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**WEST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**Wednesday, 23 February 2022 – 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 27 October 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 Head of Primary Care</i>   | <i>Sarah Portway<br/>(WSCCG PCCC 22-01)</i>   |
| 1410 | <b>6. Primary Care Contracts Performance Report</b><br><i>To receive and note a report from the Interim Director of Integration</i>   | <i>Sandie Robinson<br/>(WSCCG PCCC 22-02)</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/>(WSCCG PCCC 22-03)</i>    |
| 1425 | <b>8. Care Quality Commission</b><br><i>To receive and note a report from the Interim Director of Integration</i>   | <i>Sandie Robinson<br/>(WSCCG PCCC 22-04)</i> |
| 1435 | <b>9. Enhanced Service Review</b><br><i>To receive and note a report from the Interim Director of Integration</i>   | <i>Sandie Robinson<br/>(WSCCG PCCC 22-05)</i> |
| 1440 | <b>10. Date and Time of next meeting</b><br><i>2.00pm – 4.00pm, Wednesday, 27 April 2022</i>  |   |
| 1505 | <b>11. Questions from the public – 10 minutes</b><br><br><b>(See above)</b>   |   |

## **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, 27 October 2021 via Microsoft Teams  
with members of the public invited to email in questions prior to the meeting.**

**PRESENT:**

|                |                                     |
|----------------|-------------------------------------|
| Steve Chicken  | Lay Member (Chair)                  |
| Paul Gibara    | Director of Performance Improvement |
| Geoff Dobson   | Lay Member for Governance           |
| Jane Payling   | Director of Finance                 |
| Lois Wreathall | Deputy Director of Primary Care     |

|                         |                            |
|-------------------------|----------------------------|
| Dr Christopher Browning | CCG Chair                  |
| Kathleen Hedges         | NHS England Representative |
| Simon Jones             | Local Medical Committee    |
| Elizabeth Storer        | Healthwatch                |
| Laura Traill            | NHS England Representative |

**IN ATTENDANCE:**

|               |                                    |
|---------------|------------------------------------|
| Jo Mael       | Corporate Governance Manager       |
| Sarah Portway | Head of Primary Care               |
| Rachel Seago  | Senior Primary Care Manager        |
| Daniel Turner | Senior Estates Development Manager |

**21/50 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from;

|                |  |
|----------------|--|
| Ed Garratt     | Chief Executive  |
| Amanda Lyes    | Director of Corporate Services and System Infrastructure   |
| Stuart Quinton | Senior Contract Manager (Suffolk and North-East Essex STP) |
| Kate Vaughton  | Director of Integration                                    |

**21/51 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS**

No declarations were received.

**21/52 MINUTES OF THE PREVIOUS MEETING**

The minutes of the West Suffolk CCG Primary Care Commissioning Committee meeting held on 25 August 2021 **were approved** as a correct record.

**21/53 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

## 21/54 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 NHS England and 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
- Primary Care Network development

The following points were highlighted;

- There had been good support from Norfolk and Suffolk NHS Foundation Trust (NSFT) with regard to facilitating Severe Mental Illness (SMI) health checks and the report provided a breakdown of practice progress.
- Learning Disability (LD) health check performance was not as good and work was taking place with the LD team and practices in an attempt to even out demand across the whole year rather than have a push at the end of the year. A new LD nurse was due to commence in post shortly.
- Dementia diagnosis – the CCG continued to find it challenging to achieve the national target. Work to address the situation was ongoing and included encouraging practices to regular check patients that had previously attended the memory assessment service.
- Primary Care Network (PCN) development – there had been increased recruitment to take advantage of the Additional Recruitment Reimbursement Scheme (ARRS). Estate and IT issues were being worked through.

In light of the potential for a difficult winter, the likelihood of reaching the SMI health check trajectory was questioned. It was explained that SMI was not back-loaded like LD health check work and was more spread out. It was the first time that the CCG had added an incentive payment above the enhanced service and all practice lists had been cleansed to make them more manageable. 200 secondary care patients had been sent over to NSFT for reviews and NSFT staff had full access to clinical systems to enable the monitoring of progress. The situation was monitored closely.

Dementia diagnosis rates remained challenging and confidence in achieving the target was questioned. In response, the Committee was informed that targets were set nationally and might not always be applicable for rural populations. Whilst the CCG was doing a considerable amount of work to improve performance, it could be that there was less prevalence within Suffolk.

**The Committee noted** the report.

## 21/55 PRIMARY CARE UPDATE

The Deputy Director of Primary Care reported.

