



**IPSWICH AND EAST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

Tuesday, 22 December 2020 at 2.00pm

In response to the challenges facing the NHS and to reduce the risk of coronavirus transmission, members of the public will not be able to attend this meeting but are invited to submit questions relating to agenda items via email to jo.mael@suffolk.nhs.uk. The minutes of the meeting and answers to any questions submitted by the public will be published on the CCG website after the meeting.

AGENDA

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| 1400 | 1. Apologies for Absence | <i>Chair</i> |
| 1402 | 2. Declarations of Interest and hospitality and gifts | <i>All</i> |
| 1404 | 3. Minutes of Previous Meeting
<i>To approve minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on 25 August and 27 October 2020</i> | <i>Chair</i> |
| 1407 | 4. Matters arising and review of outstanding actions.
<i>To review outstanding issues from the previous meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee.</i> | <i>Chair</i> |
| 1410 | 5. General Update
<i>To receive a verbal report from the Chief Operating Officer, Ipswich and East Suffolk CCG</i> | <i>Maddie Baker-Woods</i> |
| 1415 | 6. Primary Care Contracts and Performance Report
<i>To receive and note a report from the Primary Care Commissioning Manager</i> | <i>Caroline Procter
(IESCCG PCCC 20-31)</i> |
| 1425 | 7. Primary Care Delegated Commissioning – Finance Report
<i>To receive and note a report from the Director of Finance, Ipswich and East Suffolk CCG</i> | <i>Jane Payling
(IESCCG PCCC 20-31)</i> |
| 1435 | 8. Care Quality Commission (CQC)
<i>To receive and note a report from the Head of Primary Care</i> | <i>Claire Pemberton
(IESCCG PCCC 20-32)</i> |
| 1445 | 9. Virtual Meetings - Report of decisions | <i>Maddie Baker Woods
(IESCCG PCCC 20-33)</i> |
| | a) QOF funding 2020/21 – 25 November 2020 | |



- 1450 **10. Contractual Update**
To receive and note the report. *Stuart Quinton*
(IESCCG PCCC 20-34)
- 1500 **11. Primary Care Estates Overview**
To receive and note a report from the Director of Corporate Services and System Infrastructure *Amanda Lyes*
(IESCCG PCCC 20-35)
- 1510 **12. Annual Plan of Work**
To receive, note and update the Committee's Annual Plan of Work
- 1523 **13. Date and Time of next meeting**
2.00pm – 4.00pm, Tuesday, 23 February 2021
- 1520 **14. Questions from the public – 10 minutes**
(See above)

Declarations of Interest – Ipswich and East Suffolk CCG Primary Care Commissioning Committee Members

Title	First Name	Last Name	Declared Interest
Chief Operating Officer	Maddie	Baker-Woods	Director of Bursting Shell Design and Development
			Trustee of Suffolk Artlink
Lay Member	Steve	Chicken	Owner and MD of Galliform Ltd, consultancy and training company. No NHS activity
			Lay Member for West Suffolk CCG
			Wife is President and Director of East of England Co-op
Chief Officer	Ed	Garratt	Accountable Officer for West Suffolk CCG
			Accountable Officer for North East Essex CCG
			Executive Lead - Suffolk and North East Essex Integrated Care System
Director of Performance Improvement	Paul	Gibara	Director of Performance Improvement for SNEE CCGs
Secondary Care Doctor	Lorna	Kerr	Husband works for Global Diagnostics
Lay Member for Governance and Vice Chair CCG	Graham	Leaf	Director of Colchester Community Stadium Ltd
			Daughter works for Norfolk and Suffolk NHS Foundation Trust
Director of Corporate Services and System Infrastructure	Amanda	Lyes	Director of Corporate Services and System Infrastructure for West Suffolk and North East Essex CCGs
Lay Member for Patient and Public Involvement	Phaniel	Mutumhuri	Business and Operations Director for Ipswich and Suffolk Council for Racial Equality (ISCRE) Partnership project between ISCRE and IESCCG for support for the BAME health and wellbeing programme
			Finance Director for the Suffolk Law Centre
			School Governor at The Beeches Community Primary School
			Member of the Finance Committee at Asset Education Academies Trust
Director of Nursing	Lisa	Nobes	Chief Nursing Officer for West Suffolk CCG and North East Essex CCG
Director of Finance	Jane	Payling	Director of Finance for West Suffolk CCG and NEE CCG
			Trustee of Cambridge Theatre Trust
CCG Chair	Mark	Shenton	Salaried Doctor and Board Member of Suffolk Primary Care
			Professor of Integrated Care at University of Suffolk
			Wife (Dr Carrie Everitt) is a partner at Hadleigh PMS practice and a director of Hadleigh Health Ltd and Mill Pharm Ltd
			Practice participates in research ethics approved GSK clinical trial.
			Director of Stow Health Holdings Ltd have working collaboration with Orbital Media Ltd to develop Avatar Technology
			Suffolk primary care has agreed to renew its 12 month cluster contract to delivery clinical research studies. The contract provides financial assistance towards recruitment of a research nurse and research administrator
			SPC Chair has a private small shareholding in L&R Pharmacy

