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**WEST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

Wednesday, 28 April 2021 – 2.00pm

In response to the challenges facing the NHS and to reduce the risk of coronavirus transmission, members of the public will not be able to attend this meeting but are invited to submit questions relating to agenda items via email to jo.mael@suffolk.nhs.uk. The minutes of the meeting and answers to any questions submitted by the public will be published on the CCG website after the meeting.

AGENDA

- | | | |
|------|---|---|
| 1400 | 1. Apologies for Absence | <i>Chair</i> |
| 1402 | 2. Declarations of Interest and hospitality and gifts | <i>All</i> |
| 1403 | 3. Minutes of Previous Meeting <i>To approve minutes of West Suffolk CCG Primary Care Commissioning Committee meetings held on 24 February 2021.</i> | <i>Chair</i> |
| 1404 | 4. Matters arising and review of outstanding actions. <i>To review outstanding issues from the previous meeting of the West Suffolk CCG Primary Care Commissioning Committee.</i> | <i>Chair</i> |
| 1405 | 5. General Update <i>To receive a verbal report from the Chief Operating Officer</i> | <i>Kate Vaughton (WSSCCG PCCC 21-03)</i> |
| 1410 | 6. Primary Care Contracts and Performance Report <i>To receive and note a report from the Deputy Director of Primary Care</i> | <i>Lois Wreathall (WSSCCG PCCC 21-04)</i> |
| 1420 | 7. Covid-19 Update from GP Services <i>To receive and note a report from the Deputy Director of Primary Care</i> | <i>Lois Wreathall (WSSCCG PCCC 21-05)</i> |
| 1430 | 8. Primary Care Delegated Commissioning – Finance Report <i>To receive and note a report from the Director of Finance</i> | <i>Jane Payling (WSSCCG PCCC 21-06)</i> |
| 1435 | 9. Patient Participation Group (PPG) Update <i>To receive and note a report from the Deputy Director of Primary Care</i> | <i>Lois Wreathall (WSSCCG PCCC 21-07)</i> |

- 1445 10. **Report of decision from virtual meeting held on 11 November 2020 with regard to Stanton Surgery – extension – Full Business Case approval** *Lois Wreathall*
(WSCCG PCCC 21-08)
To receive and endorse the Decision Notice.
- 1450 11. **Primary Medical Care Policy and Guidance Manual (PGM) Version 3 – Changes Summary** *Stuart Quinton*
(WSCCG PCCC 21-09)
To receive and note a report from NHS England’s Senior Contract Manager (Suffolk and North East Essex STP)
- 1455 12. **Contractual Update** *Stuart Quinton*
(WSCCG PCCC 21-10)
To receive and note a report from NHS England’s Senior Contract Manager (Suffolk and North East Essex STP)
- 1505 13. **Date and Time of next meeting**
2.00pm – 4.00pm, Wednesday, 23 June 2021
- 1510 14. **Questions from the public – 10 minutes**
(See above)

Exclusion of the Press and Public

The Primary Care Commissioning Committee is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

| West Suffolk CCG Primary Care Commissioning Committee Members | | | | | | | | | | | | |
|---|-------------|-----------|---|---------------------|--------------------------------------|----------------------------------|--------------------|------------------|---------|-----------------|---|--------------------|
| Title | First Name | Last Name | Declared Interest | Type of Interest | | | Direct or Indirect | Date of Interest | | Date of Receipt | Action Taken to Mitigate | Consent to Publish |
| | | | | Financial Interests | Non Financial Professional Interests | Non Financial Personal Interests | | From | To | | | |
| Lay Member for Governance and Vice Chair CCG | Geoff | Dobson | Former Director of Resource Management with Suffolk County Council | | ✓ | | Indirect | | Ongoing | 01/04/2021 | No further action required | Yes |
| | | | Family member attending Healthier You, NHS Diabetes Prevention Programme" | | | ✓ | Indirect | Apr-20 | Ongoing | 01/04/2021 | No further action required | Yes |
| CCG Chair | Christopher | Browning | PMS Provider, Practice Partner Long Melford | ✓ | | | Direct | 2001 | Ongoing | 20/04/2021 | To be declared at relevant meetings | Yes |
| | | | Out of Hours doctor for Care UK and Suffolk GP Federation | ✓ | | | Direct | 2010 | Ongoing | 20/04/2021 | To be declared at relevant meetings | Yes |
| | | | Wife is Consultant at West Suffolk Hospital | | | ✓ | Indirect | 2004 | Ongoing | 20/04/2021 | To be declared at relevant meetings | Yes |
| | | | Clinical Director for WGGL PNN | ✓ | | | Direct | 2018 | Ongoing | 20/04/2021 | To be declared at relevant meetings | Yes |
| | | | Part-time medical adviser for the NHSE EoE Professional Standards unit | ✓ | | | Direct | | Ongoing | 20/04/2021 | | Yes |
| Lay Member | Steve | Chicken | Owner and MD of Galliford Ltd, consultancy and training company. No NHS activity | ✓ | | | Direct | 2009 | Ongoing | 01/04/2021 | No further action required | Yes |
| | | | Lay Member for Ipswich and East Suffolk CCG | ✓ | | | Direct | 2016 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| | | | Wife is President and Director of East of England Co-op | | | ✓ | Indirect | 2018 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| | | | Wife is Director of Shalvey Heritage | | | ✓ | Indirect | 2017 | Ongoing | 01/04/2021 | No further action required | Yes |
| | | | Wife is Director of Eastern Savings and Loans Credit Union | | | ✓ | Indirect | 2002 | Ongoing | 01/04/2021 | No further action required | Yes |
| | | | Wife is Director of Rainbow Saving Credit Union | | | ✓ | Indirect | 2002 | Ongoing | 01/04/2021 | No further action required | Yes |
| Chief Officer | Ed | Garatt | Chief Executive Ipswich and East Suffolk CCG | ✓ | | | Direct | Mar-16 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| | | | Chief Executive North East Essex CCG | ✓ | | | Direct | Jan-10 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| | | | Executive Lead - Suffolk and North East Essex Integrated Care System | ✓ | | | Direct | Apr-17 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| | | | Visiting Professor of Integrated Care - University of Suffolk | ✓ | | | Direct | Apr-21 | Ongoing | 01/04/2021 | To be declared when appropriate | Yes |
| Director of Performance Improvement | Paul | Gibara | Director of Performance Improvement for SNEE CCGs | ✓ | | | Direct | | Ongoing | 01/04/2021 | No further action required | Yes |
| Director of Corporate Services and System Infrastructure | Amanda | Lyes | Director of Corporate Services and System Infrastructure for Ipswich and East Suffolk and North East Essex CCGs | ✓ | | | Direct | | Ongoing | 01/04/2021 | No further action required | Yes |
| Director of Finance | Jane | Payling | Director of Finance for Ipswich and East Suffolk CCG and North East Essex CCG | ✓ | | | Direct | 25/09/2017 | Ongoing | 19/04/2021 | Arrangements in place for the joint management team of the CCGs | Yes |
| | | | Trustee of Cambridge Theatre Trust | | | ✓ | Direct | Oct-18 | Ongoing | 19/04/2021 | To declare when appropriate | Yes |
| Lay Member for Patient and Public Involvement | Linda | Tuck | Nil | | | | | | | 18/04/2021 | | Yes |
| Chief Operating Officer | Kate | Vaughton | Director of Integration for West Suffolk NHS Foundation Trust, non-voting member of Board | | ✓ | | Direct | | Ongoing | 07/04/2021 | To declare when appropriate | Yes |