- As reported in the Press, NHS England's access scheme for Winter had not been received in the spirit it was offered and on the advice of the Union practices across the UK had now disengaged from the process. The CCG continued to work to put forward plans but it remained concerning that, going into winter, there was no proper dialogue with primary care. It was thought that the policy was likely to change going forward.

**The Committee noted** the update.

## **21/56 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

The report provided an overview of the month four Primary Care Delegated Commissioning Budget and other associated primary care budgets.

At the end of month six, the GP Delegated Budget was £336k overspent. That was mainly due to overspend on the GMS contract value. The allocation received was lower than budget so the delegated plan was part funded by programme as detailed in the report.

A summary of key variances was detailed in paragraph 2.1 of the report.

Other primary care was partially offsetting the delegated overspend against budget but the H1 allocation was lower than budget so included in the position is a release of year end accruals including Quality Outcome Framework (QOF) and Additional Roles Recruitment Scheme (ARRS). Ongoing risks included pending rent increases, forecast list size adjustments and locum costs.

The Committee was informed that allocations for the second half of year had now been received and would be reported to the CCG's Financial Performance Committee on 10 November 2021.

It was noted that the net overspend was within the context of the overall budget which was on balance.

**The Committee noted** the financial performance at month six.

## **21/57 CONTRACTUAL UPDATE**

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

**The Committee noted** the report.

## **21/58 CARE QUALITY COMMISSION (CQC)**

The report sought to inform the Committee about Care Quality Commission (CQC) inspections of West Suffolk GP practices.

Through the pandemic the CQC had transitioned using various forms of monitoring focussing on safety and how effectively a service was led. In previous papers the Committee received a report on the Emergency Support Framework (ESF) and from October 2020 the Transitional Monitoring Approach (TMA).

From July 2021 the CQC introduced a monthly review of the information they had on GP Practices. That arms-length monthly approach covered:

- safety and how effectively a service was led
- structured conversations with providers, with a focus on safety and leadership
- use of specific existing key lines of enquiry (KLOEs) to monitor a service
- use of digital methods and local relationships to have better direct contact with people who were using services, their families and staff in services

- target inspection activity where concerns were identified

Following the arms-length inspection a statement would be published on the CQC website for each provider for lower risk services. That would inform providers and the public that no evidence had been found to re-assess the rating or quality of care at the service at that time.

All practices rated as inadequate or requiring improvement would receive a full face-to-face inspection within six months of their rating.

Section two of the report summarised the current status of practices, there were currently 22 rated as 'good' or 'outstanding' with two rated as 'requires improvement'.

With regard to Reynard Surgery that had been rated as 'requires improvement' whilst following the face to face inspection the CQC had acknowledged that improvement had been made, some concerns remained and it was felt that improvements were not fully embedded. It was anticipated that learning from the face to face inspection would be shared with other practices.

Given the challenges being faced by primary care, the overall good performance was recognised and staff thanked for their contribution.

**The Committee noted** the report.

## **21/59 CLOSURE OF THE STEEPLE BUMPSTEAD BRANCH SITE WITHIN UNITY HEALTHCARE**

The report notified the Committee of an application received from Unity Healthcare to close its Steeple Bumpstead premises; to provide supporting background information on the process to be followed when such an application was received; to provide the outcome of the stakeholder engagement exercise carried out; and to request the Committee to make a decision on the application.

Unity Healthcare had submitted its application to close its Steeple Bumpstead branch site by no later than 31 December 2021. The following factors should be taken into consideration:

**Background to the premises:** Steeple Bumpstead became a branch site of Unity Healthcare (previously Christmas Maltings and Clements) from 31 October 2019 when it became difficult for the previous signatory to sustain the practice. Without the move, the Steeple Bumpstead patients (approx. 2,500) would have been dispersed with no time for neighbouring practices to adapt. Looking at the options, it was felt that it was in the best interests of both Steeple Bumpstead and Unity Healthcare patients for Suffolk GP Federation CIC to step-in.

**Covid provision:** Due to the Covid 19 pandemic, the Steeple Bumpstead Surgery building had not been utilised since March 2020. Patients were currently being supported remotely with consultations at their main site, Clement Surgery in Greenfields Way, Haverhill when necessary.

**Appointment Management:** Unity Healthcare use eConsult which was a demand led booking and consultation system which aimed to improve the provision of fairer access to all services for patients. The practice proposed to continue using the system to ensure a sustainable service.

