of Getting Through on the Phone' the CCG score was the same as the national average, with 65% of patients describing it as easy, there were six SF CCG practices below this level. Since the COVID pandemic access to GPs has changed significantly with many other digital options being available. Other indicators relating to this include: awareness of on-line services, on-line use and ease of use all of which have increased since this survey was undertaken.

Choice of appointment

The CCG scores below the national average for the choice of appointment offered (55% compared with 60% satisfaction nationally) yet of those who took the appointment offered, 80% were satisfied with this (compared with 73% nationally). This is another indicator that will have been affected by changes introduced to access as a result of COVID.

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who advertised to make one); National (21,800); CCG 2020 (80)

When asked about alternatives if patients chose not to take the appointment offered, the majority of patients contacted the practice on another occasion or accessed other NHS services. 10% chose to visit A&E which, whilst less than the national average, is not always the best option and further work can be done to offer alternatives such as 'NHS 111 first' scheme.

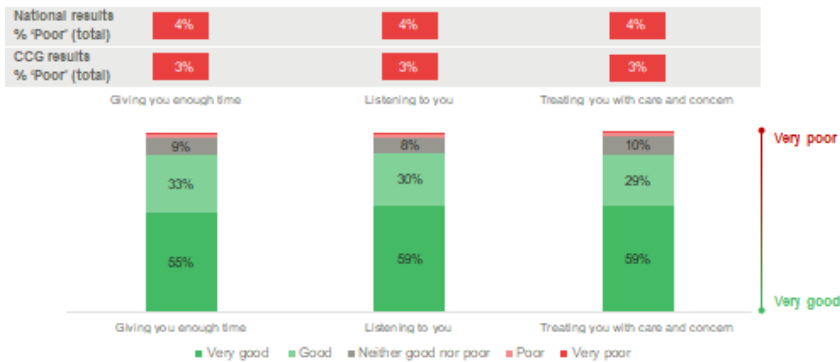
Quality of Care.

When asked about how patients perceived the care they received the CCG scores well for 'Giving you enough time,' 'Being listened to,' and 'Treated with care and concern'. The CCG also scores highly for recognising mental health needs.

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results



Base: All who had an appointment since being registered with current GP practice (excluding Don't apply); National (876,664); 676,610; 676,120); CCG 2020 (1,832; 1,832; 1,819)

3. Conclusions

The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.

The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.

4. Recommendations

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

Jan Leonard
Director of Place
October 2020

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
draft Minutes 16.07.2020 – Part I V3

Date: Thursday 16th July 2020 Time 10.00-11.00am

Venue: Skype meeting due to Covid-19 Pandemic

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Dil Daly	SF CCG Lay Member (Co Chair)	DD
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SF 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 SSCCG 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
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSCCG	RH
Minutes		
Jacqueline Westcott	Senior Administrator SSCCG	JW

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

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20
Members:							
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓	A
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓	✓
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓	✓
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N	✓
Non- Voting Attendees:							
LMC Representative		N	C	✓	C	✓	A
Health Watch Representative		N	C	✓	C	✓	A

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	✓
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	✓
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	✓
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	✓
Jane Elliott	SSECCG Localities Manager	N	C	N	C	✓	N
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓
Debbie Fairclough	SS SF CCG						✓

No	Item	Action
PCCCiC/44.	<p>Apologies for absence</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>	
PCCCiC/45.	<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>	
PCCCiC/46.	<p>Minutes of the previous meeting Date 21st May 2020 were agreed as an accurate record.</p>	
PCCCiC/47.	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>	
PCCCiC/48.	<p>Report from Operational Group and Decisions Made:</p> <p>June 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton</p> <p>42 Kingsway submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open fully. It was noted that the practice have applied for some resilience funding to support transformation.</p> <p>Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group due to the number of new patient registrations when the list was open. Further work to be done with Crosby locality to address on-going issues of patient movement.</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – Southport and Formby</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p>	

	<p>July 2020: Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton and Southport and Formby</p> <p>2 Premises Improvement Grant applications were included in the pack, the Committee reviewed these, there were no comments. These will be submitted to F&R committee for approval.</p> <p>The process for reviewing QOF activity from 19/20 that has seen significant variance at practice level was discussed.</p> <p>It was reported that the 10 LeDer reviews are in the process of being submitted. The outcome of these and any learning will be shared back through the group.</p> <p>The recent outcome of a Judicial Review (elsewhere in the country) relating to payments to practices for Safeguarding work was discussed. Further work to agree a local rate for remuneration is required.</p> <p>It was noted that guidance from NHSE is expected imminently regarding the restarting of routine work in General Practice.</p> <p>The risk register was reviewed; a number of COVID risks were reduced. A new risk was added regarding access to phlebotomy services and the impact this is having on General Practice.</p> <p>An issue was highlighted regarding the weighting assigned to patients who reside in care homes. There was discussion around the process some concern that this may not be recorded correctly. Further work is being undertaken to understand the impact.</p>	
PCCCiC/49.	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting.</p>	
PCCCiC/50.	<p>PCN Update:</p> <p>South Sefton – Dr Gillespie gave feedback on the 2 PCNs in South Sefton, Seaforth and Litherland and the newly merged Crosby, Maghull and Bootle known as Team Sefton. 4 practices in Sefton have not signed to a PCN; however, 3 of the 4 practices have attended PCN meetings.</p> <p>Southport and Formby – Dr Scholtz gave feedback on Southport and Formby practices.</p> <p>Formby PCN continues to cover one practice not signed up to the Directed Enhanced Service (DES) for PCNs.</p> <p>Ainsdale and Birkdale PCN now covers one practice not signed up.</p> <p>Central and North localities no longer have PCN coverage.</p> <p>One practice in North did wish to sign up to the DES however there is not a geographically coterminous PCN to enable this.</p> <p>The CCG is working with providers and NHSE to ensure that the service specifications are delivered.</p>	

	<p>PCNs in Sefton</p> <p>A PCN paper will be presented to the Leadership Team to review and authorise coverage of those practices that are not signed to a PCN.</p>	
PCCCiC/51.	<p>Primary Care Finances</p> <p>It was reported that financial arrangements have changed due to Covid 19 with block arrangements in place to ensure delivery of services. The CCG is following advice from NHSE to support resolving the reported deficit of £152 to £78k for South Sefton to the end of July 2020. Southport and Formby reported deficit expected at £86k reducing to £71k following retrospective review. Advice from NHSE is to work through reviews on a month by month basis.</p> <p>Primary Care budgets are breaking even up to August 2020.</p>	
PCCCiC/52.	<p>Primary Care Programme Report</p> <p>The Primary Care Programme Report was reviewed and updated, (updates highlighted blue) the exception is international recruitment which has no further update.</p>	
PCCCiC/53.	<p>Performance (OOHs/7 Day Access/Contractual Compliance/DES</p> <p>South Sefton 7 Day Access service continued throughout the Covid 19 pandemic using a different operating model to reflect national guidance. Utilisation rates continue to rise above the national average set at 75% to 87%. The introduction of physiotherapy is now offered to patients.</p> <p>Go To Doc (GTD) is supporting the Covid Clinical Assessment Service for red and amber patients referred to the service by NHS 111. Regular meetings take place with Go To Doc to ensure contract compliance. It was noted that the Federation has been a great asset during the Covid 19 pandemic working alongside GTD and North West Boroughs to deliver services, the committee will write to the Federation expressing thanks for the support provided.</p> <p>The financial year 20/21 practices had 3 additional DES offered: Minor Surgery Out of Area Registrations Special Allocation Scheme</p> <p>Learning Disabilities DES is now part of LQC (for monitoring) all practices have signed up to this and have the option of providing the health check in practice or delegating to the Federation. Four practices in South Sefton have chosen the Federation option.</p> <p>Annual contract monitoring offering support and assurances will resume with practices as the CCG returns to usual business post Covid 19 with continued support from NHSE. There are no reported contract breaches.</p>	
PCCCiC/54.	<p>Primary Care Quality Dashboard</p>	
PCCCiC/55.	<p>Key Issues Log to Governing Body</p> <ul style="list-style-type: none"> • Joint Operational Group reports from June and July 2020 • PCN coverage of non- participating practices is robust in South Sefton. Southport and Formby are exploring coverage by 	

	<p>alternative provider given the scale of no- participation.</p> <ul style="list-style-type: none"> • The financial position for the CCG was noted and block arrangements in place with providers. COVID expenditure being tracked and reported. • The Primary Care Programme report was noted. • Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. A letter of thanks to be sent to South Sefton Federation and SF Health Ltd regarding their provision of services during COVID. 	
PCCCiC/56.	<p>Any Other Business</p> <p>The GP survey has been released in July 2020, the survey was collected until March 20 therefore mainly unaffected by changes to ways in working as a result of COVID. The performance of both CCGs is good and a further report will be presented to the next committee.</p>	
PCCCiC/57.	<p>Date of Next Meeting: Date of Next Meeting: 17th September 2020 10.00-11.00am Venue: TBC</p>	
<p>Meeting Concluded.</p> <p>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)</p>		



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

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

Item		CCG	Lead	Time
PCCiC 19/55	<p>Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices</p> <p>15.8.19 Update: there were no representatives present today. Chase for next meeting</p> <p>19.9.19 Update: the template will be available in October 19</p> <p>17.10.19 Update: No further update as yet</p> <p>16.1.20 update: update due in February 2020.</p> <p>19.3.20 update: item remains active</p> <p>21.5.20 update: request for a more structured reporting for the future.</p> <p>16.7.20 Update: the CCG will have discussions with Healthwatch regarding a change in structure this action can be closed.</p>	Both	DB	Aug 19
PCCiC 19/112	<p>The Committee asked that the IT investments budget be presented to the F&R Committee.</p> <p>16.1.20 Update: F&R Committee have been asked to present IT investment budget at the next meeting.</p> <p>19.3.20 Update: item ongoing</p> <p>21.5.29 update: item ongoing investment not yet reported.</p> <p>16.7.20 Update: there is no available funding nationally for investments, information will flow through on regional and local levels.</p>	Both	PS	Dec 19
PCCiC 19/117	<p>Healthwatch to present the access reports for Bootle and Central Southport</p> <p>GP Patient survey results for Bootle and Central Southport</p> <p>16.1.20 Update: Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20.</p> <p>19.3.20 Update: Item is on the agenda for today's meeting 19.3.20</p> <p>21.5.20 update: item ongoing as not yet finalised.</p> <p>16.7.20 Update: item on going awaiting a report.</p>	Both	DB AP	Jan 20

Primary Care Commissioning Committee October 2020

Agenda Item: 20/65	Author of the Paper:	
Report date: October 2020	Robert Smith Management Accountant robert.smith@southportandformbyccg.nhs.uk Tel: 0151 317 8475	
Title: Primary Care – General Medical Services – Financial Position as at 31 August 2020		
Summary/Key Issues: This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 st August 2020.		
Recommendation The Primary Care Commissioning Committee are asked to receive this report noting:	Note	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Further guidance regarding the remainder of the financial year is expected. • As at 31st August the year to date financial position is a deficit of £109k and the full year forecast position is also a deficit of £109k. 	Approve	<input type="checkbox"/>
	Ratify	<input type="checkbox"/>

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
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 – September 2020

Primary Care – General Medical Services – Financial Position as at 31st August 2020

1. Financial Position as at 31st August 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for Southport & Formby CCG as at 31 August 2020.

In response to the COVID emergency, temporary financial arrangements have been implemented for the period April – September 2020 and the original CCG financial plan has been suspended. CCG allocations have been revised and performance is being assessed against the revised allocations. Further guidance relating to the remainder of the financial year is expected to be published in due course.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels 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.

The table below shows performance against budget allocation for the year to 31st August 2020. The total budget presented is for the period April to September 2020.

Table 1 – Delegated Co-Commissioning Position

Category	M1-M6 Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)
Core Contract	6,166,760	5,138,966	5,031,883	(107,083)
Premises	789,687	658,072	442,550	(215,522)
Staff Costs	36,920	30,767	48,097	17,330
QOF	958,564	798,803	819,223	20,420
Enhanced Schemes	138,958	115,799	118,774	2,975
PCN Schemes	667,230	556,025	558,193	2,168
Prescribing	52,430	43,692	43,692	0
Other	(418,449)	(348,564)	50,469	399,033
CCG Staff	44,783	37,319	26,559	(10,759)
Grand Total	8,436,883	7,030,879	7,139,441	108,562

The year to date financial position at 31st August 2020 is a deficit of £109k. Due to the temporary financial arrangements, the full year forecast for 2020/21 relates to the period April – September 2020/21.

As a consequence of the revised allocations, the Delegated Co-Commissioning budget was reduced by £535k for M1-M6, equating to a reduction of £89k per month. This has resulted in a negative contingency budget of £461k which is included within the other category in Table 1.

2. Movement from previously reported position – June 20 to August 20

Table 2 – Movement by Category between Month 3 June 2020 and Month 5 August 2020

Category	YTD Variance		
	Month 3	Month 5	Change
Core Contract	(62,036)	(107,083)	(45,047)
Premises	(8,501)	(215,522)	(207,021)
Staff Costs	14,307	17,330	3,023
QOF	6,950	20,420	13,470
Enhanced Schemes	0	2,975	2,975
PCN Schemes	(103,976)	2,168	106,144
Prescribing	0	0	0
Other	208,098	399,033	190,935
CCG Staff	15,921	(10,759)	(26,681)
Total	70,763	108,562	37,799

The year to date financial position has deteriorated by £38k since Month 3. An increased pressure on the 'Other' budget category relating to the revised allocations for 2020/21 has been offset by an emerging surplus within the Core Contract budget and prior year costs not materialising within the Premises budget.

In addition, due to changes to PCN arrangements in 2020/21, and the resulting payment details now confirmed, costs have increased against this budget and the surplus position reported Month 3 has now been revised.

3. Detailed Commentary

Core Contract - The year to date financial position at M5 includes a £25k surplus arising from the contracts held with practices. There is a further £82k surplus resulting from payments ceasing for PMS Premiums which is recommitted as part of the Local Quality Contract.

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.

Other – The continuing pressure on the year to date financial position is as a result of the revised M1-M6 allocations resulting in a negative contingency budget.

4. 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. Further guidance regarding the remainder of the financial year is expected.

- As at 31st August the year to date financial position is a deficit of £109k and the full year forecast position is also a deficit of £109k.

Robert Smith
Management Accountant
October 2020

Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

South Sefton Primary Care Joint Operational Group, Thursday 13th August 2020

Chair:
Angela Price

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

A request to extend a practice boundary was received and approved.

Phlebotomy capacity has been increased and is currently 20% below pre-covid levels with plans to increase further. There was recognition that a lot of work had taken place to increase capacity but that the backlog of patients is substantial. The medicines management team have been coding patients where bloods are outstanding to identify patients affected.

In response to the 'Third Phase of NHS Response to COVID-19' letter of 31 July 2020, it was highlighted that general practice is at capacity and delivering the primary care areas outlined, however is reliant on community and secondary care services restoring activity to usual levels, where activity is not restored there could be an impact on patient safety and experience.

A drive through flu proposal was discussed utilising Aintree Race Course. Plans are in development to discuss with Leadership Team.

Southport and Formby Primary Care Joint Operational Group, Thursday 13th August 2020

**Chair:
Angela Price**

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

A request to extend a practice boundary was received and approved

Phlebotomy capacity has been increased and is currently 20% below pre-covid levels with plans to increase further. There was recognition that a lot of work had taken place to increase capacity but that the backlog of patients is substantial. The medicines management team have been coding patients where bloods are outstanding to identify patients affected

In response to the 'Third Phase of NHS Response to COVID-19' letter of 31 July 2020, it was highlighted that general practice is at capacity and delivering the primary care areas outlined, however is reliant on community and secondary care services restoring activity to usual levels, where activity is not restored there could be an impact on patient safety and experience

There is an APMS contract which expires in 2021. There was a discussion regarding the need for an option appraisal.

Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

South Sefton and Southport and Formby Primary Care Joint Operational Group, Thursday 10th September 2020

Chair:
Jan Leonard

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

The group considered an application to extend the current list closure in South Sefton at 42 Kingsway Surgery. After considering the application the group declined the request to extend the closure for a further 6 month period as the current closure had approximately 2 months remaining which should give sufficient time to embed workforce changes.

The group noted that a Southport & Formby practice, The Family Surgery was proceeding with managing its outer boundary. This will mean that a number of patients are asked to re-register at a practice closer to their home which supports the move for integrated care and closer working with community service teams. The CCG will liaise with the practice and affected CCGs to ensure a smooth transition. Safeguards will be in place to ensure that vulnerable patients are not affected.

The group discussed the issues surrounding the Enhanced Health in Care Homes specification and the interface between the proactive care element and the responsibility of the registered practice, this included the care planning element and the role of community services.

The group reviewed COVID improvement grant applications from practices and noted that all met the requirements, these will be submitted to F&R committee prior to submission to NHSE.

The group discussed flu plans and note that the drive through option was not being progressed as a result of practice feedback. It was recognised that this work had provided valuable insight in to a mass vaccination programme and may well be utilised for the flu expansion programme or COVID vaccinations at some point in the future. The group recognised the likely shortfall in vaccinations based on the vaccine ordering process – this will be added to the primary care risk register.

An application for the GP retainer scheme was approved for a Southport & Formby practice.

The risk register was reviewed and a further risk added regarding access to COVID tests. The lack of available local testing is starting to impact on workforce as staff have to self-isolate whilst waiting for tests. It was noted that access to phlebotomy was improved

Primary Care Commissioning Committee October 2020

Agenda Item: 20/65	Author of the Paper:	
Report date: October 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 August 2020		
Summary/Key Issues: This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 st August 2020.		
Recommendation		Note
The Primary Care Commissioning Committee is asked to receive this report noting:		Approve <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Further guidance regarding the remainder of the financial year is expected. • As at 31st August the year to date financial position is a deficit of £165k and the full year forecast position is also a deficit of £165k. 		Ratify <input type="checkbox"/>

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
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 – September 2020

Primary Care – General Medical Services – Financial Position as at 31st August 2020

1. Financial Position as at 31st August 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for South Sefton CCG as at 31 August 2020.

In response to the COVID emergency, temporary financial arrangements have been implemented for the period April – September 2020 and the original CCG financial plan has been suspended. CCG allocations have been revised and performance is assessed against the revised allocations. Further guidance relating to the remainder of the financial year is expected to be published in due course.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels 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.

The table below shows performance against budget allocation for the year to 31st August 2020. The total budget presented is for the period April to September 2020.

Table 1 – Delegated Co-Commissioning Position

Category	M1-M6 Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)
Core Contract	7,791,574	6,492,979	6,289,440	(203,540)
Premises	703,018	585,847	506,507	(79,340)
Staff Costs	140,084	116,737	116,737	0
QOF	1,114,171	928,474	908,613	(19,861)
Enhanced Schemes	88,428	73,690	73,690	0
PCN Schemes	783,083	652,568	649,812	(2,756)
Prescribing	43,852	36,543	36,543	0
Other	(497,140)	(414,284)	43,566	457,850
CCG Staff	56,997	47,498	60,521	13,023
Grand Total	10,224,067	8,520,052	8,685,429	165,377

The year to date financial position at 31st August 2020 is a deficit of £165k. Due to the temporary financial arrangements, the full year forecast for 2020/21 relates to the period April – September 2020/21.

As a consequence of the revised allocations, the Delegated Co-Commissioning budget was reduced by £1.548m for M1-M6, equating to a reduction of £258k per month. This has resulted in a negative contingency budget of £550k which is included within the other category in Table 1.

2. Movement from previously reported position – June 20 to August 20

Table 2 – Movement by Category between Month 3 June 2020 and Month 5 August 2020

Category	YTD Variance		
	Month 3	Month 5	Change
Core Contract	(92,711)	(203,540)	(110,829)
Premises	(11,057)	(79,340)	(68,282)
Staff Costs	20	0	(20)
QOF	(20,144)	(19,861)	283
Enhanced Schemes	0	0	0
PCN Schemes	(8,533)	(2,756)	5,778
Prescribing	0	0	0
Other	248,842	457,850	209,008
CCG Staff	35,156	13,023	(22,132)
Total	151,572	165,377	13,805

The year to date financial position has deteriorated by £14k since Month 3. An increased pressure on the 'Other' budget category relating to the revised allocations for 2020/21 has been significantly offset by an emerging surplus within the Core Contract budget and prior year costs not materialising within the Premises budget.

3. Detailed Commentary

Core Contract – The year to date financial position at M5 includes a £64k surplus arising from the contracts held with practices. There is a further £140k surplus resulting from payments ceasing for PMS Premiums (£96k) and APMS KPIs (£44k). The £140k surplus is recommitted as part of the Local Quality Contract.

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.

Other – The continuing pressure on the year to date financial position is as a result of the revised M1-M6 allocations resulting in a negative contingency budget.

4. 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. Further guidance regarding the remainder of the financial year is expected.
- As at 31st August the year to date financial position is a deficit of £163k and the full year forecast position is also a deficit of £163k.

Robert Smith
Management Accountant
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/66	Author of the Paper:						
Report date: October 2020	Name: Richard Hampson Job Title: Primary Care Contracts Manager richard.hampson@southseftonccg.nhs.uk						
Title: Workforce Strategy 2020/2021							
Summary/Key Issues: The paper is designed to give an overview of workforce strategy within Southport and Formby CCG including reporting on PCN workforce activity.							
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	<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 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		

Process	Yes	No	N/A	Comments/Detail
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

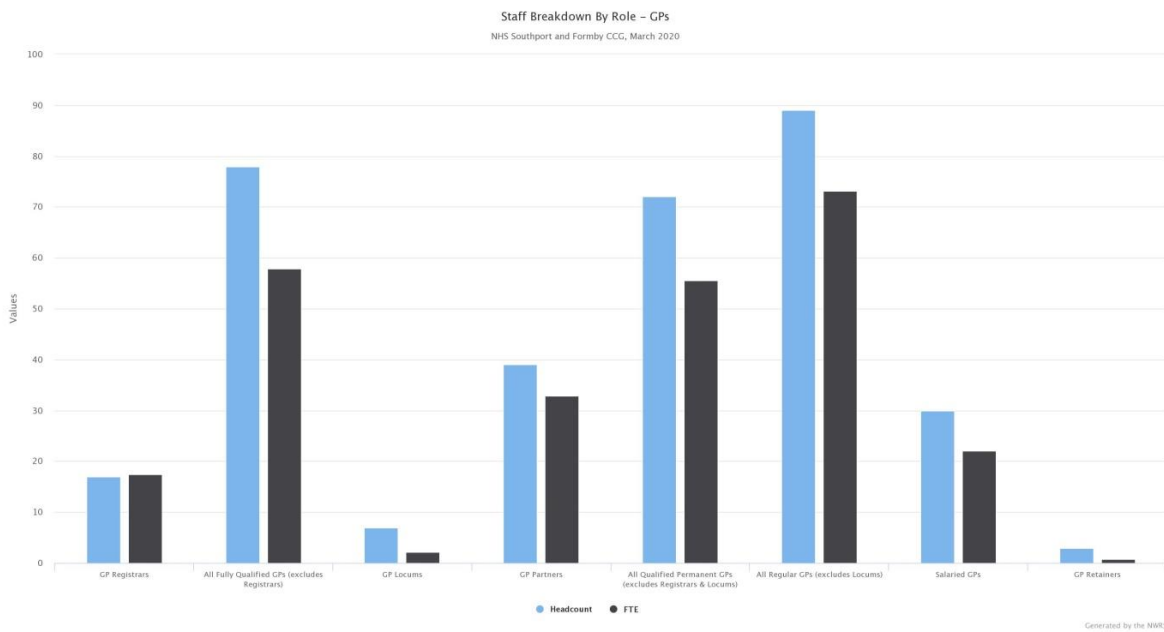
Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

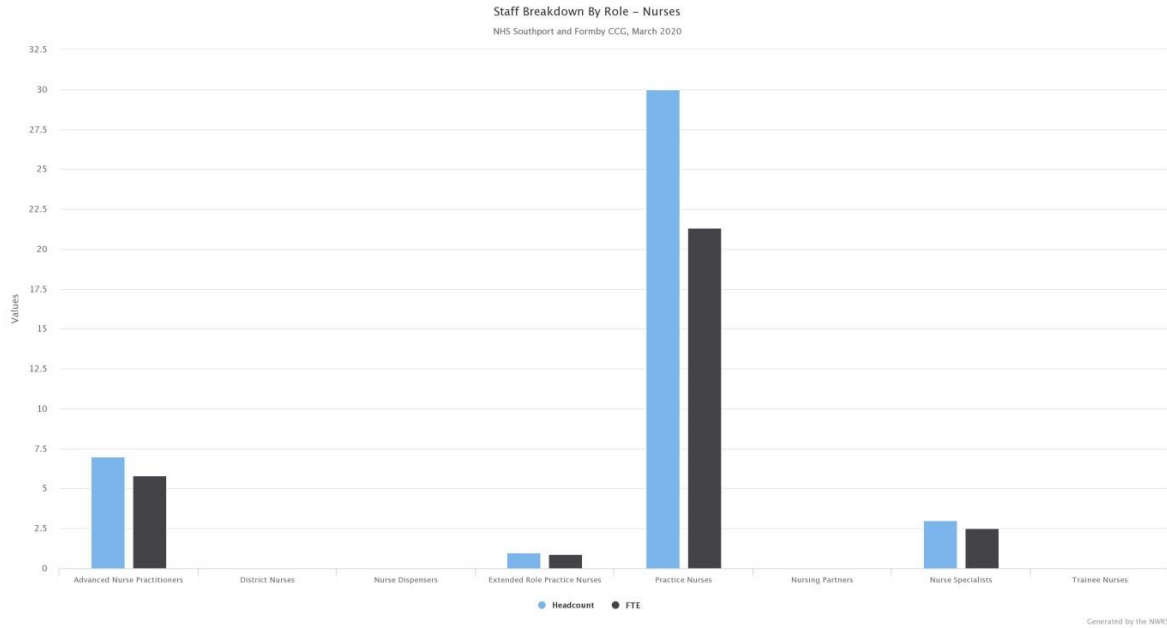
The paper was developed with input from both locality leads and PCN leads within Southport and Formby CCG. The paper is designed to present a high level overview of current workforce strategy within Primary Care at CCG and PCN level whilst supporting the CCG’s wider people plan and strategy.

High Level Overview of Roles

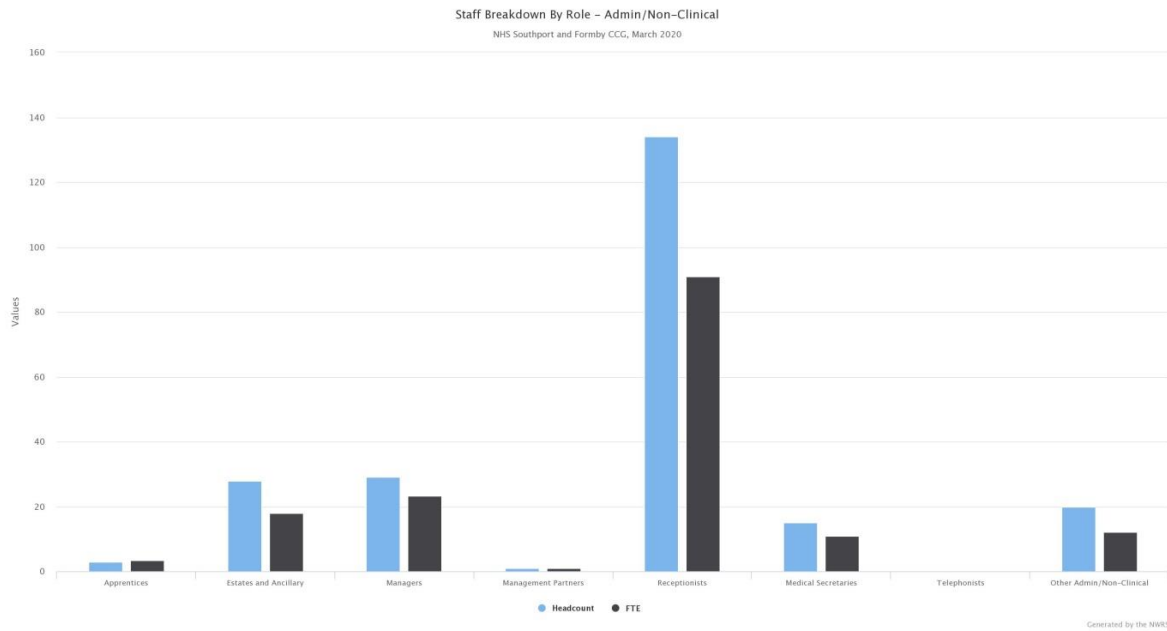
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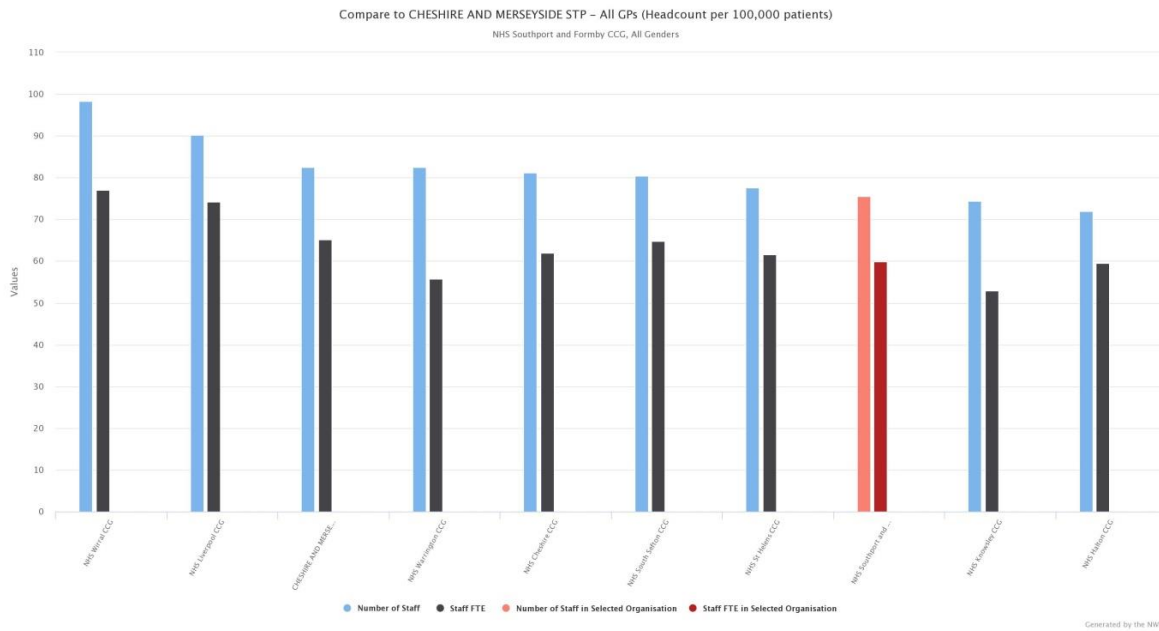
The above table shows headcount and full time equivalent (FTE) for GP’s in Southport and Formby CCG.



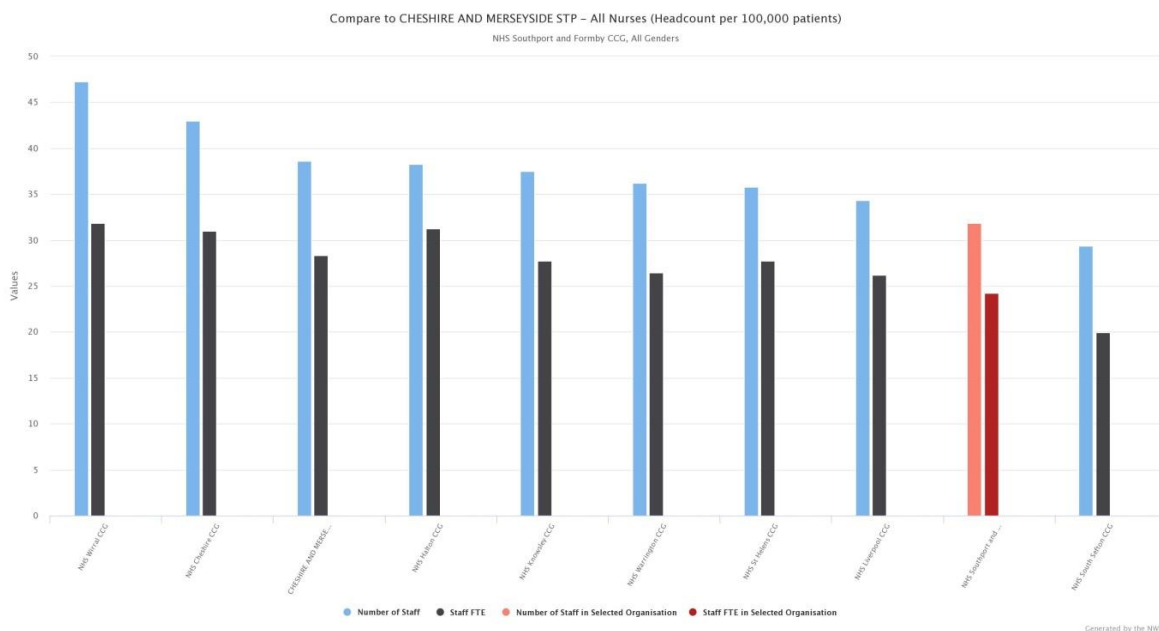
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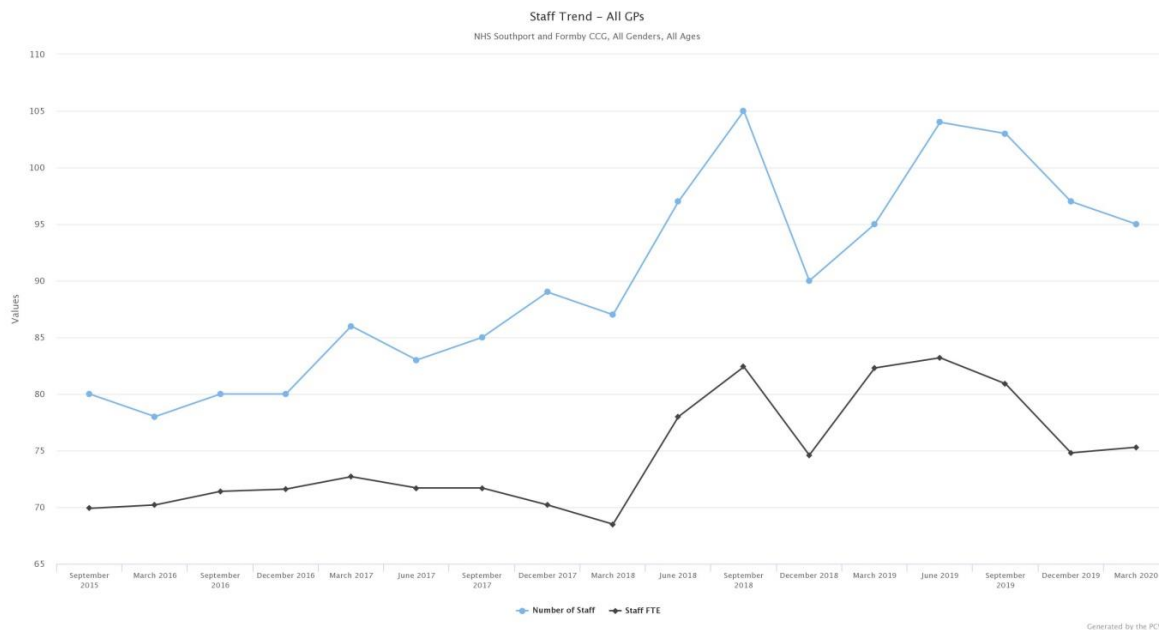
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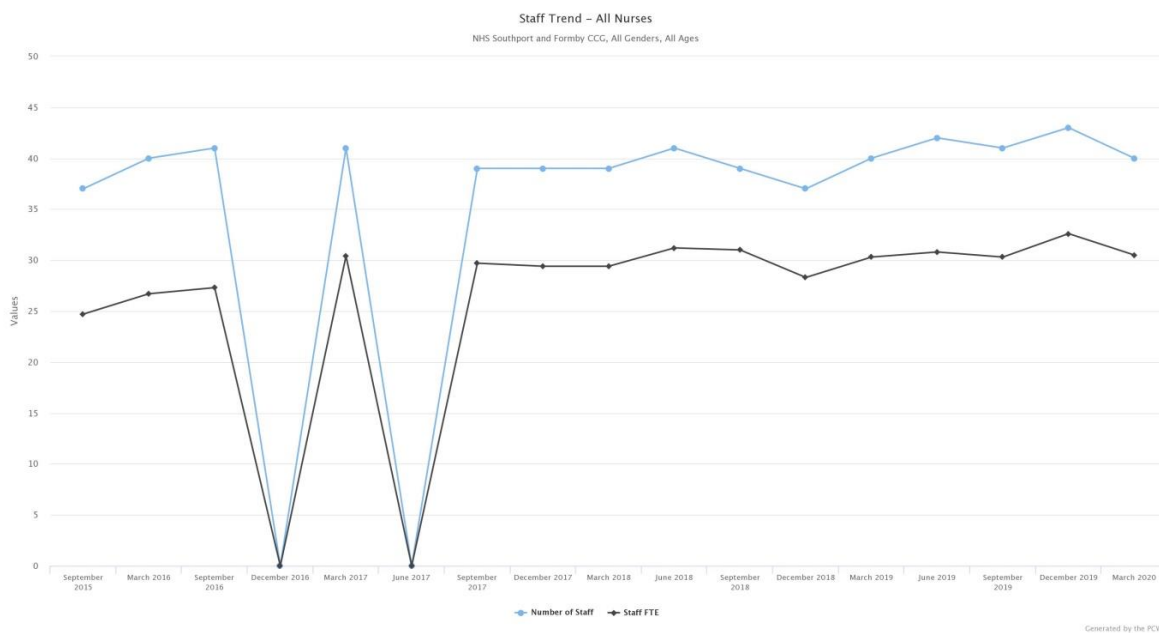
The above table is a comparison of all GP's in Southport and Formby CCG when compared with other CCG's.