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**Minutes of a meeting of the West Suffolk CCG Primary Care Commissioning Committee held on
Wednesday, 24 February 2021 via Microsoft Teams
with members of the public invited to email in questions prior to the meeting.**

PRESENT:

| | |
|------------------|--|
| Lynda Tuck | Lay Member, Patient and Public Involvement (Chair) |
| Chris Armitt | Deputy Director of Finance |
| Steve Chicken | Lay Member |
| Geoff Dobson | Lay Member for Governance |
| Ed Garratt | Chief Executive |
| Paul Gibara | Director of Performance Improvement |
| Lois Wreathall | Deputy Director of Primary Care |
| Simon Jones | Local Medical Committee |
| Stuart Quinton | Senior Contract Manager (Suffolk and North East Essex STP) |
| Elizabeth Storer | Healthwatch |

IN ATTENDANCE:

| | |
|---------|------------------------------|
| Jo Mael | Corporate Governance Manager |
|---------|------------------------------|

21/01 APOLOGIES FOR ABSENCE

Apologies for absence were noted from;

| | |
|-------------------|--|
| Amanda Lyes | Director of Corporate Services and System Infrastructure |
| Jane Payling | Director of Finance |
| Cllr James Reeder | Health and Wellbeing Board |
| Kate Vaughton | Director of Integration |

21/02 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

No declarations were received.

21/03 MINUTES OF THE PREVIOUS MEETING

The minutes of a West Suffolk CCG Primary Care Commissioning Committee meeting held on 23 December 2020 **were approved** as a correct record.

21/04 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

21/05 PRIMARY CARE UPDATE

The Deputy Director of Primary Care reported;

- Thanks were extended to all staff that had been involved with the vaccination programme.
- Primary Care focus was currently on the vaccination programme where there had been a huge effort, Primary Care Networks had grown closer together with practices sharing the supply of vaccine in order to maximise benefit to patients.
- All 24 practices now had access to pulse oximetry equipment which patients could use at home to identify how much oxygen was in their blood. The home test was useful to keep an eye on progression of the disease at home.
- At present there is uncertainty as to what a return to 'business as usual' post Covid-19 will be and there remains a reluctance by some patients to attend practices.
- Serious mental illness and learning disability health checks were starting to increase in number which was good news. Learning disability nurses were providing education and reassurance for patients to encourage them to attend for the vaccine.
- Whilst the dementia rate remained below target at 60% it had not decreased as much as anticipated.
- Cervical screening letters were generated centrally. All 24 practices were now carrying out screening and the situation was being closely monitored. The letters had stopped early in the pandemic and the Suffolk GP Federation was providing support to address the backlog.
- Cancer two week wait work was ongoing. It was highlighted that primary care could not get back to 'business as usual' unless the whole system returned to 'business as usual' and that was not likely in the near future with regard to elective care. There as a need to consider messaging across West Suffolk in respect of expectation.
- Primary Care Networks and practices were considering the implications of the White Paper in respect of NHS reorganisation.
- Primary Care Networks were working well and vaccination clinics were now 'business as usual'.

The Committee noted the update **and extended thanks** to all those in the primary care team and primary care for their work on the vaccination programme and work to maintain the provision of primary care services.

21/06 CLOSURE OF THE CHRISTMAS MALTINGS BRANCH SITE WITHIN THE UNITY HEALTHCARE PRACTICE

The Committee was in receipt of a report which informed of an application received from Unity Healthcare to close its Christmas Maltings premises. The report went on to provide supporting background information on the process to be followed when such an application was received; to provide the outcome of the patient/public consultation exercise carried out; and to request the Committee make a decision on the application.

Unity Healthcare was a PMS Contractor and had submitted an application to close its branch at Christmas Maltings Surgery, Camp Road, Haverhill, Suffolk, CB9 8HF. The Christmas Maltings premises was listed in the PMS Agreement as premises from which the Contractor would provide essential services to its patients during core hours. The closure would constitute a variation to the PMS Agreement as it would result in an alteration to contracted service provision and thus the Commissioner must agree to the closure.

Detail of the patient/public consultation exercise was set out in Section 2 of the report with factors to consider in Section 3.

Comments included;

Having queried whether the ultrasound service would continue, the Committee was informed that the service was provided by West Suffolk NHS Foundation Trust and whilst it had ceased due to the pandemic it would continue when normal business was resumed.

Having questioned if there had been any consideration to improving bus routes, as indicated in the report, **NHSE's Senior Contract Manager (Suffolk and North East Essex STP)**, **agreed** to investigate and report back.

Due to a mixture of econsult and patients innovative, patients had continued to be able to be seen despite a number of branches having been temporarily closed. No complaints had been received in relation to individuals being unable to access services.

Having considered the application, **the Committee approved** the closure of the Christmas Maltings branch site within Unity Healthcare,

and noted;

That a contract variation would be prepared at the appropriate time, to remove the Christmas Maltings premises from the PMS agreement; and all premises reimbursements for the site would cease from the date of closure.

21/07 DATE OF NEXT MEETING

The next meeting was scheduled to take place on Wednesday, 28 April 2021.

21/08 QUESTIONS FROM THE PUBLIC

No questions had been received.

