

AGENDA (Meeting Held in Public)

Meeting Name: **NHS Cheshire CCG Primary Care Commissioning Committee**

Date/Time: **26th May 2022, 2.30 pm to c3.45 pm**

Format: **MS Teams**

Chair: **Pam Smith**

QUORUM

A quorum necessary for the Committee to undertake its business shall be at least four voting members of the Committee, comprising:

- Chair (or Vice Chair)
- One other Independent Governing Body Members
- Two Directors from the CCG's Executive Team

Timing	Item No	Item	Speaker	Format & Action	Page No.	
	1.	MEETING MANAGEMENT				
14:30	1.1	Welcome and Chair's Comments	Chair	Verbal	-	
	1.2	Apologies for absence	Chair	Verbal	-	
	1.3	Declarations of interests	Chair	Verbal	-	
	1.4	Minutes of the Previous Meeting: <i>to formally approve the minutes from the meeting held on 31st March 2022</i>	Chair	Papers	Page 3 - 7	
	1.5	Action Log: <i>To update on any outstanding actions</i>	Chair	Papers	Page 8	
	1.6	Public Questions: <i>To consider any questions raised by the public in advance of the meeting.</i>	Chair	Verbal	-	
	2.	Committee Business				
14:40	2.1	Commissioning Update: <i>To note the contents of the report.</i>	Dean Grice/Neil Evans	Papers	Page 9 - 13	
	2.2	Finance Update: <i>To note the contents of the report.</i>	Andrew Whittingham Lorraine Weekes-Bailey	Papers	Page 14 - 17	

Timing	Item No	Item	Speaker	Format & Action	Page No.
	2.3	Quality Update: <i>To note the contents of the report and identify any exceptions/concerns requiring escalation.</i>	Katie Mills	Papers	Page 18 - 27
	2.4	Estates Update: <i>To note the contents of the report.</i>	James Burchell	Papers	Page 28 - 33
	2.5	ICT Update: <i>To note the contents of the report.</i>	Kevin Highfield	Papers	Page 34 - 38
	3.	Any Other Business			
15:40	3.1	Any other formal business	Chair	Verbal	-
	4	Meeting Management			
	4.1	Date and Time of Next Meeting: NA	Chair	Verbal	-
C15:45	<i>Close of Meeting</i>				

Draft Minutes

Meeting Name: **Primary Care Commissioning Committee (Held in Public)**

Date/Time: **31st March 2022 at 3.25pm**

Venue: Microsoft Teams

Chair: **Pam Smith**

Attendance		
Name	Role/Job Title	Present
Voting Members:		
Pam Smith (Chair)	GB Lay Member	✓
Dr Sinead Clarke	Joint Medical Director, Cheshire CCG	x
Neil Evans	Executive Director of Planning and Delivery, Cheshire CCG	✓
Suzanne Horrill	GB Lay Member	✓
Dan Howcroft	Independent Clinical GB Member	✓
Dr Andrew McAlavey	Joint Medical Director, Cheshire CCG	✓
Lynda Risk	Executive Director of Finance and Contracts, Cheshire CCG	✓
Clare Watson	Accountable Officer, Cheshire CCG	✓
Paula Wedd	Executive Director of Quality and Safeguarding, Cheshire CCG	✓
Wendy Williams (Vice Chair)	GB Lay Member	x
Non-Voting Members:		
Dr Lesley Appleton	General Practice Representative	x
Ian Ashworth	Cheshire West & Chester Director of Public Health	x
Louise Barry	Healthwatch Cheshire Representative	x
Dr Paul Bowen	General Practice Representative	✓
Cllr Louise Gittins	Cheshire West & Chester Health and Wellbeing Board Representative	x
Chris Leese	Associate Director of Primary Care, Cheshire CCG	✓
Dr Fiona McGregor-Smith	General Practice Representative	x
Dr Simon Powell	Cheshire Local Medical Committee Representative	x
Cllr Jill Rhodes	Cheshire East Health and Wellbeing Board Representative	✓
Dr Gwydion Rhys	General Practice Representative	✓
Denise Smith	Practice Manager, Cheshire CCG	x
Carla Sutton	NHSE and Improvement Representative	✓
Dr Matt Tyrer	Cheshire East Director of Public Health	x
In Attendance:		
James Burchell	Head of Estates and Capital, Cheshire CCG	
Dean Grice	Head of Primary Care, Cheshire CCG	
Lorraine Weekes-Bailey	CCG Senior Primary Care Accountant, Cheshire CCG	
Andrew Whittingham	Associate Director of Finance, Cheshire CCG	

Agenda Ref	Discussion and Action Points	Action By
1.	Committee Management	
1.1.	<p>Welcome:</p> <p>The Chair welcomed everyone present and watching to the NHS Cheshire CCG Primary Care Commissioning Committee and highlighted that this is a meeting held in public but is not a public meeting, which is being held via a Webinar due the current situation linked to the Covid-19 pandemic.</p>	
1.2.	<p>Apologies:</p> <p>Apologies were received in advance of the meeting from the following committee members: Wendy Williams, Dr Sinead Clarke, Dr Lesley Appleton, Dr Fiona McGregor-Smith, Denise Smith, Dr Simon Powell, Louise Barry, Louise Gittins, Ian Ashworth and Dr Paul Bowen.</p>	
1.3.	<p>Declarations of Interest:</p> <p>The Primary Care Commissioning Committee members and those in attendance confirmed that they had no further declarations of interest other than those already held on the CCGs Register of Interests.</p>	
1.4.	<p>Questions from the Public:</p> <p>There were no questions from the public for this meeting.</p>	
1.5.	<p>Minutes of Previous Meeting:</p> <p>Minutes of the meeting held on 21st October 2021 were circulated to the committee prior to the meeting and comments were invited. No comments were raised, and the minutes were therefore accepted as a true and accurate record of the meeting.</p> <p>Outcome: The Primary Care Commissioning Committee approved the minutes from the meeting held on 21st October 2021.</p>	
1.6.	<p>Action Log:</p> <p>There were no actions to be discussed and the log was therefore noted.</p> <p>Outcome: The Primary Care Commissioning Committee noted the action log.</p>	
2.	Business Items	
2.1.	<p>Primary Care Commissioning and Contracting Update:</p> <p>A copy of the report was provided prior to the meeting and Chris Leese confirmed the following key points:</p> <ul style="list-style-type: none"> • Since the report had been written further information has been received regarding the national contract and updates on some of the contract changes is awaited. • A fuller report on the Winter Access Fund will be brought back to the Committee meeting in May. 	

Agenda Ref	Discussion and Action Points	Action By
	<p>No questions were raised by members.</p> <p>Outcome: The Committee noted the updates in the Primary Care Commissioning and Contracting Report.</p>	
2.2.	<p>Finance Update:</p> <p>A copy of the report was provided prior to the meeting and Andrew Whittingham outlined the following key updates:</p> <ul style="list-style-type: none"> • The Clinical Commissioning Group is forecasting a break even position at year end which is in part due to additional system funding that has been received. Also, the NHS has been funded in a unique way during this year mainly due to Covid-19. • Expenditure within Local Primary Care up to 28th February 2022 is showing a forecast underspend of £0.895m. • Information on vaccination Covid-19 costs which should be funded from Central Government • A table detailing the delegated primary care budget which shows an overspend of £3.459million. £2million of that relates to the additional roles for which the Clinical Commissioning Group has not yet received its final reimbursement. • A table detailing the enhanced services budget • Information on the Winter Access Fund <p>Questions were invited:</p> <ul style="list-style-type: none"> • Dr Gwydion Rhys commented that the current projected spend on Hot Hubs is substantially below the nominated allocation. <ul style="list-style-type: none"> • Neil Evans responded the underspend was due to staffing issues, there was some extension at the Chester and Leighton sites it was not possible to find sufficient clinicians to extend to the scale wanted and that which had been detailed within the Winter Access Fund. • Dr Gwydion Rhys questioned what would happen to the remainder of the money between the projected spend of £1.9million and the £3.3million allocation of the Primary Care Winter Access Fund. <ul style="list-style-type: none"> • Andrew Whittingham responded that his money will not be available for the Clinical Commissioning Group to draw down. • Dr Rhys replied that he hoped that learning can be taken from where activity was not hitting the projections in the allocations and asked if there was capacity to move budgets <ul style="list-style-type: none"> • Neil Evans replied that the monies were set allocations but if any were maxed out there would have been discussions with NHS England to see whether there a flexibility could be applied. Andrew Whittingham added that this scenario is a universal issue across the Cheshire and Merseyside Clinical Commissioning Groups. In previous years Clinical Commissioning Groups had been given a pot of money and were allowed to decide how that was spent. <p>Outcome: The Committee noted the updates contained in the Primary Care Finance Report.</p>	