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The above table shows total number of GP's trend from September 2015 through to March 2020 for Southport and Formby CCG.



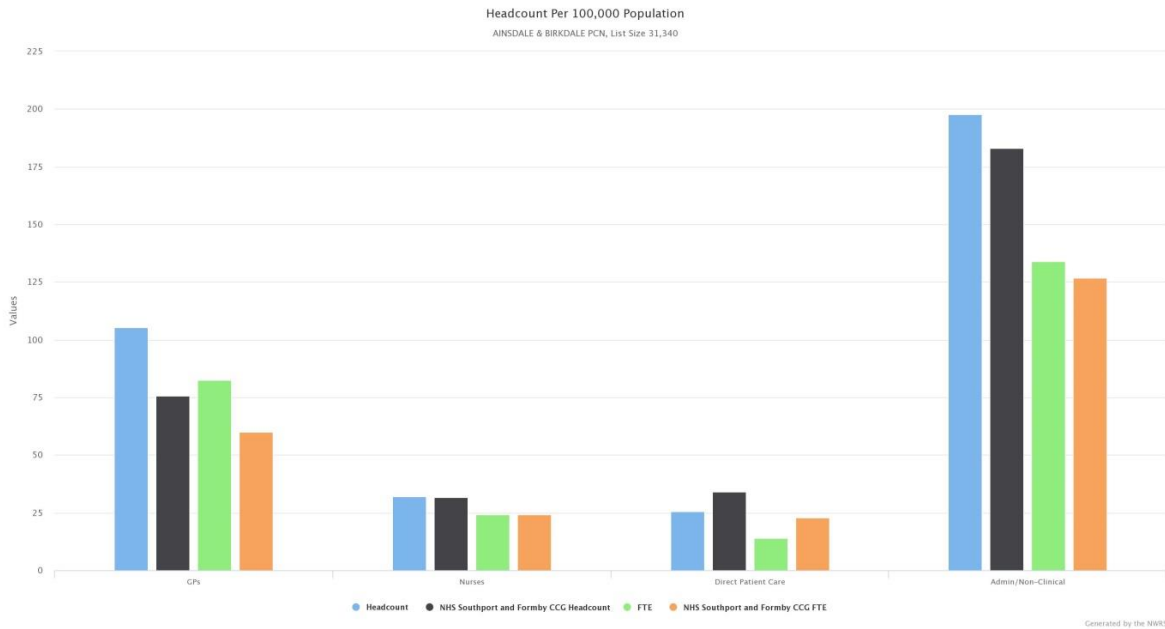
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PCN Overview

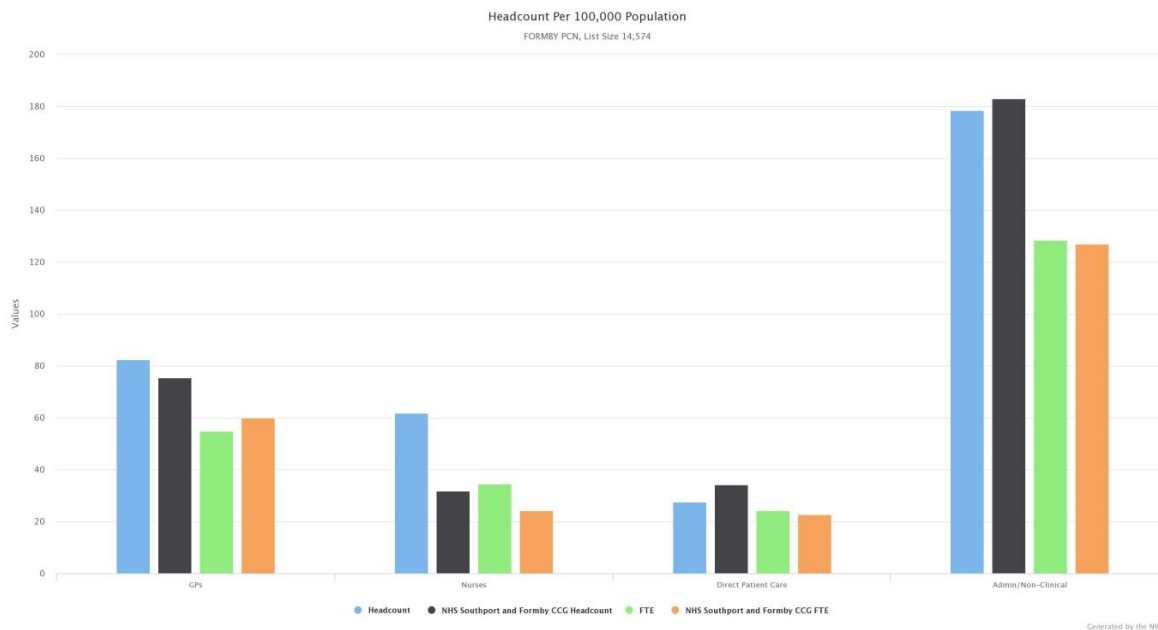
In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 7 practices signed up to be part of a PCN (one practice unfortunately has been stranded as the rest of the PCN do not wish to take part), with 12 practices choosing to opt out of the DES.

Currently in Southport and Formby CCG, there are two PCN’s: Ainsdale and Birkdale and Formby PCN.

The below tables highlight the current staffing numbers across the networks. The GP Federation in Southport and Formby CCG has been commissioned to provide and deliver the PCN service specifications to the patient population who currently do not fall within a PCN.



Ainsdale and Birkdale PCN Above



Formby PCN Above

PCN Workforce

Ainsdale & Birkdale PCN and Formby PCN are looking to bring in various team members to the PCN, through a variety of host employers, thus strengthening relationships with community and voluntary organisations, developing a deeper understanding of gaps in service and areas for improvement, and creating stronger support networks. In line with the DES service specifications, these roles will help support the networks in service delivery, but will also help to transform primary care by supporting GP practices and ensuring that the right skill mix, is delivering certain service areas, therefore releasing GP/ANP/PN time to pick up other aspects of work or projects within primary care.

Additional Roles:

The ANP, PA and Care Coordinator will support primary care in improving the quality and delivery of service to care home patients, also streamlining processes and strengthening relationships:

The ANP will chair a weekly MDT, where other partner agencies are invited to attend (ICT), they will also be the first port of call for care homes when a clinical need presents, referring on to practices for GP input when required.

The PA will support the ANP and will also work with care homes in ensuring that care plans are personalised, relevant and completed in a timely manner. The PA will also work within practices to support patients in relation to their specialism, also releasing some clinical time for GP/ANP/PNs.

The Care Coordinator will be the central point for collating and processing information about patients. They will receive information from care homes and other agencies and pass this on to the correct practice, team or individual. They will also collate information for the MDT and ensure all patient records are up to date and accurate. Where appropriate they will help coordinate patients, by signposting those to receive support for any other needs they may have (outcomes from the MDT or other agencies).

The SPLW – Cancer Specialist and GP Cancer Lead:

The SPLW – Cancer Specialist will have a dual role that supports practices with the data quality/audits required to improve screening rates, etc. and deliver holistic patient centred care, thorough HNA's and other signposting requirements. They will work closely with the various cancer charities to ensure that the PCN's have the most relevant and up to date, tools and support available.

The GP Cancer Lead will oversee the work of the SPLW – CS and support practices in increasing the uptake of screening, safety netting, referrals, etc. This will be done by utilising various tools and resources and implementing them into primary care. They will also work closely with the various cancer charities.

Clinical Pharmacists:

The Clinical Pharmacists will endeavour to carry out SMR's and clinics as requested by the PCN. They will work with practices to ensure that the standards of the SMR's are high and also support the relevant areas of the care planning process.

Social Prescribing Link Worker:

This role will support primary care to think differently about certain cohorts of patients, to explore other options and potentially reduce the number of frequent attenders as they receive support from elsewhere. The SPLW will build strong relationships with the community and voluntary sector organisations and help to create a new dynamic between them and primary care.

Additional Role Reimbursement Scheme (ARRS)

In July 2018, the Network Contract Directed Enhanced Service (DES) went live, which provided funding to Primary Care Networks (PCN) through a new Additional Roles Reimbursement Scheme (ARRS). The scheme was designed to allow networks to build up and expand primary care teams to help deliver services and the network directed contracts. The scheme gave the PCNs the ability to hire full time equivalent (FTE) across five specific roles, over five years: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists and Paramedics.

Initially, the PCNs were asked to determine their allocation by understanding a baseline across the PCN area of staff funded by general practice and also by CCG. This created a baseline by which the PCN and the additional roles reimbursement scheme would be assessed against, moving forward.

In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

The below tables outline what the PCNs plans are in relation to additional recruitment through the ARRS to support PCN workforce in Southport and Formby CCG.

**** Please note that these are indicative plans with an option to flex dependent upon the outcome of recruitment ****

Ainsdale and Birkdale PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.88	0.00	0.00	1.62	0.00	2.50
Social prescribing link workers	1.00	0.00	0.00	1.00	0.00	2.00
First contact physiotherapists				1.00		1.00
Physician associates				1.00	0.00	1.00
Pharmacy technicians				1.50		1.50
Occupational therapists						0.00
Dietitians						0.00
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00	0.00	1.00
						TOTAL:
						9.00

Formby PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.77	0.00	0.00	1.53	0.00	2.30
Social prescribing link workers	1.00	0.00	0.00	1.00	0.00	2.00
First contact physiotherapists						0.00
Physician associates				1.00	1.00	2.00
Pharmacy technicians				1.00		1.00
Occupational therapists						0.00
Dietitians						0.00
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00	0.00	1.00
						TOTAL:
						8.30

GP Federation ARRS:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	1.91		1.20			3.11
Social prescribing link workers	2.00		1.00			3.00
First contact physiotherapists						0.00
Physician associates			2.50			2.50
Pharmacy technicians						0.00
Occupational therapists						0.00
Dietitians			2.50			2.50
Chiropodists / podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators			2.50			2.50
						TOTAL:
						13.61

Continuing Professional Development (CPD) Training Fund

Southport and Formby CCG has been supporting practices and PCN's with additional available funding for CPD. This funding will be distributed and managed through Health Education England (HEE) regional office working with the Primary Care Academy (Cheshire and Merseyside Training Hubs). This funding is aimed to support CPD requirements of nurses, midwives and AHPs in NHS provided services. This will allow access to funding linked to personal professional requirements as well as local priorities. This funding is aimed to support the NHS, and support building skills and expertise of our people vital to services and communities.

The Primary Care Training Hubs will ensure this funding can be accessed by appropriate staff within primary care. This funding has been calculated using NHS Digital 2019 workforce data. Each nurse, midwife and AHP working in primary care is able to access a third of their allocation over each of the next three years. Therefore, this funding is a one-year settlement and future allocations for years 2021/22 and 2022/23 will be reviewed in line with the Spending Review process. The allocation for Cheshire and Merseyside for 2020/21 is £347,333.

Nationally there is £150m increased investment in continuing professional development (CPD)

- There is a total Primary Care allocation of £1000 over 3 years for each registered nurse, nursing associate, midwife and allied health professional (AHP) calculated using September 2019 NSH Digital General Practice Workforce Data
- For 2021 the allocation is therefore £333 for each of these staff members. Please note that formal university accredited CPD Modules for specific disease areas do have a higher cost attached, and the practice/PCN may need to add to the funding provided if they wish to secure these modules for their staff.
- Access to funding must be linked to personal professional requirements as well as system and population health priorities. Please note that consideration for pooling part of the budgets may be an option to provide some training at scale, i.e. Immunisations & Vaccinations.

Attain Report

Sefton Heath and Care Transformation Board undertook some workforce analysis following on from the release of up to date (March 2020) workforce data on the National Workforce reporting System. The findings are set out in the table below and this will help to support the CCG in their workforce transformation plan.

Key Findings- Primary Care



<p>1 There are fewer GPs per head of 75+ population in Sefton than any benchmark, at 20% less than England's average, presenting challenges for accessibility to healthcare. This will continue to worsen and by 2024 will be 40%</p>	<p>2 Almost 80% more practice nurses are required in Sefton to match the best performing peer CCG impacting upon chronic disease management, health promotion, screening and sexual health</p>	<p>3 Recent implementation of the expanding pharmacy role has been successful with no recruitment issues and staffing levels exceed all benchmarks</p>
<p>ACTIVITY GROWTH PRESSURE</p>	<p>CURRENT STAFFING PRESSURE</p>	<p>NEW ROLE IMPLEMENTATION</p>
<p>4 A twelve month preceptorship is in place to support qualified nurses new to practice nursing concentrating on pre-screening and long term conditions which has shown that this can help in retention rates by supporting the workforce</p>	<p>5 37% of practice nurses across Sefton are 55 years old or over There will be a significant requirement to expand other key PC roles to compensate for challenged GP and practice nurse to list size ratios by 2024.</p>	<p>6 There is HIGH variation within nursing across Sefton in terms of roles and responsibilities within primary care</p>
<p>NEW ROLE IMPLEMENTATION</p>	<p>FUTURE STAFFING PRESSURE</p>	<p>PERFORMANCE / QUALITY PRESSURE</p>

Apex Insight

Apex Insight is still being rolled out to all practices in Southport and Formby CCG to support with workforce planning and capacity and demand. Apex software concentrates on the appointment element of the practices whilst Insight looks at the workforce. Together Apex Insight offers Practices a comprehensive workload analysis and workforce planning capability (software and support) to make informed decisions about the future.

Practice-level information can be consolidated at Locality, Federation, CCG and STP level to inform strategic planning and system-wide solutions to these challenges.

NHS England Workforce Steering Group

Richard Hampson, Primary Care Contract Manager has recently joined as a member on NHS England's workforce steering group. The membership will allow CCG's to learn and shape the wider workforce plan spear headed by NHSE and also the CCG will be able to feed back any initiatives or schemes to the wider CCG team to ensure that any strategic initiatives are also in line with the CCG's people plan.

The purpose of this group is:

- To support the development of a Primary Care Workforce vision and strategy for the Cheshire and Merseyside
- To ensure that there is a credible and agreed baseline profile for the general practice and primary care workforce within Cheshire and Merseyside, to aid effective workforce planning and modelling across Primary Care Networks (PCN).
- That critical workforce gaps and risks are clearly identified with an informed and appropriate prioritised plan developed to address the gaps & risks identified.
- To deliver the initial workforce action plan and when developed, ensure its future development to reflect the level of local progress within the context of any other emerging priorities or risks within PCNs.
- To consider and plan how the utilisation of any national and local workforce development and education initiatives, including access to available funding relevant to general practice and primary care, might be connected and presented to enable their best application and adoption within Cheshire and Merseyside through the Primary Care Training Hubs across C&M.
- To monitor and report progress on the workforce aspects of General Practice Forward View to the Programme Board and the Cheshire and Merseyside Local Workforce Action Board (LWAB).
- Feedback relevant issues, concerns and /or examples of good practice to GPFV Programme Board and C&M LWAB as required.

Local Training Hub / Primary Care Academy

The GP federation in Southport and Formby CCG are part of the local training hub and together the CCG and Primary Care Academy (PCA) work closely to continuously develop, retain and attract more Primary Care workforce .The Cheshire and Merseyside PCA supports the delivery of a highly skilled and satisfied workforce whilst creating opportunities and career pathways, leading to desirable working environments for NHS primary and community care workforce in order to better meet the current and future needs of the Cheshire & Merseyside population.

The Primary Care Academy is a vehicle for workforce transformation and sits at the heart of general practice through its six Enhanced Training Hubs that are based in the communities across Cheshire and Merseyside.

2. Recommendations

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

Richard Hampson
Primary Care Contracts Manager
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item:	Author of the Paper:
Report date: October 2020	Name: Richard Hampson Job Title: Primary Care Contracts Manager richard.hampson@southseftonccg.nhs.uk
Title: Workforce Strategy 2020/2021	
Summary/Key Issues: The paper is designed to give an overview of workforce strategy within South Sefton CCG including reporting on PCN workforce activity.	
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	Note <input checked="" type="checkbox"/> Approve <input 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

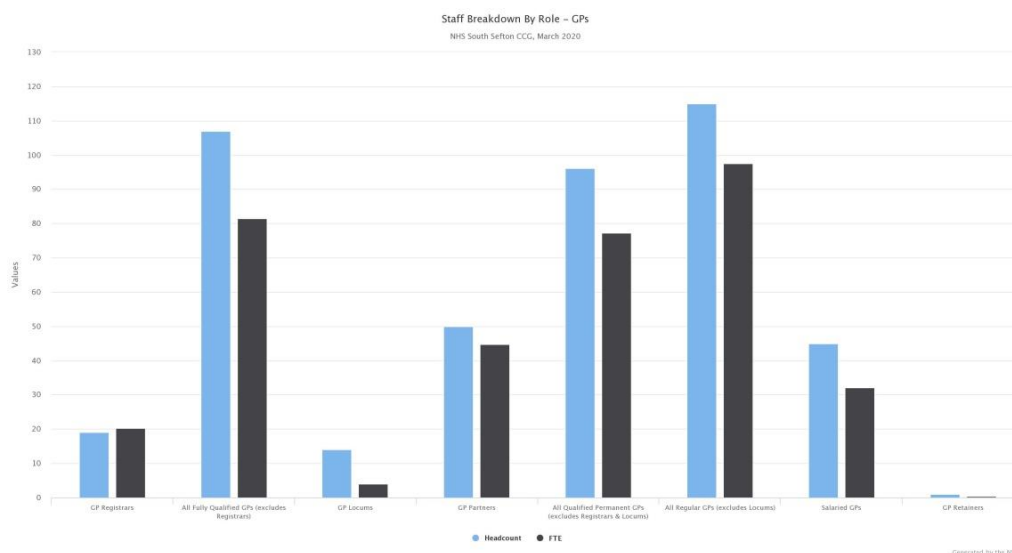
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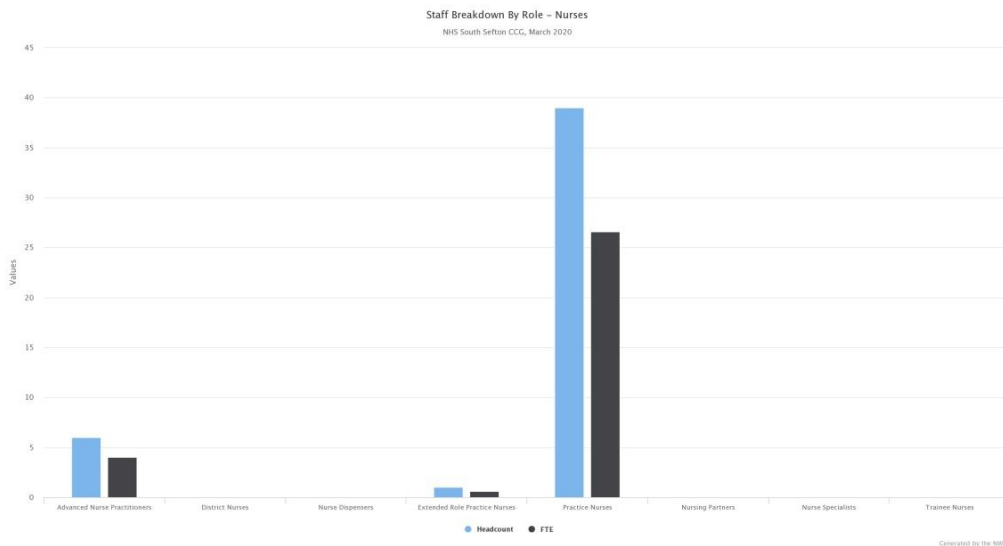
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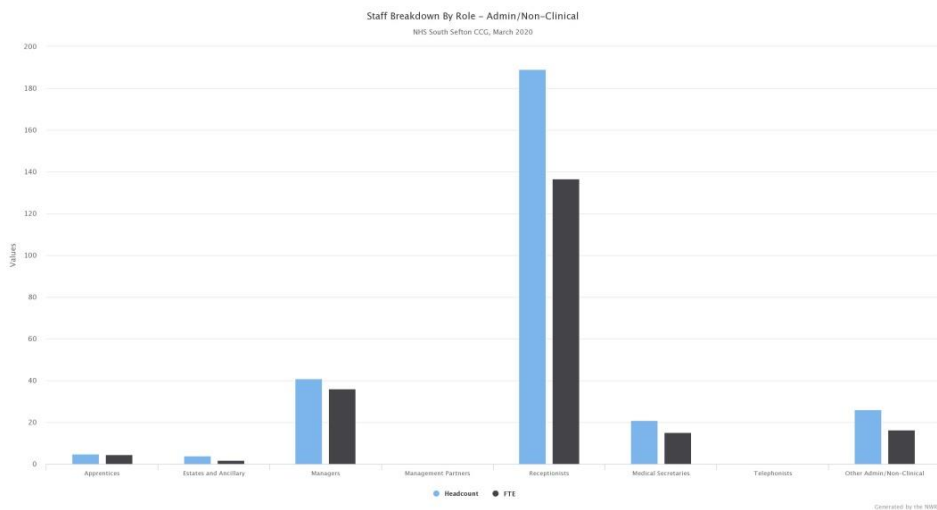
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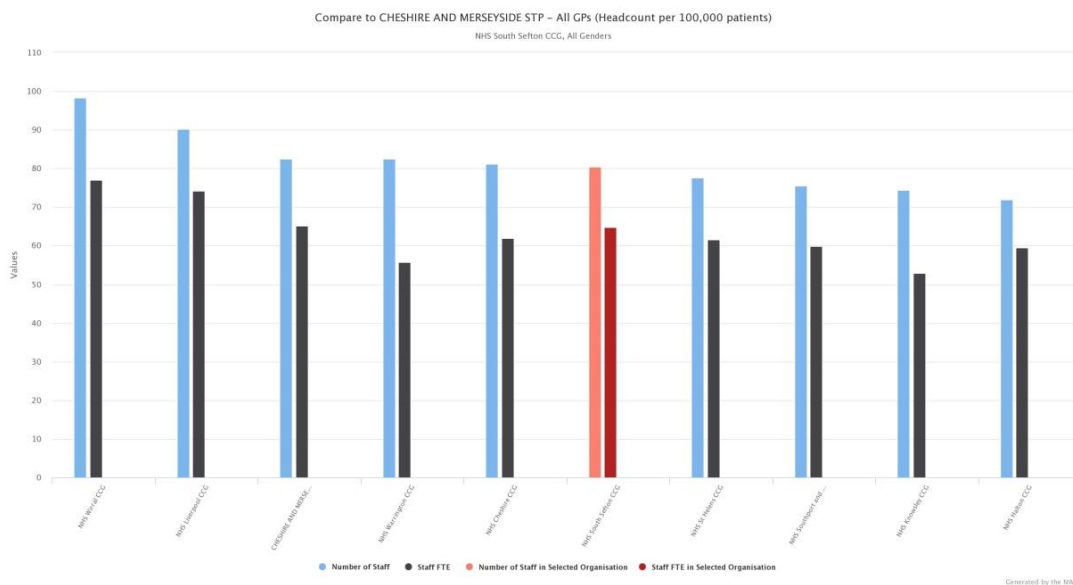
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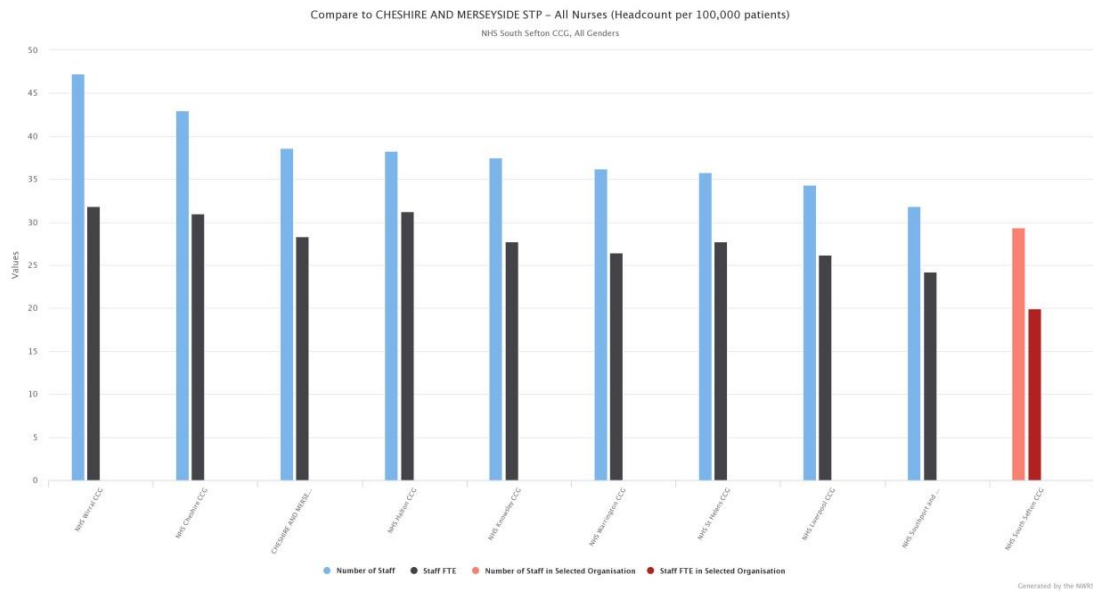
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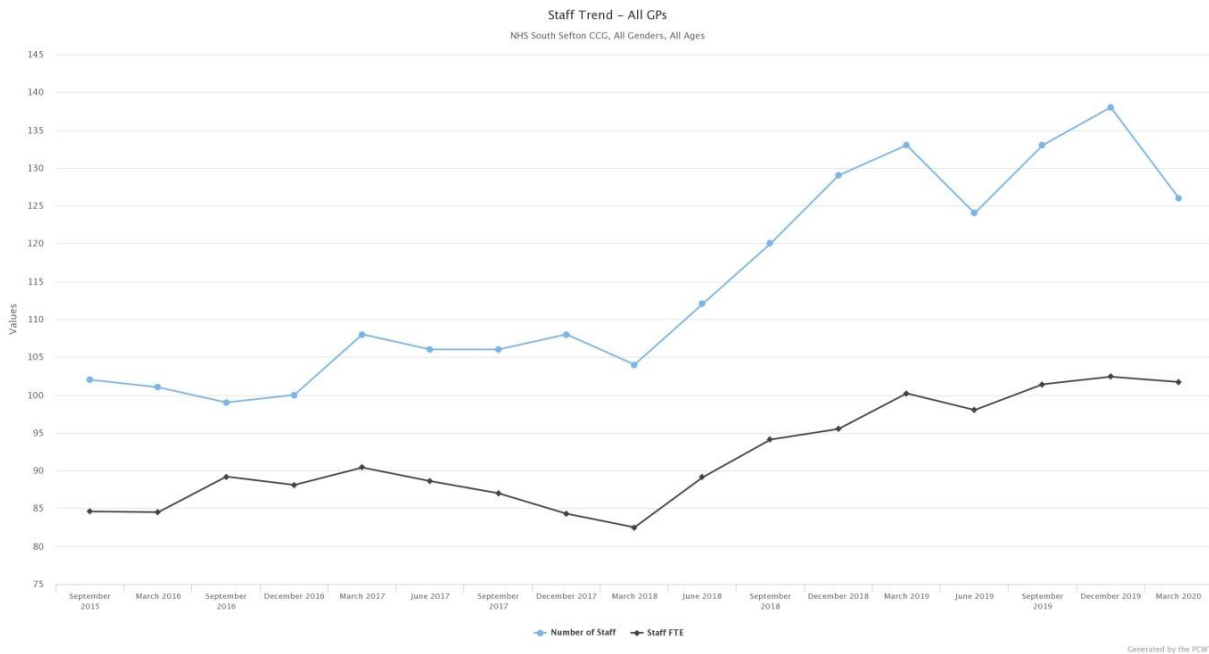
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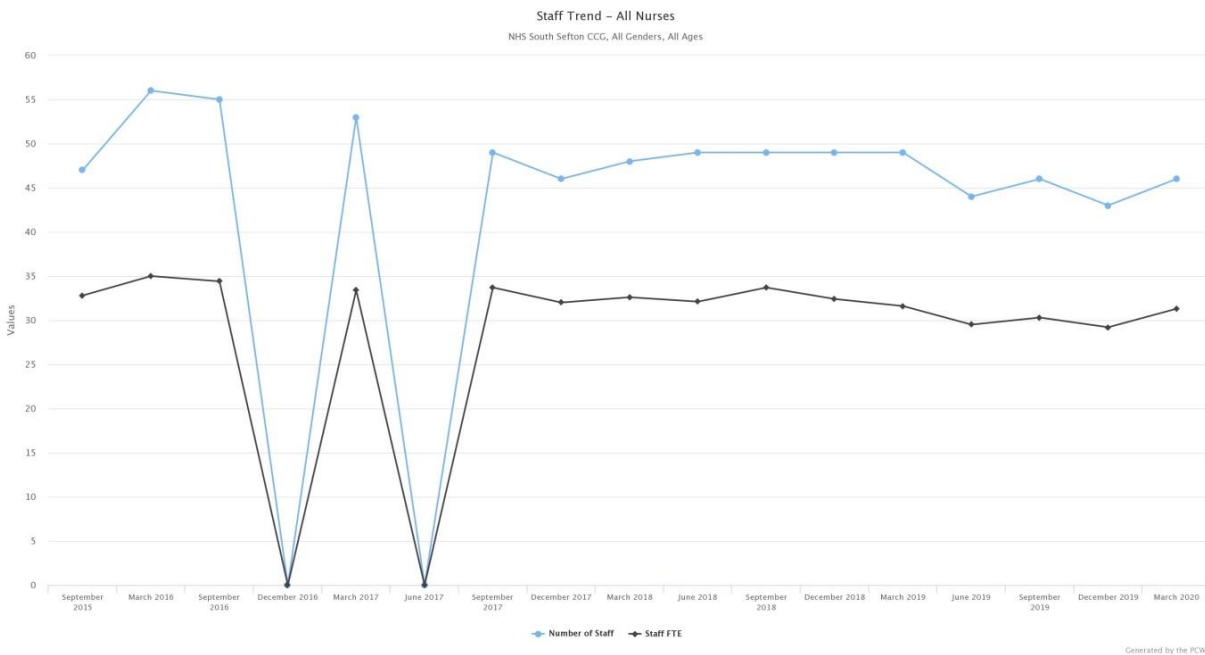
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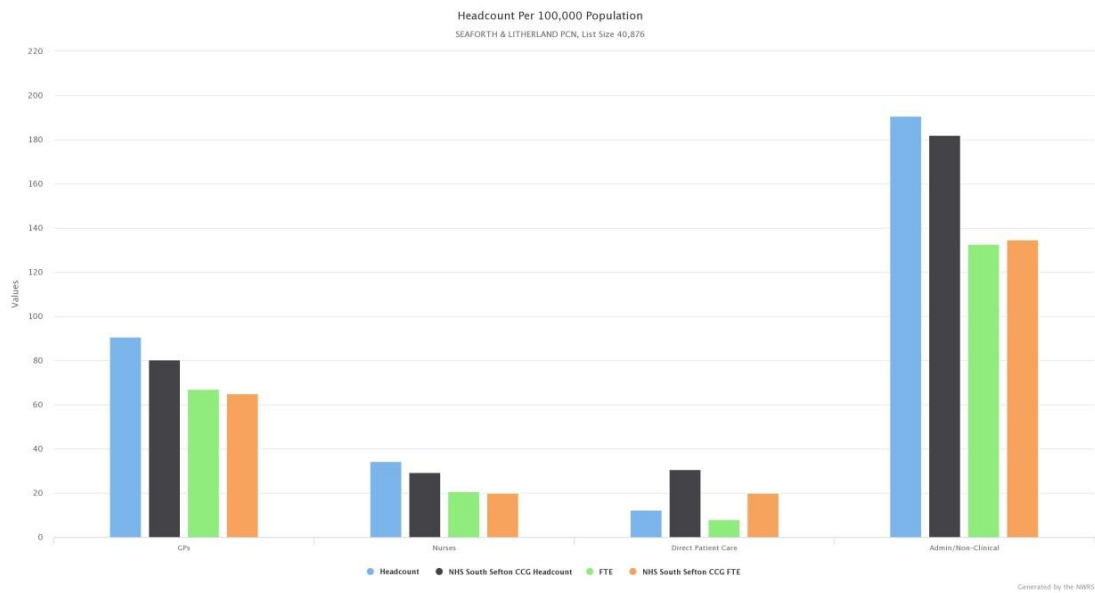
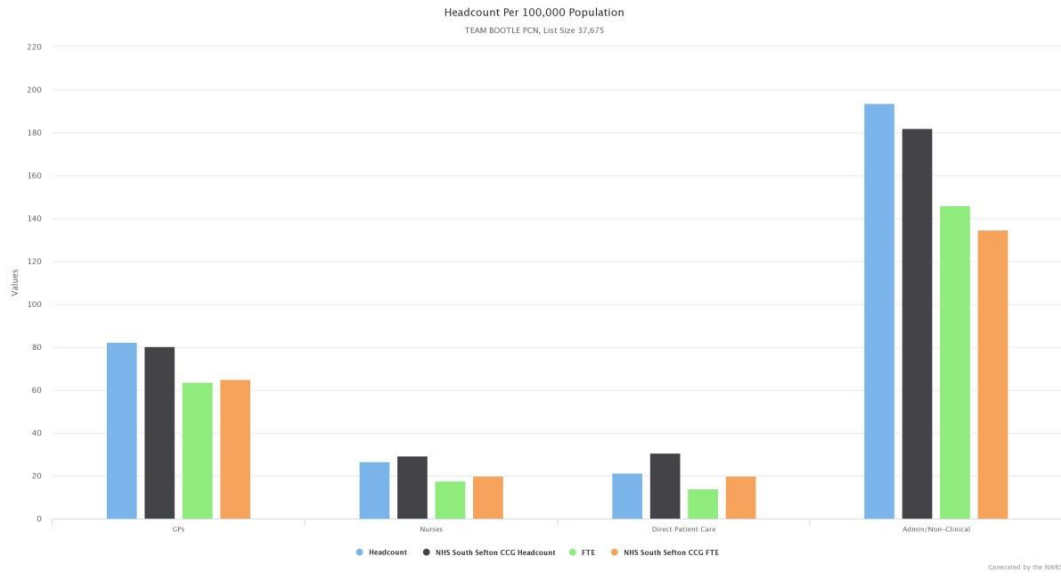
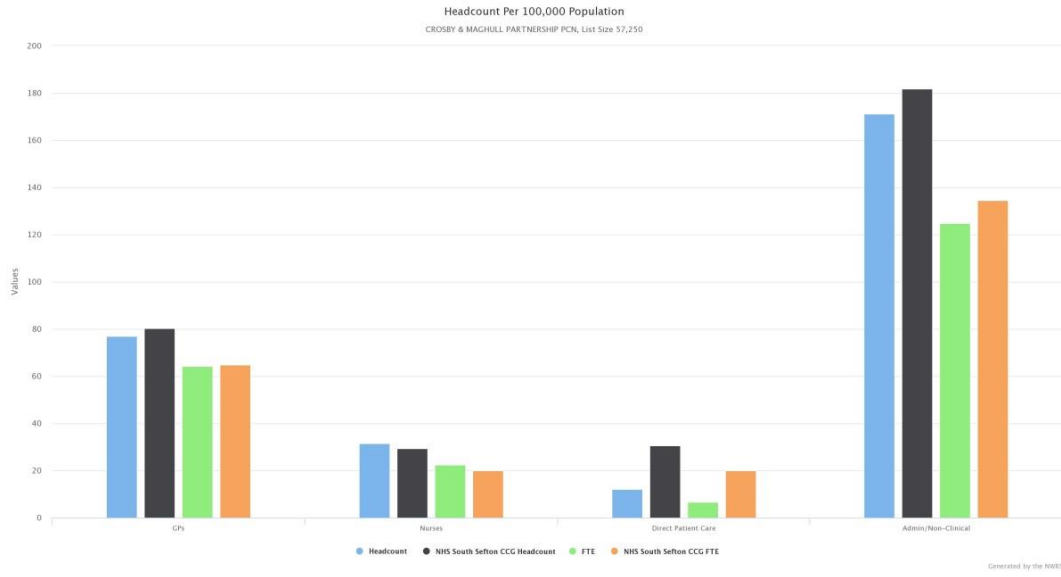
The above table shows total number nurses trend from September 2015 through to March 2020 for South Sefton CCG.

PCN Overview

In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 26 practices signed up to be part of a PCN, with 4 practices (3 from the same provider) choosing to opt out of the DES.

Currently in South Sefton CCG, there are two PCN’s: Crosby, Bootle and Maghull (following the approved merger of Crosby and Maghull and Bootle) and Seaforth and Litherland.

The below tables highlight the current staffing numbers across the networks. The PCN’s will be providing services to the populations of those practices who have not sign up to the PCN DES however these non-participating practice staff are not included in the below metric. (Please note that Bootle is still a standalone PCN due to the time lag from merging and the NWRS portal updating)



PCN Workforce

Bootle, Crosby & Maghull currently have Social Prescribing Link Works (SPLW) in post and have just appointed an additional SPLW to work across Bootle as the role has been very significant during COVID, particularly with shielding patients. Bootle practices have seen the benefit of SLPWs and the current worker has developed strong relationships with PCN practices. Clinical Pharmacists have been placed in the Medicines Management Hub which now works across all of South Sefton CCG. This has had significant benefits for practices in particular with hospital discharge reconciliation and care homes SMRs. The PCN plans to appoint more Clinical Pharmacists in future.

Seaforth and Litherland are looking to use the additional roles allocation funds to work with Liverpool Heart and Chest hospital to recruit three Physician Associates through the employ, deploy model. The physician associates will be focusing on the delivery on the DES specifications whilst also be supporting practices with day-to-day clinical duties. We have asked practices if they would be interested in supporting a PA, which will mean that the PA would be based in that practice and support the PCN as well as that specific practice day to day. In addition to that, we have also employed two WTE social prescribers through CVS and 1.56 WTE Community pharmacists through the CCG. Seaforth and Litherland PCN are currently supporting practices with the variety of initiatives which have been circulated via the workforce hub. Key initiatives the PCN are interested in are the GP fellowships / mentoring scheme which we believe is being led by the ICS.

