Primary Care Commissioning Committee
24 March 2020
15:00 – 16:30Hrs
Salford & Worsley Rooms, St James's House, Salford

AGENDA

15:00 **Public Meeting**
Welcome and Introductions - open agenda for members of the public to raise items previously shared with the Clinical Commissioning Group

15:00 **Start of Primary Care Commissioning Committee**

Item	Time	Description	Lead
1	15:00	a) Apologies for absence b) Declarations of Interest c) Minutes of last meeting and Action Log d) Matters arising	Chair
For Assurance			
2	15:05	a) Covid-19 Verbal Update	Assistant Director of Commissioning
	15:20	b) Primary Care Finance Report	Chief Finance Officer
	15:35	c) Terms of Reference Annual Review	Director of Corporate Services
For Information			
3	15:50	a) GP Contract Changes	Head of Service Improvement
	16:00	b) SWEAP Verbal Update	Assistant Director of Commissioning
	16:10	c) Primary Care Quality Group	Director of Quality and Innovation
	16:20	d) Primary Care Operational Group	Assistant Director of Commissioning
4	16:25	**Reflections**	Chair
5	16:30	**Meeting to close**	Chair

Date and Time of Next Meeting:
Tuesday 19 May 2020, 15:00-16:30hrs
Venue: Committee Room 1, Salford Civic Centre

PRIMARY CARE COMMISSIONING COMMITTEE

Part 1
28 January 2020,
15:00-16:30Hrs
Salford & Worsley Rooms, St James's House, Salford

Present:

Brian Wroe (BW)	Senior Lay Member for Patient and Public Participation, Salford CCG (Chair)
Ben Squires (BS)	Head of Primary Care Operations, NHS England
Steve Dixon (SD)	Chief Accountable Officer, Salford CCG
Cllr Gina Reynolds (GR)	Lead Member for Adult Services, Health & Wellbeing, Salford City Council
Cllr John Merry (JM)	Deputy City Mayor, Salford City Council
Karen Proctor (KP)	Director of Commissioning, Salford CCG
Claire Vaughan (CV)	Acting Director of Quality and Innovation, Salford CCG
Dr Muna Abdel Aziz (MA)	Director of Public Health, Salford City Council
Paul Newman (PN)	Lay Member for Commercial, Salford CCG

In Attendance:

Harry Golby (HG)	Assistant Director of Commissioning, Salford CCG
Anna Ganotis (AG)	Head of Service Improvement, Salford CCG
Dr Jeremy Tankel (JT)	Medical Director, Salford CCG
Eve Mannerings (EM)	Salford & Trafford Local Medical Committee
Dr Tom Regan (TR)	Clinical Director of Commissioning, Salford CCG
Paul Keeling (PK)	Service Improvement Manager, Salford CCG
Ian Pattison (IP)	Acting Senior Service Improvement Manager, Salford CCG
Dr Greta Smith (GS)	Clinical Lead, Salford CCG
Delana Lawson (DL)	Chief Officer, Healthwatch Salford
Ross Baxter (RB)	Senior Patient Services Officer, Salford CCG (Minutes)

Apologies:

Charlotte Ramsden (CR)	Strategic Director People, Salford City Council
Francine Thorpe (FT)	Director of Quality and Innovation, Salford CCG

1. Apologies and Declarations of Interest

a) Apologies

The above apologies were noted.

b) Declarations of Interest

BW reminded committee members of their obligation to declare any interest they may have on any issues arising at the PCCC meeting which might conflict with the business of the Integrated Commissioning organisations. TR, GS and JT declared as GPs for the Salford Standard item. BW confirmed that the conflicted members would be allowed to remain in the room for the discussion, but would be asked to leave the room when the decision was made.

c) 26 November 2019 Meeting Minutes

Minutes approved.

d) 26 November 2019 Action Log

All marked as completed.

2. For Decision

a) Salford Standard Service Specification 2020/21

The Salford Standard Service Specification 2020/21 was presented, noting that the Standard aims to describe the quality of care that all Salford GP registered patients should expect when accessing primary medical care. The Salford Standard Design Group was reconvened in October 2019 in order to start to review the 2019/20 Salford Standard and to make proposals for the 2020/21 contract. These proposals were reviewed and amended by the Primary Care Operational Group (PCOG).

For the Salford Standard for 2020/21, PCCC were asked to approve the following recommendations:

- The removal of all the business as usual indicators
- The removal of core standard requirements not requiring evidence
- Minor amendments to the Key Performance Indicators (KPIs) and the inclusion of 3 new KPIs
- Discretion to make increases to the KPI achievement thresholds where data indicates
- The application of the payment levers and schedules described in section 4
- The financial commitment and principles of allocation to practices described in section 5
- The contracting timescales described in section 6

BW recognised the conflicts that were declared at the beginning of the meeting, and confirmed that he would ask the conflicted members to leave the room at the point of

decision. He also recognised the level of consultation that had happened by the design group in the production of this document.

HG noted that this is a significant investment into primary care, and that the proposal is more of a small adjustment than a big transformation. He highlighted the risk of the duplication against Direct Enhanced Services that are being consulted on nationally for Primary Care Networks. As the Salford Standard needs to be agreed before the next financial year, the national consultation could not be waited for.

EM acknowledged the large investment into primary care through the Salford Standard, as well as the work that general practice undertakes through it. She noted the declaration of moving towards being a Real Living Wage (RLW) employer, and asked what the baseline for that is. SD noted that practices were asked to declare what pay levels they currently have, and that any that are paying Agenda for Change will already be RLW employers. HG also noted that not all practices know what being a Real Living Wage employer means, and that there are legal issues that mean the CCG cannot fully require practices to become RLW employers, but feels it is important to encourage them to do so.

Action – PK/HG to bring back data on RLW to next meeting.

EM queried whether this was also being applied to Secondary Care, and it was confirmed that it was. She also raised the 90% QOF threshold, and those who are not near the threshold. AG noted that there were three practices that did not hit the threshold last year, and they were all very close. One it is not believed would be possible for them to achieve due to the specific nature of their patients, so work is ongoing to see what can be done for that practice.

JT noted the KPI at 4.1 which is set at 100%, noting the amount of work required by practices vary wildly, and reviewing the performance so far he doesn't believe this has improved, and he believed that the increase in Multi Agency Risk Assessment Conferences (MARACs) has not occurred, but those not achieving the standard has. He noted that the solution would be to try and work this out outside of the meeting. It was agreed that further discussion needed to take place outside the meeting in respect of KPI 4.1 before it can be finalised.

SD noted the principles for Salford Standard that have been previously agreed, specifically around making a payment based on the level of effort required to achieve an outcome, so some of the domains within the standard have been weighted.

CV highlighted the minimum entry requirements, and that there is a practice who will not qualify as they are not rated as Good. AG noted that the contract would be suspended, so if they were rated Good or Outstanding later in the year, they could be included in the Standard and have payments backdated.

PN asked how many practices are not signed up to the Salford Standard. PK advised that currently after mergers and dispersals it is three. PN asked what the incentive is for them to conform. TR noted that the reasons for not being in the Standard are not because they don't want to do so necessarily, but because it may have been imposed on them. SD noted that at the beginning there were a few practices that did

not meet the entry criteria, but at least one was already working on the Standards and KPIs even though they were not eligible, as they knew it would be backdated when they reach the criteria.

EM queried around where there is a list dispersal, and asked if a practice does take on a lot of other patients because of quality issues, is there consideration that their QOF may well reduce if it's towards year end. HG advised this would be looked at on a case by case basis, as it has not happened yet.

JT, TR and GS left the room at 15:40 for the decision to be made.

SD noted that the recommendation for discretion to make increases to the KPI achievement thresholds where data indicates should also allow for decreases, which members agreed to. It was also agreed that there should be a mid-year review of the practice list size for the recommendation of the financial commitment and principles of allocation to practices described in section 5. BS said it should be considered that there may be significant adjustment needed depending on national GP contracts.

JT, TR and GS re-entered the room at 15:45.

PCCC approved the recommendations as written, subject to the comments and amendments above.

b) **Homeless Service Proposals**

NHS Salford CCG currently commissions specialist GP services for patients who are homeless via a locally commissioned service (LCS). A business case which seeks additional funding to implement a new service model (as recommended by the Integrated Community Based Care Commissioning Group) was developed and approved by PCOG. The report summarised the business case in order to support PCCC to make a final decision.

JT raised the staff costs and concerns that he had around this, specifically noting the amount set aside for the pay of a GP. IP noted that costings were developed between finance and Salford Primary Care Together, based on what a standalone service could do within this model. This is the high end, and the CCG does expect the costs to drop once work is fully underway. HG agreed that the hourly costs looked high and this would be reviewed outside the meeting. TR noted the inflationary pressures of a highly paid job, and the risk of GPs going to these services.

JM noted the Bed Every Night project, and how this Salford service would link in with that project. IP responded that this Salford model had made links with the Bed Every Night programme, and the staff in the Salford model will link and spend time in the Salford hostels.

TR queried how the CCG would know this is making a difference to homeless people in Salford. IP responded to confirm that there is evidence from other areas, but that there would be outcomes and KPIs within the service specification. DL noted the importance of including the voice of people using the service within this.

KP asked for other disciplines that could contribute to this cohort, such as mental health and drug and alcohol to tie in. CV agreed, noting the Minor Ailment Scheme and sexual health services. DL supported including pathways to other services.

EM asked whether there is facility for practices that may have patients who become homeless to access support. IP confirmed that the idea is for the homeless service to act as a hub for this.

GR asked around additional government funding for homelessness. SD confirmed that nothing had come to the CCG around this at this point. He noted the service was long overdue for a review and commended the work that has been done. He also noted one benefit of this is that it creates a model to extend to other vulnerable groups such as ex-offenders and asylum seekers, amongst others.

PCCC approved the recommendation of PCOG to support 'Option 3: Full-time delivery of the new service model', subject to auditing of the figures within the paper.

3. For Assurance

a) Learning Disability Health Checks Plan

The Learning Disability (LD) Health Checks Plan was presented, noting that there is a target in the CCG Assurance Framework for at least 75% of people on the GP LD Register to receive an annual health check. In 2018/19, Salford performance fell to 43.5% from 81% in 2017/18. The paper outlined the work that is taking place to increase the uptake of LD health checks, including a two-year project which will fund nursing support to GP practices and the review of practice performance as part of a new Primary Medical Care Assurance Framework

CV queried the risks about shifting the balance, and asked whether the CCG would be disadvantaging other groups by putting a focus on LD. AG noted that this risk is highlighted in the paper, but that it's not possible to know what affect this will have, and it will need to be monitored.

TR noted that the Salford Standard is not just a series of indicators, and looks at the areas of challenge within the city. He is not sure how comfortable he is taking a decision outside of the Salford Standard governance arrangements on one KPI. JT agreed, and noted this was an opportunity to look at ways on how to tweak performance. CV noted that the Safer Salford programme would have a focus on LD, and that this is multidisciplinary across the locality.

SD asked whether there is any indication of the 2019/20 performance, and how quickly information can be obtained. AG confirmed that there is Quarter 3 data available, and up until then 282 patients had received a check out of an eligible 1178.

PCCC noted the contents of the report and agreed to receive an update at the next meeting.

b) **Primary Care Finance Report**

The Primary Care Finance Report provided PCCC with a view of the primary care budgets and finances based on information up to the end of December 2019. This included budgets for locally commissioned services, Primary Care IT and prescribing which are managed and funded by the CCG, and delegated co-commissioning budgets for primary medical services which have been delegated to the CCG from NHS England.

The overall reported year to date position is an overspend of £653k and a forecast overspend of £757k, compared to a forecast overspend of £944k reported in month 7. Since the last reported position the favourable movement in forecast position is mainly attributable to the decrease in the prescribing costs based on the latest NHS Business Services Authority report received in month 9.

PCCC noted the contents of the report and the risks to the financial position outlined.

4. For Information

a) **Primary Care Quality Group Report**

The Primary Care Quality Group (PCQG) Report provided an overview on a number of areas that are used to measure the quality and safety of patient care within the primary care services commissioned by the CCG. It provided an update on issues that have been discussed at the regular PCQG meetings along with the associated actions taken.

