**AGENDA**
**PRIMARY CARE COMMISSIONING COMMITTEE – VIRTUAL MEETING**

**The meeting will be held via MS Teams Meeting and a diary invite will have been sent to you prior to the meeting**

**Date:** **2nd December 2021**

**Time:** **12.00pm to 12.45pm**

| Item No. | Time | Duration | Subject | Paper/Verbal for Approval, Discussion or information | By Whom |
|---|---|---|---|---|---|
| 1. | 12.00pm | | Apologies for Absence. | Verbal | All |
| 2. | 12.00pm | | Declarations of Interest. | Verbal | All |
| 3. | 12.00pm | 5 mins | Minutes from the meeting held on 14th October 2021. | Paper – for approval | Alan Stephenson |
| 4. | 12.05pm | 15 mins | Primary Care Winter Access Funding. | Paper – for approval | Lynda Helsby |
| 5. | 12.20pm | 10 mins | Locally Commissioned Services (LCSs) Review. | Paper – for approval | Kathryn Oddi |
| 6. | 12.30pm | 10 mins | Safety Issues at Ladybridge Surgery. | Verbal – for discussion | Kathryn Oddi |
| 7. | 12.40pm | 5 mins | Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes. | Verbal | All |
| 8. | 12.45pm | | Time & Date of Next Meeting - to take place from 12 noon on:-<br>• 13th January 2022 from 12 noon. | Verbal | All |

**MINUTES**

**Primary Care Commissioning Committee – Virtual Meeting**

**Date:** **14th October 2021**

**Time:** **12.00pm**

**Present:**

| | |
|---|---|
| **Alan Stephenson** | **CCG Lay Member (Committee Chair)** |
| **Su Long** | **CCG Chief Officer** |
| **Stephen Liversedge** | **CCG Clinical Director, Primary Care & Health Improvement** |
| **Kelly Knowles** | **CCG Acting Chief Finance Officer** |
| **Susan Baines** | **Bolton Council Elected Member** |
| **Andy Morgan** | **Bolton Council Elected Member** |
| **Steven Whittaker** | **Local GP representative** |
| **Kerry Porter** | **GMH&SCP Primary Care team representative** |
| **Stacey Walsh** | **Local Practice Manager representative** |
| **Jim Fawcett** | **Health Watch representative** |
| **Suzanne Gilman** | **Public Health representative, Bolton Council** |

**In attendance:**

| | |
|---|---|
| **Lynda Helsby** | **CCG Associate Director Primary Care & Health Improvement** |
| **Kathryn Oddi** | **CCG Head of Primary Care Contracting** |
| **Chris Haigh** | **CCG Head of Medicines Optimisation** |

**Minutes by:**

| | |
|---|---|
| **Joanne Taylor** | **Board Secretary** |

| Minute No. | Topic |
|---|---|
| **44/21** | **Apologies for Absence**<br>There were no apologies for absence. |
| **45/21** | **Declarations of Interest**<br>**Stephen Liversedge, Stacey Walsh and Steven Whittaker declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest.**<br><br>**The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.**<br><br>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the committee. It was noted that declarations declared by members of the committee are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link:<br>http://www.boltonccg.nhs.uk/about-us/declarations-of-interest |

| | |
|---|---|
| **46/21** | **Minutes from the Meeting held on 5th August 2021**<br>**The Minutes were approved as a correct record.** |
| **47/21** | **Annual Report and Terms of Reference Review**<br>The draft Annual Report and Terms of Reference for 2020/21 was presented. The purpose of the report is to provide a summary of the Committee's activities, in order to demonstrate how the Committee has discharged its responsibilities and terms of reference.<br><br>The Committee reviewed and commented on the draft report prior to the final document being presented to a future CCG governing body meeting.<br><br>**The Committee approved the draft Annual Report and Terms of Reference 2020/21 for final presentation to the CCG Board at the November meeting.** |
| **48/21** | **High Risk Antibiotics**<br><br>**Stephen Liversedge, Steven Whittaker and Stacey Walsh did not participate in the discussions or decisions relating to this item.**<br><br>Chris Haigh presented a report to the Committee to consider an amendment to the 2020/21 BQC standard and KPI relating to high risk antibiotic prescribing. The rationale for this was due to the fact that antibiotic usage has fallen to record low levels in Bolton due to the Covid pandemic.<br><br>The numerous factors that have contributed to this and an analysis of the data was reviewed by the Committee. It was further noted that in previous years, antibiotic usage had been gradually declining, therefore the measure and target would be fair or target % reduction or being below peer group average. The vast majority of practices have only achieved payment related to their peer group position rather than based on their target at the start of the year. Given that the target for practices above their peers at baseline would have been nearly impossible to achieve as a % of items an alternate measure should be employed.<br><br>It was further noted that practices that have shown a reduction or maintenance (0% growth) of high risk items would be felt appropriate for this year. A breakdown of this updated achievement was also reviewed.<br><br>**The Committee agreed to the proposal to change the criteria for the BQC payment. It was noted that this would influence the decision of the Appeals Panel in respect of 6 practices.** |
| **49/21** | **Contract Updates:**<br><br>**Update on the Application to Increase a Boundary Area**<br>An initial application paper had been presented to the Committee at the 10th June 2021 meeting seeking the Committee's approval to increase this practice's contractual boundary. The Committee had agreed that a small area not covered by any practice should be approved immediately for inclusion in the practice's boundary and had looked positively on the proposal to increase the boundary further following receipt of assurances that the wider PCN believed this to be beneficial.<br><br>It was reported that the practice had agreed to extend cover to the area not covered by any practice and, following discussions within the Primary Care Network, it was confirmed that the PCN believed that further expansion of the practice's boundary would provide greater choice for patients and lead to an increase in the PCN's overall allocation of funding under the Additional Roles Reimbursement Scheme. |

