

Northumberland Primary Care Commissioning Committee

Wednesday 13 October 2021 at 10am
via MS Teams

AGENDA

Item	Time	Topic	Enc	PDF page	Presenter
1	1000	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest 1.4 Quoracy*			Chair
2	1005	2.1 Previous Minutes – Public August 2021 2.2 Public Action Log – October 2021	✓ ✓	2 7	Chair
3	1010	<u>Operational</u> 3.1 Finance Update 3.2 Ponteland Dispensary – Engagement 3.3 Estates Principals and Criteria	✓ ✓	8 17	J Connolly P Phelps /A Foster P Phelps/ J Mitchell
4	1035	<u>Strategic</u> 4.1 Business continuity planning for Winter / vaccine boosters and COVID-19 update			P Phelps
5	1045	Any Other Business			Chair
6	1050	Date and Time of Next Meeting: Wednesday 8 December at 10.00am via Teams			Chair

* 3 members, including at least the Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee, held on 11 August 2021, via Teams

Members Present (on-line)

Janet Guy (JG)	Chair and Lay Member, NHS Northumberland CCG
Karen Bower (KB)	Lay Member – Corporate Finance and Patient and Public Involvement, NHS Northumberland CCG
Jon Connolly (JC)	Chief Finance Officer, NHS Northumberland CCG
Rachel Mitcheson (RM)	Service Director for Integration and Transformation, NHS Northumberland CCG
Annie Topping (AT)	Executive Director of Nursing, Quality and Patient Safety, NHS Northumberland CCG

In attendance (on-line)

David Thompson (DT)	Healthwatch Northumberland
Adam Foster (AF)	NHS England/Improvement
David Steel (DS)	NHS England/Improvement
Pamela Phelps (PP)	NHS Northumberland CCG
Robin Hudson (RH)	NHS Northumberland CCG
Claire Lynch (CL)	NHS Northumberland CCG
Diane Gonzalez (DG)	NHS Northumberland CCG
Barbara Edmundson (BE)	NHS Northumberland CCG
David Lea (DL)	NHS Northumberland CCG
Emma Robertson (ER)	NHS Northumberland CCG
Allison Everard (AE)	NHS Northumberland CCG

Minutes written by Barbara Allsopp via audio recording

NPCCC/21/29 Agenda Item 1.1 Welcome and questions on agenda items from the public

JG welcomed attendees to the Northumberland Primary Care Commissioning Committee (PCCC) and informed the committee that the meeting would be recorded for use in the production of the minutes and the recording destroyed following their ratification. JG also confirmed the meeting would be video recorded and the recording placed on the website. Members did not raise any objections.

NPCCC/21/30 Agenda Item 1.2 Apologies for absence

Apologies were received from:

Chris Black (CB)	NHS England/Improvement
Richard Glennie (RG)	Local Medical Committee
Jane Lothian (JL)	Local Medical Committee
Siobhan Brown (SB)	Northumberland CCG
Paul Turner (PT)	Northumberland CCG
Jamie Mitchell (JM)	Northumberland CCG

NPCCC/21/31 Agenda Item 1.3 Declaration of conflicts of interest

There were no declarations of conflicts of interest received.

NPCCC/21/32 Agenda Item 1.4 Quoracy

The meeting was quorate.

NPCCC/21/33 Agenda Item 2.1 Previous Minutes – Public May 2021

The minutes of the previous meeting held in May 2021 were reviewed and confirmed as a true record.

NPCCC/21/34 Agenda item 2.2 Public Action Log – February 2021

The action log was reviewed and outstanding actions discussed. The action log was subsequently updated with the additional comments and information.

NPCCC/21/35 Agenda Item 3.1 Finance Update

JC highlighted the key points within the month 3 financial report. This detailed the financial position for primary care that was reported through the CCG accounts for the 2021/22 financial year as at 30 June 2021. PCCC was asked to consider the CCGs primary care financial position under the current temporary financial arrangements for the period 1 April 2021 to 30 Sept 2021 and consider the key financial risks identified.