Additional Role Reimbursement Scheme (ARRS)

In July 2018, the Network Contract Directed Enhanced Service (DES) went live, which provided funding to Primary Care Networks (PCN) through a new Additional Roles Reimbursement Scheme (ARRS). The scheme was designed to allow networks to build up and expand primary care teams to help deliver services and the network directed contracts. The scheme gave the PCNs the ability to hire full time equivalent (FTE) across five specific roles, over five years: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists and Paramedics.

Initially, the PCNs were asked to determine their allocation by understanding a baseline across the PCN area of staff funded by general practice and also by CCG. This created a baseline by which the PCN and the additional roles reimbursement scheme would be assessed against, moving forward.

In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

The below tables outline what the PCNs plans are in relation to additional recruitment through the ARRS to support PCN workforce in South Sefton CCG.

**** Please note that these are indicative plans with an option to flex dependent upon the outcome of recruitment ****

Crosby, Bootle and Maghull PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	1.90	0.00	2.47	0.00	8.00	12.37
Social prescribing link workers	2.50		1.00		2.00	5.50
First contact physiotherapists				2.00	2.00	4.00
Physician associates					4.00	4.00
Pharmacy technicians					2.00	2.00
Occupational therapists				2.00	2.00	4.00
Dietitians						0.00
Chiropractors / podiatrists						0.00
Health and wellbeing coaches				1.00	1.00	2.00
Care co-ordinators				3.00	3.00	6.00
					TOTAL:	39.87

Seaforth and Litherland PCN:

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	
Clinical pharmacists	0.68		0.88	1.00		2.56
Social prescribing link workers	1.00		1.00			2.00
First contact physiotherapists						0.00
Physician associates				3.00		3.00
Pharmacy technicians				1.00		1.00
Occupational therapists				1.00		1.00
Dietitians						0.00
Podiatrists						0.00
Health and wellbeing coaches						0.00
Care co-ordinators				1.00		1.00
					TOTAL:	10.56

Continuing Professional Development (CPD) Training Fund

South Sefton CCG has been supporting practices and PCN’s with additional available funding for CPD. This funding will be distributed and managed through Health Education England (HEE) regional office working with the Primary Care Academy (Cheshire and Merseyside Training Hubs). This funding is aimed to support CPD requirements of nurses, midwives and AHPs in NHS provided services. This will allow access to funding linked to personal professional requirements as well as local priorities. This funding is aimed to support the NHS, and support building skills and expertise of our people vital to services and communities.

The Primary Care Training Hubs will ensure this funding can be accessed by appropriate staff within primary care. This funding has been calculated using NHS Digital 2019 workforce data. Each nurse, midwife and AHP working in primary care is able to access a third of their allocation over each of the next three years. Therefore, this funding is a one-year settlement and future allocations for years 2021/22 and 2022/23 will be reviewed in line with the Spending Review process. The allocation for Cheshire and Merseyside for 2020/21 is £347,333.

Nationally there is £150m increased investment in continuing professional development (CPD)

- There is a total Primary Care allocation of £1000 over 3 years for each registered nurse, nursing associate, midwife and allied health professional (AHP) calculated using September 2019 NSH Digital General Practice Workforce Data
- For 2021 the allocation is therefore £333 for each of these staff members. Please note that formal university accredited CPD Modules for specific disease areas do have a higher cost attached, and the practice/PCN may need to add to the funding provided if they wish to secure these modules for their staff.
- Access to funding must be linked to personal professional requirements as well as system and population health priorities. Please note that consideration for pooling part of the budgets may be an option to provide some training at scale, i.e. Immunisations & Vaccinations.

Attain Report

Sefton Heath and Care Transformation Board undertook some workforce analysis following on from the release of up to date (March 2020) workforce data on the National Workforce reporting System. The findings are set out in the table below and this will help to support the CCG in their workforce transformation plan.

Key Findings- Primary Care



<p>1 There are fewer GPs per head of 75+ population in Sefton than any benchmark, at 20% less than England's average, presenting challenges for accessibility to healthcare. This will continue to worsen and by 2024 will be 40%</p> <p>ACTIVITY GROWTH PRESSURE</p>	<p>2 Almost 80% more practice nurses are required in Sefton to match the best performing peer CCG impacting upon chronic disease management, health promotion, screening and sexual health</p> <p>CURRENT STAFFING PRESSURE</p>	<p>3 Recent implementation of the expanding pharmacy role has been successful with no recruitment issues and staffing levels exceed all benchmarks</p> <p>NEW ROLE IMPLEMENTATION</p>
<p>4 A twelve month preceptorship is in place to support qualified nurses new to practice nursing concentrating on pre-screening and long term conditions which has shown that this can help in retention rates by supporting the workforce</p> <p>NEW ROLE IMPLEMENTATION</p>	<p>5 37% of practice nurses across Sefton are 55 years old or over</p> <p>There will be a significant requirement to expand other key PC roles to compensate for challenged GP and practice nurse to list size ratios by 2024.</p> <p>FUTURE STAFFING PRESSURE</p>	<p>6 There is HIGH variation within nursing across Sefton in terms of roles and responsibilities within primary care</p> <p>PERFORMANCE / QUALITY PRESSURE</p>

Apex Insight

Apex Insight is still being rolled out to all practices in South Sefton CCG to support with workforce planning and capacity and demand. Apex software concentrates on the appointment element of the practices whilst Insight looks at the workforce. Together Apex Insight offers Practices a comprehensive workload analysis and workforce planning capability (software and support) to make informed decisions about the future.

Practice-level information can be consolidated at Locality, Federation, CCG and STP level to inform strategic planning and system-wide solutions to these challenges

Roll out is as follows:

Total Number of Deployments	31	
Deployments By Stage of Completion	Number	% Total
Pending	1	3%
E1 - CCG and Initial Practice Engagement Complete	30	97%
P1 - Induction Email Issued to Practice	30	97%
P2 - Apex Software Installed at Practice	27	87%
P3 - Apex Configured to Practice Data	26	84%
P4 - Email issued (Request P5a date, DPA & Info)	27	87%
P5a - Insight Workforce Planning Session	15	48%
P5b - Workload Training Session (Optional)	21	68%
P6 - Deployment & Training actions completed	1	3%

- P2 is the appointments software and practices should be utilising them.
- P5a is the workforce element and not all practices are choosing to do this.

NHS England Workforce Steering Group

Richard Hampson, Primary Care Contract Manager has recently joined as a member on NHS England's workforce steering group. The membership will allow CCG's to learn and shape the wider workforce plan spear headed by NHSE and also the CCG will be able to feed back any initiatives or schemes to the wider CCG team to ensure that any strategic initiatives are also in line with the CCG's people plan.

The purpose of this group is:

- To support the development of a Primary Care Workforce vision and strategy for the Cheshire and Merseyside
- To ensure that there is a credible and agreed baseline profile for the general practice and primary care workforce within Cheshire and Merseyside, to aid effective workforce planning and modelling across Primary Care Networks (PCN).
- That critical workforce gaps and risks are clearly identified with an informed and appropriate prioritised plan developed to address the gaps & risks identified.
- To deliver the initial workforce action plan and when developed, ensure its future development to reflect the level of local progress within the context of any other emerging priorities or risks within PCNs.
- To consider and plan how the utilisation of any national and local workforce development and education initiatives, including access to available funding relevant to general practice and primary care, might be connected and presented to enable their best application and adoption within Cheshire and Merseyside through the Primary Care Training Hubs across C&M.
- To monitor and report progress on the workforce aspects of General Practice Forward View to the Programme Board and the Cheshire and Merseyside Local Workforce Action Board (LWAB).
- Feedback relevant issues, concerns and /or examples of good practice to GPFV Programme Board and C&M LWAB as required.

Local Training Hub / Primary Care Academy

The GP federation in South Sefton CCG are part of the local training hub and together the CCG and Primary Care Academy (PCA) work closely to continuously develop, retain and attract more Primary Care workforce. The Cheshire and Merseyside PCA supports the delivery of a highly skilled and satisfied workforce whilst creating opportunities and career pathways, leading to desirable working environments for NHS primary and community care workforce in order to better meet the current and future needs of the Cheshire & Merseyside population.

The Primary Care Academy is a vehicle for workforce transformation and sits at the heart of general practice through its six Enhanced Training Hubs that are based in the communities across Cheshire and Merseyside.

2. Recommendations

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

Richard Hampson
Primary Care Contracts Manager
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/67	Author of the Paper:						
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379						
Title: Phase 5 Local Quality Contract Validation							
Summary/Key Issues: The CCG is unable to continue to commission services via Local Enhanced Services within Primary Care. A Local Quality Contract (LQC) is commissioned from General Practice via an NHS Standard Contract. This paper describes the process and outcomes for validation of the Phase 5 LQC.							
Recommendation The Primary Care Commissioning Committee is asked to note the content of this report.	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Note</td> <td style="text-align: center; border: 1px solid black; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 20px;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 20px;"> </td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

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
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Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees				

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 October 2020

1. Introduction and Background

Phase 5 Local Quality Contract (LQC) has been commissioned from General Practice via an NHS Standard Contract (NHSSC) to cover the period 1st April 2019 to 31st March 2020. This investment enables the CCG to set a guaranteed income per patient for delivery of standards over and above the GMS/PMS and APMS core contract.

South Sefton CCG is committed to the continuous improvement of general practice through the development of the LQC. The standards developed for 2019/20 took into consideration the agreed level of funding available, local clinical feedback, and key areas of priority.

The intention is for the LQC to deliver schemes which result in quality improvements, efficiencies in spend elsewhere in the health economy, and sustainability of general practice.

2. Engagement

Practices had to submit information on the approved validation template no later than the last working day in June 2020, information from quarterly invoices submitted by practices was also used. These enabled practices to identify where KPIs did not reach the specified level of achievement, support achievements with any relevant practice data, and provide an explanation and proposed action plan for any KPI where the practice did not reach the specified level of achievement.

The validation panel met in July 2020. The panel consisted of the primary care clinical lead from the neighbouring CCG, a CCG lay member, a member of the finance team, a member of the medicines management team, members of the primary care team, and a Sefton LMC representative.

Outcomes of the validation were fed back to individual practices.

In respect of any practice where the panel did not feel the evidence submitted was sufficient, the practice were contacted to provide further information within 5 working days.

An appeals process was available for any practice if required.

3. Validation Outcome

- All practices submitted information for the validation panel to consider
- 9 practices were required to clarify or submit further information to complete the validation process
- Validation was completed for all GP practices
- The appeals process was not required

Overview of Validation Outcome

Criteria	Access Workforce 23%	COPD prevalence 3%	COPD review 10%	Use of resources 23%	Medicine Management 31%
Achievement by all Practice	100%	97%	100%	100%	100%

COPD Questionnaires 10% (Achievement was based on a sliding scale)					
<40% completed	40-49% completed	50-59% completed	60-69% completed	70-79% completed	>80% completed
49%	10%	10%	7%	10%	14%

4. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/67	Author of the Paper:
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379
Title: Phase 5 Local Quality Contract Validation	
Summary/Key Issues: The CCG is unable to continue to commission services via Local Enhanced Services within Primary Care. A Local Quality Contract (LQC) is commissioned from General Practice via an NHS Standard Contract. This paper describes the process and outcomes for validation of the Phase 5 LQC.	
Recommendation The Primary Care Commissioning Committee is asked to note the content of the report.	Note <input checked="" type="checkbox"/> Approve <input 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.
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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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees				

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
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Report to the Primary Care Commissioning Committee in Common October 2020

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Outcomes of the validation were fed back to individual practices.

In respect of any practice where the panel did not feel the evidence submitted was sufficient, the practice were contacted to provide further information within 5 working days.

An appeals process was available for any practice if required.

3. Validation

- All practices submitted information for the validation panel to consider
- 2 practices were required to clarify or submit further information to complete the validation process
- Validation was completed for all GP practices
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Criteria	Access Workforce 23%	COPD prevalence 3%	COPD review 10%	Use of resources 23%	Medicine Management 31%
Achievement by all Practice	100%	100%	100%	100%	100%

COPD Questionnaires 10% (Achievement was based on a sliding scale)					
<40% completed	40-49% completed	50-59% completed	60-69% completed	70-79% completed	>80% completed
11%	11%	17%	5%	0%	56%

4. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/68	Author of the Paper:
Report date: October 2020	Angela Price Primary Care Programme Lead angela.price@southseftonccg.nhs.uk Tel: 01513178379

Title: LQC Participation Phase 6

Summary/Key Issues:

Recognising the impact of the COVID 19 pandemic, the Phase 6 Local Quality Contract (LQC) was revised and circulated to general practice on July 20th 2020.

The LQC comprises 3 elements that practices were asked to consider for participation (as participation for general practice is optional):

- Part 1 – A set of indicators with KPI's attached, all services within Part 1 are mandatory on sign up in order for practices to become eligible to participate in Part 2 and Part 3 schemes
- Part 2 – Additional activity based schemes which are offered to every practice and are optional for practice participation
- Part 3 – Services to be delivered from at least one provider according to patient population needs.

The information below summarises the participation from South Sefton GP practices

Recommendation		Note	<input checked="" type="checkbox"/>
The Primary Care Commissioning Committee is asked to note the content of the report.		Approve	<input 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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees				

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 October 2020

1. Phase 6 LQC Participation

Each line represents a GP practice; all GP practices in South Sefton are participating in the LQC.

	Part 1			Part 2								Part 3	
	Good Practice Standards Assurance that practices are compliant	Part 1	Confirmation of a practice flu plan	Phlebotomy	Primary Care prescribing (Shared Care)	Drug Administration	Covert Drug Administration	Dementia	SMI	Safeguarding Children and Adults at Risk	Root Cause Analysis	ABPI	Syrian Vulnerable Persons Resettlement Scheme
N84001	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84002	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		
N84003	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		
N84004	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84007	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84010	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84011	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84015	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84026	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84027	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84028	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84029	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84034	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84035	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84038	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84041	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84043	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84605	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84615	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84621	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84624	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84626	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84627	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84630	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Y00446	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

2. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/68

Author of the Paper:

Report date: October 2020

Angela Price
Primary Care Programme Lead
angela.price@southseftonccg.nhs.uk
Tel: 01513178379

Title: LQC Participation Phase 6

Summary/Key Issues:

Recognising the impact of the COVID 19 pandemic, the Phase 6 Local Quality Contract (LQC) was revised and circulated to general practice on July 20th 2020.

The LQC comprises 3 elements that practices were asked to consider for participation (as participation for general practice is optional):

- Part 1 – A set of indicators with KPI's attached, all services within Part 1 are mandatory on sign up in order for practices to become eligible to participate in Part 2 and Part 3 schemes
- Part 2 – Additional activity based schemes which are offered to every practice and are optional for practice participation
- Part 3 – Services to be delivered from at least one provider according to patient population needs.

The information below summarises the participation from Southport and Formby GP practices.

Recommendation

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

Note

Approve

Ratify

x

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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.
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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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees				

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 October 2020

1. Phase 6 LQC Participation

Each line represents a GP practice, all GP practices in Southport and Formby are participating in the LQC.

	Part 1			Part 2								Part 3		
	Good Practice Standards Assurance that practices are compliant	Part 1	Confirmation of a practice flu plan	Phlebotomy	Primary Care prescribing (Shared Care)	Drug Administration	Covert Drug Administration	Dementia	SMI	Safeguarding Children and Adults at Risk	Root Cause Analysis	Frailty Care Plans	Travellers	Syrian Vulnerable Persons Resettlement Scheme
N84005	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84006	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84008	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
N84012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84037	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84611	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
N84613	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84614	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84617	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
N84618	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N84625	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

2. Recommendations

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

Angela Price
Primary Care Programme Lead
October 2020

GP PATIENT SURVEY

NHS SOUTH SEFTON CCG

Latest survey results

2020 survey publication

Version 1 | Public



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[Making an appointment](#)

[Perceptions of care at patients' last appointment](#)

[Managing health conditions](#)

[Satisfaction with general practice appointment times](#)

[Services when GP practice is closed](#)

[Statistical reliability](#)

[Want to know more?](#)

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SOUTH SEFTON CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SOUTH SEFTON CCG, **11,530** questionnaires were sent out, and **3,252** were returned completed. This represents a response rate of **28%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

+ Ipsos MORI NHS +
GP PATIENT SURVEY
 Please answer the questions below by putting an X in a box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.
 If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey
 Survey number: 1234567890 Online password: ABCDE

YOUR LOCAL GP SERVICES

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?
 Very easy
 Fairly easy
 Not very easy
 Not at all easy
 Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?
 Very helpful
 Fairly helpful
 Not very helpful
 Not at all helpful
 Don't know

Q3 In the past 12 months, have you booked general practice appointments in any of the following ways?
 Please put an X in **all** the boxes that apply to you.
 In person
 By phone
 By automated telephone booking
 Online including on an app
 Via another route, such as NHS 111
 Doesn't apply / none of these

Q4 As far as you know, which of the following online services does your GP practice offer?
 By 'online' we mean on a website or smartphone app.
 Please put an X in **all** the boxes that apply to you.
 Booking appointments online
 Ordering repeat prescriptions online
 Accessing my medical records online
 None of these
 Don't know

Q5 Which of the following general practice online services have you used in the past 12 months?
 By 'online' we mean on a website or smartphone app.
 Please put an X in **all** the boxes that apply to you.
 Booking appointments online
 Ordering repeat prescriptions online
 Accessing my medical records online
 None of these

Q6 How easy is it to use your GP practice's website to look for information or access services?
 Very easy
 Fairly easy
 Not very easy
 Not at all easy
 Haven't tried

Q7 As far as you are aware, what general practice appointment times are available to you?
 Please put an X in **all** the boxes that apply to you.
 Before 8am on at least one weekday
 Weekdays between 8am and 6.30pm
 After 6.30pm on a weekday
 On a Saturday
 On a Sunday
 Don't know

+ page 1 Please turn over → +

Introduction

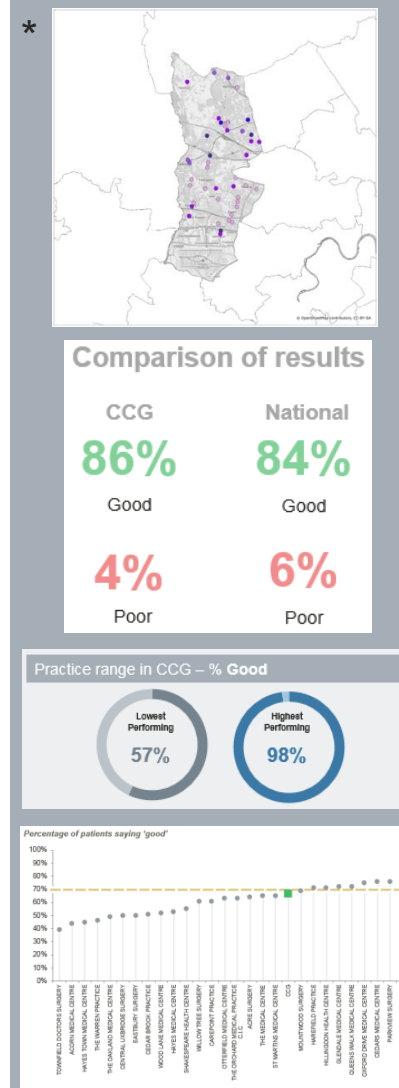
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here: <https://www.england.nhs.uk/about/regional-area-teams/>
- Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or ‘quintiles’) in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

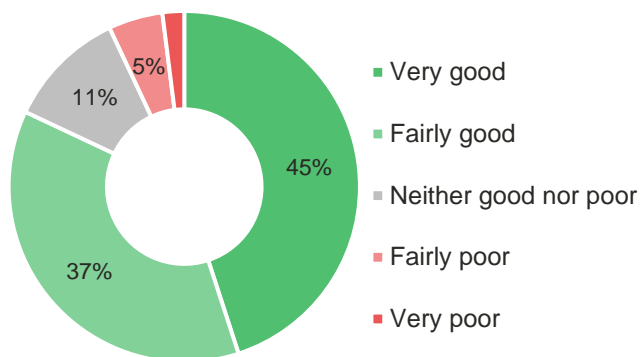
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

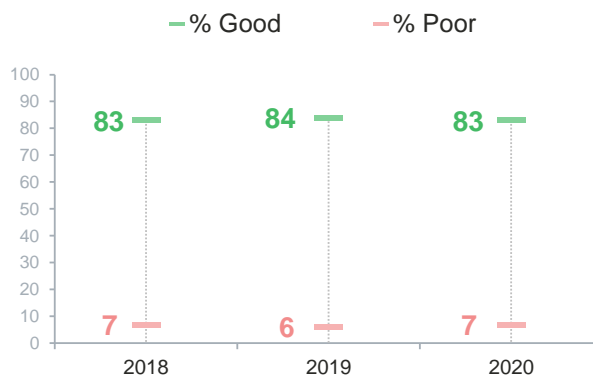
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

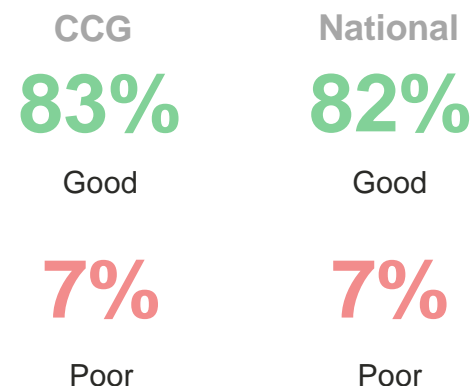
CCG's results



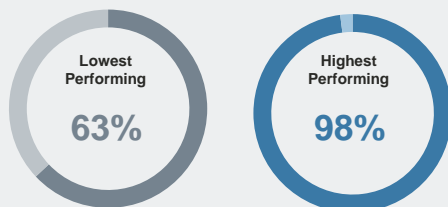
CCG's results over time



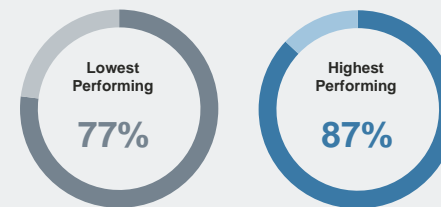
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



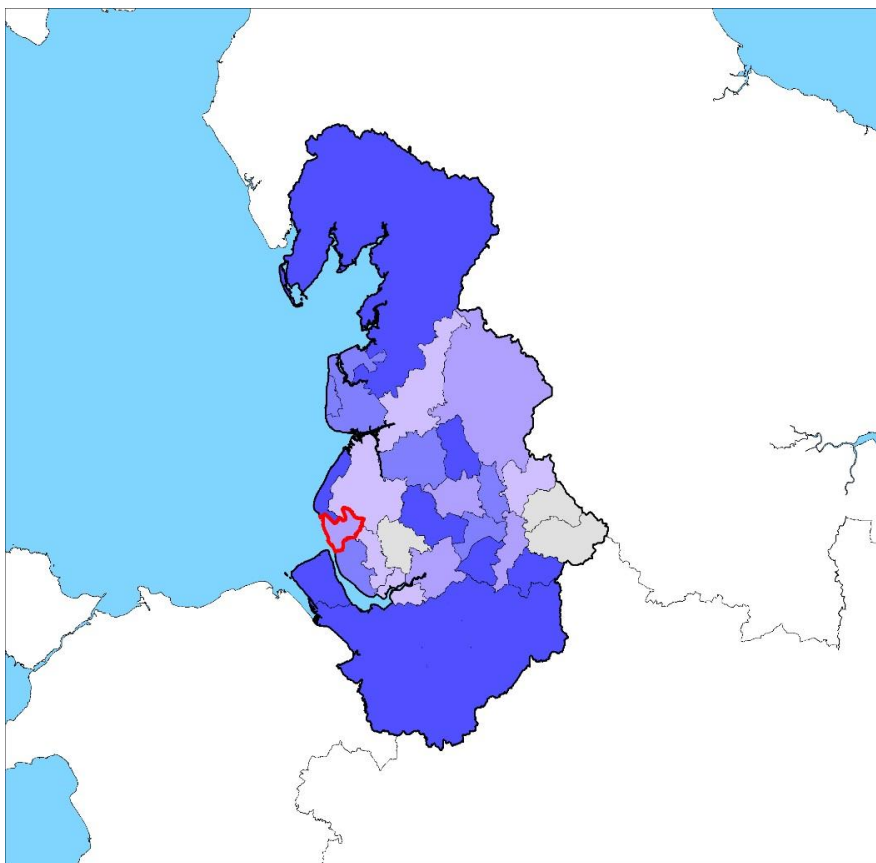
Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); CCG 2019 (3,171); CCG 2018 (3,073); Practice bases range from 72 to 131; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

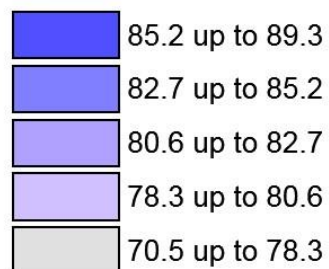
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

77%
to
87%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good

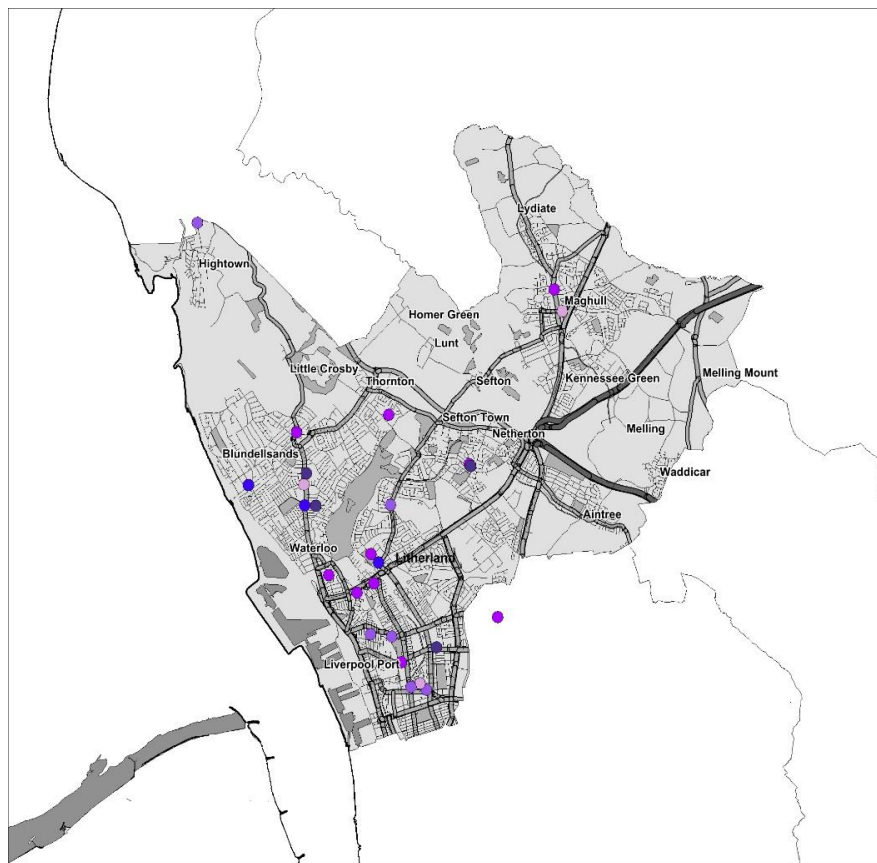
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Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
% Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

63%
to
98%

Comparisons are indicative only: differences may not be statistically significant

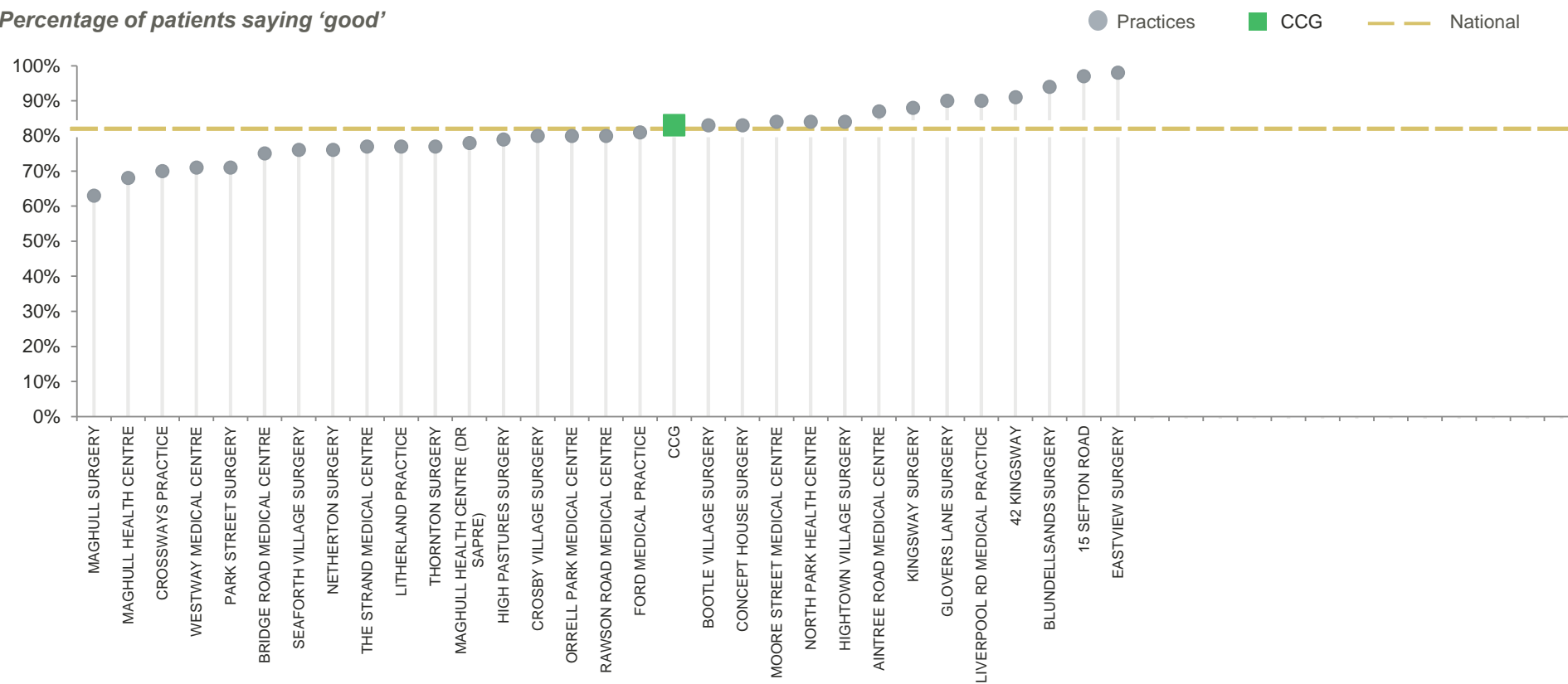
Base: All those completing a questionnaire: Practice bases range from 72 to 131

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); Practice bases range from 72 to 131

%Good = %Very good + %Fairly good

Local GP services

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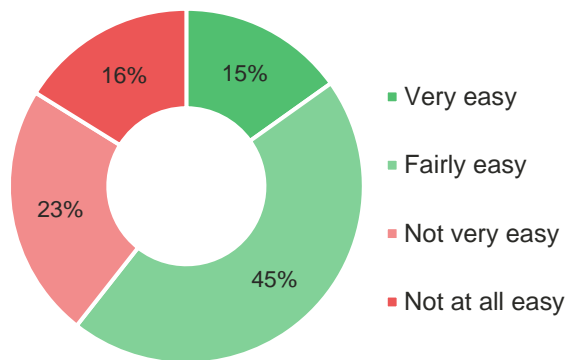
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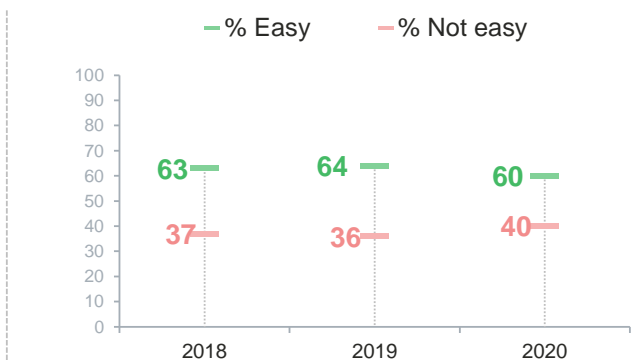
Ease of getting through to GP practice on the phone

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

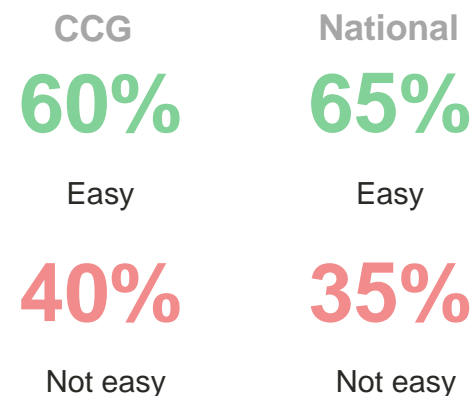
CCG's results



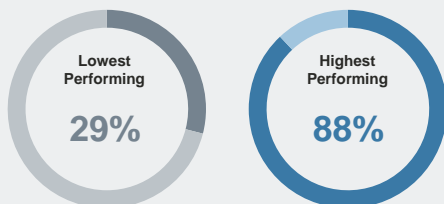
CCG's results over time



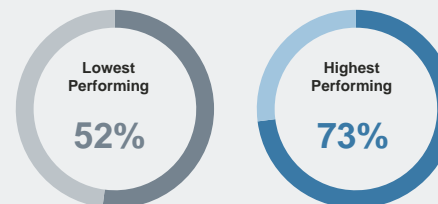
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



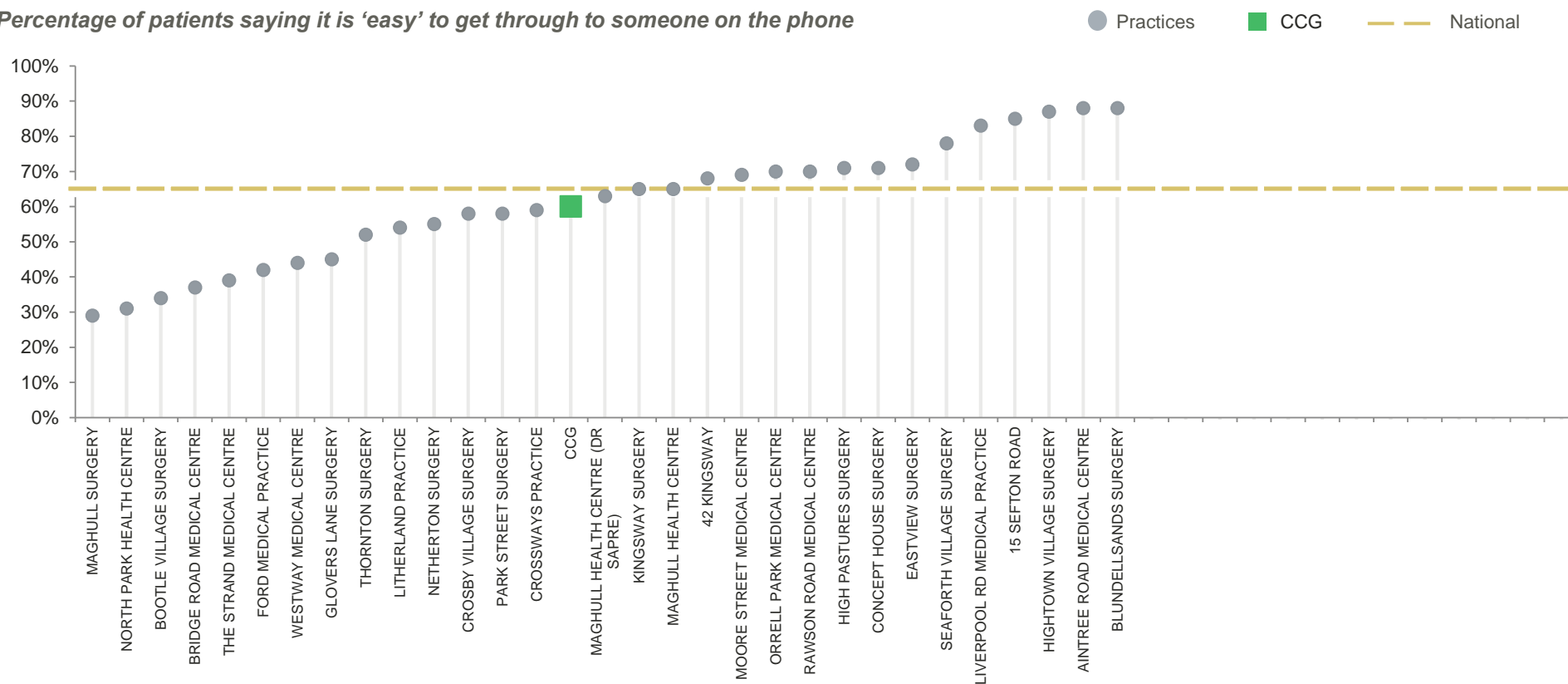
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); CCG 2019 (3,103); CCG 2018 (3,029); Practice bases range from 67 to 130; CCG bases range from 1,443 to 8,498

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

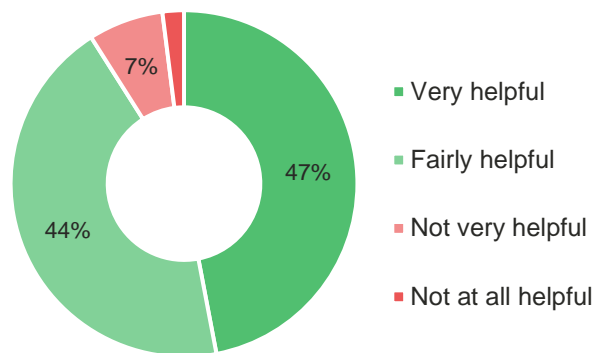
Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); Practice bases range from 67 to 130