By introducing triaging, they had moved to a 'demand led' rather than 'capacity led' approach towards service delivery, ensuring access in a timely fashion. As a result of that change, Unity Healthcare had seen a 28% increase in patient experience and 23% increase in patients overall experience of making an appointment.

**Centralising services:** Centralising services at the Clements Surgery had allowed clinicians to share best practice, share ideas about patients and enable them to allocate the time needed to patients with more complex needs. If the Steeple Bumpstead site was to continue, the team felt that the staff working there would be isolated and unsupported.

**Distance to main site:** If the branch site was to close, patients who needed to be seen face to face would be required to travel to Clement Surgery which was four miles from the Steeple Bumpstead branch site. The survey results showed that 12.37% of respondents used a different form of transport than a car to attend face-to-face appointments.

**Neighbouring practices:** The village of Steeple Bumpstead was also covered within the boundary areas of D83021 Haverhill Family Practice which was also four miles from the current Steeple Bumpstead practice site and close to Clement Surgery.

**Services at the Clement Surgery:** The practice felt the Steeple Bumpstead building was small and limited in provision and thus patients would have access to a better quality of healthcare from the main Clement site, including:

- full complement of staff including GPs, nurse practitioners, pharmacists, physiotherapists, paramedics and mental health practitioners; and
- improved dispensary at the Clements site for patients living in surrounding villages which are more than one mile from a pharmacy, including a home delivery service.

Unity Healthcare had faced no capacity issues at the Clements site since the Steeple Bumpstead surgery temporarily closed, but they were looking into future proofing the building.

**Equality impact:** An Equality Impact Assessment had been completed by Unity Healthcare which outlined that there were no negative impacts on patients with protected characteristics.

The Deputy Director of Primary Care reported that one of the most significant reasons for seeking closure of the branch was to consolidate the practice activity onto a single site which would enhance recruitment opportunities and facilitate multi-disciplinary working.

Taking into consideration the information provided within the report, **the Committee;**

- 1) **Approved** the application to close the Steeple Bumpstead branch site within Unity Healthcare.
- 2) **Noted** that following approval a contract variation would be prepared at the appropriate time, to remove the Steeple Bumpstead branch site from the PMS agreement; and all premises reimbursements for the site would cease from the date of closure.

## 21/60 ANY OTHER BUSINESS

The Chair reported that following yesterday's Ipswich and East Suffolk CCG Primary Care Commissioning Committee, the sharing of learning from closure of Barham and Claydon surgery had been discussed.

There was a need for discussion across the SNEE Committees to ensure that learning was embedded into a process for future use.

**The Deputy Director of Primary Care** advised that primary care representatives from all three CCGs met on a regular weekly basis **and agreed** to take the issue forward at those discussions.

## 21/61 DATE OF NEXT MEETING



The next meeting was scheduled to take place on Wednesday, 22 December 2021.

**21/62 QUESTIONS FROM THE PUBLIC**

No questions had been received.

Unconfirmed



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**WEST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE  
ACTION LOG: 27 October 2021 (updated)**

| MINUTE                            | DETAILS            | ACTION   | BY WHOM                        | TIMESCALE/UPDATE                  |
|-----------------------------------|--------------------|--|--------------------------------|-----------------------------------|
| <b>Meeting of 25 August 2021</b>  |                    |  |                                |                                   |
| 21/45                             | PPG Update         | The Committee noted the report and, having recognised that further work on PPG engagement was required, requested that the Communication and Engagement Officer and Communications Team develop an action plan with regard to the engagement of PPGs for presentation to the next meeting.   | Sarah Portway/<br>Simon Morgan | Ongoing for December 2021 meeting |
| <b>Meeting of 26 October 2021</b> |                    |  |                                |                                   |
| 21/60                             | Any Other Business | <u>Lessons Learnt from Closure of Barham and Claydon Surgery</u><br><br>There was a need for discussion across the SNEE Committees to ensure that learning was embedded into a process for future use.<br><br>The Deputy Director of Primary Care advised that primary care representatives from all three CCGs met on a regular weekly basis and agreed to take the issue forward at those discussions. | SNEE Primary<br>Care Teams     |                                   |



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**PRIMARY CARE COMMISSIONING COMMITTEE**

|                        |                         |
|------------------------|-------------------------|
| <b>Agenda Item No.</b> | <b>06</b>               |
| <b>Reference No.</b>   | <b>WSCCG PCCC 22-02</b> |
| <b>Date.</b>           | <b>23 February 2022</b> |

|                      |  |
|----------------------|--|
| <b>Title</b>         | <b>Primary Care Contracts Performance Report</b>   |
| <b>Lead Director</b> | Sandie Robinson, Interim Director of Integration   |
| <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**

