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**WEST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**Wednesday, 25 August 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](mailto:jo.mael@suffolk.nhs.uk).  
A recording of the meeting which will include answers to any questions submitted by the public will be available on the CCG website after the meeting.

**AGENDA**

- |      |  |   |
|------|--|---|
| 1400 | <b>1. Apologies for Absence</b>  | <i>Chair</i>                                  |
| 1402 | <b>2. Declarations of Interest and hospitality and gifts</b>   | <i>All</i>                                    |
| 1403 | <b>3. Minutes of Previous Meeting</b><br><i>To approve minutes of West Suffolk CCG Primary Care Commissioning Committee meetings held on 30 June 2021.</i>   | <i>Chair</i>                                  |
| 1404 | <b>4. Matters arising and review of outstanding actions.</b><br><i>To review outstanding issues from the previous meeting of the West Suffolk CCG Primary Care Commissioning Committee.</i>              | <i>Chair</i>                                  |
| 1405 | <b>5. General Update</b><br><i>To receive a verbal report from the Deputy Director of Primary Care</i>   | <i>Lois Wreathall<br/>(WSSCCG PCCC 21-19)</i> |
| 1410 | <b>6. Primary Care Contracts Performance Report</b><br><i>To receive and note a report from the Deputy Director of Primary Care</i>  | <i>Lois Wreathall<br/>(WSSCCG PCCC 21-20)</i> |
| 1415 | <b>7. Primary Care Delegated Commissioning – Finance Report</b><br><i>To receive and note a report from the Director of Finance</i>  | <i>Jane Payling<br/>(WSSCCG PCCC 21-21)</i>   |
| 1425 | <b>8. Primary Care Network (PCN) Direct Enhanced Service (DES) Requirement - Structured Medication Reviews (SMRs)</b><br><i>To receive and approve a report from the Deputy Director of Primary Care</i> | <i>Lois Wreathall<br/>(WSSCCG PCCC 21-22)</i> |
| 1435 | <b>9. Patient Participation Group (PPG) Update</b><br><i>To receive and note a report from the Deputy Director of Primary Care</i>   | <i>Katie Sargeant<br/>(WSSCCG PCCC 21-23)</i> |
| 1440 | <b>10. Reynard Practice – Patient Engagement Feedback</b><br><i>To receive and note a report from the Associate Director of Public</i>   | <i>Simon Morgan<br/>Report No:</i>            |

*Relations*

(WSCCG/PCCC 21-24)

- 1450 **11. Contractual Update**  
**To receive and note** a report from NHS England's Senior Contract Manager (Suffolk and North East Essex STP)

*Stuart Quinton*  
(WSCCG PCCC 21-25)

- 1455 **12. Date and Time of next meeting**  
*2.00pm – 4.00pm, Wednesday, 27 October 2021*

- 1500 **13. 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	2019	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	To be declared when appropriate	Yes
Lay Member	Steve	Chicken	Owner and MD of Galliform 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 Sholsey 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	Garraff	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-19	Ongoing	01/04/2021	To be declared when appropriate	Yes
			Executive Lead - Suffolk and North East Essex Integrated Care System	✓			Direct	Apr-19	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 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
Chief Operating Officer	Kate	Vaughan	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, 30 June 2021 via Microsoft Teams  
with members of the public invited to email in questions prior to the meeting.**

**PRESENT:**

Geoff Dobson	Lay Member for Governance (Chair)
Armitt Chris	Deputy Director of Finance
Steve Chicken	Lay Member
Lois Wreathall	Deputy Director of Primary Care
Dr Christopher Browning	CCG Chair
Stuart Quinton	Senior Contract Manager (Suffolk and North-East Essex STP)
Elizabeth Storer	Healthwatch

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Manager
Liz Moloney	SNEE Covid-19 Vaccination Programme Lead
Daniel Turner	Senior Estates Development Manager

**21/23 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from;

Ed Garratt	Chief Executive
Paul Gibara	Director of Performance Improvement
Simon Jones	Local Medical Committee
Amanda Lyes	Director of Corporate Services and System Infrastructure
Cllr Andrew Reid	Health and Wellbeing Board
Lynda Tuck	Lay Member, Patient and Public Involvement
Kate Vaughton	Director of Integration

**21/24 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS**

No declarations were received.

**21/25 MINUTES OF THE PREVIOUS MEETING**

The minutes of the West Suffolk CCG Primary Care Commissioning Committee meeting held on 28 April 2021 **were approved** as a correct record.

**21/26 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

**21/27 PRIMARY CARE UPDATE**

The Deputy Director of Primary Care reported that the current focus was on the elective recovery programme. Work associated to the recovery was likely to have an immense impact on primary care at a time when it was already feeling stretched due to increased demand.

**The Committee noted** the update.

## **21/28 ANNUAL REVIEW OF TERMS OF REFERENCE**

The Committee was in receipt of its Terms of Reference for annual review.

**The Committee approved** its terms of reference as presented.

## **21/29 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT**

The Committee was in receipt of a report which provided an update on performance related matters in respect of GP Practices and actions taken; seeking further recommendations and areas for consideration for the Primary Care team.

The report provided information and outlined ongoing actions in respect of the following areas;

- Prescribing and medicines management
- Severe mental illness and physical health checks
- Learning Disabilities (LD) health checks
- Dementia diagnosis rates
- Pulse Oximetry at home
- Primary Care Network development

The following points were highlighted during discussion;

Two new performance areas recently identified were long covid and weight management and further discussion was to take place.

Complaints data had recently been received from NHS England and would be presented to future meetings. In April 2019-March 2020 there had been 26 formal complaints against practice of which four had been upheld. From April 2020-March 2021 there had been 15 complaints and none had been upheld. Causes for complaints included clinical treatment, attitude of staff and lack of clarity of information.

Having queried Serious Mental Illness health check performance in 2021, it was reported that there was currently an issue in the way performance was counted across organisations. Work was underway to investigate the differences. Having agreed to obtain and include current performance levels with the minutes, the Deputy Director of Primary Care is subsequently able to report that at the end of Quarter four 2020/21 performance was at 21.4% which was a drop from Quarter four 2019/20 when 37.3% had been reached.

**The Committee noted** the report.

## **21/30 COVID-19 VACCINATION PROGRAMME UPDATE**

The report provided an update on the Covid 19 vaccination programme, with a focus on west Suffolk.

As of close of 20 June 2021, across Suffolk and north-east Essex, 91.4% of all over 40s had received their first dose vaccination, and 80% had received both first and second doses. As

a System, we had and continued to consistently be identified as a top quartile performer nationally.

