NHS
Northumberland
Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee

Wednesday 8 December 2021 at 10:00 hrs
via MS Teams

AGENDA

Time	Item	Topic	Enc	PDF page	Presenter
1000	1	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest 1.4 Quoracy*			Chair
1005	2	2.1 Previous Minutes – Public August 2021 2.2 Public Action Log – October 2021	✓ ✓	2 9	Chair
1010	3	**Operational** 3.1 Finance Update 3.2 Quarterly Performance Assurance Report	 ✓ ✓	 10 18	 J Connolly R Hudson
1035	4	**Strategic** 4.1 Winter Access Fund (presentation)			 P Phelps
1045	5	Any Other Business			Chair
1050	6	Date and time of next meeting: Wednesday 9 February 2022 at 10:00hrs via MS 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.

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Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee, held on 13 October 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
Siobhan Brown (SB)	Chief Operating Officer, 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
Paul Turner	Executive Director of Commissioning, Contracting and Corporate Governance, NHS Northumberland CCG

In attendance (on-line)

David Thompson (DT)	Healthwatch Northumberland
Chris Black (CB)	NHS England/Improvement
Adam Foster (AF)	NHS England/Improvement
Pamela Phelps (PP)	NHS Northumberland CCG
Richard Hay (RH)	NHS Northumberland CCG
Robin Hudson (RH)	NHS Northumberland CCG
Claire Lynch (CL)	NHS Northumberland CCG
Jamie Mitchell (JM)	NHS Northumberland CCG
Emma Robertson (ER)	NHS Northumberland CCG
Barbara Allsopp (BA)	NHS Northumberland CCG (Minutes)

NPCCC/21/42 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 to the public website for information. There were no questions on the agenda received prior to the meeting from members of the public.

NPCCC/21/43 Agenda item 1.2 Apologies for absence

Apologies were received from:

Jane Lothian (JL)	Local Medical Committee
Richard Glennie (RG)	Local Medical Committee

NPCCC/21/44 Agenda item 1.3 Declarations of conflicts of interest

Item 3.2 Ponteland Dispensary – Engagement: RH declared his position as a GP within Ponteland Medical Group. The Chair confirmed agenda item 3.2 would be a verbal update for information purposes and therefore it would be acceptable for RH to remain in the meeting, but not

contribute to the discussion. This decision was agreed by PT and RH from a governance perspective.

NPCCC/21/45 Agenda item 1.4 Quoracy

The meeting was quorate.

NPCCC/21/46 Agenda item 2.1 Previous Minutes – Public August 2021

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

NPCCC/21/47 Agenda item 2.2 Public Action Log – October 2021

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

Actions highlighted and discussed further were:

Action NPCCC/20/42/01 The district evaluation in relation to Rothbury surgery: JG expressed her dismay at the ongoing delay being incurred for this piece of work to be completed and asked, once again, for these concerns to be put forward, on behalf of PCCC, to those involved.

Action NPCCC/21/24/03 GP appraisals: – RH updated PCCC on the outcome of a previous action in relation to the GP appraisal process. No declines to appraisals are received outright as this would fall foul of their GP registration process. Assurance was received that the wellbeing of GPs has been paramount. JG noted that her concern included issues relating to performance and asked if there is a process to pick up any performance concerns outside the appraisal process. RH confirmed a degree of assurance can be sought through the Practice Visiting Programme which can review overall practice performance, but not individual performance. If we know the appraisal process is monitoring GPs and the CCG are monitoring practices, a degree of assurance can be obtained alongside liaising closely with the complaints team and meeting with the CQC regularly and sharing intelligence. JG confirmed PCCC was content with information received.

NPCCC/21/48 Agenda item 3.1 Finance update

JC presented the position for the financial period to the end of August 2021, considering the temporary financial arrangements for CCGs in the first 6 months of the year in response to COVID-19, as reported to PCCC in August 2021. The position was reported at this stage of the financial year as a year-to-date overspend of £72k on Primary Care Delegated budgets, with a forecast break-even position.

With H1 (1st half year) coming to an end, and still operating within interim financial arrangements, there were some small off-setting variations within the headline position and ongoing underlying pressure of delegated primary care. The report also set out other primary care spend outside the delegated position.

Planning guidance had been issued for 1 October when H2 (second half of year) started and working towards the planned submission at the end of the month. There was nothing significant to change what was already ongoing, but further updates would be provided when reporting was completed for the H2 position. JC asked PCCC to note the arrangements under which the CCG were operating and provide any comments.

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

This table shows how the allocation has been broken down this year.

KB referred to page 7 of the report and referred to the paragraph stating '***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 Medical Partnership between Jan 21 and April 21. The weighting has increased due to the new patient premium being applied after the merger of the practices***.' PP agreed to look at this statement in more detail and inform KB outside the meeting.

JG reminded PCCC that when the Valens Medical Partnership merger details were brought to PCCC it was noted that patients would remain with their own practices and there would be no effect.