%Easy = %Very easy + %Fairly easy

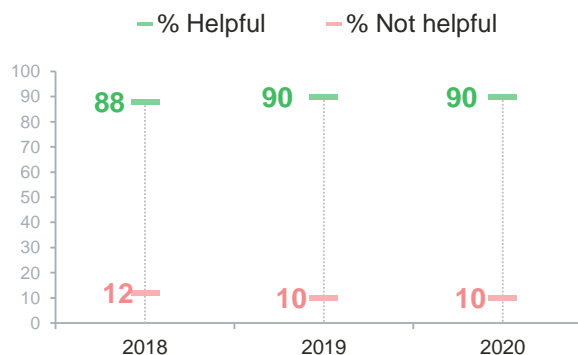
Helpfulness of receptionists at GP practice

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

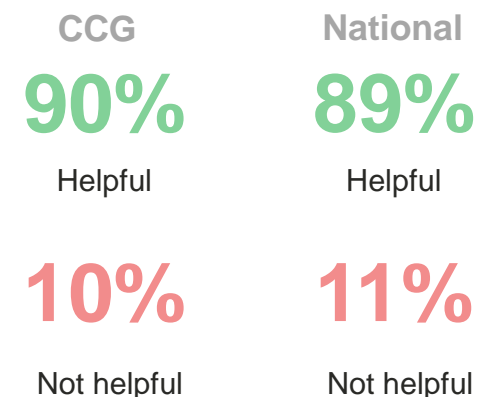
CCG's results



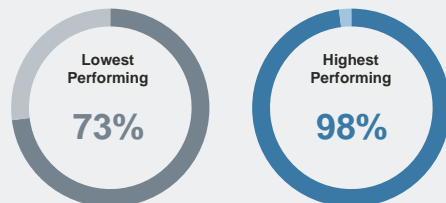
CCG's results over time



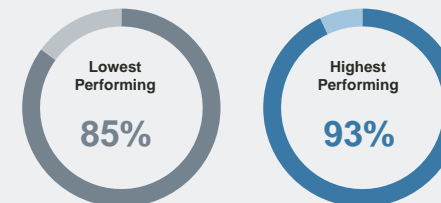
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful



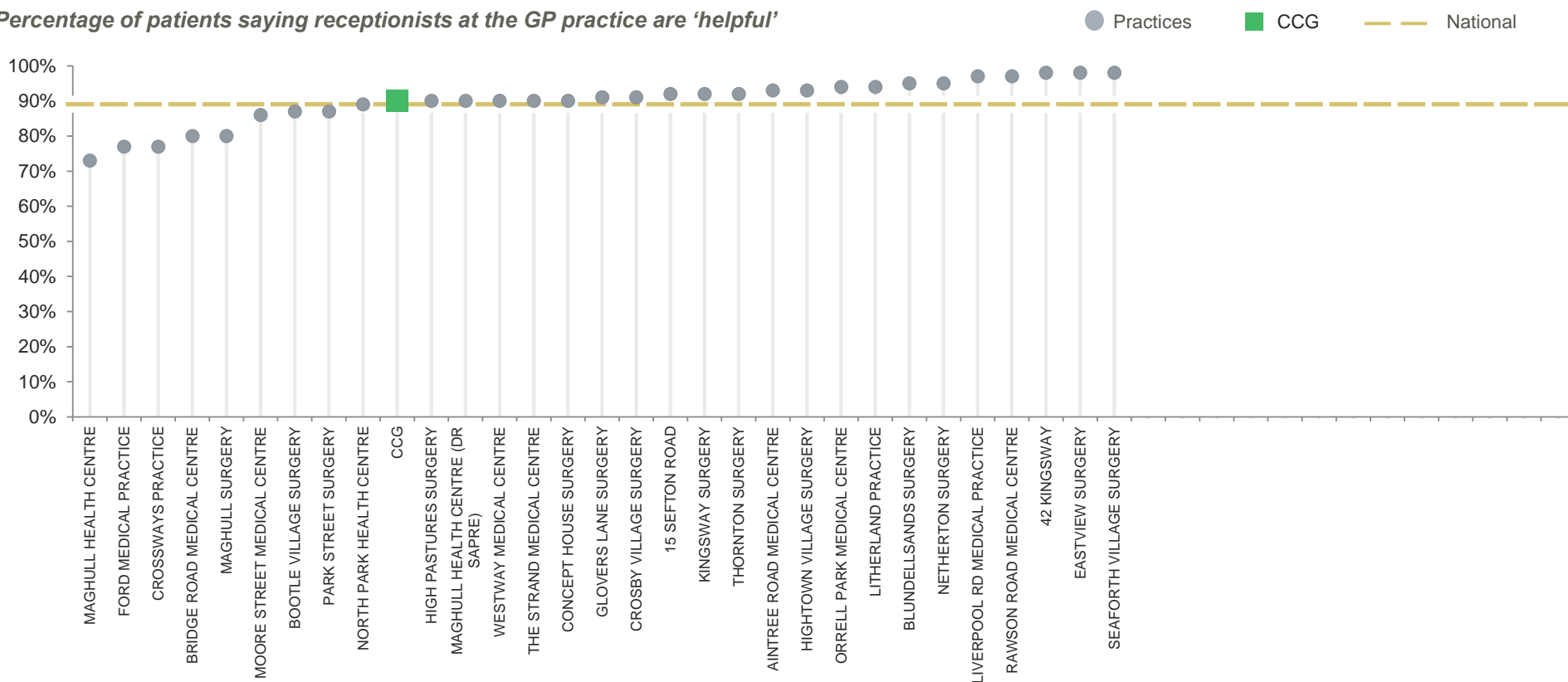
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); CCG 2019 (3,135); CCG 2018 (3,054); Practice bases range from 73 to 135; CCG bases range from 1,467 to 8,629

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

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

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

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



Comparisons are indicative only: differences may not be statistically significant

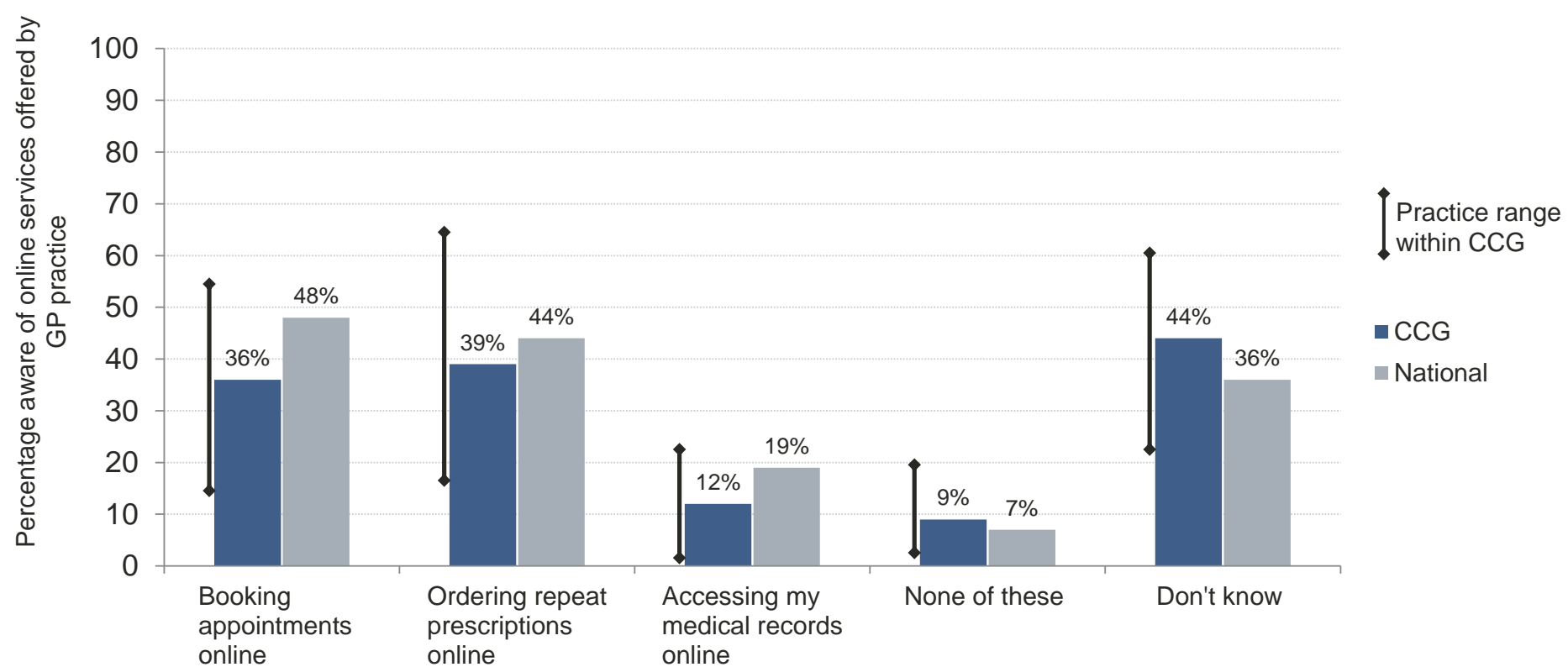
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); Practice bases range from 73 to 135

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

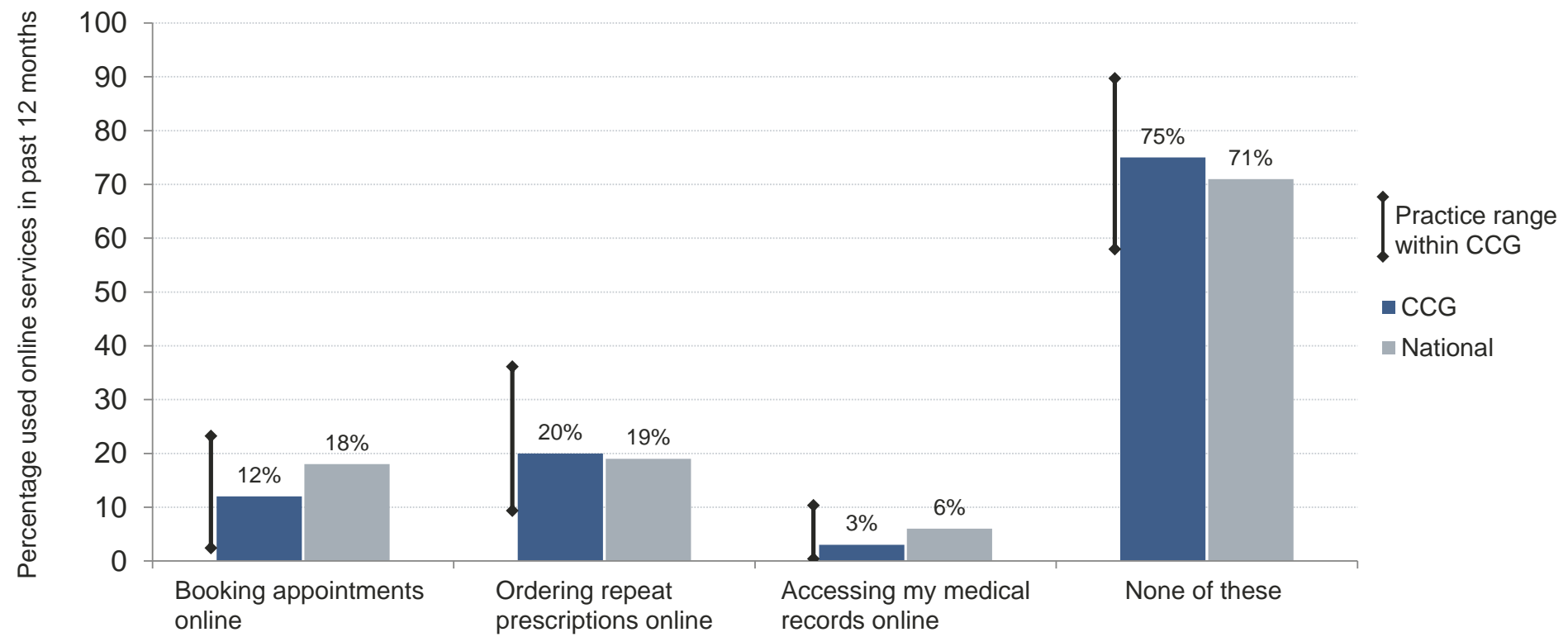


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (3,143); Practice bases range from 69 to 132

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



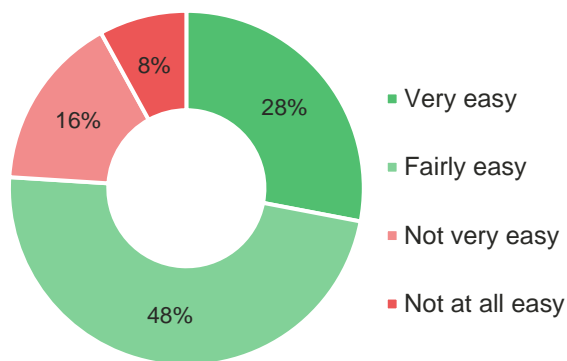
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (3,162); Practice bases range from 71 to 132

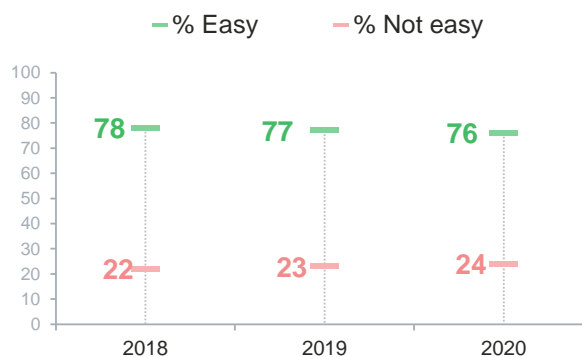
Ease of use of online services

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

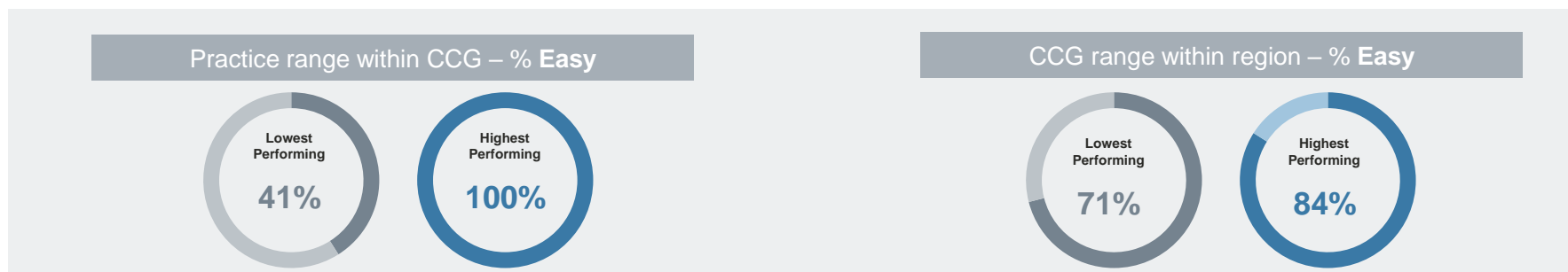
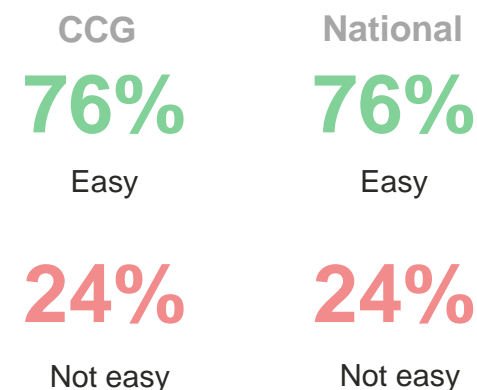
CCG's results



CCG's results over time



Comparison of results



*Those who say 'Haven't tried' (69%) have been excluded from these results.

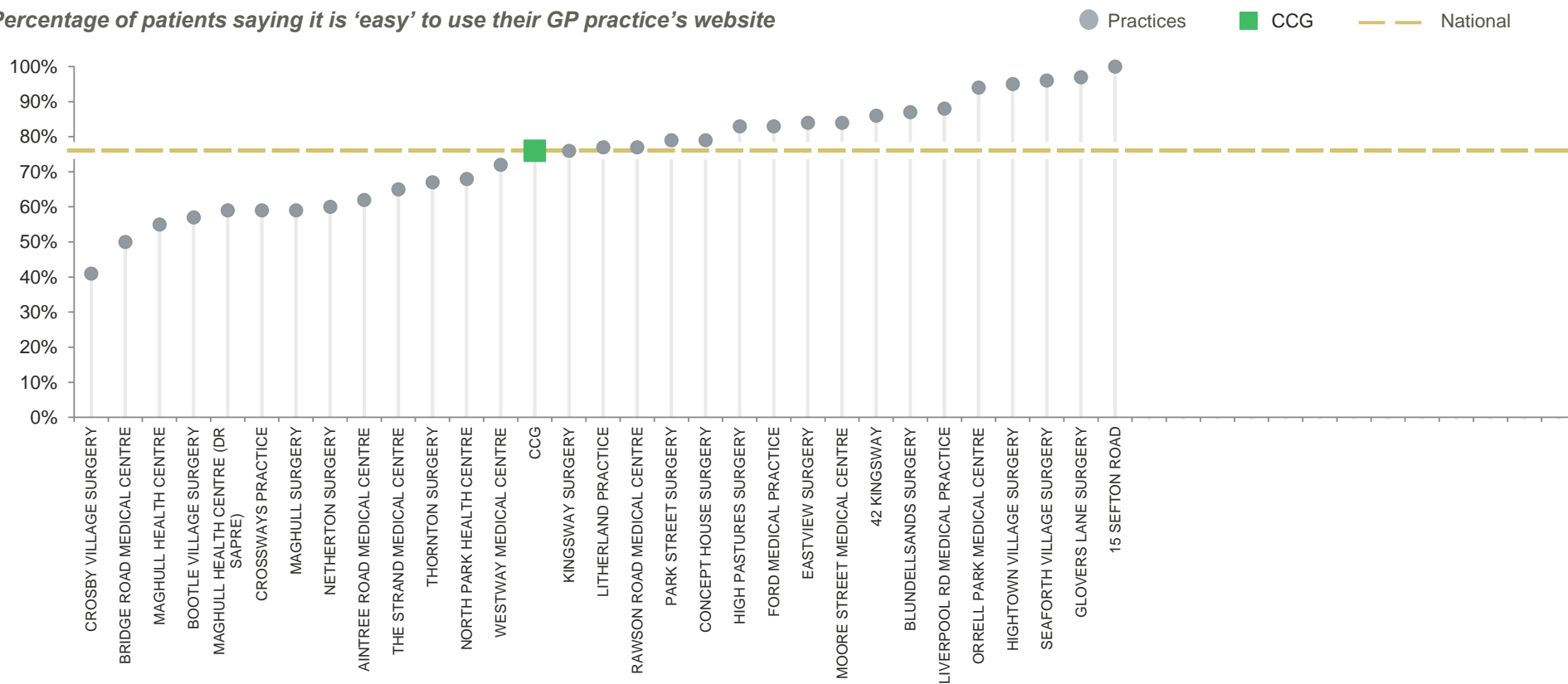
Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); CCG 2019 (779); CCG 2018 (763); Practice bases range from 17 to 47; CCG bases range from 565 to 3,419

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); Practice bases range from 17 to 47

%Easy = %Very easy + %Fairly easy

Making an appointment

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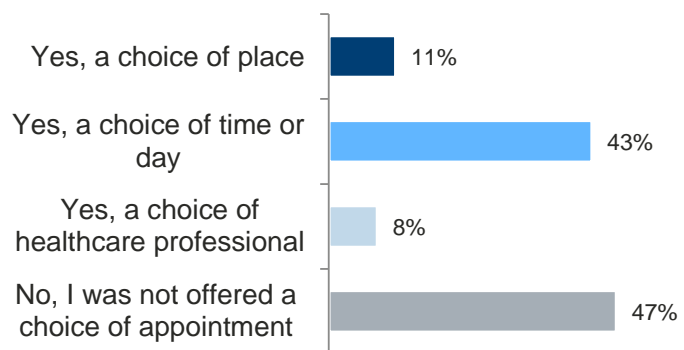
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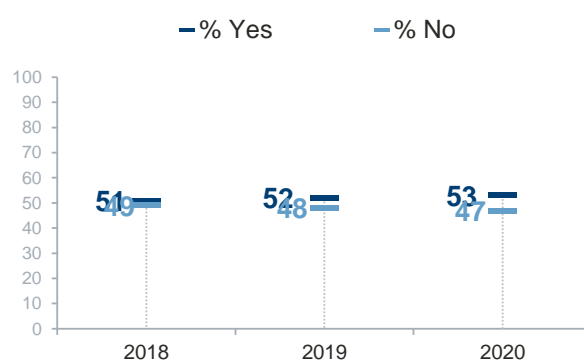
Choice of appointment

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

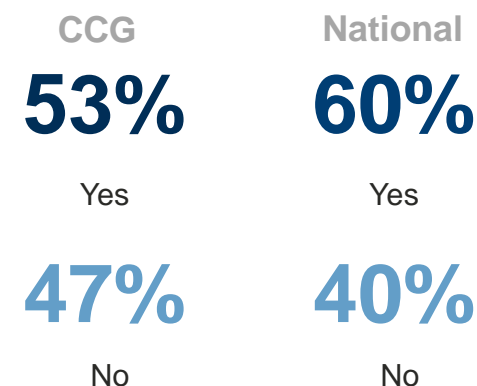
CCG's results



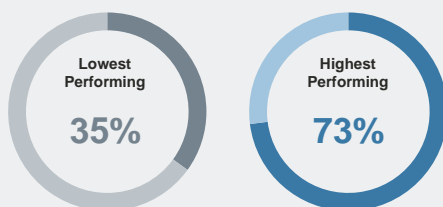
CCG's results over time



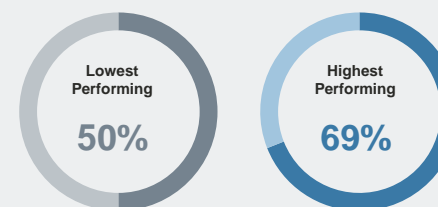
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



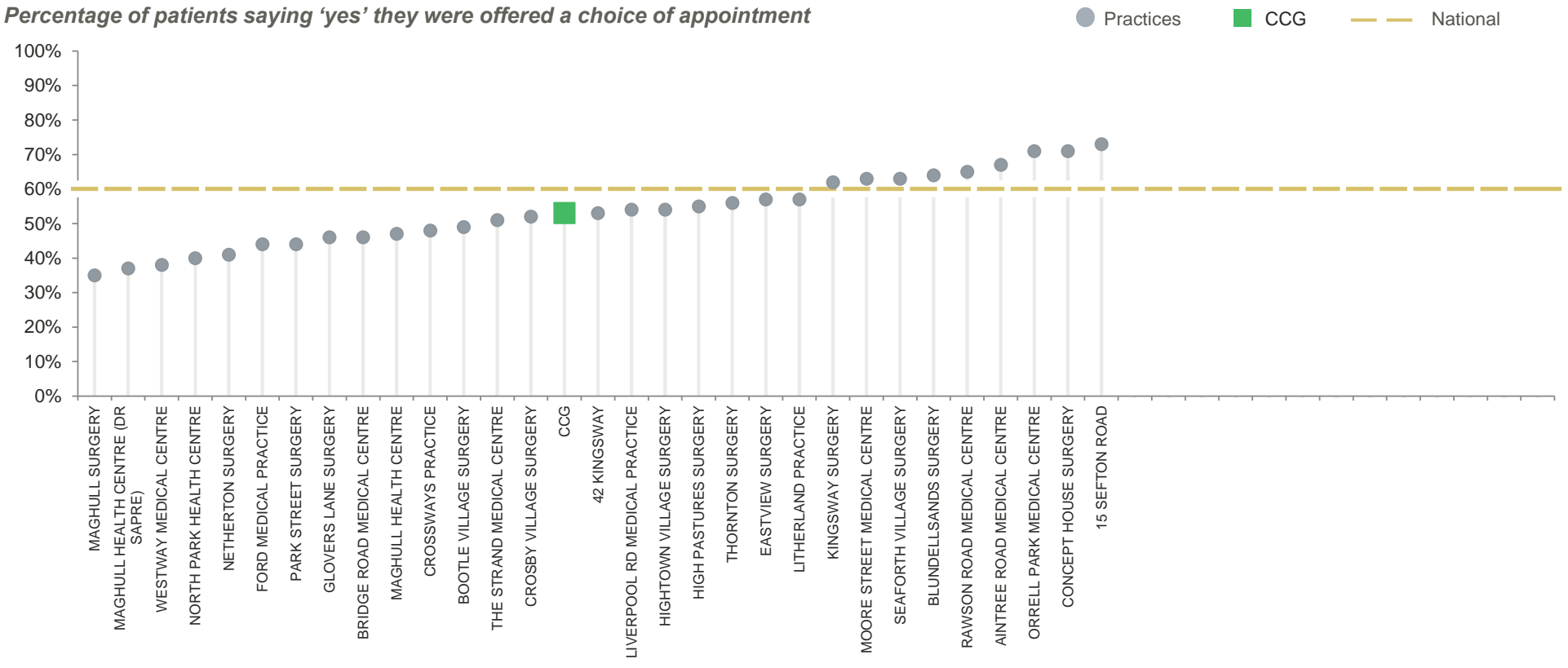
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); CCG 2019 (2,449); CCG 2018 (2,351); Practice bases range from 54 to 110; CCG bases range from 1,181 to 6,807

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

Choice of appointment: how the CCG's practices compare

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

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



Comparisons are indicative only: differences may not be statistically significant

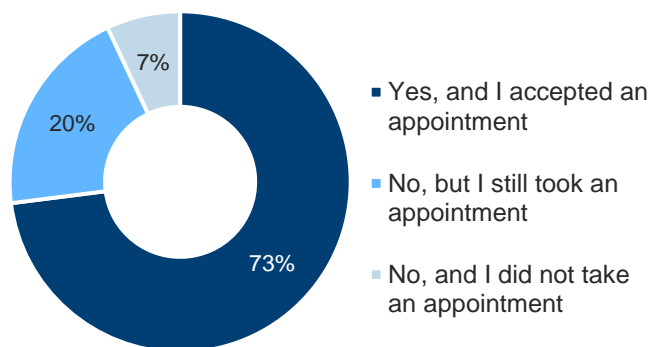
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); Practice bases range from 54 to 110

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

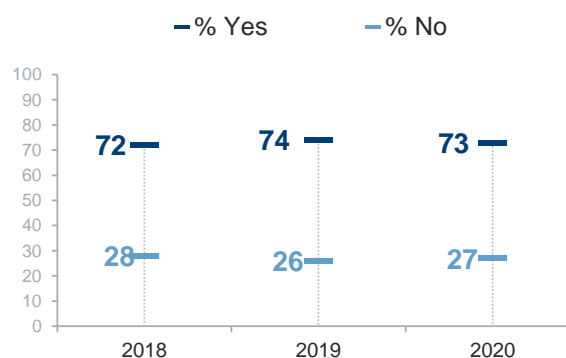
Satisfaction with appointment offered

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

CCG's results

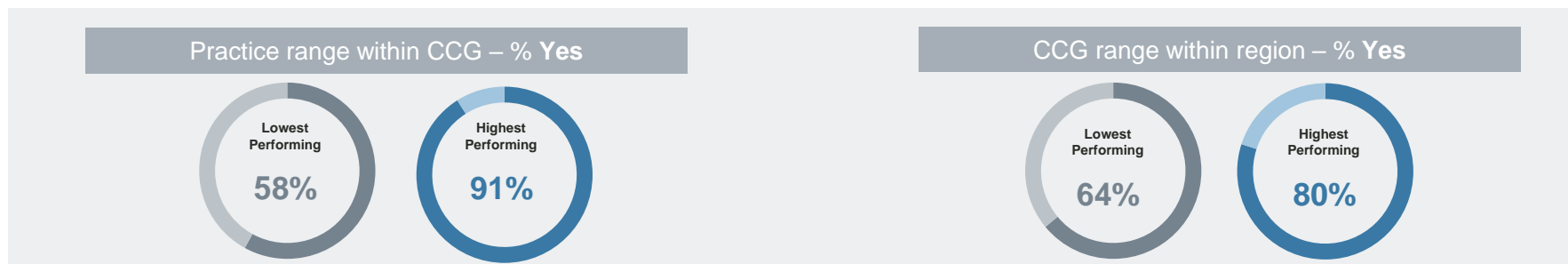


CCG's results over time



Comparison of results

CCG	National
73% Yes, took appt	73% Yes, took appt
20% No, took appt	21% No, took appt
7% No, didn't take appt	7% No, didn't take appt



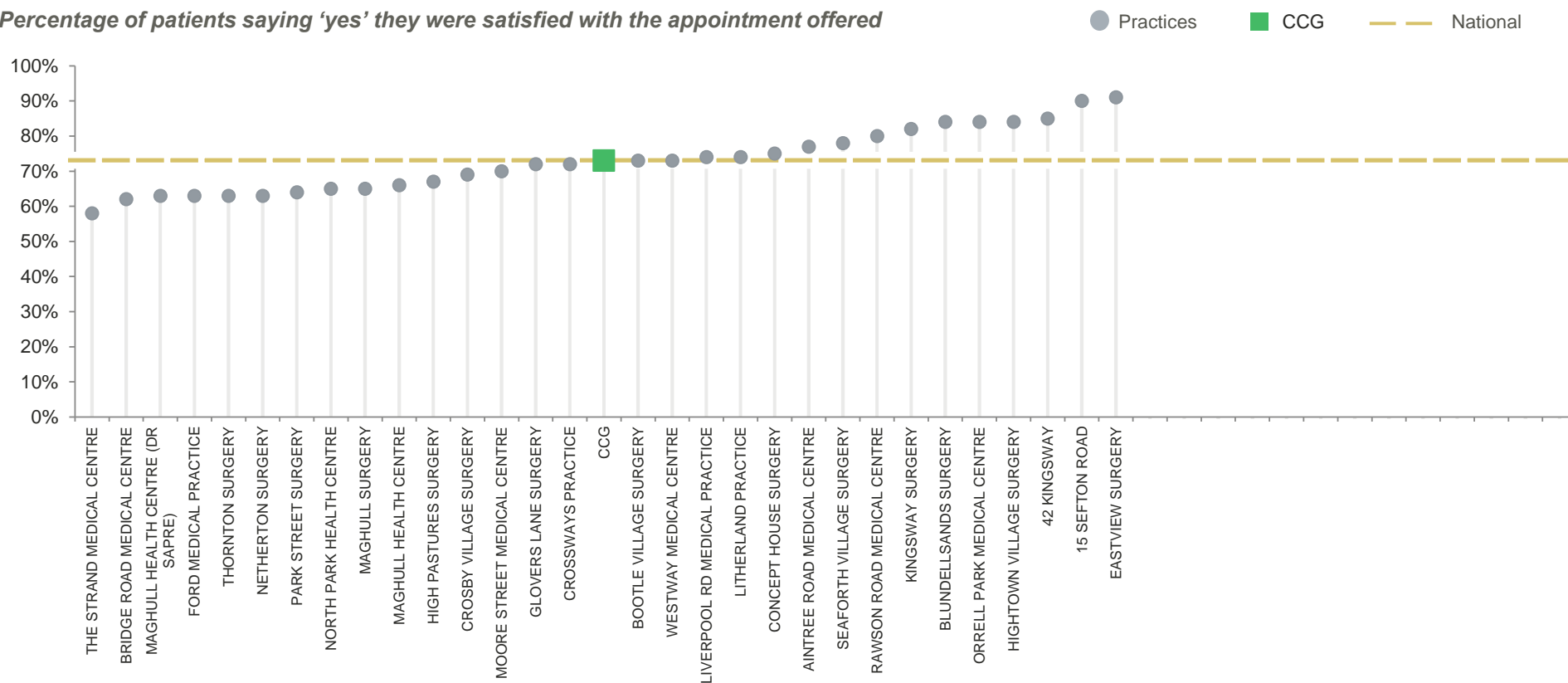
Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); CCG 2019 (2,942); CCG 2018 (2,866); Practice bases range from 66 to 128; CCG bases range from 1,404 to 8,159

%No = %No, but I still took an appointment + %No, and I did not take an appointment

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

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

Percentage of patients saying 'yes' they were satisfied with the appointment offered

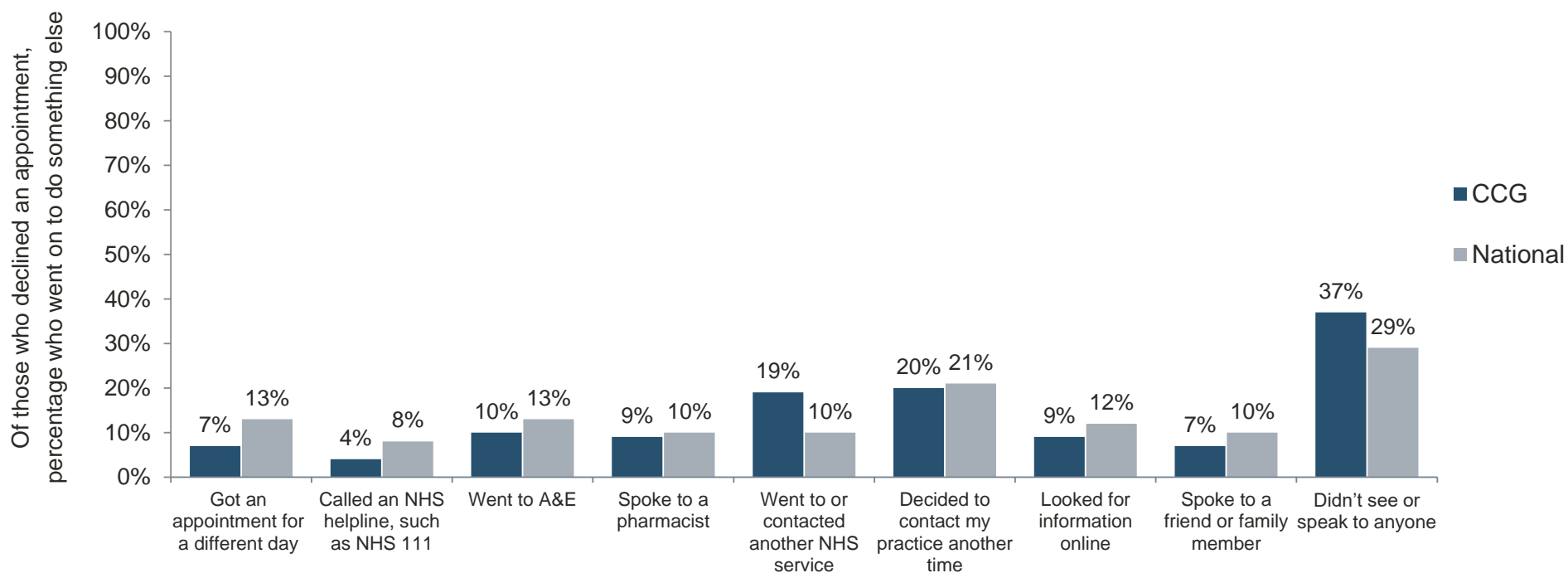


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); Practice bases range from 66 to 128

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



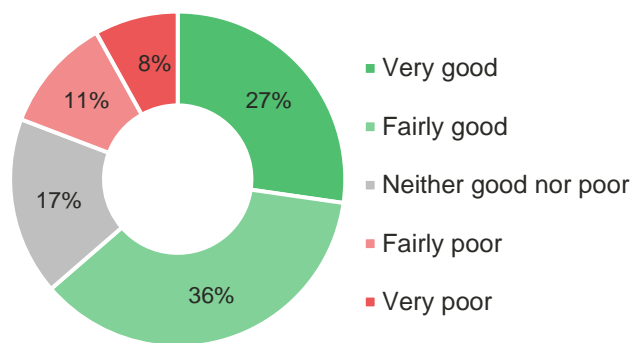
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (178)

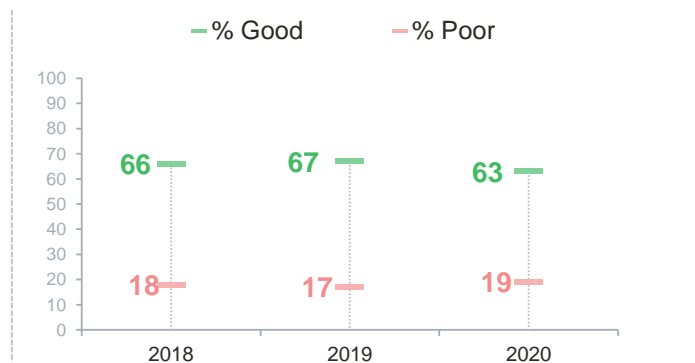
Overall experience of making an appointment

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

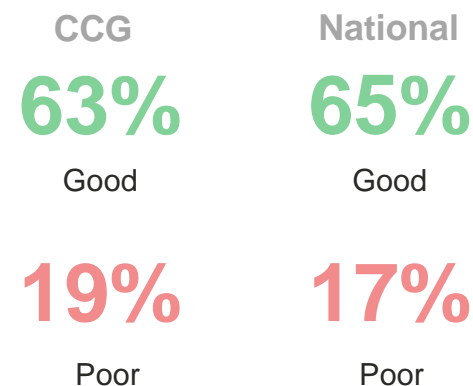
CCG's results



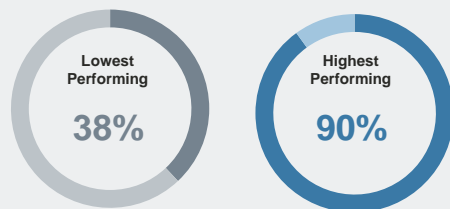
CCG's results over time



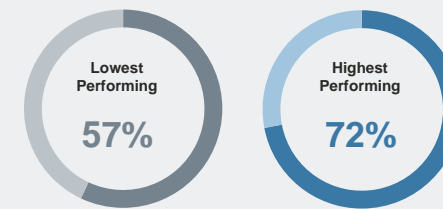
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



