

NHS WEST LANCASHIRE CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

12 January 2021, 3.30 – 5.00 pm

MS Teams

Item	Time	Agenda item	Paper / Verbal	Action	Presenter
1.	3.30	Welcome and apologies			Chair
2.	3.30	Declaration of Interests	Verbal	I	All
3.	3.35	Minutes from the previous meeting	Paper	DR	Chair
4.	3.40	Update on actions from the previous meeting	Paper	D	Chair
OPERATIONAL ISSUES					
5.	3.50	Primary Care COVID-19 Update <ul style="list-style-type: none"> • Covid vaccination update • IT Update 	Verbal Verbal	I I	Janet Charnock Paul Kingan
6.	4.00	Primary Care and NHS England - Contractual update <ul style="list-style-type: none"> • NHSE update - Quarterly contractual changes • Quality and Performance Update 	Paper Paper	I I	NHS England / Improvement Allison Sathiyathan
7.	4.15	Workforce update	Verbal	I	Yvonne Thomson
STRATEGIC ISSUES					
8.	4.25	Finance update – month 8	Paper	I	Dougie Brierley
9.	4.35	Any Other Business	Verbal	I	All
FOR INFORMATION					
Date and Time of Next Meeting – 9 March 2021, 1.30 – 3.00 pm, MS Teams meeting					

I – Information

D-Discussion

DR – Decision Required

Minutes

Primary Care Commissioning Committee

Venue: Boardroom, Hilldale, Ormskirk	Date & Time: Wednesday 16 September 2020 at 2.00–3.00 pm
Attendees: Mr S Gross – Chair Mr P Kingan – Chief Finance Officer Mr D Soper – Lay Member Mrs C Heneghan – Chief Nurse	In attendance: Dr P Gregory – WLCCG Chair (joined for item 10) Mrs J Moran – Director of Integration and Transformation Mrs J Charnock – Primary Care Development Manager Mr D Brierley – Finance Manager Mr D Armstrong – Primary Care Senior Finance Manager Mrs A Lumley – Deputy Chief Nurse Mrs Y Thomson - Multi-Disciplinary Workforce Co-ordinator Miss C Ashcroft – Executive Assistant
Apologies: Dr A Robinson – Secondary Care Doctor Mrs S Bloy – Primary Care Manager	

Agenda Item	Summary of Discussion	Lead
1.	<p>Welcome and apologies for absence Steve Gross welcomed the members of the Primary Care Commissioning Committee (PCCC) to the meeting of the committee. The apologies above were relayed. No members of the public were present.</p>	
2.	<p>Declaration of interest Steve Gross reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of West Lancashire CCG.</p> <p>Declarations declared by governing body members are listed in the CCG's Register of Interests. The register is available either via the secretary to the governing body or the CCG website at the following link: Register-of-interests-Governing-Body-members-30-April-2020.pdf</p> <p>Peter Gregory declared a general interest in all items as he is a partner in Parkgate Surgery. As Peter Gregory is a non-voting member the chair considered the declaration of interest and deemed this to be significant and not fundamental for all items under consideration today.</p> <p>Yvonne Thomson declared an interest in her additional role as Programme Manager – Lancashire and South Cumbria Training Hub. This was deemed to not be fundamental and no action would be necessary.</p>	
3.	<p>Minutes from the previous meeting The minutes from the 13 July 2020 were approved as a correct record.</p>	