| | |
|---|---|
| | **The Committee noted the update and agreed that the practice should continue with its gradual expansion of its practice boundary as outlined in the original application discussed at the meeting on 10th June 2021.**<br><br>**Novation Update**<br>At the meeting on 5th August 2021, the Committee had agreed to the application in principle and delegated final approval to the Chief Officer after receipt of assurances from the practice to reduce the level of risk, particularly with regards to safeguarding against future changes to directorship. The Committee was informed that work is progressing with the practice and GM to develop the contract to incorporate the required clause(s).<br><br>**The Committee noted the update and the previous agreement to delegate final approval to the Chief Officer.**<br><br>**Access Concerns**<br>Further to recent requests on GP access arrangements from Councillor Susan Baines, the Committee received an update on the current picture. It was noted that a full response has been sent to Councillor Baines, including details of real examples from patients on the access arrangements for practice based in the Blackrod area. The primary care team has also been in discussion with the practice who have confirmed they are fully open and are providing the same skill mix of staff for patients registered with them, who still have the option to choose which of the practice's premises they wish to attend.<br><br>A full explanation has also been given to any patient queries received on how the Covid vaccination and flu programmes are being delivered.<br><br>Further work has also been carried out by the CCG's primary care team to undertake a review of all practices to ensure their doors are open as they are required to do contractually. All but 2 practices have a front door open or if the front door isn't able to be openend, a notice on the door confirming that the practice is open.<br><br>Councillor Baines commented on the recent discussions held through Council meetings, due to the large volume of queries and questions being raised by local constituents in different areas across Bolton, highlighting that this is a national issue not just local to Bolton.<br><br>Members were also informed of the presentations given by the CCG Chair and Chief Officer at recent Cabinet Briefings and the Health Overview and Scrutiny Committee on primary care access where information has been shared on the huge demand now being seen in general practice and the reasons why this has inflated due to people's additional needs, queries on hospital treatment, Covid issues etc. The demand has increased but the capacity to deal with the demand is the same pre-Covid pandemic. Practices are working through on a daily basis the best approach to see the most at risk people in the right way with the right professionals and so public perception of being able to see a professional on the same day is not able to be offered. There is a need to find a way to work together to ensure the right public messages are being sent highlighting that primary care is working hard to meet the needs of their patients and will deliver this in the best way they can.<br><br>**The Committee noted the updates.** |
| **50/21** | **Estates Update**<br>The Committee was informed of developments on:<br>• Farnworth scheme for additional rooms to relocate clinical staff has been completed.<br>• Kearsley scheme has also been completed. |

| | |
|---|---|
| | • The outline business case for the Horwich scheme was approved in July.<br>• GP improvements – PIDs submitted for 3 practices.<br>• Little Lever scheme continues to progress with both practices commencing a consultation exercise with their patients on the proposed changes to allow practices to be in the new build by the end of March 2022.<br>• Early discussions being held with Council colleagues regarding Farnworth Health City regeneration plans and possible move of services from Farnworth Health Centre.<br><br>**The Committee noted the update.** |
| **51/21** | **<u>Any Other Business</u>**<br><br>**<u>Update for Primary Care Committees – Primary Care Pressures</u>**<br>Kerry Porter updated the Committee on the above report.<br><br>Following on from the previous discussions held by the Committee, the report updated further on the impact on primary care due to increased demand and highlighted the actions being taken at a Greater Manchester level to support localities further to improve access and urgent care.<br><br>It was noted that Bolton has employed first contact MSK practitioners for many years and this is now included in the national PCN contract, alongside pharmacists and mental health practitioners, to expand the primary care workforce.<br><br>Also highlighted was the work progressing to ensure more robust data is provided for the national appointments dataset and the need to manage practice level data to ensure improved data is received from all practices.<br><br>The work being undertaken by the CCG primary care and communications team in liaison with the Local Medical Committee to describe the current levels of demand and produce public communication to explain this further, getting across the right messages was acknowledged.<br><br>**The Committee noted the update.** |
| **52/21** | **<u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u>**<br>The main points highlighted were:-<br>• Approval of the Committee's Annual Report and Terms of Reference 2020/21.<br>• Decision taken on the proposal regarding high risk antibiotics. |
| **53/21** | **<u>Time and Date of Next Meeting</u>**<br>It was agreed that the next meeting would be held on Thursday 9th December 2021 at 12 noon. Agenda items for discussion were noted as:-<br>• Full review of the Local Enhanced Services – December meeting.<br>• BQC Review – December meeting.<br>• Update on application to increase a boundary area – December meeting. |
| **54/21** | **<u>BQC Appeals</u>**<br>The Chair requested the Committee approve the setting up of a BQC Appeals Panel to review the BQC appeals for 2020/21 and consider a late appeal.<br><br>**The Committee agreed that the Appeal Panel be established to consider the above.** |

**CCG Primary Care Commissioning Committee**

**AGENDA ITEM NO: ……4……**

**Date of Meeting: ……2nd December 2021……**

| | |
|---|---|
| **TITLE OF REPORT:** | Primary Care Winter Access Funding (WAF) |
| **AUTHOR:** | Lynda Helsby |
| **PRESENTED BY:** | Lynda Helsby |

**PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)**

On the 14th October 2021 NHS England published its proposal to support General Practice and improve access for patients. The paper set out steps to increase and optimise capacity, address variation and encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

National funding has been allocated to Bolton to spend on increasing capacity for same day appointments at practice or PCN level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111.