DT thanked JC for presenting the report and asked for clarity on the meaning of the Integrated Care Partnerships (ICP). JC explained that the Integrated Care System (ICS) was made up of 3 CCGs; Northumberland, North Tyneside and Newcastle Gateshead. Each CCG got an adjusted allocation and some system funding for the pandemic response to ensure that all the provider organisations could break even financially. This does not affect the primary care delegated funding, but they do have to get together as a system to work out how to distribute the money over the geographical area. JG noted the minimal changes and was satisfied that PCCC had considered the report and provided comment.

NPCCC/21/48/01 ACTION: PP to review the statement regarding the £72k year to date overspend in core GMS/PMS caused by an increase in the weighted patient list size for the Valens Medical Partnership between Jan and April 2021 due to the new patient premium being applied after the merger of the practices.

NPCCC/21/49 Agenda item 3.2 Ponteland Dispensary – Engagement

AF provided PCCC with a verbal update on the notification received by Ponteland Medical Group of their wish to withdraw their dispensing service. The Practice have requested to close earlier than the standard 3 month notice period, however the Pharmaceutical Services Review Committee (PSRC) have to give their approval on 27 October 2021. If approved, the dispensary will cease on 12 November 2021, and if it is not approved the closure will be 10 December 2021. Patient communication, and notification to local pharmacies, has been completed. Other parties have also received their notice, including the Overview and Scrutiny Committee (OSC), public health teams, local GPs, the Local Medical Committee (LMC) and Northumberland Healthwatch and no adverse responses have been received to date.

AT asked a general question whether NHSE/I need to be assured of the patient impact of a dispensary closure as remote areas would be more affected than urban areas. A discussion was held regarding the business decision surrounding closures. KB asked if NHSE/I were proactive when a practice announces their wish to close a dispensary and whether there were options for patients to get their prescriptions in other forms. It was agreed AF would liaise with the NHSE/I pharmacy team and find out what the process is, the remit for staying open and how much they explore, when a practice chooses to close their dispensing facilities in the community. PP explained that dispensing services are provided by general practice and whilst the CCG doesn't have a part in the decision making side of the contracting of this service, closure of dispensing services does reduce the income to the practices around those communities therefore this may be discussed as part of the Practice Visiting Programme to get an understanding of their dispensing service. There is competition in other pharmacies, and therefore the CCG has confirmed this would also be picked up as part of the quality review and Pharmacy Needs Assessment (PNA) processes too.

PP confirmed that practices are requested to provide information, on where patients would get their services from, on their applications when requesting a dispensary closure to ensure patients can access other services in the area. The CCG is working with the Local Authority who are undertaking the pharmacy needs assessment part of the route of commissioning through the Health and Wellbeing Board. CL and JL are linked into the Pharmacy Needs Assessment and that work is ongoing.

JG reiterated that this was the kind of information the PCCC wishes to know about, useful background details on such services and closures. JG confirmed PCCC were satisfied with the notification of the proposed dispensary closure being provided, noting that the PCCC did not have a decision making role in these arrangements.

NPCCC/21/49/01 ACTION: AF to liaise with the NHSE/I pharmacy team and find out what the process is, the remit for staying open and how much they explore, when a practice chooses to close their dispensing facilities in the community and, by liaising with PP, inform PCCC via an email to all.

Siobhan joined the meeting.

NPCCC/21/50 Agenda item 3.3 Estates Principals and Criteria

JM presented a report that detailed 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.

JM asked PCCC to consider and approve a set of criteria that have been set out after the initial presentation made to PCCC in April 2021. On receipt of development applications, it is proposed that each will be considered against the overarching principles to:

- 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.
- 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.

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

- **Financial** - affordability
- **Stability of services** – sustainability of practices
- **Patient experience and population growth** – patients being taken into consideration, travel, access, early in the process.

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 and the Practice. In addition, a Standard Operating Procedure (SOP) is being developed to be provided to the practices so they know the processes and procedures and documents to follow. JM asked PCCC to consider the documentation and approve the recommendation to enable it to be embedded into the estate strategy.

KB referred to the financial criteria and asked about the long term revenue costs once changes had been made and whether that had to be considered. JM confirmed that any revenue impact for the CCG, particularly around rent and reimbursement costs, would need to be considered. The importance to focus on innovations was highlighted, along with using space effectively, digitising records to create space and consider all options, not just on build. It was subsequently agreed this should be an additional bullet point added to the list of criteria.

DT asked what the weightings were on the three criteria and how the CCG apportioned the significance on issues under consideration. JM explained the wider context would need to be considered and further development would take place on the scoring system. KB asked if the point scoring matrix scoring would be shared with practices when completed. It was agreed transparency was important and therefore the information should be available to enable GPs to comply.