PCCC noted the contents of the report and the progress made in developing the mechanisms for gaining assurance on quality and safety within primary care.

b) **Primary Care Operational Group Report**

The PCOG Report provided an update on the work that is overseen by PCOG. This included an update on practice specific contractual issues, core contractual requirements, enhanced services, locally commissioned services, general practice capacity, estates and informatics projects, and governance.

PCCC noted the contents of the report.

5. Reflection

BW summarised the discussions and decisions of the meeting.

6. Meeting Closed

The meeting closed at 16:40

PRIMARY CARE COMMISSIONING COMMITTEE
PART I

AGENDA ITEM NO: 2b

Item for: Decision/**Assurance**/Information (Please underline and bold)

24th March 2020

Report of:	**Chief Finance Officer**
Date of Paper:	**10th March 2020**
Subject:	**Primary Care Finance Report – Month 11**
In case of query Please contact:	**Elaine Vermeulen - 0161 212 4874**
Strategic Priorities:	Please tick which strategic priorities the paper relates to:

	Quality, Safety, Innovation and Research
	Integrated Community Care Services (Adult Services)
	Children's and Maternity Services
✓	**Primary Care**
	Enabling Transformation

Purpose of Paper:

The purpose of this paper is to provide the Primary Care Commissioning Committee with information on the primary care budgets and finances. The report is based on information that was available at the end of February 2020.

The Committee is asked to note the report.

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	None
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	There is a risk that delegated budgets will overspend against the allocation received.
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	None
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	None
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	None
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	None

Footnote:

Members of Primary Care Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Primary Medical Care Commissioning Principles	Addressed in this paper?
1. Salford will have the safest, most effective healthcare and wellbeing system in England, with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable, person centred way.	No
2. The PCCC will support general practice in Salford in being an attractive place to work. This will include encouraging and supporting general practice to: embrace digital technology, innovation and new ways of working; adapt, train and up-skill the workforce to meet patient need; reduce carbon footprint; make greater use of technology; and work from modern and fit for purpose premises. The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden.	No
3. Investment decisions will focus in particular on GP practices and strengthening capacity which will improve access to primary care with additional roles across primary care networks. The PCCC will maximise opportunities to commission primary medical services at scale where this is expected to improve patient experience or be more efficient and effective in line with the NHS Long Term Plan.	Yes
4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to meet the needs of a growing and increasingly diverse population. This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental wellbeing and social value of the Salford community.	No
5. The PCCC will ensure that general practice services are commissioned from providers that are able to demonstrate good outcomes which are safe, provide value for money, of a high quality and can demonstrate holistic care for patients in line with the Salford Standard. The same opportunities will not be available to providers that are unable to demonstrate these attributes.	Yes
6. The CCG will connect, involve, empower and	No

engage with the local population where appropriate. The PCCC will take into account patient views when making primary medical services commissioning decisions.	
7. The CCG will encourage and support Primary Care Networks to play a pivotal role within the integrated care system, thus giving general practice a strong voice. This will support the improvement of patient pathways in secondary and community services.	Yes
8. The PCCC will embrace opportunities to commission primary medical services in an integrated way where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams.	No
9. The PCCC will consider new contracting mechanisms when expected to improve patient experience or be more efficient, including practices working collaboratively in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services.	No
10. The CCG will proactively work with partners, including Salford's Primary Care Network Clinical Directors, Salford Primary Care Together (as Salford's GP provider organisation), the Salford and Trafford Local Medical Committee and the voluntary sector in a transparent and supportive manner.	No
11. The CCG, as a commissioner of primary medical services, cannot assume responsibility for, or become involved in, matters relating to the management of GP practices, including practice disputes and legal matters. However, action will be taken where such matters affect patient care and/or delivery of contractual requirements.	No
12. When commissioning decisions need to be made regarding primary medical service contracts, there will be full consideration of each of the available options in order to determine the approach that is most likely to meet the needs of the population and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service.	No

Salford City Council

NHS Salford Clinical Commissioning Group

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			X		
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			X		
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally?			X		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)			X		

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Primary Care Finance Report

1. Executive Summary

This paper provides the Primary Care Commissioning Committee (PCCC) with a view of the primary care budgets and finances based on information up to the end of February 2020 (Month 11). This includes budgets for locally commissioned services, Primary Care IT and prescribing which are managed and funded by the CCG, and delegated co-commissioning budgets for primary medical services which have been delegated to the CCG from NHS England (NHSE).

The paper provides PCCC members with information on:

- *GP services (including Primary Care contracts - GMS PMS and APMS)*
- *Locally Commissioned Services, including the Salford Standard contracts*
- *Prescribing and other budgets*
- *In View Services (Primary Care IT)*

The overall reported year to date position is an overspend of £1,042k and a forecast overspend of £1,223k (overspend of £757k reported in month 9). Since the last reported position the adverse movement in forecast position is mainly attributable to the increase in the caretaking arrangement costs for one practice as agreed at the previous PCCC meeting in January 2020; along with a revision to the Salford Standard forecasted spend based on quarter 3 performance data and inclusion of three previously excluded practices who have been awarded the Salford Standard contract in quarter 4.

2. Finance Summary

2.1 The table below details the current financial position for Primary Care Services as at month 11. The overall reported year to date position is an overspend of £1,042k and a forecast overspend of £1,223k (overspend of £757k reported in month 9). Since the last reported position the adverse movement in forecast position is mainly attributable to the increase in the caretaking arrangement costs for one practice as agreed at the previous PCCC meeting in January 2020; along with a revision to the Salford Standard forecasted spend based on the finalised quarter 3 performance data and inclusion of three previously excluded practices who have been awarded the Salford Standard contract in quarter 4.

A more detailed analysis of the financial position by area is contained in Appendix 1 to this report.

	2019/20 Monitoring							
	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Annual variance	Previous Reported Variance to PCC	Movement in Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
TOTAL - Co-Commissioning	£36,213	£36,728	£515	£40,458	£41,079	£621	£340	£281
TOTAL - Locally Commissioned Services	£6,064	£6,474	£410	£7,954	£8,377	£423	£193	£230
TOTAL - Prescribing	£37,455	£37,586	£130	£40,856	£41,040	£184	£222	(£38)
TOTAL - Others	£2,446	£2,446	£0	£2,804	£2,804	-	-	-
TOTAL EXPENDITIURE for Integrated Fund	£82,179	£83,234	£1,055	£92,072	£93,300	£1,228	£755	£473
TOTAL - In View (Primary Care)	£1,674	£1,661	(£13)	£2,069	£2,065	(£5)	£3	(£8)
TOTAL EXPENDITIURE for In View Services	£1,674	£1,661	(£13)	£2,069	£2,065	(£5)	£3	(£8)
TOTAL EXPENDITIURE for Primary Care Services	£83,853	£84,895	£1,042	£94,141	£95,364	£1,223	£757	£466

3. Primary Medical Services (see Appendix 1 – Co-Commissioning)

3.1 Financial Summary

The reported year to date position for Primary Medical Services is an overspend of £515k and a forecast outturn overspend of £621k (£340k at month 9). There has been an adverse movement in forecast position since the last reported position due to an increase in costs relating to the caretaking arrangements for one practice as agreed at the previous Primary Care Commissioning Committee meeting in January 2020, along with an increase in claims for locums to cover sickness and parental leave.

The main reasons for the overall forecast overspend position are the costs relating to caretaking practices, additional locum sickness and parental leave costs, the Primary Care Network payments that have been included as part of the new contracts and the unexpected allocation reduction effected to fund the national indemnity scheme.

A more detailed explanation of the budget methodology, current position and forecast outturn is explained below.

3.2 Primary Care Contracts (GMS, PMS and APMS)

GMS – The annual budget for GMS is £17.409m and comprises of the global sum payment, minimum practice income guarantee (MPIG) payment and also includes deductions for opt outs. Based on the latest list size data for quarter 4 which was published in January 2020, the GMS contract area is reporting a year to date overspend of £6k and a forecast overspend of £28k.

PMS – The annual budget for PMS is £7.371m. PMS contract budgets have been set in line with the current contract status as at 1st April 2019, with applied uplifts as per

national guidance and local demographic growth. Based on the latest list size data for quarter 4 which was published in January 2020, the PMS contract area is reporting a year to date overspend of £32k and a forecast overspend of £46k.

APMS – The annual budget for APMS is £2.116m for two APMS contracts and budgets have been set in line with the current contract status as at 1st of April 2019, with applied uplifts as per national guidance and local demographic growth. In addition, for this financial year there are two practices under caretaking arrangements included within the annual APMS budget. The CCG has set aside a budget for the caretaking arrangements which is for costs over and above the global sum amount due to the caretaking practices.

Based on the latest list size data for quarter 4, the APMS contract area is reporting a year to date overspend of £214k and a forecast overspend of £256k. At the January 2020 Primary Care Commissioning Committee meeting, a decision was made by the committee based on a presented paper to approve additional caretaker funding for the Eccles Gateway practice.

3.3 **QOF**

The QOF budgets of £3,256k were based on the achievement for 2017/18 in the absence of 2018/19 achievement data. The QOF sign-off process for 2019/20 is currently being progressed following the national update.

At month 11, the year to date position is reporting an underspend of £3k. The forecast is reporting a £9k underspend largely due to a reduced cost for 2018/19 QOF achievement, which came in lower than expected and a revision to the 2019/20 aspiration estimates.

3.4 **Enhanced Services**

The annual budget for enhanced services totals £1,263k and comprises of directed enhanced services (DESs) for minor surgery, learning disabilities, extended hours, violent patients and the budget for Primary Care Networks (PCNs), which is new for 2019/20. NHSE have now confirmed all practices have signed up to the extended access DES which is delivered through the PCNs, all practices have signed up for the LD Health Check DES, 26 practices have signed up for the minor surgery DES and we have one practice delivering the violent patient DES.

The Enhanced Services year to date position is showing an overspend of £113k and a forecast overspend of £124k. The forecast is driven by an in year overspend on the PCN Clinical Directors posts which were not budgeted for. A review of existing primary care infrastructure support costs has been undertaken in 2019/20 and the Clinical Director posts will be funded recurrently from 2020/21.

3.5 **Premises Costs - Reimbursement**

The annual budget for premises cost reimbursement is £4.109m. Premises costs comprise of rent, business rates, water rates and clinical waste costs.

The month 11 position for premises cost reimbursements is an underspend of £132k and a forecast underspend of £117k. The forecast is driven by a benefit relating to the release of prior year accruals based on the actual reimbursements made to practices

for their prior year claims and an overcharge of expenditure on rents which has now been resolved.

3.6 **Dispensing\Prescribing Drs (Personally Administered Drugs)**
The annual budget for PA Drugs is £156k; it relates to professional fee payments and is profiled based on seasonal variations in prescribing based on trends from previous years. The budget is based on 2018/19 outturn. The month 11 position is showing a £31k underspend and a forecast underspend of £11k.

3.7 **Other GP Services**
The annual budget for other GP Services is £1.010m and includes locum costs in relation to maternity, paternity and sickness, CQC fees, seniority payments, interpretation costs and costs for suspended GPs.

CQC Fees – CQC fees will be reimbursed directly. Practice budgets have been calculated based on the published CQC Fees for 2019/20.

Seniority – As per national guidance, seniority is being eroded over a 7 year basis (ending on 31 March 2020) and is currently recycled into the global sum. The corresponding reduction has therefore has been made to the seniority budget.

Interpretation costs – budgets have been maintained at the 2018/19 forecast outturn. Significant work has been undertaken in this area and new service level agreements are in place with our two main providers.

Suspended GPs – The budget has been set based on the equivalent of one GP being suspended throughout the year. The CCG currently has one suspended GP. The year to date position and forecast is to breakeven.

The month 11 position for other GP services is showing a year to date overspend of £360k and a forecast overspend of £356k. The forecast overspend is attributable to an increase in locum sickness and parental leave payments and the costs to deliver the pathology blood service which was not budgeted for during the budget setting process. This was a service previously delivered by NHSPS who are no longer delivering the service from August 2019.

