NHS
Frimley
Clinical Commissioning Group

Primary Care Commissioning Committee – Public
2 November 2021 – 1030 to 1120

AGENDA

Chair – Andrew Lloyd

(Quoracy requirements: ***five voting members and must have a Non-Executive and Executive Director majority present.)***

Timing	No	Item	Lead	Delivery
1030	**1**	**Welcome, introductions and apologies for absence**	Chair	Verbal
	2	**Conflicts of Interest (COI) Register and declarations of any interests relating to this agenda** *– to note* *(See matrix below for suggested management of any COIs declared)*	Chair	Paper
	3	**(a) To approve Minutes of the last meeting held on 21 September 2021 and matters arising** **(b) Action Tracker** *– to note*	Chair	Paper
1035	**4**	**Deep Dive – Supporting Effective Communication and Engagement by General Practice**	Head of Engagement	Presentation on the day
1050	**5**	**Surge/Winter Plan 2021-22** *– to note*	Place Director of Operations – RBWM	Paper
1100	**6**	**Place-based Reports:** a) North East Hants and Farnham b) Royal Borough of Windsor and Maidenhead c) Slough d) Surrey Heath e) Bracknell Forest *To note/approve as required*	Associate Directors of Primary Care	Paper
1110	**7**	**Primary Care finance – update** – *to note*	Director of Finance	Paper
1115	**8**	**Questions received in advance from the public**	Chair	Verbal
1120	**9**	**Close**		
	10	**Date of next meeting – Tuesday 4 January 2022, 10:30 – 11:20**		

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MANAGEMENT OF CONFLICTS OF INTEREST				
Example item	**Interest declared**			
	Financial	**Non-financial professional**	**Non-financial personal**	**Indirect**
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

Primary Care Commission Committee Register of Interests v27.10.21

Directorate	Job Title	Firstname	Lastname	Description of interest	Interest Description (Abbreviated)	Type of interest			Date Incurred	Actions agreed by line manager to mitigate risk
495 Frimley CCG Chief Clinical Office	Executive Director of Nursing & Quality	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
495 Frimley CCG Nursing & Quality Directorate	Director of Quality, Safety & Compliance	Melanie	Bessant			Nil Declaration			14/05/2021	
Bracknell Forest Place Committee	Bracknell Forest Council	Dale	Birch			Nil Declaration			06/08/2021	
Non-Contracted Staff	Other	Richard	Brown			Nil Declaration			24/05/2021	
Non-Contracted Staff	Bracknell Forest Clinical Lead	Annabel	Buxton			Nil Declaration			30/08/2021	
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	Patient at Lightwater Surgery	Patient at Lightwater Surgery which is one of the Frimley CCG member practices.	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	Will be managed in accordance with policy.
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	NX10 Limited	One	Shareholdings and other ownership interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Caroline	Farrar	Bliss, the national charity for premature and sick babies	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
495 Frimley CCG Chief Clinical Office	Lay Member for Audit	Arthur	Ferry			Nil Declaration			04/05/2021	
495 Frimley CCG Finance Directorate	Deputy Chief Finance Officer	Debbie	Fraser	Symons Medical Centre	Patient at Practice	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	Ensure that interest is declared for any decisions relating to this practice

495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gp	Work as Gp in Camberley Surrey	Outside Employment			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gordon Road pharmacy Pharmacy	part owner in pharmacy	Shareholdings and other ownership interests			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	part owner of Gordon Road surgery provider orgaisation	Provides pain and MSk services	Shareholdings and other ownership interests			01/04/2021	
PCCC	NHSE	Jo	Hanswezl			Nil Declaration			08/06/2021	
PCCC	NHSE	Jo	Hanswezl	NHS England & Improvement	Professional: Employed as Primary Care Commissioning Manager	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	To work within NHSE guidance and follow the CCG's policy on conflicts of interest.
PCCC	Wessex LMC	Lisa	Harding			Nil Declaration			24/05/2021	
495 Frimley CCG Surrey Heath Place	Director of Operations	Thomas	Lawlor	Dorset HealthCare University NHS Foundation Trust	Partner works as a Psychological Wellbeing Practitioner for Dorset Healthcare in the IAPT service in Southampton.	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
495 Frimley CCG Finance Directorate	Associate Director of Finance	Veronica	Lowthian			Nil Declaration			05/05/2021	
495 Frimley CCG Finance Directorate	Associate Director of Finance	Veronica	Lowthian	Park Road Surgery Camberley	Patient of the Park Road Surgery Camberley	Declarations of Interest – Other	Non-Financial Personal	Select:-	02/04/2021	Ensure the interest is declared for any decision relating to this practice
495 Frimley CCG Surrey Heath Place	Head of Primary Care	Stephanie	Maidment			Nil Declaration			23/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Place Based Quality Lead	Charlotte	Mason			Nil Declaration			23/04/2021	
PCCC	Healthwatch Surrey	Maria	Millwood			Nil Declaration			21/05/2021	

495 Frimley CCG Finance Directorate	Chief Finance Officer	Robert	Morgan	East Berkshire Primary Care Out Of Hours	Wife works 10 hours per week as call handler	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Declared at all meetings where decisions are taken with the organisation
495 Frimley CCG Operations (Royal Borough of Windsor & Maidenhead	RBWM Assoc Director of Primary and Community Care	David	Mphanza	Frimley CCG	Father has a role of Clinical Director at Circle Reading Hospital	Loyalty Interests			06/09/2021	
495 Frimley CCG Bracknell Forest Place	Associate Director of Primary and Community Care	Katerina	Nash			Nil Declaration			11/05/2021	
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Farnham Road Practice	Partner & Principal	Outside Employment			01/04/2021	Declaration. All GPs have this issue. It is clear this form is inappropriate to cover such circumstance. It has been designed and authorised by a non-clinician.
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	HealthHeroSolutions	Deliver GP clinical advice electronically to cohorts of the UK population remotely. have been doing this since 1999!	Outside Employment			01/04/2021	Open declaration of these interests, only relevant should we ever decide to procure remote clinical triage services from this organisation.
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Thames Hospice	I donate my salary as a GP to the Thames Hospice on a monthly basis, as I believe very strongly in the clinical value of their non-taxpayer charitable service status to our registered patients who are on the EoLC pathway. This is relevant as we procure a number of services from them.	Donations		Yes	01/04/2021	

495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Slough Senior Citizens	Am a patron of this charity since 2016	Loyalty Interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Hampshire, Southampton & IOW CCG	Non Executive Director - Secondary Care Clinician	Declarations of Interest – Other	Financial	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Frimley ICS	Chair of ICS Quality Collaborative	Declarations of Interest – Other	Non-Financial Professional	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Daughter	Palliative Care Trainee KSS	Loyalty Interests			01/04/2021	
495 Frimley CCG North East Hampshire & Farnham Place	Associate Director Primary Care & PCN development	Lauren	Pennington			Nil Declaration			23/04/2021	
495 Frimley CCG Finance Directorate	Head of Financial Management & Reporting	Jonathan	Pettit			Nil Declaration			18/05/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	Oakley Health Group	Managaing Partner of Oakley Health Group - GP Partnership	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	Yateley Primary Care Network	Clinical Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	Salus Medical Services	Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	Yateley Integrated Care Team	Locality Lead	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	NEHF Place PCN Clinical Director	Representative	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	Oakley Health Group	GP Partner	Declarations of Interest – Other	Financial	Direct	01/04/2021	To declare
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	North East Hamphire and Farnham Place	Place Clinical Lead	Declarations of Interest – Other	Non-Financial Professional	Direct	01/10/2021	Declare
NEHF Place Committee	Clinical Place Based Lead	Gareth	Robinson	North Hampshire Urgent Care	Clinical Guardian Auditor	Declarations of Interest – Other	Financial	Direct	01/04/2021	declare
495 Frimley CCG Slough Place	Director of Operations	Sangeeta	Saran			Nil Declaration			24/05/2021	
Non-Contracted Staff	Other	Lisa	Sian			Nil Declaration			21/06/2021	
Non-Contracted Staff	Other	Lisa	Sian			Nil Declaration			29/06/2021	
495 Frimley CCG Bracknell Forest Place	Director of Operations	Helen	Single			Nil Declaration			18/05/2021	

495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for FHFT in an administrative role	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of CoI at all relevant meetings and appropriate steps taken to mitigate any risk
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for the East Berkshire Out of Hours Primary Care Provider - EBPC	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Interest to be declared at relevant meetings and risk mitigated through management of CCG decision making relating to this provider
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Rosemead Surgery	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	02/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice provide opiaite substitute prescribing services for the Royal Borough of WIndsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	44287	Manage in accordance with policy
Non-Contracted Staff	Other	Rachel	Thompson			Nil Declaration			44341	

495 Frimley CCG Royal Borough of Windsor & Maidenhead Place	Director of Operations	Alexandra	Tilley			Nil Declaration			44320	
PCCC	Surrey and Sussex LMC	Darren	Tymens	Surrey and Sussex LMCs	Statutory representative body for General Practice. Appointed to post approx 1.4.2014.	Outside Employment			44287	
PCCC	Surrey and Sussex LMC	Darren	Tymens	Richmond Medical Group	GP Partner. Partner since 2001.	Outside Employment			44287	
PCCC	Surrey and Sussex LMC	Darren	Tymens	HEE	Employed as a GP VTS Programme Director since approx 2003.	Outside Employment			44287	
495 Frimley CCG Operations (Slough)	Associate Director Primary & Community Care	Rhian	Warner			Nil Declaration			44392	
495 Frimley CCG Medical Directorate	Clinical Lead	Emma	Whitehouse			Nil Declaration			44342	
495 Frimley CCG Medical Directorate	Clinical Lead	Emma	Whitehouse	Upper Gordon Road Surgery	Salaried GP at practice and then Partner in practice	Outside Employment			44287	Declared and acknowledged in meetings as required

NHS
Frimley
Clinical Commissioning Group

DRAFT v1 Minutes of Primary Care Commissioning Committee (public) on Tuesday 21 September 2021
10.30am to 11.30am via Microsoft Teams

Present:	
Voting Members:	Tony Fitzgerald – Chair Arthur Ferry – Lay Member Caroline Farrar – Executive Managing Director Slough and Lead for Primary Care Sarah Bellars – Director of Quality and Nursing Veronica Lowthian – Assistant Director of Finance, deputising for Rob Morgan – Chief Finance Officer Emma Whitehouse – Surrey Heath Clinical Lead, Deputising for John Fraser - Surrey Heath Clinical Lead
In attendance:	Rhian Warner – Associate Director of Primary Care, Slough Katerina Nash – Associate Director of Primary and Community Care, Bracknell Forest Lauren Pennington – Associate Director of Primary Care NEHF David Mphanza – Associate Director of Primary Care, RBWM Stephanie Maidment – Head of Primary Care, Surrey Heath Alex Tilley – Director of Operations, RBWM Maria Millward – Non-Executive Director, Healthwatch Surrey Darren Tymens – Primary Care Network (PCN) Clinical Director Adriana Jimenez – Primary Care Lead, NHS England Development Lisa Harding – Director of Primary Care, Wessex LMC Olly Hemans – Communications Manager Jo Greengrass – Director of Quality and Nursing Karl Bennett – Clinical Lead, NEHF (for item 4 – Digital First Programme) Gurpreet Mangat – Digital First Workstream Lead (for item 4 – Digital First Programme) M-J Steijger – Head of Governance Sam Branscombe – Committee and Governance Support Officer Tom Allinson – Quality Administrator (minutes)
Apologies for Absence:	Clare Sieber Wessex Local Medical Committee Martin Kittel – Bracknell Forest Clinical Lead Jim O'Donnell – Slough Clinical Lead Huw Thomas – Royal Borough (RBWM) Clinical Lead Dale Birch – Councillor, Bracknell Forest Council Steven Clarke – North East Hampshire and Farnham (NEHF) Clinical Lead John Fraser – Surrey Heath Clinical Lead Fiona Slevin-Brown – Managing Director, Bracknell Forest Place Tom Lawlor - Director of Operations, Surrey Heath Ann Cooper – Director of Governance Sangeeta Saran - Director of Operations, Slough Philip Kelley – Director of Improvement and Workforce (Primary Care) Katie Baker – Primary Care and PCN Development Manager Rachel Thompson – Associate Director of Primary Care Contracting