#### **Prescribing budget**

The CCG has continued to monitor the prescribing spend for 2021/22 and the headlines and comparators to last year are as follows:

- Year to date (M8) CCG is £999,944 (3.67%) over budget
- Year on year there has been an 2.42% increase in spend

Areas where increase spend have been identified include:

- Direct Oral Anticoagulants (DOACs) – linked to the Covid-19 pandemic and updated NICE guidance
- Antisecretory preparations – linked to national ranitidine shortages
- Lidocaine patches

Areas where a reduction in spend has been achieved include:

- Blood glucose testing strips
- Gonadorelin analogues
- Respiratory
- Medicines of low clinical value

**Antibiotic prescribing** (December-20 to November-21):

- Total antibacterial items per STAR-PU = 0.890 (national target: <0.871)
- Broad spectrum antibiotic prescribing as a proportion of all antibiotics prescribed = 10.17% (national target <10%)

#### **Quality Innovation Productivity and Prevention (QIPP) delivery**

Key areas for focus have been identified and include promoting self-care and over the counter medication, reducing the use of medicines deemed by the NHS to be of low clinical value and optimising the use of appliances and wound care products. The team are working collaboratively with surrounding CCGs, acute and mental health providers to support the delivery of these projects.

#### **Actions – Ongoing:**

- Working with ICS stakeholders to review and update local DOAC guidance to reflect NHSE commissioning recommendations and updated NICE guidance.
- Working with the ICS communication team to support a reduction in prescribing of over the counter products.
- Working with ICS colleagues to review the respiratory guidance and formularies to promote the use of lower carbon inhalers.
- Working to reduce the use of medication deemed by the NHS to be of low clinical value, in line with national guidance.
- Working with PCNs to support the delivery of structured medication reviews and optimise medication use
- Working with colleagues across the ICS to support the safe delivery of the Covid-19 vaccination programme.

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

2.1 At the end of Q3 21/22 the WSCCG practices achieved 50.4% 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. Performance to date by practice:

| Practice                       | Q3     |
|--------------------------------|--------|
| Siam Surgery                   | 85.90% |
| Mount Farm Surgery             | 67.50% |
| Woolpit Health Centre          | 65.30% |
| Unity Healthcare               | 64.80% |
| The Rookery Medical Practice   | 61.80% |
| Forest Surgery                 | 59.30% |
| Swan Surgery                   | 59.10% |
| Haverhill Family Practice      | 58.30% |
| The Guildhall & Barrow Surgery | 55.10% |
| Angel Hill Surgery             | 53.30% |
| Glemsford Surgery              | 46.70% |
| Lakenheath Surgery             | 46.20% |
| Brandon Medical Practice       | 44.10% |
| Victoria Surgery               | 43.10% |
| Hardwicke House Group Practice | 42.50% |
| Botesdale Health Centre        | 40.90% |
| Oakfield Surgery               | 39.30% |
| Wickhambrook Surgery           | 33.30% |
| The Long Melford Practice      | 31.80% |
| Market Cross Surgery*          | 27.50% |
| Reynard Surgery*               | 27.50% |
| Orchard House Surgery*         | 24.40% |
| Clare Guildhall Surgery*       | 22.20% |
| Stanton Surgery*               | 16.00% |

2.3 To note we are working closely with those practices marked with an Asterisk to understand their plan to improve performance by the end of the financial year. For example Stanton have given their whole list to NSFT regardless of whether the patient is under Secondary or Primary Care; due to extensive building works/reduced nursing capacity it has been extremely difficult for them to complete this complex work.

2.4 NSFT Clinical Lead has cleansed all SMI registers and has reduced list sizes by around 30% on average. This has ensured 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. This task is carried out on a 12 week rotation. All SystemOne practices have given NSFT Clinical Lead and Clinical Skills Practitioner direct access to their clinical

system. EMIS training has also been provided to the Clinical Lead which has allowed the same cleansing exercise to happen across EMIS practices.

- 2.5 All practices have engaged with NSFT which has allowed great collaborative working and has ensured more people suffering from a severe mental illness have received the physical annual health check.
- 2.6 The feedback we have received from patients and Suffolk User Forum to support patients with follow-up interventions has been very positive and we expect to see this reflected in the data going forward; this is to support interventions such as weight management or cancer screening which is also part of this valuable annual health check.

