

**NHS South Sefton CCG NHS Southport & Formby CCG Primary Care Commissioning Committee in Common- Part 1 Agenda**

Date: **Thursday 18<sup>th</sup> March 2021 10:00-11:00am**

Venue: **MS Teams due to Covid 19**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	BP
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Dil Daly	S&F CCG Lay Member (Co Chair)	DD
<b>Non- Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Jane Elliott	SSECCG Locality Manager	JE
Richard Hampson	SSECCG Primary Care Contracts Manager	RH
Colette Page	SS SFCCG Practice Nurse Lead	CP
<b>Minutes</b>		
Jacqueline Westcott	SSECCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC21/17.	Apologies for absence	Chair	V		
PCCiC21/18.	Declarations of interest regarding agenda items	All	V		
PCCiC21/19.	Minutes of the previous meeting : Date 21 <sup>st</sup> January 2021	Chair	R	A	
PCCiC21/20.	Action points from the previous meeting	Chair	R	R	
PCCiC21/21.	Report from Operational Group and Decisions made: February 2021	JL	R	R	
PCCiC21/22.	Healthwatch Issues	DB	V	R	
PCCiC21/23.	PCN Update	CG/KS	V	R	
PCCiC21/24.	Primary Care Finance	RS	R	R	

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC21/25.	Primary Care Quality Dashboard	RH	V	A	
PCCiC21/26.	Workforce (strategy and planning)	RH	R	R	
PCCiC21/27.	Primary Care Workplan 2021/2022	AP	V	A	
PCCiC21/28.	Key Issues log	Chair	R	R	
PCCiC21/29.	Primary Care Risk Register Part 1	Chair	R	R	
PCCiC21/30.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair			
PCCiC21/31.	<b>Date and time of next Meeting: 20<sup>th</sup> May 2021 10.00am-11.00am</b>				

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning  
Committee in Common  
Approved minutes 18<sup>th</sup> March 2021 – Part 1**

**Date:** Thursday 18<sup>th</sup> March 2021

**Venue:** MS Teams due to Covid-19 Pandemic

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
<b>Non-Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
<b>Minutes</b>		
Susan Spofforth	Senior Administrator	SS

**Attendance Tracker** D = Deputy      ✓ = Present      A = Apologies      N = Non-attendance

Name	Membership	Nov20	Jan 21	Mar 21			
<b>Members:</b>							
Graham Bayliss	SS CCG Lay Member (Co Chair)	✓	✓	✓			
Alan Sharples	SS CCG Lay Member	✓	✓	✓			
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓			
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓			
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N			
Jane Elliott	Locality Manager SSCCG	✓	N	N			
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A	N			
Sharon Howard	NHSE	N	N	N			
<b>Non-Voting Attendees:</b>							

Name	Membership	Nov20	Jan 21	Mar 21			
Dr Craig Gillespie	GP Clinical Representative	✓	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓	✓			
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓			
Eshan Haqqani	Interim Primary Care Quality Manager	✓	✓	N			
Joe Chattin	LMC Representative	✓	N	N			
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N			
Rebecca McCullough	SS SF CCG Finance	N	N	N			
Diane Blair	Healthwatch	✓	N	A			
Rob Smith	SS SF CCG Finance	N	✓	✓			

No	Item	Action
PCCiC 21/17.	<p><b>Introductions and apologies</b></p> <p>GB opened the meeting; apologies were received from DB.</p>	
PCCiC 21/18.	<p><b>Declarations of interest</b></p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/19.	<p><b>Minutes of the previous meeting</b></p> <p>Date: Thursday 21<sup>st</sup> January 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/20.	<p><b>Action points from the previous meeting</b></p> <p>The action tracker was reviewed and it was agreed that Healthwatch will not be closed as it was still worth reviewing. Admin to check numbering sequence and amend where necessary.</p>	Completed
PCCiC 21/21.	<p><b>Reports from the Joint Operational Group</b></p> <p>JL updated, that during the meeting in February a decision was made with Trinity Practice and North Park re the APMS contract – Michelle is currently working on this. There have been lateral flow testing kit issues but these have moved on. BP monitoring is no longer available in Community Pharmacy, JL linking with SL to discuss further.</p>	
PCCiC 21/22.	<p><b>Healthwatch Issues</b></p> <p>There was no representative from Healthwatch at the meeting today.</p>	

<p>PCCiC 21/23.</p>	<p><b>Primary Care Networks Update</b></p> <p>CG and KS gave update.          Seaforth and Litherland PCNs are working well independently and together with the C19 programme taking priority,          Bootle, Crosby and Maghull – three practices have decided to join from next year which leaves one not signed up to the PCN.          All Southport and Formby practices will be covered by one PCN from 1/4/21. Paperwork is currently in the drawing up stage because Ainsdale and Birkdale PCN could not exist due to low numbers. NHSE didn't agree for them to exist on their own so they joined North Venture and Formby PCN.          JL stated it was worth noting that there will be representatives from each locality group and this will feed into the bigger PCN structure, doing this they will still retain a sense of identity.</p>	
<p>PCCiC 21/24.</p>	<p><b>Primary Care Finances</b></p> <p>South Sefton CCG – no issues from team.          Southport and Formby CCG – report noted.</p>	
<p>PCCiC 21/25.</p>	<p><b>Primary Care Quality Dashboard</b></p> <p>RH advised that the next stage will be a meeting with Tom Roberts to pull together whenever the Dashboard comes up on agenda.</p> <p>As of 1/4/21 the plan is to start contract reviews with practices to update Dashboard. Team were happy for RH to produce a draft to circulate for their opinion.</p> <p>This will be on the Workplan for July and a more robust report should be available. The delay is caused by C19.</p>	
<p>PCCiC 21/26.</p>	<p><b>Workforce (strategy and planning)</b></p> <p>RH gave update on graphs and advised that due to the national directive of the C19 vaccination centres a more in-depth workforce update will be presented during the September 2021 PCCiC.</p> <p>S&amp;FCCG - PCN overview similar to last report but from 1/4/21 this will look different. In Sept 21 there will be a better platform to represent new look on S&amp;F CCG PCN. ARRS, PCN continuing to recruit but due to C19 lot of things put on hold. Sept 21 may have more detail on updates. Workforce really successful and PCNs have started to take lead with CCG supporting.</p> <p>SSCCG - PCN overview similar to S&amp;F opportunity for more practices to be involved. ARRS similar to S&amp;F national C19 has dominated workforce world, recruitment continues and will update when know more. PCN workforce same as S&amp;F, supporting staff and running sites re C19.          Will know more Sept 21.</p>	
<p>PCCiC 21/27.</p>	<p><b>Primary Care Workplan</b></p> <p>AP will recirculate as the section for May was missed off. These meetings are held every 2 months the first 5 items are regular at each meeting with individual items added throughout the year.</p> <p>May agenda has Estates Strategy and Planning and advised that this will be received by the Committee twice yearly.</p>	

PCCiC 21/28.	<p><b>Key Issues Log</b></p> <ul style="list-style-type: none"> <li>• SS PCN stable and working independently and well together. Only one not signed up.</li> <li>• All S&amp;F practices will be in one PCN with representatives from all.</li> </ul>	
PCCiC 21/29.	<p><b>Primary Care Risk Register Part 1</b></p> <p>The risk register was reviewed and updated.          JL has closed non relevant risks.          C33 – Primary Care Risk has been reduced but will leave on and update register.          JC03 – Commissioning. 2<sup>nd</sup> C19 doses still need to be done and will be reflected in update.          New risk re Estates in SS and lack of impact on ARRS recruitment for PCNs needs to be added.          Team happy with comments.</p>	
PCCiC 21/30.	<p><b>Any Other Business</b></p> <p>JL updated on the C19 vaccination programme. PCN groupings are focusing on Cohorts 1-9. Sites seem to be struggling on getting patients in as the market is saturated with offers. If this continues there will be an issue with running costs.</p> <p>An email has been sent to NHSE and currently awaiting instructions on available appointments as the current vaccine batch ends this month. In the meantime she is approaching Council and Police for staff over 50 to be vaccinated.</p> <p>DD thanked both GB and CG for their input in these meetings and everyone agreed that they will be missed.</p> <p><b><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></b></p>	
<p><b>Meeting Concluded.</b></p>		
<p><b>Date of Next Meeting:</b> Thursday 20<sup>th</sup> May 2021 10.00am-11.00am.  <b>Venue:</b> MS Teams</p>		