PT suggested whether this scoring system could be used as a prioritisation tool and useful to apply to the list of projects in place now to select the order of estates issues to prioritise what comes back to PCCC. A suggestion for a review mechanism was also put forward, to evaluate whether this tool is delivering what is required, as well as an understanding of the grading of this system ie a graded response to show that all the options have been looked at and considered and explored thoroughly, in line with the criteria on sustainability, before a new build is considered. JM agreed this would be highlighted in the SOP guidance and procedures and ensure that option appraisals would need to be done prior to putting in a business case to the CCG.

JG referred to one of the named principles ***'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.'*** JG said she was concerned

this could be read as a wish to close surgeries and suggested we put in ***where possible and in the best interests of providing a better service for patients***.

The order in which the criteria was presented was also discussed. JG suggested the order should be changed to enable the CCG to demonstrate their priorities. RH agreed.

1. Patient experience
2. Stability of services
3. Financial

PCCC confirmed they had considered the process, principles and the criteria detailed in the report and approved the principles and criteria to consider and prioritise primary care development applications, in light of the amendments discussed.

NPCCC/21/50/01 ACTION: JM to amend the estates criteria and principles documentation as outlined during the discussion with PCCC.

NPCCC/21/51 Agenda item 4.1 Business continuity planning for Winter / vaccine boosters and COVID-19 update

PP gave a presentation on the business continuity planning for winter, vaccine boosters and COVID-19.

The planning for winter is a whole system approach, as taken in previous years. Urgent and emergency care and General Practice forms part of that plan. Plans are in development, but NHSE/I have asked the CCG to prioritise certain key areas:

- Workforce short term sustainability planning
- 111 Clinical Advice Service
- Public communications and messaging about which services to access (a national campaign is planned)
- Establish shared principles to underpin escalation and mutual aid

General practice is working closely with Primary Care Networks (PCNs) to understand local pressures, service delivery, COVID-19 and flu vaccine planning following lessons learned from last winter. The Local authority dashboards will also be available at ward level to help in the monitoring of COVID-19 cases and the impact. Multiple areas of engagement and escalation will be in place including regular meetings and the dedicated GP comms mailbox as well as a situation reporting to identify challenges on demand.

Face to face appointments have resumed where clinically indicated, supported by digital and telephone alternatives and where necessary, 'hot sites' will be stood up again. This is part of the work undertaken on the assurance under the general recovery from COVID-19. Extended access appointments to support flu and COVID-19 vaccinations are also in place seven days a week.

Winter planning events with Northumbria Healthcare and community providers are in place and attended by PCNs and the CCG.

Flu vaccinations continue, supported by a Northumberland Vaccine Collaborative, with a focus on all aspects of delivery, including patient cohorts and health and social care workers.

RH presented a COVID-19 vaccination programme update, providing a large range of statistics on the vaccine uptake in Northumberland with a total number of doses given, at the time of the meeting, being 494,305.

Information around the current vaccination advice of children and young people was covered along with the challenges faced including timeliness of consent, workforce capacity, disparity of uptake,

uncertainty re secondary offer for this cohort. All youngsters have to be given opportunity to consent.

It was agreed all slides would be shared after the meeting. Given the time constraints, JG asked members to email any questions to RH and PP or hold a further discussion at the next PCCC if appropriate.

PP delivered a summary of recovery in primary care. She explained that practices have been asked to submit plans to their networks about the recovery of their GP services following the COVID-19 pandemic in a number of priority areas set out by NHSE/I around screening, prevention vaccine and key clinical areas and access to general practice. There are still a lot of challenges. A dual perspective is running at the moment to manage the vaccine programme up to March 2022. Capacity in the system and volume of the demand remain. For each of the challenges and barriers there are plans and mitigations being put in place. Excellent support exists between practices.

JG asked PP to revisit the progress on the recovery of practices and provide an update at the next PCCC.

It was confirmed PCCC were satisfied by the informative presentation given and content provided.

NPCCC/21/51/01 ACTION: BA to distribute a copy of the slides to PCCC attendees after the meeting and email any questions to be sent to RH and PP.

NPCCC/21/51/02 ACTION: PP to revisit the progress on the recovery of practices and provide an update at the next PCCC

NPCCC/21/52 Agenda item 5 Any Other Business

No items were raised.