1	**Welcome introductions, apologies and quoracy**
	The Chair welcomed everyone to the meeting in public and confirmed that there were no members of the public present for the virtual meeting, and that no advance questions from the public had been received. Apologies for absence were received and noted as set out above. The Chair confirmed that the meeting was quorate with at least five voting members present. The Chair welcomed David Mphanza, the new Associate Director of Primary Care for RBWM, to the Committee. It was noted that Jo Green had now retired, and that Mary-Jane Steijger had now taken over responsibility for managing the meeting. The Committee formally thanked Jo for her years of service. The Chair also introduced Tom Allinson who would be taking the minutes for the meeting, and it was confirmed that the meeting would be recorded to aid in this process, subject to the usual reservations.
2	**Conflicts of Interest Register**
	Members noted the Conflicts of Interest Register that had been included within the pack of papers for the meeting. There were no changes to the Register of Declaration of Conflicts of Interest and no interests were declared in respect of the items on the agenda. **Members noted the paper.**
3a	**Minutes of the previous meeting on 20 July 2021**
	The minutes from the previous meeting in public were reviewed and approved as an accurate record.
3b	**Action Tracker from the previous meeting on 20 July 2021**
	Members reviewed outstanding actions from the previous meeting as follows: **001** – It was confirmed that the Governance Team had published the 2021/22 Annual Plan for Primary Care on the Frimley CCG website, and so it was agreed that the action could now **close**. **002** – It was confirmed by Veronica Lowthian that the agenda's primary care finance update would contain more detailed reporting on primary care budgets, and that the Chair had been provided with further assurances and oversight on the management of primary care budgets through enhanced reporting via the Finance Team. The action could now **close**. **003** – As the Digital First Programme was on the day's agenda, it was agreed that the action could now **close**. **Members noted the paper.**
4	**Primary Care Digital First programme**
	The Chair introduced Karl Bennett and Gurpreet Mangat who would be giving the presentation on the Digital First Programme as requested by members earlier in the year. The presentation ran through the background of the programme, its proposed outcomes, as well as outlining its roadmap for 2021/22. This included: • Ensuring a consistent level of IT basics across the CCG including telephony, websites, and connectivity

	• Aligning training as part of wider workforce development • Improving data quality • Exploring digital ways to support patients with long term conditions and making their interactions with their GP easier • Communications and engagement to support awareness and training of the digital offer • Aligning work underway across the ICS and in local Places on digital equality • Promoting digital opportunities to work at scale across Primary Care Networks, Places and System Members thanked Karl and Gurpreet for the informative presentation, noting the speed at which the Digital First Programme was progressing and heralding it as a success in face of the challenges of the previous year. The Committee discussed further the potential impact that the rapid move to remote access might have on certain groups; there was a need to further publicise and promote the benefits and improved quality of care that enhanced digital access would provide to patients who were now able to access an extended team of specialists who were supporting their practices. The Committee further highlighted the need to emphasise these positives in future public-facing communications, as well as to stress that face-to-face GP appointments remained available. **The committee noted the presentation.** Karl and Gurpreet left the meeting.
5	**National GP Patient survey – results**
	Jo Greengrass joined the Committee and presented the results of the National GP Patient survey for the Committee to note. Across the CCG 26,756 questionnaires had been sent out, of which 9,672 had been returned completed (representing a response rate of 36%). Broadly, the CCG results were at least in line with National Averages across the area, although individual practices results did vary: • Overall experience of GP Practice: the CCG rated at 82% against the national average of 83%; practice range within the CCG varied from 95% at highest to 57% at lowest. • Ease of getting through to GP Practice on the phone: the CCG rated at 66% against the national average of 68%; individual practice range within the CCG varied from 98% at highest to 17% at lowest. • Ease of use of online services: the CCG rated at 72% against the national average of 75%; individual practice range within the CCG varied from 95% at highest to 45% at lowest. • Mental health needs recognised and understood: the CCG rated at 86% against the national average of 86%; individual practice range within the CCG varied from 97% at highest to 65% at lowest. • Support with managing long-term conditions, disabilities, or illnesses: the CCG rated at 74% against the national average of 74%; individual practice range within the CCG varied from 95% at highest to 43% at lowest. It was felt that, broadly speaking, the CCG was performing well against the metrics stated above, with many practices substantially exceeding national averages. It was confirmed that the Quality Team had already distributed individual reports for each of the Frimley CCG's Places, where they had been shared and discussed at each PCOG and Place meeting. The Primary Care and Place Teams would then consider this information and determine if individual actions were required from those Practices where data showed that patients had highlighted issues.

	Members noted the paper.
6	**Place-based Reports - Business as Usual (BAU)**
	The Associate Directors of Primary Care gave the following updates for the Committee to note: **<u>Bracknell:</u>** • 30-week capacity and demand LCS had been commissioned to support additional capacity in general practice with specific focus on twilight period, face to face appointments and paediatric pathways • PHM Programme rollout was to commence, with all Bracknell Forest practices signed up • Blue Mountain Full Business Case was ready for submission subject to ratification • PCN Contract DES Workforce Plans had been submitted for 21/22 • Phase 3 vaccination planning / Winter, Flu and Covid booster planning for September underway **<u>North East Hampshire and Farnham</u>** • Progress had been made in establishing a resilience support package for GP practices in need through local GP federation Salus Medical Services. The pilot approach was reported to be a success so far with some important lessons learnt. More information would be gathered over the coming weeks with a formal offer of help being developed and shared with other GP practices • Pressure was being placed on the Covid Oximetry at home service with over 100 now being actively monitored. More work was required to refine the approach being taken by the service • Planning for the Flu and Covid vaccination booster programme implementation as underway **<u>Royal Borough of Windsor and Maidenhead</u>** • COVID Booster/Flu Phase three plans had been drafted and shared with the ICS programme • Workforce Plans for 2021/22 to deliver DES objectives had been submitted in August • Ascot PCN Digital Plans were reported to be progressing well. Meeting confirmed with DF Change Manager and programme manager. • Community Pharmacy Consultation service (CPCS) service implementation was reported to be underway • All Care Homes were now reported to be aligned to the PCN with the exception of Larchfield **<u>Slough</u>** • CQC – Langley rated as good across all domains • Rent reimbursements approved for two practices, with another practice disputing theirs • The Community Pharmacy Consultation service had continued to have high uptake in the first month with 129 referrals • Continued focus on Covid and Flu Vaccination delivery and planning **<u>Surrey Heath</u>** • The current Covid Vaccination programme was still underway, with results for cohorts previously of concern continuing to improve • The Phase 3 vaccination programme, offering both flu and Covid booster vaccines, was now a key priority; a start date of 6th September 2021 was confirmed **Members noted the paper.**

7	**Primary Care finance – update**
	Veronica Lowthian introduced the Primary Care Finance Report that set out the Primary Commissioning function, and all other Primary Care budgets, for month 4 of 2021/22. • The YTD position saw overspend on GP contracts, QOF payments, and GP Access Funds. • GP Enhanced Services also reported an £59k overspend, however the current level of PCN Additional Roles Reimbursement (ARRS) claims was reported to be above plan as the CCG only had 60% of the ARRS funding within its allocation. The remaining 40% balance was being held by NHSE and CCG would be able to claim once its allocation had been fully utilised. The Chair welcomed the new Place-based reporting format and thanked the Finance team for the work put into its production. It was agreed that this new format would be the standard for future meetings going forwards. **Members noted the paper.**
8	**Any Other Business**
	• November meeting date would need to be changed due to clashes with an ICS board • Caroline Farrar led the Committee in giving formal thanks to Tony Fitzgerald who was stepping down as Chair
9	**The meeting closed at 11.30am**
	Date of next meeting – TBC November

ATTENDANCE TABLE									
Name	**Meeting dates**								
Members	**18 May 2021**	**20 July 2021**	**21 Sept 2021**						
Tony Fitzgerald	√	√	√						
Arthur Ferry	√	√	√						
Caroline Farrar		√	√						
Steven Clarke	√	√	**A**						
Huw Thomas	√	A	**A**						
Jim O'Donnell	√	A	**A**						
Martin Kittel	√	A	**A**						

John Fraser	A	√	**A**						
Sarah Bellars	A	√	√						
Clare Sieber	A	A	**A**						
Attendees									
Olly Hemans			√						
Joanne Greengrass	D	A	√						
Veronica Lowthian	D	D	**D**						
Stephanie Maidment	√	D	√						
Katerina Nash	√	√	√						
Lauren Pennington	√	√	√						
Rhian Warner			√						
Sangeeta Saran	√	A	**A**						
Alex Tilley	√	√	√						
Fiona Slevin-Brown	√	√	**A**						
Ann Cooper	√	A	**A**						
Jon Fox	√	A	**A**						
Caroline Lovis	√	A	**A**						

Frimley Health and Care

Frimley
Integrated Care System
Primary Care

Surge/Winter Plan 2021-22

Primary Care Existing and Predicted Challenges

- Primary care including general practice has a key role to play in the resilience of local health services over a period of increased demand on health care services. The sustainability of primary care services should be a high priority for the system due to the impact on other services should these general practice have increasing resilience issues.
- Over the last six months general practice has delivered more contacts than the same period pre-pandemic, resulting in good restoration of services and leading to greater innovation in order to maximise the capacity available to see patients.
- Responding to the challenges brought by the COVID pandemic continues to challenge our workforce, impacting on the ability to address the predicted surges over the winter period.
- Increased urgent demand on primary care impacts on the core offer around routine and preventative care, resulting in the risk that there could be a backlog in activity, where capacity is insufficient – as with secondary care services, there is a risk of a vicious cycle when routine and preventative care services are delayed.
- The increase in same day demand has accelerated the use of the digital offer in primary care over the last 12 months – consideration needs to be given to the patient experience, confidence in the care received over digital offers, and also the impact of the demand on our practice teams.
- There are predicted surges in demand but the timing is unpredictable, specifically respiratory conditions / RSV for our children, which may result in capacity provided for surges being under-utilised
- The impact on the well-being and capacity in our workforce following such a demanding 18 months will challenge the continuation of existing offers as an impact of only small changes on demand, and could impact on the additional capacity planned over this winter.
- Generally our population values general practice as a trusted source of care and support, however the increased level of anxiety and deferred need during the pandemic has led to a change in behaviours and how patients are using services. This has put pressure on services such as 111, emergency departments and general practice.

Planned Actions: Frimley Primary Care

Frimley Health and Care

Capacity:

- Work has been undertaken to ensure that extended and improved access capacity remains available, including flexibility to offer evening and weekend access. This is primarily supporting planned appointments, with additional services in place for urgent appointments via 111 and out of hours. The models are tailored to local provision and population needs.
- General practices have the support of the Frimley General Practice Prioritisation framework enacted through Place teams proactively identifying practices under pressure and/or practices asking for support. Surge planning with primary care will include enacting our prioritisation framework for general practice to support high risk activities only, switching off routine access for lower risk activities (some LCSs) and ensuring care is prioritised for those most in need.
- Funding to support additional capacity (50k appointments) in general practices during the autumn/winter has been commissioned, with flexibility to meet local priorities including reviewing the balance of face to face capacity with need. Focus will be on increasing the number of urgent/same day appointments being delivered for all patients to provide access to primary care.
- All PCNs have plans to secure capacity for the anticipated RSV surge.
- Workforce risk assessment and practice business continuity plans reviewed in practices.

Access:

- Triage is in place in practices via online and telephone consulting ensuring the most effective pathway for patients. All practices have implemented online consulting and have had support to ensure sustainability and improved access for patients.
- All practices offer online repeat prescription services (EPS) and PCNs are looking to adopt the Community Pharmacy Consultation Service (CPCS) to support patients in accessing appropriate care.

Planned Actions: Frimley Primary Care

Frimley Health and Care

Demand:

- Focused admission avoidance activities drawing on intelligence and inequalities: provide extended offers to ensure patients have access to the right primary care to address their needs. Using MDT approach to target and review patients proactively identified as most at risk of crisis and onward admission through PCNs enabling best use of additional roles.
- National communications would be helpful to supplement local approaches and support the local population in knowing where to go when they need access to services. National communications to supplement local approaches, including 'Frimley Healthier Together', information for patients and carers on 'how to stay well through winter' complementing the Covid/flu vaccination programme and collaborative communications with local authority colleagues.

Prevention:

- Vaccination programme delivery: ensure prevention programmes such as vaccinations and screening are maximised in our population resulting in continued health improvement.
- Focused admission avoidance activities drawing on intelligence and inequalities: provide extended offers to ensure patient have access to the right primary care to address their needs.
- Increased use of anticipatory care to target individuals and communities through PHM: work proactively to identify those patients who are most likely to need additional care over this period.