As of 19 June 2021, all adults had been invited to receive their vaccination. NHSE had instructed Systems to bring forward 2<sup>nd</sup> doses from 12 to 8 weeks. The Green Book allowed patients to be vaccinated from 21 or 28 days post their 1<sup>st</sup> dependent upon the vaccine. We were aware of a small number of sites offering the vaccine at four weeks however, the CCG continued to encourage adherence to NHSE guidance in light of vaccine availability nationally.

Systems had been instructed by NHSE to maximise all vaccine week-on-week ensuring it was “in arms, not fridges”. The UK Government had committed to offering a first dose vaccine to all eligible by 19 July 2021 – two weeks in advance of the original milestones as a response to retention of UK restrictions and to facilitate easing from 19 July 2021.

All Primary Care Network (PCN) groupings had opted to deliver the Covid-19 vaccine for cohorts 1-9, with Haverhill grouping sub-commissioned to Suffolk GP Federation. Implementation continued with second doses of Pfizer and Astra Zeneca now largely having been delivered to those cohorts. In addition to PCNs, vaccination services continued to be provided by a range of other providers as detailed in paragraph 1.9 of the report.

Challenges included:

- Consistent supply of vaccine aligned to population need and advance knowledge of delivery dates/volumes to be able to plan clinics/events particularly with Pfizer.
- 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
- Reduced take-up of AZ amongst eligible cohorts. All sites, supplemented by ICS communications, continued to promote take-up and additional pop-up clinics in high footfall areas were part of the programme's core weekly 'offer'. Nevertheless, given 80% of the eligible population had received both doses, we should expect limited further progress albeit we will strive to increase.

Work at an alliance and ICS level to balance supplies where possible to best meet patient needs and service capacity continued.

The Committee was informed that Phase three information was expected during the week which should include the scope and opt in options for Primary Care Networks. It was likely that the children's immunisation programme would take forward any children's vaccination programme should it be pursued.

Work was underway to determine how the vaccination programme approach might align with 'Making Every Contact Count'.

In response to questioning it was explained that daily stock takes of vaccines were now taking place. Surplus AZ vaccine had already been identified to aid other countries.

Having queried vaccination provision in Mildenhall, it was noted that work was underway to address any gaps which included review of the capacity of PCNs going forward.

**The Committee noted** the report.

The Committee was provided with an overview of the 2021-22 budget and forecast for Primary Care- GP Delegated Commissioning.

The CCG received a separate ring-fenced allocation for GP Delegated commissioning which was used to meet the statutory contractual obligations and any changes to GP contracts as per the NHS Long Term Plan such as Primary Care Network (PCN) development. The allocation was based on contract payments made to practices at national GMS rate.

In addition to that, the CCG commissioned other primary care services such as Local Enhanced Services and Out of Hours services which were funded through the CCG programme budgets.

The 2021-22 planning guidance was published on 25 March 2021 which set out the financial envelopes and arrangements for the first half of 2021-22 -referred to as H1.

The H1 financial plan was submitted on 6 May 2021 which had been used as a starting point to set budgets for 2021-22. The plan submitted was higher than the notified allocation and the difference was funded from the CCG programme allocation.

The planning figures had now been adjusted for material changes such as list size adjustments and any further guidance received in respect of PCN development payments to calculate the expected forecast cost pressure on Primary Care- GP Delegated Commissioning.

Key changes to GP contracts were highlighted in Appendix 1 to the report.

As highlighted in the previous years, there was a significant cost pressure to the GP Delegated budgets as the PMS practices within the CCG were paid at a higher rate than the rate at which the CCG was funded. Although, a sizeable proportion of that was already covered from the CCG allocation, the additional forecast overspends, and any other risks would be covered from year-end flexibilities and other CCG programme underspends.

Although, the delegated primary care allocations were largely unaffected by those changes to the financial framework in H1, the CCG programme allocations were reduced compared with those previously announced leaving additional shortfalls in many budgets and no contingency included in the H1 plan. Any further reductions to the CCG programme allocations H2 onwards would have a resulting impact on the CCG's ability to cover the primary care budget shortfall.

Having queried whether there was enough flexibility within the budget to deal with any overspend, the Committee was informed that whilst the CCG had been able to plan for the first half of year, that was not possible for the second half and the situation would be monitored closely.

**The Committee noted** the budget and forecast out-turn for 2021-22, and that any further risks or opportunities would be highlighted in the finance report during the year

## **21/32 PATIENT PARTICIPATION GROUP (PPG) UPDATE**

The report provided information on the current status of Patient Participation Groups (PPGs) and plans for their future development where applicable.

NHS England has mandated that all practices must have a PPG. Since the start of the pandemic, communications and PPG activity had varied greatly across the West Suffolk practices. In order to support PPG activity and find out what issues they were facing, a PPG Network had been established.

The network was established in November 2020, to replicate that of Ipswich and East Suffolk and North-East Essex CCGs. It was a virtual network, welcoming Chairs and members of the West Suffolk PPGs to attend. PPG members would be able to make suggestions on topics to discuss, speakers and the frequency of meetings.

The first meeting was held in November 2020, and a further meeting in March 2021. The network had requested presentations on social prescribing and the integrated neighbourhood teams, which were well received. The most important element of the network meetings was the PPGs being able to share issues, best practice and problem solve together. Much of the focus had been on how PPGs were remaining active throughout the pandemic via volunteering at their practice or fielding questions from their communities.

The network had members from 15 PPGs and covered all six PCNs across West Suffolk. The next meeting was scheduled for 20 July 2021.

PPG activity during the pandemic was detailed in Section 3 of the report.

PPGs that had not been as active as usual felt that there was a breakdown of communication between their group and their practice. Practice managers and a GP were routinely invited to attend PPG meetings and update reports were well received. The PPG Network was able to provide a space to share ideas for projects.

Having noted that there was no PPG activity listed within the report for the Forest Heath area, it was explained that they had not attended the Network and information had therefore not been recorded. **The Deputy Director of Primary Care agreed** to request that more detailed information on individual PPGs be presented to the next meeting.

**The Committee noted** the content of the report **and thanked** PPGs for their support to practices during the pandemic.

## 21/33 100 DAY CHALLENGE

The report provided an update on the 100-day challenge implemented in west Suffolk.

The NHSE 100-day challenge was a national programme that many CCGs/Trusts had participated in. The concept of the 100-day challenge was to make rapid changes to services in three identified disciplines.

The disciplines identified in 2018 for West Suffolk were:

- Ear Nose and Throat (ENT) specifically: Reduce referrals into ENT for 'hearing loss' by 50%, reduce number of Advice & Guidance requests converted into an appointment by 30% and Reduce Follow Up appointments by 50%.
- Cardiology specifically within cardiology Atrial Fibrillation (AF) was a focus with two distinct areas, protection and perfection.
- Urology split into 3 smaller projects 1) Urology: High level of DNA's for ladies with stress incontinence and long wait times to see the physio, 2) TURPS patients to be followed up virtually (prostate resection) and 3) – Ladies with frequent UTI's to be supported in Primary care. (25-40 age group).