Nothing significant had changed with the temporary financial arrangements since the last report to PCCC and a break-even position was reported. The underlying pressure on the allocation was also once again noted; a gap of £2.7m has grown and will continue to grow. The gap is covered in the CCG's position for H1 but is likely to be a future issue. The CCG is currently engaged in work to address this shortfall as well as looking at the commissioning framework to see how this can be addressed going forward.

JG confirmed this growing gap in the national requirements and national funding had been discussed at length with Corporate Finance Committee and Governing Body. A mitigating factor is that this is not confined just to Northumberland CCG and, as a result of this, Finance Directors are actively pursuing this with Integrated Care Systems (ICS) and NHS England/Improvement (NHSE/I), for support and advice.

KB confirmed that the CCG reports deficit in allocations at the Corporate Finance Committee (CFC) and the pressures are factored into the CCG overall position, so as to not pass on any pressures to practices and to ensure the contracted agreements are honoured and paid under CCG national requirements.

It was confirmed by JG that PCCC had considered the financial position and key risks.

NPCCC/21/36 Agenda Item 3.2 Quality Assurance Report

RH presented the Q4 20/21 general practice Quality Assurance Report and summarised the process undertaken as well as explaining the rationale how the CCG are approaching and analysing data within the Local Quality Group (LQG). DL was thanked for his hard work in analysing the volume of data and summarising for the LQG.

General practice is focussing on recovery from the pandemic and getting back to business as usual. This has been challenging with staff absences continuing, due to self-isolating. Standards and areas of focus remain the same overall, but priority areas for service delivery have been built in and applied in the pandemic, which have formed good markers of quality and patient safety. The areas of focus are:

- Performance indicators for Medicine management, childhood immunisation, cervical screening and Serious Mental Illness (SMI) health checks
- Clinical indicators within the NHSE / CCG indicator set - including long term conditions management
- 2020/21 Primary Care Quality Outcome Framework (QOF) out turn
- GP patient experience results 2021
- Serious Incidents and SIRMS issued by providers
- Safeguarding
- Care Quality Commission inspections
- Contract breaches
- Practice sustainability visits and outcomes

In summary, RH reported that despite the pressures in general practice, the results from the national GP access survey were encouraging and provided a good outcome for Northumberland. However, although positive, it was recognised that further improvement is the focus.

Practice sustainability visits continue to be held and the themes from these were noted in the report. No practices had been identified with any serious concerns. Discussions have commenced with Primary Care Networks (PCNs) to expand these visits to network level. The CCG is seeking assurance that PCNs are maturing and developing into this role in readiness for the forthcoming national changes and the development of ICSs.

JG summarised that it was reassuring to know that the quality review of general practice has been ongoing throughout the pandemic. It was also reassuring that the CCG was considering engagement with patients when reviewing the digital changes to access and knowing the development of the PCNs would progress over the coming months.

KB asked how Healthwatch, and Patient Participation Group intelligence fed into CCG monitoring. RH explained that these elements feed into the soft intelligence review of practices, and also from a strategic perspective, when considering themes and service developments. AT added that Healthwatch's report is a standing agenda item on the Quality Safety Group (QSG) meetings at which a primary care team representative attends to ensure alignment for operational delivery and reflections. DT said he felt assured knowing that the Healthwatch report and engagement is feeding into the soft intelligence and strategic development to support quality assurance.

JG commented on the positive patient survey results and suggested that the CCG should ensure opportunities, to share best practice and news between practices, are built upon.

NPCCC/21/37 Agenda Item 4.1 Recovery of General Practice following COVID-19

PP outlined the approach to monitoring the recovery of general practice in line with the wider monitoring by the CCG of the health and care system across the county. PCCC were asked to consider the details provided and comment on the process undertaken by the CCG.