3.8 **Premises Costs – Building Void, Subsidy and Bookable costs**
The combined budget for building void, subsidy and bookable costs for Community Health Partnerships (CHP) and NHS Property Services (NHSPS) is £1,615k. The budget has been set on 2018/19 outturn, current occupancy rates and further information received on the billing models. The month 11 position is an underspend of £44k and a forecast underspend of £13k. The forecast is driven by the latest revised billing schedules produced and shared by NHSPS and CHP. The CCG has resolved a number of billing queries previously provided for, after challenging these costs with NHSPS and CHP. Significant efforts are being made to ensure that the CCG is receiving value for money for the bookable space by monitoring utilisation and enabling services to make appropriate use of this space.

3.9 **Non Delegated Primary Care Schemes**
The budget of £2,153k is based on locally commissioned Primary Care schemes which

include the new Quays practice and Workforce Pilot and a budget for a proportion of the Salford Standard. The other proportion of the Salford Standard is being reported under the locally commissioned scheme budgets.

The month 11 position is now showing a year to date breakeven position and forecast underspend of £39k.

4. Locally Commissioned Services (see Appendix 1)

4.1 **Salford Standard**

The theoretical budget requirement for the Salford Standard is £7,859k based on £25.91 per patient based on the weighted list size of 303,322 patients. The budget has been set at £7,264k in total, assuming just over 90% achievement. The combined budget of £7,264k comprises of a fixed payment amount of 25% for signing the contract and meeting the necessary minimum criteria. The remaining 75% is available for achievement of the KPIs associated with the standards. The forecast is currently an underspend of £22k which assumes the same level of achievement as 2018/19 based on the latest quarter 3 achievement data and takes into account that one practice has not been awarded the contract.

4.2 **Extended Access**

Salford Wide Extended Access scheme budget for 2019/20 is set at £1,296k. The year-to-date and forecast outturn is a breakeven position.

4.3 **Primary Care Networks (PCNs)**

The core primary care networks DES is a new scheme based on the guidance around the setup of PCNs. Funding from the CCG core allocation is available to the networks at £1.50 per registered population (equates to £0.125 per patient per month) and is paid directly to the PCNs.

As this scheme had no budget allocated at budget setting, the CCG is reporting a year to date pressure of £381k and is forecasting an overspend of £416k.

4.4 **Other Locally Commissioned Services**

Other locally commissioned services are those which were not appropriate to include within the Salford Standard. These schemes are forecast to overspend by £28k due to an increase in claims for the minor ailment scheme, cataract referrals and low vision aids.

5. Prescribing and Other (see Appendix 1)

5.1 **Prescribing**

The annual budget for prescribing is £39,029k. Based on the latest report received from the NHS Business Services Authority (NHSBA) for 2019/20 the CCG is reporting a year to date overspend of £209k and a forecast overspend of £263k. The NHSBSA forecast is based on actual expenditure up to the end of December 2019. The sole reason for this overspend relates to category M drugs pricing, whereby the costs of this group of medicines is negotiated at a national level. It is likely that this forecast will continue to fluctuate.

The annual budget for prescribing other costs relates to the budget for GP Out of Hours and VAT and discounts related to personally administered drugs. The year to date position is showing an £80k underspend and the forecast position is an underspend of £79k. The forecast underspend has arisen due to the CCG receiving drugs rebates and reimbursements.

The Home Oxygen and central drugs expenditure is received from the NHS Business Services Authority and the forecasts are calculated based on average monthly spend in 2019/20. Based on this information the year to date position is an underspend of £1k and a forecast underspend of £1k.

6. In View Services

6.1 **Primary Care IT**

The Primary Care IT budget funds IT related support and services to GP practices for which the CCG is responsible for paying. Within Primary Care IT, there is also a budget for various IT projects as agreed at PCCC. The month 11 position is forecast to underspend by £5k due to reduced telephony related costs.

6.2 **GP Forward View**

The CCG has received an allocation of £86k in relation to setup of regional prescribing networks based on the NHS long term plan 2019. The CCG is showing a breakeven year to date and forecast position.

7. Risks

7.1 Risks to the primary care services financial position overspending more than the current reported position include: -

- Variability of prescribing expenditure and the robustness of NHSBA's forecasts
- Volatility of ad hoc expenditure such as locum costs for suspended GPs and sickness/maternity cover
- Recharges of premises expenditure from CHP and NHSPS in excess of indicative budgets
- Salford Standard achievement may not be in line with previous years.

8. Recommendations

8.1 The PCCC is asked to note the report and the risks to the financial position outlined in section 7 above.

David Warhurst
Chief Finance Officer

Salford City Council

NHS Salford Clinical Commissioning Group

Appendix 1

	2019/20 Monitoring							
	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Annual variance	Previous Reported Variance to PCC	Movement in Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
General Practice - GMS	£15,958	£15,964	£6	£17,409	£17,437	£28	£4	£24
General Practice - PMS	£6,757	£6,789	£32	£7,371	£7,417	£46	£30	£16
General Practice - APMS	£1,935	£2,149	£214	£2,116	£2,372	£256	£3	£253
QOF	£2,143	£2,140	(£3)	£3,256	£3,247	(£9)	(£9)	-
Enhanced services	£1,151	£1,264	£113	£1,263	£1,387	£124	£166	(£42)
Premises Cost Reimbursement	£3,744	£3,612	(£132)	£4,109	£3,992	(£117)	£40	(£157)
Dispensing/Prescribing Drs (PA Drugs)	£151	£120	(£31)	£156	£145	(£11)	£2	(£13)
Other GP Services	£900	£1,260	£360	£1,010	£1,366	£356	£153	£203
Void & Subsidy	£1,487	£1,443	(£44)	£1,615	£1,602	(£13)	(£10)	(£3)
Non-Delegated PRC Schemes	£1,987	£1,987	-	£2,153	£2,114	(£39)	(£39)	-
TOTAL - Co-Commissioning	**£36,213**	**£36,728**	**£515**	**£40,458**	**£41,079**	**£621**	**£340**	**£281**
Salford Standard	£4,662	£4,662	(£0)	£6,424	£6,403	(£22)	(£234)	£213
Extended Access	£1,188	£1,188	-	£1,296	£1,296	-	-	-
Primary Care Networks	-	£381	£381	-	£416	£416	£416	-
Minor Ailment Scheme	£94	£104	£10	£103	£112	£10	£8	£2
Homeless Service	£87	£86	(£1)	£95	£94	(£1)	-	(£1)
Cataract Referrals	£16	£30	£14	£18	£32	£15	£6	£9
Low Vision Aids	£13	£16	£3	£14	£17	£4	(£3)	£6
Palliative Care	£3	£4	£1	£3	£4	£1	-	£1
Intraocular Hypertension	£1	£2	£1	£1	£2	£1	-	£1
TOTAL - Locally Commissioned Services	**£6,064**	**£6,474**	**£410**	**£7,954**	**£8,377**	**£423**	**£193**	**£230**
Prescribing: Main Line	£35,780	£35,989	£209	£39,029	£39,291	£263	£306	(£43)
Prescribing: Others	£165	£85	(£80)	£180	£100	(£79)	(£84)	£4
Optimum Health Solutions License	£63	£65	£2	£69	£71	£2	£2	-
Home Oxygen	£289	£257	(£32)	£316	£281	(£35)	(£29)	(£6)
Central Drugs	£1,158	£1,189	£31	£1,264	£1,297	£34	£27	£7
TOTAL - Prescribing	**£37,455**	**£37,586**	**£130**	**£40,856**	**£41,040**	**£184**	**£222**	**(£38)**
Out of Hours	£1,531	£1,531	£0	£1,671	£1,671	-	-	-
Primary Care Development	£915	£915	(£0)	£1,133	£1,133	-	-	-
TOTAL - Others	**£2,446**	**£2,446**	**£0**	**£2,804**	**£2,804**	-	-	-
TOTAL EXPENDITIURE for Integrated Fund	**£82,179**	**£83,234**	**£1,055**	**£92,072**	**£93,300**	**£1,228**	**£755**	**£473**
Primary Care IT	£1,627	£1,614	(£13)	£1,983	£1,979	(£5)	£3	(£8)
GP Forward View	£47	£47	-	£86	£86	-	-	-
TOTAL - In View (Primary Care)	**£1,674**	**£1,661**	**(£13)**	**£2,069**	**£2,065**	**(£5)**	**£3**	**(£8)**
TOTAL EXPENDITIURE for In View Services	**£1,674**	**£1,661**	**(£13)**	**£2,069**	**£2,065**	**(£5)**	**£3**	**(£8)**
TOTAL EXPENDITIURE for Primary Care Services	**£83,853**	**£84,895**	**£1,042**	**£94,141**	**£95,364**	**£1,223**	**£757**	**£466**

PRIMARY CARE COMMISSIONING COMMITTEE
PART I

AGENDA ITEM NO: 2c

Item for: <u>Decision</u>/Assurance/Information (Please underline and bold)

24 March 2020

Report of:		Director of Corporate Services
Date of Paper:		2 March 2020
Subject:		Terms of Reference Review
In case of query Please contact:		Jenny Noble Head of Governance and Policy 0161 212 6355 Anna Ganotis Head of Service Improvement 0161 212 4912
Strategic Priorities:		Please tick which strategic priorities the paper relates to:
	Quality, Safety, Innovation and Research	
	Integrated Community Care Services (Adult Services)	
	Children's and Maternity Services	
	Primary Care	
✓	**Enabling Transformation**	

Purpose of Paper:

The purpose of this item is to present the Terms of Reference for the Primary Care Commissioning Committee for review.

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	This paper contains a review of the Terms of Reference for the Primary Care Commissioning Committee.
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	None identified.
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	None identified.
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	None identified.
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	None identified.
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	None identified.

Footnote:

Members of Primary Care Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Primary Medical Care Commissioning Principles	Addressed in this paper?
1. Salford will have the safest, most effective healthcare and wellbeing system in England; with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable and person centred way.	No
2. The PCCC will support general practice in Salford to be an attractive place to work. This will include encouraging and supporting general practice to: embrace digital technology, innovation and new ways of working; adapt, train and up-skill the workforce to meet patient need; reduce its carbon footprint; and work from modern and fit for purpose premises. The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden.	No
3. Investment decisions will focus on strengthening capacity and improving access to general practice (e.g. implementing additional roles across primary care networks). The PCCC will maximise opportunities to commission primary medical services at scale where this is expected to improve patient experience or be more efficient and effective.	No
4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to meet the needs of a growing and increasingly diverse population. This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental and social wellbeing of the Salford community.	No
5. The PCCC will ensure that general practice services are commissioned from providers that are able to demonstrate high quality, safe and holistic care (in line with the Salford Standard), which results in good outcomes for patients and value for money for the NHS. The same opportunities will not be available to providers that are unable to demonstrate these attributes.	No
6. The CCG will connect, involve, empower and engage the local population. The PCCC will take into account patient views when making primary	No

medical services commissioning decisions.	
7. The CCG will encourage and support primary care networks to play a pivotal role within the integrated care system, thus giving general practice a strong voice. This will support the improvement of patient pathways in secondary and community services.	No
8. The PCCC will embrace opportunities to commission primary medical services in an integrated way where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams.	Yes
9. The PCCC will consider new contracting mechanisms when they are expected to improve patient experience or be more efficient. This includes practices working collaboratively in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services.	No
10. The CCG will proactively work with partners (including primary care networks, Salford Primary Care Together - as Salford's GP provider organisation, the Salford and Trafford Local Medical Committee and the voluntary sector) in a transparent and supportive manner.	No
11. The CCG, as a commissioner of primary medical services, cannot assume responsibility for, or become involved in, matters relating to the management of GP practices (including practice disputes and legal matters). However, action will be taken where such matters affect patient care and/or delivery of contractual requirements.	No
12. When commissioning decisions need to be made regarding primary medical service contracts, there will be full consideration of each of the available options in order to determine the approach that is most likely to meet the needs of the population and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service.	No

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)		✓			
Clinical Engagement (Please detail the method i.e. survey, event, consultation)		✓			
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally?		✓			
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)		✓			
Legal Advice Sought		✓			
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)				This paper will be presented to the Primary Care Commissioning Committee on 24 March 2020 for consideration.	Amendments will be made in light of any comments received and presented to Governing Body for approval.

