

## South Sefton Southport & Formby Primary Care Commissioning Committees in Common– Part 1 Agenda

Date: Thursday 17<sup>th</sup> October 2019 10:00-11:00am

Venue: Almond Room Family Life Centre, Ash Street, Southport PR8 6JH

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

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC19/95	Apologies for absence	Chair	V		
PCCiC19/96.	Declarations of interest regarding agenda items	All	V		
PCCiC19/97.	E-consult Demonstration	All	V	R	
PCCiC19/98.	Minutes of the previous meeting : 19 <sup>th</sup> September 2019	Chair	R	A	
PCCiC19/99.	Action points from the previous meeting	Chair	R	R	
PCCiC19/100.	Feedback from Joint Operation Group	JL	V	R	
PCCiC19/101.	Primary Care Programme Report	AP	R	R	
PCCiC19/102.	Procurements in Primary Care	RH	R	R	
PCCiC19/103.	Primary Care Networks update	CG/KS	V	R	
PCCiC19/104.	10 Point Nursing Plan	CP	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC19/105.	Health Watch Issues	MK	V	R	
PCCiC19/106.	Primary Care Commissioning Committee in Common Work plan	AP	R		
PCCiC19/107.	Key Issues Log to Governing Body September 19 Key Issues Log to Governing Body October 19	Chair	V	R	
PCCiC19/108.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair		A	
PCCiC19/109.	Date of Next Meeting:  10 am 21 <sup>st</sup> November 2019 <b>3<sup>rd</sup> Floor Boardroom Merton House, Stanley Road, Bootle, L20 3DL</b>				

# NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

## Draft Minutes – Part I

Date: Thursday 19<sup>th</sup> September 2019. 10.00am – 11.00am

Venue: 3<sup>rd</sup> Floor Boardroom, Merton House Stanley Road Bootle L20 3DL

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Jane Elliott	Localities Manager SSCCG	JE
<b>Non- Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Diane Blair	Healthwatch Sefton	DB
<b>Minutes</b>		
Jacqueline Westcott	Senior Administrator SSCCG	JW

### Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance      C = Cancelled

Name	Membership	Sept 19	Oct 19	Nov 19	Dec 19
<b>Members:</b>					
Gill Brown	S&F CCG Lay Member (Chair)	A			
Graham Bayliss	SS CCG Lay Member (Vice Chair)	A			
Alan Sharples	SS CCG Lay Member	✓			
Helen Nichols	S&F CCG Lay Member	✓			
Fiona Taylor	S&F SS CCG Chief Officer	✓			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓			
Jan Leonard	S&F CCG Director of Place (North)	A			
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A			
Angela Price	S&F SS CCG Programme Lead Primary Care	A			
Alan Cummings	NHSE Senior Commissioning Manager	A			
<b>Non- Voting Attendees:</b>					
LMC Representative		A			
Health Watch Representative		✓			
Health & Well Being Representative		N			
Dr Craig Gillespie	GP Clinical Representative	✓			

Name		Membership		Sept 19	Oct 19	Nov 19	Dec 19
Dr Kati Scholtz		GP Clinical Representative		A			
Sue Calvert		Interim Deputy Head of Quality & Safety		N			
Debbie Fairclough				N			
No	Item						Action
PCCiC19/82	<p><b>Apologies for absence</b> Apologies were received from Angela Price, Alan Cummings, Brendan Prescott, Gill Brown, Graham Bayliss and LMC. Martin McDowell chaired the meeting.</p> <p><b>Welcome and Introductions</b> The members of the committee introduced themselves.</p>						
PCCiC19/83	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>						
PCCiC19/84	<p><b>Minutes of the previous meeting</b> 15<sup>th</sup> August 2019 – there were two amendments to be made to the previous minutes: Mr Sharples first name was amended to reflect Alan and initials were amended to reflect AS.</p>						
PCCiC19/85	<p><b>Action points from the previous meeting</b> Members reviewed the action tracker and the tracker was updated</p>						
PCCiC19/86	<p><b>Report from Operational Group and Decisions made</b></p> <p>The group agreed to use GPFV sign posting funding to extend the digital champion posts for a 12 month period.</p> <p>An application for a list closure was received from a SF practice. After consideration the group asked for further information regarding the actions and impacts expected during the proposed period of closure.</p> <p>2 proposals for delivery of the Extended Hours DES were received. The group has made recommendations which the committee will receive in part 2.</p> <p>The group reviewed the proposal for the 2019 / 20 DES for Learning Disability Health Checks. The scheme looks to further increase uptake of health checks and will deliver against themes from the Learning Disability Mortality Review.</p> <p>The group received the Enter &amp; View Report for St Marks &amp; Trinity Practices, noting that these relate to visits in 2018.</p> <p>The group reviewed the risk register and added a new risk over the risk to the supply of consumables within General Practice.</p>						

PCCiC19/87	<p><b>Update on Primary Care Commissioning in Common Work plan</b></p> <p>The committee reviewed the primary care work plan, amendments will be made and presented at the next meeting</p> <p>It was noted that the committee thought the TOR (terms of reference) was incomplete, the CCG Chief Officer will review.</p>	FT
PCCiC19/88	<p><b>Primary Care Network update</b></p> <p>PCNs are now signed up to the CCG prescribing hub which is working from the May Logan Centre.</p> <p>Social prescribing offers have been made, CVS as the umbrella organisation is the host for other providers</p> <p>Formby PCN is waiting for confirmation from NHSE that they can continue since the withdrawal from the DES of one of the practices. Despite this the population covered will remain at 27 600.</p>	
PCCiC19/89	<p><b>LQC Validation Report</b></p> <p>Practices within South Sefton and Southport and Formby have achieved 100% delivery of the targets within the scheme following validation of LQC phase 4.</p> <p>97% was achieved in South Sefton. The area where full achievement was not met related to palliative care. The CCG will work with practices to support improvement to 100%.</p> <p>LQC 4has proven successful and has seen improvement on the previous year 18/19.</p>	

