

Staffordshire & Stoke-on-Trent CCGs' Meeting in Common of the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees – HELD IN PUBLIC

Tuesday 4th February 2020, 9.30am – 12pm
The Morston Room, Floor 3, One Smithfield, Hanley,
Stoke-on-Trent, ST1 4FA

Agenda

A=Approval R=Ratification S=Assurance D=Discussion I=Information

		Enc.	Lead	A/R/S/D/I	Time
1.	Welcome	Verbal	Chair	I	9.30
2.	Apologies – Lynn Millar	Verbal	Chair	I	
3.	Declaration of Interest and actions taken to manage conflicts	Enc. 01	Chair	I	
4.	Quoracy	Verbal	SY	I	
5.	Minutes & actions from previous meetings ❖ Minutes from the meeting held on 7 th Jan 2020 ❖ Action List Matters arising	Enc. 02 Enc. 03	Chair	A	

Standing items

6.	Primary Care Risk Register <i>To follow</i>	Enc. 06	SJ	S/I	9:40 (15 mins)
7.	Month 9 Finance Report	Enc. 07	NC	S/I	9.55 (20 mins)

Items for Discussion/Decision

8.	Learning and Development	Enc. 8	TCo	I/S	10.15 (20 mins)
9.	PMS Re-investment 2016-2021	Enc. 9	MM	A	10.35 (15 mins)
10.	IT Update	Enc. 10	AH	I/S	10.55 (20 mins)
11.	GP Fellowship	Enc. 11	SJ	A/S	11.15 (15 mins)

Items for Information

12.	Willowbank Procurement	Enc. 12	SM	I/S	11.30 (5 mins)
13.	2020/2021 GP Contract	Verbal	LM	I/S	11.35 (10 mins)

14.	Longton South ETTF Development	Verbal	LM	I/S	11.45 (10 mins)
15.	Any Other Business				
16.	<p>Meeting effectiveness</p> <p><i>Did we achieve what we set out to do; linking back to the Agenda?</i></p> <p><i>Was the information presented appropriate / easy to understand?</i></p> <p><i>Was the information received in a timely manner prior to the meeting?</i></p> <p><i>Do we need to escalate any issues elsewhere?</i></p> <p><i>Do we need to inform any of our decisions / actions? Sub Committees / Staff / NHSE?</i></p> <p><i>Are we assured?</i></p> <p><i>Do we need any more information / require a further progress report at a future date?</i></p> <p><i>Agreed actions captured in the minutes?</i></p> <p><i>Were there any risks raised in the meeting that should be captured on the risk register?</i></p> <p><i>Were members of the committee courteous to each other during the meeting?</i></p>	Verbal	Chair	I	11.55
17.	Close		Chair		12pm
18.	The next meeting will take place on Tuesday 3 rd March 2020 at 9.30 am in the Morston Room, Floor 3, One Smithfield, Hanley, Stoke-on-Trent, ST1 4FA				

**North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups
 PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE
 Tuesday 7th January 2020, 9.30am – 11.45am
 The Morston Room, Floor 3, One Smithfield, Hanley, Stoke-on-Trent, ST1 4FA**

Quoracy:			02/04/2019	07/05/2019	04/06/2019	02/07/2019	06/08/2019	03/09/2019	01/10/2019	05/11/2019	03/12/2019	07/01/2020	04/02/2020
❖ A minimum of two of the three lay members from each CCG (including the Committee Chair) are present; and													
❖ A minimum of three executives or their deputy are present; and													
❖ A minimum of 2 GP representatives, 1 from each CCG													
North Staffordshire CCG Voting Members:													
Peter Dartford	PD	Lay Member – Patient and Public Involvement (<i>meeting chair</i>)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	
Neil McFadden	NMcF	Lay Member – Governance	✓	✓	A	A	A	✓	✓	A	✓	A	
Stoke-on-Trent CCG Voting Members:													
Tim Bevington	TB	Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
John Howard	JH	Lay Member – Governance	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	
CCGs' Voting Members:													
Lynn Millar	LM	Director of Primary Care and Medicines Optimisation	✓	A	✓	✓	✓	✓	✓	A	✓	✓	
Jacqui Charlesworth	JC	CCGs' Deputy Director of Finance	-	-	✓	✓	A	✓	A	✓	✓	✓	
Neil Cook	NC	Director of Finance							✓	✓	✓	A	
Manir Hussain	MH	Deputy Director of Primary Care and Medicines Optimisation	A	✓	✓	✓	A	A	A	A	A	A	
Mark Seaton	MS	Managing Director – North Locality	✓	✓	A	A	✓	A	✓	A	✓	A	
Marcus Warnes	MWa	Accountable Officer	✓	✓	✓	✓	A	✓	✓	A	A	A	
Sally Young	SY	CCGs' Director of Corporate Services, Governance and Engagement	-	-	-	-	-	-	-	✓	A	A	
In attendance:													
North Staffordshire and Stoke-on-Trent CCGs:													
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups	A	✓	A	A	✓	A	A	✓	✓	✓	
Jessica Taylor	JT	Executive Assistant (<i>Minutes</i>)	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	
Vanessa Ridout	VR	Executive Assistant (<i>Minutes</i>)							✓	-	-	-	
Dr Lorna Clarson	LCI	Stoke-on-Trent CCG Clinical Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Steve Fawcett	SF	Medical Director	A	✓	✓	✓	A	✓	✓	✓	A	A	
Dr John Gilby	JG	Clinical Director – Primary Care	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	
Dr Latif Hussain	LH	Non-Executive GP Board Member	✓	A	✓	✓	A	A	✓	✓	✓	✓	
Sarah Jeffery	SJ	Head of Primary Care Development	✓	✓	A	A	A	✓	✓	✓	✓	✓	
Mel Mahon	MM	Head of Primary Care Commissioning	✓	✓	A	A	A	A	-	✓	A	A	
Vicky Oxford	VO	Senior Commissioning Manager	A	✓	A	A	A	A	A	A	A	A	
Tracey Cox	TCo	Primary Care Development Lead	A	✓	✓	A	✓	✓	✓	✓	✓	✓	
Sharon Maguire	SM	Senior Primary Care Development Manager	A	A	A	✓	A	✓	A	A	A	A	
Teresa McGougan	TM	CCGs' Quality Lead	✓	✓	A	A	A	✓	-	A	✓	✓	
Kellie Johnson	KJ	CCGs' Clinical Quality Manager	-	-	-	✓	A	A	-	A	A	A	
Andy Hadley	AH	CCGs' Digital Programme Lead	-	-	✓	-	-	✓	P	P	A		

NHS England													
Rebecca Woods	RW	Head of Primary Care	✓	A	A	A	A	A	A	A	A	A	A
Terry Chikurhune	TC	Primary Care Lead	✓	A	✓	✓	A	A	✓	A	A	✓	
Observers													
Simmy Aktar	SA	Healthwatch Stoke-on-Trent	✓	✓	A	A	A	A	A	✓	✓	✓	
Mike Dent	MD	Healthwatch Staffordshire	✓	✓	A	A	✓	A	✓	✓	✓	A	
Dr Paul Scott	PS	North Staffordshire LMC Chair	✓	✓	✓	✓	A	✓	-	✓	✓	✓	
Andy Downton	AD	Comms & Engagement Manger, CSU							✓	✓	A	✓	
Richard Caddy	RC	Comms & Engagement Manger, CSU							A	A	✓		
Press/Public													
2 members of press/public in attendance													

1.	Welcome and Apologies for absence	Action
	<p>MWo welcomed members to the January 2020 Public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common.</p> <p>Apologies were duly received and noted as above.</p>	
2.	Members' Declarations of Interest	
	The Committees received and noted the CCGs' Declaration of Interest Register.	
3.	Confirmation of Quoracy	
	<p>Stoke-on-Trent CCG: Stoke-on-Trent CCG Primary Care Commissioning Committee was confirmed as quorate.</p> <p>North Staffordshire CCG: North Staffordshire CCG Primary Care Commissioning Committee was not Quorate. Any decisions made at the meeting would need virtual approval from absent members outside of the meeting.</p>	
4.	Minutes, Action Sheet and Matters Arising	
	<p><u>4a. Minutes from the meeting held on Tuesday 3rd December 2019</u> The minutes from the meeting held on Tuesday 3rd December 2019 were duly received and approved as a true and accurate account of discussions held subject to the following amendments:</p> <p>Page four – Primary Care Finance Report: SA advised the meeting that there was an omission of their comment in the December meeting whereby SA challenged on the figures presented in the December finance report and that the figures were not clear enough in a public facing document. Minutes to be updated and SA to send JT a form of words of what was raised.</p> <p>ACTION: SA to send JT a form of words for JT to update the December 2019 meeting minutes.</p> <p>GP Retention Scheme – WA advised the meeting that their conflict in relation to the GP Retention Scheme was inaccurate on the minutes. WA's stated that the conflict was that their practice had applied for funding under the scheme and did not have a member of staff on the scheme as detailed in the minutes. JT to update on the December minutes and to update going forward when the conflict may arise.</p> <p><u>4b. Actions from the meeting held on Tuesday 3rd December 2019</u> The action log was updated accordingly.</p> <p><u>4c. Matters Arising</u></p> <p>LMC Secretary PS advise the meeting that HVL had stepped down on the 31st December 2019 from the role of North Staffordshire LMC Secretary and advised the meeting that Dr Chandra Kanneganti had taken over the role from the 1st January 2020. The Committees expressed their thanks to HVL for his valuable contribution and challenge to the Committee since its inception in 2017.</p>	SA/JT

5.	Primary Care Risk Register	
	<p>The meeting was presented with the Public Primary Care Risk Register as at 31st December 2019, the risk register had been reviewed by the CCGs' Risk Group. The North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the Primary Care Risk Register for assurance. LM presented key details as follows:</p> <p>The Committees were advised that there had been no change to the risk register since it was received and noted at the December 2019 Committee meeting. There were four existing risks on the register; (1) Risk ID 736 – Clinical Systems and Network solutions – Risk Score of 20; (2) Risk ID 624 – Workforce, GP Recruitment and Retention – Risk score of 16; (3) Risk ID 689 – Financial Management – Risk score 16 and (4) Risk ID 757 – Estates Financial for Four Estates and Technology Transformation Fund (ETTF) Schemes. Furthermore, it was noted that there had been a change in the Risk Register reporting, whereby only risks scoring 15 and above would be presented for Committee assurance.</p> <p>TB referred to Risk ID 736 – Clinical Systems and Network issues and asked if there had been any further issues or developments? It was noted that there continued to be a few intermittent issues, in respect of internet connection in to practices and that there continued to be concerns in practice in relation to the reliability of systems and networks. LC further added that GPs were feeling daily frustrations when logging issues, with EMIS and HIS sending practices a number of conflicting messages. Following on from robust discussions the Committees agreed that the following actions would help to support the ongoing frustrations in General Practice; (1) An updated list to be sent to practices containing contact numbers of who to contact in case of network or connectivity issues.</p> <p>ACTION: LM to discuss the development of a list to be sent to general practice, giving key contact details in case of a network or connectivity issue.</p> <p>MW0 referred to the risk previously reported to the Committees, in relation to capacity in the Primary Care Team, which was not showing on January's register as the risk had a score of 12 and queried if this risk should be increased to enable the Committee to continue oversight of the progress and mitigating actions associated with this risk. LM responded that there had been a number of capacity gaps in the team attributed to long periods of sickness, although it was reported that the situation in the team was improving, including recruitment in to vacant roles.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Primary Care Risk Register for assurance; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Primary Care Risk Register for assurance.</p>	
6.	Month 8 Finance Report	
	<p>The meeting was presented with the Delegated Commissioning Finance Report for Month 8. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the year to date forecast outturn positions for the division as set out within the report and to note the ongoing work between the CCGs' Finance Team and the Primary Care Team to work towards a detailed forecast. JC presented key details as follows:</p> <p>JC outlined the CCGs' year to date position, whereby the combined divisional underspend was £822k YTD position, with North Staffordshire CCG was showing an underspend of £740k and Stoke-on-Trent CCG demonstrating an underspend of £82k. It was noted that the North Staffordshire CCG underspend value was so high due to the Midway Medical Centre list</p>	