National funding has been received to support the expansion of capacity and management of recovery for general practice. A framework and template have subsequently been issued to practices to enable them to report their progress, their performance, and areas of priority by September 2021. A review of the information will be held after the deadline.

KB asked how GP surgeries and PCNs have responded to the new requirements, whether they have found the reporting manageable and whether the CCG has been able to gain assurance from the information provided. PP informed that the reporting requirements are aligned to those used in general practice for the Quality and Outcomes Framework (QOF) and are already in place. Many practices in Northumberland had a focus on the key areas of

priority throughout the pandemic, but the return to business as usual whilst still focusing on vaccinations and pressures of the pandemic continues to cause difficulties, especially given the workforce impact and isolation factors.

AT asked whether this work would align to all local assurance processes, addressing the pressure points in Northumberland. PP confirmed that whilst there is a focus on some of the national priorities, this was very much part of the local quality and performance framework, reported earlier by RH.

JG highlighted that GPs can decline appraisals and asked if the CCG had a system that would feed into the soft intelligence as to the level of the performance of individual practitioners. RH explained that this linked to NHSE/I overseeing this process and the requirement for annual appraisals; the CCG does not have any input into this. However, any GPs not engaging correctly are reviewed under the regional Performers Advisory Group (PAG). The CCG was not aware of any current issues. RH agreed to seek further information on the GP appraisal process for PCCC for clarification.

NPCCC/21/37/01 ACTION: RH to seek further information on the GP appraisal process and feedback the information to PCCC

NPCCC/21/38 Agenda Item 4.2 System Development Funding

PP presented the report to provide PCCC with an outline of the system development funding available in 2021/22 and the recommended spend on each element. The Integrated Care System (ICS) Primary Care Strategy Board had asked that all PCCCs sign off the plan for expenditure for governance purposes, reporting the outcome of the plan back to the ICS by the end of August 2021. The main focus is on:

- Training hubs (workforce)
- Online consultation software (digital and access) to fund ongoing and future requirements as well as work on access to GP
- PCN development to support PCN maturity to be ready for the future ICS changes
- Practice resilience a roll over from GP forward view transformation

KB enquired how cross sector working would be managed with different terms and conditions of employment. PP explained that joint working and development between PCNs and the Local Authority was put in place to ensure the roles for social prescribers complimented the existing infrastructure for social prescribing, ie support planners etc. The Additional Roles Reimbursement Scheme (ARRS) funding follows the agenda for change requirements and attempts to align the pay scales with similar roles in the local authority, but this cannot always be assured.

Decision: PCCC were asked to note the allocation of resources for 2021/22 and approve the CCG plan for expenditure and to carry out a survey with practices related to the Practice Resilience funding. JG confirmed PCCC were satisfied and agreed with these recommendations and gave the subsequent approval.

NPCCC/21/39 Agenda item 4.3 Primary Care Commissioning Services (PCCS) update

PP presented this report which set out the process which has been taken to review and commission local services from general practice in 2021/22. The report outlined how the process to review and develop those services to be commissioned was undertaken in the current environment of a COVID-19 pandemic in line with national guidance and subject to the impact of national changes to core contracting agreements.

PP gave an update on services commissioned outside the core contract. The new service was due to start in Q2 however, NHSE/I had asked Local Commissioners to consider the burden on general practice due to the vaccination programme, the focus on the recovery to back to business as usual and the ongoing pressures from the pandemic. There was a recommendation to pause the PCCC development until Q3 and continue to monitor the progress of practices recovery.

PCCC were asked to consider the update provided and provide comment on the process which has been undertaken for the review and commissioning of services from primary care in 2021/22. No comments were received as the report content was as expected. It was confirmed that PCCC had considered and noted the update provided.

NPCCC/21/40 Agenda Item 5 Any other business

No other issues were raised.

NPCCC/21/41 Agenda item 6 Date and Time of Next Meeting

The next meeting will be held on Wednesday 13 October 2021 at 10am via Teams.