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Salford City Council

NHS Salford Clinical Commissioning Group

Terms of Reference Review

1. Executive Summary

The purpose of this item is to present the Terms of Reference for the Primary Care Commissioning Committee for review.

2. Introduction

2.1 Section 46 of the current Terms of Reference requires that the Committee undertakes a review of its Terms of Reference in March 2020, or sooner should this be required due to operational learning or system changes. The Terms of Reference were last reviewed and recommended for approval by the Committee in January 2019.

3. Current situation

3.1 An initial review of the current Terms of Reference has been completed by the Head of Governance and Policy and Head of Service Improvement and included at Annex A to this report. No significant amendments are proposed.

3.2 A review of the business conducted by the Committee over the previous 12 months has been carried out by the Head of Governance and Policy and Head of Service Improvement and has identified that, while in the main the relevant functions have been discharged by the Committee, members should consider whether there are any functions which have not been completed including quality and reference to the Primary Care Quality Group in particular.

3.3 Meetings of the Committee have been held in accordance with the frequency set out in s28 of the Terms of Reference. While there have been no instances of inquorate meetings, attendance levels amongst Committee members have been variable in the last 12 months. A register of attendance is included for information at Annex B to the report and the Committee is recommended to consider attendance levels and membership which was updated to include Salford City Council colleagues as part of the integrated governance and decision making arrangements from April 2019.

3.4 With regards to membership, in addition to regular attendance by current members, the Committee should consider whether there are any membership gaps which need to be addressed in order to enhance Committee performance. It is not recommended to include PCNs, as provider organisations, as members of PCCC.

4. Recommendations

4.1 The Primary Care Commissioning Committee is asked to:

- Consider the Terms of Reference included at Annex A, in conjunction with the items identified for consideration at s3 of the report, and make appropriate recommendations for approval to the Governing Body.

Jenny Noble
Head of Governance and Policy

Anna Ganotis
Head of Service Improvement

NHS
Salford
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
TERMS OF REFERENCE

Introduction

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in paragraph 16 of these Terms of Reference to NHS Salford CCG. NHS Salford CCG and NHS England signed the delegation agreement on 29 and 30 January 2015 respectively. The agreement became effective on 1 April 2015. The agreement sets out the arrangements that apply in relation to the exercise of the delegated functions by the CCG.

2. The CCG has established the NHS Salford CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The Committee will also make decisions relating to primary care commissioning matters which are a delegated function of Salford CCG and those matters that have been functions of Salford CCG since it was established in April 2013.

3. It is a Committee comprising representatives of the following organisations/groups:
   - NHS Salford CCG;
   - NHS England;
   - Salford City Council;
   - Healthwatch; and,
   - Salford Health and Well Being Board.

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);
   b) Duty to promote the NHS Constitution (section 14P);
   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
   d) Duty as to improvement in quality of services (section 14R);
   e) Duty in relation to quality of primary medical services (section 14S);
   f) Duties as to reducing inequalities (section 14T);
   g) Duty to promote the involvement of each patient (section 14U);
   h) Duty as to patient choice (section 14V);
   i) Duty as to promoting integration (section 14Z1);
   j) Public involvement and consultation (section 14Z2).

7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

8. In the work of this committee, it will also exercise the CCG additional general duties to:

   - Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health
   - Promote innovation
   - Promote research and the use of research

9. The Committee is established as a committee of the Governing Body of NHS Salford CCG in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State, in particular where these relate to delegated matters.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Salford, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Salford CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes, but is not limited to, the following:

    - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
    - Newly designed commissioned ~~enhanced~~ services (previously referred to as "Local Enhanced Services" and "Directed Enhanced Services");
    - Design of local incentive and quality improvement schemes as an alternative, or in addition, to the Quality Outcomes Framework (QOF);
    - Decision making on whether to establish new GP practices in an area;
    - Approving practice mergers; and
    - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

    a) To plan, including needs assessment, primary medical care services in Salford;
    b) To undertake reviews of primary medical care services in Salford;

c) To co-ordinate a common approach to the commissioning of primary care services generally;
d) To manage the budget for commissioning of primary medical care services in Salford.

17. Delegated commissioning arrangements will exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation).

18. The role of the Committee will also include decision making in relation to CCG commissioning business relating to:

    a) Primary Care collaborative organisations (e.g. Salford Primary Care Together)
    b) Salford Standard
    c) Local Commissioned Services (LCS)
    d) Prescribing

19. The role of the Committee will also include, where relevant, being consulted with or engaged on matters in relation to CCG commissioning business relating to:

    a) Primary Care Information Technology (IT)
    b) Primary Care workforce development

20. The specific scope of the Committee, determined through the services commissioned in financial terms, is provided in appendix 1.

Population Coverage

21. The Committee's responsibilities will cover the same registered patient population as those of NHS Salford CCG. Where appropriate, the Committee will also be responsible for people who are usually resident within the area and are not registered with a member of any clinical commissioning group.

Membership

22. The Committee shall consist of:

    NHS Salford CCG
    Deputy Chair/Senior Lay Member (Chair)
    Lay Member (Deputy Chair)
    Chief Accountable Officer
    Chief Finance Officer
    Director of Commissioning
    Director of Innovation and Quality

    NHS England
    A representative

    Salford City Council
    Deputy City Mayor
    Lead member for Adult Services, Health and Wellbeing
    Lead member for Children's and Young People's Services
    Strategic Director of People
    Director of Public Health

Other
CCG Medical Director (non-voting)
CCG Clinical Director of ~~Transformation~~ Commissioning (non-voting)
Healthwatch Representative (non-voting)
Health and Wellbeing Board Representative (non-voting)

23. The Chair of the Committee shall be a Lay Member and will be appointed by the Governing Body for a period of three years which may be renewed up to a maximum of three terms of office served (9 years in total).

24. The Deputy Chair of the Committee shall also be a Lay Member and will be appointed by the Governing Body for a period of three years which may be renewed up to a maximum of three terms of office served (9 years total).

Quorum

24. One third of voting members represents a quorum but there must always be a majority of lay members and officers present including the Chair or Deputy Chair. Deputies are not routinely invited to attend meetings, although the Chair has the authority to consider the use of deputies in exceptional circumstances.

Voting

25. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

26. The Committee will comply with the CCG's conflict of interest arrangements. In addition voting rights of the Committee have been specifically set to minimise the risk that conflicts of interest influence decision making.

Meeting arrangements

27. The Committee will operate in accordance with the CCG's Standing Orders. An administrative assistant, acting as Secretary to the Committee, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

28. The Committee shall meet according to business requirements, but is expected to meet six times per year.

29. Where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the Chair (or in their absence the Deputy Chair) the following will be circulated to the committee:

a) The details in respect of the decision required
b) The response required and associated timescales

30. The outcome will be communicated to the committee members and the Chair's (or Deputy Chair's) approval will be sought in order to empower the named representative from the CCG

to implement the agreed actions. Where a consensus cannot be achieved through the process, the casting vote will be as above, at 23.

31. All decisions will be reported to the Primary Care Commissioning Committee at its next meeting by the Chair (or Deputy Chair) with a full explanation, regarding:

    a) What the decision was
    b) Why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings)
    c) What was the majority view of the members of the Committee
    d) How the decision was implemented

32. A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

33. Meetings of the Committee shall:

    a) be held in public, subject to the application of 26(b);
    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

34. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

35. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

36. Members of NHS Salford CCG staff who support the work of this the Committee will be in attendance at meetings (part 1 and part 2, as appropriate and agreed by the Chair). The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

37. All members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.

38. The Committee will present its minutes to the Greater Manchester Health and Social Care Partnership on behalf of NHS England, the Governing Body of Salford CCG and the Cabinet of Salford City Council following each meeting for information.

39. The CCG will also comply with any reporting requirements set out in its Constitution.

40. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

41. The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This Committee is accountable to the Governing Body. Membership of the Governing Body is representative of the membership through the clinical and neighbourhood lead roles. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Citizen and Patient Panel and Patient Participation Groups.

42. Budget and resource accountability arrangements and the decision-making scope of the Committee will be in line with those detailed in these Terms of Reference and in the delegation agreement.

Procurement of Agreed Services

43. Procurement of agreed services will take place in line with the arrangements set out in the delegation agreement and other associated guidance.

Decisions

44. The Committee will make decisions within the bounds of its remit.

45. The decisions of the Committee shall be binding on NHS England, Salford City Council and NHS Salford CCG.

Review

46. These terms of reference will be reviewed in March 2020, or sooner should this be required due to operational learning or system changes.

Appendix 1

Scope of the Primary Care Commissioning Committee

Integrated fund:

- Delegated Co-Commissioning
- Salford Primary Care Together
- Salford Standard
- Local Enhanced Services (LES)
- Prescribing
- Public Health Service
    - Chlamydia Screening
    - Emergency Hormone Contraception
    - LES Long-Acting Reversible Contraception
    - LES Chlamydia (part of Salford Standard)
    - LES Smoking Cessation (includes Prison and Pharmacy)
    - Tobacco Equipment Costs
    - Tobacco Nicotine Replacement Therapy

In view:

- Primary Care IT

PCCC

Members	May	July	Sept	Nov	Jan	Mar		
Brian Wroe	✓	✓	✓	✓	✓		5	100%
Paul Newman	✓	✓		✓	✓		4	80%
Anthony Hassall		✓	✓	✓			3	60%
Steve Dixon	✓	✓	✓	✓	✓		5	100%
Karen Proctor	✓		✓	✓	✓		4	80%
Francine Thorpe	✓			✓			2	50%
Ben Squires	✓	✓	✓	✓	✓		5	100%
Councillor John Merry	✓	✓			✓		3	60%
Councillor Gina Reynolds	✓	✓	✓	✓	✓		5	100%
Charlotte Ramsden							0	0%
Peter Brambleby		✓		✓			2	50%
David Warhurst							0	0%
Muna Abdel Aziz					✓		1	100%
Claire Vaughan					✓		1	100%

PRIMARY CARE COMMISSIONING COMMITTEE
PART I

AGENDA ITEM NO: 3a

Item for: Decision/Assurance/**Information**

24 March 2020

Report of:		Anna Ganotis Head of Service Improvement
Date of Paper:		February 2020
Subject:		Update to the GP contract agreement 2020/21 – 2023/24
In case of query Please contact:		Anna Ganotis Head of Service Improvement Anna.ganotis@nhs.net 0161 212 4912
Strategic Priorities:		Please tick which strategic priorities the paper relates to:
	Quality, Safety, Innovation and Research	
	Integrated Community Care Services (Adult Services)	
	Children's and Maternity Services	
✓	**Primary Care**	
	Enabling Transformation	

Purpose of Paper:
To brief the Primary Care Commissioning Committee on the *Update to the GP contract agreement 2020/21 – 2023/24* and set out the implications for Salford and the CCG's work programme.