NPCCC/21/53 Agenda item 6 Date and Time of Next Meeting

The next meeting will be held on Wednesday 8 December at 10.00 am via Teams

NHS Northumberland Clinical Commissioning Group

Public Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: December 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. *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.*	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 JMl: 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. **U**pdate 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. **Update at October PCCC: now with the district valuer; DV wants to go to the site to have a look. Delay was due to getting quality floor plans. DV liaising with the practice to go on site to prep the final report. JG expressed her dismay at the ongoing delay being incurred for this piece of work to be completed and asked, once again, for the these concerns to be put forward, on behalf of PCCC, to those involved.**
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	Progressing.
NPCCC/21/48/01	13/10/2021	01/12/2021	PP to review the statement regarding the £72k year to date overspend in core GMS/PMS caused by an increase in the weighted patient list size for the Valens Medical Partnership between Jan and April 2021 due to the new patient premium being applied after the merger of the practices and update K Bower.	P Phelps	complete	The issue seems to be coming from the list size increases between the Jan 21 and Apr 21 list sizes. The increase for raw list size is very small, but the weighted list size increase is really big relatively. This seems to be what's driving the overspend.HFT investigating further but confirmed that they haven't actually paid any premium payments in error.
NPCCC/21/49/01	13/10/2021	01/12/2021	AF to liaise with the NHSE/I pharmacy team and find out what the process is, the remit for staying open and how much they explore, when a practice chooses to close their dispensing facilities in the community and, by liaising with PP, inform PCCC via an email to all.	A Foster	complete	**Update 15/11/21 from AF:** Gaps in service are identified by LA H&WBB in the Pharmaceutical Needs Assessments (PNA). NHSE use the PNA to assess market entry when an application is made to open a pharmacy/DD but when they are informed of a service closure, there is no analysis performed as the regulations mean they can't refuse the application. If the H&WBB are concerned, they can issue a supplementary statement to the PNA which would inform NHSE of any perceived gaps and this will be considered when making future market entry/commissioning decisions.
NPCCC/21/50/01	13/10/2021	01/12/2021	JM to amend the estates criteria and principles documentation as outlined during the discussion with PCCC.	J Mitchell	complete	
NPCCC/21/51/01	13/10/2021	15/11/2021	BA to distribute a copy of the slides to PCCC attendees after the meeting and any questions to be sent to RH and PP.	B Allsopp	complete	Slides shared with instructions should any questions arise.
NPCCC/21/51/02	13/10/2021	01/12/2021	PP to revisit the progress on the recovery of practices and provide an update at the next PCCC	P Phelps	In-progress	PP is preparing a report on recovery.

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Meeting title	Northumberland Primary Care Commissioning Committee	
Date	8 December 2021	
Agenda item	3.1	
Report title	Finance Update – Month 6	
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	

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Consultation/engagement	N/A
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 6					
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**
Patient Safety	N/A					
Clinical Effectiveness	N/A					
Patient Experience	N/A					
Others including reputation, information governance and etc.	N/A					
5.Equality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?	N/A					
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?	N/A					
6. Research *Reference to relevant local and national research as appropriate.*	N/A					
7**. Metrics** *Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.*	**Impact Descriptors**	**Baseline Metrics**			**Target**	
	N/A					

8. Completed By	Signature	Printed Name	Date
Chief Finance Officer	**Jon Connolly**	Jon Connolly	19/11/2021
Additional Relevant Information:			
8. Clinical Lead Approval by	**Signature**	**Printed Name**	**Date**
Additional Relevant Information:			
9. Reviewed By	**Signature**	**Printed Name**	**Date**
Comments			

Northumberland
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Northumberland Primary Care Commissioning Committee
8 December 2021
Agenda Item: 3:1
Primary Care Finance Update – Month 6
Sponsor: Chief Finance Officer

Members of the Northumberland CCG Primary Care operational Group are asked to:

1. **The financial position for the first 6 months of 2021-22**

2. **The financial risks identified.**

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 at 30 September 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.

To note, H2 planning (for the second half of the year) is due to be submitted by systems on 18 November, because of this there has been no month 7 reporting.

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, these are all based upon the 2020-21 H2 envelopes adjusted by NHSEI for known pressures and policy priorities for 2021-22.

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)).

These arrangements continue in a similar form for the H2 period, however as mentioned earlier the final plan is currently being submitted and in month 8 a full financial year will be able to be reported against on the back of submitted plans.

H1 (half year) Reported Position

Appendix 1 sets out the financial position for the year to date as at Month 6. This currently shows a breakeven position.

To note within the position:

- 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

Risks are assessed as follows:

- 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.
- This risk has again been addressed non-recurrently in the H2 plan of which the CCG has requested from system funding outside the CCG core baseline allocations.
- Looking forward into the next financial year and the move from CCGs into Integrated Care Boards (ICBs) this has been raised across the ICB footprint and information has been collated for the whole patch in looking at how to fund to gap recurrently in the future.

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 it's out of hours contract with Vocare limited for the provision of GP out of hour's 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 commenced on 1 August 2021 to align with ICP level programme.

Quarter 3 & 4 of 2021-2022

- Practice commences delivery of the newly commissioned 2021-22 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 has now received GPFV non-recurrent allocations in H1, details are shown in appendix 1 finance paper. 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 of 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 30 September 2021.