Planned Actions: Primary Care By Place

Place Specific Plans	Bracknell	Slough	RBWM	NEHF	Surrey Heath
Additional capacity including response to COVID	Mobile Visiting Service supporting general practice capacity and admission avoidance	Hot site for Adults and Children providing dedicated capacity during core hours – Weekes Drive Mobile Visiting Service supporting general practice capacity and admission avoidance	Hot site for Adults and Children providing dedicated capacity during core hours – Weekes Drive Mobile Visiting Service supporting general practice capacity and admission avoidance	Hot site services will remain in place until April 2022 providing capacity for patients with covid symptoms that require a same day consultation Pulse oximetry at home service also remains in place until April 2022 to monitor patients and escalate where appropriate	All practices managing and reporting hot patient demand on a weekly basis. Option to open Heatherside as dedicated hot site, to support RSV/hot patients if demand rises.
Additional capacity for predicted Paediatric Respiratory (RVS) Surge	Febrile clinics for children to run between 14:00-20:00.	Febrile clinics for children to run from 1 October to support RSV surge	Paediatric Respiratory clinics from 4pm to 9 pm / 3pm to 8 pm going live mid September with flex to respond to surge	Hot paediatric pathways in place within all GP practices commenced September 2021.	Practices are providing the above additional appointments in twilight hours and all practices are committed to responding to their own paediatric patients as quickly as possible
Alternative pathways and innovative service models		CPCS scheme across 3 PCNs that is now supporting diverting on the day demand into community pharmacies by direct referral High users of primary care – practices funded to identify top 1% of PC users and implement interventions to reduce demand from this patient cohort on the whole system as well as primary care	Increasing uptake of alternative pathways such as CPCS and IAPT	"Wellbeing teams" currently under design to support children, young people and their families and patients with mental health conditions rather than relying on a purely medical response	Onboarding practices from September to utilise the Community Pharmacy Consultation Service (CPCS)
Significant risk: workforce	Workforce remains an issue across all service offers, specifically in order to be flexible in periods of high demand. Places continue to work with PCNs and providers to develop mitigations such as PCN staff banks, plans around deployment and adopting new roles to support existing teams i.e. Personalisation & Anticipatory Care Teams (PACT) and Wellbeing Teams				

NHS
Frimley
Clinical Commissioning Group

North East Hampshire and Farnham Place report – November 2021

NB - The intention of the report is to provide an update on delegated functions that are being undertaken at place and to highlight specific areas of transformation/risk that place wishes the committee to be aware of

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
		September 2021	October 2021	
Delegated functions – please provide an update on place based activities in line with the decision making matrix against the following categories:				
Procurement of services	Lauren Pennington			Options appraisal for future procurement of provider at Mayfield Medical Centre submitted to November PCCC for agreement following discussion at NEH&F PCOG and Senior Leadership Team
Monitoring of services	Ian Pinkney			Quarter two activity has now been reviewed and as anticipated demonstrates variation between practices. A further conversation at PCOG to understand the financial and quality consequences of this is scheduled for November
Contract changes	Beccie Van Oostrum			No significant changes to report
Disputes and quality concerns	Lauren Pennington and Charlie Mason			New resilience issues in an additional GP practice have been highlighted during October. There is currently no demonstrable evidence to suggest that quality of care is at risk and a resilience support package from Salus Medical Services is now in place. In addition to this the PCN are working with the practice to provide peer support and enhanced access to PCN wide services to support with clinical capacity
Premises developments	Lauren Pennington			Progress on key projects: 1. Giffard Drive Surgery – District Valuer concerns raised about long term viability of the premises with further conversations required to resolve the issues raised 2. Vacant space at Aldershot and Farnham Centres for Health – Draft plans for occupation of ACFH are now being shared with NHSPS, CCG and all stakeholders involved to ensure sign off and agreement to the proposals is obtained. Key successes of the project include the proposed use of the

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				abeyance space for a fully funded Ophthalmology diagnostics service supported by additional Outpatient clinic areas, dedicated areas for our GP federation and Aldershot PCN, relocation and colocation of the Aldershot Midwifery Service and additional clinical/administrative staff for the GP practices
Transformation and local priorities – please provide an update on place based activities that you would like to make the Committee aware of				
PCN DES implementation	Beccie Van Oostrum			No specific concerns to bring to the Committees attention
Estates Strategy	Lauren Pennington			Projects likely to be presented to the Primary Care Commissioning Committee in the future are: 1. Alexander House Surgery – Relocation options
Practice resilience	Lauren Pennington			In NEH&F we have commenced a pilot scheme where a resilience support package is provided to GP practices in need through local GP federation Salus Medical Services. This package starts with a diagnostic visit between the practice, CCG and Salus. The problems are discussed and potential support offers agreed. This ranges from short term practice management through to expert support in an area such as finance or HR. Salus Medical Services employ a number of primary care professionals and also have experience of taking over a challenged GP practice. Combined with skills within the CCG primary care team this approach has had good success in one pilot GP practice and is now moving on to support two additional GP practices
Managing demand and capacity	Lauren Pennington			Although GP practices have made good use of the extra capacity funding provided by the CCG, the pressures and demand being placed on primary care continue to rise An exploration on an alternative approach to same day access based on segmenting population need rather than boosting generic access is shortly commencing utilising connected care data and the expertise of an external clinical consultant

Place summary

The resilience support package for GP practices in need now available through local GP federation Salus Medical Services continues to be a vital new asset within place as resilience issues continue to arise. Already the trust in and reputation of the support offer has meant that additional GP practices are happy to approach the CCG for practical, hands on support.

The number and complexity of local premises projects also continues to grow as GP practices attempt to respond to rising list sizes and successful recruitment through the PCN ARRS programme. Capital funding opportunities in partnership with local authorities and other organisations do not appear to be the challenge but the ongoing "affordability" to GP practice businesses of occupying larger and more expensive premises is currently of concern and is prohibiting progress is some areas.

Forward Look - November 2021

1. Continuing to focus on the local response to rising patient demand and the impact this has on local GP practices whilst balancing other workforce pressures for primary care
2. Re-energising and focussing on tools such as Connected Care to inform decision making and priority setting

Royal Borough of Windsor and Maidenhead (RBWM) Place Primary Care Operations Group SITREP – October 2021

Project Name / Business As Usual (description)	Discussion and Decision Framework	Primary Care Lead	RAG Rating		Comments
			September 2021	October 2021	
Primary Care Networks					
Ascot PCN	Primary Care Operational Group	David Mphanza			COVID Booster/Flu Phase three is under way with the site at Waitrose confirmed until March 2022 where co-administration is being provided to those eligible. APCN have been engaging with the DF programme in the development of a single back end platform. APCN have attended same day access workshops for both RBWM and BF to ensure there will be access for all patients. CPCS all 4 sites have gone live with 43 referrals as at 27/08/21 The Mental Health Integrated Community Services (MHICS) pilot have presented to Ascot who are keen to engage with the programme and to utilise it
Maidenhead PCN	Primary Care Operational Group	David Mphanza			COVID Booster/Flu Phase three is under way at the Desborough Suite where co-administration is being provided to those eligible, Fridays and Saturdays have been highlighted as high volume days. Work is still being undertaken to align all Larchfield residents to a MPCN practice, CCG quality team providing support. 2 MPCN practices have gone live for CPCS with 73 referrals as of 27/08/21 Same day and RSV clinics due to go live by 25th October 2021.
Windsor PCN	Primary Care Operational Group	David Mphanza			COVID Booster/Flu Phase three is under way at Windsor Yards where co-administration is being provided to those eligible All WPCN practices are live on CPCS there currently and as of 27/08/21 there hasn't been any referrals. RSV clinic went live in early October.

Locally Commissioned Services (LCSs)					
General Practice Outcome Framework	PCOG	Ricky Chana / Gbolahan Lamuye			**LCS** Activity based payments resumed from 1st July 2021. Reconciliation has been completed for Q1 2021/2022 and report shared with Place teams. Quality Team currently carrying out an equality impact assessment based on the report. **QOF** Nil to report this month **IIF 21/22 Indicator ACC-01 (GPAD):** all PCNs submitted declarations confirming that their practices have met the conditions set out in ACC-01. Following receipt of data analysis from NHSEI, the CCG will issue payments to PCNs for this indicator by 31st October 2021.
		Ricky Chana / Gbolahan Lamuye			**Enhanced Services:** Covid Vaccs Phase 3 Enhanced Service: All PCN groupings submitted returns indicating their sign-up to deliver the phase 3 specification and no change to current PCN grouping arrangements. **Managing Demand in General Practice:** Five RBWM practices are yet to sign up to this service.
COVID					
Practice Resilience	PCOG Part 2	David Mphanza			Resilience metrics are being reviewed to initiate conversations with practices. Following an initial practice visit a summary of practice metrics have been collated and shared with the practice.
Restoration / recovery	PCN and Members / PCOG	Alex Tilley / David Mphanza			RBWM and PCNs are working to develop the winter and surge plans and deliver a robust offer which is locally aligned with CCG and ICS system plans. This will be supported through the commissioning of the Managing Capacity and Demand specification recently issued to practices and PCNs.

					The suspension of the Community Urgent Care services remains under review; however the additional capacity created for restoration and recover supports local offers in Windsor and Maidenhead. System support has been confirmed to 31st March 2021 for visiting services and additional hot pathways, developed to support the response to the pandemic.
CV19 Response – hot pathways	PCN and Members / PCOG	David Mphanza / Deborah Maynard			W/c 27th Sep there was a significant increase of the in hours GP hot & cold car for a single week for MPCN. W/c 4th Oct there was a significant increase for both MPCN & WPCN for in hours hot site activity with WPCN utilising over their quota, covid oximetry@home saw a reduction in what had been a 3 week increase in enrolment. RBWM also nearly trebled the number of under 2's seen . Focus on Winter Preparedness to ensure the capacity is being used to support the winter 2021/22. PCNs are reviewing the current offer in line with Same Day Winter plans, next review in early September. Visiting service from GP continued beyond June for a further three months with PCNs being offered options by existing provider to continue beyond COVID funding. Weekes Drive and car based services confirmed to end of September, with a three month extension. Revised arrangements for allocation of appointments, booking requests only following clinical assessment and additional capacity within the service. Pulse Oximetry@Home service for Windsor and Maidenhead patients. Patient numbers have increased. Hot pathway and Pulse Oximetry@home provision in Ascot is provided through Berkshire Primary Care
Estates and Premises					
Sunningdale Health Hub	PCOG, PCCC	David Mphanza			Revised planning application submitted at end September 2021. Communication and engagement plan enacted with local people encouraged to submit supporting statements to planning authority.

Maidenhead Integrated Hub	PCOG / Place	Alex Tilley			Service requirements and feasibility exercise underway for Maidenhead town centre. Additional capacity required to accommodate the increase workforce, patients and services being delivered locally through primary care. Maidenhead partners including local authority, community and acute services, led by General Practices and the PCN are continuing to describe the service models and in turn design the space requirements for an integrated hub. Business Case required for early 2022.
Windsor Integrated Hub	PCOG / Place	Alex Tilley			Programme of work to be initiated in October with Windsor practices and PCN to formulate the needs of the facilities. Additional capacity require to accommodate the increase workforce, patients and services being delivered locally through primary care. Windsor PCN initial meeting to establish programme scheduled for late October with the CCG estates team. Business Case required for early 2022.
Minor Improvement Grants (MIGs)	PCOG	David Mphanza			Questions from the submission of the PID asked by NHSEI have been answered and response awaited. Review local funding being investigated which could support MIG applications which were unable to be funded through PCG constraints. Planning for 22/23 MIG opportunities has commenced.
Improved Access General Practice (IAGP)					
Extended Hours Service – RBWM	PCOG	David Mphanza / Deborah Maynard			A six month extension for the GPAF with EBPCOOH has been signed, to continue to provide the service until March 2022 this is to be shared with the provider. Work is being undertaken with the EBPCOOH to increase the f2f offering in line with practice offerings.
Vulnerable Groups Service – RBWM	PCOG	Prince Obike			The next meeting of the Homeless Health and Wellbeing Group will be on 25th November at 1pm. Key items on the agenda will include

					the draft terms of reference to widen the scope, remit and membership of the group, the Covid-19 booster and flu vaccination and the needs assessment of people experiencing homelessness in RBWM An update of covid vaccination of people experiencing homelessness in RBWM continues to be sent weekly to NHS Frimley CCG.
Same Day primary care models for RBWM	PCOG	Alex Tilley			Windsor and Maidenhead PCN have outlined their plans for additional capacity through the winter period, taking the opportunity to try same day model options. Segmentation of the population has been explored with more work with BI team as will outcome matrix to support the continual development of the model moving towards April 2022. Second steering group on Same Day PC service model for RBWM was held in early October, with good representation from partners and supported by the system analytics team to progress the evidence based of targeting services to the needs of cohorts in our population. Ascot PCN have shared initial plans, via their GP Federation.
Other Projects / Work streams					
GPIT	IM&T PCOG	Sunil Jethwa			**Websites** Procurement underway with the preferred supplied Patient Link for a new common platform site consisting of both a standard or common purpose section and also a personalised element. Design activities soon to start taking place with input from those on the pilot. As a reminder, for us that means Redwood House and AMC. Discussions taking place with Green Meadows to Pilot the soon to be designed Common Platform website by the provider Patient Link. Joining the other 3 Ascot practices with a view to exploring the concept of PCN interaction with the site.