PCCiC19/90	<p><b>Healthwatch Feedback</b></p> <p>Healthwatch gave feedback on the enter and view visit made to St Marks &amp; Trinity in 2018. They confirmed a re-visit will be made in the near future.</p> <p>Healthwatch have been piloting a promotional video within practices in the Crosby area. The video promotes support offered by Healthwatch to service users in the community who use health and social care services. It is hoped the pilot will prove successful; the video will then be rolled out to all other practices across Sefton.</p>	
PCCiC19/91	<p><b>Key Issues Log</b></p> <p>Themes to be added to the key issues Log</p>	JL
PCCiC19/92	<p><b>Any Other Business</b></p> <p>There were no other items raised.</p>	
PCCiC19/93	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 10 am 17<sup>th</sup> October 2019 <b>Almond Room, Family Life Centre, Ash Street, Southport PR8 6JH</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> 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>		

## SS SF NHSE Joint Commissioning Committee in Common – Action Tracker September 2019

Item		CCG	Lead	Time
PCCiC 19/52	The group asked for a demonstration of online consultations <b>15.8.19 Update:</b> It was decided to have the demonstration in September or October <b>19.9.19 Update:</b> The presentation will take place in October – item closed	Both	AP	Aug 19
PCCiC 19/52	The group requested the 10 point nursing plan to be presented to the August Committee <b>15.8.19 Update:</b> It was decided that this would be added to the October meeting.	Both	CP	Aug 19
PCCiC 19/55	Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices <b>15.8.19 Update:</b> there were no representatives present today. Chase for next meeting <b>19.9.19 Update:</b> the template will be available in October 19	Both	DB	Aug 19
PCCiC 19/55	Healthwatch reported that practices are not consulted on any large residential development within the Sefton area. FT will contact the local authority to see if there is a mechanism for practices to be alerted for future developments <b>15.8.19 Update:</b> No feedback available at this time <b>19.9.19 Update:</b> the local authority do not provide information to local residents or GP practices on planning applications. - Item closed	Both	FT	Aug 19
PCCiC 19/55	Healthwatch reported some positive feedback for Blundellsands Surgery around their autistic patients and how they use coloured lanyards to help staff recognise their needs. This will be reported back to the practice <b>15.8.19 Update:</b> It was decided that the committee should formally write to the practice to pass on the praise. <b>19.9.19 Update:</b> A letter from the CCG was sent to the practice addressed to Dr Faith. – item closed.	SS	JL	Aug 19
PCCiC 19/64	The committee has requested that the patient survey results broken down into age bands. <b>19.9.19 Update:</b> The survey will be presented in October 19.	Both	AP	October 19
PCCiC 19/64	It was decided to send letters of acknowledgement to practices regarding their patient survey results. Chair of the group will oversee and sign. <b>19.9.19 Update:</b> Letters have now been sent out the practices from the Chair. – item closed.	Both	AP	Sept 19
PCCiC 19/67	The committee would like to know how many patient residing in Southport are registered under the SAS scheme in South Sefton <b>19.9.19 Update:</b> A meeting is scheduled for 23.9.19 with the quality team who will be looking at areas of need. Provision for SAS patients in SF CCG is provided in South Sefton.	Both	RH	Sept 19

# Joint Operational Group Feedback Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton & Southport and Formby Primary Care Joint Operational Group, Thursday 10 <sup>th</sup> October 2019	Chair: Angela Price
--	---------------------

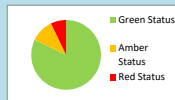
Key Issues to report back to the Primary Care Commissioning Committee in Common
<ul style="list-style-type: none"><li>• Norwood Surgery applied for change to their boundary which was reviewed. Neighbouring practices had been invited to comment, of the 2 practices that responded both where in favour. The recommendation from the operational group to the committee is that this should be approved.</li><li>• There are delays with Sanofi supplies of under 65 years influenza vaccine, this is impacting on practice with them having to re-schedule appointments.</li><li>• From 1<sup>st</sup> December there will be a new process regarding cervical screening due to the relocation of the laboratory services from Royal Liverpool Hospital to Manchester. Practices have been informed of the change in process, Public Health England are programme managing the changes with CCG support.</li></ul>





# SF/SCCG Primary Care Programme Report

Last Updated	10/10/2019 13:25
Total Projects	28
Green Status	23
Amber Status	3
Red Status	2
Closed	5



Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Resilience Funding	Transformation	GP Five Year Forward View	GP Resilience Programme	01.04.2017	31.03.2021	G	Gemma Murray	Angela Price/Jane Elliott/ Clare Touhey	All practices and federations have received information from NHSE on the 19/20 process to apply for resilience funding. The deadline to submit bids to NHSE was 12pm 1st July 2019. A panel where all CCGs & LMCs were able to send a representative to agree those schemes that meet the national criteria took place on 15th July 2019. The C&M funding available is approx £350K Successful practices received an MOU in August. Following this process there is still £260K funding still available. Practices have been notified and asked to get further bids in by the 4th October, the next panel to consider these submissions will take place on 21st October 2019.
Clerical and Admin Training (Active Signposting)	Transformation	GP Five Year Forward View	Releasing Time for Care	01.04.2017	31.03.2021	G	Gemma Murray	Jane Elliott/ Claire Touhey	A training post is operational via iMerseyside to support signposting. There was a presentation at both wider groups re document management. Practices have now confirmed whether they will participate in the training, which has been organised to take place in both CCGs from October onwards. Thornfields are providing the training, dates and venues have been agreed and circulated.
International Recruitment	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.2017	31.03.2021	R	Sharon Howard	Craig Gillespie/Kati Scholtz	Meeting held on Tuesday 26th June 2018- 5 interested practices attended. Further weekend event being held for potential recruits currently being planned for early 2019. Potentially there are two recruits identified within C&M. Practice readiness forms will need to be completed by GP practices
GPFV - Additional 5000 Doctors	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.17	31.03.2021	R	Sharon Howard	Angela Price	5000 is the number of doctors required nationally, this drilled down to C&M is 194 additional doctors. Information is being collected quarterly via the GPFV monitoring returns on the number of hours provided by GPs in alternative settings.
ETTF- Estates Bids	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jan Leonard/Sam McCumiskey	3 bids for co-location originally submitted, this has reduced to two bids, one for Maghull and one for Formby. The bids are at PID stage, further discussion has taken place with Formby practices who have agreed this submission will no longer be progressed
E-Consultations/Online Consulting	Transformation	GP Five Year Forward View	Online Consulting	01.04.2017	31.03.2020	G	Gemma Cullen	Jane Elliot/Paul Shillcock	A roll out plan has been agreed across both CCGs. Discussions are in place regarding how this could work in the 7 day access service and at PCN level. There is an opportunity to establish an e- hub pilot with one PCN in both CCGs. In order to do this all practices within a PCN would need to be utilising e-consult. Currently there are 26 out of 49 practices across Sefton who are either using e-consult or are in a planned stage of roll out. We will be in a position to trial an e-hub in approximately 6 months time should a PCN be identified to trial. Primary care team and iMerseyside to meet to develop an e-consult strategy. Funding is available through NHSE to raise the profile of e-consult, other suggestions for the use of funding have been requested across C&M, covering the additional costs to support PCN/Federation level access has been suggested.
7 Day Access	Transformation	GP Five Year Forward View	Primary Care HUB	01.08.2017	ongoing	G		Angela Price /Clinical Leads	Both services went live on Monday 1st October 2018, positive feedback is being received. Monthly reporting data is being received. iMerseyside are working with NHS Digital regarding ERS and ICE, testing took place in March 2019. First contact physiotherapy has started in S&F, and is due to begin in South Sefton. Contract meetings with both providers taking place quarterly. Both services were commissioned via an APMS contract for a 2 year period (September 2020) with the option to extend for a year if needed.
Clinical Pharmacy Pilot	Transformation	GP Five Year Forward View	Workforce	01.04.2017	ongoing	G	Gemma Murray (Cathy Leech for C&M - GM can act as SS/SF link)	Susanne Lynch/Clinical Leads	Pilots ongoing in Crosby and North Southport localities based on hub models, initially dealing with medication queries, discharge review/reconciliations. 4WTE pharmacists under NHSE scheme recruited. NHSE have confirmed CCG can be employer of PCN clinical pharmacists if all parties in agreement. SL liaising with networks which will inform proposal to be considered by CCG.

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Apex/Insight	Transformation	GP Five Year Forward View	Workload		ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Angela Price	Apex/Insight has been demonstrated at both wider group meetings. Practices have been asked to express an interest in using the tool as part of an NHSE pilot. Awaiting an implementation date, roll out of the tool has been delayed. Louise Taylor is going to work with both CCGs to help standardise reporting from APEX/Insight, potentially this could be used to support an access scheme for Phase 6 LQC
ETTF- IT	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jane Elliot/Paul Shillcock	The amount of money for ETTF IT bids has reduced this year in order to increase ETTF for premises. There is an IM&T group looking at IT requirements, this includes representation from the primary care team, finance team, GP practice and Merseyside
Practice Nurse 10 Point Plan	Transformation	GP Five Year Forward View	Practice Nurse 10 point plan	23.07.2017	Ongoing	G	Pippa Rose	Colette Page	ETP has employed a p/t mentor to increase numbers of practices accepting student nurses and number of mentors within practices. Slow rise in number of practices willing to accommodate students seen. 9 PNs trained as clinical supervisors allowing them to offer clinical supervision to PNs & HCAs across both CCGs. A further course for another 8-10 PNs/ ANPs with Edge Hill University is planned for early 2020. Currently a 12 month preceptorship programme provided by NHSE workforce lead is underway for new to practice PNs with plans for a second cohort being made. 4 new PNs have accessed this. Promoting 'All our Health' learning platform - to embed prevention, health protection and promotion of wellbeing - MECC training delivered previously and training in Anti-Microbial Resistance ongoing. Health Education England (HEE) have opted to distribute the CPD flexible cash allocation now to Enhanced Training Practice including unfunded places for Non -Medical Prescribing. 7 PNs completed the GPN Leadership for Quality programme. No applications from either CCGs were made for the 2 year Advanced Care Practitioner course. In discussion with NHSE lead to promote Nursing Associate trainees within practices, 1 practice have supported a HCA with her application and another showing interest. Recruitment and retention continues to be challenging for many practices nationally. Promoting GPN as a viable career pathway is ongoing. Flexible cash allocation for CPD from Health Education England now issued to the Enhanced Training Practice. PN Lead will continue to accept and process applications for training fund support and NMP places on behalf of the ETP until capacity secured by ETP.
Workforce Steering Group	Transformation	GP Five Year Forward View	Workforce	01/05/2018	ongoing	A	Alan Cummings/Sharon Howard	Angela Price	A C&M workforce steering group has been developed. This is an extension of the Task and Finish Group for International Recruitment. This group will feed into the LWAB (Local Workforce Action Board).
2019/2020 GP Contract	GP Contract	Delegation		01.04.2019	31.03.2020	G	Alan Cummings/ Jan Hughes	Angela Price	Practice guide and timetable circulated to practices.
Primary Care Networks	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Sharon Howard / Gemma Murray	Angela Price	PCN registration documents for 7 PCNs submitted and approved in May 2019. South Sefton PCN are using the federation to deliver extended access. A local incentive scheme between the CCG and PCNs who are willing to cover populations where GP practices have not agreed to become part of a PCN has been developed. 1 practice in S&F is not part of a PCN, 4 practices in South Sefton have declined to be part of the PCN. NHSE have provided a PCN national data sharing agreement. There will be a variation to the GP contract in October to include a duty of co-operation to data share.
Minor Surgery		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	DES participation is now confirmed. Practices who do not provide this service can refer patients to Joint Health or DMC. A GPSI is in discussion to provide locum session with a small number of practice in southport and Formby.
Out of Area Registrations		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	A number of practices across Sefton have signed up to provide this DES, awaiting information from NHSE about how home visits were provided for this cohort of patients pre delegation.
Special Allocation Scheme		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	One practice in Sefton operates this scheme, and has signed up to deliver this DES again in 2019/20.
Learning Disabilities	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angie Price	All practices in S&F have agreed to do the learning disabilities for their own patients. 4 practices in SS have opted for the federation to deliver scheme. The CCG have met with South Sefton Federation to review how the health checks are delivered, a revised scheme has been developed to include home visits. The revised process has been shared with GP practices for implementation in 2019/20. Further plans to expand the scheme in 2020 are currently being developed. Work is currently being done to clarify practice reporting arrangements, and to understand how the national figures are calculated.
GP Contract	Business As Usual	Delegation	NHS Digital Finance Data	01.04.2019	31.03.2020	G	N/A	Angela Price	Practice financial information based on NHS digital data on NHS funding earned in 2018/19 is currently being produced. This will be shared with GP practices with the offer of a practice visit to discuss.