	<p>dispersal and non-utilisation of the contingency budget line. The meeting was advised that the £1.1m over allocation that was approved by the Committees previously had been mitigated. Furthermore, the meeting was advised that discussions had taken place with CCG and NHS England in relation to the top slicing of the Delegated Budget for indemnity fees and it was concluded that there was no funding to mitigate this and the CCG would need to take the full impact of this top slice.</p> <p>An update was provided to the meeting in relation to the Winter Pressures scheme, as at the December 2019 meeting Committee members tasked LM with developing a scheme to support capacity in Primary Care during the winter period. It was noted that the CCGs worked with the GP Federations' in South and North Staffordshire to add an additional 99 same day urgent appointments daily, equating to c7k additional appointments across the whole winter period. The scheme was mobilized on Monday 6th January 2020. LM advised the meeting that informal soft intelligence had been received from UHNM who had reported that there was a reduction in foot flow in to A&E and a full analysis looking at the impact of the additional capacity would take place once the scheme had been fully embedded. The funding was administered and awarded by the Urgent and Emergency Care Board and had been awarded to UHNM Facing practices only. PS commented that they were unsure if Communications had been sent to all practices advising them of the additional capacity. Furthermore, LM advised members that a meeting was taking place on the 8th January to look at expanding the scheme to all CCGs and for the scheme to run until March 2020.</p> <p>MW0 commended the Committee, the GP Federations and the CCGs' Primary Care team in their responsiveness in getting the scheme live in such a short space of time to support capacity in Primary Care.</p> <p>ACTION: LM to check if Communications had been sent to practices advising them of additional appointments to support winter capacity.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Month 7 Finance Report and approved for the development of plans for the utilisation of the planned underspend to support capacity in Primary Care; And Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Month 7 Finance Report and approved for the development of plans for the utilisation of the planned underspend to support capacity in Primary Care.</p>	
7.	<p>Primary Care Quarterly Quality Assurance Report</p>	
	<p>The meeting was presented with the Quarterly Quality Assurance report for North Staffordshire CCG and Stoke-on-Trent CCG Practices. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the report as assurance on the work being undertaken in relation to General Practice Quality. TCo presented key details as follows;</p> <p>The meeting was advised that across both CCGs there were no practices rated as 'Inadequate' by the Care Quality Commission (CQC), this was highlighted as a joint success across the system, with the support of NHS England, CCGs and Practices where any issues had been highlighted from CQC inspections and the support given to the practices to improve quality and to implement the action plan to support improvement. There were three practices in Stoke-on-Trent CCG Rated as 'Requires Improvement' by the CQC and the CCG continued an enhanced level of support to these practices to support improvement. Since the previous Quality Report received in September 2019 Audley Health Centre had maintained their outstanding rating, following on from their most recent CQC inspection.</p> <p>TCo highlighted further work that the CCG Primary Care Team was undertaking to support Quality in General Practice, including an ongoing training programme, including Protected Learning Events. Two complaints had been upheld and the CCGs were working closely to capture any learning, the two complaints were in respect of lack of clarity and prescribing. Furthermore, the CCGs were undertaking their yearly Quality Visit programme and sending out data packs to those practices who were not having a visit in 2019/20 to support peer learning. In</p>	

	<p>addition, the CCGs continued with the Quality Dashboard Meetings, with CCG, CQC and NHS England representation – with the meeting being a key opportunity for sharing concerns, soft intelligence or any horizon scanning.</p> <p>TB queried how the CCG identified practices for a Quality Visit. TCo responded that each of the 71 practices across North Staffordshire and Stoke-on-Trent would receive a visit over a two year period. There are a number of factors which determined which practices would be prioritised including GP Indicator performance and soft intelligence/concerns. Furthermore, assurance was provided that the CCGs develop the agenda for quality visits in collaboration with practices, to ensure a constructive two way discussion at the quality visits.</p> <p>MW0 congratulated Audley Health Centre for maintaining their Outstanding CQC rating and asked how the CCG would share learning from the practice. ST responded that in the CCGs' GP Newsletter, Audley Health Centre would be writing an article to share learning and advice to other practices across Staffordshire.</p> <p>TM queried if reports were developed with the findings from Quality Visits. TCo responded that once all the visits for 2019/20 had concluded, work would take place to work through themes and trends from all the visits in one comprehensive report to support learning in practice. In addition, assurance was provided that the CCGs visited practices separately to the Quality and Engagement visit if there had been any areas of concerns. TCo assured the meeting that the CCGs Primary Care Team and Quality Team worked closely to share expertise and concerns.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Primary Care Quarterly Quality Assurance Report and were assured on the contents of the report; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Primary Care Quarterly Quality Assurance Report and were assured on the contents of the report</p>	
8.	<p>Staffordshire and Stoke-on-Trent CCGs' Primary Care Strategy</p>	
	<p>TCo and SJ presented the Committees with a presentation on the Staffordshire and Stoke-on-Trent CCGs' Primary Care Strategy. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the presentation for assurance and to ask any questions as appropriate. Key details were presented as follows;</p> <p>The Committees were reminded that the Primary Care Strategy had been presented and approved at the September 2019 meeting. The strategy was a 'Must Do' from NHS England and the CCGs were given five weeks to develop the full strategy. NHS England provided the CCGs with a template to complete for the strategy and were extremely descriptive of what was to be included in the strategy.</p> <p>The vision for the strategy was developed through engagement with Primary Care, with North Staffordshire and Stoke-on-Trent CCG MEG Leads contributing to the vision. From the engagement that took place, it was established that making general practice innovative and resilient whilst ensuring a partnership approach.</p> <p>The strategy was a Stoke-on-Trent and Staffordshire wide strategy, covering a population of 1.1m across the whole of the county. It was noted that the population of Stoke-on-Trent had a high level of deprivation and this was accounted for in the Strategy. Furthermore, the strategy needed to align with the long term plan, with the vision to boost out of hospital care. It was noted that the CCGs were at 100% population coverage with PCNs and work was underway to support Organisational Development within PCNs, including using the maturity matrix to identify any areas of learning. Furthermore, work was taking place with Community teams to allow for wrap around alignment with PCNs.</p> <p>An update was provided to the meeting in respect of work and progress that had been made to date. The meeting were advised that there would be an enhanced focus on key areas of delivery including Primary Care Estates and Workforce. Further priority work areas for delivery</p>	

of the Primary Care Strategy were detailed as Care Navigation, Quality Improvement, Social Prescribing, Extended Access, Population Health Management and Digital (including TECS).

The methods to ensure robust monitoring of the implementation of the strategy would include the Patient Survey, reports to Primary Care Commissioning Committees, the rolling programme of Quality and Engagement visits and the General Practice Bi-weekly newsletter to include articles to allow for areas of best practice. Next steps included further engagement with General Practice and to closely look at how to manage two way Communication with General Practice.

It was agreed that the full strategy would be re-circulated to members outside of the meeting.

ACTION: JT to share the Primary Care Strategy with Committee members' outside of the meeting.

LC raised a number of points in relation to the Primary Care Strategy as follows; (1) The NHS Outcomes needed amending as the IAF was no longer used; (2) The need for an enhanced level of challenge with the deliverables in the Strategy; (3) The need for areas of the strategy to be tailored to ensure the differing population needs of the six Staffordshire CCGs are met; (4) The strategy needed further details of how patients would be empowered to be proactive in managing their health. LM responded that the template provided to the CCGs from NHS England to develop the strategy was similar to a project plan and the contents were stipulated by NHS England and that the completion of the strategy allowed the CCGs to secure further funding and to allow key programmes to continue. LM recognised that the Strategy did not contain all the information needed although there would be further work to look at the further outcomes and enhanced areas of work. SJ provided further assurances that the strategy would be developed further as required and it was in the CCGs' gift to further shape the Strategy in to a supportive document to allow for the successful left shift in to Community Care.

TMc commented that the strategy was a positive step forward and suggested that work could take place to look at how the Primary Care Strategy and the Quality Teams' Patient Safety Strategy could become interdependent. It was noted that the Patient Safety Strategy contained details around how patient safety can be increased in Primary Care and contained details of how Primary and Secondary Care can work together to support increased patient safety and how to share best practice across all Health partners.

PS reported concerns on behalf of the LMC in relation to the first draft of the new GP Contract, the concerns were shared with other national LMC Colleagues and work was taking place to develop a response from the North Staffordshire LMC to the BMA. The LMC felt that the draft GP Contract for 2020/21 was undeliverable and unsustainable for general practice in its' current form. PS further added that it was felt that the proposed new requirements for PCN's could pose an issue in respect of funding, capacity and workload. LM responded and provided assurances that the CCGs were also reviewing the draft GP Contract and would send comments and corners. LH added that this was also a concern shared by PCN Clinical Directors and the level of work proposed, which could result in an increase in GP Workload.

LM recognised that there was an increased level of responsibility proposed for PCNs with work on Care Homes and Medication reviews proposed. The meeting were reminded that although the LMC and CCGs would share concerns, the decision was a National Policy directive, in draft form as at the time of the meeting. It was agreed that a further discussion on the Draft GP Contract would take place at the February 2020 meeting to allow for the Committees to have a full understanding of the document and what this would mean for the CCGs, PCNs and Wider Primary Care.

ACTION: JT to add '2020/2021 Draft GP Contract and PCN DES' to the February Meeting agenda.

To conclude, the North Staffordshire CCG Primary Care Commissioning Committee **received** and **noted** the Primary Care Strategy Presentation;

	and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Primary Care Strategy Presentation.	
9.	General Practice Workforce Update	
	<p>TCo and SJ presented the Committees with a presentation on General Practice Workforce across North Staffordshire and Stoke-on-Trent. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the presentation for assurance and to ask any questions as appropriate. Key details were presented as follows;</p> <p>The meeting was advised that the CCGs had been working closely with Health Education England (HEE) to work through the trajectories for GPs, Practice Nurses and for additional emerging roles in Primary Care such as Physician Associates. Furthermore, the Staffordshire STP had organised a workforce think tank and the workshop focus was to look how system partners can work collaboratively to develop workforce plans.</p> <p>The CCGs were required to complete a one year plan for General Practice workforce, to be completed by February 2020. It was noted that the CCG held all the information required but work would take place of how to present this, as details come from a number of areas. The meeting were informed that the NWRS was a national reporting system, which provided a picture of workforce in General practice, although the information was submitted by practices and some information was not as reliable from practice to practice. WA commented that in this piece of work there needed to be details of how the plan would support accessibility in to roles for BAME and protected characteristics groups.</p> <p>The meeting were assured that the CCGs' were working to ensure that the Workforce plan developed was robust and would help to increase recruitment to allow for a more diverse General Practice workforce. It was noted that the PCN DES had helped to support this, with the employment of social prescribers and Pharmacists in to a PCN. In addition, work would take place on an STP level to look at developing further retention initiatives to support local areas of need.</p> <p>HEE reviewed trainee data regularly and it was reported that the current and future positions were positive as there was an expected increase of GP Trainees in to practice – which equated to 30 WTE GPs per annum for the next three years. LC expressed concern and highlighted to the meeting that GP Trainees worked under close GP supervision and had a reduced number of appointments.</p> <p>The next steps for General Practice workforce were highlighted as follows; (1) HEE Producing Baseline data for the Workforce Plan; (2) CCG to develop a robust communications plan for patients, detailing the new roles in General Practice to help to support patient expectation; (3) A continued programme of Learning and Development for all roles within General Practice; (4) Practice Based Group Learning; and (5) The development of a 'New to Practice Programme'. A full learning and development update would be presented to the February 2020 meeting.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the General Practice Workforce Update; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the General Practice Workforce Update.</p>	
10.	Primary Care Work Programme, objectives and deliverables	
	<p>The meeting was presented a paper on Primary Care Work Programmes – Objectives Matrix. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the matrix report, including progress on work programmes. The report was taken as read by the meeting and details presented as follows:</p> <p>The report provided details of the high level work programme areas contained in the primary care strategy, together with objectives and current status. The report also contained details of future objectives and deliverables and the Long Term Condition objectives. A discussion took place in relation to the Board Assurance Framework and work would take place to see how this</p>	

	<p>would be demonstrated to monitor delivery. Work was taking place to look in to a plan on a page for North Staffordshire as this was welcomed in the South Staffordshire CCGs’.</p> <p>A discussion took place in relation to the roll out of EMIS Enterprise across Staffordshire and it was noted that the tool would allow the CCGs to pull remote anonymised data from practices to support the demonstration of delivery in Primary Care.</p> <p>It was agreed that a quarterly update would be presented to the Committees to update on the Primary Care Work Programme, Objectives and Deliverables.</p> <p>To conclude, the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees received and noted the update report.</p>	
11.	Questions from members of the public	
	<p>1. Ian Syme (IS) asked how the CCGs’ were moving towards timely performance management and how this would be reported to the Public.</p> <p>LM responded that the main aim throughout all of the work undertaken within Primary Care is ensuring a high quality and safe service to patients. The CCGs’ Primary Care Team have a quality group, including CQC representation, where any soft intelligence or concerns are highlighted at a Quality Dashboard Review meeting. It was noted that this approach allowed the CCGs to proactively manage any issues and concerns as they are highlighted.</p> <p>LM provided further assurances that NHS England had the Supporting Change in General Practice Team, which was a confidential supportive arrangement between Practices that have requested support and the team. TCo further added that within the coming months the CCGs’ Primary Care Team will be revising the format of the Quarterly Quality Assurance Report to ensure a comprehensive report, with a strong focus on the next steps and learning from Primary Care Quality.</p> <p>2. IS referred to the Workforce Report previously presented in the meeting and asked how the efficiency of the Workforce Plan will be monitored and highlighted the need for a longer term focus i.e. 10-15 year plan?</p> <p>LM recognised that although the workforce plan showed progress, further work needed to take place to better improve General Practice Workforce, including working through issues with newly qualified staff. LM further highlighted that the key was to improve commissioning in to Primary Care, and investing to ensure that funding followed the left shift.</p> <p>3. IS queried if the rental issue in relation to the Primary Care Access Hub had been resolved?</p> <p>TCo advised that progress had been made with negotiations with the Landlord of the current premises and work was taking place to finalise the contract and lease for the future.</p>	
12.	Any other Business	
13.	<p><u>Committee Effectiveness</u></p> <p>1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> Yes</p> <p>2. <i>Was the information presented appropriate/easy to understand?</i> Yes</p> <p>3. <i>Was the information received in a timely manner prior to the meeting?</i> Yes</p> <p>4. <i>Do we need to escalate any issues elsewhere?</i> Yes – concerns in relation to NHS England/Improvement Staffing Structures and the level of support that will be provided to the CCGs.</p> <p>5. <i>Do we need to inform any of the decisions/actions? Sub Committees/Staff/NHSE?</i> No</p> <p>6. <i>Are we assured?</i> Yes</p> <p>7. <i>Do we need any more information / require a further progress report at a later date?</i></p> <p>Future reports detailed in the minutes.</p>	