Unconfirmed



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WEST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE ACTION LOG: 24 February 2021 (updated)

| MINUTE | DETAILS | ACTION | BY WHOM | TIMESCALE/UPDATE |
|------------------------------------|--|---|----------------|---|
| Meeting of 26 August 2020 | | | | |
| 20/43 | Questions from the Public | <u>100-day Challenge</u> The Committee requested that it receive a report on each element of the 100-day Challenge to a future meeting. | Lois Wreathall | 24/02/21 – reply to be circulated to Members. |
| Meeting of 23 December 2020 | | | | |
| 20/54 | Primary Care Estates Overview | Having queried how the CCG might reassure itself on what Section 106 monies were being used for, it was agreed that the table, as set out within the report, would be updated with that information for the next meeting. The need to ensure alignment with the Estates Strategy and for it to recognise the move to Primary Care Networks (PCN) was emphasized. The Committee was reassured that staff working with planning authorities had informed them of the move to PCN development. Colleagues were also responding on behalf of the wider health system. It was agreed that future reports would reflect the direction of travel. | Julia Hiley | April 2021 |
| Meeting of 24 February 2021 | | | | |
| 21/06 | Closure of the Christmas Maltings Branch Site within the Unity Healthcare Practice | Having questioned if there had been any consideration to improving bus routes, as indicated in the report, NHSE's Senior Contract Manager (Suffolk and North East Essex STP), agreed to investigate and report back. | Stuart Quinton | |



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PRIMARY CARE COMMISSIONING COMMITTEE

| | |
|------------------------|-------------------------|
| Agenda Item No. | 06 |
| Reference No. | WSCCG PCCC 21-04 |
| Date. | 28 April 2021 |

| | |
|----------------------|--|
| Title | Primary Care Contracts Performance Report |
| Lead Director | Kate Vaughton - Director of Integration, West Suffolk |
| Author(s) | Lois Wreathall Deputy Director of Primary Care |
| Purpose | To provide the committee with an overview of primary care services in West Suffolk including performance information relating to specific data and the wider context |

Applicable CCG Clinical Priorities:

| | | |
|----|---|---|
| 1. | Develop clinical leadership | |
| 2. | Demonstrate excellence in patient experience & patient engagement | x |
| 3. | Improve the health & care of older people | x |
| 4. | Improve access to mental health services | x |
| 5. | Improve health & wellbeing through partnership working | x |
| 6. | Deliver financial sustainability through quality improvement | x |

Action required by Primary Care Commissioning Committee:

To consider and discuss contractual obligations and other information contained within the Primary Care Dashboard and agree any appropriate actions required.

Purpose

To update the Committee on contractual and performance related matters in respect of GP practices and actions taken, to seek further recommendations, and highlight areas for consideration for NHSE and the Primary Care Team.

1. Prescribing and Medicines Management

Prescribing budget

An underspend of £758k is predicted at M12 based on YTD M11 actual spend and M12 predicted spend. This includes £350k prior year benefits.

Antibiotics prescribing (12 months to February 2021)

- WSCCG within the NHSE QP target for all antibiotic prescribing.

2. Severe Mental Illness (SMI) Physical Health Checks

- 2.1 As the figures are monitored on a rolling 12 month basis we need to take into consideration that for the next 12 months at least COVID-19 will continue to be reflected in the figures and we must continue to work towards the nationally mandated target of 60% completed checks.
- 2.2 NSFT Physical Health Team (SMI) have been redeployed at various points over the previous 12 months, however they are now working back to full capacity and receiving referrals for health checks. They have been able to complete 91 checks for patients in the west over the previous 12 months, which is a similar figure to 19/20.
- 2.3 The team's Clinical Lead has continued to work with GP practices to 'cleanse' their registers, an activity which is ensuring the right people are on registers and is reducing their size by around 30% on average. This ensures that patients who do not fit the clinical criteria for a serious mental illness or have been in remission for a significant period of time are no longer on the practice register.
- 2.4 The Suffolk User Forum has been awarded funds by the CCG to undertake a small initiative whereby they are supporting patients with follow-up interventions identified via the physical health check. This is a 6 month project and at the moment patients are only being referred from NSFT. However, we hope to see a successful evaluation and potential roll out to primary care going forward. We will share the evaluation and any potential next steps when these are ready.

3. Learning Disabilities (LD) Health Checks

- 3.1 In the Primary Care Bulletin sent to practices on the 18th May 2020, NHS England stated the following about annual health checks (AHCs):
- 3.2 "Where this can be delivered safely on a face to face basis this should continue. Where this care cannot be delivered safely face to face or where the patient has other medical conditions which require them to shield or socially isolate the review could be conducted remotely, with as much of the physical review completed as is practicable in these circumstances"
- 3.3 NHS England included AHC's in the General Practice Covid Capacity Expansion Fund constituting £150 million nationally and the decision was made by the CCG to financially incentivise GP practices to hit the temporary AHC target of 67% (in addition to DES and QOF payments). This approach will continue into 2021, where practices will be incentivised to achieve 40% of health checks by the end of Q2.

3.4 Work to support AHCs in primary care continues:

- Working with the NSFT Primary Care Learning Disability Liaison Nurses and ACE Anglia, a suite of resources has been created and collated in order to support primary care to undertake annual health checks during the COVID19 pandemic. This is regularly added to and shared with primary care.
- LD nurses communicate regularly with all GP practices to ensure they are equipped and supported to implement both face to face and virtual health checks where appropriate, particularly those who may be struggling to complete health checks.
- The LD nurses continue to align GP practice LD registers with the Social Care list as well as with information that NSFT holds. There is to be a particular focus on the 14-18 year old cohort going forward.
- The LD nurses will commence 2021/22 by writing to each practice with an evaluation of activity that has taken place between the aligned nurse and the practice (i.e. numbers of referrals received, progress of register review, access to clinical system given etc).
- WSCCG and IESCCG Primary Care Teams meet regularly with the Suffolk LD liaison nurses in order to share information about individual practice performance.
- WSCCG and IESCCG have been updating contact lists for LD practice leads in order that we can establish regular communication with this group and encourage shared learning.
- The CCGs are supporting practices to ensure all relevant areas within QOF and related to the IIF are being covered.
- ACE Anglia continues to host weekly virtual wellbeing calls. These are regularly joined by Dr Ben Solway, GP and IESCCG lead for Learning Disabilities. Dr Solway has given talks on PPE, the importance of the flu and COVID vaccinations and offered confidence around attending GP practices in person. These sessions will continue, and ACE will offer any pertinent feedback related to primary care.
- A short-term enhanced service has been issued to primary care which pays practices to complete an annual health check at the same time as a COVID vaccine dose. 12 practices have signed up to this ES.

4. **Dementia Diagnosis:**

- 4.1 Comprehensive action plans for Ipswich & East and West Suffolk are in place including plans to recover the dementia diagnosis to 66.7% in each area across the ICS.

| Month | 28-Feb-21 | | | |
|----------------------|----------------------------------|------------------------|-------------------------|------------------------|
| NHS Area Code | NAME | Sum of Recorded | Sum of Estimated | Sum of Rate (%) |
| ENG | ENGLAND | 412,035 | 674,186.80 | 61.1 |
| Y61 | EAST OF ENGLAND | 49,677 | 84,364.50 | 58.9 |
| QJG | SUFFOLK AND NORTH EAST ESSEX STP | 8,993 | 14,970.80 | 60.1 |
| NHS Area Code | NAME | Sum of Recorded | Sum of Estimated | Sum of Rate (%) |
| 06T | NHS NORTH EAST ESSEX CCG | 3,242 | 5,167.80 | 62.7 |
| 07K | NHS WEST SUFFOLK CCG | 2,272 | 3,795.60 | 59.9 |
| 06L | NHS IPSWICH AND EAST SUFFOLK CCG | 3,479 | 6,007.40 | 57.9 |

The ask from primary care is as follows.