Declarations of Interest – Ipswich and East Suffolk CCG Primary Care Commissioning Committee Members

Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs
			Husband is employee of Hadleigh Group Practice



**Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee
held on Tuesday 25 August 2020, via Microsoft Teams
with members of the public invited to email in questions prior to the meeting.**

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement (Chair)
Steve Chicken	Lay Member
David Brown	Deputy Chief Operating Officer
Mark Game	Deputy Director of Finance
Wendy Cooper	NHS England Representative
Kathleen Hedges	Contracting Support Manager (SNEE) NHS England
Andy Yacoub	Chair, Healthwatch

IN ATTENDANCE:

Liz Hallworth	Clinical Exec and Alliance Operations Manager & EA to Chair
Claire Pemberton	Head of Primary Care
Caroline Procter	Primary Care Commissioning Manager
Daniel Turner	Estates Development Manager
Jackie Reeves	Estates Development Manager

20/30 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Maddie Baker-Woods	Chief Operating Officer
Ed Garratt	Chief Executive
Simon Jones	Local Medical Committee
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Director of Finance
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Cllr James Reeder	Health and Wellbeing Board
Dr Mark Shenton	CCG Chair

20/31 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

No declarations of interest, hospitality or gifts were received.

20/32 MINUTES OF THE PREVIOUS MEETING

The minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on held on 26 November 2019, 25 February 2020 and 23 June 2020 **were approved** as correct records.

20/33 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

20/34 ANNUAL REVIEW OF TERMS OF REFERENCE

The Committee was reminded that at its meeting held in June it had requested that the Committee terms of reference be further reviewed in respect of quorum requirements and the holding of virtual meetings, prior to their presentation again in August for approval.

To that end, the Committee was in receipt of revised terms of reference for consideration and approval.

A change to the Quorum for meetings was proposed. This to be at least **four** members - one CCG Lay Member, two CCG Chief Officers/Directors, and either one other CCG Lay Member or the CCG Secondary Care Doctor. It was felt that this would provide greater balance.

It was highlighted that during the recent CCG restructure, other than the CCG Chief Operating Officer, the other Chief Officers' titles had been changed to 'Director' and it was agreed that these changes should be reflected in the terms of reference.

The Committee approved the terms of reference as now amended.

20/35 GENERAL UPDATE

The Deputy Chief Operating Officer reported on three particular areas of current focus:

1. Planning for flu

- This is significantly different this year as a result of COVID-19.
- The usual cohort of patients who receive the vaccination (65+ and people with certain health conditions etc) has been significantly expanded to include 50-64 year olds.
- This is significant as currently there is not enough vaccine on order via GP practices for this additional cohort, although NHS England has ordered an additional 3m doses.
- The heightened need for infection control, social distancing etc will also put additional pressure on how the practices deliver the programme of vaccination. Guidance was released last week, and practices are looking at how to utilise village halls, gazebos and potentially drive-through vaccination routes. There are also a number of shielded patients who may be reluctant to attend.

2. Restoration/Recovery of Primary Care

- There is a significant amount of work being undertaken in practices in terms of the safe opening of services that were either stopped or restricted as a result of COVID-19. This will be an issue for a number of months going forwards.

3. Primary Care Network Workforce Exercise

- Primary Care Networks (PCNs) are required to identify what they are looking to spend this year on particular roles and what they are anticipating doing in future years. If there is any resource remaining for this current financial year, the CCG is required to prioritise proposals from other local PCNs who have indicated that they can utilise the funds available and reallocate the money accordingly.

During the ensuing discussion the following points were made:

- Issues around the flu vaccination programme are now being made in the public arena with associate media coverage. It was confirmed that the message currently is that 50-64 year olds can have the vaccine but not until all the at-risk groups have been vaccinated.
- It was noted that there will be a lot of work needed in relation to PCNs and associated

workforce recruitment. **The Committee agreed** that a discussion should be held on this at the October meeting in order for the Committee to have overview of the plans that will have been put forward by the PCNs and for a further discussion in February 2021 should this be required.

The Committee noted the update.

20/36 PRIMARY CARE CONTRACTS AND PERFORMANCE

The Committee was in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

The report provided information and outlined ongoing actions in respect of the following areas;

- Prescribing and medicines management
- Severe mental illness physical health checks
- Learning Disabilities (LD) health checks
- Dementia

Section 4 of the report provided information on expansion of the primary care workforce during 2020-21, with Section 5 providing feedback from the July 2020 Patient Survey.