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NHS Northumberland Clinical Commissioning Group

Public Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: October 2021		Private Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/20/42/01	12/08/2020	15/09/2020	C Black to chase up the district valuation in relation to the Rothbury surgery to enable the breach to be taken off hold. <i>UPDATE: ADDITIONAL ACTION - PCCC 15 MAY - C Black to pass on PCCC disappointment at the level of service received, raise this matter once again regarding the delay and push for the action to reach a resolution.</i>	C Black	In-progress	Update on 13 July from JM: The DV is waiting for a marked up lease plan from NPC. This has been chased up on a number of occasions already but will send another today. Update on 15 July from JMI: not progressed. The DV needs a clear set of occupancy plans showing the previous occupation and also the new amended current occupancy. The plans provided are not clear and we have reverted back to NPC. P Phelps is picking this up with J Danskin. Update at August PCCC: Concern expressed once again at the length of time taken to resolve. PP has chased further and discussed with the Practice. JM has received all he needs to bring to a resolution with the district valuer. Progressing. Update 30 Sept 2021: This is with the DV, he has confirmed the plans provided are sufficient for him to provide his report/assessment. JM hopes to get this in the next week or so.
NPCCC/21/24/01	14/05/2021	01/08/2021	J Mitchell and P Phelps to share the primary care estate strategy principals with PCCC for comments and consideration of how PCCC can be informed of decisions going forward.	J Mitchell /P Phelps	Complete	Primary care estate strategy principals are now written and have been shared. A paper is being prepared for PCCC - October 2021.
NPCCC/21/24/02	14/05/2021	01/09/2021	J Mitchell to produce a brief paper at an appropriate point in the year on how the estate strategy principals feed into an actual list of the proposed projects and J Connolly to show, at that point, how finance feeds into the principals and prioritises and helps convert the plans into a reality.	J Mitchell/J Connolly	In-progress	In progress - should be available when final approval on the estate strategy principals is received. Approval of principals required first for work to progress.
NPCCC/21/24/03	14/05/2021	01/09/2021	J Mitchell to investigate the development of Standard Operating Procedures (SOPs) to give to practices when they request changes to premises or work to be undertaken to enable practices to manage the correct processes and stages	J Mitchell	In-progress	
NPCCC/21/37/01	11/08/2021	20/09/2021	RH to seek further information on the GP appraisal process and feedback the information to PCCC	R Hudson	Complete	RH spoke with Clinical Lead for GP Appraisal NENC. Comprehensive statement provided. BA put the content into an email and shared with JG. RH will summarise to provide assurance in an informative update to PCCC at the October meeting when covering the previous minutes/ action log section.

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	13 October 2021	
Agenda item	3.1	
Report title	Finance Update – Month 5	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	✓
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
Resource implications	N/A	
Consultation/engagement	N/A	



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Quality and Equality impact assessment	Completed
Research	N/A
Legal implications	CCG statutory financial duties
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Finance Update – Month 5					
2. Project Lead	Director Lead	Project Lead		Clinical Lead		
	Chief Finance Officer	Chief Finance Officer		Clinical Director		
3. Project Overview & Objective	Primary Care finance update.					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality</i>	Impact Descriptors	Baseline Metrics		Target		
	N/A					

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<i>and can be used for ongoing monitoring.</i>			
8. Completed By	Signature	Printed Name	Date
Chief Finance Officer	Jon Connolly	Jon Connolly	24/09/2021
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Northumberland Primary Care Commissioning Committee**13 October 2021****Agenda Item: 3:1****Primary Care Finance Update – Month 5****Sponsor: Chief Finance Officer**

Members of the Northumberland CCG Primary Care Commissioning Committee are asked to:

1. Consider the Primary Care Operational Group report for August 2021 and provide comment.

1. Background

This report presents the position for the financial period to the end of August 2021. This takes account of the temporary financial arrangements for CCGs in the first 6 months of the year in response to COVID-19 as reported to this Committee in August 2021.