A detailed update on each discipline was set out in Section 2 of the report.

**The Committee noted** the content of the report.

## 21/34 CONTRACTUAL UPDATE



To inform the Committee of contractual updates relating to GP practices within the Suffolk and North-East Essex STP for the period April 2021 to June 2021.

Contractual updates covered activities such as branch closures; list closures; mergers; practice name changes; and other contract variations. Contractual updates were detailed in Section 3 of the report.

Comments included;

Having queried progress in relation to Haverhill Family Practice, the Committee was informed that the practice remained subject to a three month temporary list closure that was due to finish in July 2021. The practice was currently seeking to recruit.

**The Committee noted** the report.

**21/35 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on Wednesday, 25 August 2021.

**21/36 QUESTIONS FROM THE PUBLIC**

No questions had been received.

Unconfirmed



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**WEST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE  
ACTION LOG: 30 June 2021 (updated)**

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
<b>Meeting of 30 June 2021</b>				
21/32	PPG Update	Having noted that there was no PPG activity listed within the report for the Forest Heath area, it was explained that they had not attended the Network and information had therefore not been recorded. The Deputy Director of Primary Care agreed to request that more detailed information on individual PPGs be presented to the next meeting.	Lois Wreathall	



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**PRIMARY CARE COMMISSIONING COMMITTEE**

<b>Agenda Item No.</b>	<b>06</b>
<b>Reference No.</b>	<b>WSSCG PCCC 21-20</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Primary Care Contracts Performance Report</b>
<b>Lead Director</b>	Kate Vaughton - Director of Integration, West Suffolk
<b>Author(s)</b>	Rachel Seago Senior Primary Care Manager
<b>Purpose</b>	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:**

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

**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 2020/21**

#### **Prescribing budget**

- The final position was an under spend of £758k against budget – this was based on actual spend up to February 2020 and predicted spend for March 2020. This included £350k of prior year benefits. Had this position included the March 2020 actuals, rather than predicted spend, the final position would have been an under spend of £983k against budget.

#### **Adjusted prescribing spend**

- 2020/21 vs 2019/20 – £40.9M vs £36.3M (Variance £4.6M, 13%)
- 2020/21 vs 2019/20 (excl. national cost pressures – Cat M, DOACs & NCSO) – £38.2M vs £36.3M (Variance £1.9M, 5%)

#### **Antibiotic prescribing (12 months to March 2021)**

- Antibacterial items/STAR-PU – 0.832 (QP target: ≤ 0.965 and ≤1.161)
- Proportion of broad-spectrum antibiotics – 10.93% (QP target: ≤ 10%)

### **2021/22**

#### **Prescribing budget and the Rewarding Appropriate Prescribing (RAP) Scheme**

- Half year (H1) prescribing budget has been received from NHSE&I.
- 21/22 GP Prescribing H1 budget is £20,571k and RAP scheme H1 budget is £136.5k. The total H1 budget is £21.8M.
- July YTD we are showing a total overspend of £90k against budget.

#### **Adjusted prescribing spend**

- YTD May 2021/22 vs 2020/21 (excl. national cost pressures – Cat M, DOACs & NCSO) - £6.8M vs £6.9M (Variance £98k, 1.4%)

### **2. Severe Mental Illness (SMI) Physical Health Checks**

- 2.1 At the end of Q1 21/22 the WSCCG practices achieved 27.2 % of 6 elements of the checks completed. We continue to work towards the nationally mandated target of 60% completed checks.
- 2.2 NHS England has continued with the General Practice Covid Capacity Expansion Fund and for 2021/22 SMI health checks will be included; practices will be incentivised to achieve 40% of health checks by 20.9.21 or 50% by 31.12.21 or 60% by 31.3.22.
- 2.3 NSFT Clinical Lead continues to work with GP practices to 'cleanse' their 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 NSFT continue to take referrals for those patients under Primary Care who are difficult to engage within practice, this ensures that everybody who is entitled to a physical annual health check is offered one.
- 2.5 Following evaluation of the 6 month project with The Suffolk User Forum who were commissioned to support patients with follow-up interventions identified via the physical health check being referred by NSFT. A further £45k has been allocated to this project which will enable this project to be rolled across Primary Care.

### 3. Learning Disabilities (LD) Health Checks

3.1 In quarter one of 21/22, 6.1% of annual physical health checks have been completed. This is a slight increase on the same time period in 20/21 when only 5.1% of checks had been completed. In 19/20, 14.1% of checks had been completed.

3.2 Moving into 21/22, focus will be not only on maintaining a high number of AHCs but also improving upon the quality of checks and patient's experience. This will be achieved by the following;

- Continuing regular support from the NSFT Primary Care Learning Disability Liaison Nurses (who continue to have issues with recruitment and retention).
- Ensuring the liaison nurses have access to practice clinical systems or an alternative method in order to support practices with patient referrals or register reviews.
- Undertaking a review of the current Health Action Plan (issued post AHC) and updating where necessary.
- Conducting an analysis of practice LD registers to identify who the regular non-attenders are and establish what steps need to be taken to re-engage.
- Piloting a Learning Disability Friendly Practice project, with a view to roll out to all practices.
- Reviewing what resources and support are available to practices.

### 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 30-Jun-21

NHS Area Code	NAME	Sum of Recorded	Sum of Estimated	Sum of Rate (%)	Sum of Prev Mth Rate	Sum of Rate Mvmt
ENG	ENGLAND	421,648	680,709.70	61.9	61.8	0.1
Y61	EAST OF ENGLAND	50,551	85,221.10	59.3	59.2	0.1
QJG	SUFFOLK AND NORTH EAST ESSEX STP	9,200	15,127.60	60.8	60.6	0.2

Month 30-Jun-21

NHS Area Code	NAME	Sum of Recorded	Sum of Estimated	Sum of Rate (%)	Sum of Prev Mth Rate	Sum of Rate Mvmt
06T	NHS NORTH EAST ESSEX CCG	3,291	5,219.30	63.1	63.1	0
07K	NHS WEST SUFFOLK CCG	2,302	3,843.40	59.9	59.5	0.4
06L	NHS IPSWICH AND EAST SUFFOLK CCG	3,607	6,064.80	59.5	59.2	0.3

Following the last update, there was an enquiry on the performance of our memory assessment services and associated waits for assessment following Covid. Please see below a snapshot and note recovery initiatives cover this area too so we should commence seeing a reduction in waits for assessment and diagnosis.