## SS SF NHSE Primary Care Commissioning Committee in Common – Part 1

### Action Tracker March 2021

Item		CCG	Lead	Time
PCCCiC 19/117	Healthwatch to present the access reports for Bootle and Central Southport GP Patient survey results for Bootle and Central Southport <b>16.1.20 Update:</b> Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20. <b>19.3.20 Update:</b> Item is on the agenda for today's meeting 19.3.20 <b>21.5.20 update:</b> item ongoing as not yet finalised. <b>16.7.20 Update:</b> item on going awaiting a report. <b>19.11.20 Update:</b> item remains ongoing. <b>21.1.21 Update:</b> item deferred due to Covid 19 pandemic	Both	DB AP	Jan 20
PCCCiC20/89	<b>19.11.20 update:</b> Finance to present rent subsidiary for Trinity and St Marks to the Committee. <b>21.1.21 update:</b> Finance reported on action, item closed.	Both	RS	Jan 21
PCCCiC20/89	<b>19.11.20 update:</b> Finance to include the LQC budget in finance papers to the Committee when next on the work plan. <b>21.1.21. update:</b> Finance to present LQC budget to the Committee. Item Closed	Both	RS	Jan 21
PCCCiC20/89	<b>19.11.20 update:</b> Healthwatch to present information on the reductions of prescription waste. <b>21.1.21 update:</b> awaiting an update from Healthwatch.	Both	DB	Jan 21
PCCCiC20/91	<b>19.11.20 update:</b> Interpreting service account codes to be reviewed and re-issued to practices. <b>21.1.21 update:</b> payments to the Interpreting service will be the responsibility of South Sefton CCG – item closed.	Both	RH/AC	Jan 21

## Primary Care Commissioning Committee March 2021

<b>Agenda Item:</b> 21/24	<b>Author of the Paper:</b>	
<b>Report date:</b> March 2021	Robert Smith Senior Management Accountant <a href="mailto:robert.smith@southseftonccg.nhs.uk">robert.smith@southseftonccg.nhs.uk</a> Tel: 0151 317 8475	
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 31 January 2021		
<b>Summary/Key Issues:</b> This paper presents the Primary Care Commissioning Committee with an overview of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 <sup>st</sup> January 2021.		
<b>Recommendation</b>	Note	<input checked="" type="checkbox"/>
The Primary Care Commissioning Committee is asked to receive this report noting:	Approve	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>• As at 31<sup>st</sup> January 2021 the year to date financial position is underspent by £377k against budget and the full year forecast position is an underspend of £359k.</li> </ul>	Ratify	<input type="checkbox"/>

Links to Corporate Objectives 2020/21	
x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.



x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			Finance and Resource Committee – to be presented March 2021

## Primary Care – General Medical Services – Financial Position as at 31<sup>st</sup> January 2021

### 1. Financial Position as at 31<sup>st</sup> January 2021

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for South Sefton CCG as at 31 January 2021.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 31<sup>st</sup> January. The total budget presented is for the full financial year (April 2020 to March 2021).

**Table 1 – Delegated Co-Commissioning Position**

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	15,583,144	12,985,954	12,568,453	(417,501)	(505,703)
Premises	1,406,044	1,171,702	1,043,005	(128,697)	(95,881)
Staff Costs	280,166	233,472	112,070	(121,402)	(145,364)
QOF	2,228,353	1,856,959	1,839,892	(17,067)	(21,636)
Enhanced Schemes	176,856	147,380	127,380	(20,000)	(27,274)
PCN Schemes	1,555,595	1,298,091	1,010,323	(287,768)	(280,338)
Prescribing	87,706	73,088	82,676	9,588	2,975
Other	(611,355)	(520,904)	71,865	592,769	700,798
CCG Staff	114,003	95,001	108,472	13,471	13,485
<b>Grand Total</b>	<b>20,820,512</b>	<b>17,340,743</b>	<b>16,964,137</b>	<b>(376,606)</b>	<b>(358,939)</b>

The year to date financial position at 31<sup>st</sup> January 2021 is an underspend of £377k against budget, and a forecasted full year position of a £359k underspend.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £874k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.

## 2. Movement from previously reported position – November 20 to January 21

Table 2 – Movement by Category between Month 8 November 2020 and Month 10 January 2021

Category	YTD Variance			FOT Variance		
	Month 8	Month 10	Change	Month 8	Month 10	Change
Core Contract	(330,938)	(417,501)	(86,563)	(500,783)	(505,703)	(4,920)
Premises	(110,906)	(128,697)	(17,791)	(91,881)	(95,881)	(4,000)
Staff Costs	(53,711)	(121,402)	(67,691)	(78,505)	(145,364)	(66,859)
QOF	(28,060)	(17,067)	10,993	(36,791)	(21,636)	15,155
Enhanced Schemes	325	(20,000)	(20,325)	0	(27,274)	(27,274)
PCN Schemes	(301,774)	(287,768)	14,006	(298,992)	(280,338)	18,654
Prescribing	(20,930)	9,588	30,519	(20,932)	2,975	23,907
Other	500,054	592,769	92,715	719,528	700,798	(18,730)
CCG Staff	5,794	13,471	7,677	5,799	13,485	7,686
<b>Total</b>	<b>(340,146)</b>	<b>(376,606)</b>	<b>(36,461)</b>	<b>(302,557)</b>	<b>(358,939)</b>	<b>(56,381)</b>

The year to date financial position has improved by £36k since Month 8, whilst the full year forecast has improved by £56k since Month 8. It should be noted that the full year forecast now includes expectations for M7-M12 where appropriate.

## 3. Detailed Commentary

**Core Contract** – The year to date financial position at M10 includes a £138k underspend arising from the contracts held with practices. There is a further £280k underspend resulting from payments ceasing for PMS Premiums (£193k) and APMS KPIs (£86k). The £280k underspend is recommitted as part of the Local Quality Contract. The full year forecast underspend of £506k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in relation to their properties for 2019/20. The result of this is a £70k benefit to the year to date financial position.

**Staff Costs** – For M7, the year to date underspend for Locum Cover and Doctors Retention Scheme was committed to the full year position. Between M8-M10 a further £68k was committed to the position year to date, with a similar increase to the forecasted full year position.

**PCN Schemes** - For Month 8, the CCG's position for the Additional Roles Reimbursement Scheme (ARRS) was amended from breakeven, to year to date actual. This follows clarification of the reporting position by NHS England and is reflected in the CCG's likely case final position at year end. At M10 the ARRS year to date underspend is £364k. The full year forecasted position currently assumes that the Primary Care Networks will fully claim the funding available in M11-M12.

**Prescribing** – For M1-M6 Prescribing Fees for 2020/21 performed below previous year's levels generating a year to date and forecasted underspend of £21k. Activity data for M7-M8 has now been received, with the level of activity exceeding budget, resulting in the year to date position being £9k overspent, with the full year forecasted position being £3k overspent.

Due to the two-month lag on Prescribing Fees, the M10 position includes estimates for M9 and M10.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast. At M10, the full year forecasted position improved by £18k to reflect the level of CQC Reimbursement Claims received.

#### 4. Local Quality Contract as at 31<sup>st</sup> January 2021

Table 3 – Local Quality Contract Position

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Part 1	3,222,229	2,685,191	2,652,512	(32,679)	(39,215)
Part 2	503,628	412,617	292,582	(120,034)	(120,034)
Part 3	4,994	4,162	1,150	(3,011)	(3,011)
<b>Grand Total</b>	<b>3,730,851</b>	<b>3,101,969</b>	<b>2,946,244</b>	<b>(155,725)</b>	<b>(162,260)</b>

For Part 1 the year to date variance and full year forecasted variance both assume practices will achieve 100% payment. The £33k year to date underspend, and the £39k full year forecasted underspend reflect the additional budget the CCG made available for changes to patient list sizes. The July and October list size changes have not required the full utilisation of this budget.

Part 2 and Part 3 are the activity based schemes claimed for on a quarterly basis. The full year forecasted position matches the year to date position to reflect the uncertain activity levels resulting from the COVID-19 pandemic. The year to date position consists of Q1 and Q2 actual expenditure, with Q3 being a combination of actual claims received, and an estimated value for outstanding Q3 claims. M10 has been accrued to budget ahead of Q4 claims being received. 2020/21 Phlebotomy activity after Q3 is £20k less than after the same period in 2019/20. This includes the top up payment for 50% of the difference between Phlebotomy Q1 2019/20 and Phlebotomy Q1 2020/21.

Table 4 – Movement by Category between Month 8 November 2020 and Month 10 January 2021

Category	YTD Variance			FOT Variance		
	Month 8	Month 10	Change	Month 8	Month 10	Change
Part 1	(30,275)	(32,679)	(2,404)	(45,413)	(39,215)	6,198
Part 2	(68,621)	(120,034)	(51,413)	(68,621)	(120,034)	(51,413)
Part 3	(2,146)	(3,011)	(865)	(2,146)	(3,011)	(865)
<b>Total</b>	<b>(101,042)</b>	<b>(155,725)</b>	<b>(54,683)</b>	<b>(116,180)</b>	<b>(162,260)</b>	<b>(46,080)</b>

The year to date financial position has improved by £55k since Month 8, whilst the full year forecast has improved by £46k since Month 8.

The underspend in the full year forecasted position for Part 1 has decreased by £6k to reflect updated list sizes. At M10 there has been a £51k increase in both the year to date position and the forecasted full year position underspend for Part 2 due to quarterly claims being below budgeted levels. Initial Q3 claims also indicate a low volume of activity for the new Root Cause Analysis scheme.

## 5. Recommendations

The Primary Care Commissioning Committee is asked to receive this report noting:

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed
- As at 31<sup>st</sup> January the year to date financial position is underspent by £377k against budget and the full year forecast position is a underspend of £359k.