Agenda Ref	Discussion and Action Points	Action By
	Outcome: The Committee noted the content of the Primary Care Quality report.	
3.	Any Other Business	
3.1.	No other business was raised.	
4.	Date of Next Meeting	
4.1.	2.00pm 26 th May 2022	

End of Meeting

Action Log



PRIMARY CARE COMMISSIONING COMMITTEE

ACTION LOG - Updated: 20th May 2022

KEY
New
In Progress
Delayed
Closed

Item	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
PCCC22-A01	31/03/2022	Quality Update	Ensure that all women with rejected samples had been recalled and retested	KM	26-May-22	Information included in May report	Closed
PCCC22-A02	03/03/2022	Quality Update	Look at the reasons why some women taking sodium valproate do not need an annual review.	KM	26-May-22	Information included in May report	Closed
PCCC22-A03	31/03/2022	Quality Update	Provide feedback on the outcome following the removal of the non medical prescriber from the practice repeat prescription signing rota	KM	26-May-22	A verbal update to be given at the May meeting	In Progress

PRIMARY CARE COMMISSIONING COMMITTEE

26th May 2022

Agenda Item: 2.1

Title	Primary Care Commissioning and Contracting Update
Author	Contributors
Christopher Leese – Associate Director of Primary Care	Dean Grice, Head of Primary Care Diane Randell, Primary Care Support Officer
Report Reviewed by (<i>Committee/Team/Director plus Finance if applicable</i>)	
Neil Evans, Executive Director of Planning and Delivery	
Date submitted	16/05/2022

Key Issues and considerations

The Primary Care Commissioning and Contracting Update is a regular agenda item to update the Committee by exception, to the work of the primary care commissioning and contracting team. The update is mostly by exception and contains updates in the following areas –

- Local and National contracting position latest
- Covid-19 Enhanced Service contractual position
- Winter Access Funding
- Asylum Seekers and Refugees
- Local Contracting Issues – by exception
- Enhanced Access – Update

Recommendation(s)

The Primary Care Commissioning Committee is asked to;

Note the updates in respect of Primary Care Commissioning and Contracting which is ***for information***

1.0 National Contract Position – General Practice

On 1st March the Government published general practice contract arrangements for 2022/23 given below:

https://www.england.nhs.uk/wp-content/uploads/2022/03/B1375_Letter-re-General-practice-contract-arrangements-in-2022-23_010322.pdf

There was a full report to the last Committee regarding specific actions underneath this and there is no further information to report in this respect.

2.0 Local Contracting Arrangements

In line with the national approach all local reporting on local enhanced services was paused until end of March 2022 - practices and clinicians were working to their own clinical prioritisation and the roll out of the booster programme, with income protected.

From 1st April 2022 reporting and schemes has returned to their “pre pause” position, apart from where there has been a clinical need to change a specification or a duplication with the national contract has been identified. In addition, a need to increase specific fees for Fostering and Adoption Medical Assessments has been identified and this revision has been agreed between Cheshire CCG and Cheshire Local Medical Committee (LMC) (relating to areas of Cheshire where this is not already funded as a component part of a local scheme).

Appendix 1 gives a summary of the Local Enhanced Services currently in place for each of the historic Cheshire CCG areas, i.e. West Cheshire, Vale Royal, South Cheshire, Eastern Cheshire.

It should be noted that the paused review of these local schemes will be resumed at Place level post 1st July 2022 but for 2022/2023 the schemes in Appendix 1 will continue to ensure stability for General Practice during this transitional year. The LMC are supportive of this approach. By working through the new Place teams this will ensure a consistent, locally led and population driven commissioning approach to the design of the services commissioned from General Practice.

3.0 Covid 19 Enhanced Service

Further to the [system letter](#) published on 23 February, the [latest JCVI guidance](#) on Spring boosters, other [JCVI guidance](#) on the vaccinations of all 5-11 year olds and the subsequent [system letter](#) of 18 February, NHSE/I have agreed with the General Practitioners Committee (GPC) England to extend the COVID-19 Enhanced Service (ES) specification for general practice for COVID-19 vaccinations until 30 September 2022.

The updated service specification is given [here](#).
This is no change to the last reported update.

4.0 Winter Access Funding

This funding related to 2021-22 and, as reported at the last Committee meeting, final expenditure of this scheme is currently going through final validation and reporting. A full report will be issued at the next meeting when national sign off has occurred and an audit of claims verified.

5.0 Asylum Seekers and Refugees

NHS Cheshire CCG is currently supporting four Home Office selected sites occupied by asylum seekers and one Home Office selected site occupied with Afghan refugees, all in Cheshire East Place.

Ukrainian refugees are settling with their matched sponsors across both Cheshire East and Cheshire West boroughs and are registering for GMS care with local GP practices. NHS Cheshire CCG has shared with GP practices a Migrant Health Checklist, translated into three languages - Ukrainian, Hungarian and Russian, to support registration and initial health checks.

At the current time a national Direct Enhance Services has not been issued to support GP practices with any additional work involved in supporting medical care needs for the Ukrainian refugees (unlike the central support provided for Syrian and Afghan refugee programmes). As this requirement is not unique to our local area NHS Cheshire CCG has not at the current time provided a Locally Enhanced Service.

This is also the position for asylum seekers originating from countries other than Ukraine and not residing in one of the four Home Office selected sites in Cheshire East Place, i.e. asylum seekers placed into local housing in the area. The expectation is that these patients will register with GP practices in the usual way, with the GP practices managing these patients as they would any patient under the GMS contract.

The current exception to the above is for asylum seekers registering at one of the four Home Office selected sites in Cheshire East Place. Due to the constant high number of new patients at these locations, Cheshire CCG currently funds GP practices where these patients are registering a one off £95 per patient funding in order to support the GP practice with an enhanced new patient health check.

Further discussion will continue as to whether a DES/LES should be extended to:

- a) Ukrainian refugees registering with a GP practice in Cheshire.
- b) Asylum Seekers not residing in one of the four Home Office selected sites in Cheshire East Place, i.e. asylum seekers placed into local housing in the area.

Committee views on this topic would be welcomed.

NHS Cheshire CCG has linked in with NHSE/I both on a local level and at the weekly regional meeting to understand if guidance has been shared with community pharmacy around providing prescription payment exemptions for Ukrainian refugees. Asylum Seekers are provided with HC1 and HC2 forms which the onsite facilitator, i.e. Serco, helps individuals to complete. These forms pre-empt the questions around the individual being in the 'benefit system' and therefore obtain free prescriptions from arrival into the four Home Office selected sites in Cheshire East Place). However

Ukrainian refugees are finding the HC1 and HC2 forms “a blocker” due to them not being in the benefits system immediately upon arrival into the country (they will be part of the system but that takes a few weeks to organise). NHS Cheshire CCG is waiting for national guidance to come down from NHSE/I. GP practices will provide patient exemption forms if patients visit the GP practice, however, if patients visit secondary care, Out of Hours or Community Pharmacy there is currently no process in place for prescription payment exemptions. The Cheshire CCG Medicines Management Team are aware of this issue and investigating mitigations.

NHS Cheshire CCG has joined a working group with CWP and Public Health teams to understand the potential impact on the current TB pathway and we are linking in with secondary care to understand the impact on radiology. It is planned that communications will shortly be shared with GP practices to remind them of the current pathway in place and to update them going forwards on the outcomes from the discussions of the of the working group to support the TB pathway.