Agenda Item	Summary of Discussion	Lead
4.	<p>Update on actions from previous meeting The action sheet was updated.</p>	
STRATEGIC ISSUES		
5.	<p>Finance update – Month 4 Dougie Brierley presented the primary care co-commissioning month 4 update. The temporary financial arrangements have been extended to month 6. The month 7–12 envelope will be known this week. CCG reported £112k overspend, which was topped up under the temporary arrangements to allow the CCG to breakeven in the early months.</p> <p>The month 7–12 guidance was received yesterday and is being worked through to assess financial implications. It is expected that the envelope will be based on original allocations with another fund to be divided by the CCGs to use for normal spend. Covid spend would be allocated by the Integrated Care System (ICS).</p> <p>The guidance states that each CCG can achieve under or over their financial targets, but the ICS must achieve a breakeven position. The decisions will be discussed further at the Joint Committee of CCGs and the ICS Board.</p> <p>The Primary Care Commissioning Committee: noted the update.</p>	
OPERATIONAL ISSUES		
6.	<p>Primary Care and NHS England (NHSE) update</p> <ul style="list-style-type: none"> • NHSE update Dave Armstrong confirmed that the system is looking at phase 3 winter planning, which is the main priority in primary care. <p>No mergers or contractual changes to practices have taken place in the last two months.</p> <ul style="list-style-type: none"> • Primary Care PCN DES Jan Charnock reported that the current specifications commence on 1 October around care homes, cancer and medicines optimisation. Work with the Federation and the PCNs has taken place on the three specifications to RAG rate PCNs how close they are to delivering the requirements. There are areas around cancer and care homes, which are not being met. The care homes issue relates to the alignment of Douglas Bank care home, which sits between two PCNs. Following a meeting with Peter Higgins, chief executive at the Local Medical Council and a distance mapping exercise, the care home has been aligned with Hall Green Practice, in line with guidance. All parties have been informed. Not all the patients will be aligned from 1 October, but this is the transition period and they are now under one practice. Claire Heneghan thanked Jan Charnock and Alison Lumley for their work in delivering the change. • IT Update It was confirmed that the Digital Cell meets weekly to monitor the IT within practices across West Lancashire. A meeting with the PCN leads will address how to take forward some of the digital strategic work. Practice visits 	

Agenda Item	Summary of Discussion	Lead
	<p>with Jan Charnock and Cath Thompson have taken place to ensure all clinical staff have laptops to enable them to work remotely, identify what systems are used and for what purpose. This had been a beneficial exercise to understand how this affects patients. Chris Russ and Cath Thompson are on the ICS Digital Cell and will be asked how the information collected feeds up to Daniel Halland, head of digital at NHS Executive/Improvement (NHSE/I), to feed into their digital strategy for primary care. Ben Jacobs, IT programme manager CSU, and Chris Russ both liaise with the ICS. Dave Armstrong confirmed that NHSE/I are keen to invest from the Business As Usual capital fund.</p> <p>Most practice appointments are currently being offered via online or telephone and assurance is being sought that the technology is still being utilised going forward as business as usual returns. There is work to ensure practices are ready for winter and a second Covid surge ensuring agile working is possible. Only a few clinical staff across West Lancashire need laptops. Each practice has smart card access to other practices' lists and can provide cover if necessary.</p> <p>The report issued this week states that patients are unclear how they can be seen in practice. Dr Amanda Doyle has requested CCG primary care leads ask every practice what type of appointments are being offered eg telephone, video, face to face. This will provide an evaluation across the system. To ensure patients and staff are safe, the need for a face to face appointment is assessed to determine if it is clinically safe and necessary, however there is no guidance in terms of 'what is necessary'. There is a variation between practices of what services have restarted and any concerns will go to the ICS and the Primary Care Commissioning Committee. A concern about a practice will be managed through the quality framework and a breach notice can be issued if necessary by NHS England.</p> <ul style="list-style-type: none"> • Pulse Oximeters There are 86 pulse oximeters which have been funded nationally for use by practices in care homes. The ownership has been transferred to the CCG and will be transferred to practices. The governance team are assisting with the paperwork and Alison Lumley and Anne-Marie Bridge have supported. • Estates Capital Update Each practice has submitted a bid to the CCG for essential work to become Covid safe in respect of new flooring, signage etc. The practices were informed of what they can purchase and invoices have been received and reimbursed. Hall Green and Beacon Primary Care need larger scale work and capital bids were submitted. The grants have been approved and quotations are required by Dave Armstrong, by the end of the week. Three portacabins have been ordered, one for each PCN to help with hot sites, vaccinations or phlebotomy. They should be located at Burscough Health Centre, Ormskirk Hospital and either Birleywood or Sandy Lane, site assessments by property services will determine where these are situated. • Flu Planning Alison Lumley has asked all practices about the flu plans, with only two practices still to respond. Plans seem well considered and additional input has been made into the care home sector by PCNs, which will be monitored once the campaign starts. Challenging targets are in place nationally for all 	