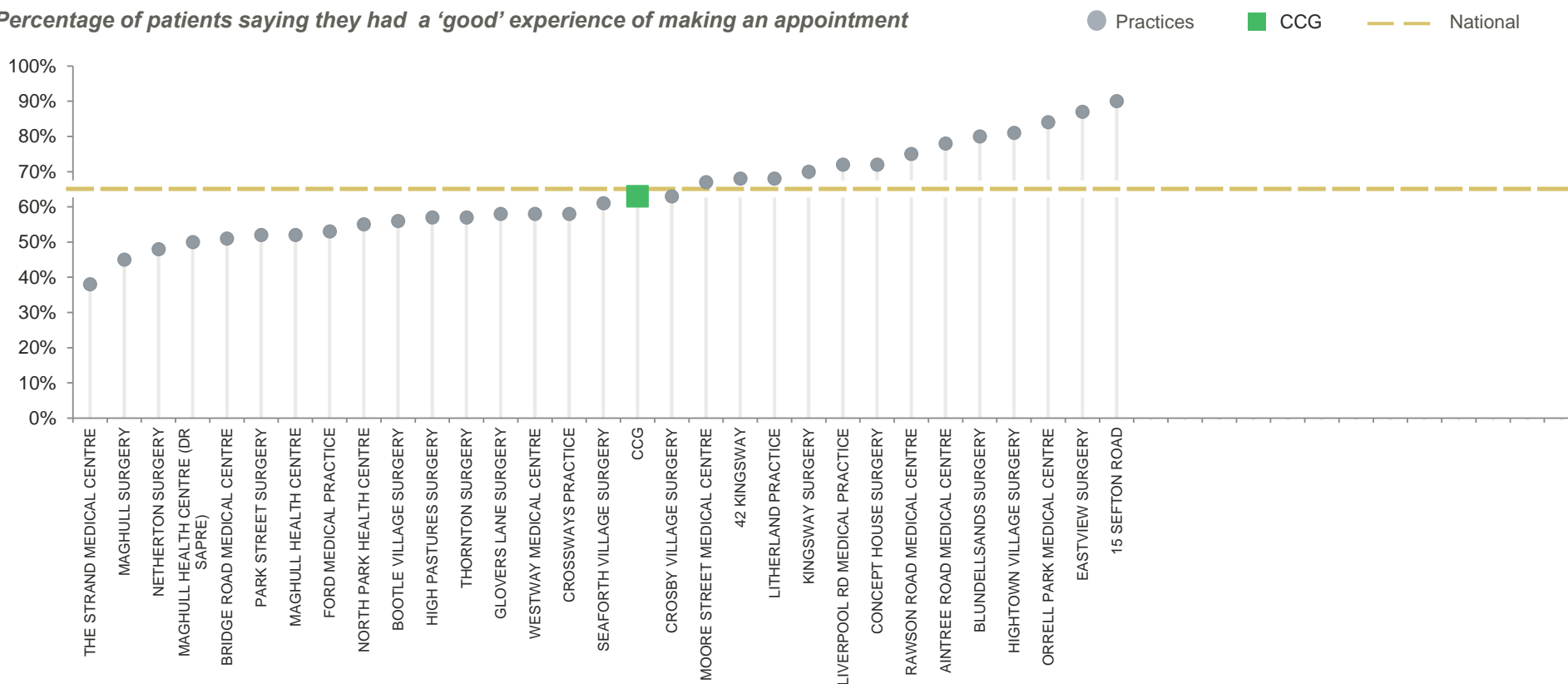
Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); CCG 2019 (2,916); CCG 2018 (2,822); Practice bases range from 68 to 124; CCG bases range from 1,390 to 8,057

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

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

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

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); Practice bases range from 68 to 124

%Good = %Very good + %Fairly good

Perceptions of care at patients' last appointment

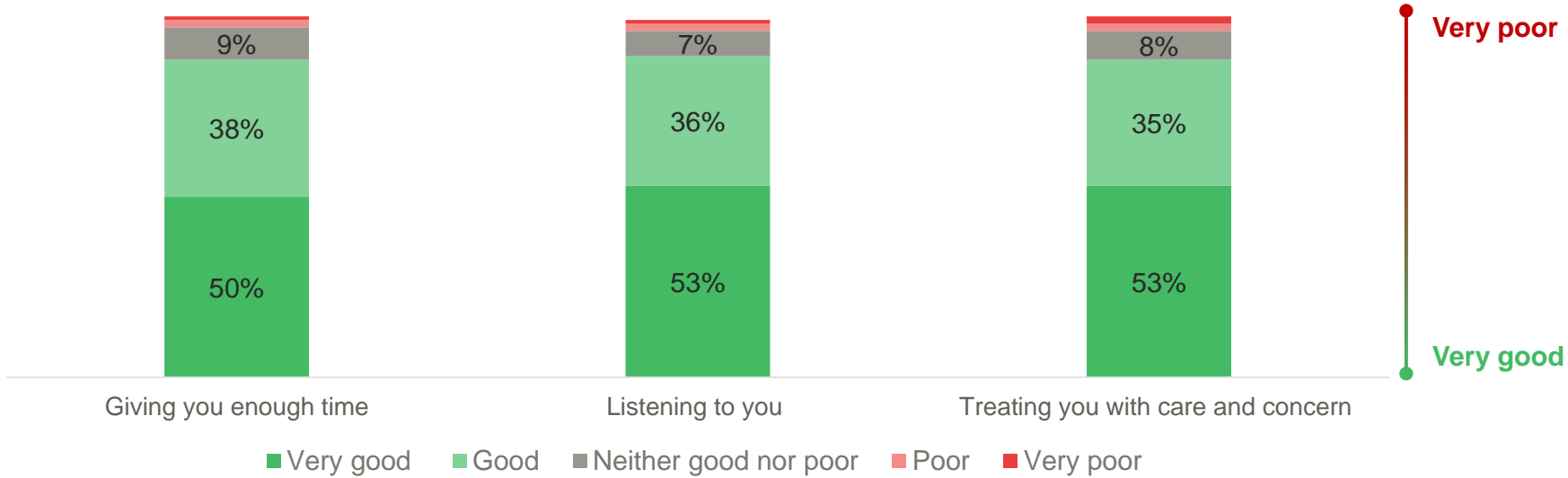
Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	3%	3%	3%
% 'Poor' (total)	3%	3%	3%

Giving you enough time Listening to you Treating you with care and concern



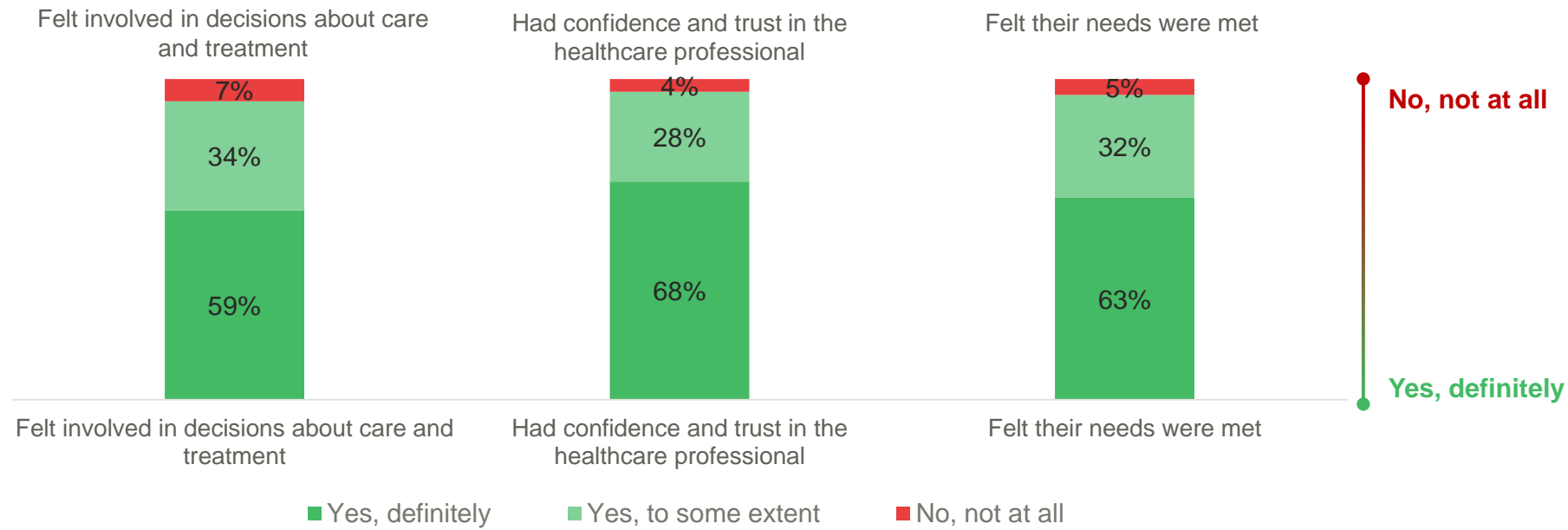
Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (2,978; 2,970; 2,975) %Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	7%	4%	5%
% 'No, not at all'			

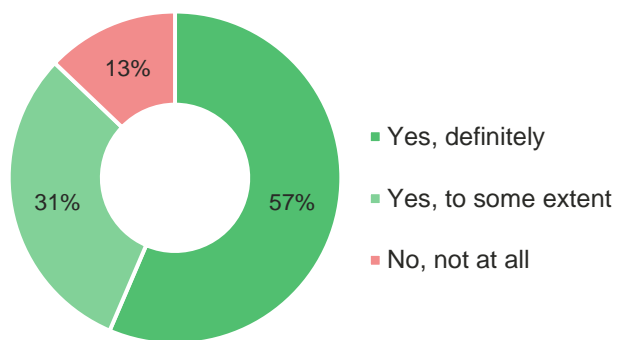


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (603,943; 667,229; 663,675); CCG 2020 (2,656; 2,932; 2,902)

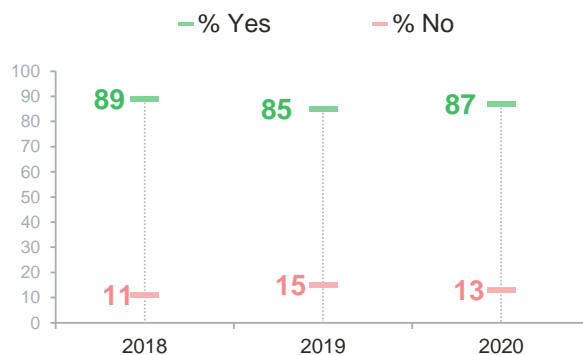
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

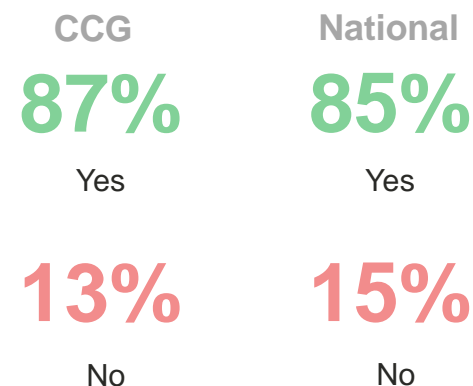
CCG's results



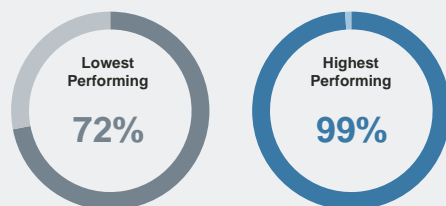
CCG's results over time



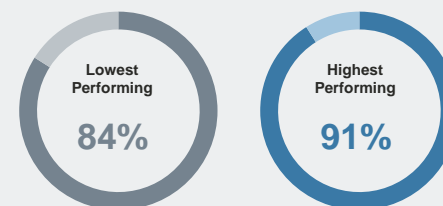
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,270); CCG 2019 (1,193); CCG 2018 (1,175); Practice bases range from 27 to 62; CCG bases range from 554 to 3,765

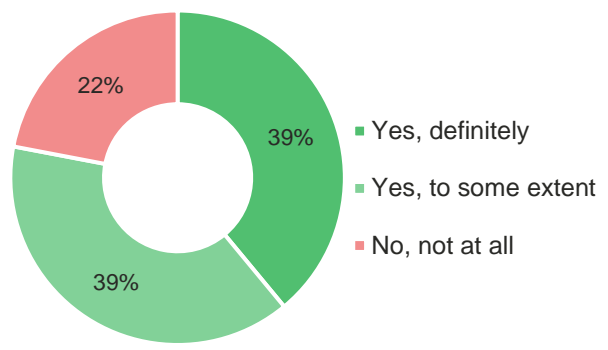
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

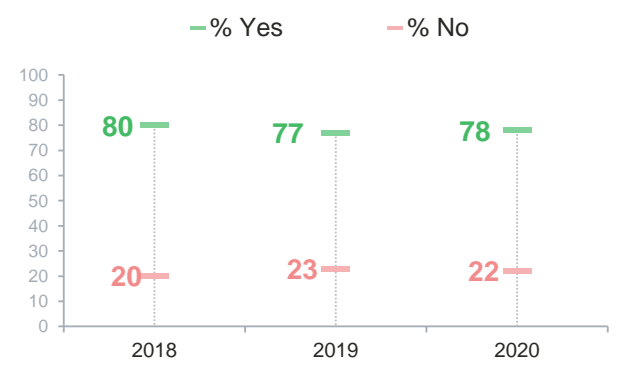
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

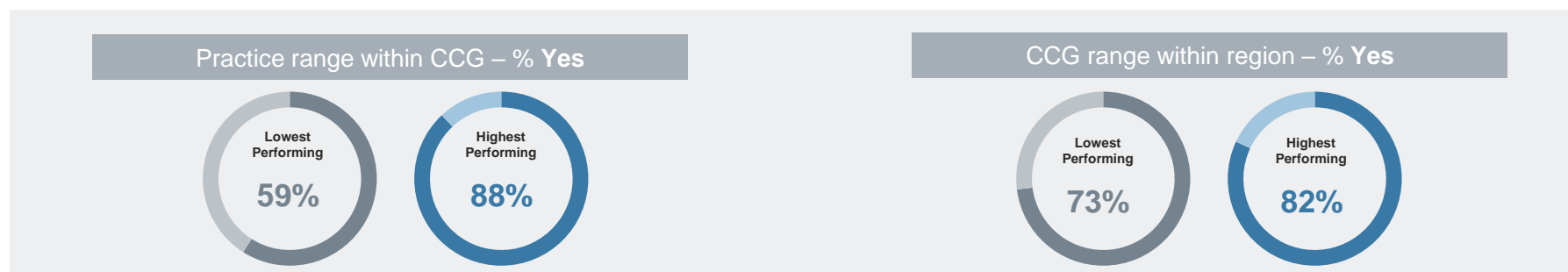
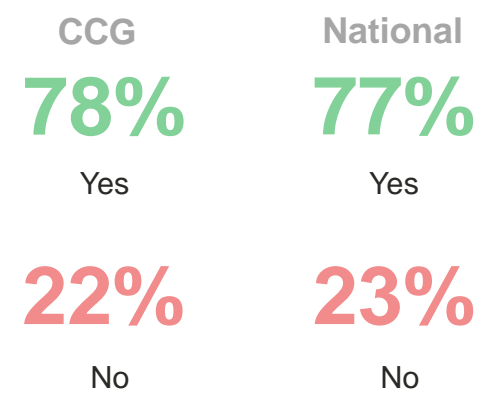
CCG's results



CCG's results over time



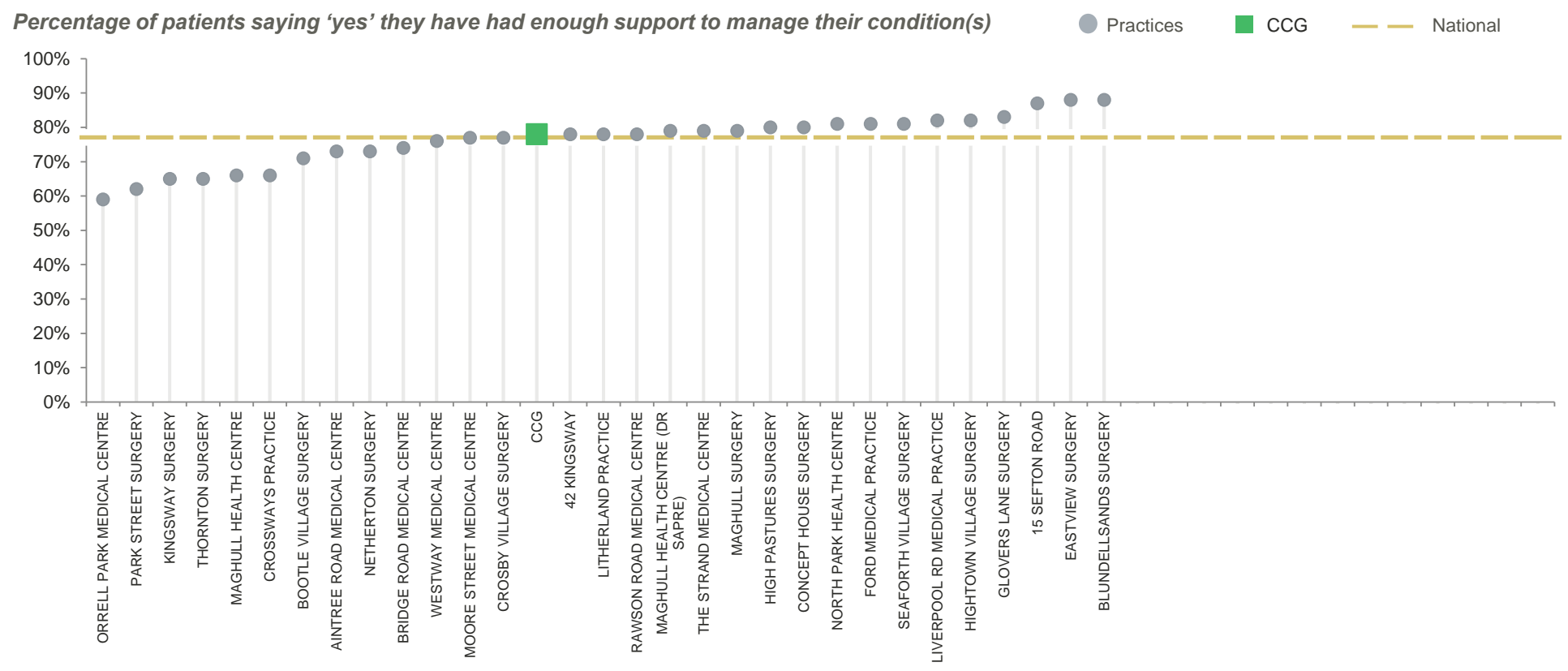
Comparison of results



Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,392); CCG 2019 (1,374); CCG 2018 (1,312); Practice bases range from 26 to 63; CCG bases range from 644 to 3,830
 %Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,392); Practice bases range from 26 to 63

%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

Ipsos MORI

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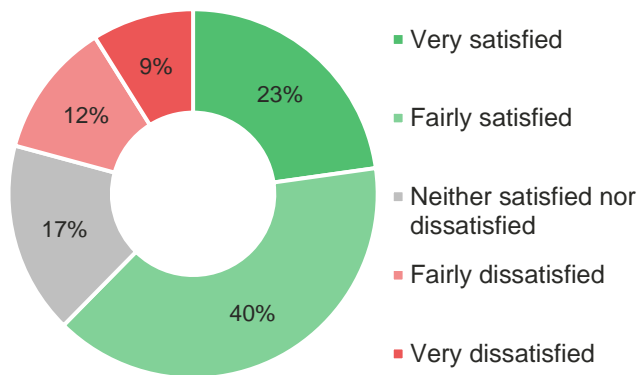
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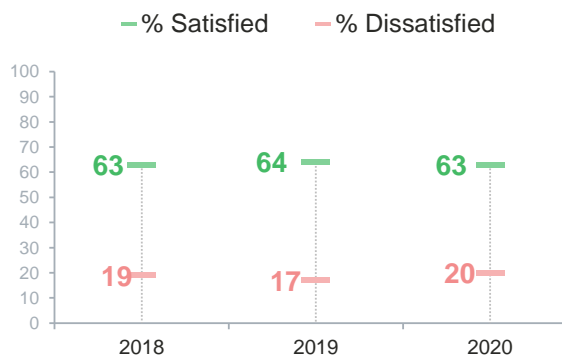
Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

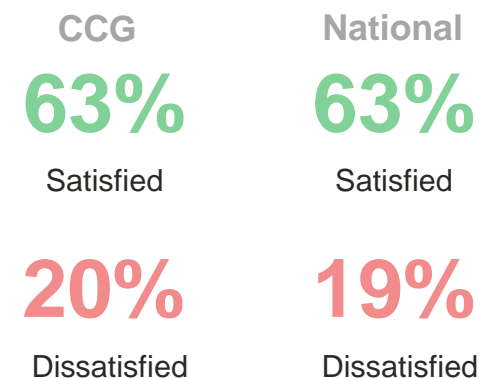
CCG's results



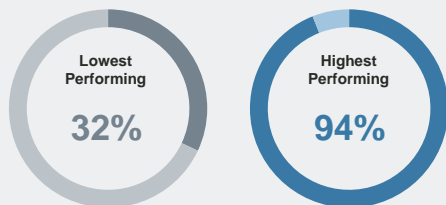
CCG's results over time



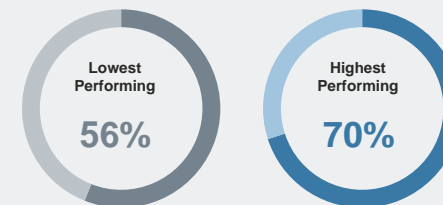
Comparison of results



Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

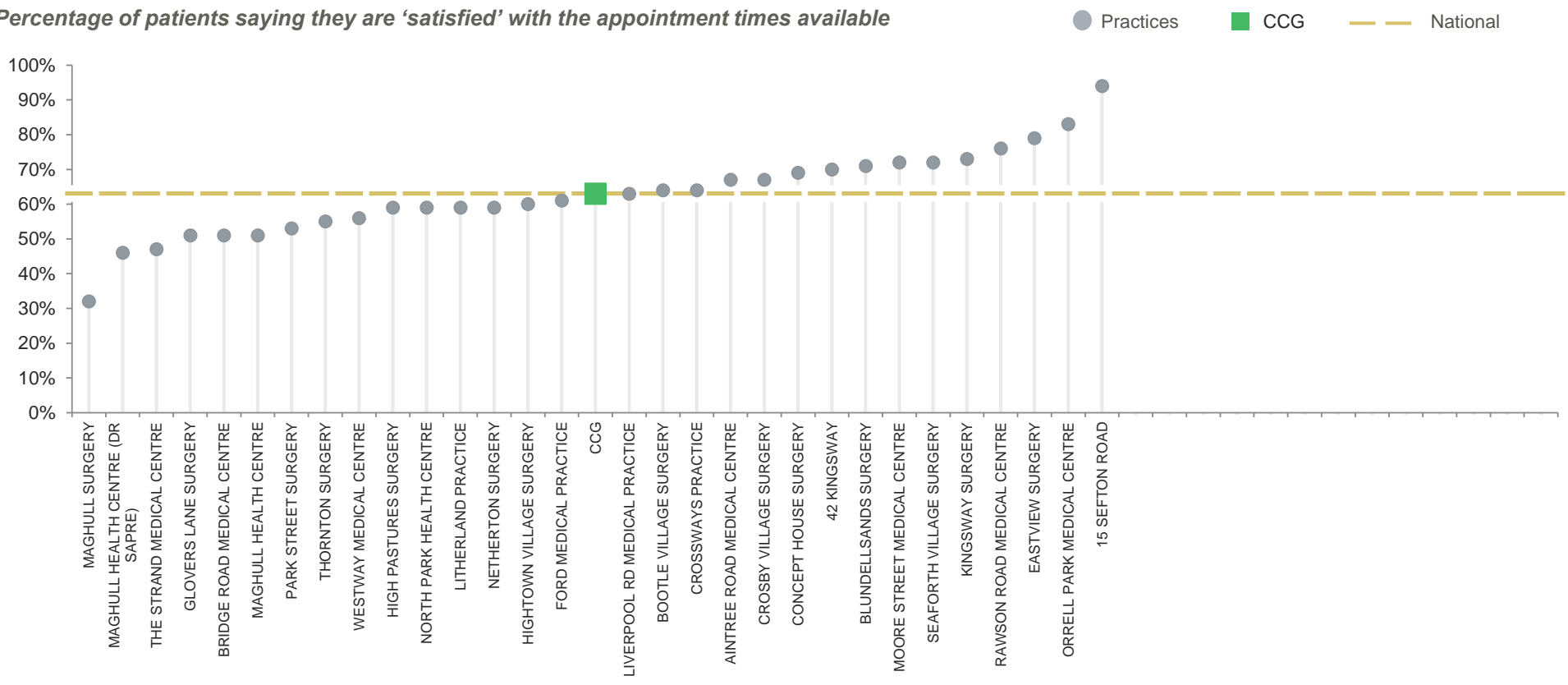
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); CCG 2019 (2,839); CCG 2018 (2,800); Practice bases range from 64 to 126; CCG bases range from 1,355 to 8,078

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

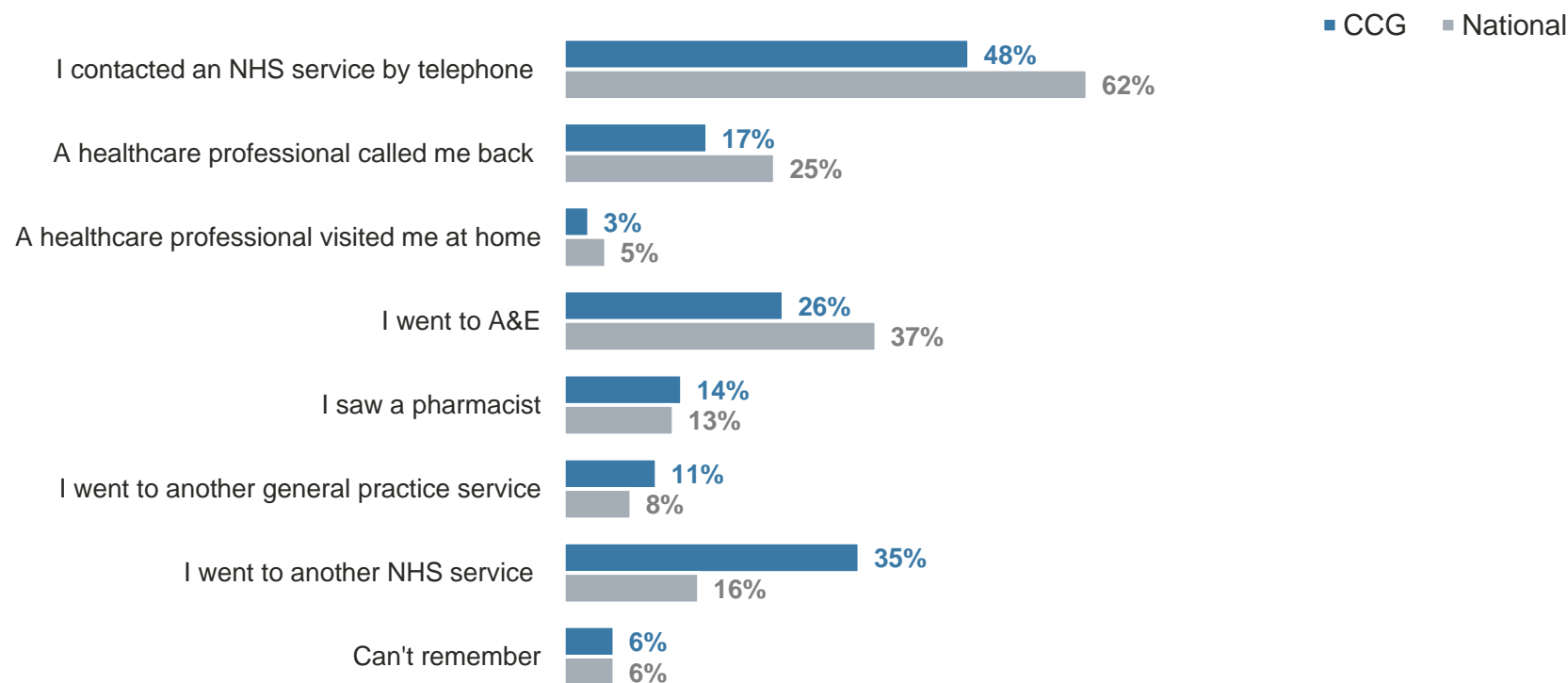
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); Practice bases range from 64 to 126
 %Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

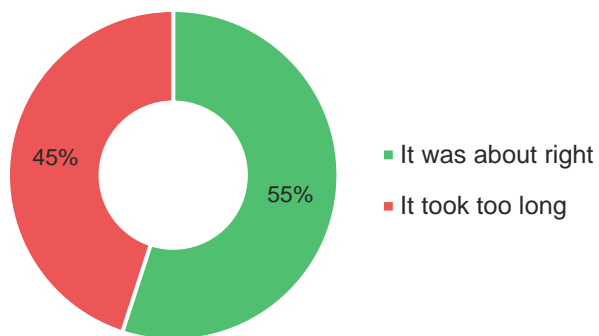


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (602)

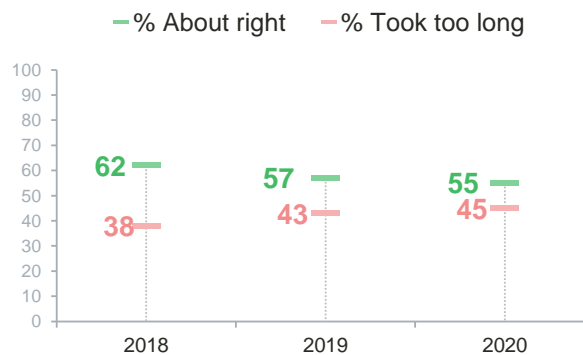
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

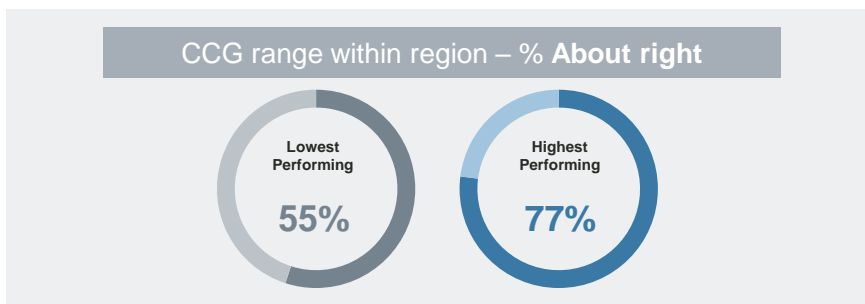
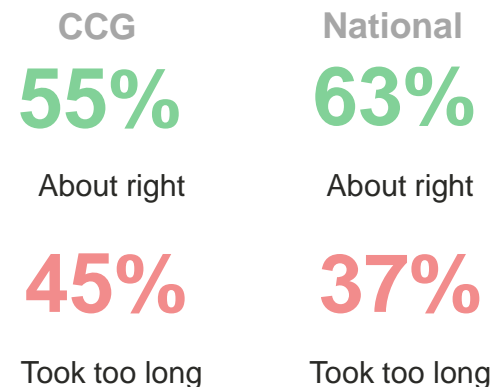
CCG's results



CCG's results over time



Comparison of results

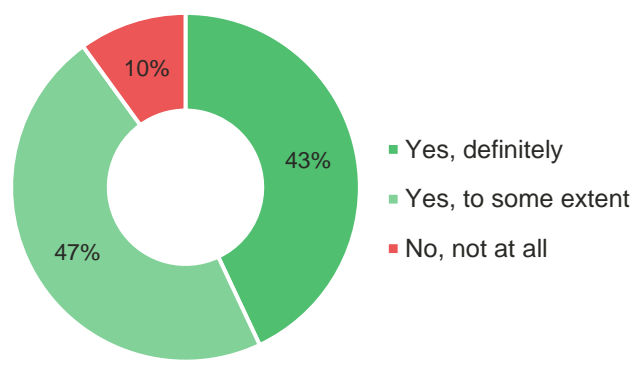


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (558); CCG 2019 (527); CCG 2018 (517); CCG bases range from 263 to 1,450

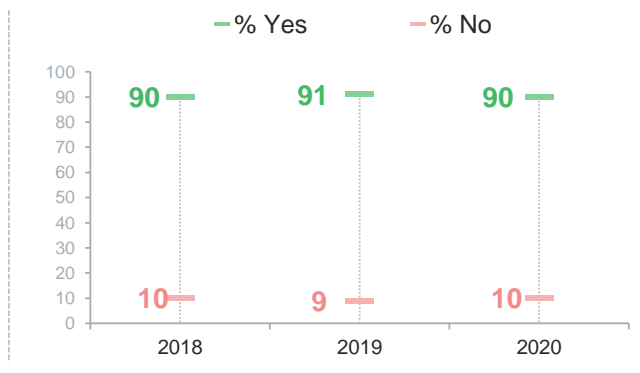
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

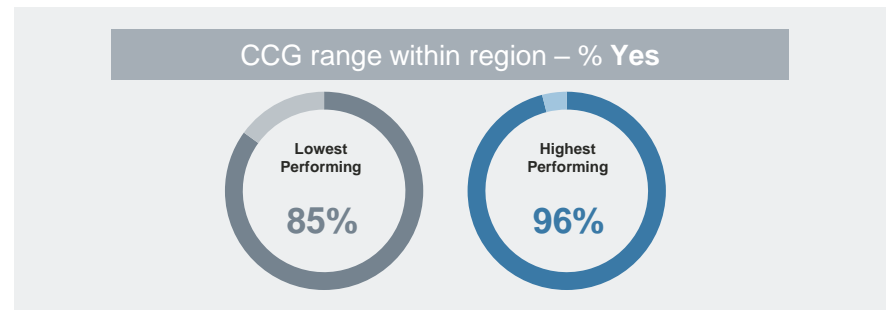
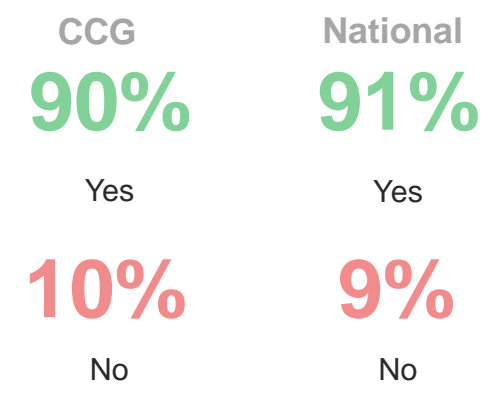
CCG's results



CCG's results over time



Comparison of results



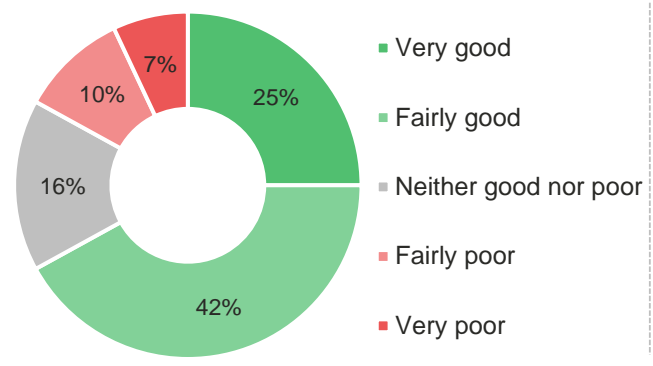
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (558); CCG 2019 (558); CCG 2018 (527); CCG bases range from 273 to 1,472

%Yes = %Yes, definitely + % Yes, to some extent

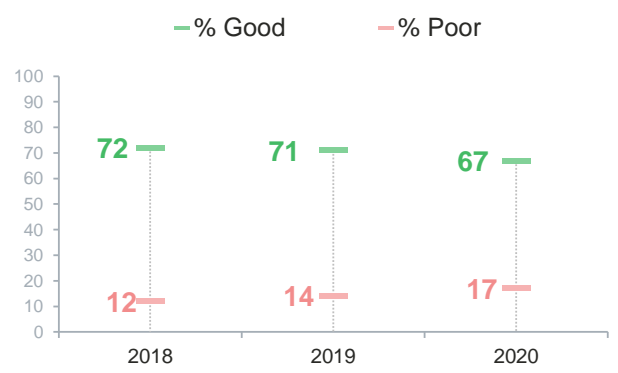
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

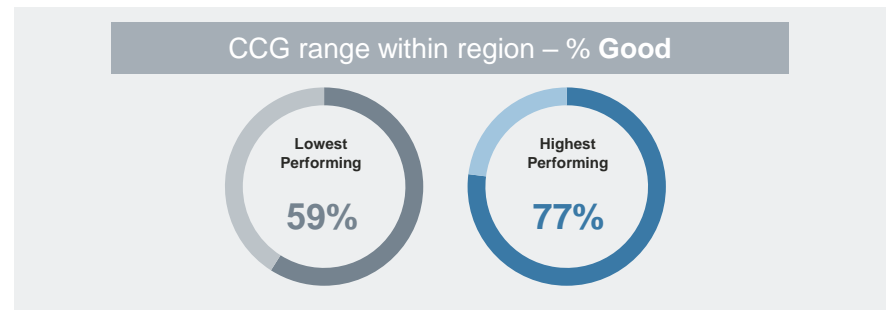
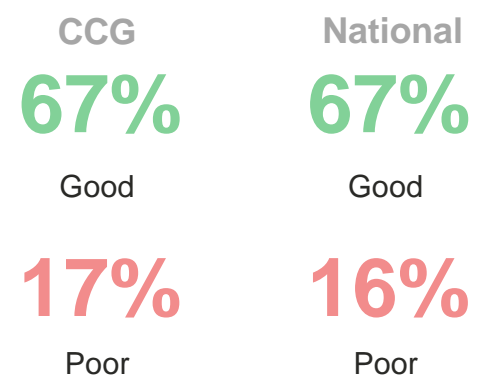
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (578); CCG 2019 (557); CCG 2018 (534); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

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Statistical reliability

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

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

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

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults registered with an English GP practice

739,637

Completed surveys in the 2020 publication

31.7%

National response rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

GP PATIENT SURVEY

NHS SOUTHPORT AND FORMBY CCG

Latest survey results

2020 survey publication

Version 1 | Public

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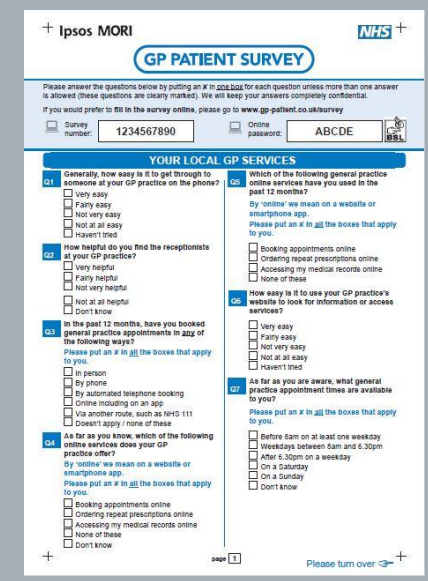
[Statistical reliability](#)

[Want to know more?](#)

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SOUTHPORT AND FORMBY CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SOUTHPORT AND FORMBY CCG, **4,840** questionnaires were sent out, and **1,956** were returned completed. This represents a response rate of **40%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.