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Local Quality Contract Phase 4	Business As Usual	Primary Care Operational	Business As Usual	01.04.2018	01.09.2019	G	N/A	Angela Price/ Craig Gillespie/ Kati Scholtz	Phase 4 LQC has been operational 01.04.18 - 31.03.19. Validation panel has met to agree outcomes for both CCGs. An evaluation of phase 4 LQC will take place.
Local Quality Contract Phase 5	Business As Usual	Primary Care Operational	Business As Usual	01.04.2019	01.09.2020	G	N/A	Angela Price/Craig Gillespie/Kati Scholtz	Phase 5 LQC agreed and circulated to GP practices - Practice sign up complete, quarter 1 invoices have been processed.
Localities	Business As Usual	CCG	CCG	01.04.2019	ongoing	G	N/A	Jane Elliott/ Claire Touhey	Business as usual, PCNs have formed some discussions at localities. Locality mangers - Claire Touhey for Southport and Formby, and Jane Elliot for South Sefton. There is an option to merge locality and PCN meetings to maximise efficiencies, this is currently being discussed locally. MOU have been drafted and sent to PCN in South Sefton. Maghull locality will remain the separate. Discussions still taking place in practices in the North
Influenza Coordination 2019/2020	National Mandate	CCG	CCG	01.04.2019	ongoing	G	Julie Byrne	Colette Page	Member of Flu task & Finish group with NHSE and sub group at Sefton Local authority. Begin developing coordination plans for 2019/20 season. Practices who had not ordered enough vaccines to reach targets set by NHSE were encouraged to increase numbers, some did. All practices advised to switch on their automatic emis extraction for flu data onto Immform. This allows easy identification of groups not accessing vaccination and surgery can be encouraged to be proactive inviting in. Support given to Bootle PCN with pilot for delivering vaccinations to housebound and residents of care homes. Created a focus group of PNs for 2-3 year old flu as massive variation across both CCGs. Lowest performing practice only vaccinating 2.2% (2 out of 88 eligible children) Highest practice reaching 100%. Some will only need to vaccinate a few children to reach 100%. Appears some may not be inviting children in. PN lead and member of BI now have access to Immform to view vaccination data regularly. Delay for Sanofi vaccines has occurred (under 65yr olds). Practices already suffering as a result, some state pharmacies are ahead with vaccinating patients. Practices advised by PHE not to order for next year yet as advice from JCVI not yet published. Antiviral prescribing out of hours secured with GTD. In-
Local Authority Health Protection Forum	National Mandate	CCG	CCG	01.04.19	ongoing	G	Charlotte Smith	Colette Page	Attend bi monthly Health Protection Forum (HPF) chaired by the LA. Flu subgroup reports into the HPF, which then feeds into NHSE.
NHSE/ PHE S&I Programme Boards	National Mandate	CCG	CCG	01.04.2019	Ongoing	G	Hayley Mercer	Colette Page	Attend/ dial in for quarterly Screening & Immunisation Programme Boards. Review targets achieved by CCGs and address concerns. Contact practices not attaining national targets to gain assurance or assist/ provide support where necessary. Liaise with PHE S&I coordinator/ managers.
PHE/ S&I practice visits	Business As Usual	CCG	CCG	01.06.19	ongoing	G	Julie Byrne	Colette Page	Visit practices with PHE S&I coordinators as part of the PHE 3 yearly site visit quality assurance programme, aim to meet members of the nursing team and practice manager as a minimum. Discussions had re all V&I programmes, detailed data for each practice reviewed and issues identified can be addressed. Support offered for how to increase targets where necessary. St Mark's and North Park visits complete with recommendations made.
Practice Nurse/ HCA meetings	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange and coordinate PN/ HCA meetings and training events.Source speakers/ training providers.Work with ETP regarding training needed for PNs/ HCAs using HEE CPD flexible cash. Provide a 2nd clinical supervision course for 8-10 PNs to offer supervision across the CCG in line with GPFV PN 10 PP. Review priorities across CCG in LTCs/ disease areas and focus training for PNs/ HCAs around these.Promote attendance at meetings as a network and supportive environment.

Project	Usual/Transformation/National	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Protected Learning Time (PLT)	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange 4-6 PLT events per year. Source consultants and expert speakers from acute/ community/ voluntary providers. Arrange for pharmaceutical sponsors to support the events. Facilitate the afternoon with 150-200 delegates in attendance. The CCG with the LMC have reviewed the historic PLT scheme which was inequitable across practices, with agreement that the funds will be utilised to support admin and PM training - a training plan to be devised with input from PMs regarding topics to prioritise. 60 admin staff received training as chaperones, A further 4 sessions (60 places) are booked in September with plans underway to provide another 4 sessions early 2020.
<b>Project Activity Key</b>				<b>Project RAG Key</b>					
↗		Ahead of Schedule				G			
↘		Behind Schedule				A			
→		On target				R			
X		No Activity							

## Primary Care Commissioning Committee in Common October 2019

<b>Agenda Item:</b> : PCCiC19/101	<b>Author of the Paper:</b>						
<b>Report date:</b> 7 <sup>th</sup> October 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379						
<b>Title:</b> GPFV / Primary Care Programme Report							
<b>Summary/Key Issues:</b> This report highlights the work programmes currently undertaken and the progress to date. The report now focuses on areas of transformation, delegation, and CCG projects.							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the areas of work and progress to date.	<table style="border: none;"> <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 *(x those that apply)*