**Robert Smith**  
**Senior Management Accountant**  
**March 2021**

## Primary Care Commissioning Committee March 2021

<b>Agenda Item:</b> 21/24	<b>Author of the Paper:</b>						
<b>Report date:</b> March 2021	Robert Smith Senior Management Accountant <a href="mailto:robert.smith@southportandformbyccg.nhs.uk">robert.smith@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8475						
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 31 January 2021							
<b>Summary/Key Issues:</b> This paper presents the Primary Care Commissioning Committee with an overview of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 <sup>st</sup> January 2021.							
<b>Recommendation</b> The Primary Care Commissioning Committee are asked to receive this report noting: <ul style="list-style-type: none"> <li>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>As at 31<sup>st</sup> January the year to date financial position is underspent by £200k against budget and the full year forecast position is a underspend of £114k.</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Note</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">Approve</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Ratify</td> <td style="text-align: center;"> </td> </tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							

### Links to Corporate Objectives 2020/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG’s QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			Finance and Resource Committee – to be presented March 2021

## Primary Care – General Medical Services – Financial Position as at 31<sup>st</sup> January 2021

### 1. Financial Position as at 31<sup>st</sup> January 2021

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for Southport & Formby CCG as at 31 January 2021.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 31<sup>st</sup> January 2021. The total budget presented is for the full financial year (April 2020 to March 2021).

**Table 1 – Delegated Co-Commissioning Position**

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	12,333,524	10,277,936	10,060,253	(217,683)	(261,805)
Premises	1,579,373	1,316,147	938,132	(378,015)	(363,573)
Staff Costs	73,838	61,532	93,379	31,847	39,154
QOF	1,917,130	1,597,608	1,653,471	55,863	62,576
Enhanced Schemes	277,912	231,594	216,560	(15,034)	(22,233)
PCN Schemes	1,296,404	1,086,682	952,377	(134,305)	(117,143)
Prescribing	104,858	87,382	97,011	9,629	11,556
Other	(476,723)	(395,629)	60,149	455,778	545,743
CCG Staff	89,567	74,643	66,644	(7,998)	(7,991)
<b>Grand Total</b>	<b>17,195,883</b>	<b>14,337,895</b>	<b>14,137,977</b>	<b>(199,918)</b>	<b>(113,716)</b>

The year to date financial position at 31<sup>st</sup> January 2021 is a underspend of £200k against budget and a forecasted full year position of a £114k underspend.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £778k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.



## 2. Movement from previously reported position – November 20 to January 21

Table 2 – Movement by Category between Month 8 November 2020 and Month 10 January 2021

Category	YTD Variance			FOT Variance		
	Month 8	Month 10	Change	Month 8	Month 10	Change
Core Contract	(173,616)	(217,683)	(44,066)	(261,637)	(261,805)	(168)
Premises	(303,031)	(378,015)	(74,984)	(363,573)	(363,573)	0
Staff Costs	24,090	31,847	7,757	34,246	39,154	4,907
QOF	49,151	55,863	6,712	62,576	62,576	0
Enhanced Schemes	(30,000)	(15,034)	14,966	(30,000)	(22,233)	7,767
PCN Schemes	(157,367)	(134,305)	23,062	(179,830)	(117,143)	62,687
Prescribing	0	9,629	9,629	(28,394)	11,556	39,950
Other	379,412	455,778	76,366	572,392	545,743	(26,649)
CCG Staff	(3,706)	(7,998)	(4,292)	(1,562)	(7,991)	(6,429)
<b>Total</b>	<b>(215,067)</b>	<b>(199,918)</b>	<b>15,149</b>	<b>(195,781)</b>	<b>(113,716)</b>	<b>82,065</b>

The underspend in the year to date financial position has decreased by £15k since Month 8, whilst the full year forecast underspend has decreased by £82k. It should be noted that the full year forecast now includes expectations for M7-M12 where appropriate.

In M10 the full year forecasted position for 'PCN Schemes' was amended to reflect the additional 0.75 WTE Clinical Director payments, totalling £69k, to be made in Q4. It should be noted that since M10, the CCG has received confirmation that these costs will be funded by NHSE. This has been reflected in the position for M12.

## 3. Detailed Commentary

**Core Contract** - The year to date financial position at M10 includes a £54k underspend arising from the contracts held with practices. There is a further £164k underspend resulting from payments ceasing for PMS Premiums which is recommitted as part of the Local Quality Contract. The full year forecast underspend of £262k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in relation to their properties for 2019/20. The result of this is a £200k benefit to the year to date financial position. In M8, the unused budget allocated to a property no longer in use was added to the full year forecasted position, increasing the forecasted underspend by £140k.

**PCN Schemes** - For Month 8, the CCG's position for the Additional Roles Reimbursement Scheme (ARRS) was amended from breakeven, to year to date actual. This follows clarification of the reporting position by NHS England and is reflected in the CCG's likely case final position at year end. At M10 the ARRS year to date underspend is £170k. The full year forecasted position currently assumes that the Primary Care Networks will fully claim the funding available in M11-M12.

**Prescribing** – For M1-M6 Prescribing Fees for 2020/21 performed below previous year's levels generating a forecasted full year underspend of £28k. Activity data for M7-M8 has now been received, with the level of activity exceeding budget, resulting in the full year

forecasted position being £12k overspent. Due to the two-month lag on Prescribing Fees, the M10 position includes estimates for M9 and M10.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast. At M10, the full year forecasted position improved by £27k to reflect the level of CQC Reimbursement Claims received.

#### 4. Local Quality Contract as at 31<sup>st</sup> January 2021

Table 3 – Local Quality Contract Position

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Part 1	2,557,266	2,131,055	2,124,344	(6,711)	(8,054)
Part 2	638,377	526,333	432,035	(94,299)	(94,299)
Part 3	16,073	13,394	10,495	(2,899)	(2,899)
<b>Grand Total</b>	<b>3,211,716</b>	<b>2,670,783</b>	<b>2,566,873</b>	<b>(103,910)</b>	<b>(105,252)</b>

For Part 1 the year to date variance and full year forecasted variance both assume practices will achieve 100% payment. The £7k year to date underspend, and the £8k full year forecasted underspend reflect the additional budget the CCG made available for changes to patient list sizes. The July and October list size changes have not required the full utilisation of this budget.

Part 2 and Part 3 are the activity based schemes claimed for on a quarterly basis. The full year forecasted position matches the year to date position to reflect the uncertain activity levels resulting from the COVID-19 pandemic. The year to date position consists of Q1 and Q2 actual expenditure, with Q3 being a combination of actual claims received, and an estimated value for outstanding Q3 claims. M10 has been accrued to budget ahead of Q4 claims being received. 2020/21 Phlebotomy activity after Q3 is £31k less than after the same period in 2019/20. This includes the top up payment for 50% of the difference between Phlebotomy Q1 2019/20 and Phlebotomy Q1 2020/21.

Table 4 – Movement by Category between Month 8 November 2020 and Month 10 January 2021

Category	YTD Variance			FOT Variance		
	Month 8	Month 10	Change	Month 8	Month 10	Change
Part 1	(13,965)	(6,711)	7,254	(20,948)	(8,054)	12,894
Part 2	(57,062)	(94,299)	(37,237)	(57,062)	(94,299)	(37,237)
Part 3	(2,899)	(2,899)	(0)	(2,899)	(2,899)	(0)
<b>Total</b>	<b>(73,926)</b>	<b>(103,910)</b>	<b>(29,984)</b>	<b>(80,909)</b>	<b>(105,252)</b>	<b>(24,343)</b>

The year to date financial position has improved by £30k since Month 8, whilst the full year forecast has improved by £24k since Month 8.

The underspend in the full year forecasted position for Part 1 has decreased by £13k to reflect updated list sizes. At M10 there has been a £37k increase in both the year to date position and the forecasted full year position underspend for Part 2 due to quarterly claims being below budgeted levels. Initial Q3 claims also indicate a low volume of activity for the new Root Cause Analysis scheme.

## 5. Recommendations

The Primary Care Commissioning Committee is asked to receive this report noting:

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.
- As at 31<sup>st</sup> January the year to date financial position is underspent by £200k against budget and the full year forecast position is an underspend of £114k.