Bolton CCG executive have agreed how this funding should be utilised following engagement with PCNs, practices, LMC and Urgent & Emergency Care Board

This paper summarises the aims of this of the funding and the outcomes of the CCG Executive discussions

| | | |
|---|---|---|
| **LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):** | **Deliver the outcomes in the Bolton Joint Health and Care Plan.** | |
| | **Ensure compliance with the NHS statutory duties and NHS Constitution.** | X |
| | **Deliver financial balance.** | |
| | **Regulatory Requirement.** | |
| | **Standing Item.** | |

**FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:**

**COMMITTEES/GROUPS PREVIOUSLY CONSULTED:**
Practices, PCN CDs, LMC, UECB

**REVIEW OF CONFLICTS OF INTEREST:**
Members who work in General Practice could have a conflict of interest as this paper recommends funding to primary care for additional workforce to increase capacity during the winter months

**RECOMMENDATION(s)**
The Committee is asked to:

- Review the paper and support the decisions of CCG Exec

NHS
Bolton
Clinical Commissioning Group

## 1. Introduction

On the 14th October 2021 NHS England published its proposal to support General Practice and improve access for patients. The paper sets out steps to increase and optimise capacity, address variation and encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

Winter access funding (WAF) has been made available to increase capacity which includes £10M for October 2021 and a further £250M for November 2021 to March 2022, Greater Manchester (GM) share of this is £532K and £13,305M respectively. There are a set of conditions around the use of the funding which addresses variation, increases access and represents value for money. In addition, a further £5M has been made available nationally to support immediate security issues in General Practice. Supplementary guidance was released on 26th October to provide further details on how systems should approach the identification of practices that would benefit from additional support.

The funding can be spent on increasing capacity for same day appointments at practice or PCN level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111.

| | £10m share of additional capacity funding | £250m Winter pressures funding share |
|---|---|---|
| Locality | GM allocation £532,000 | GM share indicative £13,305,000 |
| | **£532,000** | **£13,305,000** |
| NHS Bolton CCG | £52,498 | £1,312,954 |

As set out in that publication, the 2 main uses of the WAF will be to:

1. Drive improved access to urgent, same day primary care ideally from patients own general practice service by increasing capacity in GP practice or PCN level or in combination.

2. Increase resilience of NHS urgent care system during winter by expanding same day urgent care capacity.

A template was provided to outline potential areas of spend for localities

| | |
|---|---|
| a) Funding additional sessions from existing staff | |
| b) Locum banks/ digital booking platforms | |
| c) Expanding extended hours capacity | |
| d) Funding Additional Administrative Staff | |
| e) Employing other physicians in surgeries | |
| f) Increasing the resilience of the urgent care system | |
| g) Using / developing primary care hubs | |
| h) Other actions to support the creation of additional appointments | |
| i) Other actions to support improvements to patient experience of access | |

Both the NHSE publication and supplementary guidance issued outline many areas including supporting practices in lowest 20%, additional workforce and security measures, this paper intends to give a update on actions to date and will also focus on how Bolton utilises it share of the funding.

Bolton CCG had to submit high level intentions for this funding to GM by 28th October within each of the 3 key areas outlined below:

**A. Increase Capacity and Demand**

This fund will enable:

- More sessions from existing staff
- More use of locums
- Funding other physicians such as retired geriatricians

- Expanding number of GPs and other PC professionals
- Moving to Cloud based telephony and provide more phone lines
- Making best use of Community Pharmacy - Clinical Pharmacy Consultation Service
- Reducing administrative burdens - Such as fit notes and DVLA reports and 2ry Care providers must address issues that generate administration for GPs (Phlebotomy, organising investigations, prescribing of medications)
- Continuing the refocussed GP appraisal process
- Current CCG commissioned extended access will continue to October 2022
- Review and redirect capacity from locally commissioned services to support same day access

**B. Addressing Variation and promoting Good practice**

- Review the balance between remote and F2F consultations
    - Practices should have reflected on the balance of remote and F2F consultations
- Tackling unacceptable variation
    - The ICS should look at any practice with appointment numbers below their pre-pandemic levels
    - 20% of practices locally with lowest level of F2F appointments
    - 20% of practices with more 111 calls during GP hours
    - 20% of practices with more significant rates of A/E attendances

**C. Improve Communication with the Public**

Coordinated Bolton system communications plan to highlight to local people how general practice has changed, including posters and videos from gps, paid for pieces in local media, etc

Work is ongoing in the 'addressing variation arena' and the primary care development team are currently targeting practices and visiting to discuss any mapping issues and offer support where required. We will continue to monitor the data as it is refreshed monthly. The CCG has not escalated any practices as yet but there is an offer to support through the GM Excellence and Time for Care programmes.
The CCG communication teams is supporting primary care with patient's information leaflets and videos.

The primary care development team have been engaging with LMC, PCN CDs and practices to understand what would support them and how this funding may be utilised to deliver the main uses of the WAF

They were asked to consider, and feedback on the following areas:

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | |
| More hours / resource for practice / PCN extended access DES | |
| Acute visiting service | |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | |
| ANY OTHER SUGGESTION?? | |

A full summary of the responses can be seen in Appendix 1

In the submission to GM, throughout November the CCG agreed to following actions:

**Increase capacity and demand:**

- Develop a process for practices to draw down funding for additional staff hours (clinical and administrative) and locums
    - *This has been developed and is included – appendix 2*
- Review existing telephony across all practices
    - *This has been done and proposals included later in the paper*
- Develop a process for practices to access funding to improve telephony services
- Work with Bolton FT IT to implement telephony
- Review current CPCS provision and extend to all practices / pharmacies
    - *This has been done and proposals included later in the paper*
- Continue to follow up any incidents relating to additional administrative burdens from secondary care (ongoing)
- Rescind notice to current extended access service to continue until October 2022
    - *This notice has been rescinded*
- Review LCS (ongoing)
- EPC to deliver full capacity
    - *Following receipt of October performance report, EPC continues to deliver below commissioned activity levels (110/150 hours) of which only 1.7% were face to face.*