Introduction

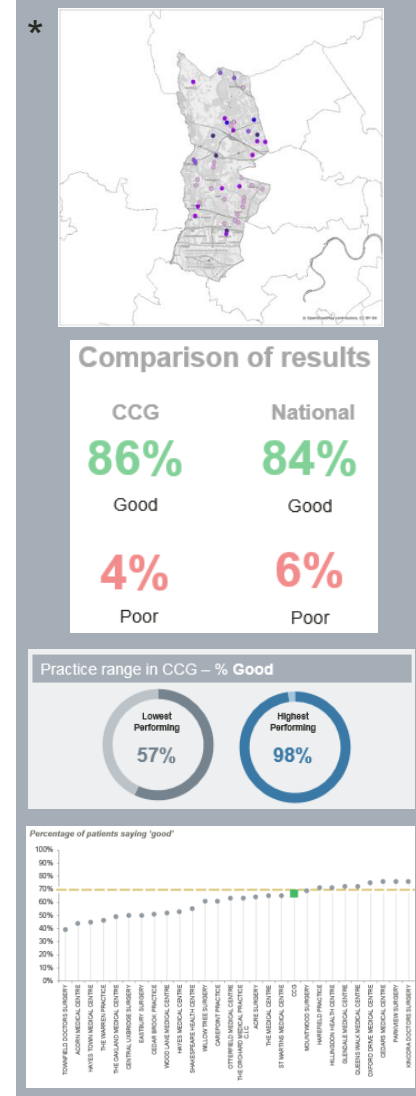
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here: <https://www.england.nhs.uk/about/regional-area-teams/>

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or ‘quintiles’) in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.

* More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

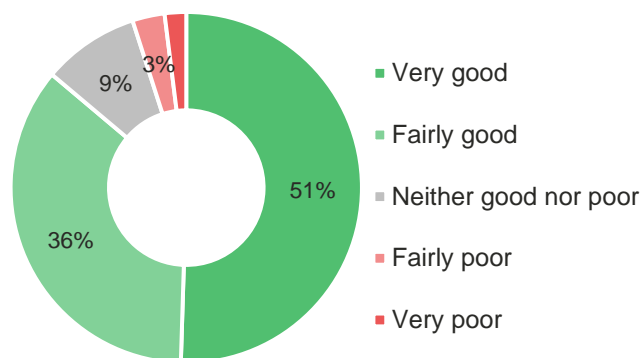
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

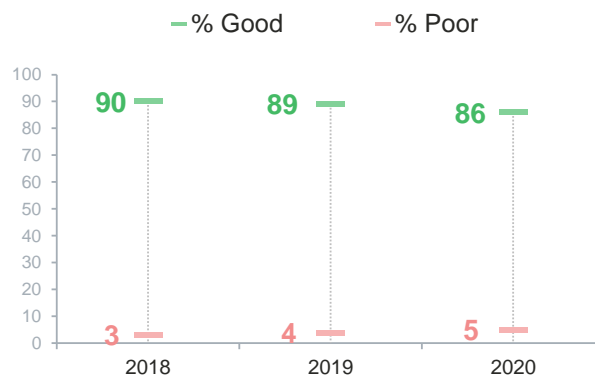
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

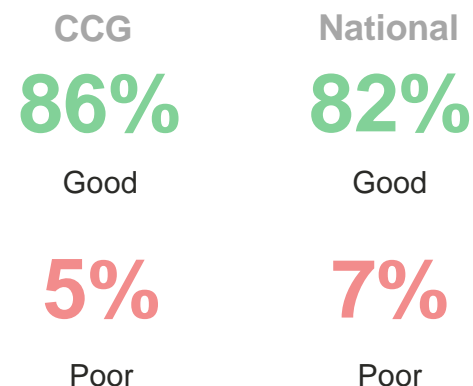
CCG's results



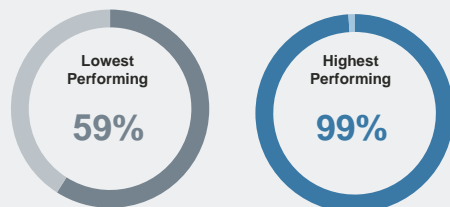
CCG's results over time



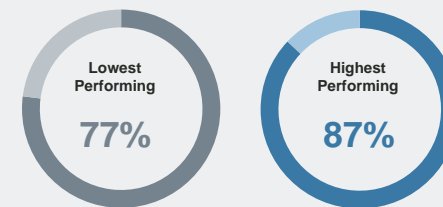
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



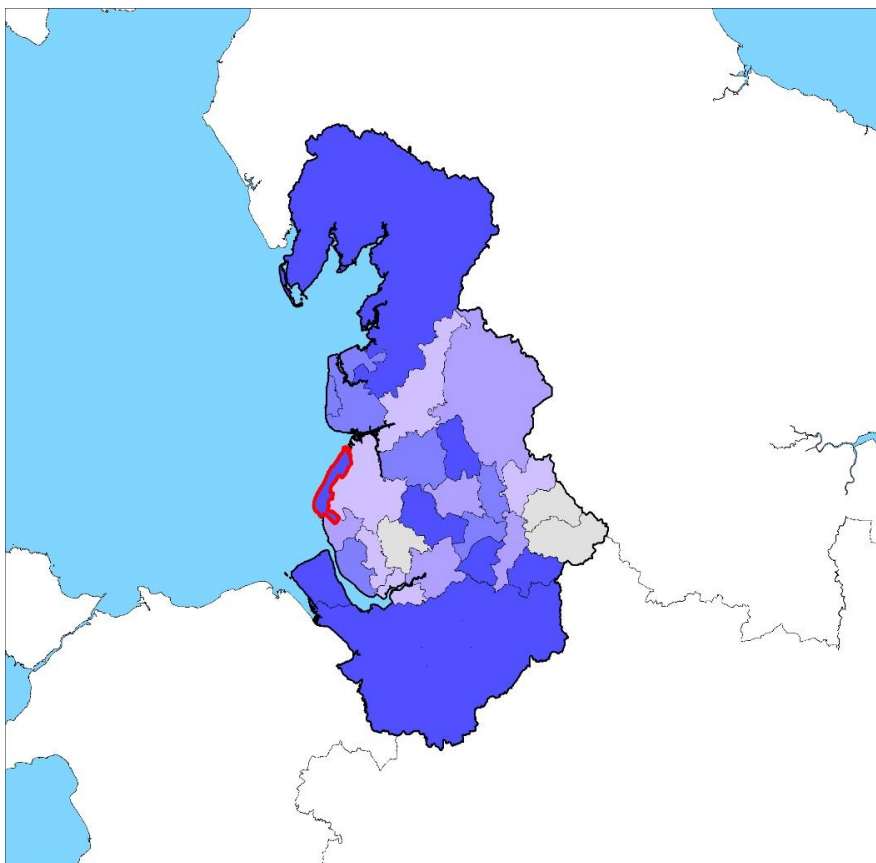
Base: All those completing a questionnaire: National (710,945); CCG 2020 (1,891); CCG 2019 (2,031); CCG 2018 (2,021); Practice bases range from 98 to 125; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good

Dark Blue	85.2 up to 89.3
Medium Blue	82.7 up to 85.2
Light Blue	80.6 up to 82.7
Very Light Blue	78.3 up to 80.6
Grey	70.5 up to 78.3

Results range from

77%
to
87%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

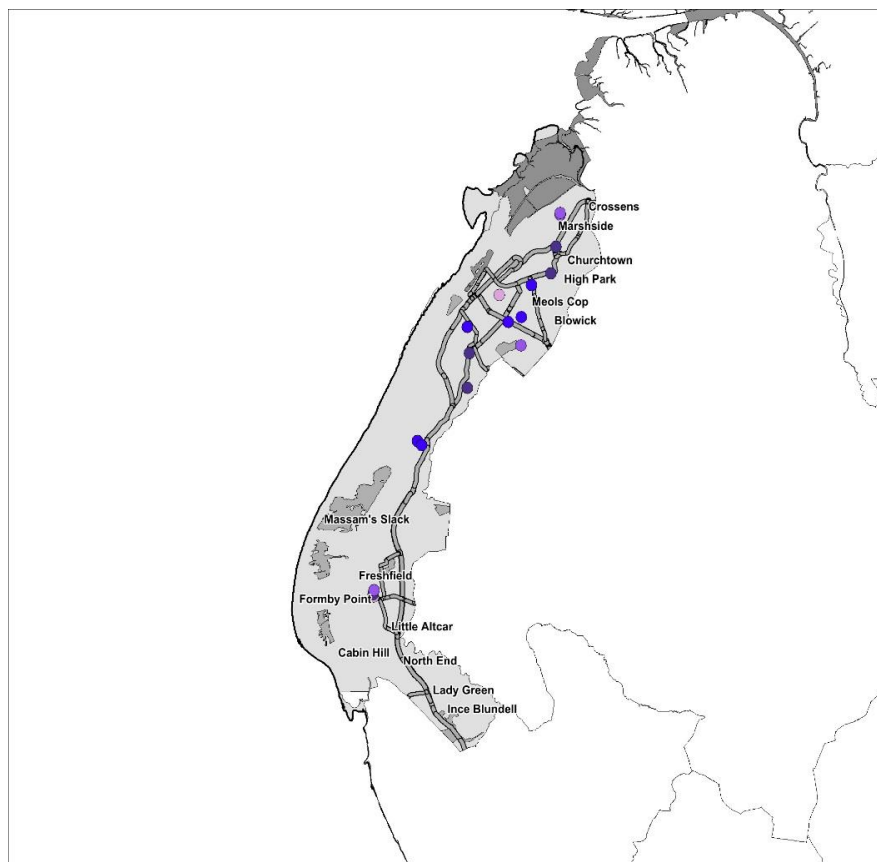
Base: All those completing a questionnaire: CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice % Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

59%
to
99%

Comparisons are indicative only: differences may not be statistically significant

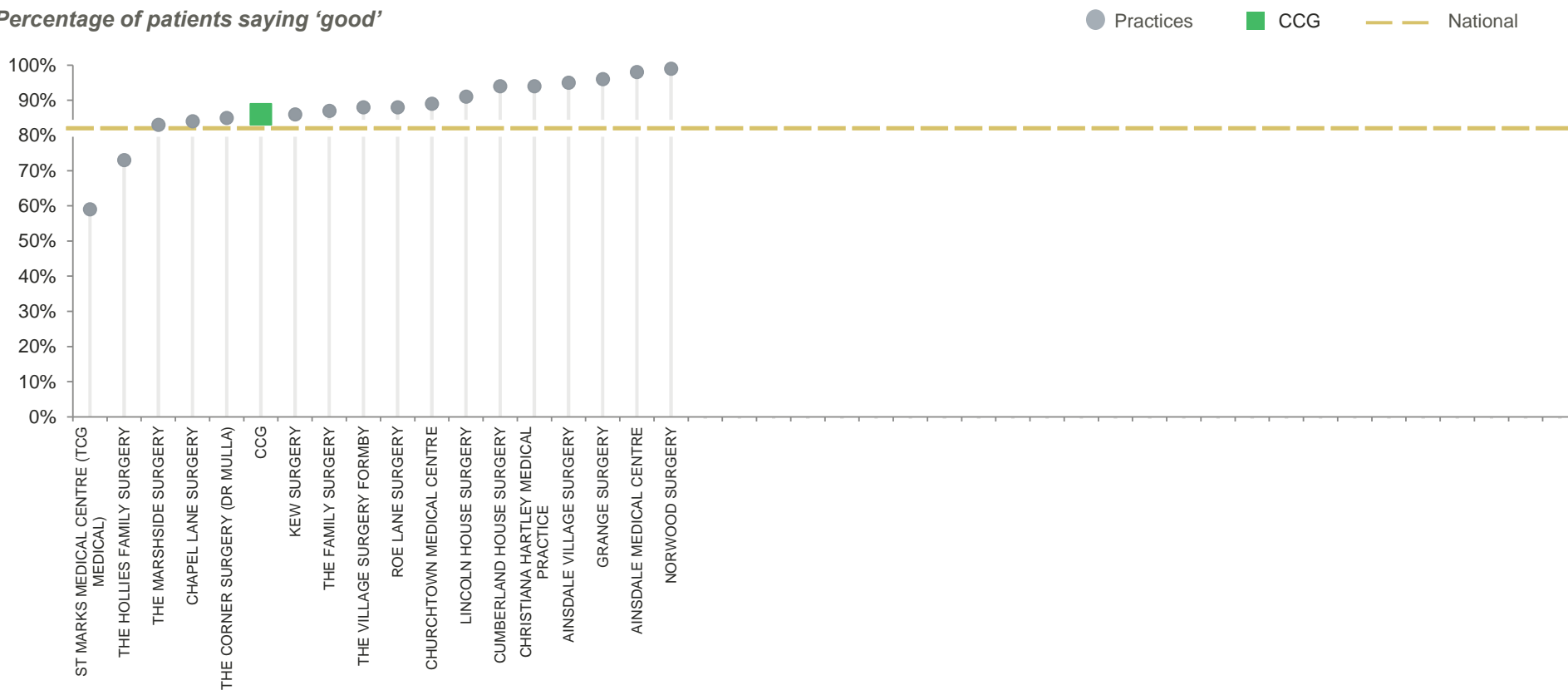
Base: All those completing a questionnaire: Practice bases range from 98 to 125

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (1,891); Practice bases range from 98 to 125

%Good = %Very good + %Fairly good

Local GP services

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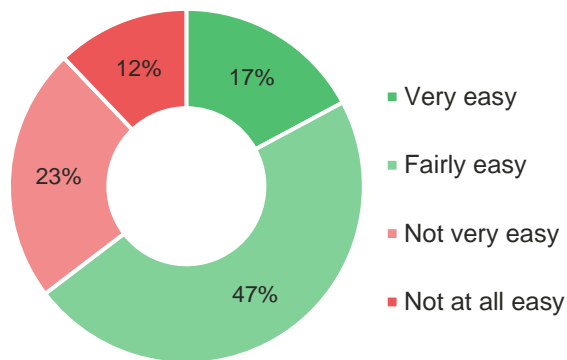
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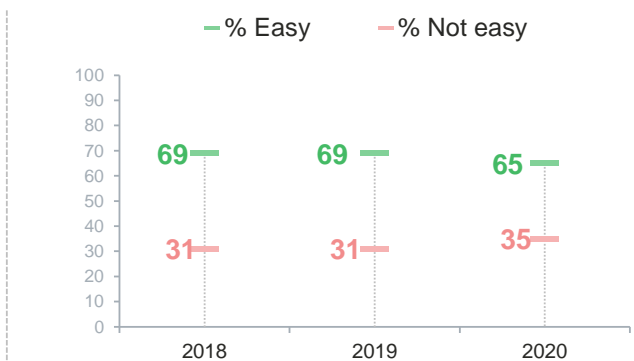
Ease of getting through to GP practice on the phone

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

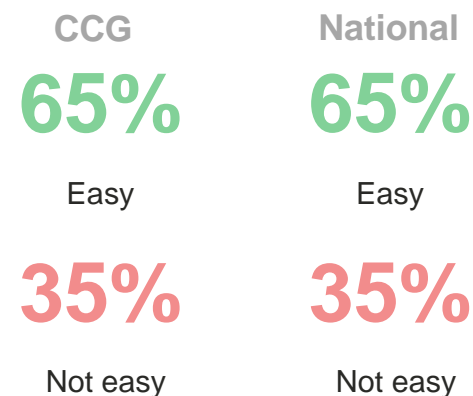
CCG's results



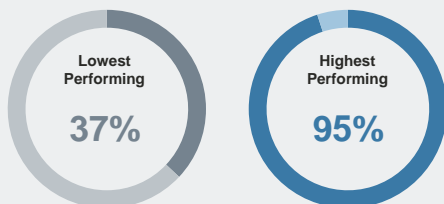
CCG's results over time



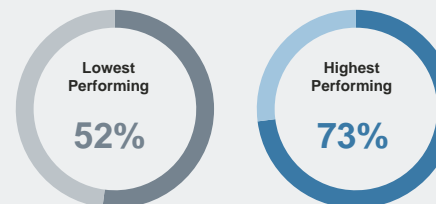
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (1,873); CCG 2019 (1,983); CCG 2018 (1,980); Practice bases range from 96 to 123; CCG bases range from 1,443 to 8,498

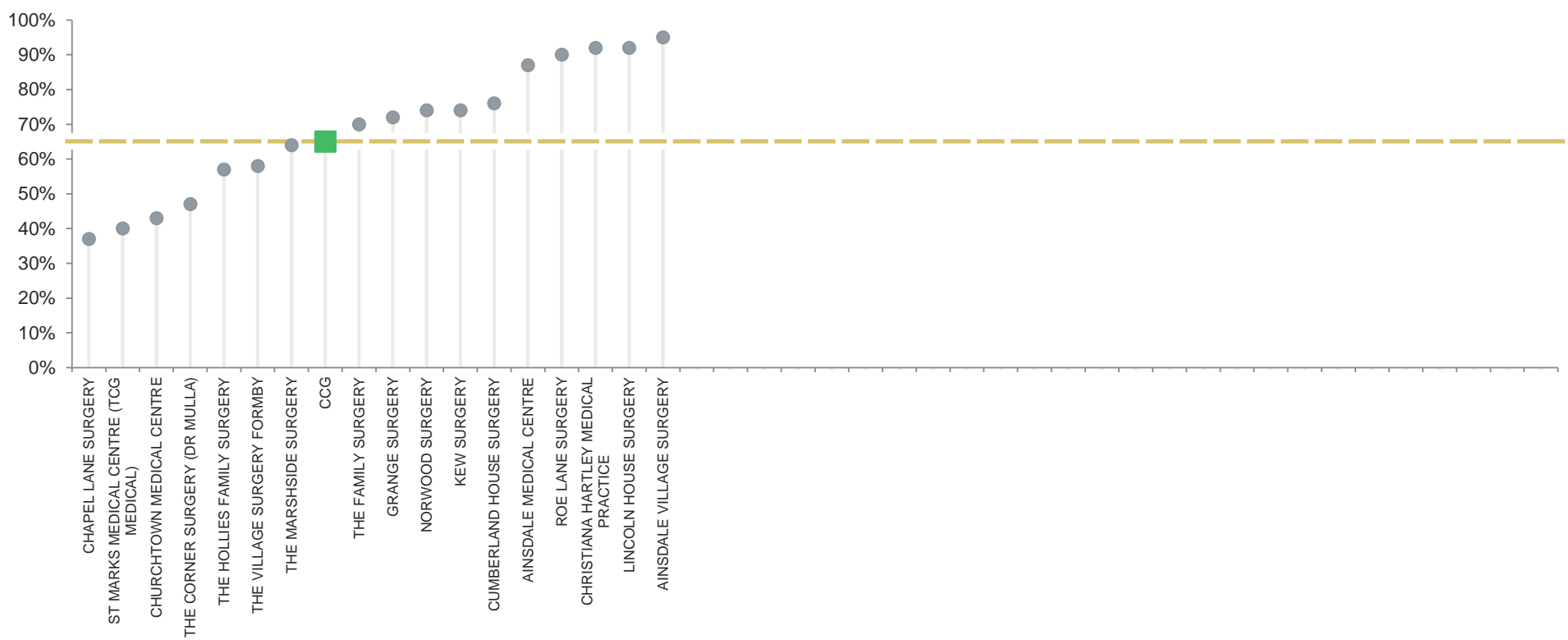
%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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

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

● Practices ■ CCG — National



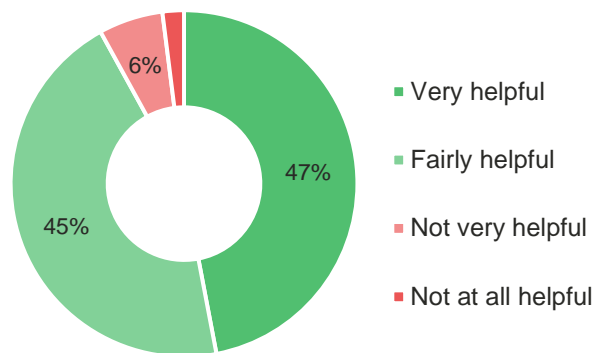
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (1,873); Practice bases range from 96 to 123
 %Easy = %Very easy + %Fairly easy

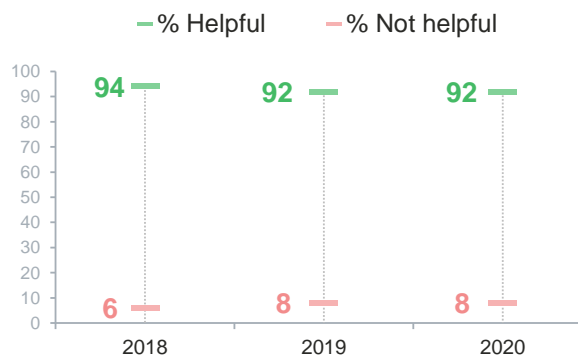
Helpfulness of receptionists at GP practice

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

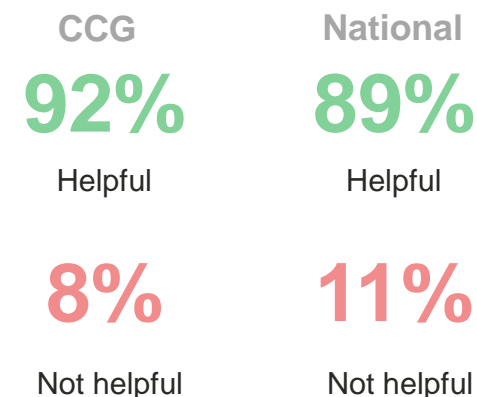
CCG's results



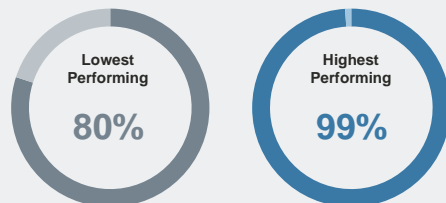
CCG's results over time



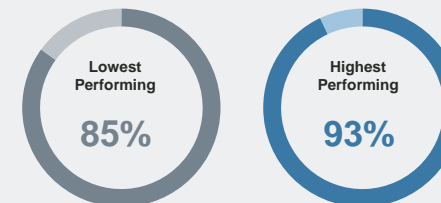
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful

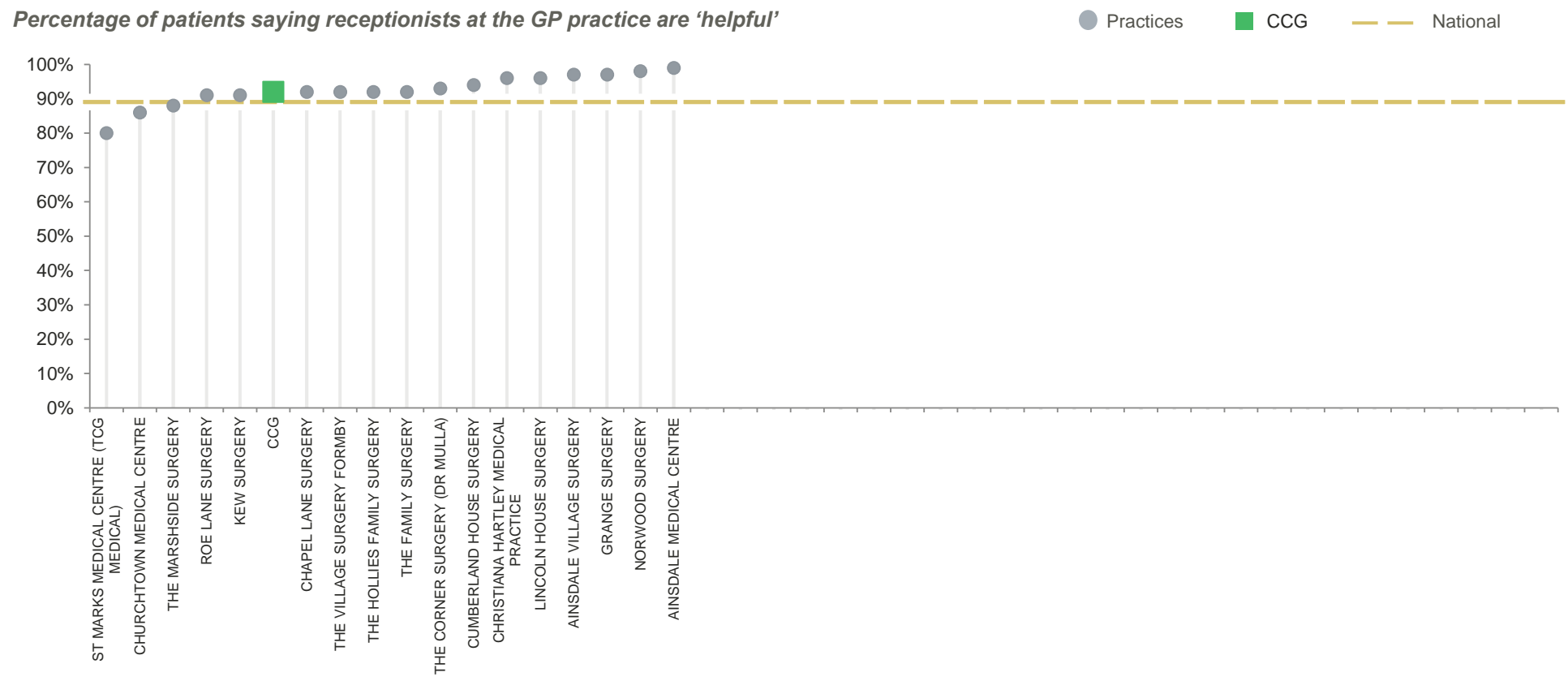


Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (1,905); CCG 2019 (2,002); CCG 2018 (2,009); Practice bases range from 98 to 126; CCG bases range from 1,467 to 8,629

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

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

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



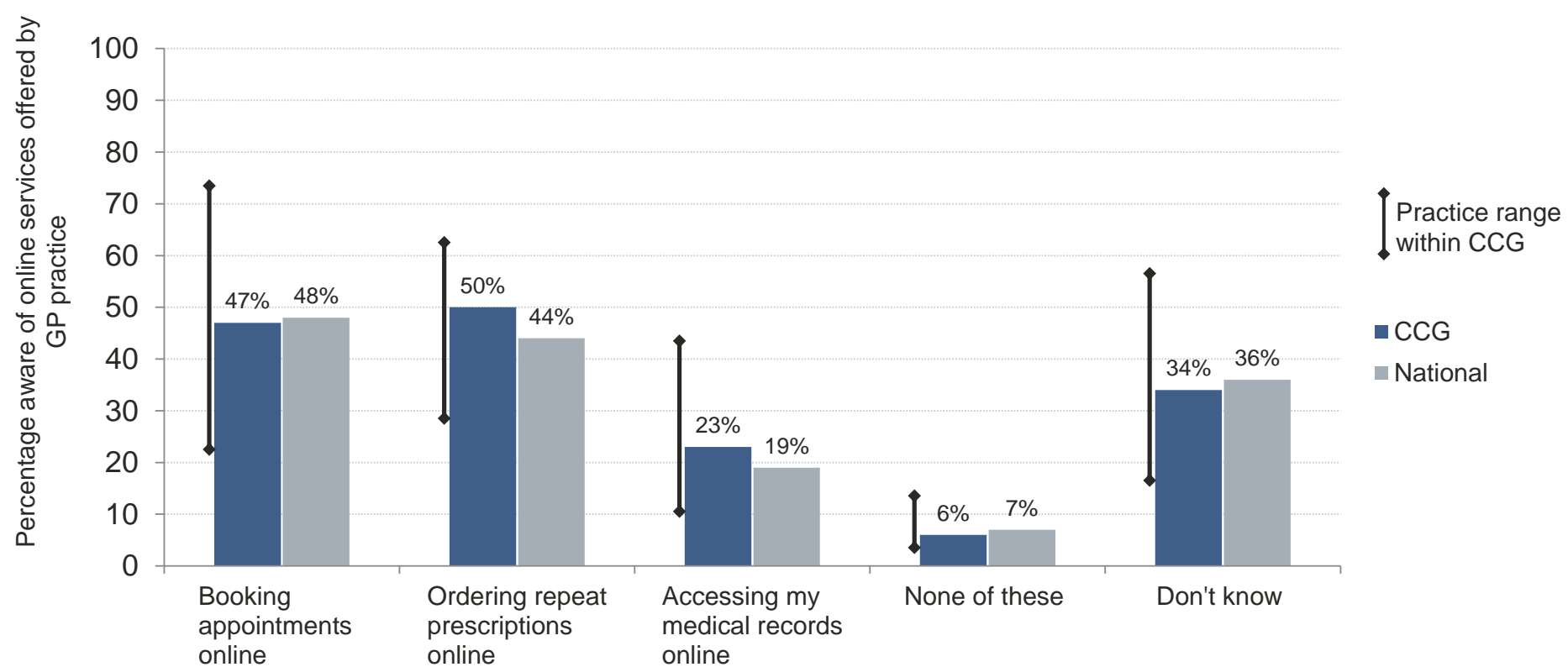
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (1,905); Practice bases range from 98 to 126
 %Helpful = %Very helpful + %Fairly helpful

Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

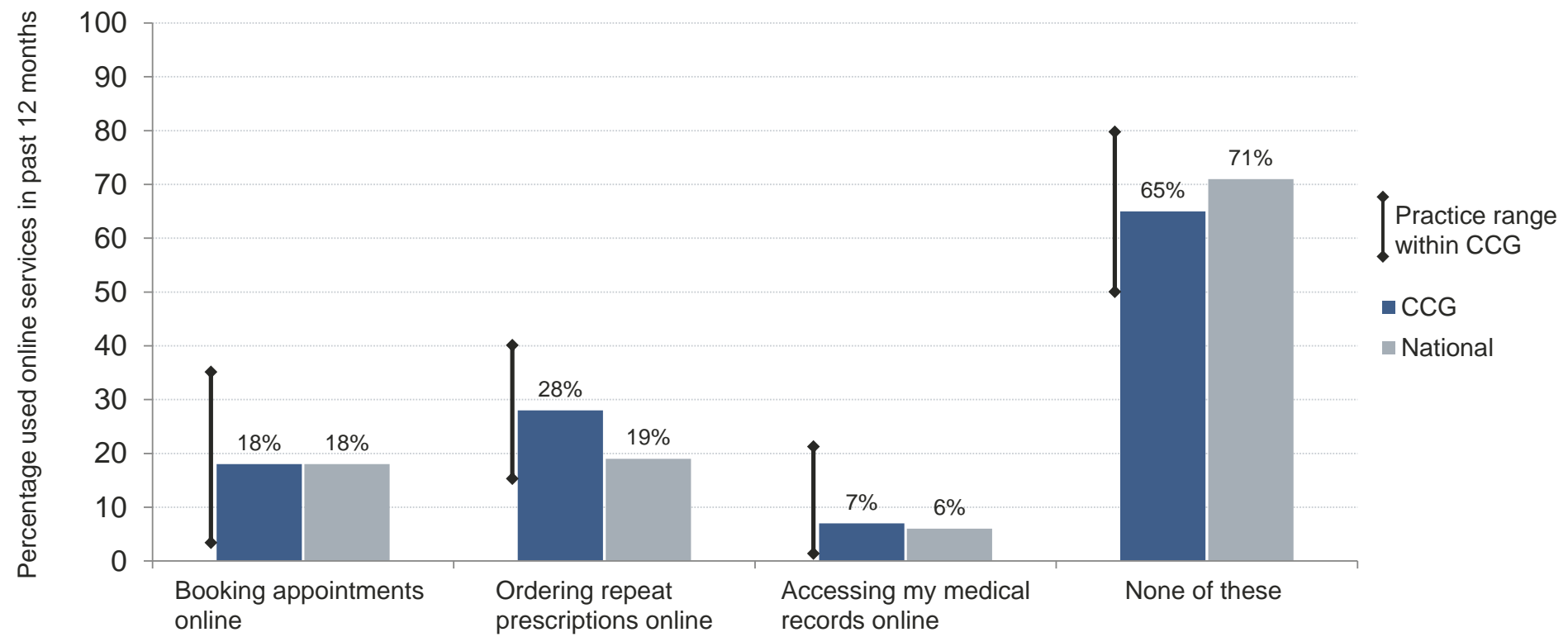


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (1,897); Practice bases range from 100 to 120

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



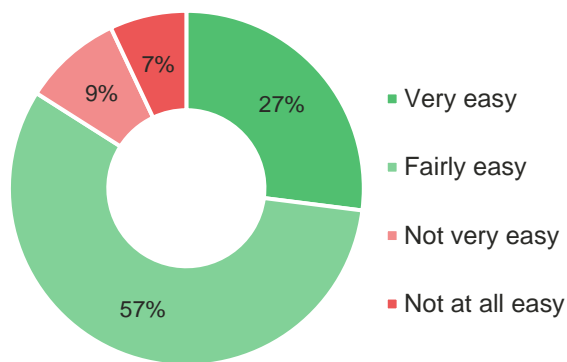
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (1,927); Practice bases range from 103 to 125

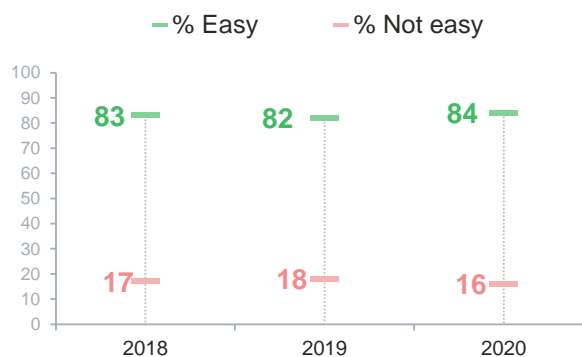
Ease of use of online services

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

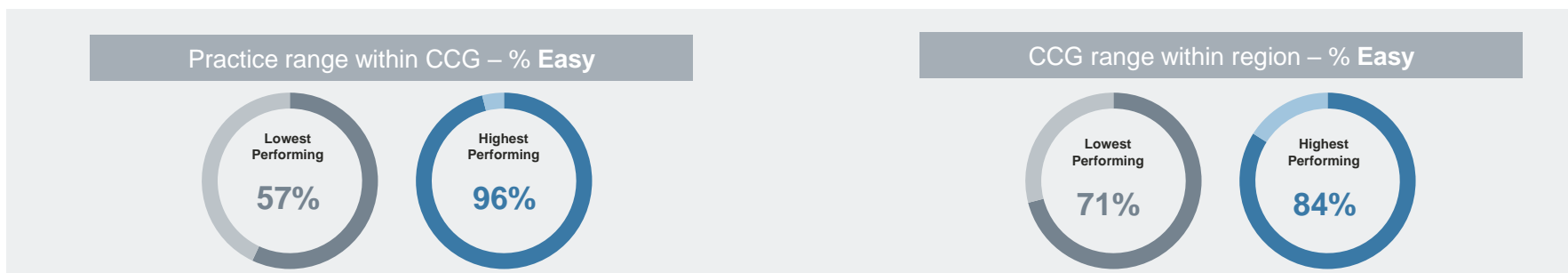
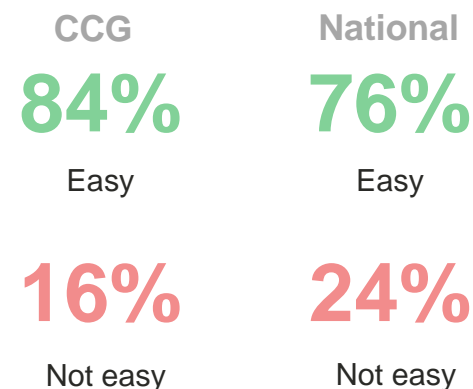
CCG's results