Agenda Item	Summary of Discussion	Lead
	<p>cohorts identified.</p> <p>Practices have a financial incentive to deliver the flu immunisation for the cohorts eligible this year. They ordered vaccine in January 2020 and work has been undertaken to ensure sufficient vaccine is available. There was a 75% uptake across last year's cohorts and more is expected this year with additional cohorts identified eg anyone who lives with someone who is shielded should be immunised. From November – December the offer may be opened up to 50 - 64 yrs, if there is sufficient vaccine. People can access the immunisation via pharmacies at a cost. The 75% uptake is partly due to the statistics when a person fits into a number of cohorts, but is only recorded as receiving the immunisation in one of those cohorts. A flu oversight group has been established.</p> <ul style="list-style-type: none"> Quality and Performance Update The report was taken as read. A meeting took place with a practice at stage 3. The CCG met with the CQC today, who in the future will be using a risk assessment model and practices rated as 'needs improvement' will be risk assessed. One practice is at level 3 and two at level 2. The position of practices change rapidly and the CCG is not an outlier in this area. 	
7.	<p>Workforce update</p> <p>Yvonne Thomson informed the committee about the primary care workforce. The local workforce plans for additional roles reimbursement schemes (ARRS) have been submitted and will be reviewed at NHSE/I. This will be discussed with the Federation and the final plan submitted on 30 September. In respect of the whole workforce, a workforce steering group will start on 25 September to look at workforce across West Lancashire Partnership with PCNs involved too. How the ARRS roles link with other partners will be established.</p> <p>Dave Armstrong confirmed that funding for the ARRS was £430m nationally with 60% of this allocated to CCGs. The PCNs have not requested the full number of roles, but if the workforce plans come to fruition there should be a breakeven position, however if the number is increased a drawdown of 100% (the remaining 40% of the budget) funding from the central pot is possible to cover this. A meeting with the Federation this week may identify additional roles required eg physios, clinical pharmacists etc. Dave Armstrong will provide the financial guide on how to drawdown the additional funding.</p> <p>Developmental work in the training hub has provided apprenticeships for training nursing assistants and registered nurses. There will be an offer for 'new to practice' two-year fellowships for newly qualified nurses and GP's. Two 'return to practice' nurses are now working in West Lancashire and student placements will start. The Edge Hill University medical programme placements have paused, due to Covid. A virtual package is being considered for the West Lancashire College students and first year foundation students will not be in primary care until later this year or early next year.</p> <p>Jan Charnock has worked with PCNs to show the benefits at a network level to employ staff to help with their specifications. The ICS have helped with writing applications, interview processes etc. There has been recruitment, but physician associates had failed to be recruited as the advert was posted at the wrong time to capture students graduating. The Federation feel it is their role to deliver this.</p>	DA

Agenda Item	Summary of Discussion	Lead
8.	<p>Primary Care COVID-19 Update Jan Charnock had provided an update on this area under the services delivered in practices.</p>	
9.	<p>Standard Operating Procedures – General Practice in context of Covid-19 This report is for information.</p>	
10.	<p>Quality Outcomes Framework update Changes to the QOF have taken place with practices having to achieve certain targets to receive the remaining 50% of the QOF payment. Each practice will need to address population health management and explain how they risk stratify patients most vulnerable to Covid, long-term conditions and who have missed annual reviews. Their plans will need to come to the Primary Care Commissioning Committee for consideration. This will be linked with the work Lucinda McArthur is undertaking in population health management and health inequalities. There is an expectation of mixed responses.</p> <p>The practices need to confirm their approach by the end of October.</p>	
FOR INFORMATION		
<p>Date and time of the next meeting – The next meeting of the committee will take place on Tuesday 10 November 2020 at 1.30 pm, via MS Teams</p>		