**Address variation:**

1. Review data (especially data quality)
2. Obtain at practice level
    a. F2F appointments
    b. 111 call in core hours
    c. A&E attendance rates
3. Identify outliers using other CCG sources of intelligence (as we want to focus on those practices we believe are a concern)
4. Practice visits to discuss data, supporting better coding and sharing good practice

*All of this is in progress*

**Communication:**

1. Develop local communications
2. Develop a video
3. Share all patient communications via usual channels

*All of this is in progress*

**Other actions:**

1. Develop further action plans from December; to consider
    a. Expansion of in hours EPC
    b. More hours / resource for extended access DES
    c. Acute visiting service
    d. Urgent primary care hub (including respiratory pathway)
    e. Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices
    f. Additional resource for OOH

This paper will now outline the options for the funding:

| Area | Description | Costs |
|---|---|---|
| Additional workforce | Practices will be informed of the draw down process for additional workforce (clinical / admin / locums) | TBA, once agreement of all options considered |
| CPCS | The community pharmacy consultation service (CPCS) is a nationally commissioned service that has now been extended to include referrals from GP practices. Previously this service was only from NHS 111 and provides a consultation with a pharmacist for a number of minor ailments. Currently 16 practices are live with referrals to pharmacies with a further 8 expected by December representing approximately 50% of Bolton GP practices.<br><br>Bolton is also piloting access to the GMCR for community pharmacists to improve the safety and quality of this and other services. | £4,000 |

| | | |
|---|---|---|
| | There are a number of challenges with maximising benefits of the service:<br><br>Community pharmacists are under huge pressure and have become more understaffed in recent years. The workload from existing services limits the capacity of new services such as CPCS.<br><br>The lack of language support has limited the use of the service for those who cannot speak English. A remoted languages support service will help to maximise benefits over the winter months. Remote language services cost in the region of £0.50 per minute. A consultation of 10 minutes with a community pharmacist could therefore cost £5. Assuming 8.5% of Bolton population is a non-English speaker and 3-4 CPCS referrals per live practice per day would require translation for 8.5 appointments per day at £42.50. This would cost approximately £1k/month but will vary significantly between areas. | |
| Communications | • Winter campaign features primary care heavily (includes microsite, leaflets, advertising, social media)<br>• Bolton News articles over three weeks (including urgent care, primary care and self-care)<br>• Primary care videos – accessing your GP (2x videos) | £16,176 |
| Telephony | Additional Telephone Lines<br>Because the corporate telephony system (CTS) uses cloud technology it make use of virtual telephone lines known as SIP channels instead of traditional fixed lines. This means that there is no limit to the number of lines assigned to a practice.<br><br>For example a practice not on the corporate system may only have 2 inbound and 2 outbound which means that once 2 patients are on the line no more patients can get through and will receive an engaged tone.<br><br>This is not the case with our CTS – if 5 people are answering the phones 5 lines will be used. | **Telephony** **££**<br>150 handsets 30,000<br>100 SIP Channels 60,000<br>50 UCX agents 14,400<br>**Total inc VAT** **104,400** |

| | | |
|---|---|---|
| | Call Centre Functionality<br><br>Because a practice can use as many lines as there are extensions it becomes necessary to manage the flow of calls. This can be done in a number of different ways.<br><br>Hunt Groups<br>A simple hunt group will ring the extension of each phone in the group – if all operators are on calls the patient will receive an engaged tone. **NB A practice MUST amend its working practices to accommodate this additional functionality**<br><br>Call Queues<br>This requires "agents" to log in to the CTS and allows the practice to manage the flow of calls. So if 5 agents are all taking calls the 6th caller will be placed in a queue with a message "You are number 1 in the queue". **NB each person in a queue is taking up a SIP channel which are shared across the whole system. So it is important not to have too many people in the queue.**<br><br>If there are no more queue positions left the patient will receive a message "We are extremely busy at the moment please try again later" followed by the engaged tone.<br><br>Interactive Voice Response<br><br>This allows practices to direct patients to different members of the team:<br><br>Press 1 for…<br>Press 2 for…<br><br>The menus may lead to a message or to an operator<br><br>Agile Working | |

| | | | |
|---|---|---|---|
| | The CTS also allows users with the correct level of licencing to use Jabber on mobile devices this allows users to take calls to their extension on their laptop or mobile device using the Jabber App. **NB this feature requires users to have a dedicated extension and cannot be shared.** | | |
| Bardoc: | PCN Urgent Primary Care Hub model – overspill hub for practices to refer on the day demand<br>(1 GP + Admin, 2 hours weekdays & 7 hours weekends)<br><br>EPC – Extended hours – so extending the opening times of current provision<br>(1 GP + Admin, 2 hours weekdays & weekends)<br><br>AVS – Acute Visiting Service to support GP Practices<br>(2 GP + Admin, 6.5 hours weekdays)<br><br>OOH – Out of Hours Service, additional hours due to increased demand<br>(1 GP + Admin, 4 extra hours weekdays & weekends)<br><br>Additional GP in UTC (assume 4 months)<br>(1 GP + Admin 12 hours weekdays & weekends) | Primary Care Hub<br><br>7 DAS/EPC<br><br>AVS<br><br>OOH<br><br>UTC<br><br>Total | £112,586.04<br><br>£258,243.10<br><br>£135,463.89<br><br>£122,266.51<br><br>£211,333.60<br><br>£839,893.15 |

What practices told us:

- All practices wanted the opportunity to draw down on the funding to support additional workforce in the practice – this included clinical and admin staff
- There was an appetite to extend capacity in the Extended Primary Care service but they want equitable access to these appointments.
- Some practices would welcome funding to provide more hours in the Extended Access DES
- There was minimal ask for an acute visiting service due to having paramedics in PCN or not much impact as have few home visits
- A primary care hub (including respiratory pathways) was requested by some practices as this would be seen to reduce pressure on same day appointments
- A number of practices supported the additional GP in the UTC and would consider this a priority, however others felt this would support secondary care rather than primary care
- Improved telephony was also asked for by some practices

Issues highlighted included:

- Getting additional workforce
- Estates and room availability
- Setting expectations when it is non-recurrent funding
- The need for equitable access for all practices

Further information from GM is being requested and there is a need to refine our plans for this funding. Included in Appendix 3 is the Assurance Framework on which we are going to have to report on this funding.