WEST SUFFOLK	
Wait for Assessment	Count
0-5 Weeks	90
6-11 Weeks	95
12-17 Weeks	35
18+ Weeks	26
<b>Grand Total</b>	<b>246</b>

Funding from NHSE/I to support diagnosis services and early support for 2021/22

- Revisit the work already undertaken from EQUIP
- Dementia Together to work with practices to undertake Dementia Friendly Practice reviews across Suffolk and offer a refresh of the Alzheimer's Dementia Friends sessions
- Dementia Together working closer with the memory services to attend MDTs and look at MCI register as targeted practice to support reviews
- Additional diagnosis support within the memory services, MATS and CMAS to reduce wait lists
- Work within care homes to review anti psychotics and review individuals to check medication and diagnosis is correct working with PCN prescribers and memory services

The Primary Care ask is to:

- 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. Practices with extensive MCI lists will be supported via the NHSE/I funding initiative from Dementia Together and memory services, this will be targeted to begin with and practice will be contact directly to be offered this support via the practice leads in each CCG East and West
- 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, additional resource has been put in for a year to support the wait lists which increased during COVID19, this includes some targeted diagnostic support delivered in the practices rather than the clinical setting of the memory services.
- 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. They will begin to work with practices again to support the Dementia Friendly Practice scheme as well as working with targeted practices across Suffolk that may need additional support with MCI lists.
- Please note that GPs can refer to Dementia Together at the point referral via EMIS and SystmOne to the memory services MATS and CMAS, we are encouraging patients to automatically be referred and opt out if there is a valid reason, this is to ensure that support is offered as early as possible whilst waiting for an appointment with the memory service, currently due to wait lists this could be longer than usual. This is not just a support benefit for the individual with dementia or memory concern but for the carer and family as well. Dementia Together also work closely with the memory service so will be able to follow up appointments and offer reassurance to the patients.

## **5. Pulse Oximetry at Home**

- The Pulse Oximetry at Home LES was introduced in December 2020 to support the remote monitoring of patients with confirmed or possible COVID-19, the LES has been extended to 30 September 2021, however it is expected that numbers of patients on and offboarded onto the service will be fairly low.
- All practices were all sent extra supply of oximeters last week
- Practices have been told that they no longer need to send in weekly data, as this has now been sorted to be extracted centrally.
- Covid figures from the oximetry data are still decreasing following a peak mid-July 2021.

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

- All patients in West Suffolk are covered by a Primary Care Network – there have been no changes to the PCN formations in West Suffolk.
- Primary Care Networks continue to utilise the Additional Roles Reimbursement Scheme (ARRS) funding to increase their workforce.
- The April GP Education Event had a focus on the Early Cancer Diagnosis Specification and each PCN were required to feedback initiatives to support this specification.
- All PCNs achieved the first Investment and Impact Fund (IIF) for 2021/22 including additional GP AD; which required all practices in the PCN to map all active appointment slot types to the new set of national appointment categories.
- 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.

### **PCN Specifications**

PCNs are currently delivering against the service specifications for 2021/22; Extended Hours Access, Structured medication reviews, enhanced health in care homes and early cancer diagnosis. From October 2021, 4 new service specifications are being introduced: CVD Diagnosis and prevention, Anticipatory care, Personalised Care and Neighbourhood inequalities. The CCG is waiting for further clarification and detail to enable implementation.

## **7. Recommendation**

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



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## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>07</b>
<b>Reference No.</b>	<b>WSSCG PCCC 21-21</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Primary Care Delegated Commissioning – Finance Report</b>	
<b>Lead Director</b>	Jane Payling, Director of Finance	
<b>Author(s)</b>	Jessica Taylor-Allum; Luke Branch	
<b>Purpose</b>	To provide the committee with an overview of the M4 Primary Care Delegated Commissioning Budget	
<b>Applicable CCG Priorities</b>		
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	<b>x</b>
<b>Action required by the Primary Care Commissioning Committee:</b>		
To note this report		



## 1. Purpose

- 1.1 To provide the committee with an overview of the M4 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

## 2. Key Points

- 2.1 At the end of M4, the GP Delegated Budget was £33k underspent. This mainly due to release of 20/21 costs no longer required in the year-to-date position.

Please see the table below for a summary of key variances:

Application of Funds	YTD			M01-06			Variance Analysis YTD
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
GMS/PMS Core Contract	9,208	9,287	79	13,812	13,944	132	Overspend relates to OOH opt out costs on PMS contracts where the plan is lower than costs.
QOF/Seniority/Other	1,477	1,435	(41)	2,215	2,152	(63)	Underspend on 20/21 QOF achievement payments.
Enhanced Services	151	134	(17)	226	226	0	
Premises costs	791	777	(14)	1,187	1,180	(6)	
Professional fees - Disp/Prescr	868	1,002	135	1,301	1,301	0	
Locum allowance/GP Retainers	63	(15)	(78)	95	95	0	
Primary Care Networks	1,080	856	(224)	1,620	1,315	(305)	Release of ARRS costs not claimed for 2021
Pension/Levy	0	0	0	0	0	0	
Other - Recharges	279	405	127	418	645	227	Includes adj to budget to balance to H1 plan
<b>Primary Care Delegated Commissioning</b>	<b>13,916</b>	<b>13,882</b>	<b>(33)</b>	<b>20,874</b>	<b>20,858</b>	<b>(15)</b>	

Other Primary Care shows an underspend of £126k at M4, as summarised in the table below:

Application of Funds	YTD			M01-06			Variance Analysis YTD
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Local Enhanced Services	472	479	7	707	714	6	
Primary Care Contingency	(151)	0	151	(227)	0	227	
GP Forward View	541	256	(285)	807	453	(354)	GP+ contract value lower than plan plus under delivery on the contracted value.
<b>Other Primary Care</b>	<b>861</b>	<b>735</b>	<b>(126)</b>	<b>1,287</b>	<b>1,166</b>	<b>(121)</b>	

## 3. Risks / Opportunities

- 3.1 As the CCG allocations have only been published to the end of M6, only risks in relation to that period have been included in the forecast. These include pending rent increases, forecast list size adjustments and locum costs

## 4. Recommendation

- 4.1 The Committee is asked to note the financial performance at M4.



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## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>08</b>
<b>Reference No.</b>	<b>WSSCG PCCC 21-22</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Primary Care Network (PCN) Direct Enhanced Service (DES) Requirement - Structured Medication Reviews (SMRs)</b>	
<b>Lead Director</b>	Kate Vaughton, Director of Integration	
<b>Author(s)</b>	Lois Wreathall, Deputy Director of Primary Care	
<b>Purpose</b>	To update the committee on the proposed number of SMRs, PCNs with Additional Roles Reimbursement Scheme (ARRS) clinical pharmacists are required to deliver.	
<b>Applicable CCG Priorities</b>		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	<b>x</b>
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	<b>x</b>
6.	Deliver financial sustainability through quality improvement	<b>x</b>
<b>Action required by the Primary Care Commissioning Committee:</b>		
To note and agree the proposal.		