- GP practices have received information about shielding for extremely vulnerable patients. This now includes patients with dementia and practices have been asked to ensure all these patients are offered a flu vaccination. The current figures for the uptake of the first vaccination is as follows.

| NHS Area Code | NAME | Uptake of vaccination |
|---------------|----------------------------------|-----------------------|
| 06T | NHS NORTH EAST ESSEX CCG | 89% |
| 07K | NHS WEST SUFFOLK CCG | 97% |
| 06L | NHS IPSWICH AND EAST SUFFOLK CCG | 97% |

- Understand the impact of the pandemic on those with dementia and their carers [Worst-hit-Dementia-during-coronavirus-report.pdf \(alzheimers.org.uk\)](#)
- For practices that have had an EQUIP audit undertaken follow up on the recommendations provided which will identify those that require an annual review, have mild cognitive impairment (MCI), list have been created to identify those with MCI, memory concerns or a diagnosis of dementia that requires changing on the GP register. Learning to be shared across the system.
- Although the target for dementia is based on those 65+ years it is important that those with memory concerns, and or dementia under 65 are fully assessed and referred to memory clinics or specialist clinics as early as possible.
- Referrals to the memory services (MATS West) and (CMAS East) to continue, the CCG are working closely with the services to ensure flow across the system is timely when it comes to a diagnosis
- Sue Ryder Dementia Together, pre and post diagnostic service are available 7 days a week to support anyone who is curious, concerned or has dementia and their carers – they can support at any stage of the individuals or carers journey and have direct links with Suffolk County Council, Adult and Community Service (ACS), NSFT Memory Assessment Services and Dementia Intensive Support Teams, Alliance Integrated Neighbourhood Teams (INTs), Suffolk Family Carers (SFC), Suffolk Parent Carer Network (SPCN), care home teams and local organisations and voluntary organisations. Referral via GP systems, at the same time as the memory clinic and phone via the free helpline - 08081 688 000

5. **Flu Vaccination**

- 5.1 There has been a significant focus on flu immunisation this season with an uptick in patients coming forward for the vaccine. The seasonal flu vaccine uptake (GP) 2020/21 - provisional end of February 2021 cumulative uptake data for England/ ICS on influenza vaccinations given from 1 September 2020 to 28 February 2021 is found at appendix 1 .

6. **Primary Care Network (PCN) Development**

- All patients in West Suffolk are covered by a Primary Care Network.
- Primary Care Networks have recently agreed their workforce plans.
- All West Suffolk care homes have now been aligned to a Primary Care Network as required within the Network Contract DES.
- Primary Care Networks are in the process of mobilising towards Early Cancer Diagnosis Specification.
- Working to achieve the first Investment and Impact Fund (IIF) completed 31 March 2021

- NHS England have now confirmed their expectation that primary care estate will be developed and managed at a PCN level. PCNs have funding to meet to develop their strategies.

7. Cervical Screening data

This is a recent snapshot to give assurance that practices are returning to business as usual

| Practice Name | 14-Mar | 28-Feb | 14-Feb | 31-Jan |
|---------------------------|--------|--------|--------|--------|
| Unity | 104 | 100 | 61 | 37 |
| HARDWICKE HOUSE | 69 | 72 | 75 | 61 |
| Haverhill Family Practice | 56 | 49 | 25 | 27 |
| MOUNT FARM SURGERY | 49 | 54 | 48 | 48 |
| THE GUILDHALL AND BARROW | 42 | 35 | 41 | 35 |
| ROOKERY | 41 | 32 | 19 | 46 |
| THE SWAN SURGERY | 38 | 40 | 32 | 35 |
| WOOLPIT | 35 | 19 | 25 | 32 |
| ORCHARD HOUSE | 34 | 32 | 39 | 33 |
| THE MARKET CROSS | 34 | 31 | 33 | 20 |
| ANGEL HILL | 34 | 39 | 29 | 34 |
| REYNARD | 33 | 19 | 21 | 18 |
| VICTORIA SURGERY | 28 | 30 | 22 | 30 |
| SIAM | 27 | 42 | 22 | 37 |
| BOTESDALE | 22 | 26 | 30 | 28 |
| FOREST | 19 | 25 | 21 | 13 |
| OAKFIELD | 17 | 24 | 16 | 25 |
| LONG MELFORD | 17 | 17 | 18 | 10 |
| BRANDON MEDICAL PRACTICE | 16 | 15 | 6 | 8 |
| GLEMSFORD | 15 | 21 | 17 | 13 |
| WICKHAMBROOK | 13 | 11 | 19 | 13 |
| STANTON SURGERY | 12 | 14 | 25 | 5 |
| CLARE | 12 | 17 | 6 | 1 |
| LAKENHEATH | 8 | 13 | 17 | 20 |

8. Recommendation

- 8.1 The Committee is invited to note the above information and consider any further appropriate action.

| Org Name (CCG= Clinical Commissioning Group) | 65 and over | | | Under 65 (at-risk only) | | | Pregnant | | | 50 to under 65 years and NOT in a clinical risk group | | | 50 to under 65 years and IN a clinical risk group | | | All aged 50 to under 65 years | | |
|--|---------------------|-------------------|------------------|-------------------------|-------------------|------------------|---------------------|-------------------|------------------|---|-------------------|------------------|---|-------------------|------------------|-------------------------------|-------------------|------------------|
| | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake |
| SUFFOLK AND NORTH EAST ESSEX STP | 231,084 | 191,632 | 82.9 | 138,264 | 76,959 | 55.7 | 9,278 | 4,104 | 44.2 | 143,572 | 54,496 | 38.0 | 63,275 | 42,668 | 67.4 | 206,847 | 97,164 | 47.0 |
| NHS IPSWICH AND EAST SUFFOLK CCG | 92,534 | 79,009 | 85.4 | 56,080 | 32,658 | 58.2 | 3,843 | 1,674 | 43.6 | 59,879 | 26,111 | 43.6 | 25,639 | 18,159 | 70.8 | 85,518 | 44,270 | 51.8 |
| NHS NORTH EAST ESSEX CCG | 78,929 | 63,010 | 79.8 | 46,608 | 24,010 | 51.5 | 3,133 | 1,223 | 39.0 | 45,772 | 14,661 | 32.0 | 21,467 | 13,585 | 63.3 | 67,239 | 28,246 | 42.0 |
| NHS WEST SUFFOLK CCG | 59,621 | 49,613 | 83.2 | 35,576 | 20,291 | 57.0 | 2,302 | 1,207 | 52.4 | 37,921 | 13,724 | 36.2 | 16,169 | 10,924 | 67.6 | 54,090 | 24,648 | 45.6 |