Appendix 1: Primary Care Overview M6

Appendix 1

Northumberland CCG Primary Care Overview - Month 6 2021-22

FMR Heading	Detail	H1 Budget (£000's)	YTD Actual (£000's)	H1 Variance (£000's)	Description of budget area
General Practice	GMS	5,387	5,422	35	Payment for core essential services based upon weighted practice list size.
	PMS Contract	11,999	12,063	64	
	Total	17,385	17,484	99	
QOF	QOF	2,965	2,867	(99)	Quality and Outcomes Framework (QOF) is a annual reward and incentive scheme for practices based upon achievement against set indicators.
	Total	2,965	2,867	(99)	
Enhanced Services	DES - Learning Disabilities	82	82	0	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	DES - Minor Surgery	264	264	0	
	DES - Long Covid	163	163	0	
	Northumberland Premium	327	327	0	
	Total	836	836	0	
Premises Cost Reimbursement	Rates	325	325	0	Reimbursements made to practices in respect of their premises costs.
	Rent	1,975	1,975	0	
	Water Rates	37	37	0	
	Total	2,337	2,337	0	
Other GP Services	CQC Fees	106	106	0	Reimbursement to practices for CQC fees
	GP Retainer	49	49	0	Support scheme for GPs considering leaving the profession.
	Dispensing/Prescribing	840	840	0	Costs of GP prescribing reimbursed on a cost per script basis
	Locum Sickness/Parental	200	200	0	Costs of locum cover for both maternity and sickness.
	Seniority				
	Suspended GP	11	11	0	Costs of suspended GPs.
	Total	1,205	1,205	0	
Primary Care Networks (PCNs)	DES - Extended Hours	238	238	0	Costs in relation to Primary Care Networks (PCNs). Payments are made in line with national guidance.
	PCN Clinical Director	122	122	0	
	PCN Participation	328	328	0	
	PCN Additional Roles	1,163	1,163	0	
	Care Home Premium	207	207	0	
	Investment & Impact Fund	137	137	0	
	Total	2,197	2,197	0	
GP Support Fund	GP Support Fund	0	0	0	
	Total	-	-	0	
Reserves	Reserves	0	0	0	
	Total	0	0	0	
Grand Total		**26,926**	**26,926**	**0**	
Other CCG funded services					
Out of Hours		1,171	1,171	0	Northern Doctors Urgent Care
Primary Care Commissioned services		1,339	1,357	18	Local Enhanced service specification schemes plus other schemes including Sharps and Pharmacy first payments and optical contract with Primary eyecare LTD.
GPIT		568	514	(54)	resilience non recurrent allocation, Contribution to the HSCN CoIN network, expenditure on
Primary Care Networks (PCNs)		254	254	0	Additional £1.50 per head funding for establishing PCN's.
Sub Total Other CCG Primary Care Services		**3,333**	**3,297**	**(36)**	
GP Forward View Allocations					
GPFV Access funding (REC)		979	979	0	Extended access funding as applied to CCG baselines.
GPFV Other - (NR)		235	235	0	Workforce Training Hubs / Primary Care Development / Practice Resilience / Online Consultation / Improving Access & Infrastructure Resilience
Sub Total GP Forward View		**1,214**	**1,214**	**-**	
Total CCG Primary Care		**31,472**	**31,437**	**(36)**	

NHS
Northumberland
Clinical Commissioning Group

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	8 December 2021	
Agenda item	3.2	
Report title	Quarterly Quality Assurance Report Q1 2021/22	
Report author	Head of Performance and Assurance	
Sponsor	Chief Operating Officer and Medical Director	
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 407 – National and local agreed outcomes	
Resource implications	N/A	
Consultation/engagement	Patient, public, stakeholder, clinical.	

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	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Quarterly Quality Assurance Report Q1 2021/22					
2. Project Lead	**Director Lead**	**Project Lead**			**Clinical Lead**	
	Chief Operating Officer	Head of Performance and Assurance			Medical Director	
3. Project Overview & Objective	This report provides a quarterly assurance update on the quality of primary medical services.					
4. Quality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
Patient Safety	N/A					
Clinical Effectiveness	N/A					
Patient Experience	N/A					
Others including reputation, information governance and etc.	N/A					
5.Equality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?	N/A					
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?	N/A					
6. Research *Reference to relevant local and national research as appropriate.*	N/A					
7**. Metrics** *Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.*	**Impact Descriptors**	**Baseline Metrics**			**Target**	
	N/A					
	N/A					
	N/A					
8. Completed By		**Signature**			**Printed Name**	**Date**

Head of Performance and Assurance	**David Lea**	David Lea	29/11/2021
Additional Relevant Information:			
8. Clinical Lead Approval by	**Signature**	**Printed Name**	**Date**
Additional Relevant Information:			
9. Reviewed By	**Signature**	**Printed Name**	**Date**
Comments			

Northumberland
Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee
8 December 2021
Agenda Item: 3.2
Quarterly Quality Assurance Report Q1 2021/22
Sponsor: Chief Operating Officer

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

1. **Consider the 2021/22 Q1 quality assurance update and provide comment.**

Purpose

This report provides the 2021/22 Q1 quality assurance update which consists of review outcomes by the Primary Care Quality and Sustainability Panel and findings of Care Quality Commission (CQC) inspections.