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

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

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

## Primary Care Commissioning Committee in Common October 2019

<b>Agenda Item:</b> PCCiC19/101	<b>Author of the Paper:</b>
<b>Report date:</b> 7 <sup>th</sup> October 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> GPFV / Primary Care Programme Report	
<b>Summary/Key Issues:</b>  This report highlights the work programmes currently undertaken and the progress to date. The report now focuses on areas of transformation, delegation, and CCG projects.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the areas of work and progress to date.	Note Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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



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

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

## Primary Care Commissioning Committee in Common 17<sup>th</sup> October 2019

<b>Agenda Item:</b> PCCiC19/102	<b>Author of the Paper:</b>						
<b>Report date:</b> 17 <sup>th</sup> October 2019	Richard Hampson Primary Care Contracts Manager <a href="mailto:richard.hampson@southseftonccg.nhs.uk">richard.hampson@southseftonccg.nhs.uk</a> Tel: 0151 296 7116						
<b>Title:</b> Procurements in Primary Care							
<b>Summary/Key Issues:</b> The report (in the form of the accompanying excel spread sheet) is designed to highlight up and coming procurements that the CCG will have to action due to delegation.							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to <b>note</b> the content of the report.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Note</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		x		Please note that this process will be actioned nearer to the procurement date
Clinical Engagement		x		Please note that this process will be actioned nearer to the procurement date
Equality Impact Assessment		x		Please note that this process will be actioned nearer to the procurement date
Legal Advice Sought		x		Please note that this process will be actioned nearer to the procurement date
Resource Implications Considered		x		Please note that this process will be actioned nearer to the procurement date
Locality Engagement		x		Please note that this process will be actioned nearer to the procurement date
Presented to other Committees		x		Please note that this process will be actioned nearer to the procurement date

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

## Primary Care Commissioning Committee in Common

### 17<sup>th</sup> October 2019

<b>Agenda Item:</b> PCCiC19/102	<b>Author of the Paper:</b>						
<b>Report date:</b> 17 <sup>th</sup> October 2019	Richard Hampson Primary Care Contracts Manager <a href="mailto:richard.hampson@southseftonccg.nhs.uk">richard.hampson@southseftonccg.nhs.uk</a> Tel: 0151 296 7116						
<b>Title:</b> Procurements in Primary Care							
<b>Summary/Key Issues:</b> The report (in the form of the accompanying excel spread sheet) is designed to highlight up and coming procurements that the CCG will have to action due to delegation.							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to <b>note</b> the content of the report.	<table style="width: 100%; border: none;"> <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; width: 30px;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 30px;"> </td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

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

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

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		x		Please note that this process will be actioned nearer to the procurement date
Clinical Engagement		x		Please note that this process will be actioned nearer to the procurement date
Equality Impact Assessment		x		Please note that this process will be actioned nearer to the procurement date
Legal Advice Sought		x		Please note that this process will be actioned nearer to the procurement date
Resource Implications Considered		x		Please note that this process will be actioned nearer to the procurement date
Locality Engagement		x		Please note that this process will be actioned nearer to the procurement date
Presented to other Committees		x		Please note that this process will be actioned nearer to the procurement date

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

APMS Contracts Details Procurement Start Dates

PRACTICE CODE	CCG	PRACTICE NAME	CONTRACT END DATE
N84036	Southport & Formby	Ashurst Healthcare Ltd / Freshfield Surgery (Formby)	31/03/2022
Y02610	Southport & Formby	Trinity Practice (TCG Medical Services Ltd)	30/06/2021
N84019	South Sefton	North Park (TCG Medical Services Ltd)	30/09/2021
N84626	South Sefton	Hightown Village Surgery (Chapel Lane)	31/03/2022
N84605	South Sefton	Litherland Town Hall Practice (PC24)	31/03/2022
N84043	South Sefton	Seaforth Village Practice (PC24)	31/03/2022
N84026	South Sefton	Crosby Village Surgery (PC24)	31/03/2022
Y00446	South Sefton	Maghull Parkhaven Practice (PC24)	31/03/2022
N84630	South Sefton	Netherton Health Centre (PC24)	31/03/2022
N84621	South Sefton	Thornton Family Health Centre (PC24)	31/03/2022
N84627	South Sefton	Crossways Practice - Crosby (PC24)	31/03/2022

## Primary Care Commissioning Committee in Common 17<sup>th</sup> October 2019

<b>Agenda Item:</b> PCCCiC 19/104	<b>Author of the Paper:</b>
<b>Report date:</b> 17 <sup>th</sup> October 2019	Colette Page Practice Nurse Lead <a href="mailto:Colette.page@southportandformbyccg.nhs.uk">Colette.page@southportandformbyccg.nhs.uk</a> Tel: 01513178374
<b>Title:</b> General Practice Nurse 10 Point Plan update	
<b>Summary/Key Issues:</b> This report is to provide the Primary Care Commissioning Committee in Common with an update of the status of the GPN 10 point plan and progress made within the CCG.	
<b>Recommendation</b> 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 <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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



## Report to the Primary Care Commissioning Committee October 2019

### 1. Introduction and Background

The GPFV published in April 2016 pledged a major expansion of the primary care workforce which includes GPNs. In addition in March 2017, HEE published General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform. This included a series of recommendations for organisations that can influence the general practice nursing workforce. The Ten Point Action Plan for General Practice Nursing describes the nursing element of the GPFV. This helps nurses and health care support workers (HCSW) focus on demonstrating their contribution to reducing the three gaps identified in the Five Year Forward View - the health and well-being gap, the care and quality gap, and the funding and efficiency gap.

General Practice – Developing confidence, capability and capacity: a ten point action plan for General Practice Nursing responds to both these documents supported by the £15 million investment described in the GPFV. It is designed to provide a highly-skilled GPN workforce that includes both registered nurses and non-registered HCSWs. The plan is aimed at,

- raising the profile of general practice nursing as a first destination career
- improving access to training
- increasing the number of pre-registration nurse placements and enhancing retention
- supporting return to work schemes for practice nurses and developing a career pathway for GPNs and HCSWs.