	<p>8. <i>Agreed actions captured in the minutes? Yes</i></p> <p>9. <i>Were there any risks raised in the meeting that should be captured in the risk register?</i> PCN Network DES, rewording of the capacity risk.</p> <p>10. <i>Were members of the committee courteous to each other during the meeting? Yes.</i></p>	
--	---	--

PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON - NORTH
ACTION LIST - January

Ref:	MEETING DATE	AGENDA ITEM	ACTION	Due By	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
30	07/01/2020	Minutes from the meeting held in December	NEW: SA to send JT a form of words for JT to update the December 2019 meeting minutes.	Feb-20	JT/SA	ACTION COMPLETE: SA sent JT correct wording and JT update the minutes as appropriate.
31	07/01/2019	Month 8 Finance Report	NEW: LM to check if Communications had been sent to practices advising them of additional appointments to support winter capacity.	Feb-20	LM	ACTION COMPLETE: Communications sent to practices in relation to the additional winter appointments from the provider, Northern Staffordshire GP Federation.
32	07/01/2019	Staffordshire and Stoke-on-Trent CCGs' Primary Care Strategy	NEW: JT to share the Primary Care Strategy with Committee members' outside of the meeting. JT to add '2020/2021 Draft GP Contract and PCN DES' to the February Meeting agenda.	Feb-20	JT	ACTIONS COMPLETE.
29	03/12/2019	Matters Arising	NEW: LM to present an update to the January meeting in relation to NHS England Structures.	Jan	LM	January Update: LM to meet with NHS England early Jan 20. Unlikely the CCGs will have a local team and there will be more of an advice and guidance function. Work will take place to fully assess the impact. LM to update the meeting in Feb on Progress and agreements made at the meeting.
27	05/11/2019	IT Update	NEW: AH to investigate the IT issues at the Extended Access Hubs and to report back to the December 2019 Committee	Feb	AH	ACTION COMPLETE: AH attending Feb 2020 to present an update paper to the meeting.
17	05/11/2019	Update on Access to Primary Care for People of No Fixed Abode	AM to send details on Mortality Rates in Homeless patients to JT to share with Committee members outside of the meeting	Feb	AM	Item deferred
			TCo, AM and Sma to discuss the potential risk of removal of Homeless Patients from Practice Lists due to issues with contact information with TCh	Feb	TCo SM & AM	Item deferred
			A letter to be sent from LM with the resource pack to all practices detailing the contractual requirement in relation to the registration and provision of care to homeless patients	Feb	LM	Item deferred
			A monthly meeting to be organised with the CCG, Voices and Healthwatch to continue to monitor progress on the implementation of the Access to Primary Care for people of no Fixed Abode	Feb	TCo & SM	Item deferred
			AM to attend the February 2020 meeting to provide a further update	Feb	AM	Item deferred
16	01/10/2019	SHR Summary Paper	Safeguarding team to be invited to future meeting	Dec	VR	January Update: Dates shared with the Safeguarding Team for attendance
15	01/10/2019	Babylon - GP at Hand	A further update on national schemes would be presented at the next Committee	Feb	AHa	ACTION COMPLETE: AH attending Feb 2020 to present an update paper to the meeting.
23	05/11/2019	Univeral Offer	MM to meet with the LMC to discuss the Universal Offer to discuss any concerns	Dec	MM	ACTION COMPLETE January update: It was confirmed that a meeting had taken place with North Staffs and South Staffs LMC's to work through the Universal Offer. Work was taking place to work through a number of additional areas identified.
9		Primary Care Estates	Risk 734 House Developments. TCh to speak to RW regard funding for a post to look at estates	Nov	TCh	January Update: Estates to be discussed at the NHS England Management of change meeting in January 2020. Further verbal update once the meeting had taken place
8	03/09/2019	Social Prescribing Update	SM to provide the Committees with a further update on Social Prescribing, detailing the transition plan from the Stoke on Trent Pilot to wider roll out to all PCNs across Staffordshire and Stoke on Trent	Dec	SM	January update: VAST and Brighter Futures have taken the lead in getting the Social Prescribing scheme growing from the Ground up. Discussions were taking place to establish how this would be integrated with the PCNS
2	02/07/2019	Internal Audit Report 2018/19 - Quality in Primary Care	LM to present the MOU for the Supporting Change in General Practice Team once available	on hold	LM	January Update: To be discussed at NHS England MOU meeting.
1	02/07/2019	Primary Care Finance	JC to present the September meeting with the CCG and NHS England Primary Care Finance Memorandum of understanding	Sept	JCh	Updated 01/10/19 Regular meetings are taking place with the finance team and NHSE. A finance workshop will take place in November. The MOU for the Supporting Change in General Practice is currently on hold due to the NHSE MOC process. Update Aug 2019 - item deferred due to NHS England Management of Change process underway

REPORT TO: North Staffordshire CCG and Stoke-on-Trent CCG Clinical Commissioning Groups

Enclosure:	07
-------------------	-----------

Title:	Delegated Commissioning Month 9 Finance Report 2019/20
---------------	---

Meeting Date:	4 th February 2020
----------------------	-------------------------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Neil Cook – Acting Chief Finance Officer (Interim)	Y	Anne Perry, Primary Care Finance Manager Jacqui Charlesworth, Deputy Director of Finance

Clinical Reviewer:	Clinical Sign-off Required Y/N	Links to the STP Y/N (if Y, which programme):
N/A	N/A	N/A

Action Required (select):					
Ratification-R	Approval -A	Discussion - D	Assurance - S	√	Information-I

History of the paper – where has this paper been presented		
	Date	A/D/S/I

Purpose of the Paper (Key Points + Executive Summary):
<p>The Primary Care Commissioning Committee was presented a proposed budget for delegated primary care in May 2019. It was noted that the overall aggregate delegated primary care budgets for all CCG's is overcommitted by £2.3m. This is reflected in the budget for the North Staffordshire CCG's which are jointly overcommitted by £1.1m. This is largely due to the national top slicing of allocations to fund the GP indemnity scheme plus the cost of the new network DES.</p> <p>Discussions are continuing with NHS England regarding whether there is any additional funding flexibilities to cover the impact of the indemnity adjustment. In the absence of any favourable resolution to these discussions, the Committee was asked to exercise restraint wherever possible and should any budgets begin to underspend during the year, there should be a conscious effort to maintain such underspending in order to reduce the level of unmitigated risk.</p> <p>The Primary Care Committee is requested to receive and note the year to date and forecast positions for the Division as set out in this report.</p> <p>As at Month 9 the Division is reporting an underspend of £1,248k against a budget of £53,561k with a forecast outturn position of £1,811k underspend prior to mitigations required.</p> <p>Individual current ledger positions per CCG year to date and forecast outturn positions are as follows:</p> <ul style="list-style-type: none"> North Staffordshire is reporting a £718k year to date underspend against a budget of £22,449k and is forecasting £1,057k underspend before the £319k of budget mitigations required. The latest forecast shows a £738k underspend against the 2019/20 allocation.

- Stoke on Trent is reporting £530k year to date underspend against a budget of £31,112k and is forecasting £754k underspend before the £785k of budget mitigations required. The latest forecast shows a £31k overspend against the 2019/20 allocation.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Risk 738:FAILURE TO RECEIVE ADDITIONAL DELEGATED PRIMARY CARE COMMISSIONING:
 If the CCG's are unable to secure additional funding to offset the allocation gap due to the national top slicing for the GP Indemnity scheme then without corresponding savings in other areas the CCG's will not achieve their agreed planned deficit / breakeven position, resulting in the loss of confidence from the regulators leading to greater scrutiny.

Risk 689 : FINANCIAL MANAGEMENT : Risk of under/over spending delegated budget due to poor financial reporting and management

Implications:

Legal and/or Risk	None identified
CQC	None identified
Financial	The £1,104k mitigation required equates to a 46% share of the overall £2.3m Staffordshire funding gap.
Sustainability	None identified
Workforce / Training	None identified

Key Requirements:		Y/N	Date
1a.	Has a Quality Impact Assessment been presented to the CCG's QIA Sub-group?		N
1b.	What was the outcome from the QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c.	Were there any conditions? If yes, please state details and the actions in taken in response: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> Stage 1 Stage 2 		N
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	<p>Please provide detail as to these considerations:</p> <ul style="list-style-type: none"> Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		

3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail</i>		N
4.	Has a Data Privacy Impact Assessment been completed? <i>Please provide detail</i>		N

Recommendations / Action Required:

The Primary Care Committee is asked to receive and note the year to date and forecast outturn positions for the Division as set out in the report above, and to note the ongoing work between the Primary Care team and the Finance team.

1. Divisional Summary

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets and this report presents an update on the year to date and forecast financial position of the delegated budgets at Month 9.

The overall Divisional variance from plan is summarised at the table below.

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
0.5% Contingency	264,269	0	264,269	352,365	0	352,365
Dispensing & Prescribing	792,832	841,106	-48,274	1,057,407	1,131,048	-73,641
Enhanced Services	2,707,674	2,401,814	305,860	3,786,840	3,357,087	429,753
General Practice APMS	3,320,561	2,729,225	591,336	4,427,430	3,637,320	790,110
General Practice GMS	32,785,482	32,909,652	-124,170	43,713,470	43,527,837	185,633
General Practice PMS	1,695,131	1,622,188	72,943	2,260,210	2,452,105	-191,895
Other GP Services	1,219,424	1,152,767	66,657	1,578,416	1,415,575	162,841
Premises Costs Reimbursements	5,656,924	5,597,940	58,984	7,575,072	7,432,606	142,466
QOF	5,118,587	5,259,533	-140,946	6,825,414	7,012,968	-187,554
Prior Year Benefit / Deficit	0	-201,051	201,051	0	-201,051	201,051
Grand Total	53,560,884	52,313,175	1,247,709	71,576,624	69,765,495	1,811,129
Mitigation Required	-827,947	0	-827,947	-1,103,937	0	-1,103,937
Total Funds Available	52,732,937	52,313,175	419,762	70,472,687	69,765,495	707,192

The table above shows that the Division is currently underspent by £1,248k on a year to date basis, prior to any adjustments made for the mitigation required, which reduces the underspend to £420k. The Chief Finance Officer is continuing discussions with NHS England to secure additional allocation to offset the shortfall associated with the top slice for the GP Indemnity scheme.

However it should be assumed that this is unlikely and funds should not be committed beyond the existing allocation unless alternative confirmation is received

As discussed in the December Primary Care Committee, the Finance and Primary Care Teams have met to review the forecast at a detailed line by line basis. The outcomes of these and ongoing monthly reviews are now reflected in the forecast outturn position of an £707k underspend against the combined allocations for the two CCGs.

The sections below provide further detail by individual CCG on the month 9 reported position.

2. North Staffordshire CCG

The year to date and forecast outturn position for the North Staffordshire CCG delegated primary care budgets for Month 9 is detailed in Appendix 1 and is summarised below:

Category	Year to Date			Annual			Appendix Table
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)	
0.5% Contingency	111,438	0	111,438	148,585	0	148,585	
Dispensing & Prescribing	653,807	661,897	-8,090	871,849	885,440	-13,591	
Enhanced Services	1,114,777	1,013,058	101,719	1,559,914	1,438,149	121,765	1.1
General Practice APMS	581,419	0	581,419	775,232	0	775,232	1.2
General Practice GMS	14,594,727	14,697,955	-103,228	19,459,823	19,445,986	13,837	1.2
General Practice PMS	541,017	653,666	-112,649	721,363	998,062	-276,699	1.2
Other GP Services	446,152	393,106	53,046	592,430	422,766	169,664	1.3
Premises Costs Reimbursements	2,125,646	2,101,382	24,264	2,865,722	2,804,052	61,670	1.4
QOF	2,280,277	2,321,657	-41,380	3,040,626	3,095,799	-55,173	
Prior Year Benefit / Deficit	0	-111,599	111,599	0	-111,599	111,599	
Grand Total	22,449,260	21,731,122	718,138	30,035,544	28,978,655	1,056,889	

Mitigation Required	-239,122	0	-239,122	-318,834	0	-318,834
----------------------------	-----------------	----------	-----------------	-----------------	----------	-----------------

Total Funds Available	22,210,138	21,731,122	479,016	29,716,710	28,978,655	738,055
------------------------------	-------------------	-------------------	----------------	-------------------	-------------------	----------------

The table above shows that the CCG is currently underspent by £718k on a year to date basis, prior to any adjustments made for the mitigation required, which reduces the under-spend to £479k.