Background

In April 2013, NHS England (NHSE) published the Primary Medical Services Assurance Framework. The framework sets out a 3-stage assurance process:

- Stage 1: Intelligence gathering and Local Assurance Meeting at NHSE
- Stage 2: Local Quality Group (LQG) at NHS Northumberland Clinical Commissioning Group (CCG) level to review data shared by NHSE
- Stage 3: Escalation from CCG to NHSE for formal contract management if deemed necessary.

As a delegated commissioner of primary medical services, the CCG convened its first LQG meeting in July 2016. Subsequent meetings are held after receipt of NHSE, QOF and other locally generated quarterly data.

The CCG has built on the above process and developed an enhanced Quality Assurance Framework. This revised framework was shared with PCCC in December 2019.

GP Quality Dashboard

At the time of carrying out the assessment in Quarter one, there was increased access to more recent data from NHS England compared to previous quarters. As a part of generating some resilience for the management of COVID-19 some of the earlier data from the national data sets was not available. This is likely to remain an issue for an increased time to come. Where possible the CCG local data has been used to overcome this issue.

Many practices across both the CCG and the country were asked by NHS England / Improvement to prioritise their workload and workforce. This prioritisation was to ensure a robust COVID-19 vaccine delivery programme and to ensure all patients registered are risk stratified, their needs identified and those at greatest risk have access to the care and support they need. The vaccination programme continues to be delivered successfully with the performance reported within Northumberland to be one of the strongest both within the region and across the country.

The CCG also continues to monitor overall performance, identifying where the greatest emphasis will be required when services begin to return to more routine work. A COVID recovery monitoring process is in place for General Practice, as with other parts of the health and care system in Northumberland.

Update for Quarter 1

It should be acknowledged that general practice remains under significant pressure due to the COVID pandemic and recovery. It has been important that the local quality group monitors performance and at the same time ensure that all practices receive the support that they need from the CCG during these unprecedented times.

With the pressures that practices are under resulting in a shift in their work prioritisation combined with the limited access to data for reporting current activity, the Local Quality Group undertook a review of the indicators and areas to focus upon with the practices during the period of the pandemic and the recovery period.

It was agreed to continue the focus upon the following areas:

- Performance indicators for the Medicine management indicators, childhood immunisation, Cervical screening, SMI Mental Health and Learning Disability checks.
- Clinical indicators within the NHSE / CCG indicator set - including long term health checks
- 2020/21 Primary Care Quality Outcome Framework (QOF) out turn
- GP patient experience results 2021
- Safeguarding
- Care Quality Commission inspections
- Breaches
- Sustainability visits and outcomes

Performance indicators

Medicines Management
The quarterly performance for the practice medicine management (PMM) indicators overall, remains strong across the CCG although there is some variation across practices in the review of the medicines' management information.

Action - The PMM commissioning team has not identified any areas of concern within practices.

Childhood vaccinations and immunisations

The most recent childhood vaccination data (quarter four) indicates generally strong performance against the 95% threshold with the performance locally being stronger than the overall national position. There were only four practices that failed to vaccinate five or more children within the recognised time frame.

Action – The CCG will continue to closely monitor the data and approach the outlying practices to ensure that children are not missed from being vaccinated.

Cervical Screening

Cervical screening has been a priority during the pandemic and all practices have acknowledged that improvement is required.

Quarter 4 2020/21 performance (compared with Q3 2020./21 in brackets)

Cervical screening age range (Target 80%)	CCG	England	Practice range
25 - 49 years (3.5 year coverage)	77.2% (76.2%)	68.9% (68.1%)	70.7% - 86.7% (69.8 - 86.7%)
50 - 64 years (5.5 year coverage)	77.8% (77.6%)	75% (75%)	66.9% - 88.6% (66.0 - 89.0%)

The most recent cervical screening data related to the quarter four position. Overall Northumberland was placed 3rd highest performing CCG in the country with an overall average of 77.2% in relation to screening 25 to 49 years old. The practice performance ranged from 70.7% to 86.7%. Within the 50 to 64 years old cervical screening group Northumberland was placed 13th compared to other organisations within the country with an overall average of 77.8%. The range of practice performance was between 66.9% to 88.6%.

Action - The CCG has provided additional support for practices whether that be in terms of training provision or financial support to enable recovery to continue.

Northumberland has been allocated £20,000 to improve the uptake of cervical screening, with £10,000 already being allocated to practices. The remaining £10,000 has been allocated to outlying practices for remedial action. Monitoring of this remedial action will continue.