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

- 3.1 In quarter 3 of 21/22, 47.1% of LD Annual Health Checks (AHC) have been completed. This is a 10% increase on the same time period in 20/21 when only 37.1% of checks had been completed. In 19/20, 14.1% of checks had been completed.
- 3.2 Moving into 22/23, the focus will be on improving the number of Annual Health Checks (AHC) and Health Action Plans but also improving upon the quality of the checks and the patient's experience. This will be achieved by the following;
  - Working with the Lead GP for LD and the defined LD Champions in GP practice to support engagement, empowerment and drive improvements on AHC by way of focussed communication and action planning
  - Working in partnership with the NSFT Primary Care Learning Disability Liaison Nurses, LD Quality Improvement, the Alliance, and NHS England Public Health Screening programmes – ensuring no duplication and supporting project implementation
  - A Local LD Strategy will be considered to support focus, actions and delivery of improvements in LD Annual Health Checks and screening.

### **4 Primary Care Network (PCN) Development**

- 4.1 All patients in West Suffolk are covered by a Primary Care Network – there have been no changes to the PCN formations in West Suffolk.
- 4.2 Primary Care Networks continue to utilise the Additional Roles Reimbursement Scheme (ARRS) funding to increase their workforce.
- 4.3 The Investment and Impact Fund (IIF) for the remainder of 2021/22 have been suspended with the exception of those relating to child immunisations.
- 4.4 PCNs are continuing to review and plan according to the published PCN requirements, we await the formal publication to update the DES for the new financial year to determine an actual implementation date. Changes to the IIF remain as per the DES published December where the majority of funds were repurposed to support delivery of primary care and the booster vaccination programme.

### **5 Recommendation**

- 5.1 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 22-03</b> |
| <b>Date.</b>           | <b>23 February 2022</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>  | Jess Taylor-Allum  |          |
| <b>Purpose</b>  | To provide the committee with an overview of the M10 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

To provide the committee with an overview of the M10 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

## 2. Key Points

At the end of M10, the GP Delegated Budget was £248k underspent. This mainly due to releases of prior year benefits on ARRS roles.

The allocation received was lower than budget so the delegated plan was part funded by programme as detailed in the table below. If this was not the case the overspend would be £1.3m

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

| Application of Funds                                      | YTD           |               |              | Full Year     |               |              | Variance Analysis YTD  |
|---|---------------|---------------|--------------|---------------|---------------|--------------|--|
|   | Budget        | Actual        | Variance     | Budget        | Forecast      | Variance     |  |
|   | £'000         | £'000         | £'000        | £'000         | £'000         | £'000        |  |
| GMS/PMS/APMS Core Contract                                | 23,110        | 23,175        | 65           | 27,759        | 27,844        | 85           | OOH Opt outs were double counted in budget so overspend relates to GMS lines |
| QOF/Seniority/Other                                       | 3,816         | 3,744         | (72)         | 4,616         | 4,659         | 43           | PY benefit on QOF offset by aspiration payments being higher than planned in |
| Enhanced Services   | 513           | 518           | 5            | 624           | 639           | 15           |  |
| Premises costs  | 2,156         | 2,117         | (39)         | 2,641         | 2,602         | (39)         | PY rent review arrears   |
| Professional fees - Dispensing/Prescribing                | 2,253         | 2,149         | (104)        | 2,728         | 2,562         | (167)        | M1-8 Actuals, forecast using PPA profile                                     |
| Locum allowance/GP Retainers                              | 158           | 115           | (43)         | 189           | 137           | (52)         | PY benefit on locum costs  |
| Primary Care Networks                                     | 2,812         | 2,550         | (262)        | 3,408         | 3,059         | (349)        | PY benefit and in year underspend on ARRS roles                              |
| Other - Recharges   | 497           | 699           | 202          | 537           | 737           | 201          | Includes adj to budget to balance to H1 plan                                 |
| Pension/Levy  | 0             | 0             | 0            | 0             | 0             | 0            |  |
|   | <b>35,314</b> | <b>35,066</b> | <b>(248)</b> | <b>42,503</b> | <b>42,239</b> | <b>(263)</b> |  |
| Funded from Programme                                     |               | (1,512)       |              | (1,977)       |               |              | The allocation received was lower than plan so part funded from programme    |
| <b>Primary Care Delegated Commissioning H1 Allocation</b> | <b>33,802</b> | <b>35,066</b> | <b>1,264</b> | <b>40,526</b> | <b>42,239</b> | <b>1,714</b> |  |