**Robert Smith**  
**Senior Management Accountant**  
**March 2021**

## Primary Care Commissioning Committee in Common 18<sup>th</sup> March 2021

<b>Agenda Item:</b> 21/26	<b>Author of the Paper:</b>
<b>Report date:</b> 18 <sup>th</sup> March 2021	Name: Richard Hampson Job Title: Primary Care Contracts Manager <a href="mailto:richard.hampson@southseftonccg.nhs.uk">richard.hampson@southseftonccg.nhs.uk</a>
<b>Title:</b> Workforce Strategy 2020/2021	
<b>Summary/Key Issues:</b> The paper is designed to give an overview of workforce strategy within Southport and Formby CCG including reporting on PCN workforce activity.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	Note Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

### Links to Corporate Objectives 20/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		x		

Process	Yes	No	N/A	Comments/Detail
Clinical Engagement	x			
Equality Impact Assessment		x		
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees		x		

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

# Report to the Primary Care Commissioning Committee in Common March / 2021

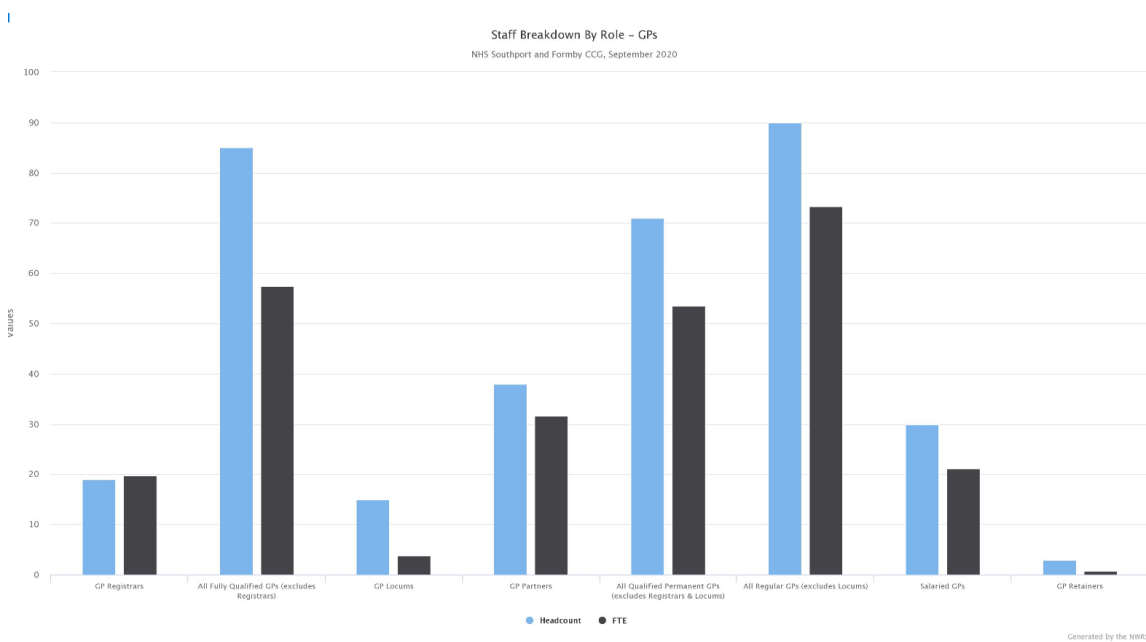
## 1. Introduction and Background

The paper is designed to present a high level overview of current workforce within Primary Care at CCG and PCN level whilst supporting the CCG’s wider people plan and strategy.

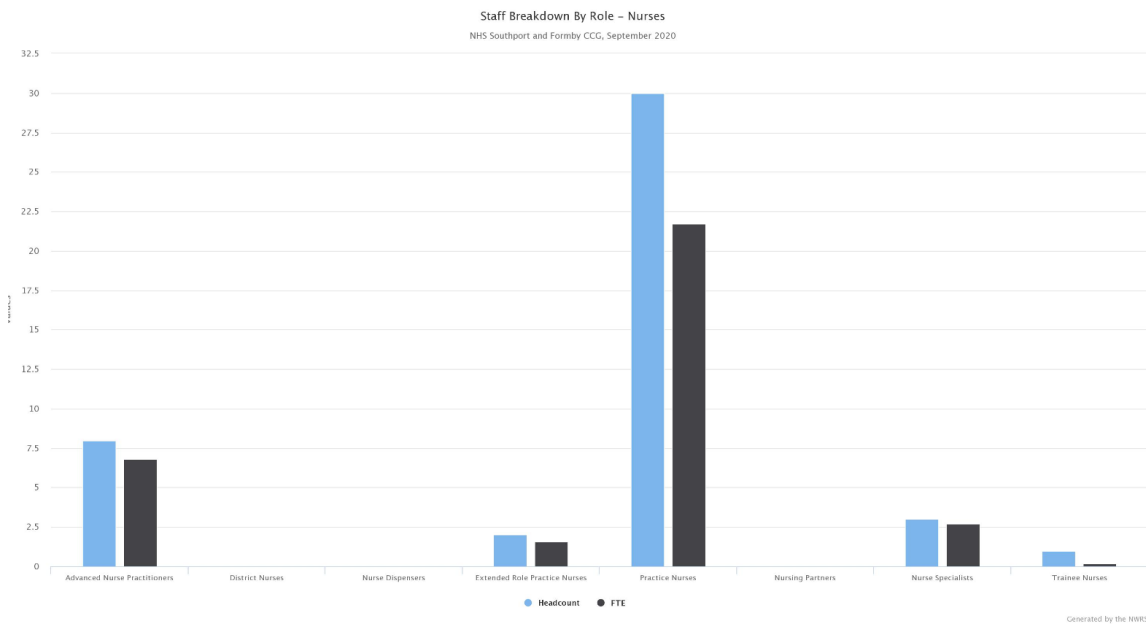
Please note that due to the national directive of the COVID19 vaccination centres a more in-depth workforce update will be presented during the September 2021 PCCiC.

### High Level Overview of Roles

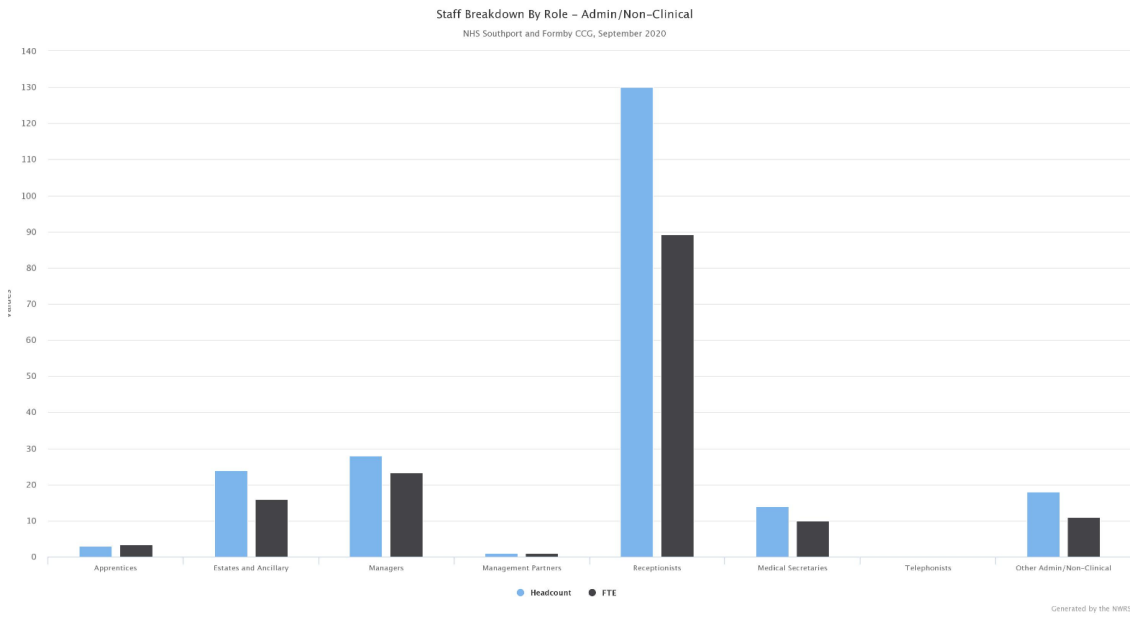
The following tables have been extracted from the National Workforce Reporting System (September 2020):



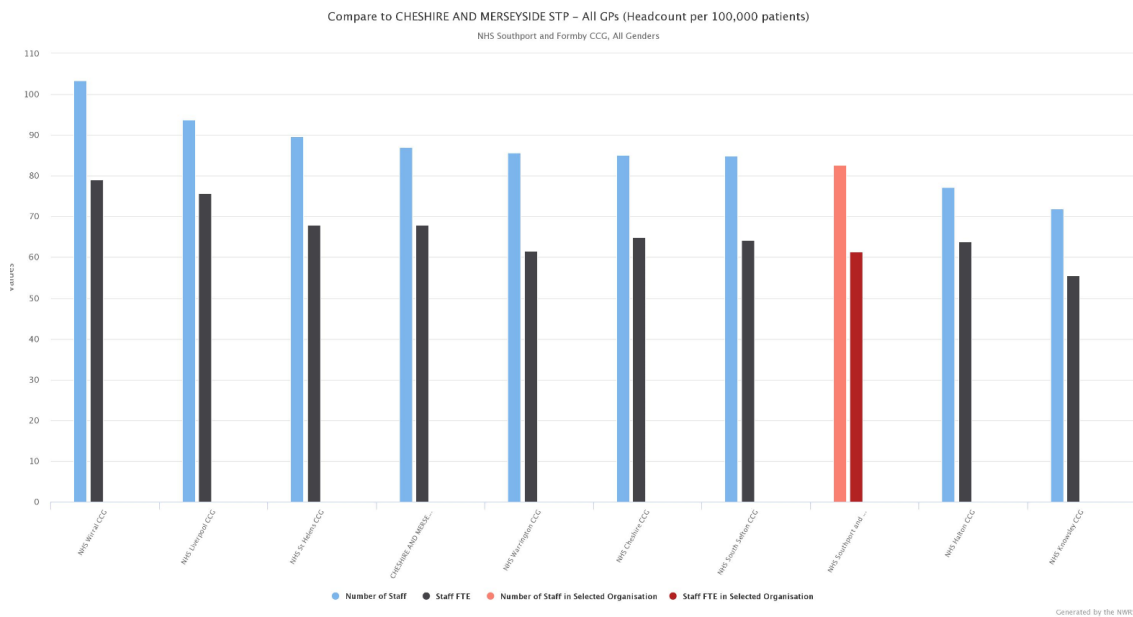
The above table shows headcount and full time equivalent (FTE) for GP’s in Southport and Formby CCG.