The position is reported at this stage of the financial year as a year to date (YTD) overspend of £72k on Primary Care Delegated budgets, with a forecast break-even position.

2. Purpose

This report presents the H1 (half year) financial position for Primary Care that is reported through the Clinical Commissioning Group accounts for the 2021-22 financial year as of 31 August 2021. Appendix 1 shows this position broken down across the relevant areas of Primary Care expenditure in more detail.

The report is also to update the committee on the temporary financial arrangements put in place by the government in response to the COVID-19 outbreak.

3. Financial Arrangements for 2021-22

For the 2021-22 financial year the Government extended the temporary financial arrangements that were put in place for NHS Organisations in response to the COVID-19 pandemic.

Integrated Care Partnerships (ICPs) were again given system envelopes to manage within, as part of the wider Integrated Care Systems (ICSs) for the period to 30 September 2021 on the back of these plans.

The envelopes comprise of CCG adjusted allocations, System top up funding and a COVID-19 fixed allocation, which are all based upon the 2020-21 H2 envelopes adjusted by NHSE/I for known pressures and policy priorities for 2021-22.

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The arrangements for H1 include a continuation of the block arrangements for NHS organisations adjusted for inflation, and distribution of additional specific funding (such as Mental Health investment (MHIS) or service development funding (SDF)).

It is expected that these arrangements will continue in a similar form for the full financial year, however the financial envelopes and guidance for the H2 period are yet to be released.

4. Delegated Budget Allocations

In respect of Primary Care delegated budgets for Northumberland CCG, the initial allocation received for H1 of the financial year is £25,399k. The CCG also received £163k non-recurrent allocations for Long Covid support. During system planning it was identified that the planned spending levels for the delegated allocation were going to be above this allocation due to historic funding issues. The CCG therefore required £1,364k of system top up funding from the ICP system envelope to cover this gap in funding for the first half of the year.

Table 1 below shows how the allocation has been broken down this year.

Table 1- CCG Allocations received to date

ALLOCATION - H1	NHS Northumberland CCG
H2 - Delegated Primary Care per 15 Sept H2 Envelopes (A)	23,825
Delegated Primary Care allocations Published FY 21/22	
Allocation after adj. for GP contract and 16/17 dispensing doctors	49,131
Recurrent 20/21 transfers (FY value)	400
FY additional allocation:	
Investment and Impact Fund (IIF)	284
FY additional allocation:	
Care home premium	413
FY additional allocation: Increase in practice funding	112
FY additional allocation: New QOF indicators (68 points 21.22)	459
FY additional allocation Long Covid *	163
Revised Total Allocation FYE (B)	50,962
Rollover Delegated Allocation (B/2) (C)	
*FY Long Covid allocation (£163k) recognised fully in H1	25,562
System Top up to cover planned spend	1,364
Budget @ Month 5	26,926

5. Month 5 Reported Position

Appendix 1 sets out the financial position for the year to date as at Month 5. It includes year to date spend but also forecasts a position for H1 to 30 September 2021.

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To note within the position:

- There is a £72k year to date overspend in core GMS/PMS. This has been caused by an increase in the weighted patient list size for the Valens partnership between Jan 21 and Apr 21. The weighting has increased due to the 'new patient' premium being applied after the merger of the practices.
- The forecast position is showing as break even, as it is expected that the pressure in GMS /PMS will be offset by accruals from the prior year which are no longer required.
- There is a 3.55% uplift to practice contract funding from 20/21 and 0.25% demographic growth.
- Additions / Changes to the Primary Care Network DES have been included:
 - Expansion of additional roles
 - Increase of Care Home Premium payment to £120 per CQC registered bed
 - Investment and Impact Fund included at £0.83 per patient
 - Addition of Long Covid funding of £163k
- Increase in QOF points from 567 to 635 for the new Vaccination and Immunisation and Mental Health Indicators.