## 1. Background

- 1.1 The Network Contract Directed Enhanced Service (DES), Contract specification 2021/22 – Primary Care Network (PCN) Requirements and Entitlements published 31 March 2021 sets out the CCG requirement to work with PCNs to determine the number of SMRs that a PCN is required to offer, this in part will be determined and limited by their clinical pharmacist capacity.
- 1.2 'PCNs and commissioners must discuss and agree a reasonable volume of Structured Medication Reviews (SMRs) on this basis if a PCN has not been able to secure sufficient clinical pharmacist capacity to offer initial, follow-up and reactive SMRs to all identified patients in the required cohorts. In estimating available capacity, CCGs and PCNs should acknowledge that clinical pharmacists have a variety of responsibilities and not all of their hours should be spent on SMRs. The commissioner must also be assured that the PCN continues to demonstrate all reasonable ongoing efforts to reach sufficient capacity: for example, by establishing regular SMR audit meetings to discuss progress, priorities and lessons learnt'
- 1.3 It also sets out the requirement for the PCNs to deliver SMRs according to the directions below
- 1.4 A PCN is required to:
  - a. Use appropriate tools to identify and prioritise the PCN's Patients who would benefit from a structured medication review (referred to in this Network Contract DES Specification as a "**SMR**"), which must include patients:
    - in care homes
    - with complex and problematic polypharmacy, specifically those on 10 or more medications;
    - on medicines commonly associated with medication errors
    - with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and
    - using one or more potentially addictive medications from the following groups: opioids, gabapentinoids, benzodiazepines and z-drugs;
  - b. Offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity, and the PCN must demonstrate reasonable ongoing efforts to maximise that capacity;
  - c. Ensure invitations for SMRs provided to patients explain the benefits of, and what to expect from SMRs;
  - d. Ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. The PCN must also ensure that these professionals undertaking SMRs have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills;
  - e. Clearly record all SMRs within GP IT systems;
  - f. actively work with its CCG in order to optimise the quality of local prescribing of:
    - antimicrobial medicines;
    - medicines which can cause dependency;
    - metered dose inhalers, where a lower carbon device may be appropriate; and
    - nationally identified medicines of low priority;

- g. Work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines; and
- h. In complying with this section have due regard to NHS England and NHS Improvement guidance on Structured Medication Reviews and Medicines Optimisation.

## **2. Progress**

2.1 The East and West CCG COO & MMTs have worked with the Suffolk LMC to determine the most appropriate number and have universally agreed that in year one that 25% of PCN ARRS funded clinical pharmacist clinical time (i.e adjusted for training, annual leave and other non-clinical duties) would be a manageable place to start and, in addition, we agree the principle that

- (a) If PCNs are to achieve their stated aim of delivering primary care at PCN level then they need flexibility not top-down targets.
- (b) that SMRs need to be allowed to dovetail with practice workload

The period this will apply to this year will be 1 September 2021 – 31 March 2022

2.2 PCNs pharmacists will record their SMRs on their GP system and numbers will be able to be searched for and submitted to the CCG, monthly.

## **3. Recommendation**

3.1 The Primary Care Committee is asked to approve this approach.



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## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>09</b>
<b>Reference No.</b>	<b>WSSCG PCCC 21-23</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Patient Participation Group (PPG) Update</b>
<b>Lead Director</b>	Lois Wreathall, Deputy Director of Primary Care
<b>Author(s)</b>	Hayley Charman, Alliance and Engagement Lead
<b>Purpose</b>	For noting

### Applicable CCG Priorities

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

### Action required by Primary Care Commissioning Committee:

The Primary Care Commissioning Committee is asked to note the current status of Patient Participation Groups (PPGs) and plans for future development where applicable.

## **1. Background**

1.1 NHS England has mandated that all practices must have a PPG. Paragraph 5.2 (Patient Participation) of the GMS contract states:

*5.2.1. The Contractor must establish and maintain a group known as a "Patient Participation Group" comprising some of its registered patients for the purposes of:*

- (a) obtaining the views of patients who have attended the Contractor's practice about the services delivered by the Contractor; and*
- (b) enabling the Contractor to obtain feedback from its registered patients about those services.*

*5.2.2. The Contractor is not required to establish a Patient Participation Group if such a group has already been established by the Contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act before 1st April 2015.*

*5.2.3. The Contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.*

*5.2.4. The Contractor must:*

*(a) engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the Contractor must agree with that Group, with a view to obtaining feedback from the Contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the Contractor; and*

*5.2.5 review any feedback received about the services delivered by the Contractor, whether by virtue of clause 5.2.4(a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.*

*5.2.6 The Contractor must make reasonable efforts to implement such improvements to the services delivered by the Contractor as are agreed between the Contractor and its Patient Participation Group.*

## **2. Key Issues**

2.1 Since the start of the pandemic, communications and PPG activity has varied greatly across the West Suffolk practices. In order to support PPG activity and find out what issues they were facing, a PPG Network was successfully established. This was an idea that West Suffolk CCG had tried to implement previously and benefited from being launched as a virtual meeting.

2.2 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. Two meetings a year has been the recommendation from members.

2.3 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.

- 2.4 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.
- 2.5 The network has members from 15 PPGs and covers all six PCNs across West Suffolk.

### **3. PPG activity during Covid-19 (updated August 2021)**

- 3.1 During the last West Suffolk PPG Network meeting on 30 March 2021, PPG members discussed what activity, where possible, they had been able to undertake during the last year. This was reported on in detail at the previous PCCC meeting in June.
- 3.2 It was noted that the Forest Health PCN had not been represented at the PPG Network, so more information about the individual PPGs across Forest Heath was requested from the PCCC. Practice managers and PPG chairs were contacted directly by the Alliance Engagement and Involvement Lead for West Suffolk, however only two practices have responded so far. We continue to work with the remaining six to ascertain their position which we can report back to the PCCC in due course.
- 3.3 PCN Clinical Directors and Practice Managers are encouraged to help raise the profile of the PPG network within their own practices and PPGs. PPGs are not only mandatory but can provide an excellent communication loop between patients and practice. As the majority of PPGs were not able to remain active during the pandemic, it will be more important than ever to communicate with the members and involve them in upcoming practice work, to not lose the momentum of the groups.

### **4. Recommendation**

- 4.1 The Primary Care Commissioning Committee is asked to note and consider the issues raised in this report.



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## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>10</b>
<b>Reference No.</b>	<b>WSCCG PCCC 21-24</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Reynard Practice – Patient Engagement Feedback</b>
<b>Lead Director</b>	Amanda Lyes, Director of Corporate Services and System Infrastructure
<b>Author(s)</b>	Simon Morgan, Associate Director of Public Relations,
<b>Purpose</b>	To present feedback received following an engagement exercise associated to the Reynard practice.

### Applicable CCG Priorities

1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	<b>x</b>
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 contents of this report and the feedback received during the engagement exercise.