The CCG is currently forecasting an outturn of £1,057k underspend, prior to any adjustments made for the mitigation required. The forecast reflects the outcome of the line by line review conducted during Month 7, details of which are included in appendix 1, resulting in an a revised forecast outturn of an underspend of £738k against the North Staffordshire CCGs allocation.

All budgets are phased in equal twelfths with the exception of Enhanced services, where the Network DES commenced in July 2019, and is phased accordingly.

To note the year to date variance is inclusive of the pro-rated release of the 0.5% Contingency reserve, and the property budget within premises costs, the current forecast assumes full usage of these funds. Included in the year to date position is £181k - see table below - relating to prior year expenditure which has been re-provided in Month 9 on the basis that charges are still expected for this value later in the year. A breakdown of the £112k prior year provisions that are no longer required and that therefore have been released into the year to date position is also shown below:

Category	Re-provided Month 9	Released into the position
Dispensing & Prescribing		748
Enhanced Services		60,386
General Practice	43,712	
Other GP Services	3,754	65,426
Premises Costs Reimbursements	121,850	39,667
QOF	11,318	-54,629
	180,634	111,599

3. Stoke on Trent CCG

The year to date and forecast outturn position for the Stoke on Trent CCG delegated primary care budgets for Month 9 is detailed in Appendix 2 and is summarised below :

Category	Year to Date			Annual			Appendix Table
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)	
0.5% Contingency	152,831	0	152,831	203,780	0	203,780	
Dispensing & Prescribing	139,025	179,209	-40,184	185,558	245,608	-60,050	
Enhanced Services	1,592,897	1,388,757	204,140	2,226,926	1,918,938	307,988	1.1
General Practice APMS	2,739,142	2,729,225	9,917	3,652,198	3,637,320	14,878	1.2
General Practice GMS	18,190,755	18,211,696	-20,941	24,253,647	24,081,851	171,796	1.2
General Practice PMS	1,154,114	968,523	185,591	1,538,847	1,454,043	84,804	1.2
Other GP Services	773,272	759,661	13,611	985,986	992,809	-6,823	1.3
Premises Costs Reimbursements	3,531,278	3,496,558	34,720	4,709,350	4,628,554	80,796	1.4
QOF	2,838,310	2,937,876	-99,566	3,784,788	3,917,169	-132,381	
Prior Year Benefit / Deficit	0	-89,452	89,452	0	-89,452	89,452	
Grand Total	31,111,624	30,582,053	529,571	41,541,080	40,786,840	754,240	
Mitigation Required	-588,825	0	-588,825	-785,103	0	-785,103	
Total Funds Available	30,522,799	30,582,053	-59,254	40,755,977	40,786,840	-30,863	

The table above shows that the CCG is currently underspent by £530k on a year to date basis, prior to any adjustments made by the mitigation required, which moves the position to an £59k overspend.

The CCG is currently forecasting an outturn of £754k underspend against budget, prior to any adjustments made for the mitigation required. The forecast reflects the outcome of the line by line review conducted during Month 7, details of which are included in appendix 2, resulting in an a revised forecast outturn of an overspend of £31k against the Stoke on Trent CCGs allocation.

All budgets are phased in equal twelfths with the exception of Enhanced services, where the Network DES commenced in July 2019, and is phased accordingly.

To note the year to date variance is inclusive of the pro-rated release of the 0.5% Contingency reserve, and the property budget within premises costs, the current forecast assumes full usage of these funds. Included in the year to date position is £406k - see table below - relating to prior year expenditure which has been re-provided in Month 9 on the basis that charges are still expected for this value later in the year. A breakdown of the £89k prior year provisions that are no longer required and that therefore have been released into the year to date position is also shown below:

Category	Re-provided Month 9	Released into the position
Dispensing & Prescribing		34
Enhanced Services	10,080	129,318
General Practice	79,841	
Other GP Services	50,399	19,075
Premises Costs Reimbursements	224,772	34,622
QOF	40,750	-93,597
	405,841	89,452

4. Non-Delegated Primary Care Budgets

The Primary Care Committee is responsible for the governance of the primary care budgets that have been formally delegated from NHSE. In order to provide a more complete picture of primary care expenditure as a

whole, a divisional summary of the non-delegated primary care budgets funded from the CCGs main allocation is set out in the 2 tables below for Month 9 for information:

Cost Centre	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
COMMISSIONING SCHEMES	453,834	-88,646	542,480	774,107	79,535	694,572
GP FORWARD VIEW	2,614,004	2,307,797	306,208	3,486,000	3,376,000	110,000
LOCAL ENHANCED SERVICES	5,590,294	5,320,328	269,966	7,466,248	7,136,955	329,293
PRIMARY CARE DEVELOPMENT	433,494	155,954	277,540	578,000	237,900	340,100
PRIMARY CARE INVESTMENTS	1,030,479	999,852	30,627	1,589,382	1,578,816	10,566
PRIMARY CARE IT	1,290,255	1,016,617	273,639	2,809,434	2,279,540	529,894
Grand Total	11,412,360	9,711,900	1,700,460	16,703,171	14,688,746	2,014,425

5. Non-Delegated Prescribing Budgets

Cost Centre	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
CENTRAL DRUGS	1,952,496	1,991,638	-39,142	2,603,335	2,658,737	-55,402
OXYGEN	913,032	913,975	-943	1,217,378	1,221,070	-3,692
PRESCRIBING	62,418,754	64,093,697	-1,674,943	83,222,009	85,522,451	-2,300,442
Grand Total	65,284,282	66,999,311	-1,715,029	87,042,722	89,402,258	-2,359,536

Included in the above Prescribing figures are the QIPP schemes identified below:

QIPP Scheme	NS CCG	SOT CCG	Total
Meds Opt - Primary Care	900,000	1,100,000	2,000,000
Medicines Management Stretch	31,000	94,000	125,000
Stoma - GP Prescribing	13,000	38,000	51,000
Grand Total	944,000	1,232,000	2,176,000

6. Conclusion

The Primary Care Committee is requested to receive and note the year to date and forecast outturn positions for the Division as set out in the report above.

Appendix 1

2019-20 Delegated Co-Commissioning Finance Report - Month 9

NHS North Staffordshire CCG

Drilldown Analysis

Table 1.1 - Enhanced Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Extended Hours	198,734	219,636	-20,902	278,759	309,582	-30,823
Learning Disability	100,318	100,318	-0	133,840	133,280	560
Minor Surgery	151,276	95,279	55,997	201,810	136,932	64,878
Violent Pats	2,711	2,981	-270	3,622	3,975	-353
PCN Clinical Pharmacist	282,666	183,107	99,559	424,000	323,653	100,347
PCN Participation	304,408	302,580	1,828	405,883	403,440	2,443
PCN Clinical Director	74,664	84,858	-10,194	112,000	127,287	-15,287
PCN Social Prescriber	0	24,299	-24,299	0	0	0
Grand Total	1,114,777	1,013,058	101,719	1,559,914	1,438,149	121,765

Table 1.2 - General Practice GMS/PMS/APMS

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Baseline Adjustment	1,022,428	647,894	374,534	1,363,244	864,723	498,521
Contract Value	8	0	8	12	0	12
Global Sum	14,319,272	14,328,249	-8,977	19,092,502	19,078,667	13,835
MPIG Correction Factor	45,842	45,865	-23	61,155	61,153	2
Premium	329,613	329,613	-0	439,505	439,505	0
Grand Total	15,717,163	15,351,621	365,542	20,956,418	20,444,048	512,370

Table 1.3 - Other GP Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Levy	0	0	-0	0	0	0
Medical Fees	8,516	7,739	777	11,360	11,360	0
PCO Doctors Ret Scheme	32,066	32,064	2	40,084	40,084	0
PCO Locum Adop/Pat/Mat	137,178	96,576	40,602	182,905	78,650	104,255
PCO Locum Sickness	0	40,602	-40,602	0	0	0
PCO Other	135,079	102,234	32,845	180,233	139,350	40,883
PCO Seniority	133,313	113,892	19,421	177,848	153,322	24,526
Grand Total	446,152	393,106	53,046	592,430	422,766	169,664

Table 1.4 - Premises Cost Reimbursement

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Prem Actual Rent	1,169,060	1,177,253	-8,193	1,586,621	1,571,320	15,301
Prem Clinical Waste	53,919	53,919	0	71,892	71,892	0
Prem Cost Rent	25,911	25,913	-2	34,551	34,551	0
Prem Notional Rent	560,394	550,884	9,510	750,572	738,310	12,262
Prem Other	42,466	1,829	40,637	56,634	2,444	54,190
Prem Rates	235,095	252,023	-16,928	313,584	333,975	-20,391
Prem Water Rates	38,801	39,560	-759	51,868	51,560	308
Grand Total	2,125,646	2,101,382	24,264	2,865,722	2,804,052	61,670

Appendix 2

2019-20 Delegated Co-Commissioning Finance Report - Month 9

NHS Stoke-on-Trent CCG

Drilldown Analysis

Table 1.1 - Enhanced Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Extended Hours	254,020	220,053	33,967	361,590	313,036	48,554
Learning Disability	189,760	189,528	232	253,120	247,520	5,600
Minor Surgery	212,750	162,898	49,852	283,828	225,670	58,158
Violent Pats	49,105	56,250	-7,145	65,475	76,125	-10,650
PCN Clinical Pharmacist	378,666	261,924	116,742	568,000	377,596	190,404
PCN Participation	407,934	407,703	231	543,913	543,604	309
PCN Clinical Director	100,662	90,258	10,404	151,000	135,387	15,613
OOAR in hrs urgentcare	0	143	-143	0	0	0
Grand Total	1,592,897	1,388,757	204,140	2,226,926	1,918,938	307,988

Table 1.2 - General Practice GMS/PMS/APMS

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Baseline Adjustment	3,538,463	3,594,843	-56,380	4,717,973	4,784,849	-66,876
Contract Value	-17,874	0	-17,874	-23,833	-22,848	-985
Global Sum	17,914,197	17,791,065	123,132	23,885,756	23,714,062	171,694
MPIG Correction Factor	40,584	40,552	32	54,172	54,070	102
Premium	425,019	425,019	-0	566,747	566,747	0
Growth	180,765	55,108	125,657	241,020	73,477	167,543
Additional Staff Payments	2,857	2,857	0	2,857	2,857	0
Grand Total	22,084,011	21,909,444	174,567	29,444,692	29,173,214	271,478

Table 1.3 - Other GP Services

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Levy	0	-0	0	0	0	0
Medical Fees	21,672	9,742	11,930	28,896	28,896	0
PCO Doctors Ret Scheme	16,033	16,032	1	20,042	20,042	0
PCO Locum Adop/Pat/Mat	258,545	228,315	30,230	344,734	430,816	-86,082
PCO Locum Sickness	0	94,831	-94,831	0	0	0
PCO Other	349,562	312,166	37,396	422,259	375,919	46,340
PCO Seniority	127,460	98,575	28,885	170,055	137,136	32,919
Grand Total	773,272	759,661	13,611	985,986	992,809	-6,823

Category	Year to Date			Annual		
	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)	Variance (£)
Prem Actual Rent	2,551,139	2,545,581	5,558	3,402,882	3,393,174	9,708
Prem Clinical Waste	73,989	73,989	0	98,652	98,652	0
Prem Cost Rent	142,776	139,978	2,798	189,361	189,361	0
Prem Notional Rent	283,454	275,941	7,513	378,255	379,562	-1,307
Prem Other	97,380	0	97,380	129,840	0	129,840
Prem Rates	309,907	384,551	-74,644	413,345	468,913	-55,568
Prem Water Rates	40,008	40,534	-526	53,513	55,390	-1,877
Healthcentre Rent	32,625	35,983	-3,358	43,502	43,502	0
Grand Total	3,531,278	3,496,558	34,720	4,709,350	4,628,554	80,796

REPORT TO: North Staffordshire and Stoke on Trent Clinical Commissioning Groups

Enclosure:	08
-------------------	----

Report to:	Primary Care Commissioning Committee – North Staffordshire and Stoke-on-Trent
-------------------	--

Title:	Learning and Development (general practice) from April 2020 onwards
---------------	--