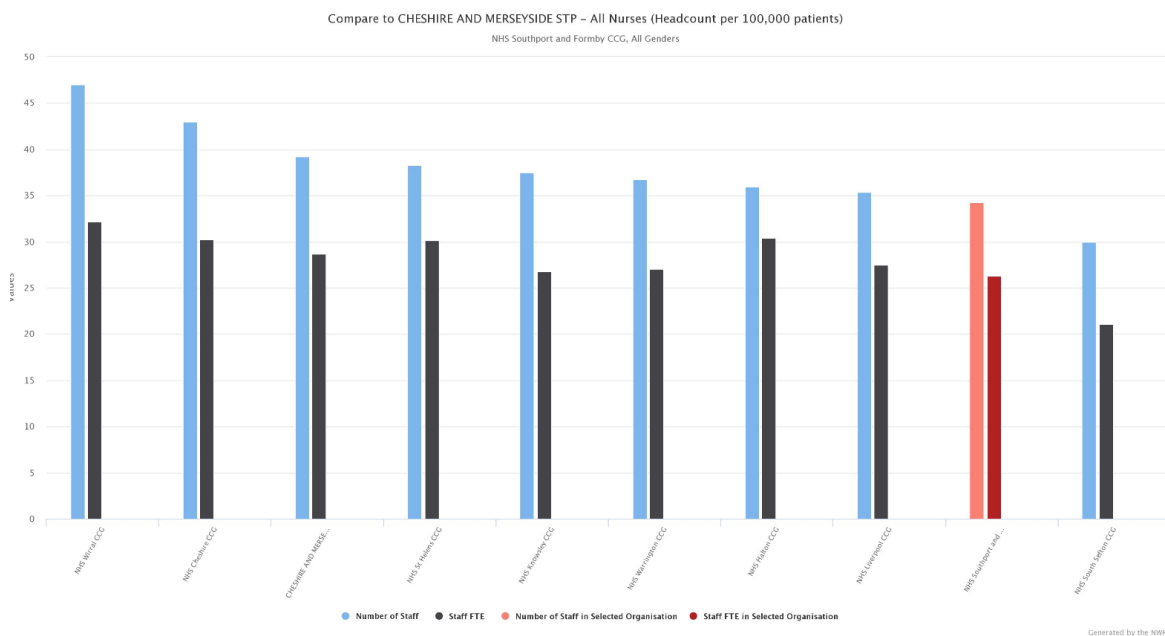
The above table shows headcount and full time equivalent (FTE) for nurses in Southport and Formby CCG.



The above table shows headcount and full time equivalent (FTE) for admin in Southport and Formby CCG.

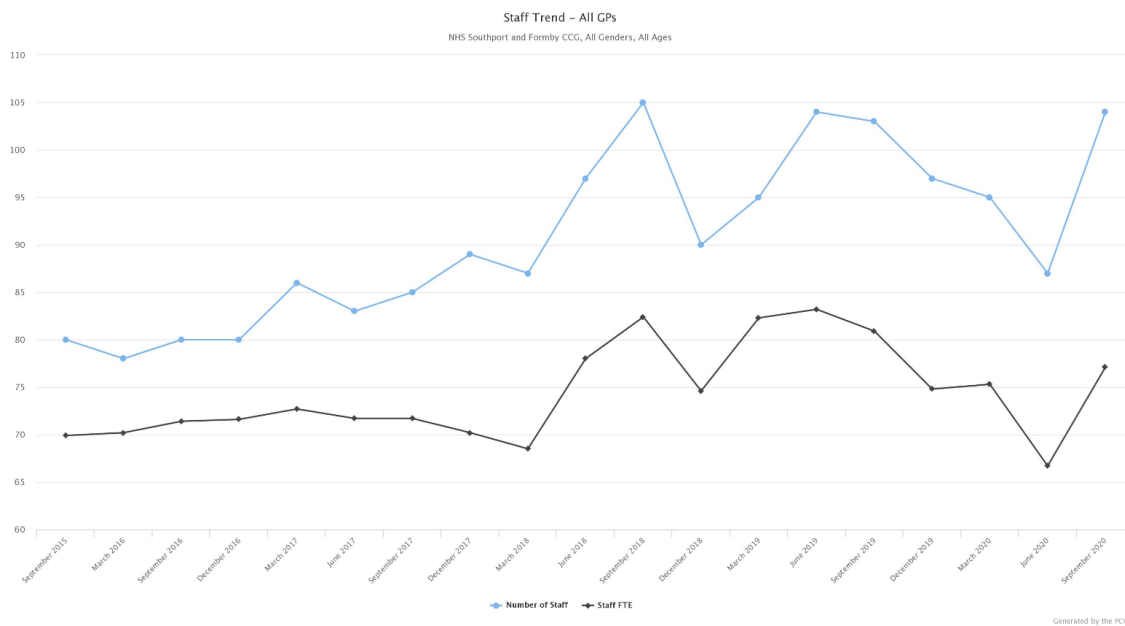


The above table is a comparison of all GP's in Southport and Formby CCG when compared with other CCG's.

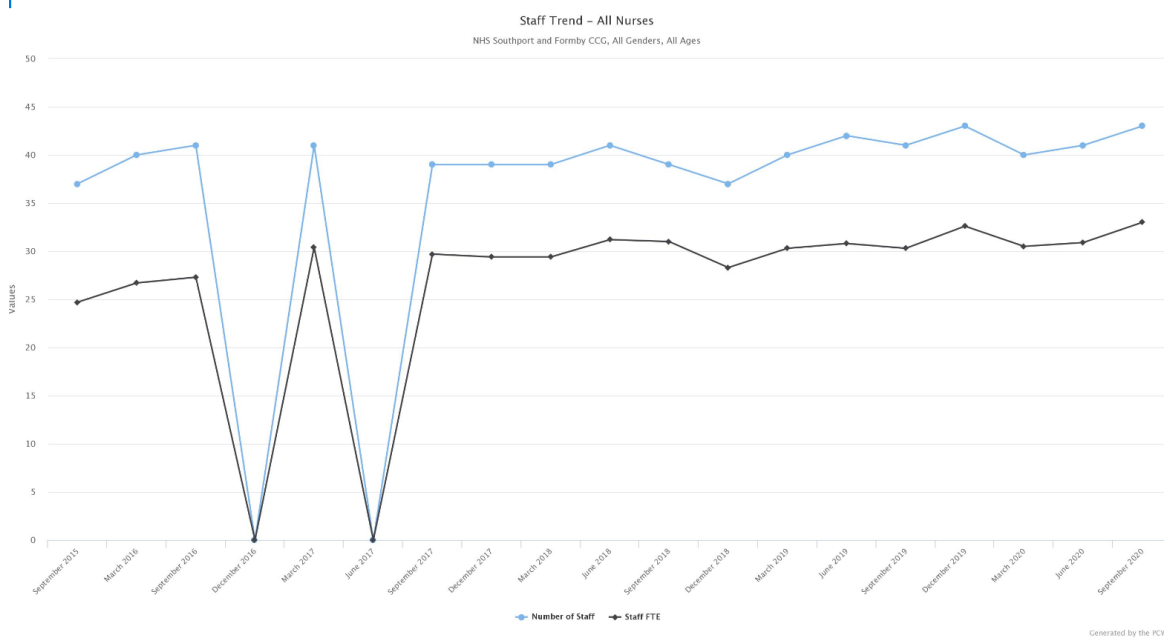


The above table is a comparison all nurses in Southport and Formby CCG when compared with other CCG's





The above table shows total number of GP's trend from September 2015 through to September 2020 for Southport and Formby CCG



The above table shows total number nurses trend from September 2015 through to September 2020 for Southport and Formby CCG.

## **PCN Overview**

In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 7 practices signed up to be part of a PCN (one practice unfortunately has been stranded as the rest of the PCN do not wish to take part), with 12 practices choosing to opt out of the DES.

Currently in Southport and Formby CCG, there are two PCN's: Ainsdale and Birkdale and Formby PCN.

As end the end of the financial and contracting year comes to an end those practices who are already in a PCN will be auto-enrolled in the scheme for the 2021-2022 financial years. Those practices who have currently opted out will also have the opportunity to join a PCN and sign-up. Currently the PCN's are in discussion with non-participating practices to understand their intentions moving into the new financial year. A more in-depth update will be presented at the September 2021 PCCiC where PCN membership will be confirmed.

## **Additional Role Reimbursement Scheme (ARRS)**

In July 2018, the Network Contract Directed Enhanced Service (DES) went live, which provided funding to Primary Care Networks (PCN) through a new Additional Roles Reimbursement Scheme (ARRS). The scheme was designed to allow networks to build up and expand primary care teams to help deliver services and the network directed contracts. The scheme gave the PCNs the ability to hire full time equivalent (FTE) across five specific roles, over five years: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists and Paramedics.