					Lloyd George As mentioned previously, the national programme will restart for EMIS practices. Further details expected soon to include a revised practice list with the new specification along with Governance and evaluators. A long pause but indicating moving at pace now. **Telephony Systems/Pilot** Nothing further to report on this pilot at this time **OCVC+SMS** Nothing further to report at this time since announcing that current contracts will be bridged until the end of March 2022. Cedars is pilot site for full AccuRx plus for benchmarking the additional functions. **N365** Recent push on comms at all levels is seeing progress with the % of installations increasing rapidly, partly driven by a forced installation process. Better support in place to manage issues arising. Support for old system to cease shortly so need to get everyone across the line beforehand. Future phases will include the use of Onedrive and Sharepoint. Learning from current phase will be used for future phase planning, including comms and training. **EMIS Recovery** Drop in sessions went very well with some good feedback. Overall impression is that many of the errors have indeed been addressed but EMIS are asked to focus on improving speed and also crashing issues, especially with Outlook. Improvements in both the chat and telephony support channels are well received and expect to remain.

					EMIS Migration from Vision First session had with Migration Team at the Bharani Group, with a plan to start with Bharani Medical Centre in Jan22 to go live in Apr22. The order for this practice is already in place with Emis. Expect Ragstone Road to follow soon after. The 2 Maidenhead practices are not yet planned as internal discussions around resourcing are taking place between the Practice Manager and Bharan Kumar. **Digital Championing** Collation of current initiatives continues and analytics to support the digital divide picture in development; Place level opportunities will be developed from these and engagement with stakeholders. Digital access survey has also been shared with the CCGs citizen panel and feedback on this will be shared back to link in to this piece of work. **Virtual Hubs** Rachel Thompson is leading the work on this fast moving initiative that is focussing on functions that operate or can operate at scale, benefitting from the economies and efficiencies brought about by synergising. More will be shared as this progresses but currently, we are collating all examples of where these principles are already practised. Keen to explore PCNs keen to be early adopters to move forwards in 4-6 weeks, enabling blueprinting of examples others can use to support winter pressures. **CPCS -** Community Pharmacy Consultation Service Good uptake and utilisation in our Place. Need to continue to encourage growth ahead of winter impacts.

					Infrastructure Improvement A new piece of work just kicking off to establish what our infrastructure capability is (for things like Telephony etc), establish a baseline of preferred minimum spec and drive a change plan to raise the levels to support wider Digital First and primary care ambitions such as PCN working. **PCN Digital Plans** Following discussions with Prash we have now met with Sufian and also, Mechelle from Maidenhead PCN. Development in all areas is being explored.

Items For Ratification

Forward Look – to September/October 2021

- PCN Development money 2021/22 – opportunities for PCNs being worked through the PCN Alliance
- Review of COVID capacity Expansion Fund 2021
- Continued focus on Covid Vaccination delivery in RBWM working through JCVI cohorts alongside core general practice delivery.
- Progress the programme for Maidenhead Integrated Care Hub
- Establish the programme for Windsor Integrated Care estates plans
- PCNs will propose plans for PMS reinvestment to CCG support – focused on additional capacity with non recurring funds

Slough Place report – September 2021

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
Slough Primary Care	**Rhian Warner**	**Aug 2021**	**Sep 2021**	
Delegated functions – please provide an update on place-based activities in line with the decision-making matrix against the following categories:				
Procurement of services *Consider:* *APMS contracts* *Options if GMS/PMS notice given. Other commissioned services*	Rhian Warner/ Sangeeta Saran			Slough Whole System Support LCS 2021/22 The LCS was approved by the Slough Health and Care Partnership on the 28th September and was ratified by PCCC Chairs action, that same day. The LCS was issued to practices on the 29th September. During Q3 a task and finish group has been set up to review the LCS for the 2022/23 financial year and the revised LCS will come back to PCOG in December for recommendation. The PC CCG team are working with the Frimley Training Hub to set up 7 Youth Mental Health First Aid training courses that the practices can book their staff on as part of the LCS. Slough Walk-In Centre Contract This contract is still being finalised ni change since last months reprt Managing Demand in General Practice Scheme: Winter 2021/22 This was issued out to all practices on the 25th August. The scheme consists of 3 workstreams: • Increased Demand in General Practice commencing the 20th September 2021 until 29th April 2022 • Population Health Priorities – Local Covid Capacity Expansion Fund Commencing 1st October 2021 – 31st March 2022 • PCN Workforce Practices were asked to sign up by the 8th September and this has now been extended the 17th September. Only 1 practice in Slough hasn't signed up to the LCS as of the 30th September, Crosby House. The Population Health Priorities that PCNs are focusing on in Slough are as follows: SHAPE – CVD, Hypertension and COPD

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
				SPINE - Improving care for and experience of end of life patients; We have a significant number of diabetic patients who are not engaging with regular reviews; Understand better why some patients are high users of our service and then for some of these patient groups develop interventions that will provide the appropriate care reduce unnecessary practice attendances CSN – Employ Care Coordinator to work on Anticipatory Care Plans and improve screening targets and QOF; Sharing health & wellbeing coach with other PCN practices; Sharing Social Prescribing Link Workers LOCC – pending their 3 priorities. LOCC has also taken up the workstream 3 offer and will be recruiting 3 additional PACT roles with the support of the Frimley training Hub. 1 x care coordinator and 2 x Heath and Wellbeing coaches
Monitoring of services *Include:* *List size changes* *LCS* *QOF*	Ricky Chana Sangeeta Saran Rhian Warner			<u>LCS</u> Q2 data is extracted in mid-October and the earliest they will have this data will be 25 Oct. Should be able to provide an update in November's report <u>QOF</u> Nil to report this month <u>IAGP</u> All Q1 reviews have taken place and all 4 PCNs are meeting the requirements of the specification. All 4 PCNs are overperforming on activity.

Practice	Total Number of appointments utilised in Q1	Practice Population	Appointment use by 1000 practice population
Kumar	239	5203	45.9
Langley Health Centre	842	20531	41.0
Crosby House	864	11853	72.9
Herschel Medical	394	19131	20.6
Farnham Road Surgery (inc Avenue and Wexham Road)	1363	37884	36.0

Project Name / Business as Usual	Primary Care Lead	RAG Rating	Comments

Village Medical Centre	771	10991	70.1
Bharani Medical Centre	942	13480	69.9
Shreeji Medical Centre	262	4207	62.3
Manor Park	149	5898	25.3
Ragstone Road	321	3231	99.4
Cippenham Surgery	341	5211	65.4
240 Wexham Road	452	10033	45.1
Chapel Medical Practice	626	11041	56.7
Orchard Surgery	462	9801	47.1
Total	788		

Mental Health Integrated Community Service (MHICS) – Slough

Referrals: MHICS received 20 for this period

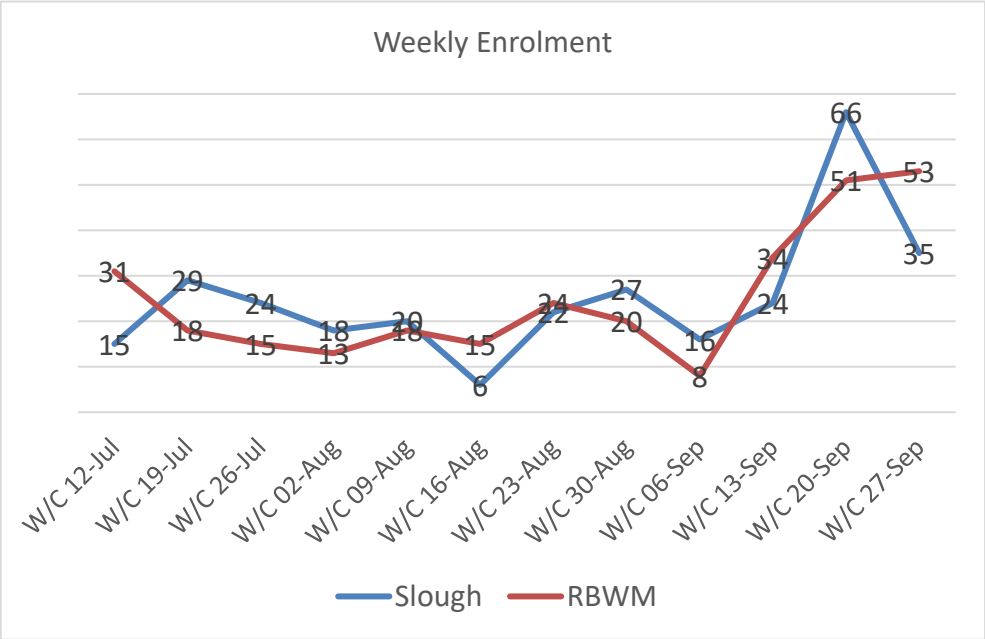
GPPract on RefDate	GPPract Desc on RefDate
K81024	LANGLEY HEALTH CENTRE
K81608	DR NABI
K81608	DR NABI
Y00265	CHAPEL MEDICAL CENTRE
K81608	DR NABI
Y00265	CHAPEL MEDICAL CENTRE
K81024	LANGLEY HEALTH CENTRE
K81024	LANGLEY HEALTH CENTRE
Y00437	THE ORCHARD SURGERY
K81024	LANGLEY HEALTH CENTRE
Y00437	THE ORCHARD SURGERY
K81024	LANGLEY HEALTH CENTRE
Y00437	THE ORCHARD SURGERY
Y00437	THE ORCHARD SURGERY
K81024	LANGLEY HEALTH CENTRE
Y00265	CHAPEL MEDICAL CENTRE
Y00265	CHAPEL MEDICAL CENTRE
Y00265	CHAPEL MEDICAL CENTRE
K81024	LANGLEY HEALTH CENTRE
Y00265	CHAPEL MEDICAL CENTRE

Discharges: 9 cases in total. 3 cases discharged were due to DNA (no attendance), 4 cases discharged had successful contact and had an average of 4 appointments, 1 was an inappropriate referral and 1 case discharged to another MH service.

Project Name / Business as Usual	Primary Care Lead	RAG Rating	Comments
			No of Appointments (excluding DNA): 31 DNA: 5 Current first appointment waited times (provided by BHFT for period 1st Aug-30th Sept): 0-4 wks = 14 and 5-8 wks = 1 Waiting times on Ave. 26 (median) days. This seems to have increased significantly since the last period and I will need to query this with Jane B. Following the 8th of Sept MHICS referral criteria meeting between LOCC and BHFT, a MHICS aide memoire has now been shared. JB from the BHFT has requested to attend a PCN/Locality meeting so she can provide GPs / Practice Managers with an overview of the principles of MHICS and share plans for implementation. Roll out of MHICS to other PCNs across Slough, launch will start in Jan 2022. 2 MH Clinical Leads have been recruited for 2 of the Slough PCNs and the 3rd Clinical Lead post will go back out for recruitment. Remaining MHICS roles for the 3 Slough PCNs will also go out for recruitment. <u>COVID Hot site and Home Visiting cars</u>

Week Commencing	In-hours GP Hot & Cold Car Activity	OOHs GP Hot Car Activity	In-hours Hot Site Activity	OOHs Telephone Consultations
06-Sep	**51**	**6**	**84**	**36**
13-Sep	50	1	76	33
20-Sep	47	2	80	44
27-Sep	45	3	84	39

During September all activity has remained fairly static across the month.

Project Name / Business as Usual	Primary Care Lead	RAG Rating	Comments
			<u>COVID Oximetry@Home service</u> The number of patients in the service has been increasing throughout September but we have seen a reduction in the last week. Hospital admissions from this service were 1 in September compared with 3 in August, so a reduction.  <u>Community Pharmacy Consultation Service:</u> Three of Slough PCNs (LOCC and CSN) are now live with the community pharmacy consultation scheme, with SPINE joining in August. SHAPE have yet to go live as an early implementer as they need to overcome Vision clinical system limitations. • June 132 referrals • July 175 referrals • August 129 referrals • September 220 referrals

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments

Summer Demand and Capacity Programme

Tier 1: Additional Capacity Supporting General Practice Resilience –

By the end of the 12-week period the total appointments to be delivered by the programme is 4,010. 14 out of 16b practices have sent their fully completed returns.

As of the 30th September Slough practices made 5,369 appointments available and 5,006 were booked.

N.B. We are still waiting for the last 8 weeks of data from Crosby House and Shreeji and their winter funds will be available when they have confirmed they have used all the summer funding-provided appointments.