This GPN Ten Point Action Plan describes the actions needed as part of expanding the capacity and capability across the whole primary care workforce. This will enable us to manage more people's health closer to home. It will also build GPN capability to support improved and innovative approaches to delivering health and wellbeing.

### 2. Update

#### 1. Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career.

The Enhanced Training Practice at Ainsdale Village Surgery has employed a part-time Lead Mentor to increase numbers of practices accepting student nurses and number of mentors within practices. The lead mentor attends university career fairs to promote general practice as a viable career option. The mentor recently had a third year student who was so delighted with her experience of general practice that the student chose this area to seek a job post qualifying. She secured a junior PN post at The Hollies Surgery, has taken up this post and is now enrolled onto the 12 month NHSE preceptorship programme.

#### 2. Extend leadership and educator roles.

Seven PNs completed the GPN Leadership for Quality programme 2018/19. One PN from SFCCG has successfully secured a place on this year's programme 2019/20.

Nine PNs have trained as clinical supervisors allowing them to offer clinical supervision to PNs & HCAs across both CCGs. A clinical supervision policy was written and approved by the joint quality committee in March 2019 and has been cascaded down to practices to adopt should they wish. A further course to train another 8-10 PNs/ ANPs with Edge Hill University is planned for early 2020.

### **3. Increase the number of pre-registration placements in general practice.**

Whilst the third year (above) was in her final year she was voted a student ambassador and used this position to wave the flag for general practice and would advocate this with her peers at every opportunity. The lead mentor promotes practices taking students and as a result we have seen a slow rise in the number of practices willing to accommodate them. Numbers have increased from 3 in SF area to 5 and in SSSCCG doubling from 1 to 2 surgeries offering student nurse placement opportunities. Other practices in South Sefton are in the process of being assessed as suitable for taking students and these should be agreed soon. Their numbers will then increase to six.

### **4. Establish Inductions and Preceptorships.**

Currently a 12 month preceptorship programme provided by the NHSE workforce lead is underway for new to practice PNs; a second cohort started in September in Cheshire. 2 new PNs have accessed the first cohort with 2 more currently attending the second. All of these new PNs are being supported in practice by either other experienced PNs or the lead mentor.

### **5. Improve access to the Return to Practice Programmes.**

The lead mentor also tries to recruit practices to accept Return to Practice nurses. None have been placed as yet but there are 2 practices, one in both CCGs, who are willing to and are being assessed as appropriate by the lead mentor.

### **6. Embed and deliver a radical upgrade in prevention.**

The 'All our Health' learning platform is encouraged as a valuable resource available to all health care professionals to embed prevention, health protection and promotion of wellbeing. This information has been disseminated to practices via the weekly bulletins and links to it can be found on both intranet sites. MECC training delivered previously and training in Anti-Microbial Resistance is ongoing. Links to a multitude of training is also available on this platform.

### **7. Support access to educational programmes.**

Health Education England (HEE) has opted to distribute the CPD flexible cash allocation to Enhanced Training Practices including the funding for Non -Medical Prescribing courses. Several PNs and practice pharmacists completed and passed the NMP course last year, to date; only 2 PNs have applied this year. 1 other is considering applying for clinical examinations module prior to the NMP course. The PN lead forwards any applications to the Primary Care Academy which then considers the applications at their workforce board. Notification of agreements/declined are sent direct to the applicants.

**8. Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice.**

Despite encouragement from the practice nurse lead, no applications from the CCG have been made for the 2 year Advanced Care Practitioner course. No candidates have applied for this in both years it has been available to primary care. Commitment and time out of practice 2 days per week is probably attributable to this.

**9. Develop healthcare support worker (HCSW), apprenticeship and nursing associate career pathways.**

The PN lead and the NHSE lead for nursing associates are promoting practices to employ Nursing Associate trainees: 1 practice have supported a HCA with her application and another employer within South Sefton is considering supporting 3 of their current HCAs to become trainees via the apprenticeship programme. The NHSE HCA 12 month development training opportunity has been cascaded to all practices. To date no practices/ HCAs have shown any interest.

**10. Improve retention.**

Recruitment and retention continues to be challenging for many practices nationally. Competition with all areas of nursing is recognised and the fact very few surgeries award AfC pay, terms and conditions is an ongoing barrier. Ensuring clinical supervision is available and PNs and HCAs are encouraged and allowed to access it has been shown to improve retention rates with employers. The PN lead is increasing nurses and health care assistant's access to a supervisor by offering training in January to more nurses to become one.

Recently a young nurse has returned to work in an acute hospital so she can consider starting a family and will be entitled to better maternity leave and pay there than in the GP surgery. Others leave as they cannot acclimatise to the general practice way of working: being quite isolated and no longer a member of a large team or more alarmingly, feeling unsupported in their transition to primary care, sadly even cases of bullying have been reported to the PN lead. The PN lead acts as a support and source of information for all PNs and HCAs and will assist the practice manager by arranging and sourcing training when necessary particularly with new to practice PNs/ HCAs. The PN lead will support new PNs by offering one to one sessions and

will meet with them and their new practice manager to discuss training needs when new into post. All the PNs and HCAs across both CCGs have direct access to the PN lead either by email or mobile phone and is always available at PLT nurse and Formby Hall clinician events.

### **3. Issues/Mitigations**

The practice nurse lead regularly meets with the NHSE workforce lead and the ETP lead mentor to address issues and develop strategies to ensure the CCG is delivering on the ten point plan.

### **4. Recommendations**

The Primary Care Commissioning Committee in Common is asked to note this update report.