Initially, the PCNs were asked to determine their allocation by understanding a baseline across the PCN area of staff funded by general practice and also by CCG. This created a baseline by which the PCN and the additional roles reimbursement scheme would be assessed against, moving forward.

In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

In 2021-2022 PCN's continue to recruit new workforce through the ARRS scheme, however with the national priority being diverted to the COVID19 mass vaccination program a more in-depth update on roles filled and ARRS workforce will be presented at the September 2021 PCCiC.

### **PCN Workforce and COVID19 Mass Vaccination Centres**

In December 2020, the CCG had to quickly mobilise COVID19 vaccination centres across both CCG's to bring in line the governments and NHSE's plan to vaccinate the public against the global pandemic of COVID19.

This mobilisation included:

- vaccine site selection
- site readiness
- staff and rota management to enable delivery of the vaccine to the public
- financial processes to ensure payments to staff and reimbursement to practice
- clinical governance of sites
- creation of standard operation procedures to ensure effective and fluid delivery of the vaccine program

The CCG and the PCN's within the CCG have been working collaboratively to ensure that the COVID19 vaccine centres are running to full capacity to ensure the completion of nationally driven targets across the various patient cohorts.

Since February 2021 the PCN's have taken over the daily running of the sites (with on-going support from the CCG) and the PCN member practices (and some non-member practices) are staffing the centres using a mixture of in-practice workforce and partner organisations (e.g. MerseyCare) which has dominated the workforce planning and current strategy. The PCN's are also financially controlling the payments of staff and reimbursement to practices who release staff to support in the COVID vaccination sites.

## **2. Recommendations**

The Primary Care Commissioning Committee is asked to note the content of the report.

**Richard Hampson**  
**Primary Care Contracts Manager**  
**March / 2021**

## Primary Care Commissioning Committee in Common 18<sup>th</sup> March 2021

<b>Agenda Item:</b> 21/26	<b>Author of the Paper:</b>						
<b>Report date:</b> 18th March 2021	Name: Richard Hampson Job Title: Primary Care Contracts Manager <a href="mailto:richard.hampson@southseftonccg.nhs.uk">richard.hampson@southseftonccg.nhs.uk</a>						
<b>Title:</b> Workforce Strategy 2020/2021							
<b>Summary/Key Issues:</b> The paper is designed to give an overview of workforce strategy within South Sefton CCG including reporting on PCN workforce activity.							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Note</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
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### Links to Corporate Objectives 20/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
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Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment		x		
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees		x		

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# Report to the Primary Care Commissioning Committee in Common March /2021

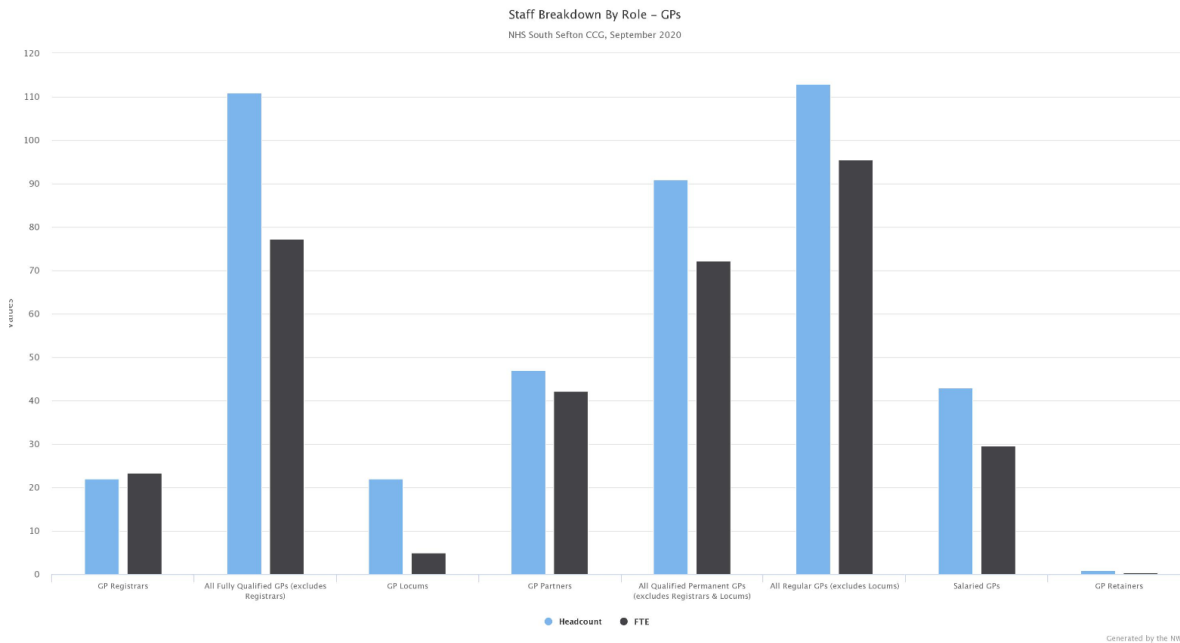
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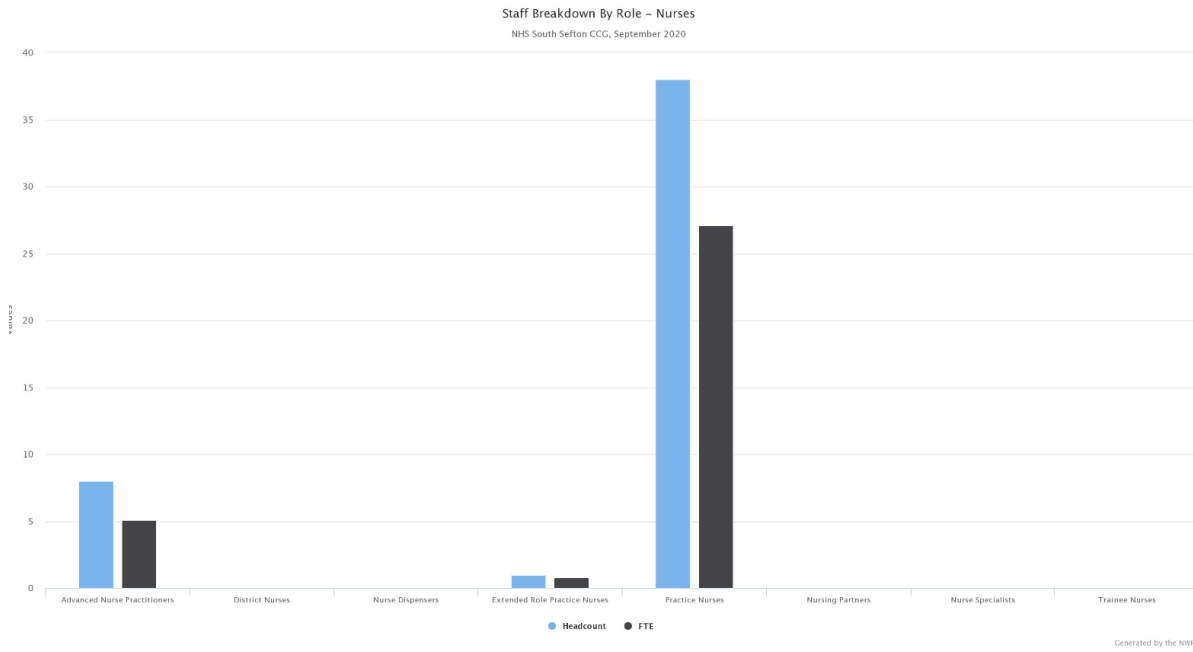
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### High Level Overview of Roles