Meeting Date:	4 February 2020
----------------------	-----------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar, Executive Director of Primary Care and Medicines Optimisation	Y	Tracey Cox – Primary Care Development Lead (North Staffordshire and Stoke-on-Trent)

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
Dr Alison Bradley Dr Mona Arora Dr John Gilby	Y – Workforce workstream

Action Required (select):					
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	For Assurance / For Information	<input type="checkbox"/>

Purpose of the Paper (Key Points + Executive Summary):
<p>North Staffordshire and Stoke-on-Trent have associated learning and development budgets to support training and development via bursaries, training and development events and innovation proposals.</p> <p>The budget annually remains underspent and this paper is to highlight a proposed approach to take forward from April 2020 onwards to ensure that this work fits within the CCG priorities focusing on Protected Learning Time (PLT) and peer review as well as a dedicated events plan of what has worked in previous years.</p> <p>It is also proposed that the current learning and development group will focus on generating ideas and evaluate outcomes of learning and development whilst the oversight of the budget will sit within the Primary Care Programme Board alongside all other non-delegated funds such as the GPFV.</p> <p>It is also proposed to work closely with the Staffordshire Training Hub who equally hold allocated funds for learning and development to ensure there is compliment and not duplication.</p> <p>This proposal has been discussed and compiled with the Chair of the Learning and Development Group (Dr Alison Bradley), the education lead for North Staffordshire and Stoke-on-Trent (Dr Mona Arora), the Clinical Director for Primary Care (Dr John Gilby) and further brief discussions with the North Staffordshire GP Federation and North Staffordshire LMC.</p>

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
N/A

Implications:	
Legal and/or Risk	N/A
CQC	Learning and development support CQC key lines of enquiry as part of inspections
Patient Safety	An upskilled workforce can support patient safety
Patient Engagement	N/A
Financial	There is a risk that all of the budget associated will not be utilised
Sustainability	Learning and development supports sustainability of general practice
Workforce / Training	Directly supports – ensuring that the workforce is adequately upskilled and supported to carry out their roles

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		X
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i> <ul style="list-style-type: none"> Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		X
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>	X	

Recommendations / Action Required:
The Primary Care Commissioning Committee is asked to discuss the proposal for learning and development for then further work up in preparation from April 2020 onwards.

1. Background and context

Since 2009, North Staffordshire and Stoke-on-Trent have provided a ring-fenced learning and development budget for its general practices with a dual purpose:

- To finance training and development through individual bursaries and the facilitation of training or development events
- To support the development of innovation proposals

The budget is available to support all staff levels within the GP member practices of North Staffordshire and Stoke-on-Trent.

Principles have been applied to the funds to ensure:

- There is equity of opportunity for applying for funds
- Funding is allocated equitably across practices and disciplines
- Funding decisions are made in line with the priorities of the CCG
- Learning opportunities are provided by recognised and reputable providers
- Funding provides cost effective training and development opportunities
- Prevent duplication of funding when alternative funding streams are available
- Funding opportunities for innovation to take place

Applications for funds have been considered against the following broad categories:

- Maintaining current skills
- Developing new skills
- Supporting sustainability of General Practice including delivery of GPFV, NHS Long term plan and PCN development
- Supporting the CCG priorities

1.2 Learning and development prospectus

There is a Learning and Development prospectus produced in 2019/20 outlining training opportunities that have been supported previously and provides a programme for North Staffordshire and Stoke-on-Trent wide courses and events for the coming year. This has been circulated to member practices and promoted at practice manager meetings. See Appendix 1.

1.3 Learning and Development Group

There is currently a learning and development subgroup which meets approximately on a bi-monthly basis. The membership consists of a Clinical Chair as the Chair of the group, CCG primary care team, CCG finance, a lay member, North Staffordshire LMC, North Staffordshire GP Federation and 2 x practice manager representatives. The meetings have had several purposes including generating ideas for learning and development, to provide governance regarding requests and to oversee the funding. The group does not sit within any formal reporting structure currently.

1.4 2019/20 budget North Staffordshire and Stoke-on-Trent

- North Staffordshire CCG: £304.6k
- Stoke-on-Trent CCG: £264k

The budgets over the past few years have been underspent with approximately £300k annually (across both budgets) not spent despite all of the above measures in place.

1.5 2019/20 budget for South and East Staffordshire

Stafford and Surrounds, Cannock Chase, South East Staffordshire and Seisdon Peninsula and East Staffordshire have no specific ring-fenced budget for learning and development. PLTs take place approximately 10 times per year and are generally funded by Pharmaceutical representatives. There is currently £12,000 budget to provide an annual GP Update 1 day course for SAS CCG and CC CCG practices (limited number of places). Practices contribute £35 (approximately 20% of the costs) to commit to attendance.

2.0 Other funding streams associated with learning and development and the Staffordshire Training Hub

2.1 GPFV – admin and reception training

In 2016, the GP five year forward view committed to a 5 year funding programme to support admin and clerical staff in working towards the 10 high impact actions and addressing unnecessary workload in general practice. Activities that have taken place include redirecting workflow, active signposting/care navigation and piloting group consultations.

On inception in 2016/17, funding was 9p per patient (non-weighted) and rose to 18p per patient from 2017/18 onwards per year.

One year of funding is remaining for 2020/21 and plans will be put into place for each of the CCGs targeted on the 10 high impact areas working closely with the LMCs.

The CCGs have also in 2019/20 received GP resilience funding directly from NHS England totalling £152,561, GP retention funding of £242,160 and £315,392 for online consultations.

2.2 PCN Organisational Development funding

As part of the PCN DES, NHSE committed to provide organisational development funding. This equates to approximately £800k.

A plan has been developed which:

- Top slices the funding by 10% (as directed by NHSE) for Clinical Director development
- Further top slices of £40k each for Practice Manager Leadership development and population health management.
- Devolving the remaining funding to PCNs to formulate their own specifically tailored OD plans measured against the maturity matrix and the OD prospectus released by NHS England.

2.3 Staffordshire Training Hub

The Staffordshire training hub has a number of core functions:

- Develop and expand high quality learning placements at undergraduate and postgraduate level
- Support better understanding of local workforce planning needs
- Support the realisation of educational programmes to develop primary and community workforce at scale
- Coordinate education and training placements
- Support improving educational quality and governance

- Enable, support and embed new roles within primary care
- Support for recruitment and retention of primary care workforce across key transitions and stages of career
- Active role in promoting primary care as career aspiration

The CCGs will need to work closely with the Training Hub to determine alignment and collaboration across educational activities and promote opportunities ensuring that this compliments and not duplicates. A meeting is being arranged to have these discussions.

3.0 Not in scope

Whilst this funding supports child and adult safeguarding training, it does not cover other statutory and mandatory training such as BLS, Health and Safety, Manual Handling, Fire Safety, Information Governance as this is a provider responsibility to ensure their own members of staff are up to date.

4.0 Proposal April 2020 onwards

On an annual basis the North Staffordshire and Stoke-on-Trent learning and development funds remain underspent in both CCGs despite a programme in place which includes PLTs, courses, offer of bursaries etc. The future of the funding needs to be placed in a strategic context of primary care in terms of workforce planning (recruitment and retention), Primary Care Networks (PCNs) including organisational development and the investment review for primary care to commission on PCN footprints where further skills and knowledge may be required. It will also be closely aligned with the STP priorities for LTCs (Diabetes, Respiratory and Cardiovascular disease) and planned care sprints in terms of specialities such as Gastroenterology, MSK, Cancer, Dermatology, Ophthalmology and also mental health. This will require support from the CCG Commissioning team in having a planned approach to this. We will also agree an annual planning framework which will prioritise the funds across a number of planned areas of development.

The following sets out proposal for future learning and development activities from April 2020 onwards.

4.1 Protected Learning Time (PLTs)

PLTs currently take place across the 6 Staffordshire CCGs. These are currently less frequent for North Staffordshire and Stoke which are bi-monthly, South and East Staffordshire CCGs have 10 per year. PLTs are well attended and generally are evaluated positively.

To ensure consistency across the 6 CCGs it is proposed to have 10 Protected Learning Time (PLT) sessions within the individual CCGs (jointly for North Staffordshire and Stoke on Trent) and cover for out of hours is provided for practices to attend. August and December will have no PLT sessions due to this being the busy holiday season. PLTs will be planned in for the year at the start of the financial year and will match to national and CCG priorities. This will require the CCGs Commissioning Team to be closely linked and to drive the PLT programme.

North Staffordshire and Stoke funding requirement: Approx. £7000 (Room, refreshments and Out of Hours) - £70,000 total for 10 PLTs.

South and East Staffordshire – To continue to utilise pharmaceutical representatives which works well in these areas and the process is well established.

4.2 Peer review

The CCGs are committed to providing a targeted peer review and education programme to support practices and individual clinicians in improving decision making. The proposal is to support this as follows:

- Benchmarking of referral data with clear explanation and interpretation of the data (utilising Aristotle)
- Monitoring of the data to support practices and clinicians in their understanding and flag any changes in referral patterns
- *Potential investment in the Primary Care Pathways tool (or similar tool) whereby practices benefit from a toolkit adapted to highlight local services and embed medicines management information (to be determined, is this duplications with anything we already have or can provide)? Action – to have a demo of the tool including medicines and data quality (being arranged).*
- Incentive scheme to support 2 annual peer reviews focusing on local clinical priority areas (PLTs will support the education alongside this). Practices will be supported to undertake peer review through QIF funding (6 points for 2 reviews)
- Quality visits will provide targeted discussions and support as well as to share learning (Quality visits are also incentivised)

4.3 North Staffordshire and Stoke on Trent learning events and support aligned to the L&D budget in future

These will form part of the annual planning framework and have been evaluated as what works well or is beneficial to the ongoing development in general practice.

- GP update course – 2 x annual updates
- Nurse update course – 2 x annual updates
- Newly qualified nurses, independent prescribing, holistic assessment
- Women's health – 1 x annual update
- Sexual health – 1 x annual update
- Contraception – 1 x annual update
- Immunisations – 2 x annual update
- Foot screening – 1 x annual update
- Health care assistant award
- Child and adult safeguarding
- Bursaries – propose to fund up to a number of bursaries and will be determined from an approved list including Spirometry for example
- Practice Manager update course/development – to be determined
- Reception and admin update course – to be determined
- Innovation projects – To determine funding that will support a number of projects
- *Primary care pathways – establishing if this is worth investing in (see section 4.2)*
- GPN evidence based practice group – Already funded until 2021
- Nurse and HCA forums

4.4 Learning and development future meetings

It is proposed to establish a working group that generates ideas and evaluates outcomes and learning to feed into future learning and development opportunities for North Staffordshire and Stoke on Trent. It is expected that this will consist of CCG primary care, commissioning, quality, finance as well as representation from general practice (GPs, nurses, managers), the LMC and the North Staffordshire GP Federation.

It is also proposed that the governance of the funding should reside with the Primary Care Programme Board who will have oversight of the budget and spend alongside all other learning and development related funding streams such as the GPFV and PCN OD funding as mentioned above.

Embedding learning is vitally important and therefore it is proposed to hold discussions with the learning and development group about ideas to ensure that this is the case.

Discussion

This proposal looks to provide a strategic and robust annual programme for learning and development that will sit within the context of other associated budgets available which will be overseen by the Primary Care Programme Board. This proposal requires fully costing against the current Learning and Development budget to enable better predicted future spend and should be closely linked with the functions of the Staffordshire Training Hub. The Primary Care Committee are asked to discuss the paper and provide thoughts on the proposal to allow further work up in preparation for April 2020 onwards.

**REPORT TO:
 North Staffs Clinical Commissioning Group
 Stoke-on-Trent Clinical Commissioning Group**

Enclosure:	09
-------------------	-----------

Report to:	North Staffs & Stoke-On-Trent Primary Care Commissioning Committees held in Common
-------------------	--

Title:	PMS Reinvestment 2016-2021
---------------	-----------------------------------

Meeting Date:	4 th February 2020
----------------------	-------------------------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar	Y	Vicky Oxford

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
	Y – Enhancing Primary and Community Care

Action Required (select):			
Decision	X	Discussion	For Assurance / For Information

Purpose of the Paper (Key Points + Executive Summary):
<p>The purpose of this report is to update the Primary care Commissioning Committee on the proposals for the re-investment of the PMS Premium in 2020-21 and the reinvestment of PMS premiums released 2016-2020.</p> <p>PMS reinvestment released since 2016 has been utilised to fund a number of areas which are outside core General Medical Services. Some elements funded via PMS reinvestment have been included in the newly developed Primary Care Universal Offer. The Universal Offer aims to provide services closer to home to 100% of the registered patient population, either at individual practice level or through Primary Care Network collaborative provision.</p> <p>It is proposed to utilise the PMS reinvestment 2016-2020 and the reinvestment due to be released in 2020-21 to support funding of the Universal Offer. Services currently funded by the PMS reinvestment but not included in the Universal Offer would be funded by non-delegated Primary Care enhanced service budgets.</p> <p>The use of PMS reinvestment to support the Universal Offer would create universal use across Staffordshire of the PMS reinvestment.</p>

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Funding requirements for the Universal Offer may not be met in the event the PMS reinvestment proposal is not supported impacting on the financial modelling for the service provision.