Representation from the Primary Care Team has participated in weekly panels with stakeholders including Cheshire West Place Local Authority, Public Health, Local Councillors and CWP to update colleagues on NHS Cheshire CCG’s ongoing work to support health care for this vulnerable cohort of its population.

The CCG Head of Primary Care would like to acknowledge and thank Diane Randell for the work she has put into supporting these potentially vulnerable patient cohorts.

6.0 Local Contracting Issues by Exception

Following the national direction of primary care services looking to restart / reestablish pre-Covid19 performance from the 1st April 2022, the CCG’s Primary Care Team has supported our GP practices with guidance on the national expectations. The CCG team has also looked to ensure all Cheshire CCG GP practices have reverted from pandemic patient access arrangements to pre-pandemic patient access expectations, i.e. all GP practices to have their doors open from 08:00-18:30 Monday to Friday and all GP practices to have routine telephone access for their patients between 08:00-18:30 Monday to Friday. Any local variation found is being addressed as per standard contractual arrangements.

7.0 Enhanced Access – Summary of Progress

Between April and the end of September 2022 the national PCN DES requires GP practices to provide Extended Hours appointments. Separately, the CCG commissions Extended Access as per national direction. From October 2022 these two schemes will be combined into one new scheme within the PCN DES, known as Enhanced Access. Cheshire CCG PCNs are required to formulate their implementation plans and provide these draft plans to the CCG/ICB by the end of July 2022. Once signed off, plans will need to be implemented ready for the October 2022 start date. The CCG Primary Care Team is currently engaging with PCNs to help support early submission of these plans so that any issues can be addressed in a timely manner prior to the scheme start date.

Appendix 1 – Giving a summary of the Local Enhanced Service schemes currently in place for each of the historic Cheshire CCG areas, i.e. West, Central (Vale Royal and South) and Eastern Cheshire

<p>West Cheshire: Primary Care CQUIN Anti Coagulation Level 1-4 Diabetes Level 1-2 ECG Intermediate Care - Perm. Intermediate Care - Temp. Mental Health DMARDs Vasectomy Minor Injuries Spirometry (Spiro OR Reversibility) Spirometry (Spiro AND Reversibility) Minor Surgery Level 1-3c Dressings Enhancing Care in Care Homes LES Prescribing Scheme</p>	<p>Vale Royal: Primary Care Charter Anti Coagulation Near Patient Testing Enhancing Care in Care Homes LES Carpal Tunnel (Interpractice) Minor Surgery (Interpractice) Vasectomy Former Primary Care Group Monies Prescribing Scheme Weaver Lodge</p>
<p>Eastern Cheshire: Caring Together Prescribing Scheme Enhancing Care in Care Homes LES Phlebotomy Gynae IUS (Interpractice) Initiation of Insulin Therapeutic Injections (Interpractice) Minor Surgery (Interpractice) Vasectomy Ear Syringe (Interpractice)</p>	<p>South Cheshire: Primary Care Charter Near patient Testing Enhancing Care in Care Homes LES Carpal Tunnel (Interpractice) Minor Surgery (Interpractice) Vasectomy Former Primary Care Group Monies Prescribing Scheme Parkinsons Nurse</p>

PRIMARY CARE COMMISSIONING COMMITTEE

26th May 2022

Agenda Item 2.2

Title	
Finance Update	
Author	Contributors
Andrew Whittingham Associate Director of Finance	Lorraine Weekes Senior Primary Care Accountant
Report Reviewed by (<i>Committee/Team/Director plus Finance if applicable</i>)	
Date submitted	17 th May 2022

Consideration for publication	
Meetings of the Governing Body and Primary (General Medical) Care Commissioning Committee meetings will be held in public and the associated papers will be published unless there are specific reasons that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply:	
The item involves sensitive HR issues	N
The item contains commercially confidential issues	N

Key Issues and considerations	
Recommendation(s)	
The Primary Care Commissioning Committee is asked to NOTE the contents of the report	
Delivery of CCG's duties / strategies / aims / objectives	
The actions in the paper support the national and regional response to Covid-19 as well as fulfilling the financial obligations of NHS Cheshire CCG.	
Conflicts of Interest Consideration (<i>if applicable</i>)	
<i>As per the meeting</i>	
Report / Paper history	
N/A	

1. Month 12 (March 2022) Financial Position

- 1.1 The purpose of this paper is to provide the Primary Care Committee with a summarised overview of the Primary Care financial performance, for the period ending 31st March 2022.
- 1.2 At month 12 the CCG reported a break-even financial position.
- 1.3 The table below details the position for expenditure within Local Primary Care up to 31st March 2022:

Local Primary Care	Final M12 Position		
	Budget (£000's)	Actual (£000's)	Variance (£000's)
Primary Care Charter/CQUIN/Caring Together	7,792	7,947	◆ (155)
GP Care Homes Scheme	1,418	1,426	◆ (8)
Practice Staff	899	898	● 0
Primary Care Networks DES	1,176	1,176	● 0
Primary Care Other	4,165	3,515	● 651
PCNDF Funding	1,497	1,499	◆ (2)
Primary Care Access Fund	4,421	3,916	● 505
GP Forward View	1,813	1,853	◆ (40)
Primary Care IT	3,405	3,516	◆ (111)
Primary Care-NHS COCH	281	233	● 48
Primary Care-NHS CWP	265	265	● 1
Out of Hours CWP	2,869	2,869	◆ (0)
Out of Hours CCICP	2,899	2,899	● 0
Out of Hours ECT	3,302	3,302	● 0
Cheshire Care Record	365	318	● 47
Primary Care Covid-19 Costs	1,187	971	● 216
GPIT Covid-19 Costs	0	2	◆ (2)
Vaccination Covid-19 Costs	287	517	◆ (230)
CCG PRIMARY CARE TOTAL	38,042	37,121	● 921

- 1.4 The overall budget is showing a forecast underspend of £0.921m. Details of the variances are:
- 1.5 Primary Care Other and Primary Care Access Fund are all showing underspends mainly due to the non-recurrent impact from prior year benefitting the position.

1.6 Delegated Primary Care to 31st March 2022:

Delegated Primary Care	Year to Date		
	Budget (£000's)	Actual (£000's)	Variance (£000's)
General Practice - GMS	54,269	54,346	◆ (77)
General Practice - PMS	21,298	21,266	● 32
Premises Reimbursements	13,436	13,777	◆ (341)
Other Premises	391	391	◆ (0)
Enhanced Services	8,891	7,515	● 1,376
Additional Roles	7,217	7,380	◆ (163)
QOF	11,611	12,023	◆ (412)
Other - GP Services	2,101	4,821	◆ (2,719)
DELEGATED PRIMARY CARE TOTAL	119,215	121,519	◆ (2,304)

1.7 The table above shows a forecast overspend of £2,304m.

1.8 GP Services is currently overspent, this budget measures spend on Interpreting, CQC, Prescribing admin fees, locum fees for Maternity/Sickness and other areas. Unfortunately, as Delegated Primary Care is a stand alone allocation, there is not enough budget to adequately cover expenditure.

2. Winter Access Fund

2.1 NHS England and NHS Improvement (NHSEI) made a £250 available to systems from November 2021 to March 2022 to build resilience and improve patient access. The funding is available to improve access to urgent, same-day primary care services.