**CCG exec are asked to consider these options and agree best use of funding to deliver the overarching aims of this funding:**

1. Drive improved access to urgent, same day primary care ideally from patients own general practice service by increasing capacity in GP practice or PCN level or in combination.

2. Increase resilience of NHS urgent care system during winter by expanding same day urgent care capacity.

NHS
Bolton
Clinical Commissioning Group

Appendix 1: Winter funding – practice engagement

**Dr Earnshaw**

Given the rise in urgent appointments we are adding every day an urgent care centre which we can book into would be good, ideally with a set number of appts per practice rather than a free for all which seems to be filled by one or two practices cf extended hrs hub

Whatever is commissioned needs to be share equally / proportionally between practices. If a WIC/urgent care section is commissioned for in hours then practices should be allocated an appropriate number of slots rather than being a free for all

**Swan Lane**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | Increased access to GP/ANP appointments would be beneficial. As a practice we feel this is a priority given the much increased demand on GP appointments further impacted by the difficulties experienced with locum availability. |
| More hours / resource for practice / PCN extended access DES | Conceivably advantageous. Apprehension regarding room availability in practice Mon-Friday during core hours. Clinics held during practice extended opening hours outside of core hours of work when room availability is less of an issue. This would also appeal and improve access for patients including those who parents and those who work during our core hours. |
| Acute visiting service | Same day access to home visiting service would be practical but we do not feel this is of high priority. |
| Primary care urgent care hub (including respiratory pathways) | Yes we would consider this a priority and would help lessen some of the pressure on same day GP appointments. It would be preferable for receptionist to be able to book in to. |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | Would help lessen some of the pressure on same day GP appointments. |
| ANY OTHER SUGGESTION ?? | Locum GP/ANP staff bank & Admin/Reception staff bank |

**Springhouse**

Thank you for your email. Our practice response would be for additional help within core hours as demand for GP appointments in on the increase. In this instant solution society, the Amazon culture, people are not happy to wait for a GP contact. Any funds we would receive as a practice we would use to temporarily employ additional GP services for on the day access.

With additional core hours access this should help manage the demand for extended hours/out of hours demand - in theory, but there is the old saying give an inch and their take a mile, which could cause issues once this additional funding has been withdrawn.

We also wonder if a temporary "walk in centre" could be established again for access during core hours, this would help with equality across Bolton, but again issues would arise once this funding had ended. Also issues of appointment allocation per practice.

**Dr Hallikeri**

Priorities include:

- Expansion of Extended Primary Care
- Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices

**Stonehill**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | More appointments within existing extended hours could be considered |
| More hours / resource for practice / PCN extended access DES | |
| Acute visiting service | |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | Yes, could be built in to same day/acute capacity |
| ANY OTHER SUGGESTION ?? | Expansion of minor illness capacity |

**Dr Saveena Ghaie**

I've heard other areas have a hub that sees all acute respiratory symptoms – will ease all those cough and cold queries

**Dr Penny Parr**

We are struggling to keep things safe with respiratory illnesses urgent as we increase the FTF appointments and waiting rooms are filling up. Hubs for this would help a lot and prevent mixing of acute respiratory with vulnerable, not all our patients can wait in a car and surgery does not always run on time

**BCP**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | Will not be used equitable and will not be able to monitor |
| More hours / resource for practice / PCN extended access DES | This would benefit individually practices and they would be able to increase resource for their practices to reflect their practice population, or across the PCN |
| Acute visiting service | May take a while to get embedded and then will cease due to non -recurrent funding, but could be very useful to take winter pressures |
| Primary care urgent care hub (including respiratory pathways) | This would be an excellent idea, we are already struggling to accommodate respiratory face to face illnesses along with other face to face acute needs due to buildings with small waiting areas and limited ventilation. Pts cannot always wait in cars. |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | Excellent idea. |
| ANY OTHER SUGGESTION?? | Additional staff to answer the phones. We have all seen a massive increase in our phone demands. We already have cloud based telephony and still struggle to find additional staff to answer the increase in phone calls to our practice.<br><br>Solutions outside the practice would be our preferred option, with good publicity to ensure that these are accepted by patients across the Bolton borough. We worry that practices having to find |

| | |
|---|---|
| | additional staff from a limited pool of staff could be left without adequate resource, if not able to recruit. |

**Garnet Fold**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | Yes, would be useful but should be divided appropriately per networks |
| More hours / resource for practice / PCN extended access DES | Yes, would be useful out of hours appointments, but again divided appropriately per network |
| Acute visiting service | No-many networks have a paramedic in post |
| Primary care urgent care hub (including respiratory pathways) | This will protect Secondary Care and not immediately useful for Primary Care -unless for acute respiratory illness and instead of attending GP |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | Again protects A&E-Not Primary care focused |
| ANY OTHER SUGGESTION ?? | Additional funds directly to Practices to employ locums and extra nursing hours |