Other Primary Care shows an underspend of £363k at M10, as summarised in the table below:

| Application of Funds      | YTD          |              |              | Full Year    |              |              | Variance Analysis YTD   |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|---|
|                           | Budget       | Actual       | Variance     | Budget       | Forecast     | Variance     |   |
|                           | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        |   |
| Local Enhanced Services   | 1,190        | 1,166        | (23)         | 1,431        | 1,402        | (28)         |   |
| Primary Care Contingency  | (406)        | 0            | 406          | (495)        | 0            | 495          |   |
| GP Forward View           | 1,960        | 1,214        | (746)        | 2,518        | 1,483        | (1,035)      | GP+ contract value lower than plan plus under delivery on the contracted value. |
| <b>Other Primary Care</b> | <b>2,744</b> | <b>2,381</b> | <b>(363)</b> | <b>3,454</b> | <b>2,886</b> | <b>(568)</b> |   |

## 3. Risks / Opportunities

Ongoing risks include pending rent increases, forecast list size adjustments and locum costs.

## 4. Recommendation

The Committee is asked to note the financial performance at M10.





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## PRIMARY CARE COMMISSIONING COMMITTEE

|                        |                         |
|------------------------|-------------------------|
| <b>Agenda Item No.</b> | <b>08</b>               |
| <b>Reference No.</b>   | <b>WSCCG PCCC 22-04</b> |
| <b>Date.</b>           | <b>23 February 2022</b> |

|   |   |          |
|---|---|----------|
| <b>Title</b>  | <b>Care Quality Commission (CQC)</b>  |          |
| <b>Lead Director</b>  | Sandie Robinson, Interim Director of Integration  |          |
| <b>Author(s)</b>  | Rachel Seago, Senior Primary Care Manager   |          |
| <b>Purpose</b>  | The purpose of this report is to inform the Committee about Care Quality Commission (CQC) inspections of West Suffolk GP practices. |          |
| <b>Applicable CCG Priorities</b>  |   |          |
| 1.  | Develop clinical leadership   |          |
| 2.  | Demonstrate excellence in patient experience & patient engagement   | <b>x</b> |
| 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>Action required by the Primary Care Commissioning Committee:</b>   |   |          |
| The Committee is invited to note the CQC's report findings with regard to the West Suffolk practices to date and consider any further actions for the CCG or NHS England at this stage. |   |          |

## 1. Background

- 1.1 Through the Pandemic the CQC has transitioned using various forms of monitoring focussing on safety and how effectively a service is led. In previous papers the committee received a report on the Emergency Support Framework (ESF) and from October 2020 the Transitional Monitoring Approach (TMA).
- 1.2 From July 2021 the CQC introduced a monthly review of the information they have on GP Practices. This arms-length monthly approach covers:
- safety and how effectively a service is led
  - structured conversations with providers, with a focus on safety and leadership
  - use of specific existing key lines of enquiry (KLOEs) to monitor a service
  - use of digital methods and local relationships to have better direct contact with people who are using services, their families and staff in services
  - target inspection activity where concerns are identified
- 1.3 Following the arms-length inspection a statement will be published on the CQC website for each provider for lower risk services. This will inform providers and the public that no evidence has been found to re-assess the rating or quality of care at that service at that time.
- 1.4 All practices rated as inadequate or requiring improvement will receive a full face-to-face inspection within 6 months of their rating.
- 1.5 In January 2022 the CQC issued a further update focussing on their strategy (finalised in May 2021) which has 2 core ambitions 'assessing local systems' and 'tackling inequalities in health and care'. There are 4 key themes outlined in the strategy: people and communities, smarter regulation, safety through learning and accelerating improvement. They will continue to use legislative powers, regulating at provider and location level, inspecting, rating, registering and enforcing to hold providers to account.

## 2. Current Status

- 2.1 Below summarises the current status of our practices, there are currently 22 rated as good or outstanding with 2 requiring improvement. Latest inspections are in red.