CCG's results over time



Comparison of results



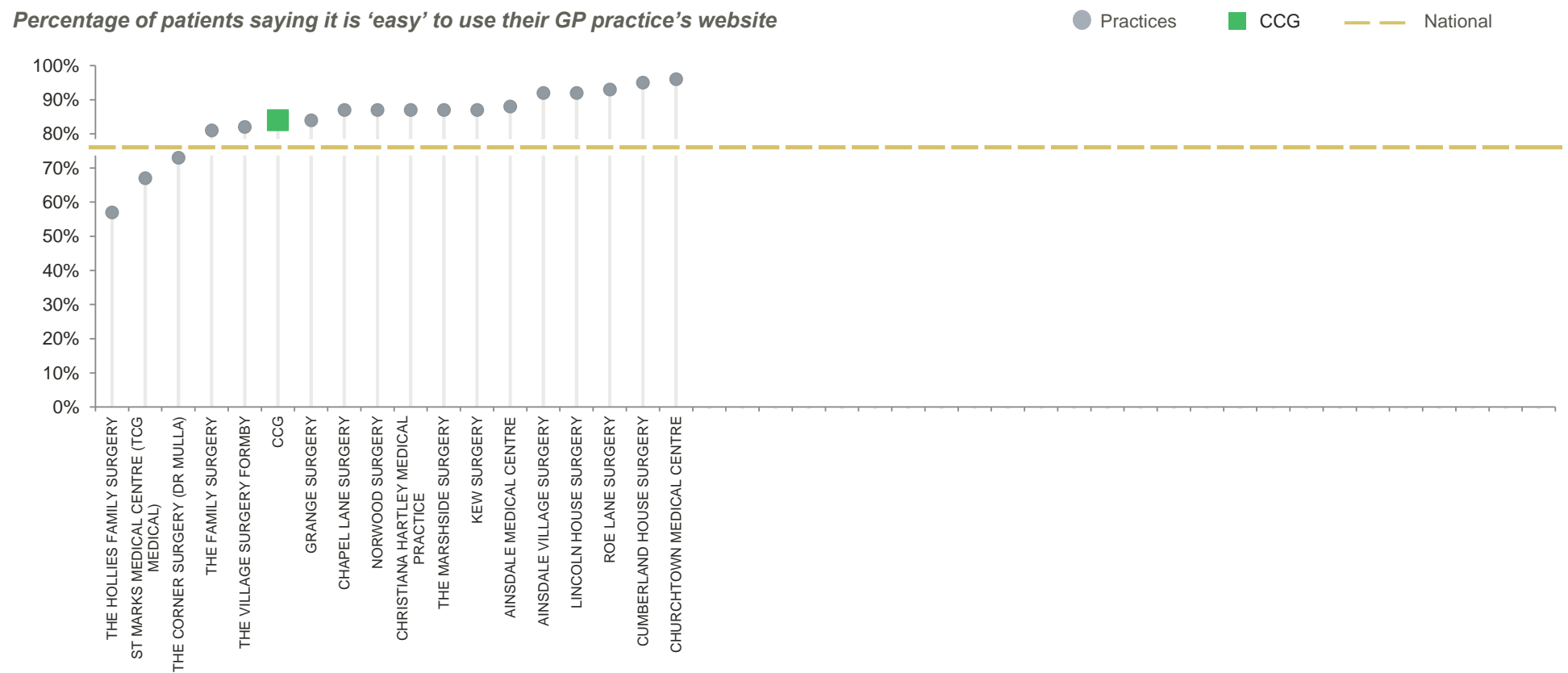
*Those who say 'Haven't tried' (60%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (741); CCG 2019 (727); CCG 2018 (699); Practice bases range from 25 to 56; CCG bases range from 565 to 3,419

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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

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



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (741); Practice bases range from 25 to 56

%Easy = %Very easy + %Fairly easy

Making an appointment

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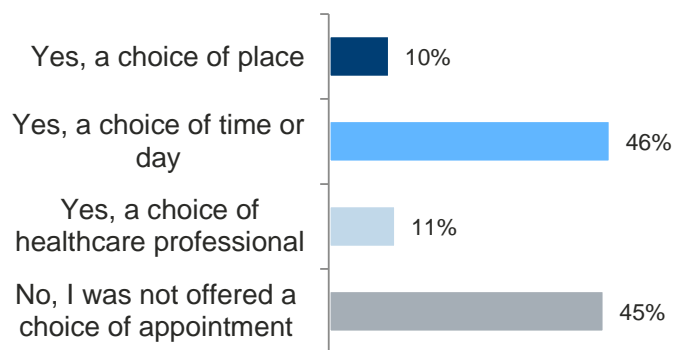
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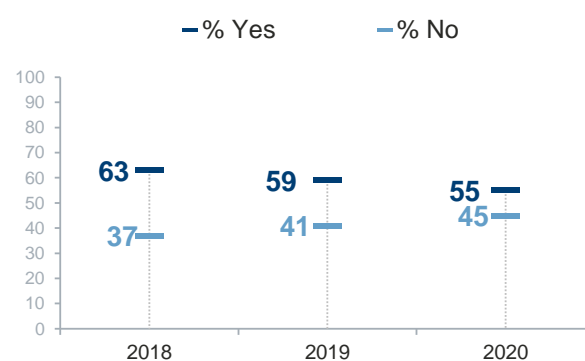
Choice of appointment

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

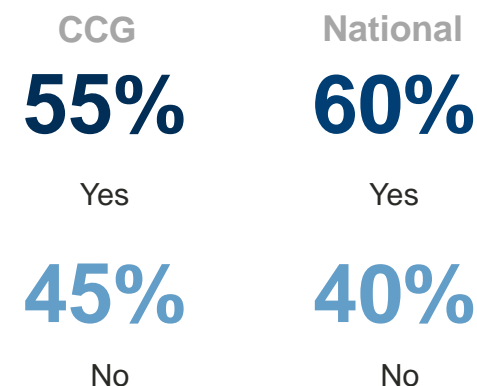
CCG's results



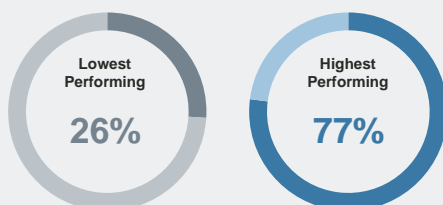
CCG's results over time



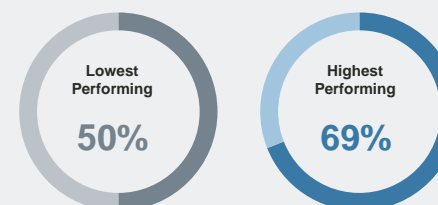
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

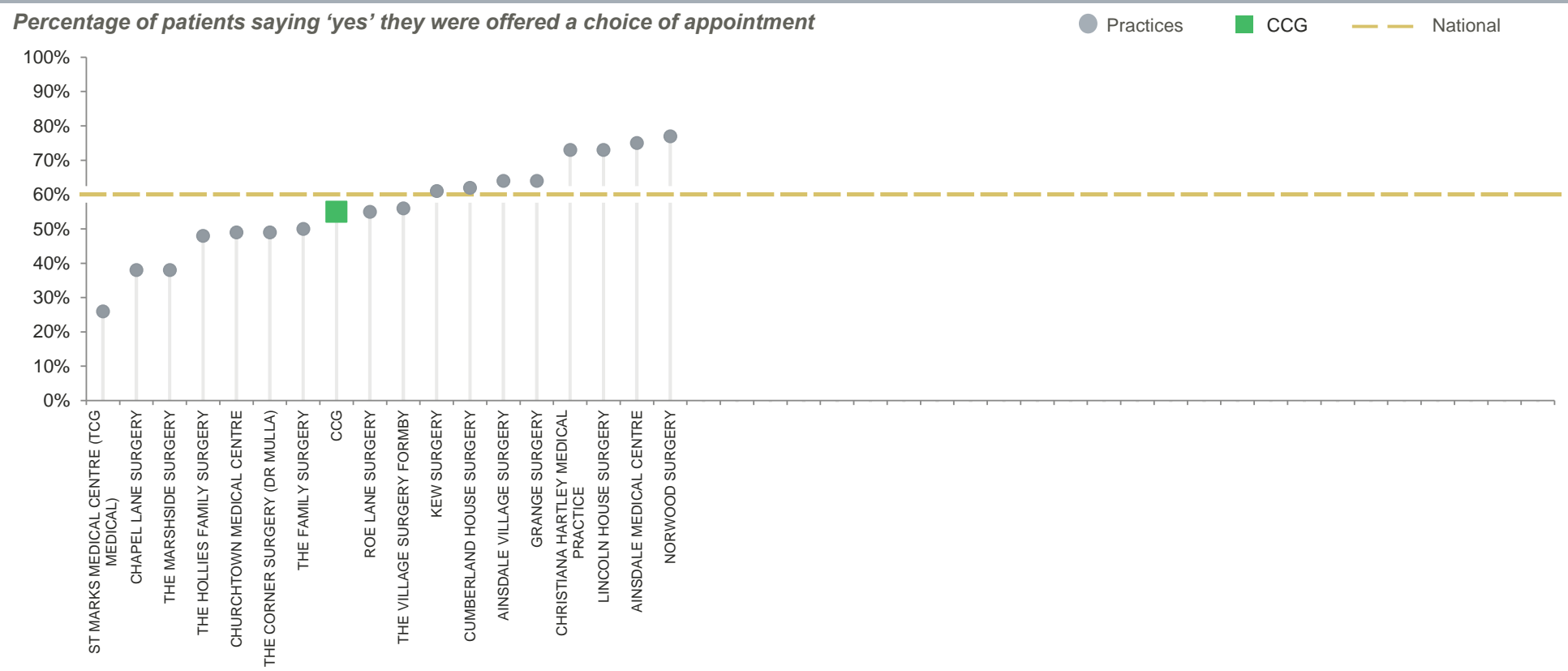


Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (1,527); CCG 2019 (1,560); CCG 2018 (1,635); Practice bases range from 75 to 102; CCG bases range from 1,181 to 6,807

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

Choice of appointment: how the CCG's practices compare

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



Comparisons are indicative only: differences may not be statistically significant

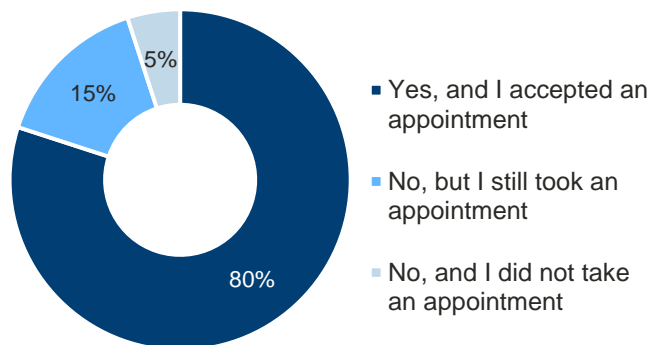
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (1,527); Practice bases range from 75 to 102

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

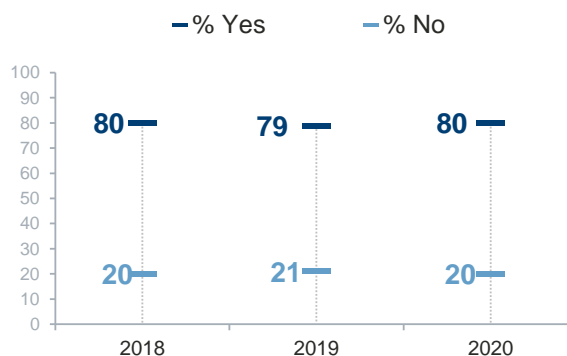
Satisfaction with appointment offered

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

CCG's results

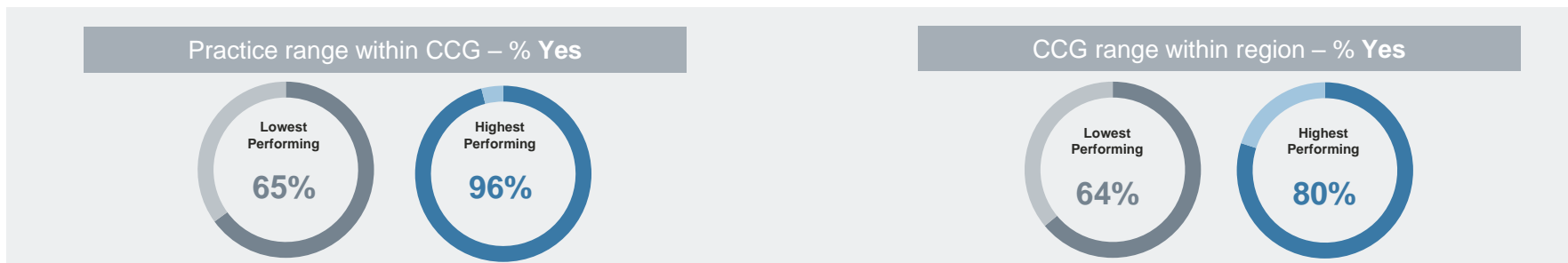


CCG's results over time



Comparison of results

CCG	National
80% Yes, took appt	73% Yes, took appt
15% No, took appt	21% No, took appt
5% No, didn't take appt	7% No, didn't take appt



Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (1,814); CCG 2019 (1,911); CCG 2018 (1,916); Practice bases range from 95 to 120; CCG bases range from 1,404 to 8,159

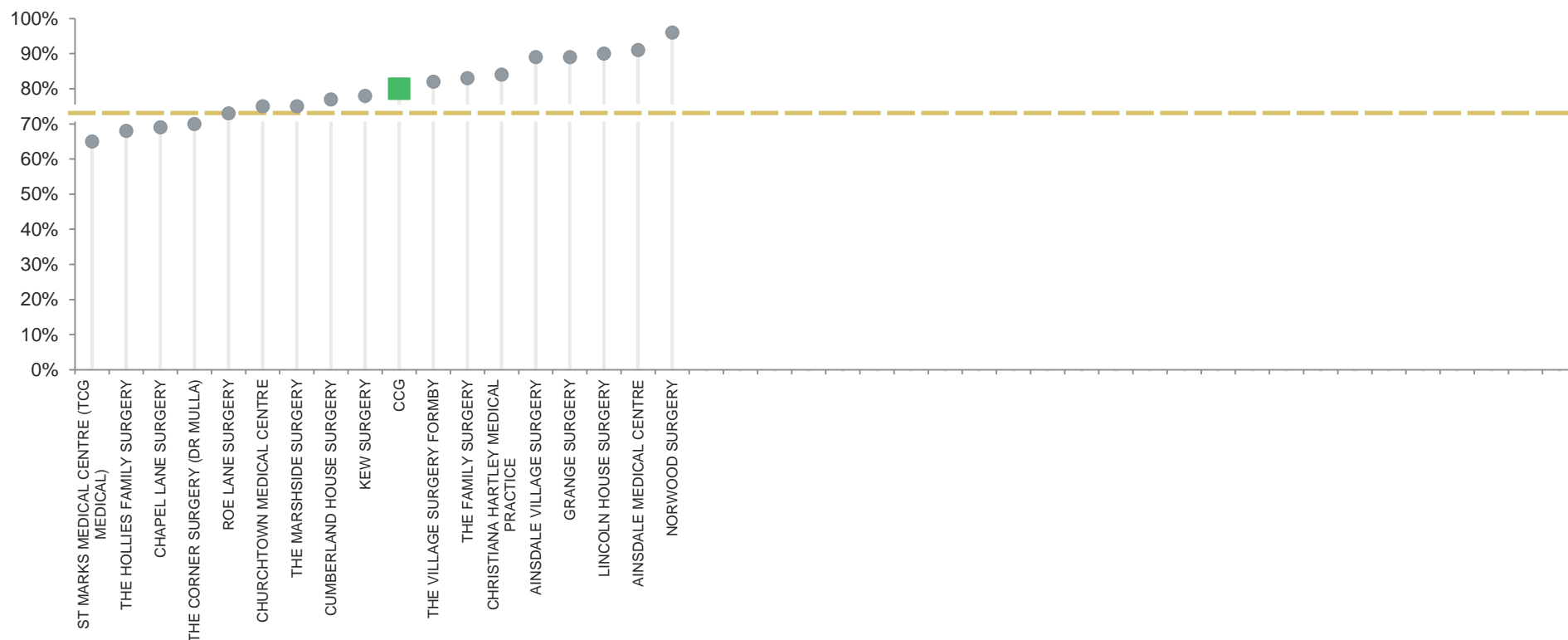
%No = %No, but I still took an appointment + %No, and I did not take an appointment

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

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

Percentage of patients saying 'yes' they were satisfied with the appointment offered

● Practices ■ CCG — National

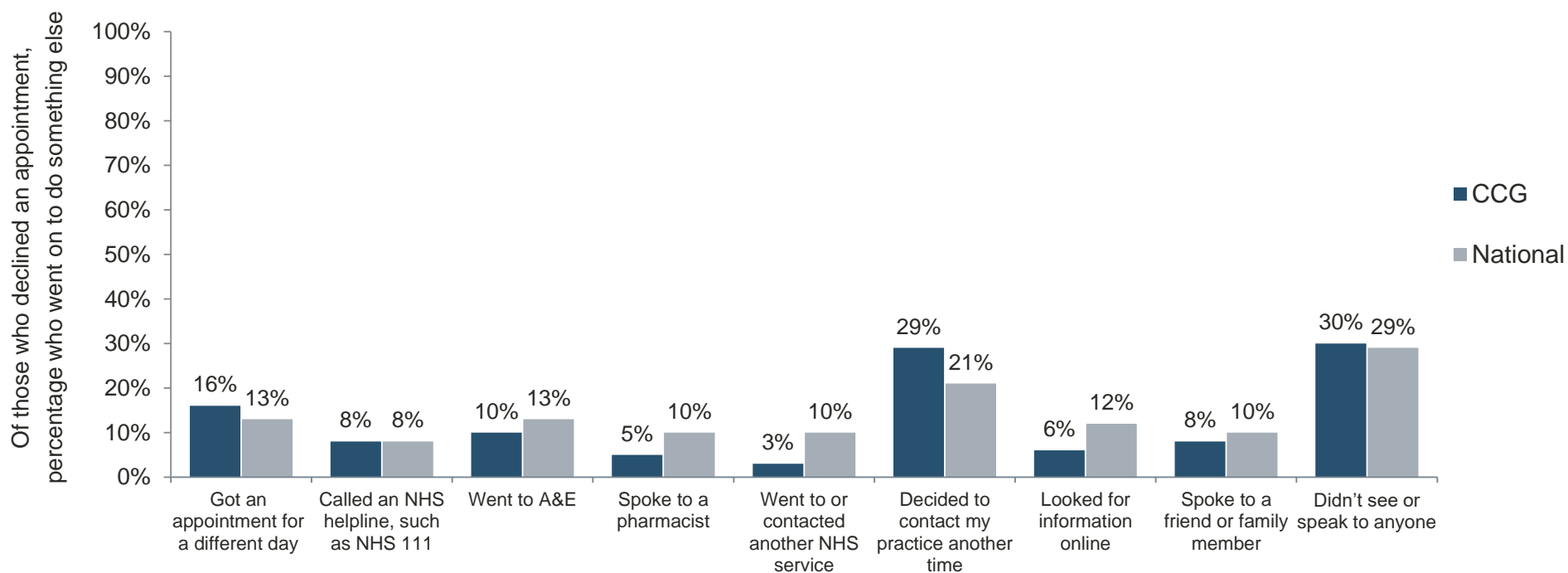


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (1,814); Practice bases range from 95 to 120

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



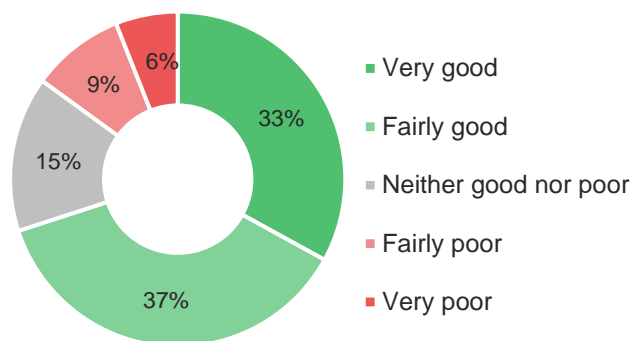
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (80)

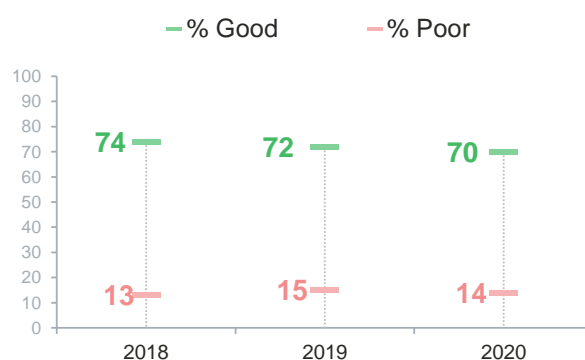
Overall experience of making an appointment

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

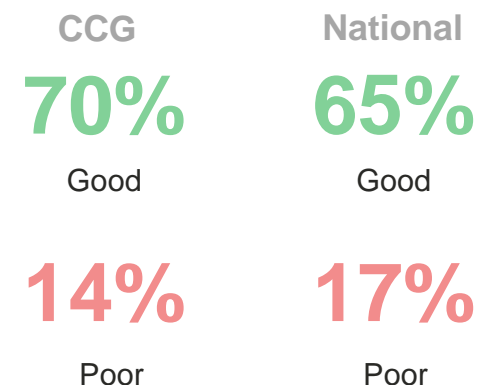
CCG's results



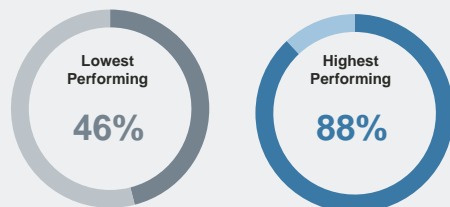
CCG's results over time



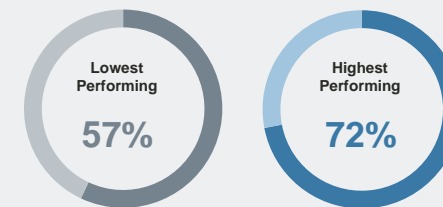
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (1,798); CCG 2019 (1,884); CCG 2018 (1,899); Practice bases range from 95 to 118; CCG bases range from 1,390 to 8,057

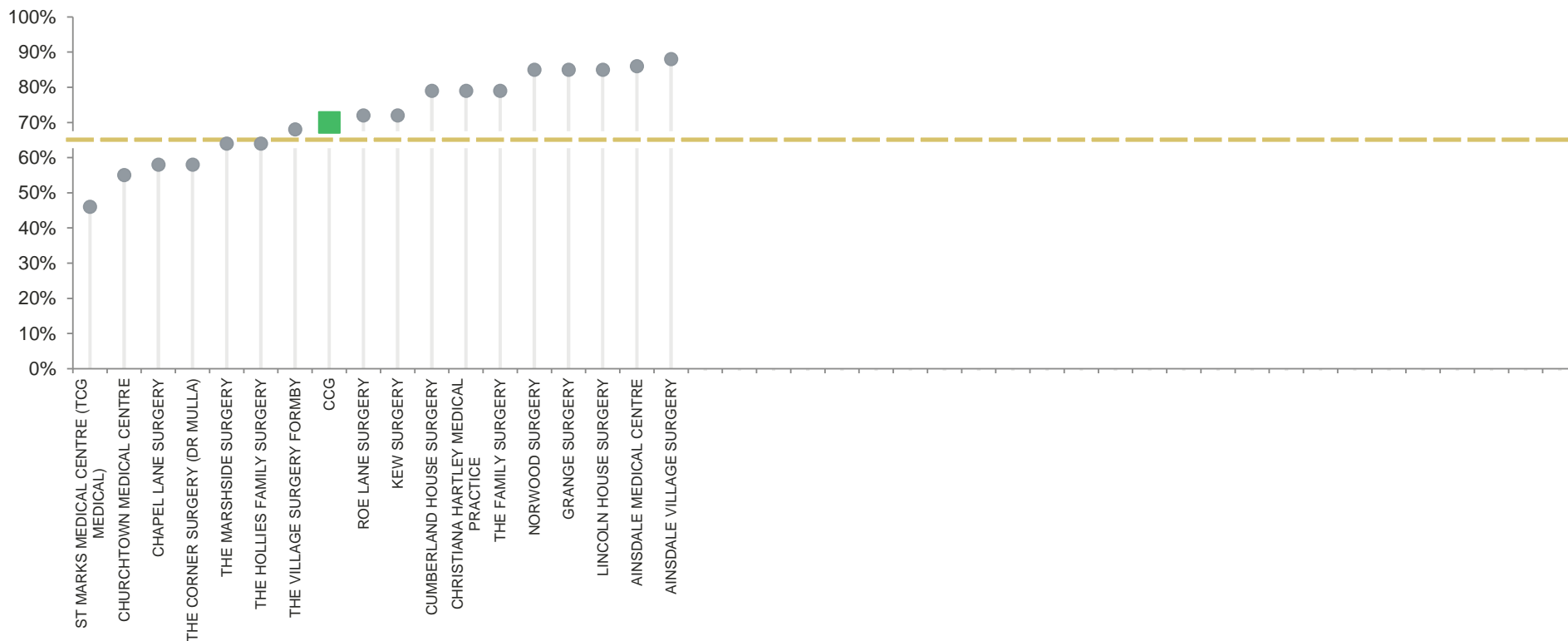
%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

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

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

Percentage of patients saying they had a 'good' experience of making an appointment

● Practices ■ CCG — National



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (1,798); Practice bases range from 95 to 118

%Good = %Very good + %Fairly good

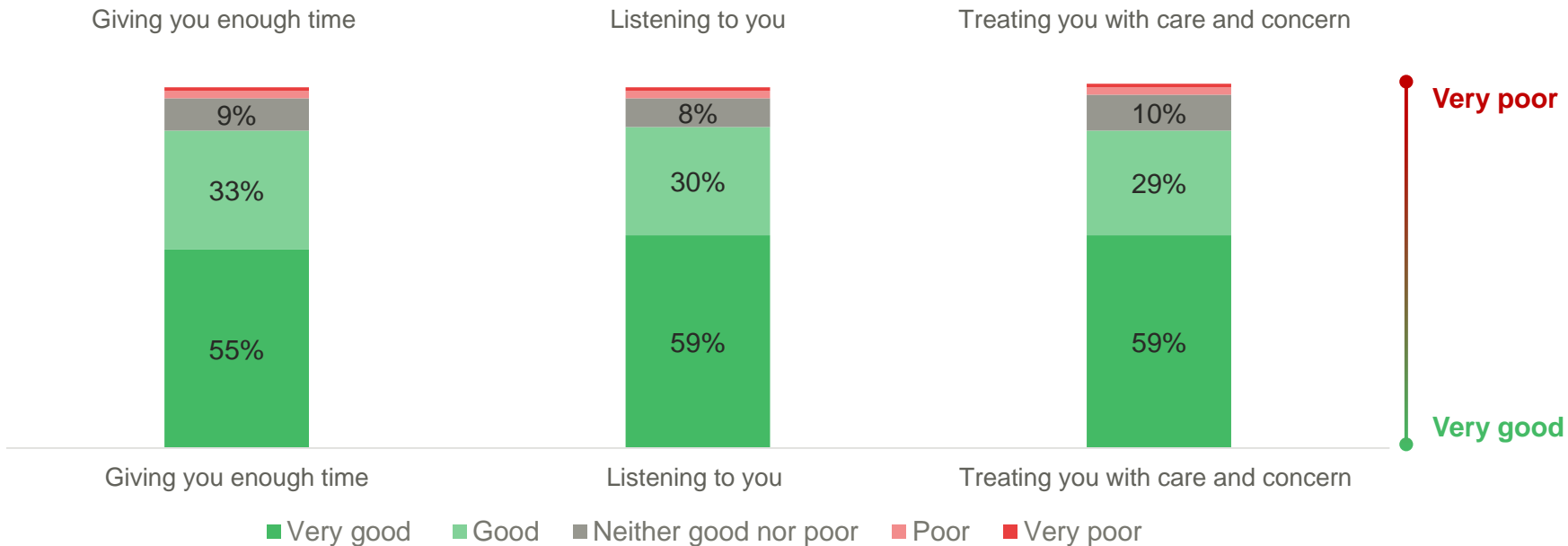
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	3%	3%	3%
% 'Poor' (total)	3%	3%	3%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (1,835; 1,833; 1,819)

%Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	6%	3%	4%
% 'No, not at all'			

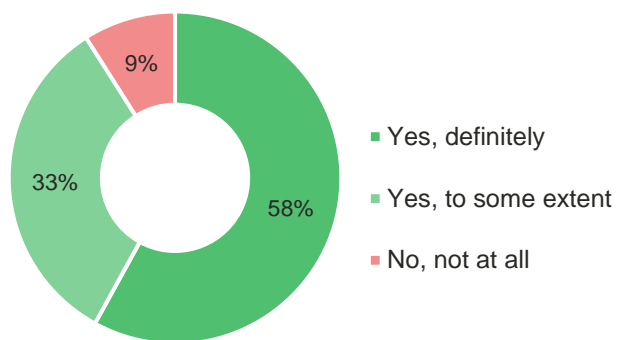


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (603,943; 667,229; 663,675); CCG 2020 (1,651; 1,807; 1,811)

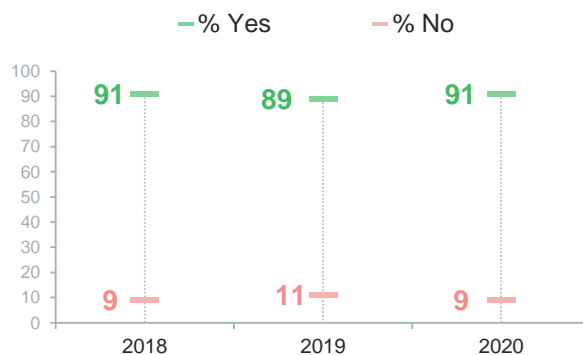
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

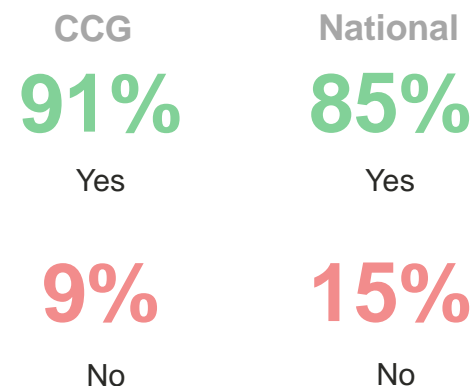
CCG's results



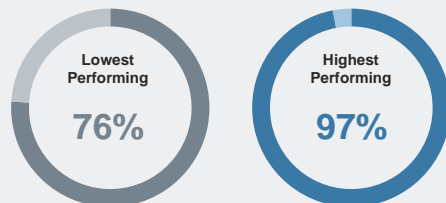
CCG's results over time



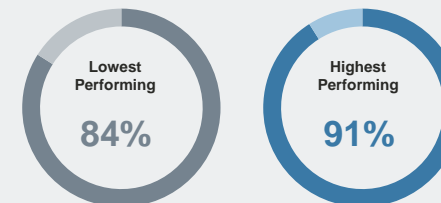
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (668); CCG 2019 (727); CCG 2018 (725); Practice bases range from 26 to 50; CCG bases range from 554 to 3,765

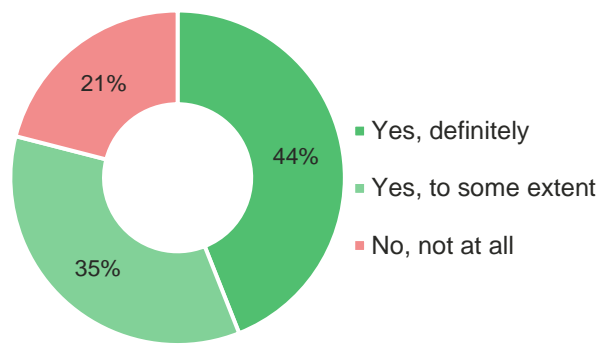
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

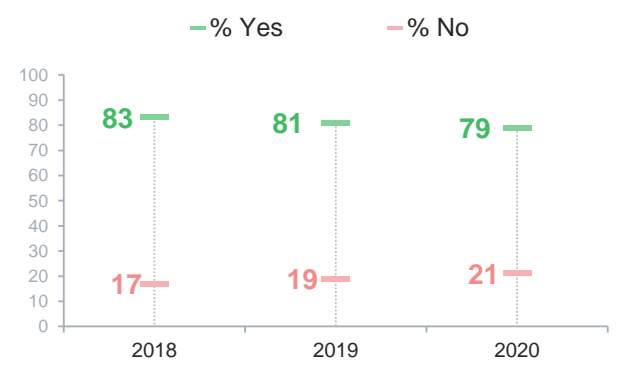
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

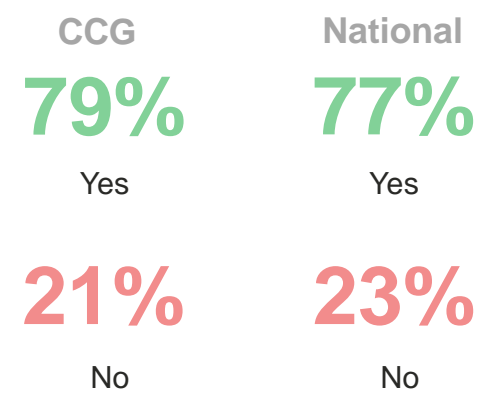
CCG's results



CCG's results over time



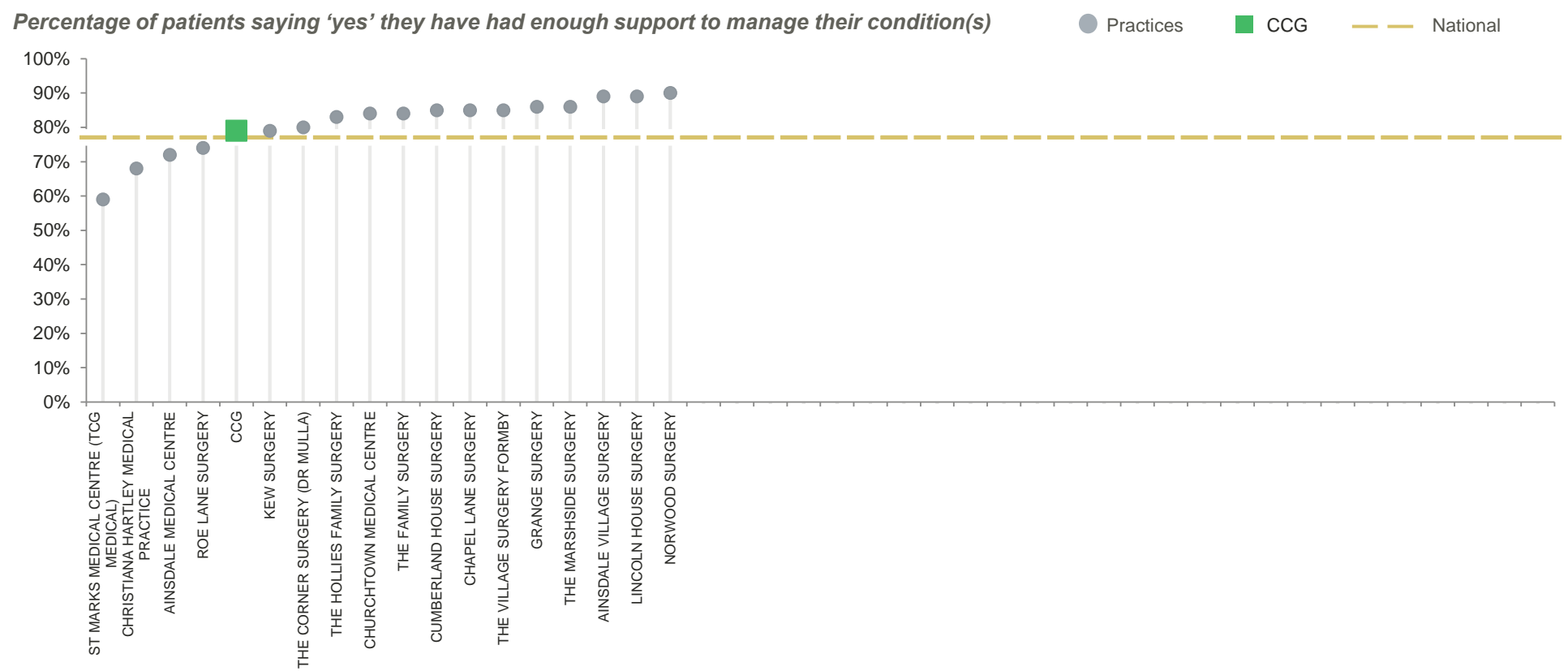
Comparison of results



Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (809); CCG 2019 (860); CCG 2018 (864); Practice bases range from 37 to 56; CCG bases range from 644 to 3,830
 %Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (809); Practice bases range from 37 to 56

%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

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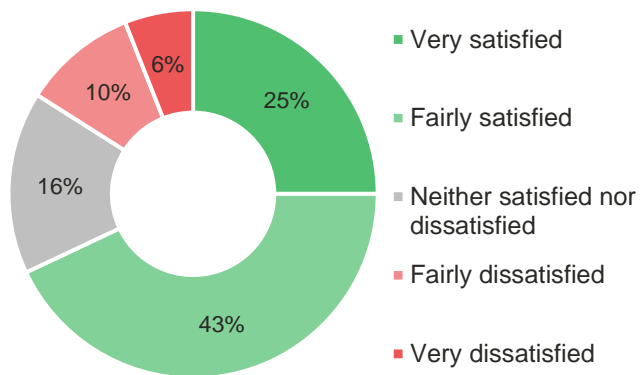
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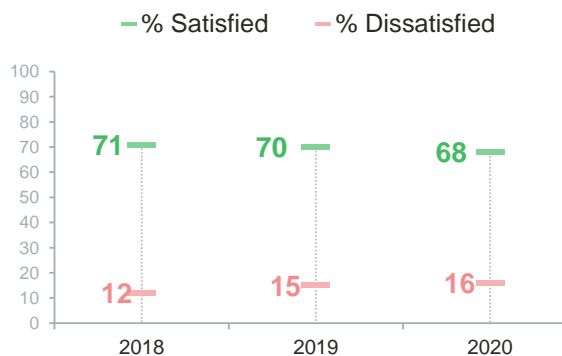
Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