**Colette Page**

**Practice Nurse Lead**

**17th October 2019**

## Primary Care Commissioning Committee in Common

### 17<sup>th</sup> October 2019

<b>Agenda Item:</b> PCCCiC 19/104	<b>Author of the Paper:</b>						
<b>Report date:</b> 17 <sup>th</sup> October 2019	Colette Page Practice Nurse Lead <a href="mailto:Colette.page@southseftonccg.nhs.uk">Colette.page@southseftonccg.nhs.uk</a> Tel: 01513178374						
<b>Title:</b> General Practice Nurse 10 Point Plan update							
<b>Summary/Key Issues:</b> This report is to provide the Primary Care Commissioning Committee in Common with an update of the status of the GPN 10 point plan and progress made within the CCG.							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Note</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

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

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
---------	-----	----	-----	---

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

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

## **Report to the Primary Care Commissioning Committee October 2019**

### **1. Introduction and Background**

The GPFV published in April 2016 pledged a major expansion of the primary care workforce which includes GPNs. In addition in March 2017, HEE published General Practice Nursing Workforce Development Plan – Recognise, Rethink and Reform. This included a series of recommendations for organisations that can influence the general practice nursing workforce. The Ten Point Action Plan for General Practice Nursing describes the nursing element of the GPFV. This helps nurses and health care support workers (HCSW) focus on demonstrating their contribution to reducing the three gaps identified in the Five Year Forward View - the health and well-being gap, the care and quality gap, and the funding and efficiency gap.

General Practice – Developing confidence, capability and capacity: a ten point action plan for General Practice Nursing responds to both these documents supported by the £15 million investment described in the GPFV. It is designed to provide a highly-skilled GPN workforce that includes both registered nurses and non-registered HCSWs. The plan is aimed at,

- raising the profile of general practice nursing as a first destination career
- improving access to training
- increasing the number of pre-registration nurse placements and enhancing retention
- supporting return to work schemes for practice nurses and developing a career pathway for GPNs and HCSWs.

This GPN Ten Point Action Plan describes the actions needed as part of expanding the capacity and capability across the whole primary care workforce. This will enable us to manage more people's health closer to home. It will also build GPN capability to support improved and innovative approaches to delivering health and wellbeing.

### **2. Update**

#### **1. Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career.**

The Enhanced Training Practice at Ainsdale Village Surgery has employed a part-time Lead Mentor to increase numbers of practices accepting student nurses and number of mentors within practices. The lead mentor attends university career fairs to promote general practice as a viable career option. The mentor recently had a third year student who was so delighted with her experience of general practice that the student chose this area to seek a job post qualifying. She secured a junior PN post at The Hollies Surgery, has taken up this post and is now enrolled onto the 12 month NHSE preceptorship programme.

## **2. Extend leadership and educator roles.**

Seven PNs completed the GPN Leadership for Quality programme 2018/19. One PN from SFCCG has successfully secured a place on this year's programme 2019/20.

Nine PNs have trained as clinical supervisors allowing them to offer clinical supervision to PNs & HCAs across both CCGs. A clinical supervision policy was written and approved by the joint quality committee in March 2019 and has been cascaded down to practices to adopt should they wish. A further course to train another 8-10 PNs/ ANPs with Edge Hill University is planned for early 2020.

## **3. Increase the number of pre-registration placements in general practice.**

Whilst the third year (above) was in her final year she was voted a student ambassador and used this position to wave the flag for general practice and would advocate this with her peers at every opportunity. The lead mentor promotes practices taking students and as a result we have seen a slow rise in the number of practices willing to accommodate them. Numbers have increased from 3 in SF area to 5 and in SSCCG doubling from 1 to 2 surgeries offering student nurse placement opportunities. Other practices in South Sefton are in the process of being assessed as suitable for taking students and these should be agreed soon. Their numbers will then increase to six.

## **4. Establish Inductions and Preceptorships.**

Currently a 12 month preceptorship programme provided by the NHSE workforce lead is underway for new to practice PNs; a second cohort started in September in Cheshire. 2 new PNs have accessed the first cohort with 2 more currently attending the second. All of these new PNs are being supported in practice by either other experienced PNs or the lead mentor.

## **5. Improve access to the Return to Practice Programmes.**

The lead mentor also tries to recruit practices to accept Return to Practice nurses. None have been placed as yet but there are 2 practices, one in both CCGs, who are willing to and are being assessed as appropriate by the lead mentor.

## **6. Embed and deliver a radical upgrade in prevention.**

The 'All our Health' learning platform is encouraged as a valuable resource available to all health care professionals to embed prevention, health protection and promotion of wellbeing. This information has been disseminated to practices via the weekly bulletins and links to it can be found on both intranet sites. MECC training delivered



previously and training in Anti-Microbial Resistance is ongoing. Links to a multitude of training is also available on this platform.

#### **7. Support access to educational programmes.**

Health Education England (HEE) has opted to distribute the CPD flexible cash allocation to Enhanced Training Practices including the funding for Non -Medical Prescribing courses. Several PNs and practice pharmacists completed and passed the NMP course last year, to date; only 2 PNs have applied this year. 1 other is considering applying for clinical examinations module prior to the NMP course. The PN lead forwards any applications to the Primary Care Academy which then considers the applications at their workforce board. Notification of agreements/declined are sent direct to the applicants.

#### **8. Increase access to clinical academic careers and advanced clinical practice programmes, including nurses working in advanced practice roles in general practice.**

Despite encouragement from the practice nurse lead, no applications from the CCG have been made for the 2 year Advanced Care Practitioner course. No candidates have applied for this in both years it has been available to primary care. Commitment and time out of practice 2 days per week is probably attributable to this.

#### **9. Develop healthcare support worker (HCSW), apprenticeship and nursing associate career pathways.**

The PN lead and the NHSE lead for nursing associates are promoting practices to employ Nursing Associate trainees: 1 practice have supported a HCA with her application and another employer within South Sefton is considering supporting 3 of their current HCAs to become trainees via the apprenticeship programme. The NHSE HCA 12 month development training opportunity has been cascaded to all practices. To date no practices/ HCAs have shown any interest.

#### **10. Improve retention.**

Recruitment and retention continues to be challenging for many practices nationally. Competition with all areas of nursing is recognised and the fact very few surgeries award AfC pay, terms and conditions is an ongoing barrier. Ensuring clinical supervision is available and PNs and HCAs are encouraged and allowed to access it has been shown to improve retention rates with employers. The PN lead is increasing nurses and health care assistant's access to a supervisor by offering training in January to more nurses to become one.