2.2 NHS Cheshire CCG was allocated £3.409m. Mobilising a workforce to increase same day face to face appointments has proved a challenge. Forecast spend is estimated to be £1.941m and this has been drawdown from NHS England, funding cannot be carried forward to spend in 2022/23:

Winter Access Fund	Planned Allocation (£000's)	Forecast (£000's)
Hot Hubs	939	316
GP Capacity	1,717	872
Enhanced Rapid Improvement	100	100
Other Practice Support Identified by NHSE	252	252
Admin & Clerical Banks	240	240
Rapid Swob Capacity	100	100
Further Community Response	61	61
WINTER ACCESS TOTAL	3,409	1,941

3. Additional Roles Reimbursement Scheme (ARRS)

3.1 Final ARRS table at 31st March including the additional funding drawn-down from NHS England:

Additional Roles	Total Spend (incl post year end)		
	Maximum Budget Available (£000's)	Actual (£000's)	Variance (£000's)
Nantwich & Rural Primary Care Network	425	294	130
SMASH Primary Care Network	827	779	48
Eaglebridge Primary Care Network	512	459	53
GHR Primary Care Network	514	327	187
CHAW Primary Care Network	537	334	204
CHOC Primary Care Network	549	244	305
Knutsford Primary Care Network	282	195	88
Macclesfield Primary Care Network	718	542	177
Middlewood Primary Care Network	392	338	54
Winsford Primary Care Network	456	365	91
Northwich Primary Care Network	870	815	55
Helsby & Frodsham Primary Care Network	407	405	2
Rural Primary Care Network (Rural West)	531	522	9
Chester Central Primary Care Network	387	271	116
Chester South Primary Care Network	419	216	204
One Ellesmere Primary Care Network	838	775	63
Neston & Willaston Primary Care Network	272	227	45
Chester East Primary Care Network	429	309	121
ADDITIONAL ROLES TOTAL	9,366	7,416	1,950

3.2 The CCG received an original allocation of £5.212m and have received a further allocation of £2.005m at month 12. The CCG has received £0.036m of claims post year-end taking the total spent for 21/22 to £7.416m.

3.3 Although it appears that the networks haven't been able to fully utilise the funding available, many other CCGs within Cheshire and Merseyside haven't been able to spend their original allocation. So as NHS Cheshire CCG has recruited and incurred costs £2.005m above original allocation, this should be viewed as a success.

4. RECOMMENDATION

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

PRIMARY CARE COMMISSIONING COMMITTEE

26th May 2022

Agenda Item 2.3

Title	
Primary Care Quality Update	
Author	Contributors
Katie Mills Head of Quality for Primary Care	Rebecca Latham - Primary Care Quality Improvement Manager & Acting Patient Safety Manager Sophie Marsh – Primary Care Quality Nurse Claire McCluskey - Prescribing Support Pharmacist Helen Thorniley-Jones - Urgent & Emergency Care Performance Manager, Cheshire Flu Programme Lead & Lead Commissioner for Patient Transport
Report Reviewed by (<i>Committee/Team/Director plus Finance if applicable</i>)	
Richard Miller- Holliday Associate Chief Nurse & Deputy Director of Quality	
Date submitted	May 2022

Key Issues and considerations

The purpose of this report is to provide an update on current quality issues in relation to the quality of care received by patients registered in primary care general practice in NHS Cheshire Clinical Commissioning Group and include the following areas for information:

- Primary Care Situation Update
- Seasonal Influenza Programme
- Primary Care Nursing Update
- Care Quality Commission
- Cervical Screening
- Childhood Immunisation
- Primary Care Dashboard
- Primary Care Intelligence Meeting
- Valproate

Recommendation(s)

The Quality, Safeguarding and Performance Group is asked to:

- a) **NOTE** the contents of the report and scrutinise the issues highlighted and the planned mitigations.
- b) **IDENTIFY** any further actions for members of the Committee and any exceptions or concerns that need escalation to the Governing Body.

Governing Body Assurance Framework Risk Mitigation (if applicable)

Risk Description: GBAF21-03 Failure of the CCG to assure the quality of care of its commissioned services due to insufficient capacity and/or ineffective monitoring systems

If the quality of care provided by providers does not match commissioner's expectation with respect to quality and safety THEN the CCG cannot be assured that the services it commissions are good quality, effective, safe, and delivering a good patient experience

LEADING TO:

1. a breach of statutory duties to improve the quality of services
2. avoidable harm to patients, service users and those close to them
3. a negative impact on patient outcomes and experience

1. PRIMARY CARE SITUATION UPDATE

- 1.1 Following Covid-19, primary care and the wider healthcare system have started to tackle the challenge of recovering routine care for patients. QOF, IIF and DES ambitions were paused in December 2021 to allow general practice to deliver the national Covid-19 vaccine programme. These have now been reinstated.
- 1.2 There is emerging evidence of the impact of the pandemic on non-COVID Long Term Conditions (LTCs) and it is important that the CCG aligns its quality assurance priorities to support primary care as it takes steps to manage the backlog of long-term conditions whilst prioritising patients who are more vulnerable due to health inequalities and or co-morbidities.
- 1.3 It is also important that we maintain the public confidence that general practice remains open and that patients will be seen face to face where it is clinically appropriate.

2. SEASONAL INFLUENZA PROGRAMME

- 2.1 End of season date for [Cheshire CCG Seasonal Influenza Uptake 2021-22](#) has been published by the business intelligence team. This confirms the exceptional uptake rates that Cheshire has achieved.
- 2.2 NHS E/I Cheshire & Merseyside and Cumbria and Lancashire have identified 2022-23 priority cohorts for improvement as:
 - Pregnant Woman
 - 2&3 year old's
 - People with a Learning Disability
- 2.3 These priority areas align with the CCG priorities and learning taken from pilots across the region will be considered.

3. PRIMARY CARE NURSING UPDATE

- 3.1 The primary care quality team continue to provide professional nurse leadership to the primary care nursing workforce responding to clinical enquiries, signposting to educational offers and national guidance as well as offering professional support.
- 3.2 The monthly nurse forum events continue to grow in attendance and have featured guest speakers from the Training Hub, Thriving and Prevention commissioning team and infection prevention and control team. There are two dates booked for June's forum which has guest speakers from the CATCH App project management team to raise awareness of the app and its launch in Cheshire West in the coming weeks. Moving forward these forums will be facilitated on a place-based footprint in preparation for the organisational structural changes.
- 3.3 An initial non-medical prescribing peer support virtual forum event was held in January 2022 in conjunction with the Medicines Strategy and Optimisation Team. The event was very well attended with over 40 delegates and engagement across a wide range of non-medical prescribers. Due to the success, this will now take place on a quarterly basis alongside the educational sessions which have been commissioned, by the training hub, to take place across Cheshire. This will enable non-medical prescribers to be kept up to

date with changes in national and local prescribing policy as well as updated NICE guidance, approval to practice documentation and general peer support. There are now dates in the calendar to support CPD training leading into 2023.

- 3.4 As part of the Cheshire General Practice Nurse Strategy, the half day face to face educational events continues with the primary care quality nurse in attendance at some to gather intelligence on primary care workforce issues and to capture any new to Cheshire Practice Nurses to ensure that they have a network support and aware of the quality team structure within the CCG.
- 3.5 The training hub have secured the sum of £850 per practice nurse for accredited training modules of their specialty choice/practice requirements. This is being widely promoted by the quality team to ensure that there is a significant uptake which will enhance continuing professional development, expand nursing knowledge, and increase job satisfaction which will ultimately improve the quality & safety of patient care.
- 3.6 The Primary Care Quality Nurse has developed a Nursing Community Platform on Microsoft teams to streamline communications, support with revalidation and give an over arching communication tool for practice nurse to be able to support each other by direct communication. This is a dynamic platform and will continue to develop as new resources are added. Since its launch in April 2022 is has received high levels of engagement and feedback has been extremely positive.

4 CARE QUALITY COMMISSION

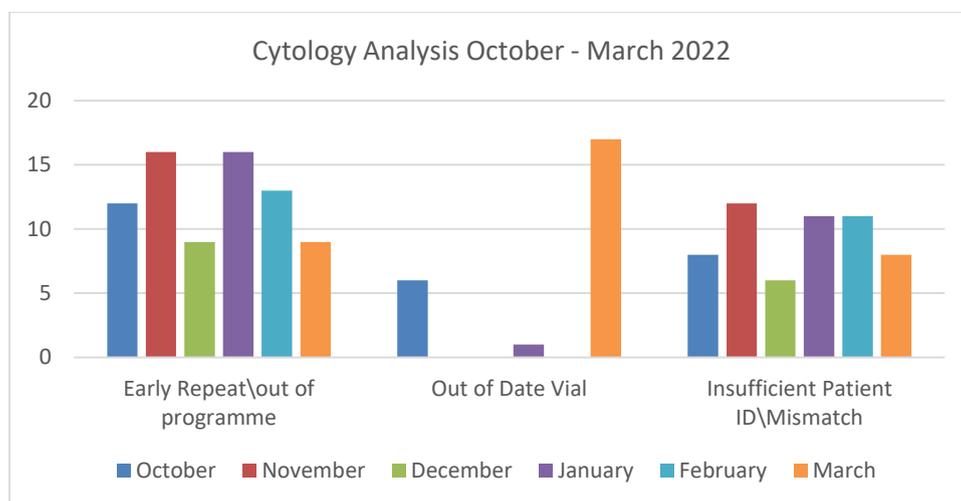
- 4.1 Following a period where all access inspections were paused in order to support the acceleration of the Covid vaccination booster program the Care Quality Commission have now resumed business as usual.
- 4.2 Priorities for responsive inspections will be due to assessed risk, previous Inadequate or Requires Improvement rated inspections, breach follow up inspections, and new registrations older than 12 months with continuing regulatory history. In addition, inspections will take place where issues are identified through the Direct Monitoring Activity process.
- 4.3 The CQC have identified 2 practices who require inspections and 3 practices who require monitoring calls. The CCG will continue to meet regularly with the CQC to receive updates and for intelligence sharing.