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	Improved primary medical care service for the benefit of patients registered with a Salford GP practice.
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	None identified
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	NA
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	NA
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	GP practices in Salford

Footnote:

Members of Primary Care Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Primary Medical Care Commissioning Principles	Addressed in this paper?
1. Salford will have the safest, most effective healthcare and wellbeing system in England; with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable and person centred way.	Yes – elements of the contract agreement are aimed at improving quality.
2. The PCCC will support general practice in Salford to be an attractive place to work. This will include encouraging and supporting general practice to: embrace digital technology, innovation and new ways of working; adapt, train and up-skill the workforce to meet patient need; reduce its carbon footprint; and work from modern and fit for purpose premises. The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden.	Yes – elements of the contract agreement are aimed at improving morale.
3. Investment decisions will focus on strengthening capacity and improving access to general practice (e.g. implementing additional roles across primary care networks). The PCCC will maximise opportunities to commission primary medical services at scale where this is expected to improve patient experience or be more efficient and effective.	Yes – elements of the contract agreement are aimed at improving access.
4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to meet the needs of a growing and increasingly diverse population. This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental and social wellbeing of the Salford community.	NA
5. The PCCC will ensure that general practice services are commissioned from providers that are able to demonstrate high quality, safe and holistic care (in line with the Salford Standard), which results in good outcomes for patients and value for money for the NHS. The same opportunities will not be available to providers that are unable to demonstrate these attributes.	NA
6. The CCG will connect, involve, empower and engage the local population. The PCCC will take into account patient views when making primary medical services commissioning decisions.	NA

7. The CCG will encourage and support primary care networks to play a pivotal role within the integrated care system, thus giving general practice a strong voice. This will support the improvement of patient pathways in secondary and community services.	Yes – elements of the contract agreement are aimed at ensuring that PCNs play a pivotal role.
8. The PCCC will embrace opportunities to commission primary medical services in an integrated way where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams.	NA
9. The PCCC will consider new contracting mechanisms when they are expected to improve patient experience or be more efficient. This includes practices working collaboratively in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services.	NA
10. The CCG will proactively work with partners (including primary care networks, Salford Primary Care Together - as Salford's GP provider organisation, the Salford and Trafford Local Medical Committee and the voluntary sector) in a transparent and supportive manner.	Yes – the CCG will need to work with PCNs and the LMC to implement the new contract agreement.
11. The CCG, as a commissioner of primary medical services, cannot assume responsibility for, or become involved in, matters relating to the management of GP practices (including practice disputes and legal matters). However, action will be taken where such matters affect patient care and/or delivery of contractual requirements.	NA
12. When commissioning decisions need to be made regarding primary medical service contracts, there will be full consideration of each of the available options in order to determine the approach that is most likely to meet the needs of the population and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service.	NA

Salford City Council

NHS Salford Clinical Commissioning Group

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			✓		
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			✓		
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally?			✓		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			✓		
Legal Advice Sought			✓		
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)	✓			Presented to Primary Care Operational Group on 10/3/20 for information.	Noted

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Salford City Council

NHS Salford Clinical Commissioning Group

Update to the GP contract agreement 2020/21 – 2023/24

1. Executive Summary

In February 2020, NHS England and the British Medical Association published 'Investment and Evolution: Update to the GP contract agreement 2020/21 – 2023/24'. This paper summarises the new contract agreement and explores some of the implications for NHS Salford CCG

2. Background

2.1 A paper was presented to the March 2019 Primary Care Commissioning Committee (PCCC) which gave an overview of '*A five-year framework for GP contract reform to implement The NHS Long Term Plan'*[1]. This contract agreement set out to introduce widespread changes aimed at addressing workforce and workload pressures in general practice. A key component of the framework was the introduction of primary care networks (PCNs) under the Network Contract Directed Enhanced Service (DES).

2.2 In February 2020, NHS England and the British Medical Association published '*Investment and Evolution: Update to the GP contract agreement 2020/21 – 2023/24'*[2], which updates and enhances the existing five year GP contract deal.

2.3 This paper summarises the new contract agreement and explores some of the implications for NHS Salford CCG.

3. GP Contract Agreement 2020/21 – 2023/24

Enhancing the Additional Roles Reimbursement Scheme

3.1 The Additional Roles Reimbursement Scheme was established in 2019. Under the scheme, funding was made available for PCNs to recruit clinical pharmacists and social prescribing link workers (2019/20); physician associates and first contact physiotherapists (2020/21) and community paramedics (2021/22).

3.2 Six additional roles have been added to the scheme for 2020/21:
- Pharmacy technicians
- Health and wellbeing coaches
- Care co-ordinators
- Occupational therapists
- Dieticians
- Podiatrists

Mental health practitioner roles will also be included from April 2021.

[1] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf

3.3 More operational flexibility has been granted to PCNs and CCGs regarding the use of the Scheme and the roles will now all be reimbursed at 100% of actual salary plus on-costs.

3.4 As part of the Network Contract DES specification, all PCNs will be expected to seek to utilise 100% of their available Scheme funding. CCGs will have a corresponding duty to support their PCNs in doing so. CCG's, PCN clinical directors and local medical committees will be required to develop a CCG-wide plan to use the available Additional Roles Reimbursement Scheme budget each year.

More doctors in general practice

3.5 The contract agreement announces that there will be new investment over the four-year period to enable the NHS to meet the Government's target of 6000 additional doctors working in primary care by 6,000. This will include funding for additional GP trainee places, as well as recruitment and retention schemes.

3.6 By 2021, every newly qualified GP coming out of training will have the guaranteed opportunity to enter a two-year fellowship programme, which includes funded mentorship, funded 1 session a week of continuing professional development, and rotational placements within or across PCNs. The programme will also be open to newly qualified nurses.

3.7 New GP partners will be eligible for a £3,000 business training allowance and a one-off payment of £20,000. It will also be open to other professional groups, such as nurses and pharmacists.

3.8 In 2020/21, groups of PCNs will be supported to create local 'locum support schemes', which will provide greater peer support and networking opportunities for locum GPs.

Releasing time to care

3.9 A Government review will consider how to reduce bureaucratic burden on general practice. A NHS England and NHS Improvement review will run in parallel to this.

3.10 A nationally programme will fund the digitalisation of paper 'Lloyd George' records. This will help to free-up physical space within practices.

3.11 The NHS Community Pharmacist Consultation Service went live in October 2019 and has taken referrals which would otherwise have been made to a GP. The service will be expanded in 2020/21 to take referrals from other settings.

Improving access for patients

3.12 The Government aspiration is for there to be 50 million more appointments in general practice, driven primarily by increasing staff numbers.

3.13 An improved appointments dataset will be introduced in 2020 and a new measure of patient experience is being designed, for introduction in April 2021.

3.14 A new GP Access Improvement Programme will be introduced in 2020, with a focus upon those PCNs / practices with the longest waits for a routine appointment. There will be funding within the 'PCN Investment and Impact Fund' to support better experience and reductions in waiting times.

3.15 A nationally consistent offer that combines the funding currently in the Network Contract DES for extended hours access together with the wider CCG commissioned extended access service will be developed in 2020/21, for implementation from April 2021.

Reforming arrangements for vaccinations and immunisations

3.16 Arrangements for vaccinations and immunisations will be reformed over the next two years, in accordance with the conclusions of a 2019 review. Changes will include:
- Vaccinations and immunisations will become an essential service, so all practices will be expected to offer all routine, pre and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population.
- New contractual core standards which practices will need to comply with.
- Introduction of a standard item of service fee for the delivery of each dose of all routine and annual vaccines.
- Incentive payments to practices for achieving specified levels of population coverage (via the Quality and Outcomes Framework and the PCN Investment and Impact Fund).
- Introduction of repayments where a practice does not achieve a minimum of 79% coverage on the routine childhood vaccines.

Updating the Quality and Outcomes Framework (QOF)

3.17 There will be further changes to the Quality and Outcomes Framework (QOF) in line with the 2018 QOF Review. Changes will include:
- Improvements to the asthma, COPD and heart failure domains.
- A new indicator to incentivise practices to offer an annual HbA1c test for people known to have non-diabetic hyperglycaemia.
- A focus on improving care of people with a learning disability and supporting early cancer diagnosis, as part of the Quality Improvement domain.

3.18 The updated GP contract agreement also states that from 2020/21, there will be a new requirement for GPs to offer a 6-8 week postnatal check for new mothers.

Delivering PCN service specifications

3.19 Based upon the concerns raised during the consultation on the five proposed new PCN service specifications for 2020/21, a number of changes have been made.

3.20 The 3 service specifications for delivery from 2020/21 will now be: Structured Medication Review and Medicines Optimisation; Enhanced Health in Care Homes; and Supporting Early Cancer Diagnosis. The specifications are set out within the Agreement.

3.21 The Agreement states that where a locally commissioned service already exists for a service that is duplicated by the DES requirements, funding must be reinvested within primary medical care.

Introducing the Investment and Impact Fund

3.22 A new Investment and Impact Fund (IIF) will reward PCNs for delivering national objectives. Monies earned from the Fund must be used for workforce expansion and services in primary care, to be agreed with the CCG.

3.23 In 2020/21, there will be 8 performance indicators (see page 49 of the Agreement), each of which will be allocated a certain number of points, with the number of points indicating the relative allocation of funds. CCGs will approve a level of 'aspiration payment' and then adjustments will be made according to actual attainment at the end of the financial year.

3.24 A new Network Dashboard from April 2020 will include indicators on:
- Performance against the IIF
- The seven PCN service specifications
- Population health and prevention
- Workforce
- Access and hospital use

Network arrangements

3.25 To support stable membership of PCNs, auto-enrolment for existing practices and PCNs will be introduced, combined with an annual one-month window in which practices will be able to opt-out of the Network Contract DES, or opt-in if they are not currently participating.

3.26 There will be a requirement in the Network Contract DES for each PCN to outline in their Network Agreement the details of the collaboration agreement reached with its community services providers and community pharmacy.

4. Implications for Salford

4.1 The CCG is currently going through the 2020/21 business planning process. The Primary Care Business Plan already incorporates elements from the original contract framework, but will need to be refreshed in line with the additional requirements of the updated GP contract agreement. Some key elements for consideration by the CCG will be:

- Working with the PCN clinical directors and the Salford and Trafford LMC to develop a CCG-wide plan regarding the Additional Roles Reimbursement Scheme.
- Supporting PCNs to improve patient experience and reduce waiting times for appointments.
- Keeping abreast of national plans for extended access to ensure that the re-commissioning of the SWEAP service is in-line with national policy.

- Working with Public Health colleagues to implement the new arrangements for vaccinations and immunisations (including ensuring that all practices provide essential services).
- Considering any areas of overlap between the Agreement and the requirements of the 2020/21 Salford Standard, making any alterations as necessary.
- Considering how to incorporate the new QOF quality improvement indicators within existing CCG work programmes (LD and cancer).
- Working with PCNs to consider how the delivery of the 3 new service specs will intersect with existing commissioned services (particularly the Care Homes Medical Practice).
- Working with PCNs to agree the level of 'aspiration payment' for the IIF and to agree how the funding will be utilised.
- Facilitating sign-up to the 2020/21 Network Contract DES.

5. Recommendations

5.1 The Primary Care Commissioning Committee is asked to:

- Note the contents of this report

Anna Ganotis
Head of Service Improvement

PRIMARY CARE COMMISSIONING COMMITTEE
PART I

AGENDA ITEM NO: 3d

Item for: Decision/Assurance/**Information** (Please underline and bold)

24th March 2020

Report of:	Francine Thorpe Director of Quality & Innovation 0161 212 4906
Date of Paper:	10th March 2020
Subject:	Primary Care Quality Group Review Paper
In case of query Please contact:	Lisa Best, Quality Assurance Manager 0161 212 4101
Strategic Priorities:	Please tick which strategic priorities the paper relates to:

✓	**Quality, Safety, Innovation and Research**
	Integrated Community Care Services (Adult Services)
	Children's and Maternity Services
	Primary Care
	Enabling Transformation

Purpose of Paper:

This paper provides assurance to the group that quality and safety within primary care services are being monitored effectively. The Primary Care Quality Group (PCQG) reports to the Primary Care Commissioning Committee (PCCC). Therefore, this paper provides an update on the work that is overseen by the PCQG.

Recommendation of this paper:

1. Note the contents of this report and the progress made in developing the quality and safety agenda within primary care.

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	The Primary Care Quality Group is working to improve the quality of care in primary care across Salford.
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	NA – update paper. Risks will be managed within each individual programme of work.
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	NA – update paper. Risks will be managed within each individual programme of work.
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	None
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	None
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	Quality by its very nature is everyone's business therefore it will impact across all areas of care planning and delivery.