Recently a young nurse has returned to work in an acute hospital so she can consider starting a family and will be entitled to better maternity leave and pay there than in the GP surgery. Others leave as they cannot acclimatise to the general practice way of working: being quite isolated and no longer a member of a large team

or more alarmingly, feeling unsupported in their transition to primary care, sadly even cases of bullying have been reported to the PN lead. The PN lead acts as a support and source of information for all PNs and HCAs and will assist the practice manager by arranging and sourcing training when necessary particularly with new to practice PNs/ HCAs. The PN lead will support new PNs by offering one to one sessions and will meet with them and their new practice manager to discuss training needs when new into post. All the PNs and HCAs across both CCGs have direct access to the PN lead either by email or mobile phone and is always available at PLT nurse and Formby Hall clinician events.

### **3. Issues/Mitigations**

The practice nurse lead regularly meets with the NHSE workforce lead and the ETP lead mentor to address issues and develop strategies to ensure the CCG is delivering on the ten point plan.

### **4. Recommendations**

The Primary Care Commissioning Committee in Common is asked to note this update report.

**Colette Page**

**Practice Nurse Lead**

**9<sup>th</sup> October 2019**

Primary Care Commissioning Committee (PCCC) Work Plan (Part 1) 19/20

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues</p> <p>TOR</p> <p>Delegation Agreement</p> <p>Transition Plan to Delegation</p> <p>Update on Primary Care Networks</p> <p>Overview of GP Contract</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues/ PCN update</p> <p>Update on Local Quality Contract</p> <p>LD update</p> <p>30 Day post delegation verbal summary</p>	<p>- Feedback from Joint Operational Group/Primary Care Programme Report/ Healthwatch issues/PCN update</p> <p>Primary Care Budget Workshop</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/ Healthwatch issues/PCN registration Outcome/PCN update clinical leads</p> <p>7 Day Access</p>	<p>- Feedback from Joint Operational Group/ Primary Care Programme Report/Healthwatch issues / PCN update</p> <p>- Sign up to Direct Enhanced Services</p> <p>- Quality Update and Complaints Log</p>	<p>- Feedback from Joint Operational Group/ Healthwatch issues/PCN update / PCCC Work plan v2</p> <ul style="list-style-type: none"> <li>- Enter and view Healthwatch reports</li> <li>- LQC Validation Committee</li> <li>- Update on additional roles recruitment (Primary Care Networks)</li> </ul>
Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care Programme Report</li> <li>• Procurements in Primary Care</li> <li>• Healthwatch issues/Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care finance</li> <li>• Healthwatch Issues</li> <li>• PCN update</li> <li>• Quality Update and Complaints Log</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care Dashboard (inc workforce)</li> <li>• Healthwatch issues</li> <li>• PCN update</li> <li>• One single access</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care finance</li> <li>• Primary Care Programme Report</li> <li>• Healthwatch issues</li> <li>• PCN update</li> <li>• Performance (OOHs</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care Programme</li> <li>• Procurements in Primary Care</li> <li>• Healthwatch issues</li> <li>• PCN update</li> <li>• Quality Update and</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Primary Care finance</li> <li>• Primary Care strategy and planning</li> <li>• Primary Care Dashboard (inc workforce)</li> <li>• Primary Care Programme</li> </ul>

<p>Template</p> <ul style="list-style-type: none"> <li>• PCN update</li> <li>• 10 Point nursing plan</li> <li>• PCCCiC Work plan</li> <li>• E-Consult demonstration</li> </ul>	<ul style="list-style-type: none"> <li>• IT investments/Issues</li> <li>• Performance (OOHs / 7 Day Access / Contractual compliance / DES</li> </ul>	<ul style="list-style-type: none"> <li>• offer (GP Contract) (Strategy &amp; Planning) – Access Annual summary 7 day access part</li> </ul>	<p>/ 7 Day Access / Contractual compliance / DES</p>	<ul style="list-style-type: none"> <li>• Complaints Log (Strategy &amp; Planning) Workforce</li> </ul>	<p>Report</p> <ul style="list-style-type: none"> <li>• Healthwatch issues</li> <li>• PCN update</li> <li>• LQC Phase 6</li> <li>• Performance (OOHs / 7 Day Access / Contractual compliance DES</li> <li>•</li> </ul>
--	--	---	--	--	---

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

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

April 20 (Strategy & Planning) – Estates

## Primary Care Commissioning Committee in Common 17<sup>th</sup> October 2019

<b>Agenda Item:</b> PCCiC 19/106	<b>Author of the Paper:</b>
<b>Report date:</b> 9 <sup>th</sup> October 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> Primary Care Commissioning Committee (PCCiC) in Common Work Plan	
<b>Summary/Key Issues:</b>	
The attached work plan provides an update on the content of PCCiC meetings until March 2020.	
<b>Recommendation</b>	Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Primary Care Commissioning Committee is asked to note the content of the plan.	

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

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

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

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

## Primary Care Commissioning Committee in Common October 2019

<b>Agenda Item:</b> PCCiC 19/106	<b>Author of the Paper:</b>
<b>Report date:</b> 9 <sup>th</sup> October 2019	Angela Price Primary Care Programme Lead <a href="mailto:angela.price@southseftonccg.nhs.uk">angela.price@southseftonccg.nhs.uk</a> Tel: 01513178379
<b>Title:</b> Primary Care Commissioning Committee in Common (PCCiC) Work Plan	
<b>Summary/Key Issues:</b>  The attached work plan provides an update on the content of PCCiC meetings until March 2020.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the plan.	Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

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

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



# Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 19<sup>th</sup> September 2019

Chair:  
Martin McDowell

Key Issue	Risk Identified	Mitigating Actions

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

The committee reviewed an updated work plan for the committee

Validation reports were received for the Local Quality Contract year 4

# Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, Thursday 19<sup>th</sup> September 2019

Chair:  
Martin McDowell

Key Issue	Risk Identified	Mitigating Actions

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

The committee reviewed an updated work plan for the committee

Validation reports were received for the Local Quality Contract year 4