The main risk to highlight:

- The pressure arising from the nationally agreed contract changes have been recurrently funded from Core CCG budgets (currently system top ups under the temporary financial arrangements), therefore creating a recurrent funding problem for the CCGs overall position and the amount of resources available for investment in other areas outside of Delegated Primary Care.

6. CCG Commissioned Primary Care

The CCG also has several other services commissioned with Primary Care outside of the Delegated Primary Care allocation. These areas are also being reported in line with the temporary financial arrangements in place nationally due to COVID-19 as mentioned earlier:

Out of Hours:

The CCG has continued its out of hours contract with Vocare Limited for the provision of GP out of hours access in 2021/22.

Primary Care Commissioned Services (PCCS):

The CCG has a service specification of additional Local Enhanced Services available for GP practices to sign up to:

Quarters 1 & 2 of 2021/2022

- Practices continue to deliver the 2020/2021 PCCS specification
- Income remains protected with automated payments at the 2020/2021 rates to ensure that cashflow is unaffected during COVID-19

The exception to this is Digital Dermatology which is to commence on 1 August 2021 to align with ICP level programme.

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Quarter 3 & 4 of 2021/2022

- Practice commences delivery of the newly commissioned 21/22 services including:
 - Care Closer to Home
 - Digital Dermatology
 - Deep Vein Thrombosis community pathway
 - Engagement
 - Flu Immunisation
 - Immune Modifying Drug monitoring in Primary Care
 - Practice Activity Scheme (TBC)
 - Practices Medicines Management
 - Primary Care Interface with Urgent and Emergency Care pathway
 - Primary Care Phlebotomy – evidenced transfer of activity
 - Prostate Specific Antigen monitoring in Primary Care
 - Serious Mental illness Physical Health Checks
 - Understanding Our Communities
 - Equipment Funding Contribution

GP Forward View (GPFV) / Primary Care Transformation (PCT):

The CCG have now received GPFV non recurrent allocations in H1, details of which are shown in Appendix 1.

Access is funded from CCG baseline allocations and is currently reported as breakeven.

GPIT:

The North of England Commissioning Support Unit (NECS) manages this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

NECS have coordinated all the Primary Care IT requirements during the COVID-19 period. This category also contains the costs of other software packages the CCG funds for Primary Care use including GPTeamNet and Sunquest.

Recommendation

The Committee are asked to:

- note the impact of temporary financial arrangements for CCGs in the H1 period of 2021-22,
- note the reported financial position as at 31 Aug 2021.

Appendix 1: Primary Care Overview M5

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	13 October 2021	
Agenda item	3.3	
Report title	Estates Principles and Criteria	
Report author	Primary Care Manager	
Sponsor	Head of Estates	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	✓
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks		
Resource implications	Capital Funds	
Consultation/engagement	N/A	



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Clinical Commissioning Group

Quality and Equality impact assessment	Completed
Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	Primary care estate which remains fit for purpose and future proofed

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QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Estates Principles and Criteria					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Director of Finance	Head of Estates			Medical Director	
3. Project Overview & Objective	The report provides an overview of the principles and criteria by which primary care estate development will be considered and prioritised.					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>	Impact Descriptors	Baseline Metrics			Target	
	N/A					
	N/A					
	N/A					
8. Completed By	Signature			Printed Name	Date	

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Primary Care Manager	Diane Gonzalez	05/10/21	05/10/21
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Head of Estates			05/10/21
Comments			

Northumberland Primary Care Commissioning Committee**13 October 2021****Agenda Item: 3.3****Estates Principles and Criteria****Sponsor: Director of Finance**

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the process, principles and criteria detailed in the report below.**
- 2. Approve the principles and criteria to consider and prioritise primary care development applications.**

Purpose

The report details the proposed process, principles and criteria by which any application made by primary care to the CCG for the development of premises will be considered as part of the Northumberland Estates Strategy.