## 1. **Purpose**

- 1.1 This report describes the process that the Reynard Surgery took to communicate and engage with its various stakeholders, partners, public and patients on its proposal not to provide a satellite branch surgery in the Mildenhall Hub. The paper includes feedback received during the eight-week engagement exercise undertaken between May and July this year. This paper to the West Suffolk Clinical Commissioning Group (CCG) Primary Care Commissioning Committee (PCCC) group is to inform members and to share the feedback received.

## 2. **Background**

- 2.1 Reynard Surgery in Mildenhall recently closed a branch practice (White House Surgery) as the building was no longer fit for purpose. White House Surgery provided a town centre base for the main practice which is located out of the town centre.
- 2.2 During the engagement in July 2020, the practice said it intended to relocate the branch site to the newly built Mildenhall Hub. Since then, with new ways of providing services brought in as a result of COVID-19 (e-consult), coupled with additional service and building improvements, the practice has seen how consolidating services to one site has been beneficial for patients through greater efficiency and a more effective use of the practice team's time.
- 2.3 The GP partners and practice manager also became aware of additional related costs and therefore felt they needed to reconsider this as an option. As it was stated that the Mildenhall Hub would be established during the previous engagement exercise, it is appropriate to share the revised proposal with members of the public and invite them to comment.
- 2.4 Although the Reynard Surgery was the lead for the engagement, it was supported by the CCG to ensure patient's feedback was included in any final decision it reached.

## 3. **Health Overview and Scrutiny Committee (HOSC)**

- 3.1 The system has a duty to liaise with HOSC in respect of any changes to local services. The CCG's communications team briefed HOSC (through the chair and HOSC officer) about the engagement before it commenced as well as some local councillors who are not members of HOSC.

## 4. **Activities**

**CCG's LEADERSHIP TEAM AND BOARD** – A paper was written for the Joint Leadership Team that described the background to the engagement.

**ENGAGEMENT WITH LOCAL MPs** – Three MPs (Matt Hancock, James Cartlidge and Jo Churchill) were sent briefings about the engagement exercise.

**HOSC** – The Suffolk Health and Scrutiny Committee was informed about the surgery's plans as well as the proposed timescales of this engagement.

**MEDIA RELEASE** – A media release was produced and issued to the local and regional media which invited people to participate in the engagement exercise.

**ADVERTISEMENT IN LOCAL MEDIA** – A short advertorial was placed in the Mildenhall edition of the Bury Free Press which promoted the engagement exercise.

**ENGAGING LOCAL NETWORKS** – The town council, Mildenhall library and Ipswich and Suffolk Council for Racial Equality also received a copy of the press release to disseminate where possible.

**WEBSITE** – The media release and set of FAQs were posted on the practice website with a link to the West Suffolk CCG site. Both were promoted through social media.

**MILDENHALL PATIENTS** – The practice sent a letter along with a suggestions and comments form to patients who live in Mildenhall (approx. 2500)

**STAKEHOLDERS** – A letter was sent to key stakeholders to inform them about the engagement exercise. This included local primary care networks and GP practices, Healthwatch, MPs, local county and town councillors, pharmacies in Mildenhall, Local Medical Council, NHS England, Mildenhall Library and ISCRE.

**INTEGRATED CARE SYSTEM (ICS) BRIEFING** – Article in the ICS Briefing.

**CCG STAFF** – Staff across the three CCGs were also informed through the virtual staff briefing.

## 5. **Patient Feedback**

5.1 In total the engagement attracted 100 responses from local people and patients. Below are the main areas of feedback received during the eight-week engagement exercise:

- **Distance from Mildenhall town centre to Red Lodge** – there was some concern over the distance between the Reynard Surgery and Mildenhall town centre (4 miles)
- **Housing development** – there was some feedback received that expressed concern over a large housing development that is due to be built close to the town centre. The comments highlighted fear that the new arrangement (closure of White House Surgery and no presence at the Mildenhall Hub), might provide insufficient service provision for local people in an area which is likely to see increases in population.
- **Public transport** – Several respondents felt that public transport links is limited and not frequent enough. This might prove a challenge for them getting to and from the surgery. Concern was raised for those people who could not drive, especially among elderly residents who are living with mobility issues. They felt more consideration needed to be given to transport links.
- **Car parking at Red Lodge** – Two of the respondents commented on the car parking arrangements at the Red Lodge site and felt it was already insufficient. The practice has 31 car parking spaces including 2 dedicated disabled parking bays and 2 dedicated doctors parking bays.
- **Need a presence in the town centre** – Many people felt they needed a presence in the town centre now that White House was no longer there.
- **Virtual consultations** – some respondents said they felt virtual appointments should not be an alternative to face to face consultations. The information sheet on

the practice website explained that initial consultations take place via telephone or video. Patients who then need face-to-face consultations are seen in person by our clinicians, either at the surgery or in their homes when appropriate.

There were also a number of people who were happy with the current arrangement at Red Lodge and were in support of the proposal.

6. **Recommendation**

- 6.1 The Committee is asked to note the contents of this report and the feedback received during the engagement exercise.

## **APPENDICES**

### **a) PRESS RELEASE**

#### **Views sought on GP practice's plans concerning Mildenhall Hub**

More than 2,500 patients across Mildenhall will be asked for their views on a proposal to consolidate services provided by the Reynard Surgery from its main practice in Red Lodge.

The practice conducted an engagement exercise last year in relation to the closure of the nearby White House Surgery after the building was deemed to be no longer suitable from which to deliver services.

At the time, the practice stated it would look to provide a satellite service from the Mildenhall Hub – which is due to open later in the year.

Now clinicians feel they are better able to provide services remotely or to offer face to face appointments either at the practice or at the patient's home to those who require it, while not having a physical base in the Hub.

Dr Hopkinson said: "Over the last year, we have seen how consolidating our services to one site has been beneficial for our patients through greater efficiency and more effective use of our team's time.

"Like other GP practices, we have had to develop a new approach to patient care in order to protect everyone from the risk of Covid-19 infection. We have also made additional changes in response to patient feedback.

"Patients are now contacting us online via e-consult or calling our new telephone system, which has a new options menu and double the original line capacity.

"Initial consultations take place via telephone or video. Patients who then need face-to-face consultations are seen in person by our clinicians, either at the surgery or in their homes when appropriate.

"We have a dedicated prescription ordering line, a prescription delivery service for dispensing patients and have continued with our immunisation and cervical screening programmes, adhering to strict personal protective equipment (PPE) and Covid-19 guidelines.

"Structural improvements to the Reynard Surgery building include automatic front doors with a non-touch surface, entrance step removal to improve access for wheelchairs, mobility scooters, prams and pushchairs, and a new dispensary hatch in the waiting room.