| Org Name (CCG= Clinical Commissioning Group) | Aged 2 and NOT IN a clinical | | | Aged 2 and IN a clinical risk | | | All 2 year olds (combined) | | |
|--|------------------------------|-------------------|------------------|-------------------------------|-------------------|------------------|----------------------------|-------------------|------------------|
| | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake |
| SUFFOLK AND NORTH EAST ESSEX STP | 9,641 | 6,040 | 62.6 | 310 | 227 | 73.2 | 9,951 | 6,267 | 63.0 |
| NHS IPSWICH AND EAST SUFFOLK CCG | 3,913 | 2,585 | 66.1 | 124 | 92 | 74.2 | 4,037 | 2,677 | 66.3 |
| NHS NORTH EAST ESSEX CCG | 3,518 | 1,968 | 55.9 | 77 | 47 | 61.0 | 3,595 | 2,015 | 56.1 |
| NHS WEST SUFFOLK CCG | 2,210 | 1,487 | 67.3 | 109 | 88 | 80.7 | 2,319 | 1,575 | 67.9 |

| Org Name (CCG= Clinical Commissioning Group) | Aged 3 and NOT IN a clinical | | | Aged 3 and IN a clinical risk | | | All 3 year olds (combined) | | |
|--|------------------------------|-------------------|------------------|-------------------------------|-------------------|------------------|----------------------------|-------------------|------------------|
| | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake | Patients registered | Number vaccinated | % Vaccine Uptake |
| SUFFOLK AND NORTH EAST ESSEX STP | 9,906 | 6,532 | 65.9 | 442 | 328 | 74.2 | 10,348 | 6,860 | 66.3 |
| NHS IPSWICH AND EAST SUFFOLK CCG | 4,016 | 2,769 | 68.9 | 178 | 136 | 76.4 | 4,194 | 2,905 | 69.3 |
| NHS NORTH EAST ESSEX CCG | 3,625 | 2,187 | 60.3 | 121 | 79 | 65.3 | 3,746 | 2,266 | 60.5 |
| NHS WEST SUFFOLK CCG | 2,265 | 1,576 | 69.6 | 143 | 113 | 79.0 | 2,408 | 1,689 | 70.1 |



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PRIMARY CARE COMMISSIONING COMMITTEE

| | |
|------------------------|-------------------------|
| Agenda Item No. | 07 |
| Reference No. | WSCCG PCCC 21-05 |
| Date. | 28 April 2021 |

| | | |
|---|--|----------|
| Title | Covid-19 Update from GP services | |
| Lead Director | Kate Vaughton, Director of Integration | |
| Author(s) | Emma Gaskell and Julie Baran | |
| Purpose | This paper gives an update on the Covid 19 vaccination service in primary care | |
| Applicable CCG Priorities | | |
| 1. | Develop clinical leadership | x |
| 2. | Demonstrate excellence in patient experience & patient engagement | |
| 3. | Improve the health & care of older people | |
| 4. | Improve access to mental health services | |
| 5. | Improve health & wellbeing through partnership working | x |
| 6. | Deliver financial sustainability through quality improvement | |
| Action required by the Primary Care Commissioning Committee: | | |
| Information only | | |

1 Delivery of Covid Vaccinations

- 1.1 All PCN groupings opted to deliver the C-19 vaccine for cohorts 1-9, with Haverhill grouping sub-commissioned to Suffolk GP Fed. Implementation continues with second doses of Pfizer and Astra Zeneca now being administered to these cohorts.

| | Over 80's | 75 - 79's | 70 - 74's | CEV's | 65 - 69's | At Risk | 60 - 64's | 55 - 59's | 50 -54's |
|--------------------------|-----------|-----------|-----------|--------|-----------|---------|-----------|-----------|----------|
| BLACKBOURNE RURAL | 96.98% | 97.94% | 97.60% | 96.20% | 96.32% | 90.42% | 95.99% | 93.42% | 91.50% |
| BURY ST EDMUNDS | 95.99% | 97.20% | 96.14% | 95.26% | 94.90% | 88.58% | 92.44% | 90.23% | 88.36% |
| FOREST HEATH | 97.04% | 95.98% | 95.52% | 93.76% | 92.46% | 87.42% | 90.06% | 87.39% | 85.18% |
| HAVERHILL | 95.75% | 95.01% | 94.66% | 93.91% | 91.64% | 86.60% | 91.57% | 89.06% | 87.33% |
| SUDBURY GP | 96.64% | 97.10% | 96.91% | 95.29% | 94.39% | 87.26% | 92.58% | 91.31% | 89.55% |
| WGGL | 96.60% | 95.95% | 95.02% | 94.83% | 94.71% | 92.42% | 93.33% | 94.74% | 89.35% |

PCN Groupings adopted various approaches to the administering of the vaccine to their patients:

- some PCN's opted to outsource to another provider
- some PCN's delivered the vaccine through a single nominated site
- some PCN's delivered the vaccine locally through most of the component practice sites

- 1.2 In addition there were "big weekends" where larger volumes of vaccines were administered in clinics running on Saturdays and Sundays and a "drive through" where 2300 vaccines were administered in one day as part of a NHS Pilot Proof of Concept which has subsequently been adopted as an approved approach by NHSE. Patient feedback has been positive about the experience of the vaccination delivery by the PCN groupings and this has strengthened the patient/practice link for the future.

1.3 Challenges:

- Consistent Supply of vaccine and advance knowledge of delivery dates/volumes to be able to plan clinics/events particularly with Pfizer which once delivered must be used within three days
- Introduction of other providers targeting the same patients which led to duplication of effort and some patients being invited multiple times by different sites sometimes resulting in DNA's in the practice where an earlier appointment was offered elsewhere
- Booking systems not talking to each other and timely feedback of vaccine administered information into the clinical system
- Following the announcement that those under 30 years old should be offered an alternative to AZ. Practices are experiencing an increase in call volumes from concerned patients of all ages alongside increased general vaccine hesitancy. As a system we are currently looking at potential methodologies for offering the vaccine to this age range.

- 1.4 Practices were given the option to continue rolling out the vaccine to cohorts 10-12 when these groups become eligible. Haverhill, Sudbury and Forest Heath have elected not to continue into phase 2 and alternative clinics (including community pharmacy sites in Sudbury and Haverhill and a mass vaccination site in Haverhill) are being established. Bury, Blackbourne and WGGL have agreed to continue into phase 2.

- 1.5 We continue to work at an alliance and ICS level to balance supplies where possible to best meet patient needs and service capacity.

2 Recommendation

- 2.1 The Committee is asked to note the report.