Implications:	
<ul style="list-style-type: none"> • Legal and/or Risk 	N/A
<ul style="list-style-type: none"> • CQC 	N/A

• Patient Safety	N/A
• Patient Engagement	There is a possible implication on patient engagement due to services from PMS practices ceasing to be provided. The impact will be minimised through re-investment back in to both GMS and PMS practices.
• Financial	PMS reinvestment would be utilised towards the funding of the Universal Offer with elements current funded by the reinvestment which are not included within the Universal Offer being moved to the non-delegated enhanced service budgets.
• Sustainability	There may be impacts on the sustainability of General Practice however the impact is being minimised through re-investment back in to both GMS and PMS practices. However some practices may be impacted more negatively than others.
• Workforce / Training	N/A

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? Please provide detail within the body of the report	X	
2.	Has an Equality Impact Assessment been completed? Please provide detail within the body of the report as to these considerations: <ul style="list-style-type: none"> • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 	X	
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients Please provide detail within the body of the report	X	

Recommendations / Action Required:
<ul style="list-style-type: none"> • The Primary Care Commissioning Committee is asked to: • Approve the proposal for 2016-2020 PMS reinvestment to be utilised in the funding of the Universal Offer from April 2020.

1. Introduction

As part of a National process, over a two year period ending 31st March 2016, NHS England undertook a review of all Primary Medical Services (PMS) contracts.

Following the review of the PMS contracts Clinical Commissioning Groups were required to publish proposals for reinvesting the funding released, into General Practices in line with National principles.

The CCGs worked with the LMC, engaging Pan Staffordshire and with NHS England to develop a proposed plan for the reinvestment of the PMS premium.

The following key principles were agreed locally:

Key principles:

- To ring fence the funding for redistribution into Primary Care across all practices (GMS and PMS) whilst ensuring, as a result, that a reduction in services is not seen which would ultimately impact on Secondary Care and Community Services.
- To have a joined up approach across Staffordshire, commissioning services equitable for all patients across all practices.
- To recognise the accountability and responsibility of the CCG in providing any continuance of services; which may fall outside of the new GMS contract for individual PMS Practices.

2. PMS Reinvestment Funding

PMS reinvestment funding has been released on an annual basis since 2016-17 and the re-investment monies for the CCGs will increase in 2020/21 following the increase in global sum. The re-investment funds are as outlined below in Tables 1 and 2:

Table 1: North Staffs CCG PMS Reinvestment 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
PMS reinvestment released	£43,951	£105,145	£108,750	£112,773	£68,886	£439,505

Table 2: Stoke-on-Trent CCG PMS Reinvestment 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
PMS reinvestment released	£56,918	£165,205	£161,810	£102,998	£79,816	£566,747

3. Current PMS reinvestment

A scheme has been developed each year since 2016 in North Staffs and Stoke-on-Trent to utilise PMS reinvestment and the scheme contents are detailed in Table 3.

Table 3: PMS Reinvestment Schemes

PMS Reinvestment Financial	Scheme Content
----------------------------	----------------

Year	
2016-17	Expansion of Treatment Room services to include spirometry and resting ECG
2017-18	Expansion of Treatment Room services to include DMARDS
2018-19	Health checks for patients receiving anti-psychotic medication, Hepatitis B vaccinations (referred by haematologist or nephrologist) and the prescribing of prophylactic antibiotics for identified contacts of patients being treated in hospital for meningococcal infections
2019-20	ELF testing and adherence to the local liver pathway

4. Primary Care Universal Offer and PMS Reinvestment

4.1 Current investments across general practice are fragmented and provide inequitable service provision for patients. This is mainly due to historical legacy allocations and different commissioning arrangements. There is also a variation in terms of clinical patient outcomes across Staffordshire which is evidenced through the right care data packs.

A commissioning framework has been developed to invest in GP practices and Primary Care Networks (PCNs) as our provider of choice with a 'universal offer' which will have 4 fundamental categories of investment:

- Universal Practice Offer – based on capitated payment
- Universal Practice Offer – based on a cost per item of service which includes an engagement offer per practice
- Universal practice Outcomes Offer
- Universal PCN Service Offer

The universal offer introduces a fair price for services:

- every practice will be paid the same for the same service offer,
- the offer includes a requirement to ensure 100% population cover within PCNs,
- brings service provision closer to home for patients,
- starts to build a new model of care for the future which will built around PCNs and Integrated Care Teams

The business case approved by Governing Bodies detailed the proposed contents of the Universal Offer and the investment required to support delivery.

The funding for the Universal Offer consists of existing primary care budgets, including PMS reinvestment and new investment approved by Governing Bodies. The PMS reinvestment would remain within the delegated commissioning budget and would be utilised to fund part of the Universal Offer along with enhanced service budgets. Some of the services currently funded utilising PMS reinvestment are not included in the Universal Offer however these services would continue with the funding source being non-delegated primary care enhanced service budgets rather than PMS reinvestment.

It is proposed that the PMS reinvestment (based on current levels) would be utilised to support the following elements of the Universal Offer:

	North Staffs CCG	Stoke-on-Trent CCG
Wound Care	£1.50	£1.50
Prostap/Zoladex	£0.25	£0.25
6 Week Post Natal Checks	£0.10	£0.10
Shared Care	£0.16	£0.07

This would create universal use across Staffordshire of the PMS reinvestment.

A Quality Impact Assessment and Equality Impact Assessment have been undertaken for contents of the Offer as part of the Universal Offer business case.

The use of the PMS reinvestment to support the Universal Offer has been discussed representatives of Local Medical Committee in December 2019.

4. Proposal

4.1 North Staffs CCG and Stoke-on-Trent CCG

The proposal is to utilise PMS reinvestment 2016-2019/20 and the investment due to be released 2020-21 as part of the funding for the Universal Offer.

The use of PMS to fund the Universal Offer would continue to meet the key principles agreed in 2016 with funding being ring fenced for distribution across primary care. The Universal Offer will provide a joined up approach across Staffordshire with consistent service specifications and services for patients.

The vision of the Universal Offer is that patients of Staffordshire and Stoke on Trent should have access to uniformed and integrated services which are of high quality.

Patients should be able to access the same level of service no matter what practice they are registered with. We aim to reduce the current variability of services and commission services from primary care to deliver care closer to home.

5. Recommendation

It is recommended that the Primary Care Commissioning Committee support the proposal to utilise the 2016-21 PMS reinvestment in the funding of the Primary Care Universal Offer.

REPORT TO: North Staffordshire & Stoke on Trent Clinical Commissioning Groups

Enclosure:	10
-------------------	----

Report to:	Primary Care Commissioning Committee
-------------------	--------------------------------------

Title:	Staffordshire Major Incident Report
---------------	-------------------------------------

Meeting Date:	4 th February 2020
----------------------	-------------------------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar, Exec Director of Primary Care	Y	Neil Bannon/Andy Hadley

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
Dr Asif Ahmed	Y – Digital Programme

Action Required (select):					
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	For Assurance / For Information	<input checked="" type="checkbox"/>

Purpose of the Paper (Key Points + Executive Summary):
<p>This paper is provided to ensure a collective understanding of the nature of the major incidents that impacted Staffordshire practices between the 29th August to 17th October 2019. The attached document details actions taken by Midlands & Lancashire CSU (MLCSU), Shropshire & Staffordshire Health Informatics Service (SSHIS), CCGs, NHS Digital (NHSD) and other delivery partners to resolve issues and ensure ongoing network stability.</p> <p>The incidents had a great impact to primary care services and the report contains a number of next steps that will take place to support primary care during future outages and improve the overall system response where primary care is not able to deliver services due to technical failures.</p>

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
<p>Cyber security risk – number</p> <p>Major incident risk – number</p>

Implications:	
Legal and/or Risk	Network outages impact delivery of care
CQC	N/A
Patient Safety	Loss of digital services results in practices being unable to access patient records which will impact patient safety and care i.e. through repeat medications, issuing prescriptions
Patient Engagement	These issues impact patient experience and how they engage with the CCG and practices
Financial	Financial implications to practices due to double entry of data from manual worksheets and time needed by practice team to catch up on loss of service/access to work systems. Dependent on time of year/practice setup this could also impact on clinics which are run in practice and result in patients being seen in other settings.

Sustainability	Strong reliable digital services are key for the sustainability of primary care
Workforce / Training	Loss of systems result negatively on workforce due to impact to patient care and increased workload.

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? Please provide detail within the body of the report		X
2.	Has an Equality Impact Assessment been completed? Please provide detail within the body of the report as to these considerations: <ul style="list-style-type: none"> Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		X
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients Please provide detail within the body of the report		X

Recommendations / Action Required:
The Primary Care Commissioning Committee is asked to: Receive the report and support the next steps and ongoing actions to further support practices and the CCG digital systems/programme moving forward.

Staffordshire CCGs Collaborative

Major Incident Report (August 19 –Sept 19)

Date	26th November 2019
Author	Neil Bannon
Version	1.0



Your NHS partner for **improving health** and **integrating care**

Midlands and Lancashire
Commissioning Support Unit

Contents

1	Document Control	4
1.1	Version Control	4
1.2	Originator/Author	4
1.3	Reviewed By	4
2	Purpose of this document	5
3	Incident Summary	5
4	Impact to IT Users in Staffordshire	5
4.1	Primary Care Impact.....	6
5	Event Summary.....	6
6	Action taken to restore the service	7
7	Summary Position & Next Steps	7

1 Document Control

1.1 Version Control

Version	Date	Responsibility	Detail
0.1 draft	22.10.19	Neil Bannon/Andy Hadley	
0.2 draft	22.11.19	Neil Bannon/Andy Hadley	Input from Andy Hadley
1.0	26.11.19	Neil Bannon/Andy Hadley	Input from Nick Dunaway

1.2 Originator/Author

Name	Title	Email	Organisation	Copies
Neil Bannon	Senior Programme Manager	n.bannon@nhs.net	M&LCSU	

1.3 Reviewed By

Name	Title	Email	Organisation	Copies
Nick Dunaway	Deputy CIO	Nick.dunaway@nhs.net	M&LCSU	
Andy Hadley	Digital Lead	Andy Hadley	Staffordshire CCGs	

2 Purpose of this document

The purpose of this document is to ensure a collective understanding of the nature of the major incident that impacted Staffordshire practices between the 29th August to the 17th October. The document details actions taken by Midlands & Lancashire CSU (MLCSU), Shropshire & Staffordshire Health Informatics Service (SSHIS), CCGs, NHS Digital (NHSD) and other delivery partners to resolve the issue and ensure ongoing network stability.

Please note as of 22nd November the incident remains technically open and that this document is supplementary to the detailed SSHIS root cause analysis (RCA) document to be issued following confirmation that the issue has been fully resolved.

3 Incident Summary

This has been a major incident affecting over 90 practices across Staffordshire with a large number of users being impacted when attempting to access their GP clinical system (EMIS) and a number of other IT services. The incident was categorised into two separate incidents occurring within a few days of each other but both resulting in significant impact to the provision of clinical services.

The root cause of the incident has now been identified as a result of changes made nationally to the British Telecom (BT) 'transition network', an interim network that handles internet traffic for practices/CCGs migrating away from legacy N3 network onto the new Health & Social Care Network (HSCN). It should be noted that the HSCN is already in situ across Staffordshire and that it was a change made elsewhere in the UK but with significant impact locally.

The change made by BT impacted a Domain Name Server (DNS) which is a protocol within the set of standards for how computers exchange data on the internet and on many private networks. Its purpose is to convert easy-to-understand domain names like "midlandsandlancashirecsu.com" into an Internet Protocol (IP) address, such as 70.42.251.42 that computers use to identify each other on the network. It is, in short, a system of matching names with numbers, a concept very much like a phone book for the internet.

As a result of changes to the way in which national contracts for the provision of these services are now let, the incident was made more difficult to diagnose and resolve due to multiple stakeholders and the complexity involved in trying to 'unpick' where the fault occurred. In addition to this, support from colleagues at NHSD and NHS England (NHSE) was not particularly forthcoming due primarily to the change in personnel within these organisations. Once the challenge of identifying an owner for the issues nationally was resolved, SSHIS, CSU and CCG colleagues were able to begin the process of diagnosing the root cause of the outages.

4 Impact to IT Users in Staffordshire

The impact to IT service users within primary care and other partner health and care organisation across Staffordshire was significant with users experiencing disruption when delivering clinical services across a number of days. The underlying issues continued to be seen, at varying levels of outage, for approximately 35 days. (29th August – 17th October) During this period end-users reported an inability to access the following clinical systems:

- EMIS Web, RA service, E-referral services (Primary Care)
- Lorenzo (NSCHT)
- RIO (MPFT)

There were a combined 767 tickets logged in relation to these incidents across the Staffordshire Health economy. In addition to Primary Care the issues were also affecting an unknown number of staff from the following organisations:

- CSU
- SSHIS
- MPFT
- NSCHT

4.1 Primary Care Impact

Within Primary Care the following statistics were recorded on the SSHIS service desk across the period in question.