"Feedback from patients and staff about our new ways of working has been encouraging. Going forward, we plan to implement many of these changes on a permanent basis and build on the positives that have emerged."

The practice has invited patients to provide feedback on its plans to consolidate services at Red Lodge. To have your say, please email [wsccg.surgery.feedback@nhs.net](mailto:wsccg.surgery.feedback@nhs.net) with any comments you have by 12 July.

Further information (including Q&As) and a 'comments & suggestions' form are available from the Reynard Surgery reception and online via the surgery website at [www.reynardsurgery.co.uk](http://www.reynardsurgery.co.uk)

## **b) PATIENT LETTER**

Dear

We are about to commence an engagement exercise seeking views on our proposal to consolidate services provided from our main site at the Reynard Surgery in Red Lodge.

Since the permanent closure of the White House Surgery in Mildenhall last September, we have re-assessed the surgery's plans and wanted to share these with you.

Like other GP practices, we have had to develop a new approach to patient care in order to protect everyone from the risk of Covid-19 infection. As such we are reviewing our plans which sought to provide some of our services from the Mildenhall Hub.

The feedback we have received from patients and staff about our new ways of working has been encouraging and we have made a number of additional changes as a result of this feedback. For instance:

- patients are now contacting us online via e-consult or calling our new telephone system, which has a new options menu and double the original line capacity.
- initial consultations take place via telephone or video. Patients who then need face-to-face consultations are seen in person by our clinicians, either at the surgery or in their homes when appropriate.
- we have introduced a dedicated prescription ordering line, a prescription delivery service for dispensing patients and have continued with our immunisation and cervical screening programmes, adhering to strict personal protective equipment (PPE) and Covid-19 guidelines.
- additional face to face appointments have been introduced by extending our hours in the early morning and evening. These have proven to be very useful for patients who work and find it difficult to come within normal surgery hours.
- a new phlebotomy clinic on Thursday mornings.
- structural improvements to the Reynard Surgery building include automatic front doors with a non-touch surface, entrance step removal to improve access for wheelchairs, mobility scooters, prams and pushchairs, and a new dispensary hatch in the waiting room.

Going forward, we would like to implement many of these changes on a permanent basis and build on the positive experiences from many patients we served. However, we would like to find out what you think. As such we are inviting our local patients to have their say about how these plans would impact on you. We have developed a number of ways in which you can provide your feedback:

- Complete the enclosed "comments & suggestions" form and mail to Reynard Surgery, Turnpike Road, Red Lodge IP28 8LB;
- Complete the "comments & suggestions" form on our website: [www.reynardsurgery.co.uk](http://www.reynardsurgery.co.uk) (Contact Details page - bottom left under map: Send us your comments or suggestions);
- Email your comments to [wsccg.surgery.feedback@nhs.net](mailto:wsccg.surgery.feedback@nhs.net)

**Closing date: 12<sup>th</sup> July 2021**

Thank you in advance and we look forward to hearing from you.

Yours faithfully

Dr G Hopkinson

Enc.

**c) STAKEHOLDER LETTER**

Dear

We are about to commence an engagement exercise seeking views on our proposal to consolidate services provided from our main site at the Reynard Surgery in Red Lodge.

Since the permanent closure of the White House Surgery in Mildenhall last September, we have been re-assessing the surgery's plans and wanted to share these with you.

Like other GP practices, we have had to develop a new approach to patient care in order to protect everyone from the risk of Covid-19 infection. As such we are reviewing our plans which sought to provide some of our services from the Mildenhall Hub.

The feedback we have received from patients and staff about our new ways of working has been encouraging and we have made a number of additional changes as a result of this feedback. For instance:

- patients are now contacting us online via e-consult or calling our new telephone system, which has a new options menu and double the original line capacity.
- initial consultations take place via telephone or video. Patients who then need face-to-face consultations are seen in person by our clinicians, either at the surgery or in their homes when appropriate.
- we have introduced a dedicated prescription ordering line, a prescription delivery service for dispensing patients and have continued with our immunisation and cervical screening programmes, adhering to strict personal protective equipment (PPE) and Covid-19 guidelines.
- additional face to face appointments have been introduced by extending our hours in the early morning and evening. These have proven to be very useful for patients who work and find it difficult to come within normal surgery hours.
- there is a new phlebotomy clinic on Thursday mornings.
- structural improvements have been made to the Reynard Surgery building including automatic front doors with a non-touch surface, entrance step removal to improve access for wheelchairs, mobility scooters, prams and pushchairs, and a new dispensary hatch in the waiting room.

Going forward, we would like to implement many of these changes on a permanent basis and build on the positive experiences from many patients we served. We have invited patients to provide feedback on our proposal to consolidate services at Red Lodge:

- An announcement/Q&A sheet will be posted on the Reynard Surgery website including a "comments & suggestions" form for feedback: [www.reynardsurgery.co.uk](http://www.reynardsurgery.co.uk)

- We are writing to our Mildenhall-based patients and inviting feedback via email or a “comments & suggestions” form (online and printed) by 12 July.
- We are in communication with the local press and stakeholders including West Suffolk Clinical Commissioning Group and the West Suffolk Alliance.

If you have any queries, please do not hesitate to get in touch with me.

Thank you.

Yours sincerely,

Dr G Hopkinson on behalf of Reynard Surgery

**d) Q AND As**

***Q: I live in the Mildenhall area and do not have my own transport, is it possible to travel to the Reynard Surgery on public transport?***

**A:** Yes:

- There are bus stops directly outside the Reynard Surgery with regular bus services from Mildenhall and the surrounding areas. To find out more, please visit <https://www.suffolkonboard.com/buses/> or [bustimes.org/localities/mildenhall-suffolk](http://bustimes.org/localities/mildenhall-suffolk) or call **0345 6066171**
- Connecting Communities provide affordable and accessible solutions to those who otherwise find it difficult to use public transport. More information at: [thevoluntarynetwork.org/community-transport](http://thevoluntarynetwork.org/community-transport) or call **01638 664304 / 01440 712028**

***Q: Is there enough car parking space for all patients at the Reynard Surgery?***

**A:** The Reynard Surgery is a large building with plenty of car park access including a secure cycle rack and disabled car parking.

***Q: Why was the White House Surgery building permanently closed?***

**A:** The White House Surgery building was no longer fit for purpose as there were many operational, access and safety issues.

It is very old and subject to strict building regulations. This meant that it was not possible to make the upgrades required to ensure it conformed to the modern standards required for the safe and secure running of a clinical practice.

- In September 2019, the dispensary had to close as the needed air conditioning could not be fitted.
- In March 2020, new restrictions due to the Covid-19 pandemic compounded the buildings operational limitations.

An application for closure was made to the NHS West Suffolk Clinical Commissioning Group (WSCCG) following a review of feedback received from patients and members of the local community during a public engagement exercise in July 2020.