5 CERVICAL SCREENING

- 5.1 In February 2021 the Manchester Foundation Hospital Laboratory implemented the updated Cervical screening: guidance for laboratories providing HPV testing and cytology services in the NHS Cervical Screening Programme in conjunction with National guidance for acceptance of cervical screening samples in laboratories which was updated in October 2020. This includes a zero-tolerance acceptance policy for any samples received out of the scope of the screening programme or without adhering to specimen data requirements. There was a risk identified that this could result in an increase in the number of rejected samples, negatively impacting patient safety and patient experience.

- 5.2 NHSE/I have collated and supplied rejected sample data for analysis and subsequent action by the CCG. Graph 1 below shows the number of cervical samples rejected between October 2021 - March 2022 by rejection category.
- 5.3 As previously reported there were a significant number of out-of-date vials received by the laboratory in September 2021, however this risk was resolved by the addition of 'expiration date' field on the clinical system which restricted the submission of any sample which did not comply with the two week minimum requirement.
- 5.4 However in March 2022 there is a significant increase in rejected samples due to the expiry date. This is due to an increase in the laboratory turnaround times caused by an increase in demand and workforce capacity issues.
- 5.5 The CCG continues to liaise with the laboratory to gain assurance on forecasted times scales for turnaround times to return to normal level and are keeping cervical sample takers well informed in order to mitigate the risk.

Graph 1. Analysis of rejected cytology samples from 1st October 2021 – 31st March 2022

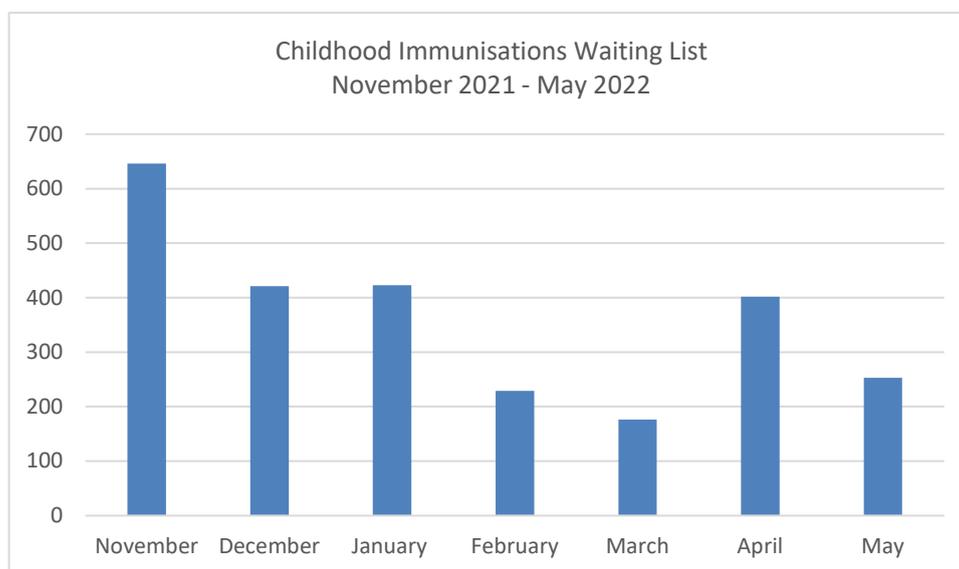


- 5.6 The Primary Care Committee asked for assurance that all woman who had had a rejected sample had been rescreened. As the CCG do not hold the patient identifiable data a request has been sent to the laboratory to advise if they have any safety netting processes in place, however to date this assurance has not been received.
- 5.7 However, the quality team did previously complete an audit of rejected samples by practice and practitioner between July 2021 – September 2022 to identify any learning that could be shared more widely to reduce the rate of rejected samples. This audit provided evidence of robust recall processes in practice to ensure that woman were rescreened 12 weeks later.
- 5.8 The quality team will continue to monitor rejected sample data to identify any significant outliers by sample taker and by practice. This will be triangulated with the total number of samples submitted by taker and practice, once this data is available. This will enable the identification of unacceptable percentage rejection rates which and any potential training or quality improvement requirements.
- 5.9 The laboratory has recently sent a survey out to all sample takers requested feedback on their service. The outcome of this survey is not yet available.

6 CHILDHOOD IMMUNISATIONS

- 6.1 The Primary Care Quality Team continues to quality assure childhood immunisation services across Cheshire practices. This ongoing work has remained a priority throughout the pandemic, as all immunisations have continued to be a contractual requirement to maintain patient safety and avoid any outbreak of vaccine preventable diseases.
- 6.2 This focused work has resulted in improvements across all practices and the total waiting lists across Cheshire have reduced from 1692 in November 2020 to 253 in May 2022.
- 6.3 Graph 2 below shows the continuous improvement from November 2021- May 2022. This improvement in waiting lists has been achieved by a multifaceted quality improvement approach including raising the issue and risk to practices; improving the quality of data held by the Child Health Immunisation Service (CHIS); increasing the number and length of clinics as well as providing more flexible and convenient appointment times to families with young children.

Graph 2. Childhood Immunisation waiting lists November 2021 – May 2022



- 6.4 Following this quality improvement work, there is now only one practice with a waiting list over 50. Table 2 shows the last remain practice of concern where the waiting list which remains too high based on their practice list size.
- 6.5 Analysis and scrutiny of the data provided by CHIS has identified a potential data quality issue and subsequent CHIS process issue which appears to be related to the merger of the practices and the utilisation on a single N code which was originally affiliated to one of the practices, as well as the total number of appointments available per week based upon one practice, rather than the PCN as a whole.
- 6.6 An action planning meeting took place in March 2022 with involvement from all stake holders to scrutinise the accuracy of the data and develop an action plan. Table 2 shows the waiting list as of May 2022 which has reduced from 130 to a current position of 64.

Table 2. Childhood Immunisation Waiting Lists >50 as of May 2022

Practice National Code	List Size	Outstanding waiting list	Action
N81049	22,764	64	<ul style="list-style-type: none"> • A data accuracy issue has been identified due to the merger of the practices. Ongoing work with CHIS & NHSE/I to resolve. • Update on actual waiting list has now been restructured to reflect total numbers of children waiting from each practice to share the workload. • This number has reduced from 130+ following system searches, rectification of practice numbers from PCN to individual surgery and regular contact with the nurses and practice manager.

6.6 The primary care quality team meet with the childhood immunisation service monthly to review the practices of concern and to continue to monitor the progress of all practices for increases in waiting lists to ensure action is taken to support.

7 PRIMARY CARE DASHBOARD

7.1 The Qlik Sense Primary Care Dashboard version 2.0 is due to be launched on 16th May 2022. It is an ever-evolving work in progress created with the Quality and Primary Care Teams. The purpose behind the dashboard is to have an overview of the GP practices across Cheshire and how they are currently performing with regards to various clinical priorities.