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PRIMARY CARE COMMISSIONING COMMITTEE

| | |
|------------------------|-------------------------|
| Agenda Item No. | 08 |
| Reference No. | WSSCG PCCC 21-06 |
| Date. | 28 April 2021 |

| | | |
|---|--|----------|
| Title | Primary Care Delegated Commissioning – Finance Report | |
| Lead Director | Jane Payling, Director of Finance | |
| Author(s) | Jessica Taylor-Allum; Luke Branch | |
| Purpose | To provide the committee with an overview of the M11 Primary Care Delegated Commissioning Budget | |
| Applicable CCG Priorities | | |
| 1. | Develop clinical leadership | |
| 2. | Demonstrate excellence in patient experience & patient engagement | |
| 3. | Improve the health & care of older people | |
| 4. | Improve access to mental health services | |
| 5. | Improve health & wellbeing through partnership working | |
| 6. | Deliver financial sustainability through quality improvement | x |
| Action required by the Primary Care Commissioning Committee: | | |
| To note this report | | |

1. Purpose

To provide the committee with an overview of the M11 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. Key Points

At the end of M11, the GP Delegated Budget was £691k overspent – please see the table below for a summary of key variances:

| Application of Funds | YTD | | | FULL YEAR | | | Variance Analysis |
|---|-----------------|-----------------|-------------------|-----------------|-------------------|-------------------|---|
| | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Forecast £'000 | Variance £'000 | |
| GMS/PMS/APMS Core Contract | 21,753 | 24,188 | 2,434 | 23,731 | 26,369 | 2,638 | Budget at global sum rate and, Forecast includes full year list size adjustment |
| QOF/Seniority/Other | 3,483 | 3,487 | 4 | 3,800 | 3,803 | 3 | |
| Enhanced Services | 466 | 471 | 4 | 509 | 513 | 4 | Includes Q4 protection-freeing up GP practice time |
| Premises costs | 2,348 | 2,402 | 54 | 2,562 | 2,620 | 58 | |
| Professional fees - Dispensing/Prescribing | 2,176 | 2,399 | 223 | 2,374 | 2,617 | 243 | |
| Locum allowance/GP Retainers | 133 | 252 | 119 | 145 | 275 | 130 | |
| Primary Care Networks | 2,253 | 2,241 | (12) | 2,459 | 2,445 | (15) | |
| Other - Recharges | 2,957 | 822 | (2,135) | 3,176 | 896 | (2,280) | |
| Primary Care Delegated Commissioning | 35,570 | 36,260 | 691 | 38,757 | 39,539.28 | 783 | |

The retrospective top-up allocation received, which reduced the month 6 position to break even, has reduced the YTD and forecast overspend in this financial year.

Other Primary Care shows an underspend of £828k at M11, as summarised in the table below:

| Application of Funds | YTD | | | FULL YEAR | | | Variance Analysis |
|---------------------------|-----------------|-----------------|-------------------|-----------------|-------------------|-------------------|-------------------|
| | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Forecast £'000 | Variance £'000 | |
| Local Enhanced Services | 1,441 | 1,377 | (64) | 1,571 | 1,497 | (73) | |
| GPV | 3,267 | 3,273 | 6 | 3,715 | 3,715 | 0 | |
| Primary Care Contingency | 770 | 0 | (770) | 921 | 0 | (921) | |
| Other Primary Care | 5,478 | 4,650 | (828) | 6,207 | 5,212 | (995) | |

The underspend in “Other Primary Care” will be used to offset areas of over-spend in the Primary Care Delegated budget.

3. Risks / Opportunities

Risks not reflected in the above full year forecasts are further increases in rent reimbursement and additional practice management support.

4. Recommendation

The Committee is asked to note the financial performance at M11.



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PRIMARY CARE COMMISSIONING COMMITTEE

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| Agenda Item No. | 09 |
| Reference No. | WSCCG PCCC 21-07 |
| Date. | 28 April 2021 |

| | | |
|---|---|----------|
| Title | Patient Participation Group (PPG) Update | |
| Lead Director | Kate Vaughton, Director of Integration | |
| Author(s) | Hayley Charman, Patient and Public Involvement Lead | |
| Purpose | To provide the Committee with an update with regard to Patient Participation Groups (PPGs). | |
| Applicable CCG Priorities | | |
| 1. | Develop clinical leadership | |
| 2. | Demonstrate excellence in patient experience & patient engagement | |
| 3. | Improve the health & care of older people | |
| 4. | Improve access to mental health services | |
| 5. | Improve health & wellbeing through partnership working | |
| 6. | Deliver financial sustainability through quality improvement | x |
| Action required by the Primary Care Commissioning Committee: | | |
| To note the report | | |

1 Background

- 1.1 Patient Participation Groups (PPGs) have been communicating and meeting virtually throughout Covid-19.
- 1.2 A PPG network for West Suffolk was established in November 2020, to replicate that of IESCCG and NEECCG. This is a virtual network, welcoming Chairs and members of the West Suffolk PPGs to attend. PPG members will be able to make suggestions on topics to discuss, speakers and the frequency of these meetings. Initially we are going to trial three meetings a year.
- 1.3 The first PPG network meeting was held in November and the PPGs led the agenda, for example with issues that COVID has caused their surgery etc. The second meeting was held in March and followed a similar theme, with PPG members identifying speakers to attend. The network requested presentations on social prescribing and the integrated neighbourhood teams, which were well received.
- 1.4 The most important element of the network meetings is the PPGs being able to share issues, best practice and problem solve together. Much of the focus has been on how PPGs are remaining active throughout Covid-19, through volunteering at their practice or fielding questions from their communities.
- 1.5 There is a great emphasis on the importance of a GP or Practice Staff member attending the PPG meetings, in order for PPGs to receive updates from the practice but to also allow the practice to ask the PPGs for support where needed.
- 1.6 The network has members from 15 PPGs and covers all six PCNs across West Suffolk. The next meeting is scheduled for July.
- 1.7 There is also a PPG newsletter that goes out quarterly, however this has paused temporarily during lockdown and will be reviewed. It may be started up again with the successful launch of the PPG Network, if PPG members feel it is something they would benefit from.

2 Recommendation

- 2.1 The Committee is recommended to note the report.



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PRIMARY CARE COMMISSIONING COMMITTEE

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|------------------------|-------------------------|
| Agenda Item No. | 10 |
| Reference No. | WSSCG PCCC 21-08 |
| Date. | 28 April 2021 |

| | | |
|---|--|----------|
| Title | Virtual Meeting – Report of Decision | |
| Lead Director | Lois Wreathall, Deputy Director of Primary Care | |
| Author(s) | Jo Mael, Corporate Governance Manager | |
| Purpose | To report formally in public the following decision made at a virtual meeting since the previous meeting held in public. 11 November 2020 – Stanton Surgery – extension – Full Business Case approval | |
| Applicable CCG Priorities | | |
| 1. | Develop clinical leadership | |
| 2. | Demonstrate excellence in patient experience & patient engagement | |
| 3. | Improve the health & care of older people | |
| 4. | Improve access to mental health services | |
| 5. | Improve health & wellbeing through partnership working | |
| 6. | Deliver financial sustainability through quality improvement | x |
| Action required by the Primary Care Commissioning Committee: | | |
| To note and endorse the decision made at a virtual meeting as appended to the report. | | |



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**WEST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

11 November 2020 (Virtual Meeting)

Decision Record

Stanton Surgery – extension – Full Business Case approval
To receive and approve a report from the Director of Corporate Services and System Infrastructure

*Amanda Lyes/
Julia Hiley
Report No:
WSSCCG/CGC 20-21P*

Primary Care Commissioning Committee Members:

Lynda Tuck (Chair), Lay Member for Patient and Public Involvement
Geoff Dobson, Governing Body Lay Member for Governance
Ed Garratt, Chief Executive
Paul Gibara, Director of Performance Improvement
Jane Payling, Director of Finance

Declarations of Interest

No declarations of interest were received.