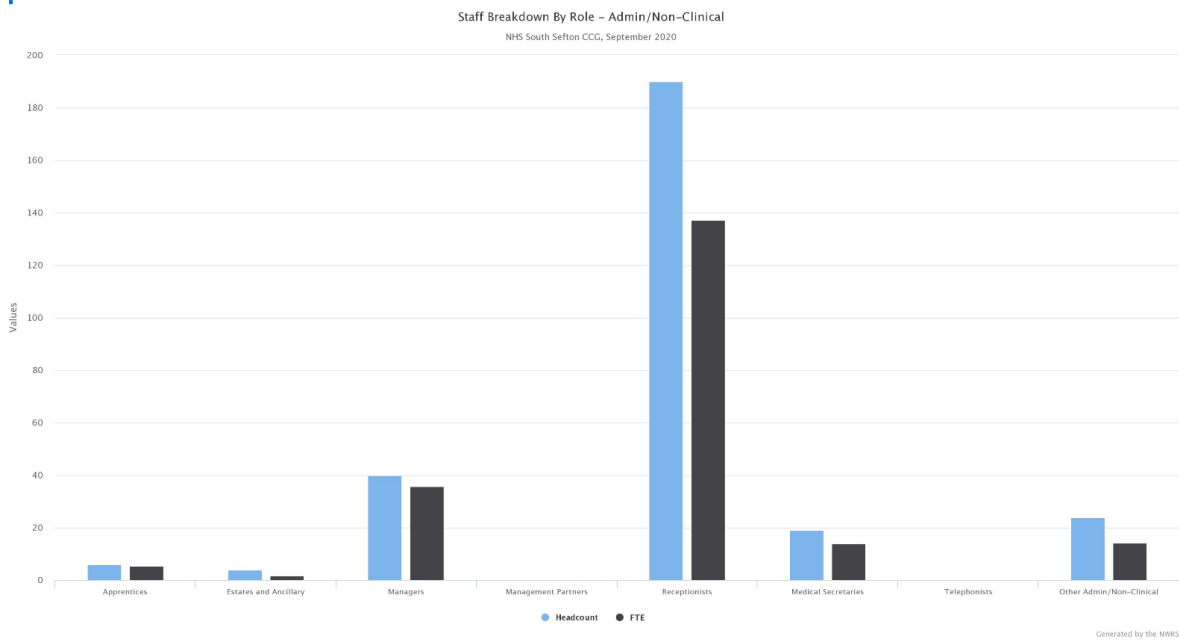
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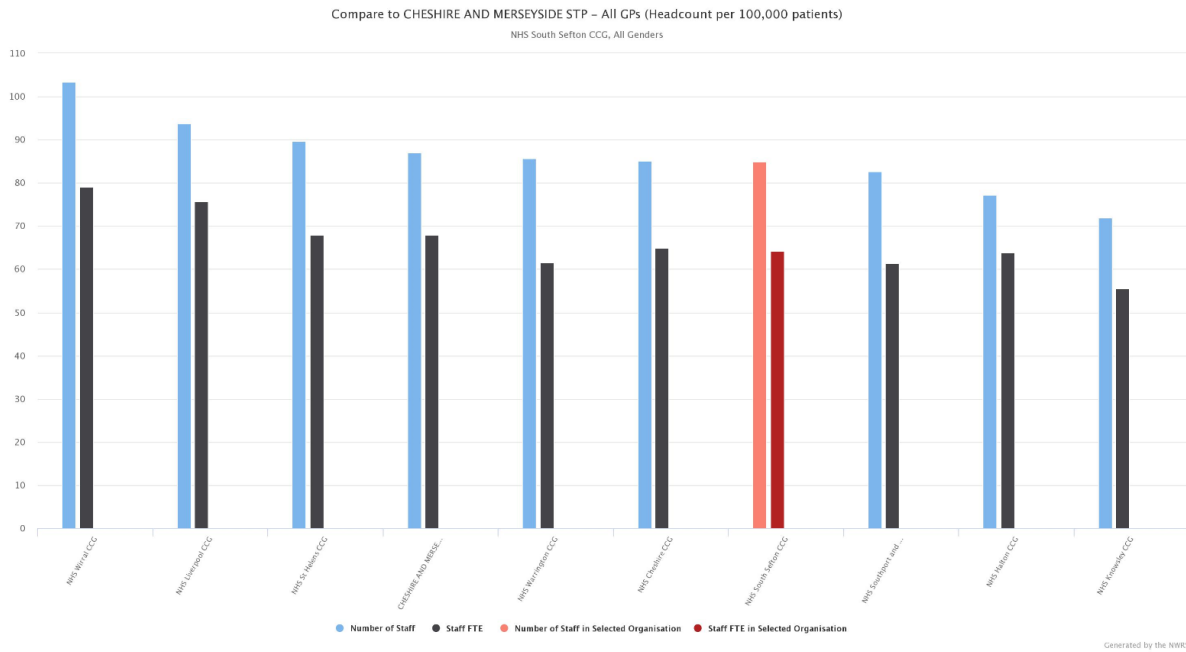
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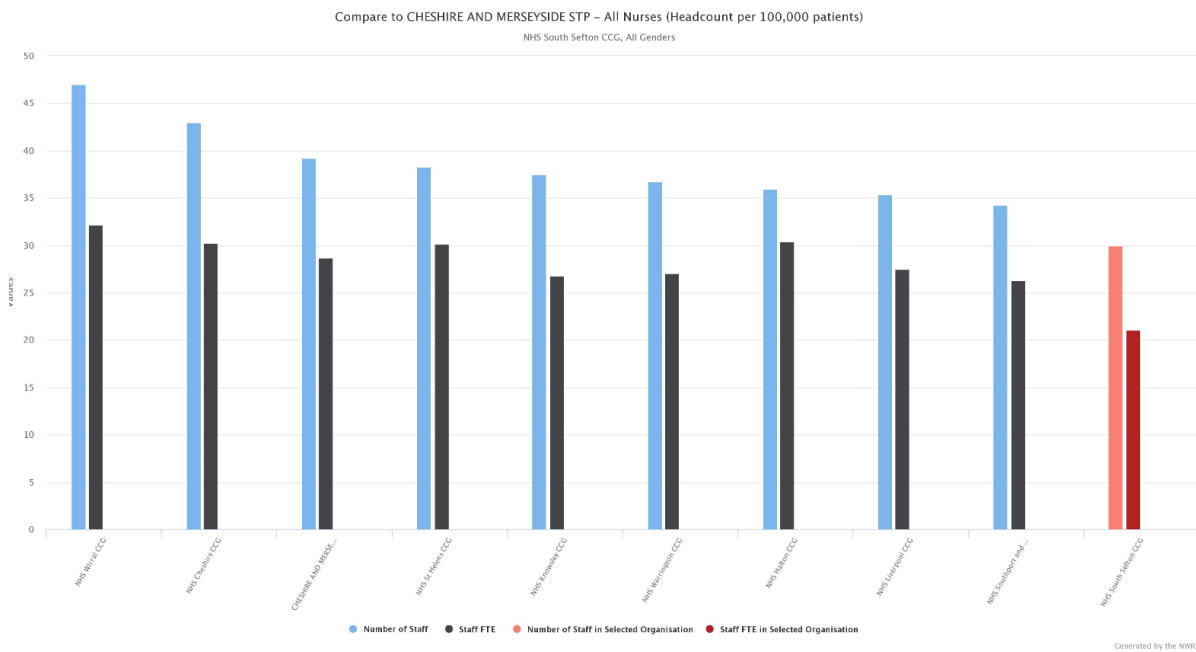
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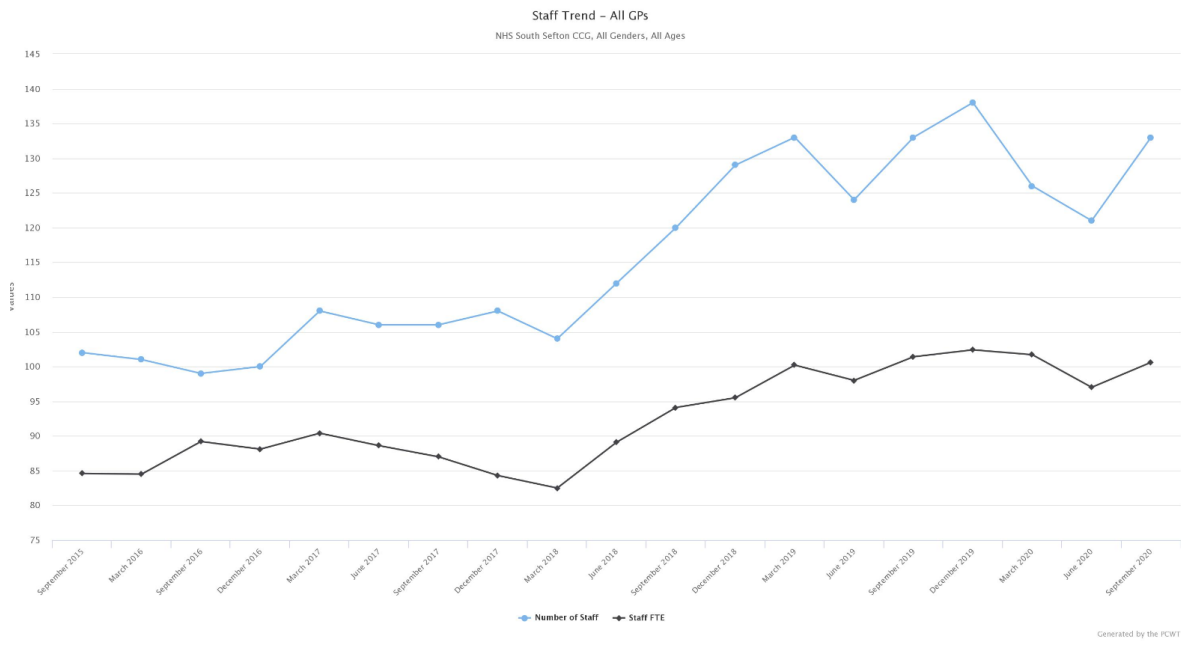