Footnote:

Members of Primary Care Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Primary Medical Care Commissioning Principles	Addressed in this paper?
1. Salford will have the safest, most effective healthcare and wellbeing system in England; with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable and person centred way.	Yes
2. The PCCC will support general practice in Salford to be an attractive place to work. This will include encouraging and supporting general practice to: embrace digital technology, innovation and new ways of working; adapt, train and up-skill the workforce to meet patient need; reduce its carbon footprint; and work from modern and fit for purpose premises. The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden.	No
3. Investment decisions will focus on strengthening capacity and improving access to general practice (e.g. implementing additional roles across primary care networks). The PCCC will maximise opportunities to commission primary medical services at scale where this is expected to improve patient experience or be more efficient and effective.	No
4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to meet the needs of a growing and increasingly diverse population. This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental and social wellbeing of the Salford community.	Yes
5. The PCCC will ensure that general practice services are commissioned from providers that are able to demonstrate high quality, safe and holistic care (in line with the Salford Standard), which results in good outcomes for patients and value for money for the NHS. The same opportunities will not be available to providers that are unable to demonstrate these attributes.	No
6. The CCG will connect, involve, empower and engage the local population. The PCCC will take into account patient views when making primary medical services commissioning decisions.	Yes

7. The CCG will encourage and support primary care networks to play a pivotal role within the integrated care system, thus giving general practice a strong voice. This will support the improvement of patient pathways in secondary and community services.	Yes
8. The PCCC will embrace opportunities to commission primary medical services in an integrated way where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams.	No
9. The PCCC will consider new contracting mechanisms when they are expected to improve patient experience or be more efficient. This includes practices working collaboratively in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services.	Yes
10. The CCG will proactively work with partners (including primary care networks, Salford Primary Care Together - as Salford's GP provider organisation, the Salford and Trafford Local Medical Committee and the voluntary sector) in a transparent and supportive manner.	Yes
11. The CCG, as a commissioner of primary medical services, cannot assume responsibility for, or become involved in, matters relating to the management of GP practices (including practice disputes and legal matters). However, action will be taken where such matters affect patient care and/or delivery of contractual requirements.	Yes
12. When commissioning decisions need to be made regarding primary medical service contracts, there will be full consideration of each of the available options in order to determine the approach that is most likely to meet the needs of the population and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service.	Yes

Salford City Council

NHS Salford Clinical Commissioning Group

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			X		
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			X		
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally?			X		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)			X		

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Salford City Council

NHS Salford Clinical Commissioning Group

Primary Care Quality Group Review Paper

1. Executive Summary

This report provides an overview on a number of areas that are used to measure the quality and safety of patient care within the primary care services commissioned by NHS Salford CCG.

An update is provided on issues that have been discussed at the regular Primary Care Quality Group (PCQG) meetings along associated actions taken:

CQC
98% of GP practices in Salford are currently rated 'Good' or 'Outstanding' by the CQC. The CCG has provided two training sessions to GP practices around preparing for inspections. Since training has been provided, no annual reviews have triggered inspections.

Medicines Optimisation
The Medicines Optimisation Team is now supporting practices to implement the commissioning guidance from NHSE for over the counter items.

Salford Standard
Average year-to-date (YTD) practice achievement of eligible Key Performance Indicators (KPIs) at the end of quarter 3 (Q3) was 61.8%, which was marginally up on the previous quarter (58.8%).

Quality Assurance Visits (QAV)
There is one visit scheduled for March 2020. The QAV Policy has now been approved by the PCQG.

Quality Assurance Dashboard
The quality assurance dashboard indicators will be incorporated into a new CCG primary care dashboard going forward. The dashboard is currently in development and will meet the requirements of the national Primary Care Medical Assurance Framework.

Primary Care Safeguarding Assurance
Level 3 Adult safeguarding training is now a requirement for GP practices and was first introduced to them in 2019.

Patient Experience
GP practices are currently in the process of submitting their evidence for the requirements covering patient experience for the Salford Standard 2020/21.

2. Introduction and background

2.1 The Primary Care Quality Group (PCQG) provides an update report to every Primary Care Commissioning Committee (PCCC) meeting to ensure that members of PCCC are sighted on the quality of GP practices in Salford.

2.2 This paper provides an overview of issues that have been discussed at the regular Primary Care Quality Group meetings, along with quality and safety information gained from other sources, including the Care Quality Commission (CQC), the quality assurance dashboard and CCG quality assurance visits.

This report covers the virtual PCQG meeting held in February 2020.

3. Care Quality Commission (CQC)

3.1 Overview

To date, 43 of our 44 GP Practices have been inspected by the CQC (Salford care home practice is inspected as part of the SRFT inspection). Of these, two are now rated 'Outstanding', 40 rated 'Good', one 'Requires Improvement' and 0 rated 'Inadequate'. 98% practices in Salford are currently rated 'Good' or 'Outstanding'. In addition, all but 12 practices have received the CQC annual review calls that are part of the new inspection process. There are five categories that the CQC consider when inspecting a GP practice; safe, effective, caring, responsive and well-led. All but four practices in Salford are rated 'Good' in all of the five CQC categories. Three are currently rated 'Requires Improvement' in the category of safe.

The CCG has a robust system in place for identifying practices that may be facing challenges in terms of quality. This includes working alongside partners such as the Local Medical Committee (LMC) to offer advice and support to practices that are currently rated 'Requires Improvement'.

3.2 Recent Inspections

There have been no inspections in February 2020. The CQC has been focusing on completing the remaining annual review telephone calls to practices. There have been no issues reported and no inspections triggered since the last report.

3.3 Recently Published Inspection Reports – SWEAP Service (as part of Salford Primary Care Together)

The Salford Wide Extended Access Pilot (SWEAP) Service, which is run by Salford Primary Care Together, was recently inspected. The service was commissioned by Salford CCG and started operating in August 2017. It now offers weekend and evening appointments to patients at 5 neighbourhood hubs. The CQC carried out the inspection at the SPCT headquarters Albert Street, Eccles and also visited Eccles Gateway.

The CQC was particularly impressed with the leadership within the service and found that there were robust systems in place for managing the service.

In particular, the CQC found that:

- Staff treated patients with compassion, kindness, dignity and respect
- Patients were able to access care and treatment within an appropriate timescale for their needs
- There was a clear system in place for patients accessing appointments
- There were good systems in place to manage risks so that safety incidents were less likely to happen and when they did happen, lessons were learned
- There was good communication between staff
- Routine reviews of the effectiveness and appropriateness of the care were provided to patients
- There was a good awareness amongst staff of policies and procedures to support them in their role
- There was a strong focus on continuous learning and improvement at all levels of the organisation

As a result, the service was rated 'Good' in all categories.

A copy of the recent inspection report can be found on the CQC website or by following the link below:

https://www.cqc.org.uk/location/1-2217734879

3.4 **Recently Published Inspection Reports – Dr Loomba and partners (Walkden Gateway)**

Dr Loomba and partners (Walkden Gateway) was recently rated 'Requires Improvement' overall, with a rating of 'Inadequate' in the category of well-led. The practice received warning notices in relation to Regulation 12 'Safe care and treatment' and Regulation 17 'Good governance', which means that a focused inspection will be undertaken in the coming months to ensure improvements have been made in these areas. The practice has since embraced the support offered by the CCG and submitted an action plan to the CQC as well as a Practice Development Plan to the CCG. It is currently responding to the recommendations in the report and will receive a full re-inspection within 12 months.

A full copy of the report can be found here: https://www.cqc.org.uk/location/1-542981155

3.5 **New Registrations**

There have been several queries recently from practices around the correct process for changes to CQC registration. General guidance is available on the CQC website and the CCG has offered a reminder to practices of where to locate core information in the members' newsletter.

3.6 **Annual Regulatory Review**

The CQC is currently working through the remaining 12 annual telephone reviews for primary care medical services in Salford. These will be completed by April 2020. Since April, inspections have been triggered for two practices, so that the CQC can gain

additional assurance around areas of possible concern. These were from the early wave of annual reviews and no practice has triggered inspection since the CCG training was provided. Details on this training can be found in section 3.7.

3.7 Support

The Quality Assurance Team is committed to working towards the aims of the Quality and Safety Strategy 2018-20. In line with identifying concerns to secure improvement, a training programme was developed to offer practices support in better understanding what is expected of them in terms of a CQC inspection and how best to prepare. This programme involved a half-day training session, reference guide and checklist, which acts an informative toolkit to begin preparations for both an upcoming inspection and ongoing quality improvement. The initial two training dates took place on 9th and 14th January, with excellent attendance. Several practices that couldn't make the training have been visited on an individual basis. Since the training has been provided, no annual telephone reviews have triggered inspections.

4. Medicines Optimisation

4.1 NHS England Self-Care Workstream

In March 2018, NHS England published guidance for conditions for which over the counter (OTC) items should not routinely be prescribed in primary care. It lists 35 conditions plus probiotics and vitamins and minerals, as areas where self-care may be more appropriate. Adoption of the GM commissioning statement in relation to the provision of these items was agreed at Primary Care commissioning Committee last year. The Medicines Optimisation Team is now supporting practices to implement the commissioning guidance by identifying patient suitable for self-care and actioning agreed changes.

5. Salford Standard

5.1 Performance

Performance for the third quarter has been validated and reported to practices. There has been a marginal improvement on the previous quarter in terms of the available KPIs achieved with an average practice performance of 61.8% compared to 58.8% previously. Twenty practices achieved above the average performance figure. When compared to the same time last year performance overall has dipped slightly. This appears largely attributable to a small number of practices in the lower rankings performing significantly less well than in previous years. One of these practices is in the process of being dispersed.

While no practices have triggered the support and escalation process this quarter a practice in the previous quarter was required to submit a remedial action plan and their performance has stabilised although they remain in the lower rankings. The performance of this and other lower performing practices will continue to be reviewed by the Primary Care Quality Group.

Post Payment Verification Audits were undertaken with 16 practices in January and February and over the course of the last 3 years all practices have now been audited. The purpose of the PPVAs is to verify that practices are undertaking activity in line with their declarations at the start of the year. Data quality checks were also performed. One minor concern was highlighted for one practice and this is being investigated.

6. Quality Assurance Visits

6.1 Scheduled visits

No practices were visited in January or February. This was to allow practices to focus on completing the year end returns for QOF and Salford Standard.

6.2 Upcoming visits

There is one quality assurance visit scheduled for March 2020 at Monton Medical Practice. This visit is primarily to gain additional assurance around access to appointments, and is in response to performance as well as patient views. The outcome of the visit will be fed into the quality assurance governance process.

6.3 The Primary Care Medical Assurance Framework

The visit selection process for the quality assurance visits will be in line with the Primary Medical Assurance Framework, going forward. Individual quality assurance visits will still take place when required, however there will no longer be a schedule of 8 visits per year, which will be superseded by the Primary Medical Assurance Framework schedule. Intelligence will come from one central dashboard and will be reviewed at the Primary Care Reference Group, where the focus and required outcomes of the visit will be decided. Future theming analysis will be incorporated into the new process.

The changes were detailed in a paper, which was reviewed by the group in February 2019.

6.4 Quality Assurance Visit Policy

The changes to the visit process have resulted in a more formalised framework being developed for quality assurance visits, to formally define the process around visits that fall within the Primary Care Medical Assurance Framework and ad-hoc visits with the purpose of gaining additional quality assurance.

The policy was approved at the Primary Care Quality Group in February 2020.

7. Quality Assurance Escalation/Dashboard

7.1 The quality assurance dashboard is currently being reviewed and the key performance indicators incorporated into an overarching primary care dashboard, which is being developed in line with the national Primary Care Medical Assurance Framework. From April 2020, the new dashboard will be used as a single source of information by all CCG primary care teams.

8. Primary Care Safeguarding Assurance

8.1 Safeguarding Update

There has been continued progress made with Safeguarding Training in Primary Care from 2018-19 to 2019-20, as defined within the Safeguarding Children and Young People: roles and competencies for healthcare staff (Intercollegiate document, 2019) and Adult Safeguarding: roles and competencies for healthcare staff (Intercollegiate document, 2018).

Level 3 Adult safeguarding training became a new requirement within the Adult intercollegiate document in 2018 and was therefore introduced in May 2019 to practices.

New requirements for safeguarding children training as per the Safeguarding Children's Intercollegiate document 2019 will be implemented during 2020/21. Level 3 Safeguarding Children will be delivered over two sessions inclusive of workshops.

As a result of training and increased safeguarding awareness, members of the CCG Safeguarding Team continue to receive requests for advice and support from practitioners and have received 239 contacts since April 2019.

9. Patient Experience

9.1 Salford Standard CSR19

For the Salford Standard 2020/21, practices are currently in the process of submitting their evidence for the requirements covering patient experience. As such, at the time of writing this report, the evidence has not yet been submitted and validated. Practices are required to demonstrate:

- Evidence of an updated 'Quality Improvement Plan' for 2020/21, which is based on feedback from the GP survey and 'Friends and Family Test' (FFT).
- Readiness for the revised changes to the 'Friends and Family Test' (FFT) from 1st April 2020. This is in the form of the revision to the national guidelines of how providers of NHS contracts seek feedback via the statutory FFT questions. It should be noted that the CCG are working closely with I-Plato, who facilitate this digital function for practices.
- That the 'Patient Participation Group' (PPG) is active with feedback and learning being acted upon within the practice.