Decision

The Committee noted and ratified the decision to approve the Full Business Case by the Estates Operational Group enabling the practice to submit their business case to NHS England for final approval.



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PRIMARY CARE COMMISSIONING COMMITTEE

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| Agenda Item No. | 11 |
| Reference No. | WSSCG PCCC 21-09 |
| Date. | 28 April 2021 |

| | |
|----------------------|---|
| Title | Primary Medical Care Policy and Guidance Manual (PGM) Version 3 – Changes Summary |
| Lead Director | Lois Wreathall, Deputy Director of Primary Care, West Suffolk CCG |
| Author(s) | Kathleen Hedges – Contracting Support Manager (Suffolk & North East Essex STP), NHS England and NHS Improvement (East of England) |
| Purpose | To update and inform the Primary Care Commissioning Committee about the latest changes to the Policy Guidance Manual. |

Applicable CCG Priorities

| | | |
|----|---|---|
| 1. | Develop clinical leadership | √ |
| 2. | Demonstrate excellence in patient experience & patient engagement | √ |
| 3. | Improve the health & care of older people | √ |
| 4. | Improve access to mental health services | √ |
| 5. | Improve health & wellbeing through partnership working | √ |
| 6. | Deliver financial sustainability through quality improvement | √ |

Action required by the Primary Care Commissioning Committee:

The Committee is asked to note the latest changes to the Policy Guidance Manual and are invited to ask any questions and/or request further training on any part of the PGM.

1. Introduction

- 1.1 The PGM was first published as “the Policy Book” in January 2016 to support local commissioners to effectively commission and contract manage primary medical care providers. A commitment was made to refresh the PGM periodically to ensure it remains fit for purpose and reflects the latest legislation and national direction. This third refresh was ready for publication in April 2020 but was held back due to the pandemic and subsequently published in February 2021. It can be found via the following link: [NHS England » Primary Medical Care Policy and Guidance Manual \(PGM\)](#)
- 1.2 This refresh carried forward the planned changes from April 2020 and is aligned with the latest GP contractual changes (1 October 2020) and current NHSEI policies. This refresh recognises the pandemic context and thus provides high level principles of how commissioners will apply contractual management responsibility to support recovery and maintenance of GP services during the pandemic.

2. Version 3 Changes

- 2.1 All changes are highlighted in yellow within the latest PGM. However, the key changes have been listed below.

Part A: Excellent commissioning and partnership working

- **Chapter 1.1.4** – Includes a link to a suite of e-learning modules which have been developed with Health Education England in key commissioning areas.
- **Chapter 3.2.1** – An update on the outcome of the CCGs mergers programme, reflecting the current status of CCGs, including CCGs with delegated authority.

Part B: General contract management

- **Chapter 1 (1.2.6)** – The ‘Contracts Described’ chapter now includes information on the role of the commissioner in maintaining PCN membership.
- **Chapter 3 (3.2.3.7 – 3.3.3.11)** – The ‘Managing Patient List’ chapter now includes a section to highlight the safeguarding concerns where a child or a vulnerable adult is at risk of being removed from the patient’s list.
- **Chapter 5 (5.5.6)** – The ‘Temporary Suspension to Patient Registration’ chapter now includes information on which circumstances an ‘informal’ or ‘temporary’ list closure is not appropriate.
- **Chapter 6 (6.6.6.1; 6.6.2.5 and 6.6.2.8)** – The ‘Special Allocation Scheme’ chapter has been updated to clarify the role of the CCG in ensuring that violent patients on the scheme continue to receive healthcare, including retaining non engaging patient on the scheme.
- **Chapter 7 (7.10)** – Additional sub chapter has been added to the ‘Contract Variation’ chapter to strengthen the process for managing Incorporation requests that can establish existing GP partnerships as limited companies. A toolkit is included to provide more rigorous assurance of proposals.
- **Chapter 7 (7.18)** – The ‘Contract Variation’ chapter now includes commissioners and GP performers responsibilities in informing Primary Care Support Services (PCSS) of changes.
- **Chapter 9 (9.8)** – The ‘Practice Closedown (Planned/Scheduled)’ chapter has been strengthened to set out the commissioner responsibilities when allocating a practice to a PCN to ensure continuous services to registered patients.
- **Chapter 11 (11.4 and 11.5)** – The ‘NHS England Procurement Support Contract and National Procurement Tool’ chapter now includes information on a new online APMS

Purchasing System which supports a more streamlined approach to procuring GP services, including caretaker services.

- **Chapter 12 (12.3, 12.6 and 12.7)** – The ‘Premises Running Costs and Service Charges’ chapter has been updated to ensure that the eligibility criteria and the Finance Model Template are still relevant. Two sub chapters ‘NHS Resolution guidance note on premises costs (Current Market Rent) disputes’ and ‘PCN Workforce and Estates Guidance’ have also been added.
- **Chapter 13** – A new chapter ‘Sub-contracting of Clinical Services’ has been added, setting out an assurance framework for sub-contracting proposals by GP contractors.

Part C: When things go wrong

- The ‘Adverse Event’ chapter was previously part of chapter 3 but is now its own chapter (5).

- 2.2 Please note that within the PGM, there are numerous cross-references to the legislation and procurement law aspects underpinning the policy and guidance; plus helpful templates for creating the necessary correspondence and forms used for the contract management of primary medical care. Existing legislation will always trump policy and guidance. Therefore, contracts staff will ensure that they follow the regulations primarily when exercising their responsibilities; and will seek legal advice where there is any ambiguity or uncertainty.
- 2.3 Please also note that the operating procedures (based on the revised PGM and associated legislation) used by NHSE’s local primary care contracts team and assigned staff have previously supported and will continue to support delegated CCGs in taking decisions and/or actions that are compliant with the PGM.