7.2 This updated version includes a focus and refresh of metrics for the following clinical priorities:

- Chronic disease management
 - Diabetes T1
 - Diabetes T2
 - Hypertension
 - Heart failure
 - Asthma
 - COPD
 - Ischemic Heart disease
 - Chronic Kidney Disease
 - Dmards & Shared Care
- Cancer Screening
 - Cytology
 - Bowel
 - Breast
- Immunisations
 - Childhood
 - Seasonal Influenza
 - Pneumonia
 - Shingles

- End of Life
- Cancer care
- Learning Disability health checks
- Serious Mental Illness health checks

- 7.3 These clinical priority areas align with the new priorities set out in the 2022/23 primary care contract as well as the emerging evidence of the impact of the pandemic on non-Covid Long Term Conditions. This will enable the CCG to monitor and gain quality assurance on the continuous improvement of primary care services.
- 7.4 The dashboard is future proofed so that data can be analysed on two Place footprints.
- 7.5 The dashboard will continue to be dynamic so that further development and refinement of indicators as well as aspirational targets can be set or amended as data becomes available and/or new priority indicators are identified. Data can be reviewed under 3 domains: practice details; patient experience and clinical effectiveness.
- 7.6 The majority of data is extracted from EMIS using a combination of QOF (Quality outcomes Framework) Business rules and SNOMED CT Codes.
- 7.7 Over 20,000 SNOMED CT codes are used across these searches an example of the enormity of these searches and the criteria is that are 4,292 SNOMED CT codes being used to identify a cancer diagnosis as per the QOF Business rules.
- 7.8 This dashboard is updated on a monthly basis and includes data from the last financial year i.e. April 2021 – March 2022 and a rolling 12 months i.e. June 2021 – May 2022
- 7.9 Following the release of the new dashboard, which will include 2021/22 QOF data, a period of analysis will take place to identify of any practices or clinical areas of concern.

8 PRIMARY CARE INTELLIGENCE MEETING

- 8.1 Weekly primary care intelligence review meetings have continued. At these meetings, members review all new incident reports related to primary care as well as any responses received, along with insights from patient experience team. The purpose of the meeting is to triangulate information and identify any emerging themes or trends of concern. Practices receive feedback on every incident reported by or about them to support internal practice learning and promote a safety culture.
- 8.2 Practices in West Cheshire have continued to make DATIX reports of issues linked to the Countess of Chester Hospital NHS Foundation Trust's implementation of its electronic record system, CERNER. These are shared directly with senior representatives of the Trust on a weekly basis as well as supporting the discussion at the weekly operational meeting. The majority of fixes have now been applied to the system however GPs continue to express their concerns regarding patient safety. Recent analysis of Datix submission is showing a decrease in reporting.
- 8.3 In preparedness for the upcoming structural reorganisation and formation of the Cheshire and Merseyside Integrated Care Board the team have been reviewing legacy incidents to ensure these are closed down prior to the 1st July 2022. In addition to this the team have reviewed their internal procedures for managing patient safety incidents. This has resulted in formalisation of several new ways of working to ensure the incidents are efficiently processed through both the CCG and provider systems for a timely

outcome.

9 VALPROATE

- 9.1 A valproate task and finish group has been established, with members of the quality and medicines management teams, to drive continuous improvement and to address the request from primary care committee to provide assurance that all woman not in receipt of an Annual Risk Acknowledgement Form (ARAF) in the last audit had a plan in place.
- 9.2 Table 3 shows the breakdown of the total number of woman who require an action plan to ensure compliance with ARAF requirements, based on the data received in last year's audit. However, it should be noted that this is an annual requirement and therefore compliance rates change on a month-by-month basis.

Table 3: Audit results showing the total of female patients, of childbearing potential, prescribed Valproate and the compliance with Annual Risk Acknowledgement Form (ARAF) requirement – March 2022

Total number of female patients of childbearing potential prescribe Valproate	Total number of female patients of childbearing potential prescribe Valproate with a valid ARAF / removed from Prevent by specialist or awaiting Patient signature	No of woman with no ARAF in last 12 months and no referral to specialist evident	No of woman with no ARAF in last 12 months who have been referred to specialist – awaiting review
324	215	27	82

- 9.3 The task and finish group have identified number of high-level actions to support primary care with continuous improvement. This includes:
- The identification of SNOMED codes which can be added to clinical records to enable centralised data searches to reduce the burden on primary care to audit patient records. These searches will be developed once confirmation from national and regional teams have been received on the 2022-23 audit requirements.
 - Communications are being developed for primary care to encourage further datix reporting of specialists or trusts who are not engaging with the ARAF process. This will allow for triangulation of information to identify non engaged services and a strategy to improve compliance can be implemented.
 - A National Shared Care Agreement has been developed and once signed off and published will provide greater clarity of roles and responsibilities which can be shared with primary care and specialist services.

10 RECOMMENDATIONS

- 10.1 The Primary Care Committee is asked to:

NOTE the contents of the report and scrutinize the issues highlighted and the planned mitigations.

IDENTIFY any further actions for members of the Group and any exceptions or concerns that need escalation to the Governing Body.

PRIMARY CARE COMMISSIONING COMMITTEE

26th May 2022

Agenda Item 2.4

Title	
Estates Update	
Author	Contributors
James Burchell – Head of Estates and Capital	Lucy Andrews – Assistant Estates and Capital Analyst
Report Reviewed by (<i>Committee/Team/Director plus Finance if applicable</i>)	
Neil Evans – Executive Director of Planning and Delivery	
Date submitted	

Key Issues and considerations
This report indicates the key issues taken to the May Cheshire Primary Care Estates Group and provides an update to the Committee as to the key areas of work underway from a more strategic level.

Governing Body Assurance Framework
N/A

Recommendation(s)
<p>The Primary Care Committee is asked to:</p> <ul style="list-style-type: none"> NOTE the contents of the report

Delivery of CCG's duties / strategies / aims / objectives	
Reason for consideration by the Executive Team	
Is funding required? Please see also section below	Y
Other? If "Other", please explain the rationale for presenting this report:	Y / N

Delivery of CCG's duties / strategies / aims / objectives	
Authority to agree the recommendation	
If applicable – Have you confirmed that the Executive Team has the necessary authority to approve the requested recommendation?	Y
If this includes a request for funding, does the Executive Team have the necessary delegated financial authority to approve it?	Y
If this includes a request for funding, have the finance team confirmed the availability of funding?	N/A

1.1 New Build and Pipeline Projects

- 1.1.1 *Great Sutton Medical Centre.* Following approval of the scheme at the last Extraordinary Primary Care Committee, to comply with planning obligations the contractors started 'enabling works' quickly on site and provided photographic evidence to planning officers, this looks to have satisfied conditions before the planning approval expired. In addition to this, CCG IT are reviewing Mechanical and Engineering plans of the site to scope out requirements and assign associate resource to manage completion of the site.
- 1.1.2 *Blacon Parade Development.* As of the 4th May 2022, issues surrounding service charge, free assignment of the lease and NHS procedures regarding rent reviews within the proposed lease have been resolved. Final plans are being sent to the GPs solicitors at which point the lease can be finally signed off by the District Valuer. There remains work to understand the proposed revised 'rental' figure in line with increase in build and material costs. The CCG are awaiting revised costings which will be submitted to the District Valuer alongside the lease to determine value for money. This may involve the use of Direction 6 of the Premises Directions to address any potential shortfall in the rental approved by the DVS and the actual rent incurred.
- 1.1.3 *Kelsall Medical Centre.* The handover of the site to the GPs is likely to be delayed due to issues in 'connecting' the site to mains electricity; the local MP and other contractors are involved to try and resolve this issue at pace. There has been some discussion on whether the site could operate on a high-powered generator as an interim measure; this would need to be worked through under business continuity parameters. The CCG continues to work closely with partners from Kelsall MC and Tarporley HC to establish agreement on a sub-lease to allow for sessional use of one clinical room.
- 1.1.4 *Handbridge and Knutsford Developments.* A draft version of outline business cases have been received by the CCG from the consultant; these will be reviewed by all necessary stakeholders prior to being signed off. It is expected the reports would be available for review at the next Primary Care Committee.
- 1.1.5 *Ellesmere Port Health Hub.* A significant number of workshops have taken place to firm up occupation requirements from a number of health partners including; Primary Care, Secondary Care, Mental Health and Third Sector. Final comments are being received prior to the feasibility report being produced and ready for view.