The local quality group determined that although there is good performance in this area across Northumberland, it could be improved and it is intended for the CCG to continue to provide a focused lead nursing resource to improve the level of cervical screening across practices. There will be a training needs analysis undertaken and additional training provided to enable practices to continue to improve on recent performance. In addition, the CCG will continue to actively promote the importance of screening through communication to the Northumberland population.

Serious Mental Illness annual health checks

The overall SMI health checks performance for Northumberland improved when compared with the previous quarter's performance. In July 2021 the performance was reported at 31.5% compared with 27.4% in the previous quarter against the national target of 60%.

The practice range of performance for July 2021 was from 8.2% to 80.5% compared with 4.2% to 61.8% in April 2021. The practice that achieved the 80.5% performance has developed a process and a series of templates to make the health check easier to carry out.

Action - This health check process has been adapted for both EMIS and SystmOne practices as a standardised approach. SMI health checks are included in the 2021/22 PCCS incentive scheme. The combination of both these initiatives is expected to achieve the 60% target by the end of the financial year. GP practices are now actively planning appointments for patients who have not had a recent health check and CCG leads continue to work with practices.

Learning disability annual health checks

The CCG's overall performance has been strong against this indicator which has been further supported by its inclusion in the PCCS incentive scheme. At the end of 2020/21 the CCG exceeded the NHS England target.

The performance is measured on a rolling annual basis. The period used at the time of the review was between August 2020 and July 2021 when the overall CCG performance was reported at 73% with the individual practice range was 0% (requiring 4 health checks to be done) to 96%.

Action – The mental health leads continue to support the practices. It is therefore expected that both the CCG and practices will have a continued focus during quarter 3 and 4 to complete the outstanding health checks to improve the current levels of performance. Through the ongoing sharing of the individual practice level performance from the local quality group, with the mental health leads for learning disability this will enable focused support to be provided with the practices who are currently underachieving this indicator.

Review of clinical indicators

The CCG has reviewed again each practice's performance against a wide range of clinical indicators which include the long-term health checks for Coronary Heart disease, Respiratory and Diabetes. Urgent care intervention is also included.

Whilst it is realised that with the prioritisation of COVID19 activities has taken priority over carrying out some of these activities, where practices have been identified as an outlier, the CCG has reviewed whether the practice's underperformance is deteriorating, constant or improving over recent quarters. Where the performance is either deteriorating or is constant, the CCG will support the practices recovery over future months through more in-depth monitoring and closer working.

With the reintroduction of QOF work during 2021/22 and the PCCS the performance against the above indicators across many practices has started to improve. However, it should be noted due to pandemic pressures and national re-focus on health care prioritisation there may be a need to review the areas of care for general practice focus. Further guidance on this is expected from NHS England. In discussion with practices, it is evident there is an urgency to continue the catch up to monitor patients with long term conditions and to ensure there has been no negative impact.

2020/21 Primary Care Quality Outcome Framework (QOF) out turn

Following the review and publication of the 2020/21 results, the CCG approached practices at the end of quarter two based upon their performance to date. Practices were invited to generate a recovery plan to identify areas which would be more challenging to recover. The CCG is using this as a baseline and has allocated all funding available to practices to support the recovery of practices during the remaining part of this financial year.

GP national patient experience survey results 2021

Patient experience continues to be a concern locally and nationally.

The GP Patient experience national survey results were published earlier in the year when a comparative summary of performance against some of the key areas including the overall satisfaction results. A part of the comparison exercise included using the 2020 results as a baseline to assess the changes across the practices.

Action - Additional funding has been made available to the CCG to improve future patient experience results and the CCG has developed a task and finish group to review and address the issues. The focus of this work was to develop patient and stakeholder engagement with the main objective of building the confidence of patients in their primary health care team and to understand the barriers / challenges for patients. In addition it is proposed we engage with the staff within practices to capture their experience of current demand and access models. The results will help inform future service developments and access options for practices across Northumberland and identify areas for targeted work with practices and the patient participation groups.

Serious incidents

There were no serious incidents reported during this period relating to GP practices within Northumberland.

Safeguarding

There are no safeguarding issues in relation to practices raised during the period of review.

The Named Nurse Primary Care (NNPC)

This is a new role which has been appointed to within the CCG. The post holder's role is to attend each practice at least once annually to offer support, share learning, seek assurance, and identify any areas for development. Additionally, this gives the opportunity to develop good links with GPs and Primary Care staff. To achieve this the most appropriate setting is to attend the supporting families multi-disciplinary meeting where vulnerable people are discussed. To date the NNPC has attended 20 practices 'supporting families' meetings either face to face or via teams, with a further five practice visits arranged up to the end of January 2022. The observations include attendance to meeting, structure of meeting, case discussions, 'was not brought', unborn babies, think family approach etc. The themes which have been identified which have required action by NNPC to support the practices have included poor attendance from 0-19 and midwifery services, poor quality consent form used by the Local Authority requesting information from GPs which was immediately raised with the Local Authority, and this was promptly amended. Additionally, risks identified by GPs regarding a child presenting at a Provider Hospital where a safeguarding referral was not made, the NNPC was able to liaise with the Named Nurse at the Provider hospital to further investigate.