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PRIMARY CARE COMMISSIONING COMMITTEE

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|------------------------|-------------------------|
| Agenda Item No. | 12 |
| Reference No. | WSSCG PCCC 21-10 |
| Date. | 28 April 2021 |

| | | |
|---|---|---|
| Title | Contractual Update | |
| Lead Director | Lois Wreathall, Deputy Director of Primary Care, West Suffolk CCG | |
| Author(s) | Stuart Quinton, Senior Contract Manager, NHS England & Improvement – East of England | |
| Purpose | To inform the Committee of 1) contractual updates relating to GP practices within the Suffolk and North East Essex STP for the period February to April 2021 2) 2021/22 GP Contract changes | |
| Applicable CCG Priorities | | |
| 1. | Develop clinical leadership | ✓ |
| 2. | Demonstrate excellence in patient experience & patient engagement | ✓ |
| 3. | Improve the health & care of older people | ✓ |
| 4. | Improve access to mental health services | ✓ |
| 5. | Improve health & wellbeing through partnership working | ✓ |
| 6. | Deliver financial sustainability through quality improvement | ✓ |
| Action required by the Primary Care Commissioning Committee: | | |
| To note the contents of this paper and to ask any questions arising | | |

1. Purpose

- 1.1 The purpose of this report is to inform the committee of 1) contractual updates relating to GP practices within the Suffolk and North East Essex STP for the period February to April 2021
2) 2021/22 GP Contract changes

2. Background

- 2.1 Contractual updates cover activities such as branch closures; list closures; mergers; practice name changes; and other contract variations. The 2021/22 GP Contract changes summarized within this report have previously been notified within national publications but became effective on 1st April 2021.

3. Contractual Updates

List Closures:

- The Barham & Claydon Surgery (D83615) currently have a formal list closure. This expires on 15th November 2021. An action plan has been agreed between the practice and CCG to facilitate an earlier re-opening date; and will be regularly monitored. (Ipswich & East Suffolk CCG)
- St James Surgery (F81052) closed their list on a temporary basis in November 2020 and remain closed. NHS England & Improvement (NHSEI) will assist the CCG with their endeavours to support the practice to re-open as soon as possible. (North East Essex CCG)
- Old Road Surgery (F81212) closed their list on a temporary basis in May 2020, following the death of the senior GP Partner, with the combined impact this and the COVID pandemic had on the practice. The list is still closed but the CCG and NHSEI are taking supportive measures to facilitate re-opening as soon as possible. The practice have recently confirmed that the list will re-open once recruitment to the practice team is complete and the relevant measures put in place (North East Essex CCG)
- Fronks Rd (F81221) and Mayflower Medical Centre (F81019) practices in Harwich continue to operate temporarily closed lists. (North East Essex CCG)
- Harewood Surgery (F81606) closed their list on a temporary basis on 8th March 2021 due to an unsustainable large increase in new patient registrations. NHS England & Improvement (NHSEI) will assist the CCG with their endeavours to support the practice to re-open as soon as possible. (North East Essex CCG)

Mergers:

- An application from Norwich Road Surgery (D83058), Chesterfield Drive Surgery (D83039) and Deben Road Surgery (D83050) in Ipswich to merger their practices was approved by the primary care commissioning committee in February 2021. The merger will take place on 1st July 2021. (Ipswich & East Suffolk CCG)

Branch Closures:

- An application from Unity Healthcare (D83012) in Haverhill, to permanently close their premises at Xmas Maltings, Camps Road, Haverhill was approved by the primary care commissioning committee in February 2021. These premises closed on 31st March 2021. (West Suffolk CCG)

Super Partnerships:

- The finalised contract variation agreements are now in the process of being signed by all parties in respect of Suffolk Primary Care (Ipswich & East Suffolk CCG and West Suffolk CCG) and COLTE (North East Essex CCG)

4. GP Contract Changes 2021/22

- **Vaccination and immunisation services** - will become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood and adult seasonal influenza, which will continue as enhanced services, and COVID-19 vaccination.
- Five core contractual standards will be introduced to underpin the delivery of immunisation services.
 - o a named lead for vaccination service
 - o provision of sufficient convenient appointments
 - o standards for call/recall programmes and opportunistic vaccination offers
 - o participation in national agreed catch-up campaigns
 - o standards for record keeping and reporting.
- A single item of service fee will be fully implemented for all doses delivered in vaccination programmes funded through the GMS contract, including where additional doses are required to meet clinical need and where children are vaccinated outside the routine schedule
- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22
- **Quality Outcomes Framework (QOF) –**
 - To provide practice stability and support recovery, QOF for 2021/22 will be based on the indicator set already agreed for 2020/21, with very limited changes only. The reinstating of QOF in full will support the recovery of long-term condition management
 - Reintroduction of three indicators focused on patients with a serious mental illness to promote improved uptake in all six elements of the SMI physical health check
 - Introduction of a new indicator focused on cancer care and amendments made to the timeframe and requirements for the cancer care review indicator
 - The four flu indicators have been retired with incentives relating to flu vaccination for target groups being introduced in the Investment and Impact Fund.
 - The date of diagnosis has been amended to 'on or after April 2021' for the asthma, heart failure and COPD diagnostic indicators.
 - To account for the impact of the COVID-19 pandemic on care, the Learning Disabilities and Supporting Early Cancer Diagnosis Quality Improvement modules are to be repeated in their intended format (prior to amendments for the refocusing of QOF in September 2020) with some slight modifications to account for the impact of the pandemic on care.
 - The size of QOF has increased from 567 to 635 points in 2021/22. The value of a QOF point in 2021/22 will be £201.16 and the national average practice population figure will be 9,085
- **Network Contract Directed Enhanced Service –**
 - Additional Roles Reimbursement Scheme: funding increases from £430m to £746m nationally; New reimbursable roles – Paramedics & fully embedded mental health practitioner (joint role with local provider of community mental health services); Advanced Practitioner designation for some existing roles

- Enhanced Health in Care Homes service requirements are unchanged from 20/21; with minor updates made to the Early Cancer Diagnosis and Structured Medication Review service requirements
 - Investment and Impact Fund (IIF) - will continue in 2021/22. Six indicators worth a total of £50.7m will commence from 1 April, rewarding PCNs for delivery of seasonal influenza vaccination (for over 65s, patients aged 18-64 in a clinical at risk group, and children aged 2 to 3 years); Annual Learning Disability Health Checks and Health • Action Plans; social prescribing referrals; and the mapping of appointment categories to new national categories
 - Planned addition of four new PCN services - will not take place until 1 October 2021 at the earliest, given the re-prioritisation required as a result of the COVID-19 pandemic and vaccination programme
- **Extended access services** – the transfer of funding for the CCG commissioned Extended Access Service to PCNs will now take place in April 2022. A nationally consistent enhanced access service specification will be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022
 - **Cervical screening** – this additional service will become an essential service
 - **Digital** - The definition of the core digital offer which all practices must provide to patients has been confirmed, including the offer and use of video and online consultations, ability to do online prescriptions, and online appointment booking
 - **Global Sum** – the 21/22 rate will be £97.28 per patient, with the Out of Hours (OOH) deduction set at £4.59 per patient

5. **Recommendation**

5.1 The Committee is asked to note the content of this paper; and is invited to ask questions.