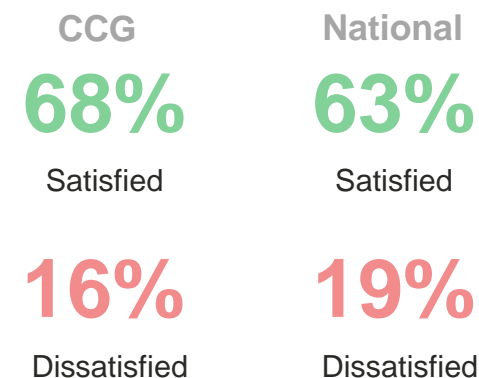
CCG's results



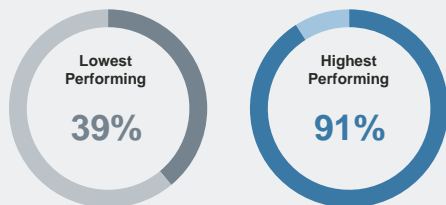
CCG's results over time



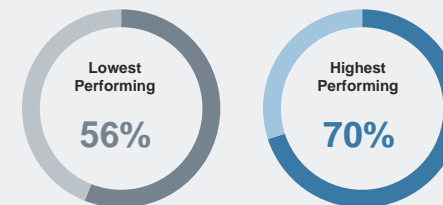
Comparison of results



Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (1,773); CCG 2019 (1,879); CCG 2018 (1,904); Practice bases range from 86 to 117; CCG bases range from 1,355 to 8,078

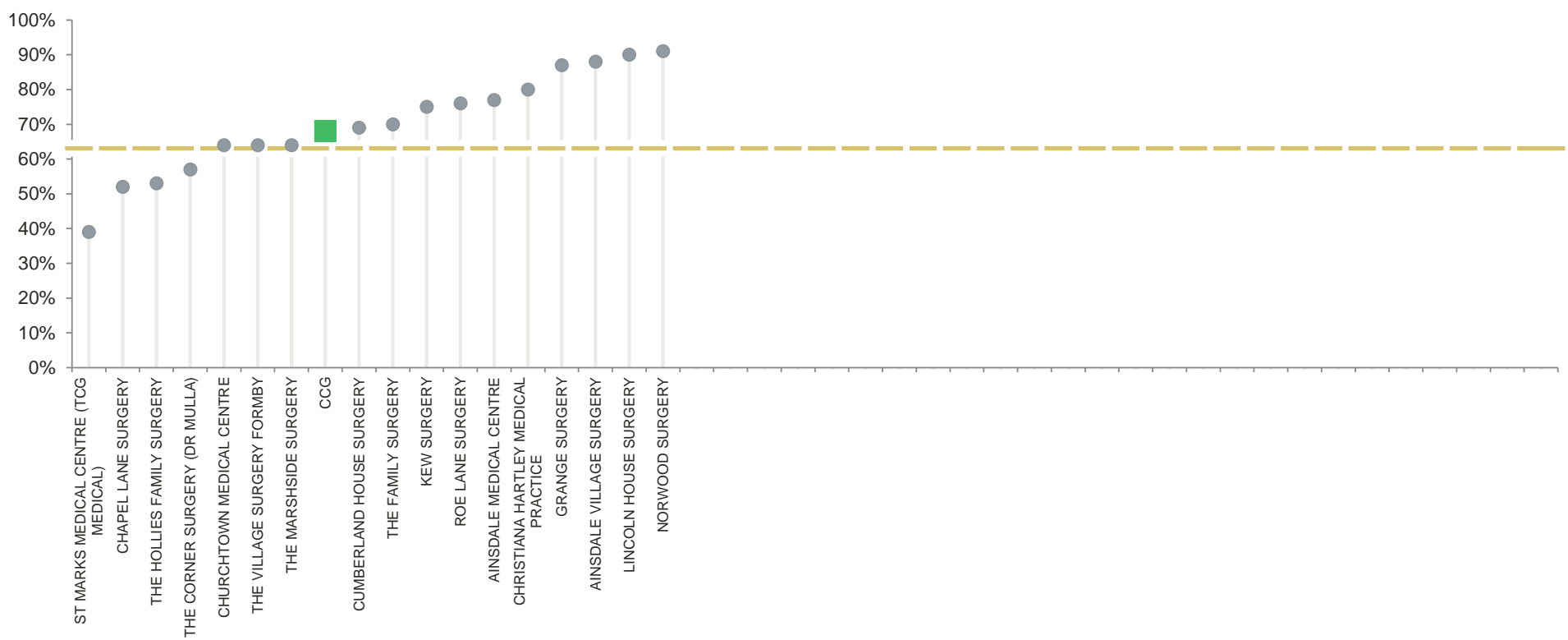
%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available

● Practices ■ CCG — National



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (1,773); Practice bases range from 86 to 117

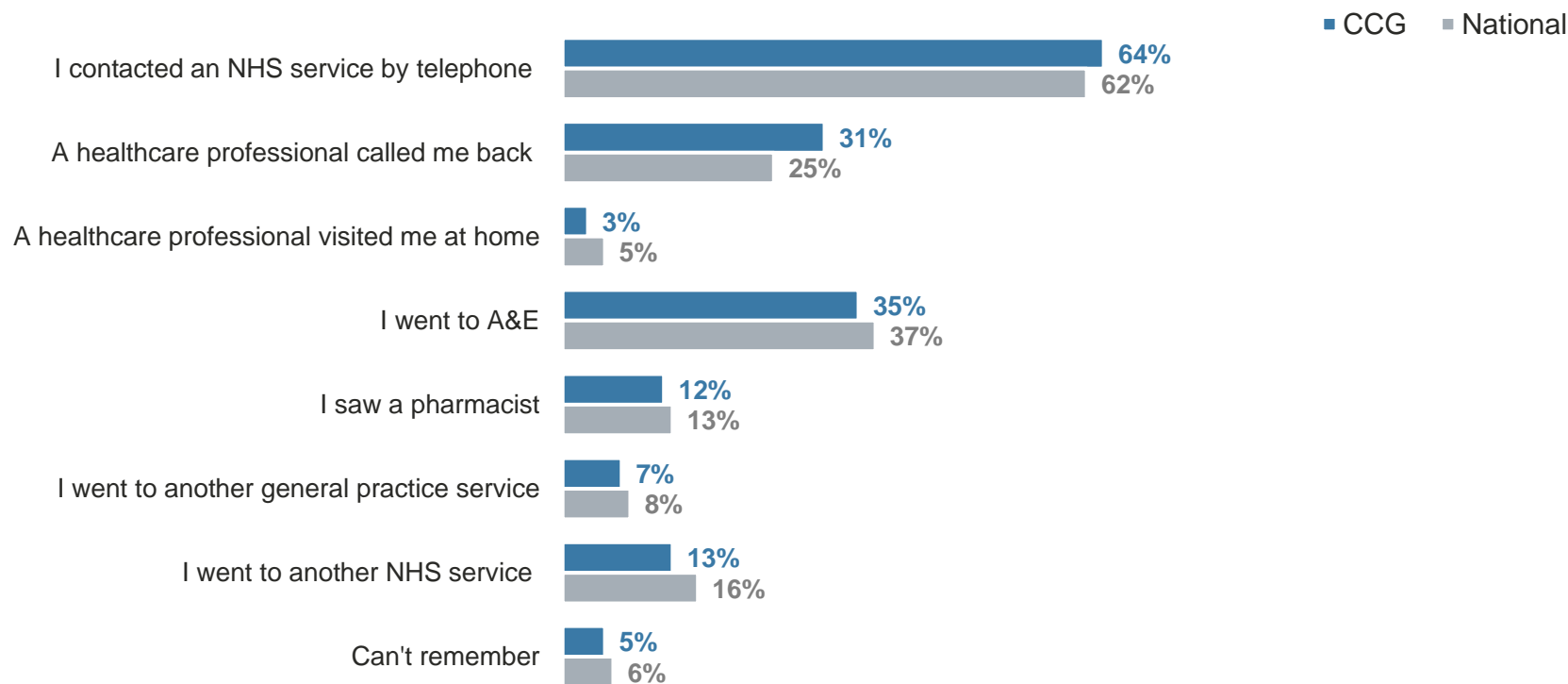
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

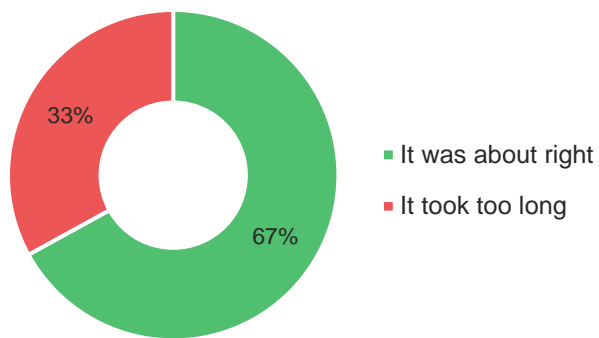


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (305)

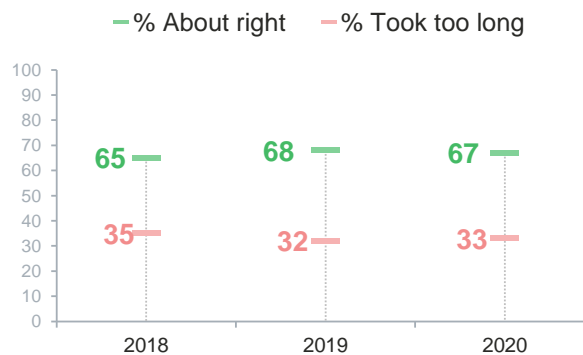
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

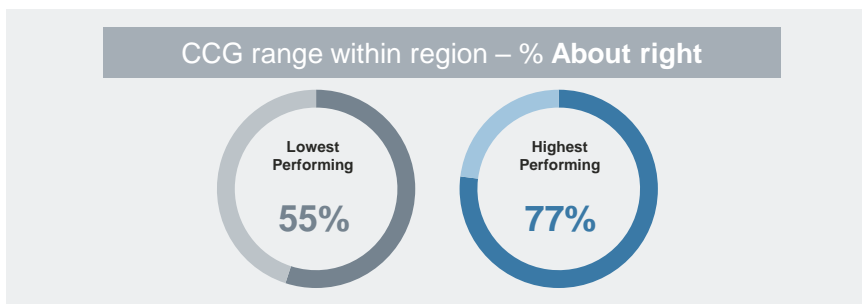
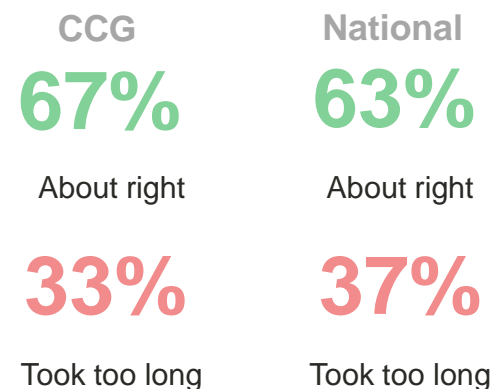
CCG's results



CCG's results over time



Comparison of results

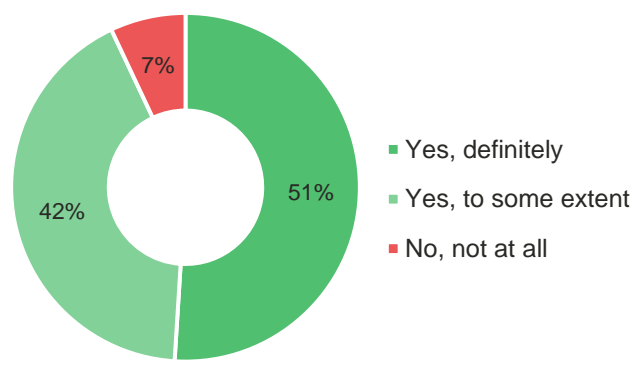


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (283); CCG 2019 (292); CCG 2018 (300); CCG bases range from 263 to 1,450

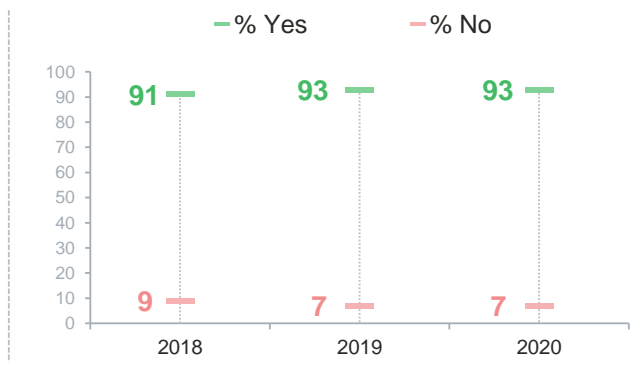
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

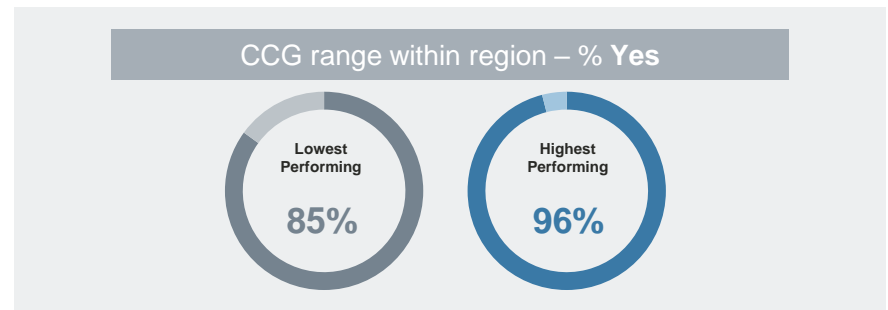
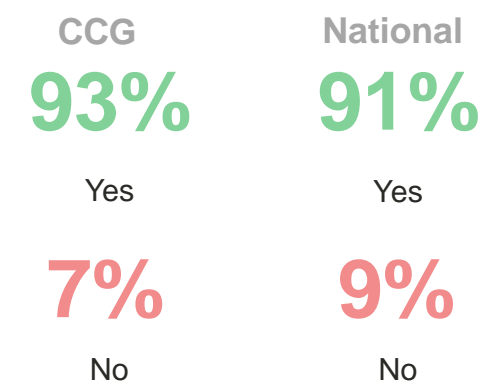
CCG's results



CCG's results over time



Comparison of results



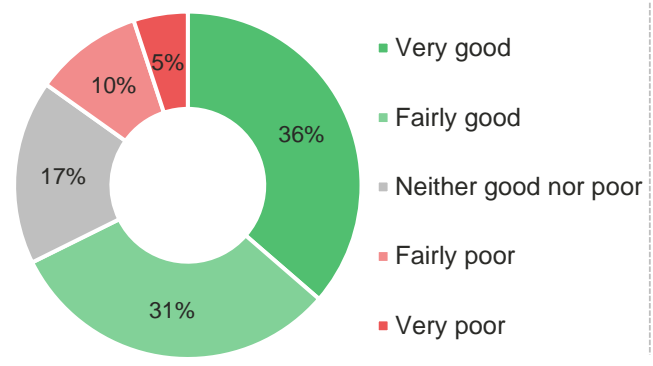
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (282); CCG 2019 (300); CCG 2018 (310); CCG bases range from 273 to 1,472

%Yes = %Yes, definitely + % Yes, to some extent

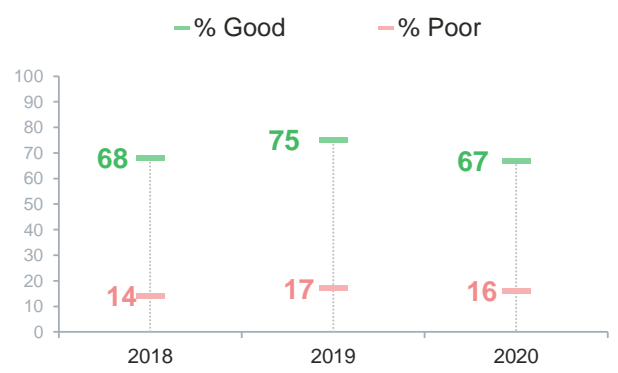
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

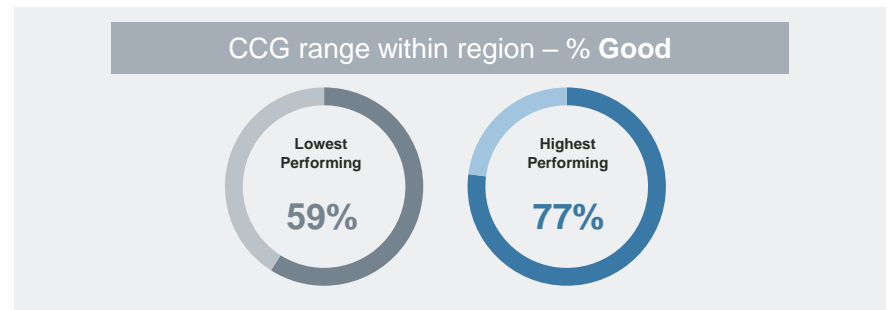
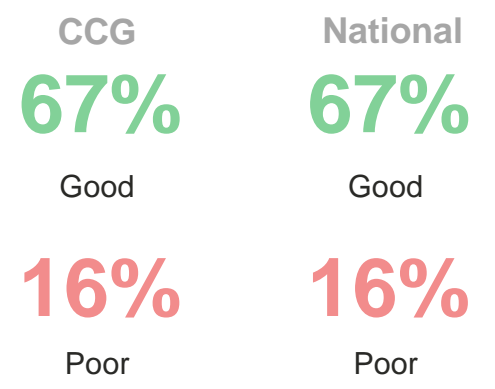
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (293); CCG 2019 (297); CCG 2018 (306); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Ipsos MORI

Social Research Institute

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Statistical reliability

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

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

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

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults registered with an English GP practice

739,637

Completed surveys in the 2020 publication

31.7%

National response rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/70	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286						
Report date: October 2020							
Title: GP Patient Survey 2020							
<p>Summary/Key Issues:</p> <p>The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.</p> <p>In the 20/21 survey SFCCG are placed in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The paper highlights the key indicators and describes plans to act on the results.</p>							
<p>Recommendation</p> <p>The Primary Care Commissioning Committee in Common is asked to note the content of this report.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Note</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 30px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 30px;"></td> </tr> </table>	Note	X	Approve		Ratify	
Note	X						
Approve							
Ratify							

Links to Corporate Objectives 20/21	
	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.
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.
	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				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				



Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

In the CCG, 4,840 questionnaires were sent out, and 1,956 were returned completed. This represents a response rate of 40%. The survey was undertaken between January – March 20 therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.

The GP Patient Survey measures patients' experiences across a range of topics, including:

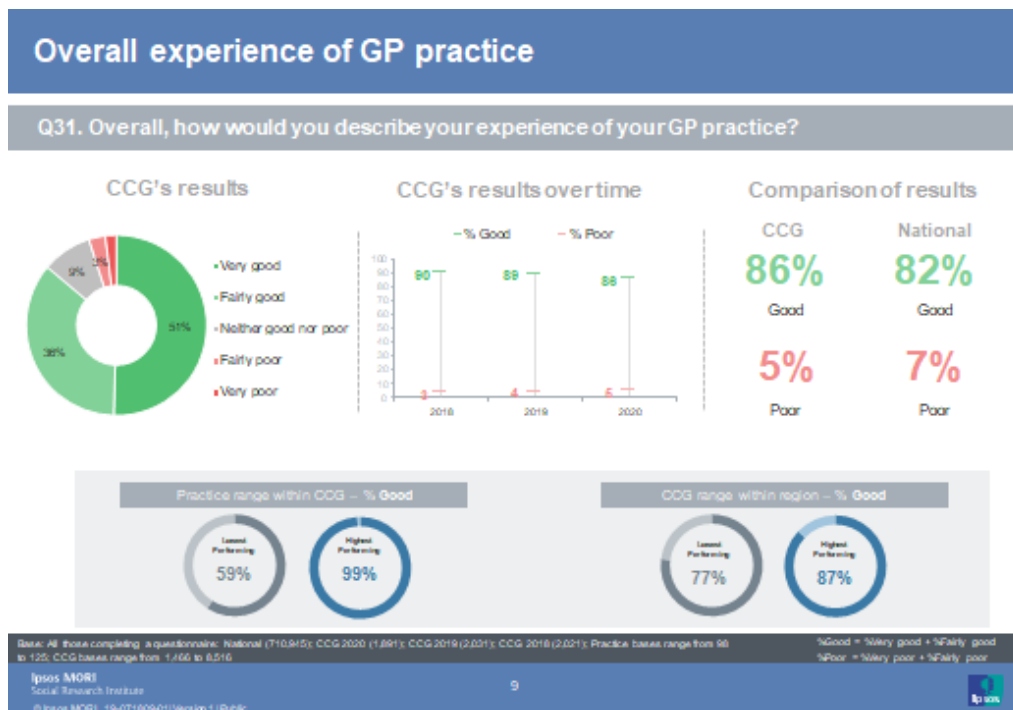
- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience
- Your health
- When your GP practice is closed
- NHS Dentistry
- Some questions about you
-

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. However it does have limitations as the sample sizes at practice level are relatively small and the survey does not include qualitative data, which limits the detail provided by the results.

The data provide a snapshot of patient experience at a given time, and are updated annually. Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.

The full slide pack is included with this report.

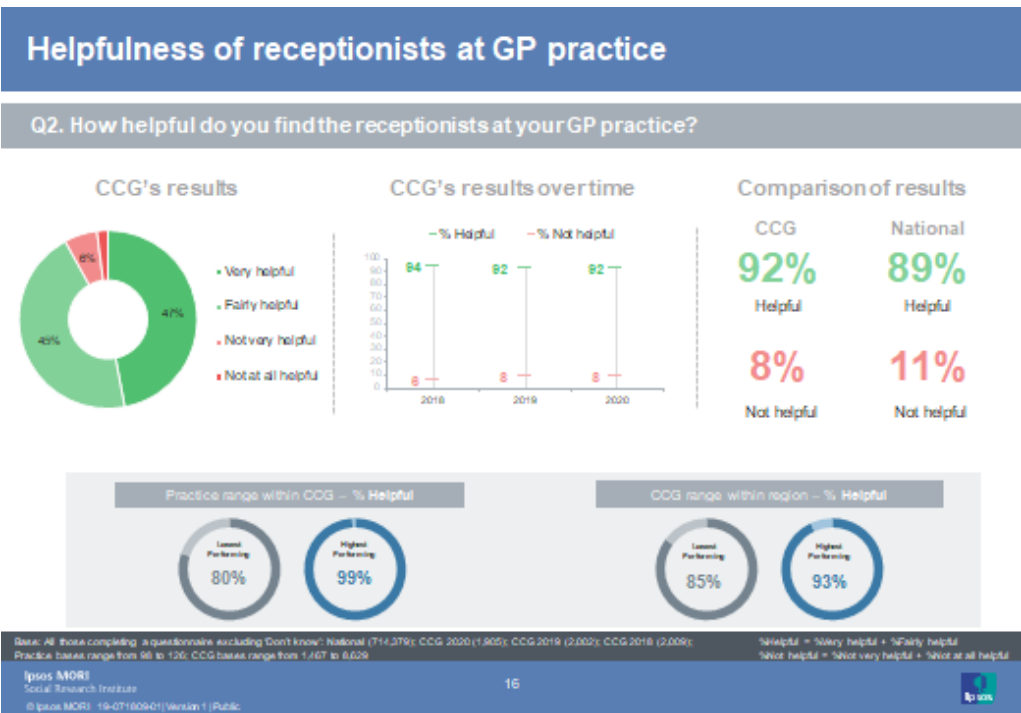
2. Key Results



Southport & Formby CCG (SFCCG) perform particularly well in this indicator. The 2020 overall performance score is 86.4% and means they are the highest performing CCG compared to our regional neighbours.

This year's overall performance shows a slight reduction of 2.1% points on the 2019 score of 88.5%. This reduction is typical of the CCGs in our area, with only West Lancashire CCG achieving a higher score compared to 2019. The England average is 81.8% and shows a reduction of 1.2% to the previous year's score.

At a national level SFCCG sit comfortably in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS). The overall CCG achievement helps to provide context when we dig deeper and review individual practice performance.



The CCG performs well and continues to achieve higher than the national average despite a small reduction from previous years.

Access and Choice

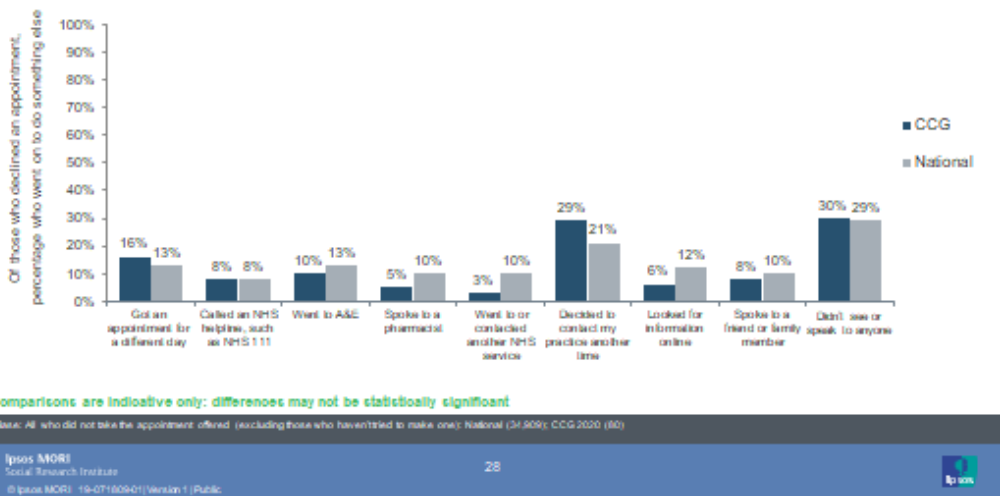
In relation to access, for the question 'Ease of Getting Through on the Phone' the CCG score was the same as the national average, with 65% of patients describing it as easy, there were six SF CCG practices below this level. Since the COVID pandemic access to GPs has changed significantly with many other digital options being available. Other indicators relating to this include: awareness of on-line services, on-line use and ease of use all of which have increased since this survey was undertaken.

Choice of appointment

The CCG scores below the national average for the choice of appointment offered (55% compared with 60% satisfaction nationally) yet of those who took the appointment offered, 80% were satisfied with this (compared with 73% nationally). This is another indicator that will have been affected by changes introduced to access as a result of COVID.

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



When asked about alternatives if patients chose not to take the appointment offered, the majority of patients contacted the practice on another occasion or accessed other NHS services. 10% chose to visit A&E which, whilst less than the national average, is not always the best option and further work can be done to offer alternatives such as 'NHS 111 first' scheme.

Quality of Care.

When asked about how patients perceived the care they received the CCG scores well for 'Giving you enough time,' 'Being listened to,' and 'Treated with care and concern'. The CCG also scores highly for recognising mental health needs.

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following



3. Conclusions

The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.

The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.

4. Recommendations

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

Jan Leonard
Director of Place
October 2020

Primary Care Commissioning Committee in Common October 2020

Agenda Item: 20/70	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286
Report date: October 2020	

Title: GP Patient Survey 2020

Summary/Key Issues:

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

The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.

The paper highlights the key indicators and describes plans to act on the results.

Recommendation	Note	<input checked="" type="checkbox"/>
The Primary Care Commissioning Committee in Common is asked to note the content of this report.	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.
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.
	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				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				



Report to the Primary Care Commissioning Committee in Common October 2020

1. Introduction and Background

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

In the CCG, 11,530 questionnaires were sent out, and 3,252 were returned completed. This represents a response rate of 28%. The survey was undertaken between January – March 20 therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.

The GP Patient Survey measures patients' experiences across a range of topics, including:

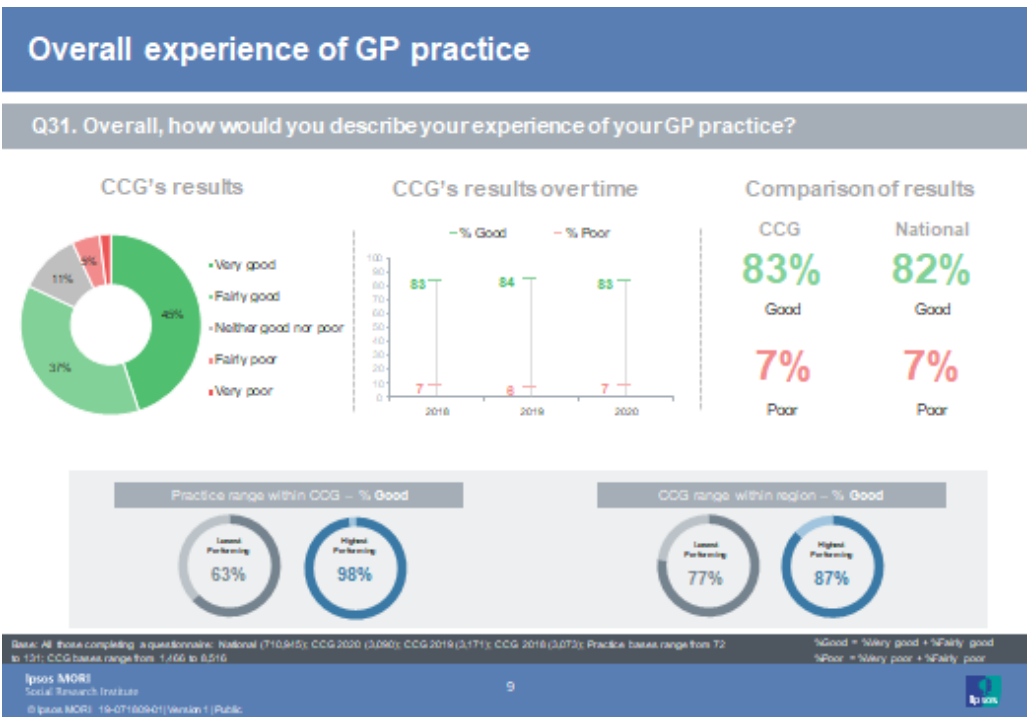
- Your local GP services
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- Overall experience
- Your health
- When your GP practice is closed
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- Some questions about you
-

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. However it does have limitations as the sample sizes at practice level are relatively small and the survey does not include qualitative data, which limits the detail provided by the results.

The data provide a snapshot of patient experience at a given time, and are updated annually. Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.

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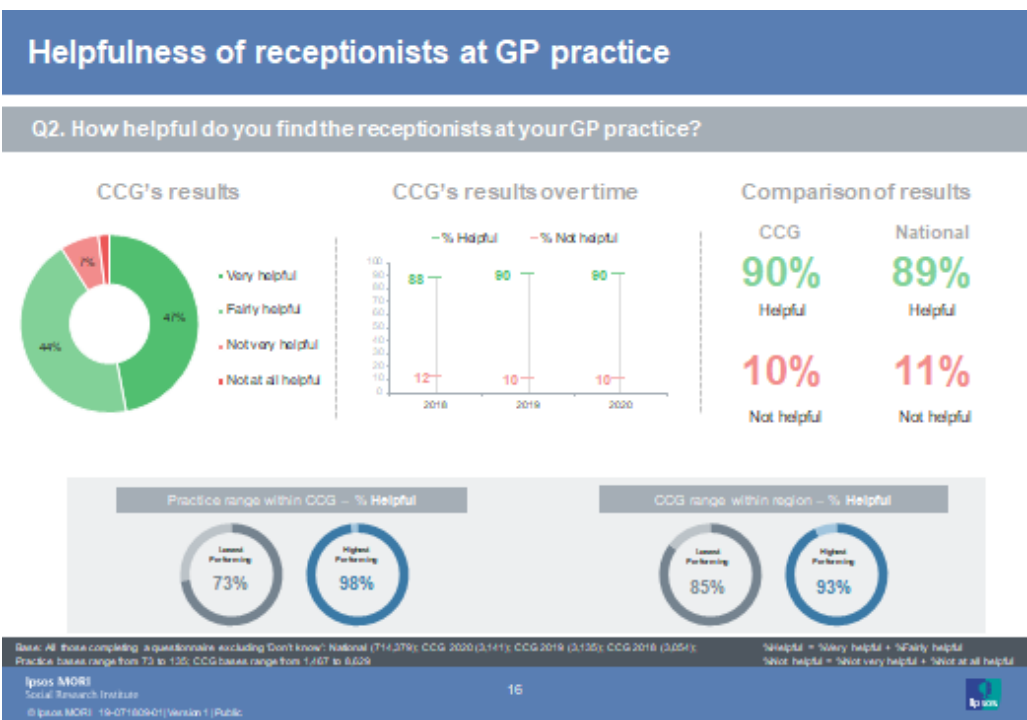
2. Key Results



The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.

This year's overall performance shows a slight reduction of 1.1% points on the 2019 score of 83.7%. This reduction is typical of the CCGs in our area, with only West Lancashire CCG achieving a higher score compared to 2019. The England average is 81.8% and shows a reduction of 1.2% to the previous year's score. At a national level SSCCG sit just above the England average and are ranked 56th out of the 135 CCGs that completed the GP Patient Survey (GPPS).

The overall CCG achievement helps to provide context when we dig deeper and review individual practice performance.



The CCG performs well and has maintained its position from previous years.

Access and Choice

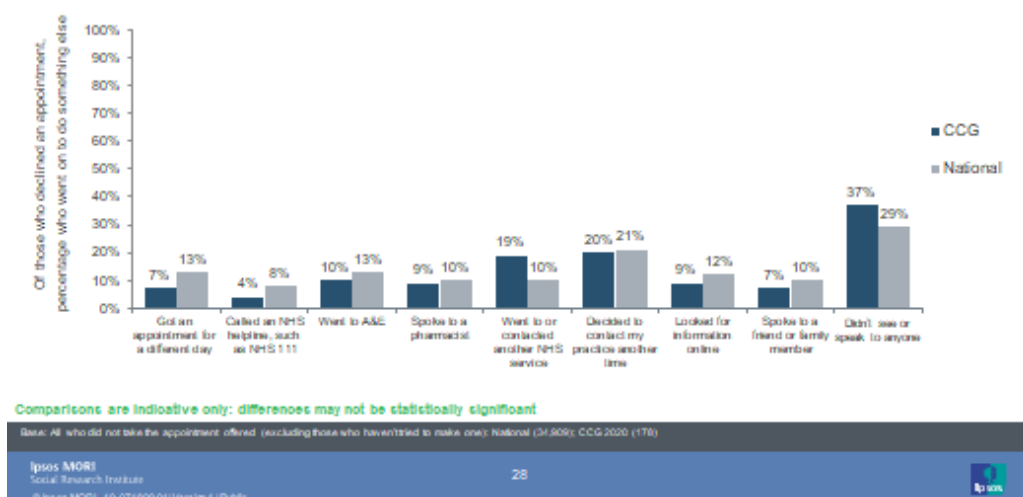
In relation to access, for the question 'Ease of Getting Through on the Phone' the CCG score was below the national average, with 60% of patients describing it as easy, this is a reduction from previous years. Since the COVID pandemic access to GPs has changed significantly with many other digital options being available. Other indicators relating to this include: awareness of on-line services, on-line use and ease of use all of which have increased since this survey was undertaken.

Choice of appointment

The CCG scores below the national average for the choice of appointment offered (53% compared with 60% satisfaction nationally) yet of those who took the appointment offered, 73% were satisfied with this (this is the same as national average). This is another indicator that will have been affected by changes introduced to access as a result of COVID.

What patients do when they are not satisfied with the appointment offered and do not take it

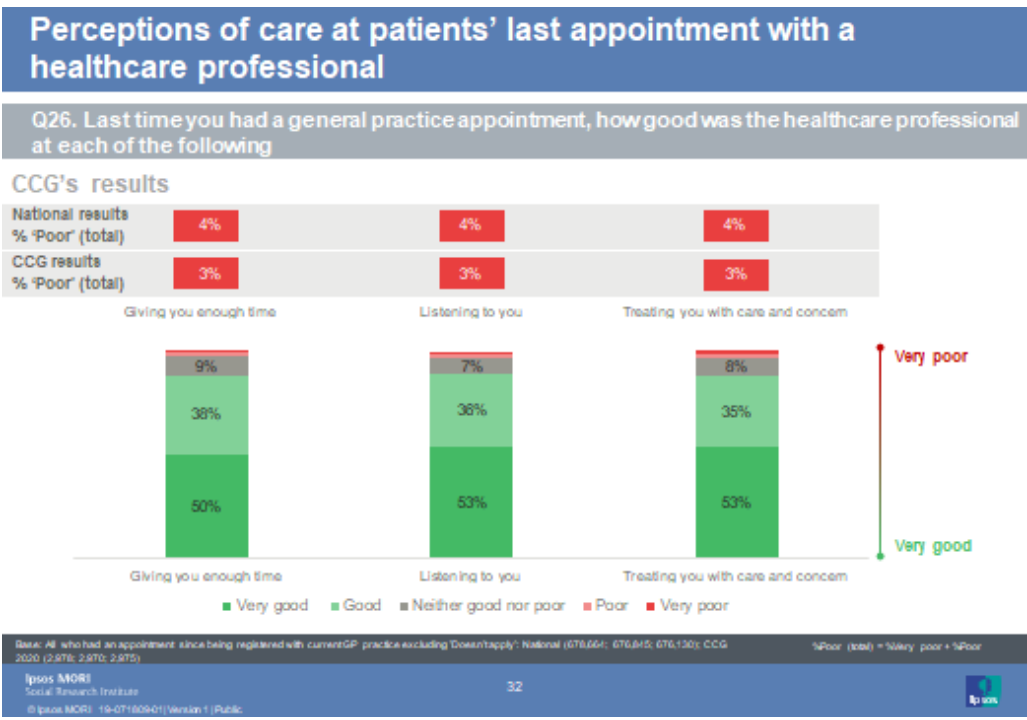
Q19. What did you do when you did not take the appointment you were offered?



When asked about alternatives if patients chose not to take the appointment offered, the majority of patients contacted the practice on another occasion or accessed other NHS services. 10% chose to visit A&E which, whilst less than the national average, is not always the best option and further work can be done to offer alternatives such as 'NHS 111 first' scheme.

Quality of care.

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

Jan Leonard
Director of Place
October 2020