| WSCCG Practices           | Rating      | Last face to face | POSS DELETE Arms-length inspection |
|---------------------------|-------------|-------------------|------------------------------------|
| Angel Hill                | Good        | 18/01/2018        | Yes                                |
| Guildhall & Barrow        | Good        | 04/02/2019        | Yes                                |
| Mount Farm                | Good        | 12/12/2016        | Yes                                |
| Swan                      | Good        | 23/08/2018        | Yes                                |
| Victoria                  | Good        | 13/07/2018        | Yes                                |
| Unity Healthcare          | RI          | 19/10/20          | No                                 |
| Haverhill Family Practice | Good        | 21/11/19          | No                                 |
| Glemsford                 | Good        | 01/11/2016        | Yes                                |
| Guildhall Clare           | Good        | 28/11/2016        | Yes                                |
| Long Melford              | Good        | 15/08/2017        | Yes                                |
| Wickhambrook              | Good        | 16/03/2017        | Yes                                |
| Hardwicke House           | Good        | 05/05/2017        | Yes                                |
| Siam                      | Good        | 01/02/2016        | Yes                                |
| Brandon                   | Good        | 11/04/2018        | No                                 |
| Forest Group              | Good        | 02/03/2017        | Yes                                |
| Lakenheath                | Good        | 08/01/2019        | Yes                                |
| Market Cross              | Outstanding | 23/12/2016        | Yes                                |

|               |             |            |     |
|---------------|-------------|------------|-----|
| Oakfield      | Good        | 13/02/2017 | No  |
| Orchard House | Outstanding | 07/01/2018 | Yes |
| Reynard       | RI          | 27/09/2021 | Yes |
| Rookery       | Good        | 03/12/2018 | No  |
| Stanton       | Good        | 24/08/2018 | Yes |
| Botesdale     | Good        | 26/07/2019 | Yes |
| Woolpit       | Good        | 31/05/2017 | Yes |

2.3 Below is a fuller description of those two practices with required improvement status: Reynard Surgery, Red Lodge and Unity Healthcare, Haverhill.

### Unity Healthcare

The practice was re-inspected on 19 October 2020 and rated as requires improvement:

Are services safe? Good

Are services effective? Good

Are services caring? **Requires Improvement**

Are services responsive to people's needs? **Requires Improvement**

Are services well-led? Good

The practice was rated as requires improvement for providing caring services because:

- Results from the National GP Survey results published in July 2020 had not improved. Although the practice had undertaken surveys of patients who had recent contact with the practice, this did not include the same questions to enable comparison. Some improvements had been made which were reflected in positive comments from patients, care home representatives and professionals and in surveys of patients who had recent contact with the practice demonstrated. These improvements needed to be sustained and embedded.
- For providing responsive services because it was found that some areas of the National GP Survey results published in July 2020 had improved. Since the on the day total triage model had been in operation, the practice was able to evidence through their recent patient surveys, decrease in complaints and increase in compliments that patient satisfaction regarding access had improved. Satisfaction rates needed to be sustained and further improved. The practice planned to review the monitoring data for incoming telephone calls, to ensure it identified any issues from a patient's perspective. This applied to all patients and therefore all population groups.

The report advised the practice to:

- Continue to monitor and improve the uptake of childhood immunisations and cancer review and ensure data is submitted to Public Health England in a timely way.
- Continue to monitor and improve the uptake of cervical Screening.
- Continue to embed and sustain the systems and process to ensure patients receive appropriate reviews in a timely manner.
- Continue to review, monitor and improve patient feedback to ensure patients receive timely access to care and treatment.
- Continue to review and reduce prescribing of antibiotics for uncomplicated urinary tract infections.

A further full face-to-face inspection is due, but as yet the date has not been announced.

CQC noted one area of outstanding practice:

The practice had been nominated for an NHS Parliamentary Award in the NHS futures category, due to their work in implementing eConsult, working with eConsult to improve the

system and working with and sharing the system and learning with wider NHS organisations.

## **Reynard Surgery**

The practice was re-inspected on 27 September 2021 and rated as requires improvement:

Are services safe? **Requires Improvement**

Are services effective? **Requires Improvement**

Are services caring? Good

Are services responsive to people's needs? Good

Are services well-led? Good

The report highlighted:

- Significant improvements had been made to the completion and oversight of recruitment checks, staff immunisation, staff appraisals, training, the oversight of nurses working in extended roles, policies and health and safety checks, including security.
- However, the inspection identified other areas for improvement as the practice did not always ensure the safe management of medicines.
- The most recent published Quality and Outcomes Framework (QOF) data showed an improvement to the practice performance was in line with the Clinical Commissioning Group and England averages for patients with long-term conditions and mental health needs. However, patients did not always receive effective care and treatment. • Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care. All the staff questionnaire responses and staff interviews were very positive about the leadership and culture and the personal and professional support staff received from the practice. We identified some of the practice systems and processes in place to ensure good governance were not wholly effective. Where improvements were made immediately following our inspection, they needed to be monitored and embedded to ensure they were effective and sustained.