A further update will be provided to the PCCC in May 2020, which will incorporate the results of the validation process and next steps involving patient experience in primary school.

10. Recommendations

11.1 The Primary Care Commissioning Committee is asked to note the contents of this report and the progress made in developing the mechanisms for gaining assurance on quality and safety within primary care.

Salford City Council

NHS
Salford
Clinical Commissioning Group

Lisa Best
Quality Assurance Manager

PRIMARY CARE COMMISSIONING COMMITTEE
PART 1

AGENDA ITEM NO: 3e

Item for Decision/Assurance/**Information** (Please underline and bold)

24 March 2020

Report of:		Harry Golby Assistant Director of Commissioning
Date of Paper:		March 2020
Subject:		Primary Care Operational Group Report
In case of query Please contact:		Anna Ganotis Head of Service Improvement Anna.ganotis@nhs.net 0161 212 4912
Strategic Priorities:		Please tick which strategic priorities the paper relates to:
	Quality, Safety, Innovation and Research	
	Integrated Community Care Services (Adult Services)	
	Children's and Maternity Services	
✓	**Primary Care**	
	Enabling Transformation	

Purpose of Paper:
The Primary Care Operational Group (PCOG) is responsible for overseeing and managing the delivery of the Medical and Task Functions as specified by NHS England and the management of primary care commissioned services. The group is required to submit recommendations for decision making/ratification to the Primary Care Commissioning Committee (PCCC). Therefore, this paper provides an update on the work that is overseen by the PCOG.

The PCCC is asked to:

- Note the contents of this report
- Agree that there is an ongoing need for additional primary medical care provision for the residents of Salford Quays, beyond the two year pilot period.

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	The Primary Care Operational Group is working to improve the quality of care in primary care across Salford.
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	N/A – update paper. Risks will be managed within each individual programme of work.
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	N/A – update paper. Risks will be managed within each individual programme of work.
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	N/A
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	As a GP-led organisation, conflicts of interest are not entirely avoidable. This report concerns recommendations and decisions made regarding individual GP practices, so there is a potential conflict of interest associated with each decision. These are managed via the CCG's policy. No GP practices are represented on the PCOG.
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	N/A

Footnote:

Members of this Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Primary Medical Care Commissioning Principles	Addressed in this paper?
1. Salford will have the safest, most effective healthcare and wellbeing system in England; with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable and person centred way.	Yes – CQC, PCN DES, Salford Standard,
2. The PCCC will support general practice in Salford to be an attractive place to work. This will include encouraging and supporting general practice to: embrace digital technology, innovation and new ways of working; adapt, train and up-skill the workforce to meet patient need; reduce its carbon footprint; and work from modern and fit for purpose premises. The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden.	Yes – Informatics update, assurance framework update
3. Investment decisions will focus on strengthening capacity and improving access to general practice (e.g. implementing additional roles across primary care networks). The PCCC will maximise opportunities to commission primary medical services at scale where this is expected to improve patient experience or be more efficient and effective.	Yes – PCN DES, merger applications,
4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to meet the needs of a growing and increasingly diverse population. This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental and social wellbeing of the Salford community.	Yes – The Quays Practice update, Interpretation and Translation Services
5. The PCCC will ensure that general practice services are commissioned from providers that are able to demonstrate high quality, safe and holistic care (in line with the Salford Standard), which results in good outcomes for patients and value for money for the NHS. The same opportunities will not be available to providers that are unable to demonstrate these attributes.	Yes – Practice contractual issues, CQC inspections, Salford Standard, assurance framework update
6. The CCG will connect, involve, empower and engage the local population. The PCCC will take into account patient views when making primary medical services commissioning decisions.	Yes - Eccles Gateway Practice, Lower Broughton 4, merger applications
7. The CCG will encourage and support primary care networks to play a pivotal role within the integrated care system, thus giving general	Yes – PCN DES

practice a strong voice. This will support the improvement of patient pathways in secondary and community services.	
8. The PCCC will embrace opportunities to commission primary medical services in an integrated way where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams.	Yes – PCN DES
9. The PCCC will consider new contracting mechanisms when they are expected to improve patient experience or be more efficient. This includes practices working collaboratively in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services.	Yes – PCN DES, Salford Standard, The Quays Practice pilot
10. The CCG will proactively work with partners (including primary care networks, Salford Primary Care Together - as Salford's GP provider organisation, the Salford and Trafford Local Medical Committee and the voluntary sector) in a transparent and supportive manner.	Yes – PCN DES, Practice contractual issues
11. The CCG, as a commissioner of primary medical services, cannot assume responsibility for, or become involved in, matters relating to the management of GP practices (including practice disputes and legal matters). However, action will be taken where such matters affect patient care and/or delivery of contractual requirements.	NA
12. When commissioning decisions need to be made regarding primary medical service contracts, there will be full consideration of each of the available options in order to determine the approach that is most likely to meet the needs of the population and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service.	Yes - Eccles Gateway Practice, Lower Broughton 4, merger applications

Salford City Council

NHS Salford Clinical Commissioning Group

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)		✓			
Clinical Engagement (Please detail the method i.e. survey, event, consultation)		✓			
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally? (Please detail outcomes, including risks and how these will be managed		✓			
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)		✓			
Legal Advice Sought		✓			
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)		✓			

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Primary Care Operational Group Report

1. Executive Summary

This paper provides an update on the work that is overseen by the Primary Care Operational Group (PCOG). This includes updates on: practice specific contractual issues; core contractual requirements; enhanced services; locally commissioned services; general practice capacity; estates and informatics projects; and governance.

There is a particular focus upon the progress of The Quays Practice pilot.

The Primary Care Commissioning Committee is asked to:
- Note the content of this report
- Agree that there is an ongoing need for additional primary medical care provision for the residents of Salford Quays, beyond the two year pilot period.

2. Introduction and Background

2.1 The Primary Care Operational Group (PCOG) provides an update report to every Primary Care Commissioning Committee (PCCC) meeting.

2.2 This report covers the PCOG meetings held in February and March 2020.

3. Practice Contractual Issues

Broughton neighbourhood

3.1 Dr Davis's Medical Practice – An update was provided regarding developments in relation to the outcome of a Performers List Decision Panel for one of the partners at the practice. At the January 2020 PCOG meeting, it was agreed that as a result of the developments, the practice would be asked to complete a 'practice development plan' so that assurance regarding service continuity and resilience could be sought. This plan was completed by the practice and PCOG members considered the contents. There were some concerns about the risks associated with the use of locum GPs, but it was acknowledged that the practice's options are limited. There were also some queries about partnership arrangements at the practice and these will be raised with the practice.

3.2 PCOG also noted that due to some historical arrangements, Dr Davis's Medical Practice provides childhood vaccinations and immunisations under a service level agreement. The practice has been informed that under the new GP contract agreement, all practices will have to provide vaccinations and immunisations as an 'essential service'. This should not present a problem given that the practice is now providing the service in-house.

3.3 Lower Broughton 4 – It was reported that Lower Broughton 4 has now closed down and that the majority of patients have transferred to Lower Broughton 3.

3.4 Mocha Parade Medical Practice – The practice has now resolved some issues in relation to rent repayments and so the PCOG agreed to award the practice a contract for the 2019/20 Salford Standard (which had previously been withheld). A meeting has also taken place with the practice to discuss temporary accommodation arrangements whilst the new-build is taking place.

3.5 Care Homes Medical Practice – PCOG members reviewed the data that is submitted by the Care Homes Medical Practice on a quarterly basis in relation to their contractual key performance indicators (KPIs). The group noted that in general, performance against the KPIs is good. There was some discussion about the impact of the new PCN service spec for care homes and it was agreed that there would be an internal meeting to scope this out.

Eccles & Irlam neighbourhood

3.6 Eccles Gateway Medical Practice – The phased dispersal of the patient list is in progress, although only a small number of patients have chosen to re-register to-date. It was reported that a request for additional resources to support the caretaking practice was approved at the January 2020 PCCC (part 2), however, it was agreed that a 'lessons learnt' exercise would be required following the closure of the practice at the end of June 2020.

3.7 Chapel Medical Centre / Irlam Group Practice – It was reported that a meeting had taken place with the partners from the Chapel Medical Centre and the Irlam Group Practice regarding a potential practice merger. An application was subsequently submitted and it was noted that the application would be formally considered at an extraordinary PCCC on Friday 13 March 2020.

3.8 Mosslands Medical Practice / Irlam Medical Centre – At the February meeting, PCOG members were informed that the Irlam Medical Centre and Mosslands Medical Practice intend to apply to merge, however an application had not yet been submitted. It was agreed that there was a need to consider the three potential mergers in the Eccles and Irlam neighbourhood together. An application was subsequently submitted and will be formally considered at an extraordinary PCCC on Friday 13 March 2020.

3.9 St Andrew's Medical Practice 2 / 3 and Dr Casey, Regan & Walker – It was reported that a meeting had taken place with the practice manager of the three St Andrew's practices to discuss a potential merger. An application was subsequently submitted and it was noted that the application would be formally considered at an extraordinary PCCC on Friday 13 March 2020.

3.10 Monton Medical Centre – It was agreed that a breach notice would be issued to the practice due to an incident where the practice had removed 250 patients from their list who did not reside within the practice boundary. However, the PCOG did note the positive actions that the practice had taken to remedy the contractual breach.

3.11 It was also noted that the Monton Medical Centre does not currently provide child vaccinations and immunisations and that they are provided by staff at the Springfield Medical Practice. However, Springfield has served notice on this arrangement and it was also noted that within the new GP contract agreement, there is a requirement for all GP practices to provide vaccinations and immunisations as an essential service.

Therefore, a meeting will be convened to support the practice to plan for this change in service.

Ordsall and Claremont neighbourhood

3.12 There were no contractual issues discussed for Ordsall and Claremont practices.

Walkden and Little Hulton neighbourhood

3.13 Walkden Gateway Medical Practice – Following a CQC rating of 'Requires Improvement' a remedial notice was issued to the practice. The practice has responded to the remedial notice and this is being considered by the GP Team at the Greater Manchester Health and Social Care Partnership. It was reported that the CCG's Quality Team has been providing support to the practice.

Swinton neighbourhood

3.14 There were no contractual issues discussed for Swinton practices.

4. Core Contractual Issues

Contractual Breaches/Remedial Notices

4.1 A breach notice was issued to the Monton Medical Centre as noted in 3.10.

4.2 A remedial notice was issued to the Walkden Gateway Medical Practice as noted in 3.13.

CQC Inspections

4.3 It was reported that the CQC have been undertaking the final annual phone calls with Salford practices. No issues have been flagged to date.

Special Allocation Scheme Appeals

4.4 Under the CCG's special allocation scheme (SAS) policy, patients who are removed from their GP practice list and placed on the SAS have the right to appeal. There were no appeals heard within the reporting period.

Practice In-Hours Closures

4.5 At the February 2020 meeting, the following practice closure approvals were noted:
- St Andrew's Medical Practice
- Salford Primary Care Together
- Clarendon Surgery

ERS Medical

4.6 ERS Medical provides a pathology and post collections service for Salford practices. The contract has been passed to the CCG to manage and therefore creates a financial pressure. It was agreed that the existing contract will be rolled-over for 2020/21 in order to allow time to make decisions regarding the future options for

service delivery, however Salford Royal have now decided to take their services back in-house, thus potentially creating a larger cost pressure for the CCG. Options for the service are being considered.

Quality Visits Policy

4.7 In February 2020, PCOG members considered a draft 'Quality Visits Policy'. Some feedback was provided regarding how the policy relates to the emerging Primary Medical Care Assurance Framework and some changes were agreed accordingly.

Interpretation and Translation Services – Procurement Options

4.8 It was explained that the CCG currently uses the NHS Shared Business Services Interpretation and Translation Framework as the contractual vehicle to access interpretation and translation services for primary care. This framework is due to be renewed and in parallel to this, work is ongoing to develop a new Greater Manchester Framework. A decision will need to be taken regarding which framework the CCG wants to use. It was agreed that an options paper would come to a future meeting.