**Uddin**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | **Good use of funding, need to ensure that there is a fair share of appointments available for practices** |

| | |
|---|---|
| More hours / resource for practice / PCN extended access DES | **We have issues with this in regards to lack of estates and lack of IT, we would not be able to consider this at a practice level.** |
| Acute visiting service | **We have low number of home visit requirements at our practice, although if winter pressures get the better of us and more of the elderly community are poorly and unable to get to practice, this service would be of benefit at this point.** |
| Primary care urgent care hub (including respiratory pathways) | **We would utilise this service however the worry here is that it is non-recurrent funding and the same service would not be in place the following winter, which could impact patient expectations when the service is no longer in place.** |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | **As a practice, we do not have many A&E deflections so this for us, would be a waste of the funding. If a service could be put in A&E, it would be for a GP or GPs to be more "front door" at A&E and siphon away more inappropriate A&E attendances.** |
| ANY OTHER SUGGESTION ?? | |

**Hendy**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | Needs to be a Fair share of appointment for each practice |
| More hours / resource for practice / PCN extended access DES | Lack of IT and Estates |
| Acute visiting service | Do not have many visits |
| Primary care urgent care hub (including respiratory pathways) | Would use this but none recurrent monies patient will expect this next year |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | We do not get many deflections |

| | |
|---|---|
| ANY OTHER SUGGESTION ?? | |

**Barua**

Thank you for your email regarding the Winter funding. As you know, every practice would have different needs to cope with the demand.

Our practice is facing immense difficulty in finding GPs to work for our practice during the Covid pandemic. The locums are demanding £ 800 to £ 1000 per day, and even with that amount, they do not want to see more than 2 or 3 F2f patients per session. The practice is currently spending over £8000 per month as locum expenses.

Given the smallness of our practice with very high demand, we receive only a minor share of different PCN arranged services; for example, we are allocated only 3 hours of Paramedics Service and currently 4 hours for Pharmacist per week, which are certainly not adequate. As such allocating resources through PCN, a small practice like ours is not so helpful.

I would appreciate it if the CCG considers the following services for our practice.

a) More hours /resources to the practice to employ clinicians, mainly GP and Pharmacist, through our practice.

b) Providing Acute visiting services to relieve our GPs.

c) Setting up locum services, perhaps through the Federation to assist vulnerable practices and financial assistance to practice like ours for recruiting sessional or locum GPs as I understand in some Manchester CCGs.

**Swan Lane**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | Increased access to GP/ANP appointments would be beneficial. As a practice we feel this is a priority given the much increased demand on GP appointments further impacted by the difficulties experienced with locum availability. |
| More hours / resource for practice / PCN extended access DES | Conceivably advantageous. Apprehension regarding room availability in practice Mon-Friday during core hours. Clinics held during practice extended opening hours outside of core hours of work when room availability is less of an issue. This would also appeal and improve access for patients including those who parents and those who work during our core hours. |

| | |
|---|---|
| Acute visiting service | Same day access to home visiting service would be practical but we do not feel this is of high priority. |
| Primary care urgent care hub (including respiratory pathways) | Yes we would consider this a priority and would help lessen some of the pressure on same day GP appointments. It would be preferable for receptionist to be able to book in to. |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | Would help lessen some of the pressure on same day GP appointments. |
| ANY OTHER SUGGESTION ?? | Locum GP/ANP staff bank<br>Admin/Reception staff bank |

**Mandalay**

| **Consideration** | **Feedback** |
|---|---|
| Expansion of Extended Primary Care | |
| More hours / resource for practice / PCN extended access DES | Increase telephone lines. Each practice to receive budget to be used for locum cover (Drs, nurses, HCA's) and admin cover also e.g overtime/additional hours. |
| Acute visiting service | This is a big gap. Bolton lacks an acute visiting service which other area e.g East Lancashire, seem to have. |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | |
| ANY OTHER SUGGESTION ?? | |

**Karim & James-Authe**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | Good option if doctors are willing to work extra sessions. |
| More hours / resource for practice / PCN extended access DES | As above - admin staff need considering as well as space in practices. |
| Acute visiting service | Good option if clinicians are available |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | As above. |
| ANY OTHER SUGGESTION ?? | |

**Alastair Ross**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | |
| More hours / resource for practice / PCN extended access DES | |
| Acute visiting service | |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | |
| ANY OTHER SUGGESTION ?? | More GP's ANP availability, improved telephony service (need an automated queuing service) |

**Kildonan**

Despite the current work force shortages we have managed to recruit a Dr and pharmacist to help improve capacity .We intend to utilise all the funding available to us. We are also keen to upgrade our telephone system and want to know how much cloud telephony cost and would you please clarify what funding is available and how we draw it down.

**Heaton Medical**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | |
| More hours / resource for practice / PCN extended access DES | |
| Acute visiting service | |
| Primary care urgent care hub (including respiratory pathways) | |
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | |
| ANY OTHER SUGGESTION ?? | Physician Associate<br>Alterations to property to increase capacity - dividing of rooms<br>Locums |

**Deane Clinic**

| Consideration | Feedback |
|---|---|
| Expansion of Extended Primary Care | |
| More hours / resource for practice / PCN extended access DES | We need a locum doctor for our practice. |
| Acute visiting service | |
| Primary care urgent care hub (including respiratory pathways) | |

| | |
|---|---|
| Additional Primary Care clinician in Urgent Treatment Centre (UTC) to deal with any potential deflections back to GP practices | |
| ANY OTHER SUGGESTION ?? | Automatic Health care monitor for our practice to monitor BP, Pulse, Height and Weight. It will facilitate to reduce our workload and concentrate on acute problem.. It will deflate A&E attendance etc. , |