Major Incident 1 (DNS Issues)

- Number calls received 199
- Number of practices impacted by this issue is 93 plus one member of CCG e-referral staff

Major Incident 2

- Number calls received 248
- Number of practices impacted by this issue is 90

5 Event Summary

A full chronological timeline of events will be issued by SSHIS and detailed within the RCA document, however below is a high level summary of events that took place across the two outages.

Major Incident 1

- DNS issues first experienced on 28th August and raised to NHS Digital to highlight the impact to practices clinical system access. Practices experiences slow logon authentication processes with sessions which would hang or simply time out.
- Practices experienced a continuation of network/system issues on Monday 2 September which was then logged as a national issue by NHS Digital.
- CCG, MLCSU and SSHIS attempted to contact NHS Digital on a number of occasions to highlight the impact to primary care and the wider Staffordshire health economy.
- Heightened monitoring continued by SSHIS and MLCSU across the area as technical teams could see unusual activity on the national DNS service which continued to be escalated to NHS Digital, NHS England and other support colleagues.
- EMIS practices continued to experience intermittent issues with service delivery with many practices experiencing 'Connecting to Server' errors or crashes during consultations and other tasks critical to patient care. This was also experienced across other pockets of the country.
- EMIS advised this was not their issue and continued to escalate the issues logged with them by their customer base to NHS Digital
- A fix was applied by NHS Digital DNS provider which resulted in stability being restored on Tuesday 3rd September.
- SSHIS continued heightened monitoring of the national DNS servers throughout week commencing 2nd September and continued to engage and log issues with NHS Digital. SSHIS Service Desk was not contacted with any issues of crashes/failures

Major Incident 2

- On Monday 9 September and Tuesday 10 September the Staffordshire area was again impacted by 'Connecting to Server' appearing and crashes to clinical systems. This was not logged by NHS Digital as a national incident initially.
- Later in the morning of Monday 9 September NHS Digital logged a Severity One incident related to E-Referrals and Smartcard access. Practices reported systems being restored shortly after this national incident was marked as resolved but SSHIS continued to monitor until later that day. The results of this monitoring were reported back to NHS Digital also.
- 'Connecting to Server' issues again reported on the 12th September and a decision made to implement a local fix taken by MLCSU, SSHIS and CCGs.

6 Action taken to restore the service

As the significance of the issues being experienced in primary care became clear a daily call between CCG, SSHIS and MLCSU was convened and these took place throughout the duration of the MI. In addition, the CCG, SSHIS and MLCSU held discussions with EMIS to look at potential short term work arounds for the current national DNS issues until we received assurance the national service issues were resolved fully. Whilst all national reporting protocols in place to support in situations such as these had been followed, the lack of engagement initially resulted in multiple escalations to numerous colleagues/contacts that CCG, MLCSU, SSHIS had available to include the NHSE Regional Head of Digital Technology.

SSHIS & MLCSU colleagues continued to engage with external network providers and clinical system providers to support the investigations and information from other teams and suppliers (Computacenter in Worcestershire and the MLCSU teams in Lancashire, Merseyside and Midlands) suggested similar issues were being faced but without the dense numbers being reported in Staffordshire.

On 12th September a local (temporary) fix (or workaround) was discussed and agreed between MLCSU (Nick Dunaway), CCG (Andy Hadley) and SSHIS (Rich McCue/Adam Cooper) and once implemented the issues being experienced were resolved, however only on an interim basis. As it currently stands the network remains stable however it important to note that local MI experienced in Staffordshire where compounded by a number of national level issues with BT and other NHSD lead solutions such as RA services and the EMIS clinical system

7 Summary Position & Next Steps

The summary position in Staffordshire infrastructure is that of stability with minimal impact being experienced by end users. A 'reverse out' of the temporary fix is now required and this will be managed via the IM&T Collaborative Board to ensure no further disruption is experienced.

All NHS organisations have a duty of care to put in place continuity arrangements, however what was clear as a result of the outages is that areas of Primary Care in Staffordshire require support in their response to incidents of this nature. Given the ever-increasing risk of Cyber-attack and increasing reliance of general practice for access to digital services, Staffordshire CCGs, MLCSU and SSHIS will work with the membership to mitigate against this risk and support practices to operate in a scenario where digital services are temporarily unavailable.

In order to support practices in the event of a major incident and to assist them to comply with new 2019 GP IT Operating Model from NHS E (Securing Excellence in Primary Care Digital Services), the CCG and MLCSU will provide a support package to address the following requirements:

- Completion of the new CCG/Practice Agreement by 1 January 2020
- Ensure clinical system business continuity functionality is enabled
- Assist in the development of Business Continuity and Disaster Recovery Plans where required
- Assist practices & CCG with the extension to the GPSoC clinical system contracts, now known as GP IT Futures
- Continue to implement and support Data Quality toolkits
- Advise practice of Clinical system contractual changes (GP IT Futures Framework)
- Assist practice in the use of technology to streamline work flow on GP IT systems
- Ensure practices are aware of SSHIS operational resolution processes
- Where required, upskill GP practice staff via the MLCSU IT training

These actions will be underpinned by the CCG IM&T Collaborative programme of work which will deliver service improvements via:

- Review of all network links
- Full replacement of key network hardware in each site to improve cyber security and performance
- Purchase of an additional HSCN access token per practice to support during network outages
- Development of a session to include all parts of the health system to test business continuity and disaster recovery processes to highlight any areas for development
- Deliver a detailed CCG roadmap of how this work will progress and be delivered over the next twelve months in line with the new GP IT Operating model requirements, CCG Practice Agreement and GP IT Futures framework.
- A letter is to be sent to Sarah Wilkinson (Chief Executive Officer – NHS Digital) highlighting the following issues and seeking assurances that they will be addressed.
 - Ability of S&SHIS to log tickets with the national service desk
 - Mixed messages from staff at NHS Digital
 - NHS Digital need a better understanding of regional users' setup

Where required practice visits will be carried out to address the above and also to offer advice and guidance as appropriate.

REPORT TO:

Meeting in Common with the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees

Enclosure:	11
-------------------	----

Title:	GP/GPN Fellowships Programme
---------------	------------------------------

Meeting Date:	Tuesday 4 th February 2020
----------------------	---------------------------------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar – Executive Director of Primary Care and Medicines Optimisation	Y	Sarah Jeffery – Head of Primary Care Development

Clinical Reviewer:	Clinical Sign-off Required Y/N	Links to the STP Y/N (if Y, which programme):
Dr Paddy Hannigan Dr Shammy Noor Dr Gary Free Dr Alison Bradley		Y – EPCC Supports the workforce agenda

Action Required (select):						
Ratification-R	Approval-A	X	Discussion-D		Assurance-S	Information-I

History of the paper – where has this paper been presented		
	Date	A/D/S/I
Primary Care Programme Board	12/12/2019	D/S/I

Purpose of the Paper (Key Points + Executive Summary):
<p>Background</p> <p>STP's were provided with GPFV funding in August 2019. For most programmes of work associated with the GPFV guidance was released and work has been underway. There were several new programmes this financial year</p> <p>CCGs engaged with NHSE/I in regards to the allocation associated under GPN/GP Fellowships and were advised to wait for the guidance to be released. Whilst the guidance was not available our Staffordshire training hub GP lead had been along to a learning session in regards to the programme and had an idea of what the programme needed to entail. CCG/STP met with the training hub to discuss developing a joint plan in anticipation of the guidance. In addition NHSE/I regional colleagues encouraged the CCG and training hub to develop plans in partnership as the funding would need to be returned to NHSE/I should it not be spent or be allocated by March 2020.</p> <p>A proposal was presented to the Primary Care Programme Board on 12 December 2019 by Dr Janet Eames and was fully supported by the group. Final guidance was released in December 2019 and the plans proposed are completely aligned to the guidance.</p>

Introduction

What is it?

- The Fellowships programme is a national commitment in the NHS Long Term Plan
- It is a two year programme of support, available to all newly-qualified GPs and nurses working in general practice, with an explicit focus on working within and across a Primary Care Network (PCN)
- It is a continuation of support, learning and development post-registration, supporting nurses and GPs to take up substantive roles, understand the context they are working in and maintain high levels of participation in the General Practice workforce
- 2019/20 participants receive one session of CPD per week (pro rata), with costs covered for backfill and support provision

Delivery:

- The offer is a set national construct, with the opportunity for systems to agree how each of the components is delivered
- The approach has been trailed in two 'proof of concept' systems: Bedford, Luton and Milton Keynes ICS and Humber Coast and Vale STP
- ICSs/STPs and PCNs should commission learning provision from Training Hubs according to an agreed specification. They may also choose to work in partnership with federations, at scale providers and other partners, reflecting local circumstances, while ensuring they are delivering a single offer for all Fellows in the system or place

Next steps

- The training hub have developed the draft plan (attached as appendix 1) according to the guidance in partnership with CCG, STP colleagues and are in the process of assessing numbers of potential applications by working with the universities
- The CCG/STP team are developing a memorandum of understanding and service specification in partnership with the training hub for delivery and reporting
- The plan is being shared with the Learning Action Workforce Board and STP Workforce Programme Board
- The plan has already been shared with the Staffordshire and Shropshire workforce group
- The plan has been approved and supported by the Primary Care Programme Board

Recommendations

The Primary Care Commissioning Committee are asked to support the development and roll out of this programme by approving the paper to commit the budget for what it is intended. Reports will be shared with this committee as part of the GPFV deliverables.

Is there a potential/actual Conflict of Interest?	No
Outline any potential Conflict of Interest and recommend how this might be mitigated	
Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):	

Supports mitigation action in regards to retaining of staff in primary care

Implications:	
Legal and/or Risk	Nil
CQC	Nil
Financial	Appropriate funding has been allocated to the programme through the GPFV
Sustainability	NHSE/I have committed to support the programme in the future
Workforce / Training	Supports the workforce agenda and the retention of primary care staff

Key Requirements:		Y/N	Date
1a.	Has a Quality Impact Assessment been presented to the CCG's QIA Sub-group?	N	
1b.	What was the outcome from the QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c.	Were there any conditions? If yes, please state details and the actions in taken in response: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> Stage 1 Stage 2 	N	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	Please provide detail as to these considerations: <ul style="list-style-type: none"> Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients Please provide detail	Y	
4.	Has a Data Privacy Impact Assessment been completed? Please provide detail		N

Recommendations / Action Required:

The Board is asked to:

The Primary Care Commissioning Committee is asked to support the development and roll out of this programme by approving the paper to commit the budget for what it is intended. Reports will be shared with this committee as part of the GPFV deliverables.

GPN/GP Fellowships Programme

Background

STP's were provided with GPFV funding in August 2019. For most programmes of work associated with the GPFV guidance was released and work has been underway. There were several new programmes this financial year. Details below:

		2019-20							
Category	Narrative	In Month			Year to Date			Annual	
		Budget (£)	Actual (£)	Variance (£)	Budget (£)	Actual (£)	Variance (£)	Budget (£)	Forecast (£)
Expenditure	Extended Access	559,833	559,851	-18	2,799,166	2,799,163	3	6,718,000	6,718,000
	Online Consultation	0	0	0	0	0	0	903,000	903,000
	Receptionist Training	0	0	0	0	0	0	142,000	142,000
	Care Navigation	0	0	0	0	0	0	50,000	50,000
	Local GP Retention	0	0	0	0	0	0	243,000	243,000
	Practice Resilience	8,434	8,434	0	8,434	8,434	0	153,000	153,000
	Primary Care Networks	0	0	0	0	0	0	835,000	835,000
	Practice Manager Development	0	0	0	0	0	0	208,000	208,000
	Workforce Training Hubs	0	0	0	0	0	0	191,000	191,000
	Fellowships Core Offer	0	0	0	0	0	0	172,000	172,000
	Fellowships Aspiring Leaders	0	0	0	0	0	0	220,000	220,000
Expenditure Total		568,267	568,285	-18	2,807,600	2,807,597	3	9,835,000	9,835,000
Grand Total		568,267	568,285	-18	2,807,600	2,807,597	3	9,835,000	9,835,000

CCGs engaged with NHSE/I in regards to the allocation associated under GPN/GP Fellowships and were advised to wait for the guidance to be released. Whilst the guidance was not available our Staffordshire training hub GP lead had been along to a learning session in regards to the programme and had an idea of what the programme needed to entail. CCG/STP met with the training hub to discuss developing a joint plan in anticipation of the guidance. In addition NHSE/I regional colleagues encouraged the CCG and training hub to develop plans in partnership as the funding would need to be returned to NHSE/I should it not be spent or be allocated by March 2020.