**West Lancashire CCG Primary Care Commissioning Committee
Action sheet**

Action	Lead	Date required by	Action completed
15 September 2020			
<p>7. Workforce update Dave Armstrong will provide the financial guide on how to drawdown the additional funding for more ARRS.</p>	Dave Armstrong	10 November 2020	
10 March 2020			
<p>6. Primary Care and NHS England (NHSE) update Discretionary payments To confirm at the Primary Care Quality Forum that all CCG's across Lancashire and South Cumbria will sign up to the Financial Assistance for Practices experiencing impact of Dispersed List Guidance.</p>	Sarah Danson/ Sarah Bloy	10 November 2020	<p>This has been to all committees of CCGs and a check will be made to establish who has signed this off so far. It will be taken to Peter Tinson's meeting on Friday 17 July. 16.9.20 this is still under consideration by some CCGs and a request for list dispersals to be redone has been made. This should be completed over the next month or two.</p>

West Lancashire Clinical Commissioning Group

Primary Care Commissioning Committee

Quarterly Contractual Changes Summary

12 January 2021

Overview

Detailed within this report is a summary of any Contractual Changes effective in the previous quarter (October – December 2020) where Contract Variations have been processed to reflect a change to a practice's existing contract.

Partnership Changes

No partnership changes were effective during this quarter.

Practice Mergers

No partnership changes were effective during this quarter.

Open and Closed Lists

No applications to open or close lists were effective during this quarter.

Boundary Changes

No boundary changed applications were effective during this quarter.

Premises (Relocations)

No premises relocations were effective during this quarter.

Recommendation

Members of the Primary Care Commissioning Committee are asked to note the content of this report.

Primary Care Commissioning Committee

Report Title	Quality & Performance Report
Written by	Allison Sathiyathan, Quality Assurance Manager
Presented by	Allison Sathiyathan, Quality Assurance Manager
Meeting date	12th January 2021
<p>Purpose of the Paper To highlight, by exception, a summary of any concerns identified during routine quality monitoring of primary care services delivered in West Lancashire.</p>	
<p>Context As level 3 co-commissioners the CCG has a duty to monitor the quality of service delivered by primary care in West Lancashire. Systems and processes have been put in place to ensure this is undertaken and are reflected in the CCG framework for managing general practice performance and quality. The Primary Care and Quality teams work closely together to undertake this monitoring.</p>	
<p>Key Points to Note</p> <ul style="list-style-type: none"> • There is 1 practice at Stage 3 (moderate concerns) and 3 practices at a surveillance Stage 2 (minor concerns). All other practices are at Stage 1 (routine monitoring). <ul style="list-style-type: none"> ○ Stage3: The CCG continue to work with NHS England in relation to concerns raised in relation to excessive use of the extended access service and the walk-in centres by one of the Skelmersdale practices. Additional information has been received from the practice and has provided a degree of assurance, however, this practice will continue to be closely monitored. ○ Stage 2: There are currently 2 practices, Parbold and The Elms rated as Requires Improvement following CQC inspections. Both practices have an action plan in place and are working towards addressing concerns raised by the CQC. 	
<p>Purpose/ Actions Required The group are requested to note the contents of this report along with actions being taken where concerns have been raised.</p>	