Appendix 2 – Claims process

**Winter Access Funding**
**Claim Process**

| | |
|---|---|
| **PRACTICE:** | |
| **MONTH:** | |

**Existing Staff – Providing additional sessions:**

| Sessions | GP | ANP | Physician Associates | Admin |
|---|---|---|---|---|
| Number of weekly sessions provided before introduction of new sessions | | | | |
| Number of Additional Sessions | | | | |
| **Total number of sessions after additional sessions** | **0** | **0** | **0** | **0** |
| Cost per session (£) | | | | |
| **Total cost claimed (£)** | **£0.00** | **£0.00** | **£0.00** | **£0.00** |

**Staff Overtime:**

| Staff Member (practice identifiable) | Sessions / Hours Provided | Costs (£) |
|---|---|---|
| | | |
| | | |
| | | |
| **Total** | **0** | **£0.00** |

***Practices must be able to provide payslips as evidence**

**Reasonable and consequential costs of running additional sessions:**

| Additional sessions (Date/ time) | Costs (£) |
|---|---|
| | |
| | |
| | |
| | |
| **Total** | **£0** |

**Additional Sessions – Locums**

| Sessions | GP |
|---|---|
| Number of weekly sessions provided before introduction of new sessions | |
| Number of Additional Sessions provided by locum | |
| **Total number of sessions after additional sessions** | **0** |
| Cost per session | |
| **Total cost claimed** | **£0** |
| **Reasonable and consequential costs associated with locum session (£)** | |

**Expanding extended hour's capacity by Practice**

| Sessions | GP | ANP / ARRS | Physician Associates | Admin |
|---|---|---|---|---|
| Number of weekly sessions provided before introduction of new sessions<br>Weekly number of weekly sessions / hours provided as extended hours | | | | |
| Number of Additional Sessions / hours provided as extended | | | | |
| **Total number of sessions after additional sessions** | **0** | **0** | **0** | **0** |
| **Cost per session / hours (£)** | | | | |
| **Total cost claimed (£)** | **£0.00** | **£0.00** | **£0.00** | **£0.00** |

| | | | | |
|---|---|---|---|---|
| **Reasonable and consequential costs associated with extended hours provision (£)** | | | | |

**Additional Admin**

| **Additional Activities delivered by admin staff** |
|---|
| |

***Practices must be able to provide payslips as evidence**

Appendix 3 – GM Assurance Document

**GP Winter Access Fund Plan / Assurance Document**

This template is to be completed by GM CCG or PCN organisations in receipt of a share of the £13.305m GM GP Winter Allocation Fund. Its purpose is to provide a high-level summary of agreed plans and expected impacts / outcomes at a CCG / PCN level, and then to evidence how plans are progressing throughout the winter period.

The template is made up of four sections:

1) Table A – CCG / PCN name / contact information
2) Table B1 – re Criteria 1 – Increase and Optimise Capacity
3) Table B2 – re Criteria 2 – Address Variation and Encourage Good Practice
4) Table B3 – re Criteria 3 – Improve Communication with the Public

The 'brief description of plan' and 'expected impact / outcomes' sections are to be completed by xx/xx/2021 **(deadline 1)**.

The 'progress achieved', 'on track', and 'emerging risks / key learning' sections are to be completed by xx/xx/2021 **(deadline 2)**.

Allocations must be fully utilised by 31/03/2022, and a further, final template will be issued around this date to evidence the actual outcomes achieved.

Completed templates should be returned to xxxxx@xxxxx

**Table A**

| | | | |
|---|---|---|---|
| **CCG / PCN Name:** | | **CCG / PCN Total Allocation £:** | |
| **Completed By:** | | **Position:** | |
| **Email address:** | | **Date:** | |

**Table B1**

NHS Bolton Clinical Commissioning Group

| National Criteria | Brief Description of Plan (max 50 words) | £ | Expected Impact / Outcomes (please quantify) | Progress Achieved – as at 30/11/2021 (max 50 words) | On track? (to achieve by Mar 22) **Y / N** | Emerging Risks / Key Learning (max 50 words) |
|---|---|---|---|---|---|---|
| **Criteria 1: Increase & Optimise Capacity** | *E.g., increase capacity by providing additional GP sessions* | *£16,000* | *E.g., 2 additional GP sessions per week for 22 weeks from Nov to March* | *E.g., 8 sessions held to date providing 120 consultations, plus admin time for referral letters, test requests, etc* | *Y* | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Table B2**

NHS Bolton Clinical Commissioning Group

| National Criteria | Brief Description of Plan (max 50 words) | £ | Expected Impact / Outcomes (please quantify) | Progress Achieved – as at 30/11/2021 (max 50 words) | On track? (to achieve by Mar 22) Y / N | Emerging Risks / Key Learning (max 50 words) |
|---|---|---|---|---|---|---|
| Criteria 2: Address Variation & Encourage Good Practice | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Table B3**

NHS Bolton Clinical Commissioning Group

| National Criteria | Brief Description of Plan (max 50 words) | £ | Expected Impact / Outcomes (please quantify) | Progress Achieved – as at 30/11/2021 (max 50 words) | On track? (to achieve by Mar 22) Y / N | Emerging Risks / Key Learning (max 50 words) |
|---|---|---|---|---|---|---|
| Criteria 3: Improve Communication with the Public | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| **Total investment analysed in Tables B1,2,3: £** |
|---|
| *Please check this matches the total allocation £ in Box A* |

NHS
Bolton
Clinical Commissioning Group

Following exec discussions:

Funding to be allocated to:

- Workforce claims
- Telephony
- CPCS – language line
- Communications

All options considered and must follow the following principles:

- Help with face to face contact
- Increases capacity in existing services
- Reduces demand on GP practices
- Current commissioned service is being delivered (equitably)
- Doesn't create new services which would take time to develop and set patient / practice expectation with non-recurrent funding
- Improves patient experience

| Service | Rationale | Funding |
|---|---|---|
| Workforce claims (practice or PCN level Inc. extended access) | Increases additional sessions / appointments in General Practice<br>Helps with face to face contact | £907,677 |
| Telephony | Helps improve patient access on the telephone | £104,000 |
| CPCS | Improves patient experience<br>Allows more patients to be referred to CPCS | £4,000 |
| Communications | Support for GP practice<br>Appropriate communications to patients on the primary care access offer | £16,176 |
| Increase capacity in OOH | Creates additional capacity in existing OOH service<br>Reduces handoffs to primary care<br>Better patient experience | £122,266 |

| | | |
|---|---|---|
| Increase capacity in GP at the front door of A&E (UTC) | Creates additional capacity in existing UTC<br>Reduces handoffs / deflections to primary care<br>Better patient experience | £211,333 |
| | | **£ 1,365,452** |

Other considerations:

AVS and primary care hub not priority as new services which would take time to set up and could set patient and practice expectation which would be short term funded initiatives

Need to ensure that current commissioned activity in EPC is delivered and allocate appointment equitably (could be reviewed once this is capacity is fully utilised)

Next steps:

Inform primary care of these decisions
Send out claim form (capped at practice level)
Progress improvement in telephony
Work with Bardoc to implement increased capacity in OOH and UTC (with clear expectations about outcomes and reducing deflections / handoffs)

**CCG Primary Care Commissioning Committee**

**AGENDA ITEM NO: ……5……**

**Date of Meeting: ……2nd December 2021……**

| | |
|---|---|
| **TITLE OF REPORT:** | Locally Commissioned Services (LCSs) Review |
| **AUTHOR:** | Kathryn Oddi |
| **PRESENTED BY:** | Kathryn Oddi /Lynda Helsby |

**PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)**

- To inform the Committee of the recent exercise to review six Primary Care LCSs against the requirements of need, best evidence/rationale, value for money etc.
- To seek a decision from the Committee on continuity of service provision for each scheme into 2022/23.

| | | |
|---|---|---|
| **LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):** | **Deliver the outcomes in the Bolton Joint Health and Care Plan.** | |
| | **Ensure compliance with the NHS statutory duties and NHS Constitution.** | X |
| | **Deliver financial balance.** | |
| | **Regulatory Requirement.** | |
| | **Standing Item.** | |

**FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:**

**COMMITTEES/GROUPS PREVIOUSLY CONSULTED:**
As indicated in the attached report.

**REVIEW OF CONFLICTS OF INTEREST:**

**RECOMMENDATION(s)**

The Committee is asked to support the following recommendations:

Continue to commission the following services for 2022/23 (in line with the comments included for each scheme in the attached report)

- Insulin Mgt.
- Asylum Seekers
- Ring Pessary
- Homelessness

Decommission the following services after 31st March 2022

- Insulin Initiation
- Anticoagulation

# REVIEW OF LOCALLY COMMISSIONED SERVICES FOR 2022/23

| Scheme Name | No of Practices Currently Signed Up | Activity Levels/Cost 2020/2021 | Comments | Risk if scheme is decommissioned | Recommendation |
|---|---|---|---|---|---|
| Insulin Initiation | 23 | 22 patients initiated at a cost of £1,562.00. | Of the 23 practices currently signed up, only 7 had delivered activity between April and August. Of these 7, the average number of initiations was 1.7. Concern that such low levels of activity do not allow for maintenance of competencies at practice level. | Impact on Diabetes Centre – mitigated by the very low levels of activity currently being undertaken in primary care. | Give notice to cease on 31st March. |
| Insulin Mgt. | 26 | Average of 1,324 patients claimed for monthly (across all 26 practices). Full year expenditure = £139,787.20 | | Impact on Diabetes Centre of around 1300/1500 additional patients per month. | Continue to commission for 2022/23 with revised /updated spec. |
| Ring Pessaries | 22 (three of which deliver services to own patients plus patients from wider PCN) | 291 procedures claimed for. Full year expenditure = £14,550 | Concerns discussed around competencies – currently this is a 'self-declaration' process but CCG has no real assurance around this. | FT may be reluctant to take back the service. GP Fed/Treatment Room Nurses may possibly provide? | Continue to commission for 2022/23. Specification to remain as it is but professional UK guidelines re competencies to be attached and sent out to practices with it. CCG's Women & Children's Clinical Lead to oversee assurance visits. |

| | | | | | |
|---|---|---|---|---|---|
| Asylum Seekers | 22 | Average of 211 patients claimed for monthly (across all 22 practices). Full year expenditure = £17,745.00 | Asylum Seeker/Refugee Inclusion, Community Cohesion and PH Strategic Group recently established by Council (and attended by CCG PC rep) to provide strategic oversight of the wide range of services / agencies that have an interest in asylum seeker / refugee matters. This Group will ensure a co-ordinated approach to review of the current specification. | Gap in service provision. | Continue to commission for 2022/23 but review spec with colleagues across the wider system. |
| AntiCoag. | 3 | Average of 67 patients claimed for monthly (across all 3 practices). Full year expenditure = £6,213.12 | Of the 3 practices currently signed up, only 1 has claimed so far this year (claiming for an average of 13 patients each month). | Patients will attend community Anticoag service at Waters Meeting HC but, given the low levels of activity, it is likely that the service would not struggle with capacity. | Give notice to cease after 31st March 2022. |
| Homelessness | 1 | Average of 23 patients claimed for monthly. Full year expenditure = £2,031.63 | CCG Primary Care Team recently met with Joanne Dickinson from the FT's Homeless and Vulnerable Adults Service to inform revision of the specification. | Gap in service provision. Adverse impact on FT's Homeless and Vulnerable Adults Service | Continue to commission for 2022/23 with revised specification developed in liaison with FT |