1.2 Data Gathering Programme – 6 Facet Surveys in General Practice

- 1.2.1 NHS Cheshire CCG have been involved in a national programme to learn more about GP practice premises to support local delivery and strategic planning. This

programme is being managed by Community Health Partnerships (CHP) on behalf of NHS England. The programme is intended to bring the information held on general practice premises in England up to a consistent baseline standard. NHS Cheshire CCG is supportive of the programme.

- 1.2.2 Practice Managers will be contacted week commencing *30th May 2022* to arrange for a surveyor to visit the premises and complete a 6-facet condition survey. The programme is currently running three weeks ahead of schedule and a weekly highlight report will be received from CHP to support progress.

1.3 Cheshire GP Premises Event – Hosted by LMC/PCC

- 1.3.1 The event took place Wednesday 27 April 2022 and was joint hosted by the LMC and Primary Care Commissioning. The main objectives of the event were to update on and support GP Practice representatives on topics inclusive of:
- National Update and Strategic Direction
 - Impact of ICB on Primary Care Estates
 - What does this mean locally?
 - PCN Estates Plans
 - Day to Day Premises Matters
- 1.3.2 Overall, there was positive feedback as to the content and the support available for PCNs to continue to work up plans to enable their premises to cope with capacity demands and future requirements.

1.4 Improvement Grants 2022/2023

- 1.4.1 The Improvement Grant process has now opened for GP Practices. There are several schemes that were being worked up in readiness so it is hoped Cheshire CCG will have strong submissions to support improvement in GP Premises. The deadline from GPs for submission and review by the CCG is 8th June 2022. The next meeting falls outside of the timescales for submission, so a summary of the submitted bids will be provided.

1.5 Levelling Up Fund (Lache and Ellesmere Port)

- 1.5.1 The Government has recently announced the launch of a £4.8 billion Levelling Up Fund Round 2 which can be used to invest in infrastructure that improves everyday life across the UK, including regenerating town centres and high streets, upgrading local transport, and investing in cultural and heritage assets.
- 1.5.2 Cheshire West and Chester Council have advised they are looking at submitting schemes within Lache and Ellesmere Port and have requested input from Health as to potential schemes and funding requirements. Discussions are ongoing to potentially ‘pump prime’ some high priority schemes via this funding method; it’s

been advised up to 90% of the capital cost could be awarded. A submission deadline of July has been advised, the CCG and other health partners are reviewing options to potentially submit

1.6 Service Charge (Excess) Agreements with GP Practices

- 1.6.1 MIAA are progressing well on a piece of work to compile, review and RAG baseline data of invoices paid over a 3 year period (18/19 until 20/21); against the historic excess service charge agreements in place e.g. letters received from PCT committing to cover excess cost. A weekly highlight report is being provided to the CCG. This exercise is an important first step to establish a baseline and allow for a more comprehensive and detailed analysis as to the level of payments made of the years, the disparity in agreements across Cheshire and the inconsistencies in which standard items are recharged.

1.7 Regearing Of Leases

- 1.7.1 As advised within previous update reports, one of the larger GP Landlords within the area, Assura Ltd are in the process of reviewing several properties that are coming into the final term of their lease. These properties are mainly in the previous CCG of South Cheshire and Vale Royal.
- 1.7.2 An initial offer was put forward by the Landlord for 'allocation of investment into the property' in exchange for a regear on the lease; this would likely to be another 21 or 25 year lease for each of the properties. The GP Practice are being supported throughout this process by the CCG and these individual offers as well as a counteroffer for a simultaneous regear (all GP properties that are in the same position) in exchanged for a capital sum being available to improve the premises are being reviewed by the District Valuer to determine if they are value for money.
- 1.7.3 Should the offer not represent value for money, the District Valuer has been requested to set out some considerations and support a potential counteroffer.
- 1.7.4 The CCG has attended two all stakeholder meetings with Eagle Bridge Health and Wellbeing Centre and Dene Drive Medical Centre to discuss this issue. Assura Ltd representatives were in attendance and a lengthy discussion was had in terms of timescales for delivery. It was agreed due to a number of contingencies not limited to the Community Services asset review and the dissolution of the CCG that some scoping work would be done in the background to determine options and a scaled up discussion meeting would take place in September to progress the matter.

1.8 CHP Support with Primary Care Estates Plans

- 1.8.1 As part of the 'offer' purchased by the ICB to support with Primary Care Estates, CHP have been engaged to help support Practices working through the PCN

Toolkit. Overall, the ask and necessity is for PCN's to develop an estates strategy that:

- Maps the existing service provision baseline and set out the PCNs workforce strategy
- Identifies services to be provided by the PCN (clinical strategy) and what estates assets sit within the PCN boundary
- Establishes what estate assets are required to deliver the clinical strategy and identify the gaps
- Form their estates strategy ensuring it aligns with STP and ICS strategies

1.8.2 Within Cheshire, there has been positive work for developing 'Estates Plans' in readiness for this wider piece of work. Across Cheshire and Merseyside, its felt our Primary Care Networks have a firm understanding of their existing estate and its constraints and are working closely with the CCG and external partners to produce robust plans for implementation.

1.9 Community Diagnostic Centres

1.9.1 During 2021/22 the C&M system commenced delivery of services on five CDC sites in the system by the end of March 2022. The first two early adopter sites, both large archetypes, will commence activity in the summer of 2022. These will progress through the 2022 onwards CDC 2+ process to become full CDC sites; increasing the capacity of services.

1.9.2 Following the identification of East Cheshire as a future site under the CDC 2+ programme, work is underway to identify potential sites that include existing health care assets and other private partners who the NHS worked with as part of the Vaccination Programme. Further updates will be provided as options analysis continues.

PRIMARY CARE COMMISSIONING COMMITTEE

26th May 2022

Agenda Item: 2.5

Title	
Primary Care ICT Update	
Author	Contributors
Kevin Highfield, Kevin Carbery, Mike Purdie, and Jade Young	Jules Dowd
Report Reviewed by (Committee/Team/Director plus Finance if applicable)	
Natalie Robinson	
Date submitted	20 th May 2022

Key Issues and considerations
<p>The paper serves to inform the Primary Care Commissioning Committee on the progress of the IT Projects, funding and Investment for the period of 2022/23 at Primary Care level across Cheshire.</p> <p>Alongside key points outlined within this paper are details of decisions made on continuing funding and procurement approaches for existing services. This paper provides information of the financial bids and subsequent projects that enhance the Digital footprint, cost savings and solutions that will enable improved patient care in Primary Care.</p> <p>The paper aims to provide a clear understanding of current ICT work across Primary Care and highlight the continued investments supported by NHS Cheshire CCG.</p>

Recommendation(s)
<p>The Primary Care Commissioning Committee are asked to:</p> <p>Note for information the content of the report.</p>

1. Online and Video Consultation Procurement

In February, the Cheshire and Merseyside ICS commenced a procurement for a single provider of online and video consultation services, with a view to commencing this service from July 2022. A winner of the procurement was to be announced in March, but due to technical issues the procurement team have delayed the announcement of the winning bidder.

The expectation is that the announcement will be made in May and that the contract will start in July as planned. At this point, the full offer will be known, and practices can therefore make a considered judgement as to what action to take in terms of their preferred solution going forwards from July 2022. The CCG will undertake a process to determine how practices are being paid out for the period April to June 2022, once the procurement process has finished. This will include a review of the contracts paid out in the last financial year and any missing payments to practices from that period.

2. Cerner implementation & upgrade to the ICE system affecting primary care

As the group is aware, the CCG is fully engaged in supporting the resolution of the significant issues experienced by GP practices as part of the Countess of Chester Hospital's EPR system changes.

The CCG continues to have fortnightly meetings with senior management from the COCH IT team and senior members of the CCG including Dr Andy McAlavey, CCG Medical Director; Dr Dan Jones, GP & Clinical Lead for ICT; Dr Julia Riley, Clinical Lead for Primary Care; as well as Dr Chris Ritchieson, Cheshire West ICP Medical Director and representatives from the CCG's Patient Safety, Primary Care and ICT teams.