WSCCG granted permission to close the building at its Primary Care Commissioning Committee meeting on 26<sup>th</sup> August 2020.

**Q: *What happens if we need a home visit?***

**A:** Home visits will continue in the normal way. Please call **01638 552211** to make a request.

**Q: *I/my family are vulnerable/have special needs***

**A:** We will continue to look after you/your family in the same way. Please be assured that we are committed to ensuring that all our patients have access to high-quality healthcare.

**Q: *How do I order prescriptions?***

**A:** There are a few alternative options:

- We have a dedicated prescription ordering line that you can telephone on **01638 750074** Monday to Friday 9am - 12pm & 2pm - 5.30pm. You can also select option 5 when calling on the main surgery number.
- You can also use our Patient Online Services – call reception for more details **01638 552211**.
- In response to Covid-19, patients who receive regular or repeat medicines that do not change regularly may be suitable to be signed up to electronic Repeat Dispensing (eRD), where your GP can authorise your medicines to be collected monthly from your local pharmacist.

Find more information at [www.reynardsurgery.co.uk](http://www.reynardsurgery.co.uk) under Prescriptions - Electronic Repeat Dispensing

ENDS



# Reynard Surgery

Public engagement exercise on future use of Mildenhall Hub

May – July 2021

# Background

- Reynard Surgery in Mildenhall recently closed a branch practice (White House Surgery)
- During the engagement in July 2020, the practice said it intended to relocate the branch site to the newly built Mildenhall Hub.
- Since then, with new ways of providing services brought in as a result of COVID-19 (e-consult), coupled with additional service and building improvements, the practice has been reviewing the way it works
- The GP partners and practice manager have also become aware of additional Hub related costs
- As it was stated that the Mildenhall Hub would be established during the previous engagement exercise, it is appropriate to share the revised proposal/decision with members of the public and invite them to comment.

# Approach to public engagement

- Eight week engagement exercise – 17 May – 12 July, supported by the CCG
- Briefed local councillors, MPs and HOSC
- Online Q&As and comments and suggestions form to provide feedback (paper copies available at the practice)
- Practice was invited to stage an online event – did not wish to pursue this

# Promoting the engagement

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- **Briefed CCG's leadership team**
- **Contact was made with local MPs Matt Hancock and Jo Churchill.**
- **HOSC was provided with written briefing**
- **Other local prominent councillors, who do not sit on HOSC, were also briefed**
- **Media release** – issued on 17 May and a reminder advertorial placed during mid June
- **Media coverage** – including petition from a local councillor – Cllr John Stanbury. He was written to and has been offered a one to one meeting
- **Social Media promotion** – via practice and CCG. Town council and Mildenhall library asked to share posts.
- **Reynard Surgery website** – information, FAQs and link to comments and suggestions form
- **Letter to patients** – A letter was sent to local patients along with a comments and suggestions form to patients who live in Mildenhall (approx. 2500) via either post or email as appropriate
- **Briefing stakeholders** – Communication was sent to key stakeholders to inform them about the engagement exercise. This included local PCNs and GP practices, Healthwatch, MPs, local county and town councillors, pharmacies in Mildenhall, LMC, NHS England, Mildenhall Library and ISCRE. Letter and ICS briefing
- **Engaging local networks** - The town council, Mildenhall library and ISCRE also received a copy of the press release to disseminate where possible
- **Local media advertising** – A short advertorial was placed in the Mildenhall edition of the Bury Free Press in late June as an engagement reminder

# Feedback

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98 responses

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Red Lodge is too far away

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Housing development

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Public transport – limited and could prove a problem for those who do not drive, esp. those elderly residents

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No substitute for face to face (do not want e-consult as a replacement)

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Need a town centre presence

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# Other feedback

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Some people in support of the proposal

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Very happy with the service and care provided at the Reynard Surgery & will stay

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Made comments about the receptionists not the engagement

# Next steps

- Brief paper to go to Primary Care Commissioning Committee – end of August
- The practice will make its decision
- Press release thanking everyone for their feedback/outline of decision



integrated working

## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>11</b>
<b>Reference No.</b>	<b>WSSCG PCCC 21-25</b>
<b>Date.</b>	<b>25 August 2021</b>

<b>Title</b>	<b>Contractual Update</b>
<b>Lead Director</b>	Lois Wreathall, Deputy Director of Primary Care, West Suffolk CCG
<b>Author(s)</b>	Kathleen Hedges, Contracting Support Manager, NHS England & Improvement – East of England
<b>Purpose</b>	To inform the Committee of contractual updates relating to GP practices within the Suffolk and North East Essex STP for the period June 2021 to August 2021.

<b>Applicable CCG Priorities</b>	
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	<b>x</b>
6. Deliver financial sustainability through quality improvement	

<b>Action required by the Primary Care Commissioning Committee:</b>  To note the contents of this paper and to ask any questions arising.
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## **1. Purpose**

- 1.1 The purpose of this report is to inform the committee of contractual updates relating to GP practice within the Suffolk and North East Essex STP for the period June 2021 to August 2021.

## **2. Background**

- 2.1 Contractual updates cover activities such as branch closures; list closures; mergers; practice name changes; and other contract variations.

## **3. Contractual Updates**

### 3.1 List Closures:

- Ivry Street (D83024) closed their list on a temporary basis on 10/05/2021 for a period of 3 months. The practice has recently indicated that the circumstances which led them to temporarily close have not changed and therefore they wish to remain closed for a further 7 weeks. NHS England & Improvement (NHSEI) will continue to assist the CCG with their endeavours to support the practice to re-open as soon as possible. (Ipswich and East Suffolk CCG)
- Haverhill Family Practice (D83021) closed their list on a temporary basis on 04/05/2021 for a period of 3 months. NHS England & Improvement (NHSEI) requested an update from the practice in late July and will continue to assist the CCG with their endeavours to support the practice to re-open as soon as possible if they have not re-opened by the date of this meeting. (West 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)
- Fronks Road (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 8<sup>th</sup> 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)

### List Opening:

- Old Road Surgery (F81212) opened their list to patients in July 2021. They will continue to be supported by the CCG and NHS England & Improvement (NHSEI) to ensure stability in the practice. (North East Essex CCG)

### Contract Termination:

- The Barham & Claydon Surgery (D83615) contract terminated via mutual agreement on 30<sup>th</sup> June 2021. An unmanaged dispersal of the patient list was enacted; and any remaining patients are being supported to re-register with alternative nearby practices. (Ipswich & East Suffolk CCG)

### Super Partnerships:

- The contract variation agreement for Suffolk Primary Care is in the process of being signed by all parties. (Ipswich & East Suffolk CCG and West Suffolk CCG)

## **4. Recommendations**

- 4.1 The Committee is asked to note the contents of this paper and is invited to ask questions.