Appendix- Quality Assurance Escalation Framework

Escalation Stage/ Surveillance level	Criteria	Level of risk	Action	Reports to
Stage 1) Routine Quality Assurance Monitoring	All KPIs are being achieved/within trajectory	Negligible	<ul style="list-style-type: none"> • Monitor KPIs 	CCG Internal Quality meeting
Stage 2) Routine Quality Assurance Meetings	Minor concern/s	Minor	Stage 1, plus: <ul style="list-style-type: none"> • Risk assess • Share at informal CQRM 	Internal Quality meeting Informal CQRM with provider
Stage 3) Enhanced Quality Surveillance Measures	Moderate concern/s	Moderate	Stage 2, plus: <ul style="list-style-type: none"> • Consider quality assurance visit/deep dive • Request action plan • Agree trajectory for improvement • Escalate to CQRM • Exception report 	CQRM Q+S committee Governing Body Risk Register
Stage 4) Enhanced Quality Review	Major concern/s	High	Stage 3, plus: <ul style="list-style-type: none"> • Undertake quality assurance visit / deep dive • Raise contract query • Escalate to joint quality contracting meeting • Consider performance notice • Consider inviting executive team to Q+S committee to provide assurance 	CQRM Q+S Committee Governing Body QSG Risk Register
	Extreme concern/s	Catastrophic	Stage 4, plus: <ul style="list-style-type: none"> • Independent review/Appreciative enquiry • Consider Risk Summit • Inform CQC and other regulatory bodies • Invite provider executive team to Q+S committee to provide assurance 	CQRM Q+S Committee Governing Body QSG Risk Register

Primary Care Co-Commissioning Financial Position as at M8 (November)

12th January 2021

Description	Annual Budget £000	YTD Budget £000	YTD Spend £000	Variance £000	Forecast £000	Forecast Variance £000	Narrative
GMS Global Sum	11,103	7,402	7,333	(69)	11,011	(92)	Forecast is based on 1.10.20 Weighted List Sizes
General Practice GMS	11,103	7,402	7,333	(69)	11,011	(92)	
Quality Achievement	436	290	325	34	493	57	QoF Aspiration payments in June have been updated to reflect actual achievement for 19/20 reported in CQRS.
Quality Aspiration	1,142	762	723	(38)	1,085	(58)	
QOF	1,578	1,052	1,048	(4)	1,578	(0)	
DES Learning Disability Hlth Chk	54	36	36	(0)	54	-	
DES Minor Surgery	149	99	81	(19)	142	(7)	
DES PCN Network Participation	218	145	146	0	218	0	£1.761 per head of weighted population
DES Clinical Directors	82	55	55	0	82	-	£0.722 per head of population
DES Additional Roles	461	332	157	(175)	461	(0)	Forecast includes potential recruitment of new roles identified by PCNs in the recent workforce planning return
DES Extended Hours Access	165	110	110	0	165	0	£1.45 per head of population
PCN DES Supp Pymt	73	50	49	(0)	73	-	£0.27 per head of weighted population
PCN DES Care Home	76	51	51	(0)	76	-	£60 per care home bed
Enhanced Services	1,279	878	684	(194)	1,272	(7)	
Locum Adoption/Paternity/Maternity	130	87	47	(40)	90	(40)	
Locum Sickness	-	-	-	-	-	-	
Miscellaneous Expenditure	-	-	7	7	7	7	

CQC Fees	73	48	53	5	73	(0)	
Prof Fees Prescribing	98	66	66	0	98	-	
Other	301	201	173	(28)	268	(33)	
Premises Rent	332	221	223	1	341	9	
Premises Rates	61	41	46	5	73	12	
Premises Water Rates	15	10	4	(6)	15	-	
Premises Other	-	-	0	0	0	0	
NHSPS Healthcentre Charges	339	226	229	3	344	4	
Voids & Subsidies	268	178	178	0	268	-	
Contract - Refuse & Clinical Waste	33	22	22	0	33	-	
Premises	1,048	699	702	3	1,074	26	
Reserve	160	41	-	(41)	266	106	
Reserves	160	41	-	(41)	266	106	
Grand Total	15,470	10,274	9,940	(334)	15,470	0	