The CCG is committed to working with the CoCH on these issues and are providing fortnightly email updates to GP Practices. Practice reps can also join the fortnightly MS Teams meetings to liaise directly with senior reps from the Cerner project team to verbally share their issues, hear the current position on the planned resolution of issues and feed into dialogue of best approach to implement solutions.

The CCG ICT Team are also working closely with the CCG's Senior Patient Safety Manager and ensuring that all Cerner related Datix reports are logged and shared with the COCH Risk team as well as relevant members of COCH's Cerner project team so that issues can be analysed and addressed.

Issues recently fixed in May 2022 include:

The reason for request field is now included alongside the results being sent back to practices.

Issues still to be resolved (in priority order):

- **Missing Pathology orders:**

Whilst the Trust had previously thought this issue had been fixed, a small number of pathology requests are still coming through on split accession (i.e. orders coming through on to 2 separate numbers) numbers; the Trust is actively working with the supplier to identify this outstanding issue.

- **Results being displayed individually or 'split':**

Prior to these changes clinicians could see the result on one page – now each result comes back on a separate sheet and can take GPs around 9 times longer to view results

which has both a significant adverse impact of GP workload and also increases clinical risk. CoCH are to present an options appraisal to take this forward.

- **Results being sent back to practices and not the requestor:**

CoCH currently forecast that this work will take approximately four weeks to resolve, however this is dependent on accessing Cerner support and constrained by lack of specialist resource within CoCH.

The CoCH ICT team continue to be asked to provide progress updates on how they are addressing these matters.

3. Involvement in development of Digital Plans for Place

The last few weeks have seen a focus on the ICT team working with colleagues to gain clarity of their work plans for the next twelve months and work with the digital leads for the Places to appropriately incorporate these within the draft digital plans for Cheshire East and Cheshire West to enable these to be submitted to Cheshire & Merseyside ICS for their consideration.

4. Addressing poor performance in EMIS clinical system

The ICT team are aware that there has been national concern regarding the deterioration in the performance of the EMIS clinical system. All GP practices across Cheshire use EMIS. There has been intervention from Darren Hunter, Head of Digital Technology, NHS England and NHS Improvement – North West. The CCG ICT Team have also met with the EMIS Account Director with colleagues and requested data for a selected practice regarding the number of outstanding messages and tasks that may adversely be affecting performance. The CSU Field Support team are also reviewing the configuration of those PCs that are showing on EMIS' data as needing to be addressed. EMIS are rolling out new patch domains of their clinical system which aim to provide users with a better performing system as they address their issues. There is still further work required to monitor performance and escalate, as appropriate.

5. Extension of existing Primary Care Contracts to 2023

There has been an agreement within the CCG following the presentation of papers to the relevant committees to extend all appropriate Primary Care Contracts to 31 March 2023. This is to provide the system with some assurance and to ensure business continuity through the bedding in period of the new organisation. The ICT Team have made good progress in working with providers to sign these contracts.

6. Lloyd George Paper Notes Digitisation II

The CCG completed a procurement exercise with the National Procurement hub in February to digitise the backlog of paper Lloyd George patient records and to provide a continuation service. The outcome of this was that Iron Mountain won the bid to pick up, scan, digitise and destroy the records. EMIS won the second part of the bid which is to upload the digitised records into the patient's clinical record. The offer is like the old service provided by EMIS in that., practices will be expected to box up their records with a manifest and then these will be picked up and processed with a practice quality check before uploading to EMIS. The contract pays for everything, except the resources required to box the records and check the quality of output.

The CCG has signed the contract with EMIS and is in the process of signing the contract with Iron Mountain, after which Iron Mountain will be in touch with the practices that have signed up for this service. The GP Practice DPO is currently reviewing the Data Processing Agreement, which will require signing off by practices prior to any record processing.

7. Global Protect VPN Software & New Cyber Secure Firewalls

The CCG are working in conjunction with the CSU & BT to roll out the new VPN software (Global Protect) to all practices **and** clinicians working outside of the office. This provides an alternative method of remote working outside of Horizon and will ensure a measure of resilience and choice when working remotely. This required an upgrade of the current Firewalls and Internet link and following a successful bid to NHS Digital the CCG has secured £750,000 investment awarded to BT following a CSU procurement.

Current status:

“All orders relating to Internet and Firewall Upgrade have been placed and finances settled after issues with BT invoicing process which were resolved with MLCSU support.

Delays have been caused by absence within BT, global supply issues of hardware components and aligning dates with 3rd party relating to the firewall upgrades. Colleagues from MLCSU continue to work closely with BT and Cheshire CCG Primary Care IT Lead to evaluate all delivery options.

No firm date can be set for commencement of new services as the low-level design (scheduled for May'22) could introduce complexities unknown but a conservative estimate would be commencement of change-over of links and hardware from June '22 working on a schedule determined by BT.”

For more information, please contact cheshireccg.ict@nhs.net

8. Installation of new CAT6A cabling and new WiFi Access Points

The CCG are working with the CSU and external contractor to deliver a project which is part of the regular replacement programme to replace 213 Access Points (APs) which will soon be end of life. The replacement of these APs is subject to a CAT6A cabling upgrade from the switch to the AP at 28 sites. These APs are necessary to deliver wireless (WiFi) network access across a building. As of 20th May 2022, 71% of the sites have been completed.

9. Keito BP Machines

The CCG ran a pilot project with 2 practices late in 2021 to evaluate the Keito K9 freestanding blood pressure, height, and weight machines. The unique feature was the ability to take data directly from the machines, evaluate it and then post the results directly into the patient's clinical record. The pilot was successful and under the banner of hypertension and blood pressure measurement was offered out to the remaining Cheshire practices. This has resulted in unexpected demand of 72 machines for 63 practices, which amounts to approximately £560k.

Having reviewed the finances, and the unexpected high demand. It has been agreed to run the programme in two phases:

1. Phase 1 – use the existing outstanding hypertension monies to purchase 43 machines (including the 2 pilot sites) and offer them out to the most digitally deprived areas.
2. Phase 2 – Bid for the additional monies through the Digital First fund in the next period.

10. Forthcoming ICT developments:

The Cheshire & Merseyside ICS (working with Darren Hunter, Head of Digital Technology, NHS England and NHS Improvement – North West) have recently commissioned the following software products for all GP practices within their footprint, as part of end of year funding and following meetings with all CCGs on current services and provisions in place:

- **Ardens:** The Ardens Plus package includes standardised clinical templates offering national best practice guidance and accurate coding of clinical data covering many clinical areas to save clinician's time during consultations and to facilitate them in following the relevant protocols.
- **ORCHA:** All GP practices will be able to access from a large digital health app library and send a link to the relevant approved health and care app to their patients to enable them to effectively manage their own health. In the Cheshire East Place this is available directly to patients via the Cheshire East Live Well site.

Note: Contract discussions are currently being finalised for both these products working with the National Procurement Hub.

The CCG ICT team will continue to work with ICS colleagues to arrange the promotion of these products to GP practices and ensure the staff receive the relevant training and support to optimise their benefits to patients.

Note: Impact on approach to contract renewal for practices with Primary Care IT
There were 12 practices within West Cheshire area that the CCG contracted with Primary Care IT on their behalf for 21-22 for the provision of smart templates & reports using EMIS. The product is sometimes referred to as One Template. The quote from the provider to extend the contract from 1st May 2022 for eight practices is £11,165 and is less than the £18K that was included within the recent paper regarding the planned extension of contracts for 22-23 that was recently presented to several committees. The section above describes that the smart templates from Ardens is being commissioned by the Cheshire & Merseyside ICS. However, the timeline in extending the contract did not provide sufficient opportunity for practices to be informed of the features and detail of the Ardens product and if appropriate, provide a suitable window for them to undertake a transition from One Template to the Ardens software. This situation was raised by the ICT team representative at the CCG's Primary Care Cell call on 20th April 2022 and the group at the meeting agreed that it was necessary to fund those eight practices who requested to extend their contract with Primary Care IT. This will ensure that those practices are not destabilised by creating preventable clinical risk and are able to make an informed judgement of whether to adopt the Ardens product and transition in a timely manner.