One breach of regulation (Regulation 17(1) of the Health and Social Care Act 2008) was found: Reynard must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

### **3. Recommendation**

3.1 The Committee is asked to note this report.



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## PRIMARY CARE COMMISSIONING COMMITTEE

|                        |                         |
|------------------------|-------------------------|
| <b>Agenda Item No.</b> | <b>09</b>               |
| <b>Reference No.</b>   | <b>WSCCG PCCC 22-05</b> |
| <b>Date.</b>           | <b>23 February 2022</b> |

|   |  |          |
|---|--|----------|
| <b>Title</b>  | <b>Enhanced Service Update</b>   |          |
| <b>Lead Director</b>  | Sandie Robinson, Interim Director of Integration   |          |
| <b>Author(s)</b>  | Rachel Seago, Senior Primary Care Manager  |          |
| <b>Purpose</b>  | The purpose of this report is to update the committee on the Locally delivered Enhanced Services |          |
| <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> |  |          |
| The Committee is invited to note the contents of this paper.        |  |          |

## 1. Background

- 1.1 A table of the current Enhanced Services available to west Suffolk practices until 31 March 2022 is below, together with a brief description, all specifications are currently under review with a view to carrying them into 2022/23.

| <b>Enhanced Service</b> | <b>Brief description</b>  |
|-------------------------|---|
| Access*                 | For the provision of Access by offering all core and additional services at all times during core hours (Monday to Friday 8:00- 18:30)  |
| Care Homes              | To sit alongside the NHSE Directed Enhanced Service to provide top-up funding. To adopt a proactive approach for the treatment of Care Home residents:  |
| Shared Care             | For the provision and monitoring of Shared Care Drugs. Shared Care Drugs are classified as 'amber' on the CCG's Traffic Light System, meaning initiated and stabilised by a specialist in secondary care, then transferred to GP prescribing under the terms of a Shared Care Agreement (SCA). The SCA clarifies the responsibilities of the specialist and the responsibilities of the GP. |
| DVT                     | To provide a high quality service offering assessment, advice and treatment in an appropriate setting. Referrals to secondary care of the patients with low probability of the condition will be reduced. The service will operate within acceptable waiting times between referral and treatment and will provide value for money.   |
| SMI                     | This specification aims to commission an enhanced provision to better address physical health risks and needs within primary care. By offering all patients deemed to have a serious mental illness an annual physical healthcheck.   |
| Depo*                   | For the provision of Depo-Neuroleptics by offering injection of depo-neuroleptics to patients whom require it to stay active in their community; in partnership with the Mental Health Trust.   |
| Leg ulcers              | Only available to Bury and Blackbourne practices. To development a single specification of leg ulcer clinic to provide an improved system of care for patients living with VLU in Suffolk. Develop a shared responsibility across Suffolk for the collective reduction in VLU annual costs.   |
| Zoladex*                | For the provision of Zoladex by offering injection of Zoladex to patients whom require it.  |
| Polypharmacy            | Polypharmacy Medication Reviews with a focus on appropriate deprescribing of Dependence Forming Medicines (DFMs) are strongly promoted  |
| Phlebotomy*             | For the provision of phlebotomy.  |
| Wound Care*             | For the provision of Wound care.  |
| Minor Injury*           | For the provision of Minor Injury services by offering effective, evidence based treatment for minor injuries in Primary Care, which can be monitored and audited.  |

|                |  |
|----------------|--|
| Pulse Oximetry | To support the remote monitoring of patients with confirmed or possible COVID-19 |
|----------------|--|

\*The GMS contract has a number of clinical areas not covered in its core which require CCGs to commission extra services as these elements are included in the PMS contract. We refer to these as our parity Enhanced Services to ensure services are equitable across west Suffolk.

## **2. CQRS**

- 2.1 We have a paper going to the Exec Board to gain agreement for the introduction of CQRS Local, CQRS Local is a claim management system designed to support the management of Local Enhanced Schemes (LES) and Directed Enhanced Schemes (DES) between Commissioners and Primary Care Providers.
- 2.2 CQRS Local provides flexibility in managing schemes through an online payment tool that leads to prompt payments for primary care organisations.
- 2.3 Practices already have CQRS within their practice as this is an NHSE/I product which is currently used for the management of NHSE Direct Enhanced Services.
- 2.4 There are several benefits to the CCG and the Practice including a reduction in administrative time, easily tracked and auditable data submissions, single point of access for local and national claims and it will be much easier to reconcile payments.

## **3. Recommendation**

- 3.1 The Committee is asked to note this report.