Practice Name	Practice Manager	Face to Face Appointments			Telephone Appointments			Video Appointments			E-consult Appointments			Total Appointments		
		Available	Booked	DNA	Available	Booked	DNA	Available	Booked	DNA	Available	Booked	DNA	Available	Booked	DNA
242 Wexham Road Surgery	Threshold: 103 appts	0	0	0	145	142	0	0	0	0	8	8	0	153	150	0
Langley Health Centre	Threshold: 485 appts	109	92	3	385	385	0	0	0	0	0	0	0	494	477	3
Crosby House Surgery	Threshold: 278 appts	6	5	0	76	61	0	0	0	0	32	32	0	114	98	0
Avenue Medical Centre	Threshold: 181 appts	4	4	0	222	222	0	0	0	0	9	9	0	235	235	0
Herschel Medical Centre	Threshold: 395 appts	0	0	0	364	364	0	0	0	0	0	0	0	364	364	0
Farnham Road Surgery	Threshold: 620 appts	27	27	0	445	445	0	1	1	0	144	144	0	617	617	0
Village Medical Centre	Threshold: 252 appts	154	154	1	51	51	0	0	0	0	84	84	0	289	289	1
Bharani Medical Centre	Threshold: 331	69	69	1	69	59	0	0	0	0	192	192	0	330	320	1
Shreeji Medical Centre	Threshold: 161 appts	74	42	0	38	29	0	0	0	0	0	0	0	112	71	0
Manor Park Medical Centre	Threshold: 267 appts	300	300	0	0	0	0	0	0	0	0	0	0	300	300	0
Ragstone Road Surgery	Threshold: 83 appt	24	24	0	67	67	0	0	0	0	131	131	0	222	222	0
Cippenham Surgery	Threshold: 114 appts	212	114	0	212	212	0	106	0	0	212	173	0	742	499	0
Kumar Medical Centre	Threshold: 125 appts	54	54	0	65	65	0	0	0	0	23	23	0	142	142	0
241 Wexham Road	Threshold: 158 appts	108	108	0	108	108	0	57	57	0	0	0	0	273	273	0
Chapel Medical Practice	Threshold: 241 appts	123	113	11	297	295	0	0	0	0	0	0	0	420	408	11
Orchard Surgery	Threshold: 217 appts	82	61	4	442	442	0	0	0	0	38	38	0	562	541	4

Contract changes **Include:** *Significant changes in p/ships* *Applications to close lists/change boundaries*	Ricky Chana/Gbola Lamuye			Nil to report in Sept
Disputes **Include:**	Rhian Warner /			No recent disputes.

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
Disputes likely to be escalated to Committee for resolution	Ricky Chana			
Quality concerns **Include:** *Quality concerns that may need Committee decision or that pose significant risk (also to be captured in risk register)*				<u>CQC</u> The Orchard Surgery inspected on 13 Sept, report published 28 Sept 2021, now rated Good across all domains. There were 3 Shoulds: • Continue to explore & improve patient satisfaction relating to access to the practice. • Continue to monitor the impact of newly introduced methods of access to the practice. • Continue to improve cervical screening uptake to be in line with national target.
Premise's developments **Include:** *GMS space increases* *Development of capital schemes*	Rhian Warner/ Sangeeta Saran			<u>Minor Improvement Grants (MIG) 2021/22</u> All phase 1 MIG bids for Slough practices, submitted to NHSE/I have been approved. All practices have been sent agreements to sign and the works must be completed by the 31st March 2022. Phase 2 MIG Bids - we have 4 practices that have made enquiries about applying for MIG. • Bharani Medical Centre • Langley Health Centre • Kumar Medical Centre • Farnham Road (Britwell site) These were considered by the Frimley CCG MIG panel on the 17th September and all recommended for approval from NHSE. Approval from NHSE is now pending. 2022/23 Process The MIG process for 2022/23 will be discussed in Oct/Nov in order that practices have longer to work up their projects. Early indication from NHSE/I is that they would like practices to think about projects that will increase space to accommodate ARRS. <u>Practice Premises Update</u> No new updates for September

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
Transformation and local priorities – please provide an update on place-based activities that you would like to make the Committee aware of				
PCN DES implementation	Rhian Warner – primary care Mike Wooldridge – integrated care			2021/22 DES: ARRS – NHSEI require PCNs to provide 2 returns in year 2021/22. By the 31st October 2021 they will require PCNs to update their indicative pans for ARRS through to 2024. Primary Care Networks: Plans for 21/22 & 22/23 PCN CDs have been reviewing the requirements of the specifications and have started planning as to how they will deliver the asks. Care Homes No update for September.
Estates Strategy	Rhian Warner			During September the CCG Primary care team have been working on high level Estates baselines for Slough. The below slides summarise the initial findings. In October the PC will verify this information with PCNs and practices.

Project Name / Business as Usual	Primary Care Lead	RAG Rating	Comments

Frimley Health and Care

Current Situation Slough

4 PCNs, 16 practices and 18 individual sites

81.25 % are GP owned	6.25% leased from NHSPS - Chapel Medical Centre	12.5% privately leased - Orchard Practice & Ragstone Road

Suitability of current primary care premises

All practices do not have the necessary space required based on the standard space (0.068sqm per patient):
8 practices are 20- 50% away from target space required
6 practices are 50-90% away from target space required
3 sites we do not have the current sqm information

Type of premises	Number	Suitability	Condition
Converted house	4	1 good 2 medium 1 poor	2 good 2 medium
Semi detached	3	1 medium 2 poor	1 good 2 medium
Purpose built	11	3 good 5 medium 2 poor	6 good 3 medium 2 poor

Name of PCN	Spine	Shape	Central Slough	LOCC
No. of practices	4	3	5	4
Total actual list size	43,418	27,846	51,747	54,354
Current ARRS WTE	13.30	8.65	11.50	9.90
ARRS WTE by 2024	23.6	16.61	30.6	17.45

Projected housing growth

There are a number of notable large housing developments that are due to impact on Slough practices. These are primarily in Slough central location eg North Quadrant development, Brunel Way and Town Centre – Total housing growth planned is 4,623.

Workforce

The lack of available estate within GP practice affects their ability to recruit new staff; whether this is new clinicians or administrators to support core contract or new roles under the PCN contract. At present there are 43 new PCN roles in place; more will be recruited in 22/23 and 23/24. Inability to provide space from which to consult or work will adversely hamper these recruitment plans.
The PCN staffing model across the PCNs is generally a mixed model with staff allocated to each practice so they can work alongside practice teams with a centralised model for admin staff. The MHICS team are more centralised with satellite clinics where required.

12/10/2021 *Working together to deliver excellent and sustainable healthcare* 1

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
				Frimley Health and Care **Challenges** The fast growing patient population due to local housing developments and transient nature of Sloughs population impacts on primary care estate. Additionally the current financial position of the Borough Council could limit partnership capital available for any new development. Some practices are more challenged than others with 5 practices having poor practice suitability. The practice ownership levels in Slough are high and this could be a disincentive for change as ownership of building do provide significant benefits to the partners. **For practices the challenges are:** • Limited footprint space to develop more clinical rooms and admin rooms and therefore no room to put in additional services • Layout of the premises does not use space effectively or flow of work • No lift and clinic rooms on first floor in some practices • Lloyd George notes blocking space • No carparking for patients • Reliant on MIG for any work to the premises • Closure of 3 practices in the last 3 years has put pressure on other practices in Slough. • Some practices list size growth means they can no longer sustain pre- covid activity levels in the current estate infrastructure eg Chapel and SWIC. **For PCNs there the challenges are:** • All the PCN's require additional capacity. This has caused difficulty with clinic rooms and admin rooms even though some staff are working from home • Weekes Drive site is a hot site so clinical space being utilised at present • For LOCC space for the current recruitment this year of MHICS staff • Aiming for dispersed ARRS staff model but can be limited by practice space availability so difficult to deliver care close to home. • Where is the most suitable place within a PCN to develop a PCN hub space? **Opportunities** **For practices the opportunities are:** • Removal of Lloyd George notes across all practices will reduce some pressure, there is a Digital project due to start imminently to support this. • Utilisation of Langley HC for PCN space • Utilisation of 4 practices for IAGP services (evening and weekends) • Maximising the MIG Funding opportunities to create additional space to accommodate new workforce in practices and PCNs • Working with practices to consider how to develop a more at scale approach. • Digital service model and adoption at scale for appropriate patients can support freeing up clinical space. **For PCNs the opportunities are:** • Chalvey development will provide additional rooms for SHAPE • Britwell development will provide 12 additional rooms for SPINE. Existing premises will be converted to admin room space. • Utilisation of Langley HC for LOCC PCN space where other practices are struggling for space e.g. Orchard and provision for Colnbrook populations. • Slough Central Integrated Care Hub Plans, could support the space issues for Central Slough and LOCC PCNs practices (Crosby, Chapel and Cippenham). It would also enable the option to create PCN space for all practices in the PCN. • Exploring whether PCN staff are willing to work outside core hours e.g. evenings and Saturday mornings. • Facilitating home working at least 1 day a week for PCN staff would require additional laptops • Weekes Road site could create additional capacity for SPINE PCN or Slough Place if required. **Key achievements and progress in the last 12 months:** 1. Britwell development underway and due to be completed in January 2022 2. Chalvey development has seen ground broken during October of 2021 3. Planning for the Central Slough Integrated Hub development is underway and could support some of the practices with poor estate infrastructure and list sizes growth outstripping the current available space 12/10/2021 ***Working together to deliver excellent and s***
Practice resilience	Sangeeta Saran/Rhian Warner			No new update for September
Digital First Delivery	Claire Phelps			**Telephony Systems/Pilot** The process has experienced delays from the regional team. However, have assurance now the capacity and resource is in place to progress this at pace without compromising practices with additional pressures due to playing catch up.

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				Lloyd George National procurement will restart for EMIS practices. Awaiting further details to support local replanning including engagement with practices once more details and timelines are known. **Websites & effective online presence** • Looking at 80/20 design with latter offering practice personalisation. Potential for centralised updating of common info by PCN/CCG with links to resources for patients. Analytical support to adapt sites for local population. Preferred provider approved. Rollout planned for Nov21. • Still developing the social media and Online Presence work. **OCVC+SMS Procurement** Current contracts will be bridged until the end of March 2022 recognising winter pressures impact and to ensure sufficient time to do this properly. The proposed approach is a local shortlist of suppliers developed with feedback from yourselves to support PCN level choices. **N365** Circa 25% installed across Frimley. Raised at E. Berks briefing as needs a big push. Comms being sent with details of support during installation and who to contact for various issues experienced such as licensing. Target set for self-installation by mid-October. **EMIS Recovery** 3 short drop-in sessions have been arranged to raise issues, errors and/or speed issues directly with EMIS's Account Director. Encouraging attendance to any session to ensure priority points are focussed upon. **EMIS Migration from Vision** Discussion had with Bharani Group Lead to recommence migration activities from January 2022. Approach for all 4 practices currently being designed.
Vulnerable Population	Mike Wooldridge			There has been an increase in numbers of homeless people returning to the streets now that emergency funding has been withdrawn. Those eligible still offered but many with 'no recourse to public funds' or EU

Project Name / Business as Usual	Primary Care Lead	RAG Rating		Comments
				nationals who didn't apply for settled status. Low numbers accessing homeless GP through WIC/Upton, but Lookahead clinic continues to be well attended. An EoLC pathway for homeless has been developed across the ICS The MH pilot to support the primary care was agreed at PCOG in Sept. This is a one year pilot supported through IAGP funding (£33k) for vulnerable communities. BHFT are recruiting to the role, and it will be hosted in the MICHs.
Slough Asylum Seeker Contingency Hotel Holiday Inn Express, Slough	Mike Wooldridge – integrated care			Contingency hotel still in operation and with increase of asylum seekers will continue for foreseeable. A total of 135 asylum seekers resident in August. New arrivals continue to be registered with Chapel and offered health checks and covid vaccinations.
Slough Quarantine Hotels Hilton T5, Colnbrook Holiday Inn T5, Colnbrook Holiday Inn Slough/Windsor, Chalvey	Rhian Warner			MQFs support the government's strategy to minimise risks of Covid-19 infection from inbound international travel from 'red list' countries. The interim centrally held service contract arrangements with Mitie, that were commissioned by Government, will cease on 30th September 2021. The NHS has been asked to take over responsibility with immediate effect for ongoing arrangements. Local commissioners are required to ensure appropriate services and a suitable package of support are in place from 06:00 hours on 1st October 2021. The PC CCG team ensured the transition of this service to a locally procured partner from the 1st October, Polaris. There was no change to the primary care provision for the sites. A local SOP was drafted and put in place to ensure clarity of processes from that date. The Hilton T5 closed as a quarantine facility on the 30th September. It is anticipated that the further 2 hotels will be closed by the 21st October.
Slough Covid-19 Vaccination Programme	Rhian Warner			• All 4 PCNs have agreed to deliver the COVID 19 booster programme and delivery will continue from the Salt Hill and Langley sites.

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			• Weekly Flu and Covid vaccination calls have been stood up for PCN Ops mangers and PMs. • The mobile vaccination service has started again and is in Slough 2-3 days per week we will provide data in the next report. • PCNs and the Large Vaccination site are co-funding the volunteers for the vaccination sites. • The PC CGG team are continuing work on the Vaccine Hesitant populations in Slough with a focus on this by age, ethnicity and areas of deprivation.