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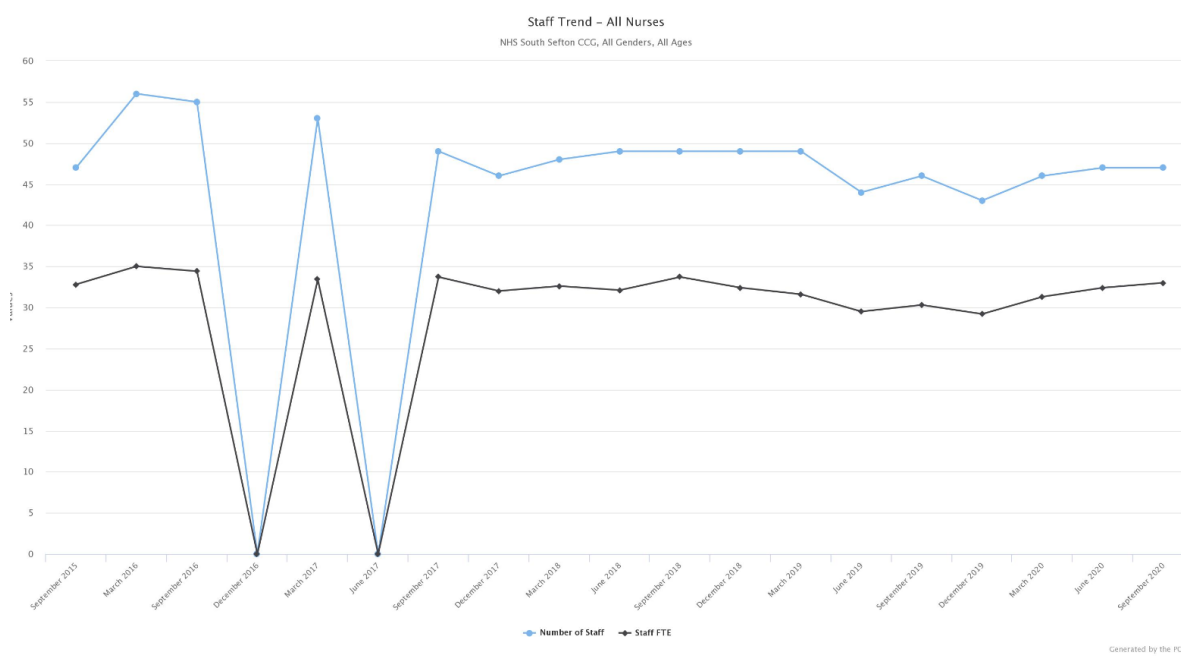


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## **PCN Overview**

In July 2020 practices had to decide whether they would participate in the Primary Care Network (PCN) direct enhanced service (DES). A total of 26 practices signed up to be part of a PCN, with 4 practices (3 from the same provider) choosing to opt out of the DES.

Currently in South Sefton CCG, there are two PCN's: Crosby, Bootle and Maghull (following the approved merger of Crosby and Maghull and Bootle) and Seaforth and Litherland.

As end the end of the financial and contracting year comes to an end those practices who are already in a PCN will be auto-enrolled in the scheme for the 2021-2022 financial years. Those practices who have currently opted out will also have the opportunity to join a PCN and sign-up. Currently the PCN's are in discussion with non-participating practices to understand their intentions moving into the new financial year. A more in-depth update will be presented at the September 2021 PCCiC where PCN membership will be confirmed.

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In 2019/20 following the introduction of the scheme, PCNs had the ability to begin recruiting additional roles, specifically 1 FTE clinical pharmacists and 1 FTE social prescriber. However, the maximum reimbursable amount for each PCN was set at 70% of the annual amounts for a clinical pharmacist and 100% for social prescribers.

In April 2020/21 each PCN was allocated a single combined maximum sum under the scheme to recruit additional roles which were now 100% reimbursable. The PCN's additional Roles Reimbursement Sum equates to £7.131 per PCN weighted list size as of January 2020. In addition, PCN's were now able to recruit from within ten roles to support the delivery of the Network Contract DES, determining the roles based on local need and evaluation. These roles include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Pharmacy Technicians, Health and Wellbeing Coaches, Care Coordinators, Dieticians, Podiatrists and Occupational Therapists.

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- clinical governance of sites
- creation of standard operation procedures to ensure effective and fluid delivery of the vaccine program

The CCG and the PCN's within the CCG have been working collaboratively to ensure that the COVID19 vaccine centres are running to full capacity to ensure the completion of nationally driven targets across the various patient cohorts.

Since February 2021 the PCN's have taken over the daily running of the sites (with on-going support from the CCG) and the PCN member practices (and some non-member practices) are staffing the centres using a mixture of in-practice workforce and partner organisations (e.g. Merseycare) which has dominated the workforce planning and current strategy. The PCN's are also financially controlling the payments of staff and reimbursement to practices who release staff to support in the sites.

## **2. Recommendations**

The Primary Care Commissioning Committee is asked to note the content of the report.

**Richard Hampson**  
**Primary Care Contracts Manager**  
**March / 2021**

Primary Care Commissioning Committee in Common (PCCCiC) Work Plan (Part 1) 21/22 v1

July-21	Sep-21	Nov-21	Jan-21	March-21
<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Healthwatch Issues</li> <li>• PCN Update</li> <li>• Primary Care Finance</li> <li>• Primary Care Quality Dashboard</li> <li>• OOH transition to PC24 quarter 1</li> <li>• DES Sign Up</li> <li>• Quality Update/Complaints Log</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Healthwatch Issues</li> <li>• PCN Update</li> <li>• Primary Care Finance</li> <li>• GP Patient Survey</li> <li>• LQC Sign Up phase 7</li> <li>• Workforce Strategy and Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Healthwatch Issues</li> <li>• PCN Update</li> <li>• Primary Care Finance</li> <li>• IT investments</li> <li>• 7 Day Access</li> <li>• Estates Strategy and Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Healthwatch Issues</li> <li>• PCN Update</li> <li>• Primary Care Finance</li> <li>• Primary Care Quality Dashboard</li> <li>• Quality Update/Complaints log</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Joint Ops Group</li> <li>• Healthwatch Issues</li> <li>• PCN Update</li> <li>• Primary Care Finance</li> <li>• Workforce Strategy and Planning</li> <li>• PCCCiC workplan 2022/2023</li> </ul>



# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton Primary Care Joint Operational Group, Thursday 11<sup>th</sup> February 2021  
Southport and Formby Clinical Commissioning Group

Chair:  
Jan Leonard

## Key Issues to report back to the Primary Care Commissioning Committee in Common

The group discussed the AMPS/PMS contracts for St Marks Medical Centre and Trinity Practice.

The group discussed the APMS contract for North Park Medical Centre.

The group discussed practice list sizes and contractual changes.

The group discussed the availability of lateral flow test kits available to general practice.

The group discussed capacity of BP monitoring by community pharmacists.

The group discussed the AF pilot available to general practice.

PT/PTII	COVID-19										Update: Q4 2020/21: *****																	
Details of Risk											Initial Score	Residual Risk Q4 2020-21			Lead Review Date	Comm Review Date	Mitigating Actions	Review					Theme					
Committee	Area/Team Ref	SF	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised....)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q	Overall Trend	Theme			
COVID	Primary Care Commissioning Committee in Common	C33	SF	SS	Q1 15/4/20 (C-19)	Primary Care	Risk regarding primary care access to routine referrals into secondary care	AP	5	5	NHSE guidance to primary care is to continue referring as normal, however no similar instruction has been issued to trusts who were advised to stop elective activity at the beginning of the COVID outbreak. North Mersey CCGs are in discussion with LIFT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, adding as much detail as possible to referral letter to aid secondary care triage, use of 2w/urgent pathways, and safety netting occurs within general practice			0	Nov-20	Nov-20	Further discussions have resulted in a consensus for secondary care/primary care to work together to enable a seamless interface. Meetings continue between secondary and primary care to establish safe working mechanisms to return to BAU. Concern over the clinical review of referrals prior to being sent back to practices. Risk increased. Situation has improved, however is variable across specialties. Interface group addressing issues. Less of an issue in SF CCG for referrals to S&O. Interface meetings being held, impact of 2nd wave of COVID to be understood.	AP	N/A	9	16	16	---	↓	Primary Care Services			
PTI	Primary Care Commissioning Committee in Common	JC03	SF	SS	Mar 2017: Q4 2016/17	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	Strategic priority at the CCG. Scrutiny at Joint Commissioning Committee, GPsYFV transformation plans, LQC funding to support transformation. PCN development.			0	Nov-20	Nov-20	International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Seton plans. Views from localities to be gathered to build plan. 2 year LQC to be considered. LQC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access (7 days services) near finalised, to be presented to GB Feb 18 ahead of procurement. Despite GPV roll out no reduction in pressure in practices. Clinical pharmacist application submitted, LQC being finalised. LQC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. LT will review applications on behalf of PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GPs in their first five years and also GPs who are approaching retirement.					16	16	16	---	---	Primary Care Services	
	Primary Care Commissioning Committee in Common	JC03 continued																										
PTI	Primary Care Commissioning Committee in Common	JC05	SF	SS	Apr 2017: Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	Jan Leonard	5	4	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.			0	Nov-20	Nov-20	Attendance at meeting by CCG reps. JL has written to NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Surgery undertaken, poor response rate identified issues with pensions rather than operational issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PCCC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue. The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issue will be raised again with NHSE. The PCCC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Right at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis. A further survey will be undertaken within general practice to establish current situation.					12	12	12	12	---	↓	Corporate Systems and Processes