Contract Changes

4.9 The March PCCC paper which outlines the new GP contract agreement was shared with PCOG members for information. There was discussion regarding aligning it with the 2020/21 business planning.

Primary Medical Care Assurance Framework Update

4.10 PCOG members were informed that planning for the roll-out of a new CCG Primary Medical Care Assurance Framework is progressing. A new dashboard is under construction and the next step will be to agree the process / visit template. It was commented that the impact of COVID-19 upon practices would need to be taken in to account when implementing the new assurance framework. It was also noted that the Primary Care Quality Group had suggested that visits to 'low-risk' practices could be added to other CCG visits, such as safeguarding team visits so as to minimise the burden upon practices.

5. Enhanced Services

Primary Care Network Directed Enhanced Service (PCN DES)

5.1 It was reported that following the consultation on the content of five new service specifications for PCNs to deliver, only three specifications will now be implemented in 2020/21 (Structured Medication Reviews, Enhanced Health in Care Homes, and Supporting Early Cancer Diagnosis).

5.2 At the February meeting, PCOG members reviewed the submissions made by the 5 Salford PCNs to provide assurance regarding the development funding that has been allocated to PCNs.

5.3 There was some discussion about the risk of practices not signing-up to the 2020/21 Primary Care Network DES.

6. Locally Commissioned Services (LCSs)

Salford Standard

6.1 It was reported that following the Q3 dashboard showed that achievement was broadly in-line with expectations and that practice achievement ranged between 40% and 80%, with one final quarter of activity remaining. No practices had triggered the 'support and escalation policy' in Q3.

6.2 An update on progress in implementing the 2020/21 Salford Standard contract was provided. Practices are responding to the sign-up requirements. The three practices who did not achieve 90% on the Quality and Outcomes Framework in 2018/19 have been contacted to ensure that they are working towards achieving at least 90% in 2019/20 so that they are eligible for a Salford Standard contract. There was also some discussion about the impact of practice closures and mergers in-year. It was agreed that a process would need to be documented within the contract documentation.

6.3 There was discussion regarding the fact that the necessity to respond to COVID-19 may impact upon the achievement of the Salford Standard and that a review of measures and timetabling will be undertaken.

7. General Practice Capacity

GP Workload

7.1 The LMC representative on the group reported that she is collating examples of inappropriate GP workload via the Salford and Trafford LMC website. It was agreed that the CCG would consider how best to utilise this feedback.

The Quays Practice

7.2 An update from the Quays Practice pilot quarterly monitoring meeting was provided to the group. In addition to this, PCOG members considered a paper (Appendix 1) that had been provided by the practice which outlined the faster than anticipated registration rate (approximately 75 patients per week) and the high consultation rate of the patients registered with the practice. The practice believe that with the current number of available rooms, they would be full once they have 2000 patients registered with them. The CCG's estates lead has explained that the CCG would be unable to look at any long term estates solutions whilst the service is still in pilot phase (due to end in March 2021). The project group agreed that the pilot is already demonstrating that there is an ongoing need for additional primary medical provision for the residents of Salford Quays. Therefore, they recommended that the PCCC make an early decision regarding the ongoing need for primary medical care in the area, separate to the later decision that will need to be taken regarding the model of care and the procurement options. This would enable CCG colleagues to start planning for the future estate requirements of the service. PCOG members supported this recommendation, although they felt that more needed to be done regarding online consultations and provision of services outside of core hours. These matters will be raised with the service provider. The PCCC is asked to agree that there is an ongoing need for additional primary medical care provision for the residents of Salford Quays, beyond the two year pilot period.

8. Estates & Facilities and Informatics Updates

8.1 An Informatics update was provided at the February 2020 meeting. Key highlights included:

- A data sharing agreement has been signed-off to enable NHS 111 to directly book GP appointments.
- A 'supplier engagement' event that had been scheduled to meet with the suppliers of online consultation systems was cancelled due to a lack of supplier interest. Internal conversations are being help to consider how this is progressed.
- PCOG members were briefed that Vision's (a clinical IT system used in a number of Salford practices) position on the GPIT Futures Framework is conditional on functionality development. This is on the CCG's risk register.
- 4 Salford practices are not meeting the target for 56% of prescriptions via the Electronic Prescriptions Service
- 15 Salford practices are achieving over 25% of prescriptions using the Electronic Repeat Dispensing system. The digital facilitators are supporting those practices not achieving the 25% target.
- A discussion about the continued use of faxes in primary care. A fax audit demonstrated that the majority of faxes to general practice originate from pharmacies. There are ongoing discussions about how these can be phased out.

9. Governance

9.1 The PCCC risk register was reviewed at a business planning workshop in February 2020. The changes agreed are now being implemented and an update will come to the May 2020 PCCC.

10. Recommendations

10.1 The PCCC is asked to:

- note the contents of this report

Anna Ganotis
Head of Service Improvement

SALFORD PRIMARY CARE TOGETHER

Subject	CCG Report for PCOG – QUAYS PRACTICE
Author(s)	Dr Sheena Bedi and Phil Baines (Project Manager) Salford Primary Care Together

Document Control

Title:	Quays Practice Pilot
Date:	5th March 2020
Originator of Document & Job Role:	Dr Sheena Bedi & Phil Baines Neighbourhood Primary Care Lead & Project Manager

1. HEADLINE MESSAGES

- New registrations from 30/9/19 – 29/02/2020: **1117**; higher than expected growth rate
- Demographic: Greatest in 20-29yr age group
- Disproportionately high mental health needs, overseas, non-English-speaking, previously unregistered patients, multiple presentations, sexual health.
- Engagement & Co-production is ongoing to improve efficiencies and experience.
- Estates a risk, given unexpectedly high rate of registrations.
- Video consultations technology currently being tested.
- PATCHS launched and in use.

2. REGISTRATIONS AND DEMAND

At the end of December 2019, the Quays Practice patient list was 642 patients (around 50 patients/wk) and has reached 1117 at the end of February, and has increased to a current registration rate of around 75 patients/wk.

The demand for clinical services is significantly higher at the Langworthy branch than that in the University, this is to be expected given the age spread of the two populations is so different. As the demographics of the Quays most closely mirror the University population it was assumed that demand would be closer to their level than the demand at Langworthy.

Having audited appointment data (GP appointments only) from the three sites since the go live of the pilot we have found that demand at The Quays is not just higher than that of the University, it also significantly outstrips that of the more age-diverse Langworthy population. This is summarised below:

	October	**November**	**December**	**January**	**Avg Nov-Jan**
LMP	21.2	22.9	19.6	23.3	**21.93**
University	7.6	8.6	5.9	7.3	**7.27**
Quays	114.8	65.6	38.5	44.6	**49.57**

GP appointments per 100 registered patients per month

There are a number of reasons which might account for some of the difference, but even after taking these into consideration, it is clear that the demand for this population is significantly higher than would be expected for a population with these

characteristics. Certainly some of this demand stems from the fact that all patients currently registered are new to the practice, however we have yet to see any levelling off of the rate of new registrations so it is unlikely that we will see a blunting of demand due to this factor within the life of the pilot.

It is also useful to note that many new registrations are presenting with multiple, complex issues as they haven't been registered with a GP for some time. Along with multiple complex issues, these patients are often part of large families, and as a result this has impacted on clinic time. Staff have also reported disproportionately high mental health needs, overseas, non-English-speaking, previously unregistered patients, multiple presentations, sexual health. 80% of registered patients are in the 20-40yr age group (as expected). This is despite the postponement of proactive marketing to the Salford Quays area.

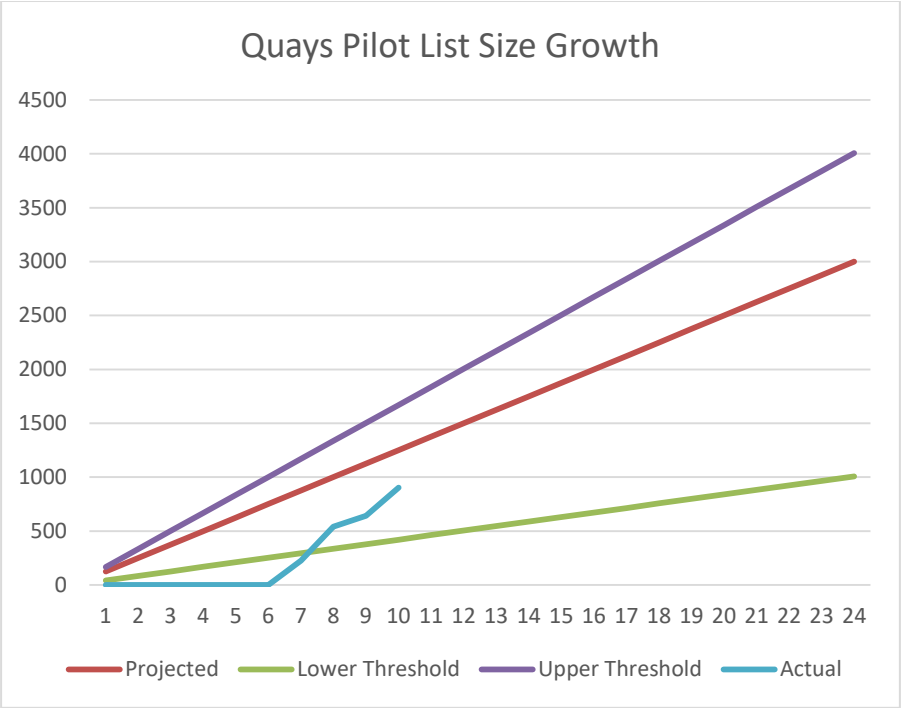
There is further and more detailed analysis underway to understand more exactly the reasons for this unexpectedly high demand and the nature of the new population. The pilot is in its infancy and as it matures, data and trends will be clearer allowing reliable longer-term projections and further tests of change. This will enable us to adapt our offer and construct an innovative, impactful and sustainable model going forward.

Below illustrates the breakdown of how patients found out about The Quays Practice.

Recommended - 21.57%
Internet Search - 37.25%
Redirected from Ordsall Health Surgery - 27.45%
NHS Choices - 5.88%
Other- 7.84%

Estates

Give the acceleration in the rate of registrations shown below, it is likely that we will run into issues of capacity (both staff and estates) in the next 1-2 quarters.



The Practice is currently opening 8am – 6pm (Mon to Wed) and 8am- 5pm (Thurs & Friday). There is already building work planned to expand existing space and create a further clinical room. We will fully utilise the space available in the building and extend to and perhaps beyond core hours, once fully staffed.

DIGITAL TECHNOLOGY

PATCHS - (an online GP triage system) has been launched and promoted. There is also a prominent advert for PATCHS on the Practice website and a phone message when patients call. Currently 146 patients have registered for PATCHS, which resulted in 102 online requests. As utilisation increases, the practice is monitoring the benefits and challenges to both patients and the practice and adapting methods of working and pathways. To date, a sample of 74 requests resulted in the following outcomes:

GP Appt	- 29 (39.2%)
Telephone Appt	- 16
Prescription	- 17
Other	- 12

Video Consultations – The practice is in the process of setting up and testing two systems; PATCHS and iPlato. There are ongoing technical challenges with both systems which are slow to resolve, precluding the ability for this to go live.

Online registrations – Of the 1117 patients registered at the end of February, 440 (39.5%) had registered online.

It is possible that remote consultations and greater online communication between practice and patient may have an impact on the need for surgery attendance and space allocation. We are testing alternative pathways and their impact; however definitive models are not available yet. As part of new developments we will also be exploring alternative ‘place of care’ e.g workplaces / community settings. We will also explore ‘out of hours options’ to suit the local need.

3. FURTHER DEVELOPMENTS

- A multidisciplinary Holistic Needs Assessment and Wellness Check are already having a positive impact on demand for GP appointments and on patient experience.

- Co-production and engagement methods are in use and helping us to develop a truly co-designed model of primary care. Patients are actively involved in developing the practice.

- We have begun to re-engineer the roles and functions within the practice, including clinical and administrative staff in order to be able to deliver more appropriate and pro-active care.