Place summary
• The Slough Whole System Support LCS is well developed and will support GPs in managing challenges around increasing activity/demand on its services. • CQC – The Orchard Surgery inspected on 13 Sept, report published 28 Sept 2021, now rated Good across all domains. • The Community Pharmacy Consultation service has continued with its excellent uptake continuing with 220 referrals in September. • 1 MQS facility closed at the end of September. • 4 practices have applied for wave 2 of the MIG. • IAGP – All Q1 reviews have taken place and all 4 PCNs are meeting the requirements of the specification. • Vulnerable Population – The MH proposal to support the primary care offer to homeless was agreed at PCOG in Sept. • Summer Demand and Capacity programme - As of the 30th September Slough practices made 5,369 appointments available and 5,006 were booked against a target of 4,010.
Forward Look for PCCC
• Continued focus on Covid and Flu Vaccination delivery, with a specific look at improving vaccine hesitancy. • We will be offering vaccines to 12-15yr olds in our PCN sites if NHSE approves and also please can we add the mobile unit stats of uptake as they are quite positive and to help address inequalities in our population. • Continued monitoring of activity at Hot Site at Weekes Drive surgery premises and hot car to respond to population needs. • PCN development and DES Delivery: Delivery of Primary Care Networks: Plans for 21/22 & 22/23 • PCNs to review and update ARRS plans to 2024 for submission to NHSE on the 31st October. • Continuation of service co-ordination for Asylum Seeker cohort • Continuation of Primary Care provision for 2 Quarantine Hotels in Slough, with closure of the final 2 by the 21st October • MIG applications – waiting for NHSE approval of Wave 2 submissions • CPCS – support for SHAPE to go live • IAGP – Q2 performance review when all data is in mid-October and planning of Q2 reviews with the PCNs

- PMS Reinvestment – Review of LCS through a task and finish group in Oct and Nov to prepare for the 2022/23 LCS
- Winter Planning – Delivery by the Practices and PCNs, with emphasis on the delivery of PHM priorities.
- Estates – Sense checking with practices and PCNs during October
- MHICs - Roll out of MHICS to other PCNs across Slough, launch will start in Jan 2022.

Surrey Heath Place report – November 2021

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
		September 2021	October 2021	
Delegated functions – *[Please provide an update on place based activities in line with the decision making matrix against the following categories]*				
Monitoring of services	Steph Maidment			In July 2021, practices in Surrey Heath returned to activity-based payments for all Locally Commissioned Services (LCS). Data is being monitored to ensure activity continues to stable. Any significant changes in activity will be followed up with practices to ensure there are no additional concerns. The CCG undertook practice visits in June/July/August, and there were helpful themes identified to develop support to practices post pandemic. A paper outlining these themes, and a summary of the visits and agreed actions was shared with the Primary Care Operational Group on 2nd September 2021, and was also shared with Place Committee. The Primary Care Team are now planning the next visits, which will be undertaken on a bi-annual basis going forward. NHSE released two Enhanced Services during July – one to support the identification and support of patients requiring weight management services, and the other for patients with long covid. 7 out of 7 practices in Surrey Heath have signed up to provide both of these services and delivery and outcomes are being monitored.
Contract changes	Steph Maidment			There are no significant contractual changes to report for September and October.
Disputes and quality concerns	Steph Maidment			There are no significant disputes or quality concerns to report for September and October. Quality continues to be monitored across Primary Care services in Surrey Heath and will remain under review.
Premises developments	Caroline Lovis/Stephanie Maidment			The NHSE approved PID for Frimley Green MC (£364k of NHSE funding, £188k from the practice) continues to move forward. There have been several delays in the progress of this scheme, and the practice are keen to progress this with CCG support. The CCG are working closely with partners to finalise the scheme details to progress to build. A development comprising internal reconfiguration works to release additional clinical capacity was approved for Ash Vale Medical Centre at the PCCC in May. The works are being carried out by contractors with NHSPS project management. NHSPS are progressing this work with the practice and hope to have initial phases complete by the New Year.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				As part of the Minor Improvement Grant bids for 21-22, practices in Surrey Heath were asked to put forward expressions of interest. These were considered by a panel at Frimley CCG, and NHSE approval on the Project Initiation documentation has now been received. Practices have been advised of the outcomes and are being supported to progress the approved schemes of work.
Transformation and local priorities – *[Please provide an update on place-based activities that you would like to make the Committee aware of]*				
Implementation of the Community Pharmacy Consultation Service (CPCS) to support signposting of minor illness	Steph Maidment			Since May 2021 community pharmacies and general practices in Frimley CCG have been working together to implement the GP Community Pharmacy Consultation Service. The aims and intended outcomes are: •Improve access for patients with minor illnesses •Increase patient awareness of the role of community pharmacy as the 'first port of call' for minor illnesses and medicines advice and support the integration of community pharmacy into the PCN team. •Identify ways that patients can self-manage their health more effectively with the support of community pharmacists. •Improved same-day access. •Build and promote shared working within PCNs, creating improved relationships between practices and community pharmacies to deliver high quality and joined up care to patients. The software for EMIS has been installed in all practices in Surrey Heath. Practice Managers are working with the team to identify suitable go-live dates. To support the implementation, a training presentation has been developed for reception and admin staff. One practice went live on 18/10/21, and progress will be monitored.
Estates Strategy	Steph Maidment and Caroline Lovis			One of the agreed place priorities for 2021 is to understand the baseline estates requirements and workforce models to support the development of an estate's strategy and key priorities. There is a proposal being progressed to secure the services of consultants, to undertake comprehensive 6-Facet (plus) surveys of all GP premises across Frimley CCG to establish an up-to-date baseline for investment and support going forward. The format will use the NHSE/I 6-Facet survey method, with written reports to be prepared for each site, and on completion of the whole process, a summary report / dashboard.

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				The results will allow the CCG to allocate condition categories to properties on a per facet basis. Provided together with a summary of remedial works required, photos of non-compliant areas and estimated costs to bring each facet to a safe and acceptable condition, Six Facet Surveys assist in prioritising budget allocation to the most critical areas. This information supports applications for NHSE capital funding for estates, as well as correctly prioritising the funding received for those sites where the need is greatest. In addition, the information will provide valuable information to support the development of the Frimley CCG Estates Strategy.
Practice Resilience	Steph Maidment			Recent meetings with practice leads suggests that the practices in Surrey Heath remain under continued pressure, balancing restoration and recovery work alongside increased patient demand. This coupled with a tired workforce and increased annual leave, means there are some practice resilience concerns. Where there are particular challenges, the CCG is working alongside the GP Federation to offer operational support.
Digital First Programme Delivery	Hazel Mupotsa			The Digital First projects across Surrey Heath are progressing well, with some highlights included below: *Telephony:* Surrey Heath have one practice that is part of the national Phase 1 pilot programme to move to VOIP telephony. Implementation is currently planned for the next 3-4 months. *eConsult:* 5 of the 7 practices have opted into the scheme to suspend weekend eConsult. This arrangement remains in place, with practices able to opt to switch this back on when they wish to. *Pilots of new tools:* Accurx is being trialled in a practices to explore alternatives to current econsult arrangements *Practice Online Presence workstream:* A group has been created to review efficacy of communications and patient access via GP practice websites. A Surrey Heath practice representative attends the group, and the aim is to support improvements to digital access and information for patients available on practice websites and social media platforms. Initial requirements have been collated, and a potential supplier appointed for early testing.
Covid Vaccination and Phase 3 Letter – Covid, Flu vaccination	Steph Maidment/Cyane Sullivan			Phase 3 delivery of the Flu & COVID-19 Vaccination Programme for Surrey Heath Place is underway. Most vulnerable cohorts were to be offered COVID-19 booster vaccines from week commencing 20 September: • Same priority groups. • Flexibility in the programme, allowing all those eligible to receive their booster from 6 months after their second doses allowing more vulnerable people to be given their boosters quicker.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				• Offered either a full dose of the Pfizer/BioNTech vaccine or a half dose of the Moderna vaccine regardless of which vaccine the individual previously had. • The JCVI has advised that the flu and COVID-19 vaccines can be co-administered. There have been delays to the delivery of the Flu Vaccines across practices. This has affected initial uptake rates, but all practices have now received partial deliveries and commenced flu vaccination clinics.
Implementation of the new PCN priorities				NHSE/I have identified five areas of focus for PCNs over the coming 18 months. These are: • Improving prevention and tackling health inequalities in the delivery of primary care • Supporting better patient outcomes in the community through proactive primary care • Supporting improved patient access to primary care services • Delivering better outcomes for patients on medication • Helping create a more sustainable NHS These areas are being reviewed by the PCN, with actions plans being prepared to meet the outcomes and timeframes set out in the guidance. ARRS recruitment continues to progress in Surrey Heath, with a full complement of staff now in post for the Care Homes team, which underpins the delivery of the Enhanced Health in Care Homes specification. The PCN have also progressed recruitment against the care coordinator and health and wellbeing roles to support the implementation of the Anticipatory Care specification expected to be published later in the year. Staff turnover and unsuccessful recruitment rounds continue to be challenging and recruitment is resource intensive for the PCN team. With the challenges, the PCN look unlikely to commit the entire ARRS fund in 21-22 despite considerable efforts.

Place summary
The numbers of 'hot' patients continue to be monitored weekly, and numbers continue to increase, options to look at re-opening a dedicated hot site are being explored. Alongside this, patients that test positive are identified on Connected Care and continue to be offered pulse oximetry services at home (CO@H). The CO@H service uptake is once again growing, and so this is again being supported by the PCN team. The Covid and Flu vaccination offer continues from Lakeside Vaccination Centre, with independent flu clinics being held at some practices alongside this. Flu Vaccination deliveries have been delayed and this has caused some challenges for practices, in terms of administrative workload of cancelling and rebooking patients. Housebound patients and care homes are also receiving vaccination visits, and where possible patients are being offer co-administration of the vaccines in line with JCVI guidance.

Demand on services continues to be challenging, and CCG and practice teams are working together to address improved communications to patients about the current challenges. A Communications pack has been prepared by CCG Comms colleagues and will shortly be shared to support with this.

The current place focus is on providing support to practices with demand, exploring additional options to provide any capacity. This includes exploring digital support functionality, CPCS, telephony support, and any updates will be shared in forthcoming Place reports.

Forward Look

As described above, over the next few weeks there are several key priorities:

- Exploring all options to support additional capacity and workforce resilience
- Implementing the first phases of the Phase 3 Vaccination programme – delivering both Covid booster and Flu vaccines pending JCVI guidance
- Ensuring CO@H uptake in the new positive patients
- Monitoring the rising numbers of hot patients, to ensure the pathway remains accessible and resilient
- Work to improve patient communications and engagement, to support awareness of services and when to access them
- Implementation of the Community Pharmacy Consultation Service to support signposting of minor illness
- Responding to the plans required for the NHSE 'Our Plan for improving access for patients and supporting general practice' https://www.england.nhs.uk/coronavirus/publication/our-plan-for-improving-access-for-patients-and-supporting-general-practice/
- Implementation of the new PCN priorities as outlined B0828-i-gp-contract-letter-pvns-21-22-and-22-23.pdf (england.nhs.uk)

NHS
Frimley
Clinical Commissioning Group

Primary Care Commissioning Committee Bracknell Forest Place report – October 2021

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
		August 2021	September 2021	
Delegated functions – please provide an update on place-based activities in line with the decision-making matrix against the following categories:				
Procurement of services	Katerina Nash			None to report
Monitoring of services General Practice Outcome Framework	Gbolahan Lamuye			**LCS** Activity based payments resumed from 1st July 2021. Reconciliation has been completed for Q1 2021/2022 and report shared with Place teams. Quality Team currently carrying out an equality impact assessment based on the report. **QOF** Nil to report this month **IIF 21/22 Indicator ACC-01 (GPAD)**: all PCNs submitted declarations confirming that their practices have met the conditions set out in ACC-01. Following receipt of data analysis from NHSEI, the CCG will issue payments to PCNs for this indicator by 31st October 2021. **Enhanced Services:** **Covid Vaccs Phase 3 Enhanced Service:** All PCN groupings submitted returns indicating their sign-up to deliver the phase 3 specification and no change to current PCN grouping arrangements. Programme delivery commenced.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Long Covid and Weight Management Enhanced Services: All practices in BF have signed up to both specifications.
Contract changes	Ricky Chana Gbolahan Lamuye			No contract changes to report this month
Disputes and quality concerns	Katerina Nash Jo Greengrass			None to report
Estates Strategy Town Centre Development	Helen Single			Town Centre Integrated Care Hub Project Board has been established chaired by Exec MD Bracknell Forest. Draft Terms of Reference and detailed programme plan supporting Outline Business Case development produced. Workshop scheduled in October on the model of care design with BHFT.
Premises developments Blue Mountain Community & Health Centre	Helen Single Ann Bryant Katerina Nash			The Full Business Case was approved by NHSEI on 27th September with conditions. The CGG is responding to the conditions with a final submission date of 31st October 2021. The conditions cover final Key Reviewer points, financial clarifications and finalised draft legal documentation.
Transformation and local priorities – please provide an update on place-based activities that you would like to make the Committee aware of				
PCN DES implementation	Katerina Nash			One practice remains a non-DES practice in Bracknell Forest. Local Incentive Scheme agreed for 20/21 with Bracknell and District PCN with the allocation of the non-DES practice population. 2021/22 LIS in progress, new MOU to be issued. **PCN 2021/22 Workforce Plans** have been finalised and submitted. **PCN 2022/23- 2023/24** Workforce plans are being finalised with submission to NHSE/I on 31st October.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Primary Care Networks – Plans for 2021/22 and 2022/23 **2021/22 DES requirements:** **Cardiovascular Disease Diagnosis and Prevention** **Tackling Neighbourhood Health Inequalities** Discussions with PCNs to draft plans, building on existing work with our BFC colleagues and community providers to codesign an intervention to address the unmet needs of this population **Care Home staff – COVID vaccinations** All PCNs are working with Care Homes to meet the requirement to have all staff vaccinated with two doses by the 11th November. **<u>Bracknell and District PCN</u>** 2021/22 SLA and LIS signed for PCN DES delivery for the population of Binfield Surgery. PCN have had 2 facilitated sessions with Sally Kemp to support PCN Development, business planning and comms. Engagement continuing with Sally Kemp. PCN continues to deliver Covid vaccinations from Waitrose site in Bracknell as part of Bracknell and Ascot PCN grouping, supported by Berkshire Primary Care. **B&D PCN Care Homes**: Realignment of Care Homes due to the PCN membership changes in progress. Care pathways in place to meet urgent /complex needs with a focus on admission avoidance including access to consultant geriatrician where needed. All elements of the EHCH framework in place, supported by an established integrated health and care community framework. Giving care homes direct access to community integrated teams via the integrated Locality Access Point. A dedicated care home weekly MDT piloted contributing to personalised care plans. Care home support enhanced by a dedicated in-reach project. **B&D PCN Covid Expansion Fund:** Plans against funding in place with focus on restoration/ recovery work, access, LD and SMIs health checks