There has been individual case discussion with advice and support given for individual cases. In addition, advice regarding the structure of the meetings, the safeguarding issues to cover and documentation/coding have also been offered to practices when required. Furthermore, attendance at these meetings allow the NNPC to share learning from Case Reviews and CQC inspections, to discuss any training needs or training opportunities for Primary Care staff.

Sustainability visits

Despite the pressures of COVID-19, practice sustainability visits have been maintained. Visits continue to occur and have been planned to go forward, for the remainder of 2021/22.

The most common themes that continue to be discussed during the meetings include:

- The wellbeing of staff during the COVID-19 pandemic
- The management of the workload – balancing non-COVID-19 healthcare with the additional pressures of COVID-19
- Development of the Primary Care Networks (PCNs)
- Management of estates – both generating capacity to resource the management of COVID-19 patients and the growing workforce in PCNs, along with the vaccination programmes and the reconfiguration of practice surgeries including the closure of branch surgeries.

Following the sustainability visits the Team including Medical Directors, Senior Head of Commissioning and Locality Portfolio Leads have reviewed the outcomes of all visits. Actions to support practices are focussed on the themes identified:

- Workforce – the CCG continues to oversee the workforce programme for primary care – education sessions are underway for all clinical staff – in addition workforce planning at both practice and PCN level has commenced with support available for all NHS employees and practices to access appropriate resource and income. Non-recurrent

investment is to be made available to all practices to support workforce developments and resilience and retention of staff.

- Development of Primary Care Networks – PCNs have continued to develop strongly and through the pandemic the collaborative working across practices has been expedited. Support to Care Homes, Early Cancer Diagnosis, Community Mental Health services and Structured Medical Reviews as well as the response to the COVID-19 pandemic has been the focus for PCNs.

    - Further work has been ongoing to develop the maturity of PCNs, including engagement with their populations, developing population health management, additional roles employment and leadership.
    - A facilitated workshop will be held with PCNs and the CCG to consider the representation of general practice in the ICS and to understand the role of PCNs moving forward and their relationship with commissioners to facilitate effective transformation and stability of general practice.

- Premises and estates – 2021 the CCG Primary Care Team has identified premises adaptations required to address infection prevention control issues and invest in changes to accommodate social distancing. In addition to the pandemic priorities, the CCG continues to support all practices requiring a review of space and providing support to ongoing contract and more permanent solutions as outlined in the CCG Estates Strategy. The digitisation of patient records will release some space to many practices, and this continues despite the pressures of the vaccination programme. PCNs are being supported by the CCG Primary Team to develop strategic estates plans, aligned to whole system opportunities, and sharing of space within their neighbourhoods.

Practice activity schemes including the Primary Care Commissioning Services and the direct enhanced services have been developed for 2021/22 with many of the indicators being incentivised for achievement that will recover the performance that deteriorated as a consequence of the reprioritisation of activities as a consequence of the pandemic. These commenced in quarter 3 of 2021/22.

Actions

As outlined in the last report to members, a review of all data and soft intelligence available last time, five practices have been identified for further action. This is where they are an outlier in several of the areas reviewed.

None of the practices identified demonstrate any significant clinical concerns. The five practices received letters in September, and all have now responded constructively to the concerns raised by the CCG.

Two practices are under significant pressure due to staffing issues, and they are being supported by a neighbouring practice in this. Four of the five practices identified lie within the same locality, and this will require monitoring and support through the PCN development work.

Many have raised concerns about the additional burden this has placed upon them. A number of themes has emerged from the practice responses including their QOF achievement. This work was paused nationally during the height of the pandemic and it is taking time to recover performance due to staff absences and the recent and ongoing national blood bottle shortage. Consequently, QOF achievement cannot be a reliable measure of quality for the remainder of this year.

A more recent review of how the five previously identified practices performed against the same indicators where refreshed information was available was undertaken. In the case of three practices there had been some improvement against the indicators identified. There were however some areas where there had been some deterioration.

The three practices which received closer scrutiny from the CCG previously continue to be reviewed. In many of the areas that caused areas of concern in the past, the practices are continuing to make good progress in recovering their performance.

Summary

Due to COVID-19 there has been an interruption in the availability of data and therefore the quality group is necessarily focusing its monitoring of quality on different methods with an emphasis on soft intelligence. In addition to the continuation of sustainability visits and investigating SIRMs as outlined above, the CCG is:

- Meeting with PCN leads on a weekly basis
- Meeting Locality Member Practices monthly
- Undertaking sustainability visits with each practice
- Offering support to practices to ensure business continuity
- Reviewing the need for situation reporting
- Monitoring COVID recovery

Recommendation

The Primary Care Commissioning Committee is asked to consider the quality assurance update and provide comment.