Background

The Northumberland Estates Strategy provides an integrated approach to the development of the future primary and community care estate, relative to proposed service models which both aligns with and compliments the objectives of the Northumberland CCG Operational Plan and those of the North East & North Cumbria Integrated Care System Strategic Plan. The CCG is committed to fulfil the ambition of providing, developing and maintaining a more efficient, high quality, sustainable and flexible estate.

As the number of practices considering new builds, relocations and estates strategies increases, a framework of principles and prioritisation criteria has been developed in order to focus any resource and investment to ensure the maximum value for money and positive impact on patient experience is achieved. The principles and criteria have been identified as key considerations as they align with the draft overarching strategic principles for General Practice and will provide a clear decision framework with strategic intent.

Principles

On receipt of development applications, it is proposed that each will be considered against the overarching principles as detailed below:

- Establish the pathway to **modern, sustainable, fit for purpose estate** that is accessible and capable of reacting to changes in population growth (through new planned developments) and demographics (changing age profile bringing different needs etc.).
- Support practices so that they remain **resilient and sustainable** and capable of supporting new models of care.

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- Wherever possible, **identify opportunity** for the consolidation of services onto fewer sites to maximise the use of existing infrastructure and to promote joint working. Linked to PCN estates strategies.
- Identify and **promote opportunities to reduce cost within the estate** and maximises the availability of available capital (**secure the maximum S106**).

Applications aligned with the overarching principles, will then be considered against key criteria to prioritise the development to meet the needs of the Northumberland population overall.

Criteria

There are three proposed elements of criteria which can be applied with weightings, to ensure priorities are set based on achieving maximum impact and outcomes.

1. Financial
2. Stability of services
3. Patient experience and population health

The criteria above will also be considered alongside the Future Prioritisation Matrix outlined in the System Estates Strategy.

A general practice estates standard operating procedure toolkit will be provided by the CCG, to ensure that primary care are fully informed of the steps to be taken when considering applications to develop estate and have access to supporting documentation. It is proposed each application and project initiation document (PID), presented to the CCG for consideration is assessed to determine the following:

1. Financial

- Affordability (CCG and Practice) – reimbursable and non-reimbursable costs
- Demonstrates value for money
- Delivers efficiency – model of general practice, wider than just General Practice, space
- Capacity – list size calculation current v maxima
- Environmentally positive > "green"
- Capital investment sourced – S106, third party
- Capital investment required - NHSE

2. Sustainability of Practices

- Accommodates growth and developing community-based service provision
- Digital technology, alternative service delivery and flexibility to adapt use of space
- Aligns with PCN Estates Strategy ambitions
- Removes any barriers to safe, quality service provision
- Enables training capacity and supports workforce growth
- Considers population change and ability to meet needs of this now and into the future

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- Supports and considers integration of community-based services
- Clearly outlines the benefits to the practice

3. Patient experience and population health

- Access to core services is maintained / improved
- Considers travel for patients and maintains accessibility for patients
- Patient experience is considered and outlines improvements / continuity of existing services
- Patient views have been taken into consideration with any change proposed
- Considers the benefits to delivery of preventative interventions and outlines the improvements to population health
 - May include access to voluntary sector, social care and alternative services to improve the health and care of the registered population (Practice / PCN)

Each practice application will then be assessed against a scoring matrix using the above criteria, with points weighted to those deemed pivotal to the future of general practice and viability of the financial positions of both the CCG (the commissioner) and the Practice.

Once scored the outcome will be communicated to the applicant who will be supported to expedite the development process and any resulting formal contract changes; or to identify alternative solutions should their application be rejected.

Conclusion

The principles and criteria detailed provide a robust framework against which any premises development applications can be considered under the Northumberland Estates Strategy. The framework will support the prioritisation of premises development and focus any resource and investment to ensure the maximum value for money and positive impact on patient experience is achieved.

Recommendation

The Primary Care Commissioning Committee is asked to consider, provide comment and approve the process to manage the prioritisation of estates development applications in Northumberland.