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				6 months outcomes report presented at PCOG in June **April-September priorities** agreed, presented at PCOG in June as below. • **Chronic Disease Management, Health Screening** Opportunistic BP/ BMI and AF screening at the COVID vaccination hub, dovetailed with BP@home monitoring service Targeted project approach to provision and monitoring on LD/SMI Health checks Targeted approach to assist with improving cervical screening rates • **Pulse oximetry@home service** **The Health Triangle PCN** LVS site (Birch Hill) established as part of wave 6 Covid vaccination programme, and is running smoothly. **The Health Triangle PCN Care Homes**: The 3 Care Homes are aligned to the PCN and practices. Care pathways in place to meet urgent /complex needs with a focus on admission avoidance including access to consultant geriatrician where needed. All elements of the EHCH framework in place supported by an established integrated health and care community framework. Giving care homes direct access to community integrated teams via the integrated Locality Access Point. A dedicated care home weekly MDT piloted over the winter period contributing to personalised care plans. Care home support enhanced by a dedicated in-reach project. **The Health Triangle PCN - Covid Expansion Fund:** Plans against funding in place with focus on restoration/ recovery work, access, LD and SMIs health checks 6 months outcomes report presented at PCOG in June **April-September priorities** agreed, presented at PCOG in June as below. • **Chronic Disease Management, Health Screening, Immunisation and Vaccinations** Opportunistic BP/and AF screening at the COVID vaccination hub

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Targeted project approach to provision and monitoring on LD/SMI Health check Improve uptake on annual health checks – SMI, LD, Diabetes, COPD, etc. Maintain targets on routine immunisations, uptake of COVID vaccinations • **Increase Capacity** Providing additional sessions across the PCN, CPCS • **Pulse oximetry@home service** **Braccan Health Network** Newly established network - April 2021. **Braccan PCN - Care Homes**: Realignment of Care Homes due to the PCN membership changes in progress Care pathways in place to meet urgent /complex needs with a focus on admission avoidance including access to consultant geriatrician where needed. All elements of the EHCH framework in place supported by an established integrated health and care community framework. Giving care homes direct access to community integrated teams via the integrated Locality Access Point. A dedicated care home weekly MDT piloted over the winter period contributing to personalised care plans. Care home support enhanced by a dedicated in-reach project. **Braccan PCN - Covid Expansion Fund:** Plans against funding in place with focus on restoration/ recovery work, access, LD and SMIs health checks. • **Chronic Disease Management, Health Screening, Vaccination/ Immunisation** Targeted project approach to provision and monitoring on LD/SMI Health check (at scale delivery with B&D) Routine Vaccinations and Immunisations- focus on Shingles Increase chronic disease monitoring and meds review Increase cancer screening uptake

<table>
<tr><th>Project Name / Business As Usual</th><th>Primary Care Lead</th><th colspan="2">RAG Rating</th><th>Comments</th></tr>
<tr><td></td><td></td><td></td><td></td><td>• Pulse oximetry@home service</td></tr>
<tr><td>Community Pharmacy Consultation Service (CPCS)</td><td>Hayley Edwards</td><td></td><td></td><td>All practices now have the CPCS EMIS integration referral software, uptake is rolling out slowly across the Place, however, the mechanics of patient contact has created a barrier in progressing with pace and volume. Frimley agreed a local commitment for the Pharmacies to contact the patient to arrange a consultation, however, this facility may not be available via EMIS. The CPCS commissioning manager is investigating.
Practice Managers have been supported to roll out the CPCS in the interim whilst awaiting local protocol confirmation.

CPCS Referrals (May to Sept 21):
<table>
<tr><th>Practice</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Total</th></tr>
<tr><td>Forest Health Group</td><td></td><td></td><td>14</td><td>15</td><td>34</td><td>63</td></tr>
<tr><td>Great Hollands Practice</td><td></td><td></td><td>1</td><td>6</td><td>1</td><td>8</td></tr>
<tr><td>Ringmead Medical Practice</td><td>1</td><td>13</td><td>50</td><td>15</td><td>15</td><td>94</td></tr>
<tr><td>The Sandhurst Group Practice</td><td></td><td></td><td></td><td>8</td><td>23</td><td>31</td></tr>
<tr><td>Waterfield</td><td></td><td></td><td></td><td></td><td>10</td><td>10</td></tr>
<tr><td>The Gainsborough Practice</td><td></td><td>2</td><td>17</td><td>5</td><td></td><td>24</td></tr>
<tr><td>Grand Total</td><td>1</td><td>15</td><td>80</td><td>48</td><td>83</td><td>230</td></tr>
</table>
Practices yet to commence CPCS: Easthampstead, Binfield, Crown Wood, Evergreen</td></tr>
<tr><td>Population Health Management Programme</td><td>Helen Single/</td><td></td><td></td><td>Population Health Management Development Programme
A 22-week externally supported action learning Programme which works with each tier of the system to link local data, build analytical skills to find rising risk cohorts, design and deliver new models of care for impactable patients, risk stratify elective</td></tr>
</table>

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
	Katerina Nash			backlog and explore alternative models, use costed segmentation to develop new population based blended payment models, and evaluate impact of interventions. All Bracknell Practices have signed up to the PHM Development Programme, for analysis at Place level. Information governance arrangements have been finalised and Place Leadership Group has been established.
Recovery and Restoration	Katerina Nash			• Risk assessment framework adopted in primary care to enable safe restoration of locally commissioned services.(COVID safe framework) • Covid/Non Covid demand monitored, flexible pathways to respond to both • Cancer screening continues as well as routine phlebotomy and screening • Focus practices on Business Continuity and CV19 safe environments • Demand monitored flexible pathways to respond to both hot and cold provision of care • Focus on LD, SMI Health Checks, LTC reviews (Recovery plans against Covid Capacity Expansion fund) PCNs piloting projects within vaccination site for targeted and opportunistic health checks for patients with LD and SMIs. Opportunistic BP/VBMI/AF health checks also offered at the vaccine hubs to any patients who come through to maximise local population knowledge to support improved self-care and long-term conditions management. Blood Pressure at home monitoring deployed.
Improved Access to General Practice **(IAGP)** **Vulnerable Group Service**	Katerina Nash			IAGP - 6 Months extension 1st April - 30th September 2021. NHSE postponing inclusion of this service in PCN DES until 2022. **Contract extension to 31st March under STW** to bridge the gap, ensuring consistency in service delivery. 2021/22 will be used to start to transition to PCNs. Clinics capacity increased to support general practices with managing backlog - ear syringing, phlebotomy, LTC reviews and National Health Checks. COVID-19 response in place, working in partnership with BFC. Hep-C community testing and treatment in place.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Special clinics held for Covid vaccination, these will be repeated periodically to increase uptake (homeless, supported living). GRT community - discussion with community lead to support Covid vaccination. Outreach clinics launched to address needs identified within supported living accommodation (Look Ahead). **Winter plan**- health provision to be extended to winter shelters, details tbc.
COVID Enhanced Service, Phase 3 & Flu	Katerina Nash			All 10 Bracknell Forest practices signed up to the Enhanced Service delivering COVID vaccinations at the Local Vaccination Sites. Delivery commenced December 2020. 2 Local Vaccination Sites; **Waitrose Sport and Leisure Centre (Bracknell and District PCN)** **Birch Hill Bracknell (Health Triangle PCN)** Great progress made against 12 Cohorts, programme continues in line with the national guidelines and directive. Continued focus on cohort penetration and vaccine hesitancy. Working with our health and care colleagues to address vaccine inequalities. We have established local partnership group with LA, PH and VS where we share intelligence and work on joint engagement with communities where there is identified vaccine hesitancy. Targeted engagement events delivered within specific communities to support informed decision making. **June 2021:** Surge testing supported by additional clinics capacity, walk in clinics with an admin team present at surge test sites signposting residents to walk in clinics and booking appointments Additional walk-in clinics running from 16th June -14th July Joint communication plan in place with Bracknell Forest Council to increase vaccine uptake in young cohorts Pop up clinics to be set up in Bracknell town centre to maximise vaccine uptake in younger cohorts **August 2021: General Practice Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme** All PCNs have opted into the Phase 3 delivery of the vaccine. Currently awaiting JVCI guidance regarding possible co-administration with Flu vaccine. All sites have completed the Phase 3 assurance checks and submitted to the CCG.

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Plus the draft models of delivery have been shared. **October 2021: Boosters go-live:** Enhanced Service, PGD, and National Protocol all in place with sites proceeding.
Winter Pressures/ Surge Planning CV19 Response: Hot and Cold pathways Home Visiting Oximetry@home service Integrated Urgent Care Service	Katerina Nash			Winter/ Surge plans finalised, scaling up of existing services as part of system response to manage demand. Scaling up capacity within existing services: **1. Urgent same day access:** Managing Demand in General Practice Scheme: Winter 2021/22. Additional capacity commissioned in general practice, 8,854 additional appointments to be delivered between September 2021 to March 2022 Increasing the number of urgent/same day appointments being delivered for all patients to ensure access to primary care improves Specific focus on urgent same day paediatric (under 5s) being seen in general practice and having an impact on the twilight period (weekdays between 16:00 – 20:00) Centralised Paediatric Pathway to manage febrile children supported by Urgent Care Practitioners from 2 pm-8 pm Monday to Friday Centralised home visiting service supported by Urgent Care Practitioners Community Pharmacy Consultation Service available to all Bracknell Forest residents **2. Proactive Care:** Proactive case management using Risk Stratification tools to manage Long Term Conditions in high risk patients (adults and paediatrics) Supported by Care Navigators and linked with Integrated Care Team/ Social Prescribers Delivery 7 days per week, supported by Extended Access Team PCN led workstream addressing a number of population health priorities (September 2021-March 2022 with specific focus on Hypertension, Diabetes and Health Checks) **3. Centralised Pulse Oximetry@Home Service** Providing support to patients with Covid Admission avoidance pathway

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				Supported by care coordinators and urgent care practitioners
Practice Resilience	Katerina Nash			Practice resilience is being monitored through local trigger spreadsheet and the BI dashboard for workforce. Fortnightly Practice Managers meeting with good attendance, feedback of current issues and support network. **Patient feedback:** Practices are experiencing an increase in the volume and gravity of patient feedback, both in person at practice sites and mostly on social media platforms. This has been escalated to the Primary Care Transformation Group for increased communications and 'managing difficult conversations' staff training. **Access:** Practices reporting pressures due to significantly increased demand. 30 week capacity and demand LCS commissioned to support additional capacity in general practice with specific focus on twilight period, face to face appointments and paediatric pathways. **Communication** pack shared with practices to support consistent messaging for Bracknell Forest residents on how to access local services available. Staff training offer to practice on effective signposting and management of increased demand. **Supporting staff wellbeing in Primary Care**: NHSE&I have allocated funding to CCGs to help support the health and wellbeing (HWB) of individuals and teams working in Primary Care. Mainly used for team building exercises and coaching to meet general practice and individual staff needs. **Managing Demand in General Practice:** Programme of Support to PCNs and General Practices commencing in November to: • Boost reception staff confidence and ability to have difficult conversations and navigate to appropriate services through the provision of education and training at local events • Ensure training and education on the use of digital tools is accessed and utilised

Project Name / Business As Usual	Primary Care Lead	RAG Rating		Comments
				• Coordinate individual support to GP practices to ensure messaging to patients is clear and unambiguous • Support GP practices and PCNs to build confidence in undertaking meaningful and positive patient engagement
Digital First Delivery	DFCM			**OCVC and SMS:** The current contract has been extended until end of March 2022, no further updates for now. **Online presence project:** Procurement is underway with the preferred supplier Patient Link for the common platform site consisting of both a standard or common purpose section and also a personalised element. Design will include input from those on the pilot. **Lloyd George:** We are preparing to restart, with planning sessions taking place this week. A review will be conducted to look at the current landscape and sequencing against the updated national specification. **IG Opt-out:** Restarting after being paused since June. The previous programme, including the communication plan is in the process of being adjusted. **Virtual Hubs:** In the initial scoping phase, we are collating all examples of collaborative working and operating at scale to understand what a virtual hub could look like and the ways of working that could fit into a virtual hub model. **Digital Championing:** A focus on digital inclusion, working in collaboration with 3rd party partners across the borough. Currently in baselining phase to identify opportunities specific to our residents.