A proposal was presented to the Primary Care Programme Board on 12 December 2019 by Dr Janet Eames and was fully supported by the group. Final guidance was released in December 2019 and the plans proposed are completely aligned to the guidance.

Introduction

What is it?

- The Fellowships programme is a national commitment in the NHS Long Term Plan
- It is a two year programme of support, available to all newly-qualified GPs and nurses working in general practice, with an explicit focus on working within and across a Primary Care Network (PCN)
- It is a continuation of support, learning and development post-registration, supporting nurses and GPs to take up substantive roles, understand the context they are working in and maintain high levels of participation in the General Practice workforce
- 2019/20 participants receive one session of CPD per week (pro rata), with costs covered for backfill and support provision

Who is it for?

- The programme is focused on newly-qualified GPs and nurses working in primary care. In 2019/20,

it is open to all GPs and nurses who have graduated in the last year

- The Fellowship offer is for substantive staff working to provide primary medical services. They may be employed by a practice, PCN, cluster of PCNs or another body, with the PCN as the intended default

What do Fellows receive?

- In 2019/20 Fellows will benefit from a supported induction, mentorship and peer support
- The offer will expand in 2020/21 to include additional aspects of support, in a way that is consistent with the 2019/20 offer and allows continuity for Fellows enrolled in 2019/20

Delivery:

- The offer is a set national construct, with the opportunity for systems to agree how each of the components is delivered
- The approach has been trailed in two 'proof of concept' systems: Bedford, Luton and Milton Keynes ICS and Humber Coast and Vale STP
- ICSs/STPs and PCNs should commission learning provision from Training Hubs according to an agreed specification. They may also choose to work in partnership with federations, at scale providers and other partners, reflecting local circumstances, while ensuring they are delivering a single offer for all Fellows in the system or place

Funding:

- This programme has been nationally funded and has been allocated via GPFV allocations
- Money was allocated to ICSs/STPs on a weighted capitation basis
- Funding covers one session of backfill per week (pro rata), plus provision of training

Within the guidance NHSE/I have highlighted the following:

'2020/21 and onwards

The programme and funding will continue beyond this financial year, and a broader national offer for 2020/21 onwards will be described in future guidance. We will ensure that the 2020/21 approach builds on this document, allowing all newly qualified GPs and nurses to have access to a consistent national offer over their first years following qualification, with enrolment on the scheme considered the default for new graduates working in general practice.

The expansion of the programme in future years will allow for further inclusion of developmental activities, such as portfolio working. Future guidance will support people who join the programme in 2019/20 to continue their participation, as well as support new cohorts of joiners'.¹

Going forward:

- Delivery of this partial programme in 2019/20 is a precursor to a broader national programme which is being further refined for launch in 2020/21

¹ Extract from General Practice Fellowship Guidance produced by NHSE/I December 2019

General Practice Fellowship Programme will be

- A programme of support and development
- Available to all newly-qualified GPs and nurses working in general practice, including those working less than full time
- Supported by funding allocated to systems for local implementation and delivered through Training Hubs
- Delivered in a way that helps newly-qualified GPs and nurses to feel supported

General Practice Fellowships will support newly-qualified GPs and nurses to gain experience as a valued, employed member of the primary care team, within a supportive environment. The programme will also help practices, PCNs and ICSs/STPs to recruit and retain GPs and nurses by offering attractive roles that lead to long term employment within primary care.

As well as benefiting participants, it is intended that work in 2019/20 helps systems and PCNs prepare for 2020/21.

Eligibility criteria

Whilst GPs and nurses at any stage of their career may benefit from the contents of this programme, the initiative is focused on newly-qualified GPs and nurses who are within their first 12 months of working in general practice since qualifying. The scheme is for substantively employed GPs and nurses. In 2019/20 it is open to those currently working as locums who fulfil the other criteria and take up a substantive role as they join the programme. Individuals undertaking the offer should therefore be:

- Qualified in the previous 12 months (since November 2018), so are within their first year of practice in general practice
- Hold or about to hold a substantive salaried or partnership contract
- Working to provide primary medical services

Next steps

- The training hub have developed the draft plan (attached as appendix 1) according to the guidance in partnership with CCG, STP colleagues and are in the process of assessing numbers of potential applications by working with the universities
- The CCG/STP team are developing a memorandum of understanding and service specification in partnership with the training hub for delivery and reporting
- The plan is being shared with the Learning Action Workforce Board and STP Workforce Programme Board
- The plan has already been shared with the Staffordshire and Shropshire workforce group
- The plan has been approved and supported by the Primary Care Programme Board

Recommendations

The Primary Care Commissioning Committee is asked to support the development and roll out of this programme by approving the paper to commit the budget for what it is intended. Reports will be shared with this committee as part of the GPFV deliverables.

GPVF Workforce Development Funding 2019/20 V 5

Flexible approach and reflecting NGP development needs. Will work within the funding resources available

Resource Available	£.
Workforce	191,000.00
Fellowship Core	172,000.00
Fellowships Aspiring	220,000.00
	583,000.00

Workforce

Scheme	Overview	Cost per person pa	Expenditure Methodology	Available to x people	Total Cost
Social Prescribers (SP) Network	Funding to support set up of SP network that would meet for 4 hours per month. Could be in one central location or divided into geographical hubs. Provides Peer support, training, supervision opportunity to share best practice and case based discussion. Reduces isolation and therefore enhances retention. 26 PCNs across Staffs.	960	26 SPs x 4 hours x 12 months @£20 / hr	26	24960
Physician Associate (PA) Network	Funding to support set up of PA network meeting for 4 hours per month either in one central location or geographical hubs. To offer facilitated peer support from PA Ambassador. Offers opportunity to share best practice and learn through peer support and case based discussions. Reduces professional isolation and offers networking opportunity thus enhancing retention	1200	26 PA x 4 hours x 12 months @£25 / hr	26	31200
Urgent Care Practitioner Network	Funding to support set up of UCP network meeting for 4 hours per month either in one central location or geographical hubs. To offer peer support from. Offers opportunity to share best practice and learn through peer support and case based discussions. Reduces professional isolation and offers networking opportunity thus enhancing retention. Supports CPD for re-registration and revalidation	1200	26 PA x 4 hours x 12 months @£25 / hr	26	31200
Clinical Pharmacists Network	Funding to support set up of Clinical Pharmacist network meeting for 4 hours per month either in one central location or geographical hubs. To offer facilitated peer support from CP Ambassador. Offers opportunity to share best practice and learn through peer support and case based discussions. Reduces professional isolation and offers networking opportunity thus enhancing retention. Supports CPD for re-registration and revalidation	2160	26 CP x 4 hours x 12 months @£45 / hr	26	56160
First Contact Physio Network	Funding to support set up of FCP network meeting for 4 hours per month either in one central location or geographical hubs. To provide Peer Support and offers opportunity to share best practice and learn through peer support and case based discussions. Reduces professional isolation and offers networking opportunity thus enhancing retention. Supports CPD for re-registration	1200	26 PA x 4 hours x 12 months @£25 / hr	26	31200
Practice Management and Staff Development	Steve to add Narrative - To provide Annual PM update covering numerous topics (TBA) across 2 hubs	120		100	12000
Reception, Admin and Ancillary training	Ad hoc sessions organised across the County on various subjects requested by practices & PCNs	40		100	3500
					190220

Fellowship Core & Aspiring

Scheme	Overview	Cost per NGP pa	Expenditure Methodology	Available to NGPs	Total Cost
New to General Practice GPs	1. In house clinical supervision 12 sessions per annum Supervision (GP Supervisor Honorarium) to be done in NTPP CPD time 4 hours a month. This covers: induction process; regular named clinical supervisor; and creating a supportive learning environment to enable confident decision making and address CPD requirements for annual appraisal. Clinical supervisor to complete log of learning sessions. NGP to complete evaluation of supervision sessions	9,600	12 sessions x 4 hours x £100 per hour for Supervising GP 400 pm x12 x25	25	120,000
	2. Peer Support Facilitated CPD session 2.1 GP Facilitator: 12 Group sessions across 4 hubs per annum. This covers: introduction to PCNs / ICPs, to feedback on progress on peer support and share good practice and sessions to be evaluated by both NGP and clinical supervisor		4 sessions x 4 hubs x 4 hours x £100 for GP Facilitator £400 per quarter per Hub. £1600 x 4	25	6,400
	2.2 NGP: Honorarium for CPD outside of GP practice. This will encourage peer networking, consider evidence based practice and reduce isolation, introduce to the First 5 network		4 sessions pa each NGP £1600 x 25	25	40,000
	To support room hire across the 4 hubs and to supportive educational environment		12 sessions x 4 hubs x £100 for room hire		1,600
	2.3. to provide backfill as detailed in the Executive Summary NHSE & I December 2019		165 sessions of backfill (66k divided by £400 per session)	25	66,000
	2.4. Project Support & Facilitation		One session per week (Project costs)	25	26,000
					260,000
New to General Practice Nurses	1. In house clinical supervision 12 sessions per annum Supervision (GPN Supervisor Honorarium) to be done in NTPP CPD time 4 hours a month. This covers: Month 1-3: QNI / RCGP induction and a local induction process; months 3-12: GP Fundamentals to be completed. Mentor and preceptor support. Regular named clinical supervisor; and creating a supportive learning environment to enable confident decision making and address CPD requirements for annual appraisal. Clinical supervisor to complete log of learning sessions. GPN to complete evaluation of supervision sessions. Agreement of flexible development models to reflect PCN / ICP needs		12 sessions x 4 hours x £40 per hour for Supervising GP 160 pm x12 x25	25	48000
	2. Peer Support Facilitated CPD session 2.1 Nurse Facilitator: 12 Group sessions across 4 hubs per annum. This covers: introduction to PCNs / ICPs, to feedback on progress on peer support and share good practice and sessions to be evaluated by both GPN and nurse supervisor		12 sessions x 4 hubs x £40 per hour x 4 hour duration	25	7680
	2.2 GPN: Honorarium for CPD outside of GP practice. This will encourage peer networking, consider evidence based practice and reduce isolation		255 One session per week	25	6375
	To support room hire across the 4 hubs and to supportive educational environment		£30 per hour	25	36000
	2.3. to provide backfill as detailed in the Executive Summary NHSE & I December 2019		12 sessions x 4 hubs x £100 for room hire		4,800
	2.4. Project Support & Facilitation		125 sessions of backfill (at cost of £160 per session) One session per week (Project costs)	25	20,000
				10000	
					132,855
					583075
					-75,00

REPORT TO: North Staffordshire and Stoke on Trent Clinical Commissioning Groups

Enclosure:	12
-------------------	----

Report to:	Primary Care Commissioning Committee
-------------------	---

Title:	Willow Bank Surgery Contract Award
---------------	---

Meeting Date:	4 February 2020
----------------------	-----------------

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Lynn Millar, Executive Director of Primary Care and Medicines Optimisation	Y	Sharon Maguire, Senior Primary Care Development Manager (North)

Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):
N/A	N

Action Required (select):					
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	For Assurance / For Information	<input checked="" type="checkbox"/>

Purpose of the Paper (Key Points + Executive Summary):

The Primary Care Commissioning Committee is asked to note the outcome of the Willow Bank Surgery Procurement.

A rigorous and robust procurement process was undertaken between August 2019 and December 2020 which involved representatives from Quality, Equality & Inclusion, Finance, Data Governance, Clinicians, Human Resources, Contracting, a representative for patients and Primary Care from the following organisations:

- CCG
- NHSE
- Arden and Great East Midlands Commissioning Support Unit Arden & GEM CSU
- Midlands and Lancashire CSU
- Healthwatch

The Contract is a GMS level of funding and will be provided from 8am – 6.30pm, Monday to Friday. The service will be provided over two sites; Meir Primary Care Centre (main site) and a branch site in Longton, following the completion of the Longton South Development. The new contract will remain in the same Primary Care Network (PCN).

Outcome

Following the process including the 10 day standstill period where no formal challenges were received, the Contract has been successfully awarded to Dr Sri Sundaram, Adderley Green Surgery, Longton. The start date of the Contract is 1st April 2020.

Next Steps

- 1) Set up regular mobilisation meetings with the new Provider – already taking place
- 2) Set up Exit Plan meeting with incumbent provider – already in place

3) Review risk continually ensuring that mitigations are in place where required

Recommendation

The Primary Care Commissioning Committee are asked to note this report for assurance / information.

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

--

Implications:

Legal and/or Risk	
CQC	The Primary Care Team will work with the new Provider to ensure that the 'Good' rating of Willow Bank Surgery is maintained
Patient Safety	
Patient Engagement	
Financial	
Sustainability	
Workforce / Training	

Key Requirements:

		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>	X	
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i> <ul style="list-style-type: none"> • Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? • Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable 	X	
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>	X	

Recommendations / Action Required:

The Primary Care Commissioning Committee is asked to:

1) Note the content of the report for assurance / information

Cannock Chase Clinical Commissioning Group
East Staffs Clinical Commissioning Group
North Staffs Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford & Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