Place summary
• All Practices and PCNs signed up and delivery of the Managing Demand in General Practice – Winter Pressures LCS

- Proactive Case Management (part of Winter Plan) commenced in October
- Continued support to practices to strengthen resilience, launching additional Programme of Support to PCNs and General Practices in November
- Blue Mountain: The Full Business Case was approved by NHSEI on 27th September with conditions. The CGG is responding to the conditions with a final submission date of 31st October 2021.

Forward Look November /December 2021

- Supporting general practice and improving access for patients- response to NHSE/I letter dated 14/10/21
- PCN discussions and planning regarding the delivery of the PCN Contract DES revision for 2021/22
- Blue Mountain – resubmission of FBC with all conditions addressed for final Panel review
- Town Centre estates – Progression of the model of care design with stakeholders
- Continuing discussions with PCNs on future delivery of IAGP service
- Continued focus on Covid Vaccination delivery in Bracknell Forest, working through JCVI cohorts alongside core general practice delivery.
- Phase 3 vaccination / winter, Flu and Covid booster - delivery. Finalise arrangements for PCNs to support vaccinating healthy 12-15 year olds who missed out when their school was visited
- Continued support to practices to strengthen resilience

NHS
Frimley
Clinical Commissioning Group

Primary Care Commissioning Committee

Title of Paper	Primary Care Finance Report		
Agenda Item	7	**Date of meeting**	2 November 2021
Exec Lead	Rob Morgan	**Clinical Sponsor**	N/A

Purpose	To Approve	
	To Ratify	
	To Discuss	
	To Note	*X*

Strategic Objective Number	D – Financial Sustainability

Risk	None stated
Unique Risk ID	N/A

Executive Summary		
The Primary Care Finance Report is a monthly report that details the current financial position for the Delegated Primary Care Commissioning function, as well as all other Primary Care budgets. This is the report for month 6 21/22 and the key points to note are as follows: • The paper sets out the financial position for Month 6 of 2021/22 for the Primary care budgets. • The Primary care Finance team has worked on splitting the budgets into place and into areas of spend within each budget. • The budgets are for the first 6 months, April to September 21, in line with the allocation the CCG has received.		
Recommendations	The DPCCC are recommended to note the content of this report	
Publication	**Public Website X**	**Staff Website (intranet)** ☐

Please provide details on the impact of following aspects	
Equality and Quality Impact Assessment	None stated
Patient & Stakeholder Engagement	None stated
Financial Impact and Legal implications	Following the 20/21 year end audit no issues were raised regarding our controls, processes and procedures, as well as our accrual methodology regarding delegated primary care commissioning.

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome
N/A	N/A	N/A

Primary Care Monthly Finance Report

Summary

Month 6 reporting reflects the current 21/22 performance and forecast outturn for each element of the Primary Care budget.

Table 1 – Frimley CCG

	YTD Budget	YTD Actual	YTD Variance
Delegated Primary Care	**£'000**	**£'000**	**£'000**
GP Contracts	35,008	35,198	(190)
QOF Payments	4,970	5,049	(79)
PCO Other	1,061	867	194
GP Drug Payments	506	374	132
GP Premises	4,990	4,936	54
GP Enhanced Services	7,418	7,629	(211)
CCG prescribing	(33)	(33)	0
Collaborative Fees	101	108	(7)
GP Premises Other	233	250	(17)
GP General Reserve	151	0	151
Sub-Total	54,405	54,378	27
Other Primary Care Budgets			
Locally Commissioned Schemes	3,531	3,437	94
GPIT	1,841	1,841	0
Out of Hours	3,085	3,084	1
GP Access Fund	1,588	2,079	(491)
Commissioning Schemes	2,415	1,927	488
GP Prescribing	51,487	51,792	(305)
PC Investment/Development	2,581	2,585	(4)
Primary care Transformation	1,247	1,247	0
Sub-Total	67,775	67,992	(217)
Total Primary care	122,180	122,370	(190)

Key Messages

The YTD position is an adverse variance of £190k with main variances explained below.

- GP Contracts £190k overspend. Additional NHSE budget awaiting allocation from CCG Reserves.
- QOF payments £79k overspend. Additional NHSE budget awaiting allocation from CCG reserves

- PCO Other £194k underspend. Locum Sickness and maternity payments are £174k underspent. CQC reimbursements and Doctors retention scheme are £5k and £6k underspent respectively.

- GP Enhanced Services £211k overspend. CCG only has 60% of the ARRS funding within its allocation. The 40% balance is held by NHSE and CCG can claim when its allocation has been fully utilised.

- Locally Commissioned Schemes £94k underspent, £29k is due to protected LCS payments being slightly less than budget. Payment protection for SH LCS schemes ended in July 21. The remainder of the underspend is due to a mapping issue which should be resolved next month

- GP Access Fund £491k overspend. Additional non-recurrent allocation expected from NHSE.

- Commissioning Schemes £488 underspend, this is largely due to Voyager Family Health project in NEHF place. Additional non recurrent funding was identified in M6 and moved from reserves to this budget, the expenditure against this fund is expected in H2.

- GP Prescribing £305k overspend. £172k main prescribing - cost pressures expected by the Medicines Management Team on the 21/22 budget due to changes in guidelines for best prescribing practice, and price increases for specific drugs. £133k home oxygen – monthly payments have increased every month this year, we believe this may possibly be due to the impact of long Covid and are currently comparing spend to 19/20 and 20/21 in the former CCGs to better understand the increase.

Table 2 – Bracknell Primary Care Budgets

Delegated Primary Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
GP Contracts (1)	5,242	5,235	7
QOF Payments	723	724	(1)
PCO Other (2)	134	125	9
GP Drug Payments	36	19	17
GP Premises (3)	544	536	8
GP Enhanced Services (4)	1,071	1,175	(104)
Collaborative Fees	7	6	1
GP Premises Other	14	16	(2)
GP Reserves	39	0	39
Sub-Total	7,810	7,836	(26)
Other Primary Care Budgets			
Locally Commissioned Schemes	334	334	0
GPIT	281	281	0
Out of Hours	634	633	1
GP Access Fund	236	328	(92)
PC Investments	219	219	0
Sub-Total	1,704	1,795	(91)
Total Bracknell Primary care	9,514	9,631	(117)

Key Messages

The YTD position is an adverse variance of £117k with main variances explained below.

- GP Enhanced Services £104k overspend. Current level of PCN Additional Roles Reimbursement (ARRS) claims is above plan. CCG only has 60% of the ARRS funding within its allocation. The 40% balance is held by NHSE and CCG can claim when its allocation has been fully utilised.

- GP Access Fund £92k overspend. Additional non-recurrent allocation expected from NHSE.

Table 3 – NEH&F Primary Care Budgets

Delegated Primary Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
GP Contracts	9,866	10,196	(330)
QOF Payments	1,468	1,550	(82)
PCO Other	301	288	13
GP Drug Payments	229	229	0
GP Premises	1,988	1,980	8
GP Enhanced Services	1,824	1,596	228
CCG prescribing	(25)	(27)	2
Collaborative Fees	75	82	(7)
GP Premises Other	175	180	(5)
Sub-Total	15,901	16,074	(173)
Other Primary Care Budgets			
Locally Commissioned Schemes	1,336	1,318	18
GPIT	588	588	0
Out of Hours	455	454	0
GP Access Fund	415	606	(191)
Commissioning Schemes	2,415	1,927	488
PC Investments	425	424	1
PC Development	188	188	0
Sub-Total	5,821	5,506	315
Total NEHF Primary care	21,722	21,580	142

Key Messages

The YTD position is an adverse variance of (£142k) with main variances explained below.

- GP Contracts (£330k) additional NHSE budget awaiting allocation from CCG Reserves.
- QOF Payments (£82k) additional NHSE Budgets awaiting allocation from CCG Reserves.
- GP Enhanced Services £228k ARRS PCN Recruitment currently under planned allocation target.
- GP Access (£189k) Additional non-recurrent allocation expected from NHSE
- Commissioning Schemes, £488k additional budget allocation in month for Voyager, the expenditure against this budget is expect in H2.

Table 4 – RBWM Primary Care Budgets

	YTD Budget	YTD Actual	YTD Variance
Delegated Primary Care	**£'000**	**£'000**	**£'000**
GP Contracts (1)	8,233	8,124	109
QOF Payments	1,181	1,181	0
PCO Other (2)	216	155	61
GP Drug Payments	62	31	31
GP Premises (3)	1,081	1,091	(10)
GP Enhanced Services (4)	1,605	1,616	(11)
GP Prescribing	(1)	0	(1)
Collaborative Fees	10	11	(1)
GP Premises other	21	26	(5)
GP General Reserve	60	0	60
Sub-Total	12,468	12,235	233
Other Primary Care Budgets			
Locally Commissioned Schemes	565	565	0
GPIT	436	436	0
Out of Hours	983	983	0
GP Access Fund	375	414	(39)
PC Investments	342	342	0
Sub-Total	2,701	2,740	(39)
Total RBWM Primary care	15,169	14,975	194

Key Messages

The YTD position is a favourable variance of £194k with main variances explained below.

- GP Contracts £109k underspend. Budget includes growth Q2 phased equally.
- PCO Other £61k overspend. Locum sickness/maternity underspent by £38k.
- GP Access (£39k) Additional non-recurrent allocation expected from NHSE

Table 5 – Slough Primary Care Budgets

Delegated Primary Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
GP Contracts (1)	7,239	7,216	23
QOF Payments	995	995	0
PCO Other (2)	196	100	96
GP Drug Payments	97	21	76
GP Premises (3)	906	855	51
GP Enhanced Services (4)	2,179	2,502	(323)
GP Prescribing	0	0	0
Collaborative Fees	9	8	1
GP Premises other	18	22	(4)
GP General Reserve	52	0	52
Sub-Total	11,691	11,719	(28)
Other Primary Care Budgets			
Locally Commissioned Schemes	435	435	0
GPIT	382	382	0
Out of Hours	861	860	1
GP Access Fund	325	441	(116)
PC Investments	299	299	0
Sub-Total	2,302	2,417	(115)
Total Slough Primary care	13,993	14,136	(143)

Key Messages

The YTD position is an adverse variance of £143k with main variances explained below.

- PCO Other £96k underspend. Locum maternity/Sickness underspent by £96k.
- GP Premises £51k underspend. Planning for new premises that have not yet come into use.
- GP Enhanced Services £323k overspend. CCG only has 60% of the ARRS funding within its allocation. The 40% balance is held by NHSE and CCG can claim when its allocation has been fully utilised.
- GP Access fund £116k overspend. Full allocation for GP Access fund not yet received by CCG.

Table 6 – Surrey Heath Primary Care Budgets

Delegated Primary Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
GP Contracts	4,428	4,427	1
QOF Payments	603	598	5
PCO Other	214	198	16
GP Drug Payments	82	74	8
GP Premises	473	473	0
GP Enhanced Services	739	741	(2)
CCG prescribing	(7)	(6)	(1)
GP Premises Other	5	5	0
Sub-Total	6,537	6,510	27
Other Primary Care Budgets			
Locally Commissioned Schemes	861	786	75
GPIT	154	154	0
Out of Hours	153	153	(0)
GP Access Fund	120	290	(170)
PC Investments	184	189	(4)
Sub-Total	1,472	1,572	(99)
Total Surrey Heath Primary care	8,009	8,082	(72)

Key Messages

The YTD position is an adverse variance of £72k with main variances explained below.

- Locally Commissioned Schemes (LCS) (£75k favourable) £29k is due to protected LCS payments being slightly less than budget. Payment protection for SH LCS schemes ended in July 21. The remainder of the underspend is due to a mapping issue which should be resolved next month
- GP Access Fund (£170k adverse) Full allocation for GP Access fund not yet received
- Delegated Primary Care (£27k favourable) is due to 2020/21 year end accrual estimates for QOF, personal admin fees and retainers being higher than actual costs. Most of this sum will be used to fund the 6 Facet Survey on SH primary care estates.