Whilst the report was taken as read, the following points were highlighted as follows;

- **Performance targets** were discussed at the June meeting. It was acknowledged that we have seen an impact in these areas with a slight decline in performance particularly against SMI and dementia. However, it was felt that whilst the decline is disappointing against our previously high standards both regionally and nationally, there has not been such a significant drop as might have been expected. It was highlighted that this is testament to the hard work being undertaken in practices during this challenging time.
- **Expansion of Primary Care Workforce** – there has been a big push on the expansion of the primary care workforce by NHS England, partly due to COVID-19 and the need to accelerate plans to assist with backlogs of unmet health need arising from the pandemic and flu vaccinations, together with the expansion of multi-disciplinary teams to work with care homes and mental health services. As a result, there are significant changes occurring in primary care and we are currently in the early stages of this. At present we have not seen a big increase in PCN recruitment, but this will change with the increased investment being provided.
- **Additional roles reimbursement schemes for PCNs.** We are currently collating these plans. PCNs can now recruit ten additional staff roles depending on their size and the budget they have available.
- **Patient survey** – This is the data collected between January and April this year and published in July 2020. There is a requirement for the practices to achieve the England average for a range of indicators. Ipswich and East practices have maintained more or less the performance on last year with a slight decrease in some areas for some of the practices. We are in the progress of having further discussions with practices where we have seen a dip to understand what can we do to support them in ensuring that access to services for patients remains high and that the national standards continue to be met and improved upon. It was highlighted, however, that when reviewing the results compared to the England average and against neighbouring localities, the Ipswich and East practices consistently perform well against the targets and are always higher than the England average and this is very encouraging.

Whilst it was agreed there are some good ideas in relation to the expansion of the

workforce a query was raised as to whether the GP mentorship scheme would be procured by the CCG or whether this would be undertaken as an ICS. It was confirmed that discussions are being undertaken with the Workforce Team to establish what actions would be taken centrally through the People Plan as this is a broader programme of work. Further details would be provided within the next report to the Committee.

It was suggested that Healthwatch might be able to provide further information in relation to the Patient Survey from their recent conversations with practices.

The Committee noted the report.

20/37 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the month four Primary Care Delegated Commissioning Budget and other associated primary care budgets.

At the end of month four, the GP Delegated Budget was £707k over-spent, with key variances detailed within Section 2 of the report. Other Primary Care indicated spend of £1,786k at the end of month four.

As the budget for Other Primary Care, for months 1-4 had been posted at a higher level, to one cost centre, based on the Covid-19 budget model, and had not been assigned to each area of spend, there was no budget currently shown against those lines of expenditure.

The Local Enhanced Services (LES) spend was payment made to practices for months 1-4 based on average payments in 2019-20.

As CCG allocations had only been published to the end of month four only risks in relation to that period had been included in the forecast. Those included pending rent increases, forecast list size adjustments and locum allowance, based on prior year.

It was highlighted that currently the NHS is still in an emergency period. Month 5 and 6 allocations have only just been received and details of the full allocation are still unavailable. However, the planning process for the rest of the year is continuing and draft plans are required to be submitted without the financial allocations being known.

It was highlighted that the underlying position in relation to the primary care budget position is a concern. The intention had been to achieve a budget that was recurrently in balance. However, as a result of COVID-19 this has not been achieved and there will need to be consideration as to how we will address the underlying budget issues. Historically there has always been an underspend from GP+ and this will be sizeable again this year. However, from April 2021, this allocation will be given direct to the PCNs and the benefit that we have had before will not be available going forwards.

It was reported that there is a an overspend in relation to the Prescribing Budget, due in part to over-ordering during the COVID-19 pandemic and no alternative stock issues. This has been compounded due to primary care practices focusing on COVID-19 rather than switching patients medication. A programme of work is now in place to address this along with an incentive scheme. It was highlighted that as part of the emergency period, funding is still being provided by NHS England as art of the break-even position and any overspends currently in year are anticipated to be covered.

A query was raised in relation to QIPP. It was acknowledged that it will be very difficult half-way through a year to start making any savings and whilst the expectation is that savings will be required in relation to the ICS, it is unknown at this stage as to whether this will be passed down to individual budgets.

The Committee noted the financial performance at month four.

20/38 CARE QUALITY COMMISSION (CQC)

The purpose of the report was to inform the Committee about Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions which are proposed to address issues, share good practice and enable continuous improvement.

The CQC had been very conscious of the amount of pressure the practices had been under during the pandemic and had postponed all Annual Reviews and visits.

The CQC had concentrated on the practices that were at high or very high risk during Covid-19 by calling each practice and asking them a number of questions as part of the Emergency Support Framework (ESF). Whilst IESCCG did not have any practices in that category, the CCG had contacted practices to ask the questions to ensure practices felt supported. The questions were set out in paragraph 2.3 of the report.

It was highlighted that at the last meeting, it had been noted that the CCG has done more than is required to keep in contact with and to support the practices. This work was commended.

The Committee noted the report.

20/39 ANNUAL PLAN OF WORK

The Committee reviewed its annual plan of work and noted that it would be updated in line with today's discussions.

20/40 DATE OF NEXT MEETING

The next meeting was scheduled to take place on Tuesday, 27 October 2020 and held 'in common' across the two Suffolk CCGs. Further discussions will continue in order to hold meeting 'in common' across all three CCGs.

20/41 QUESTIONS FROM THE PUBLIC

A query had been raised by a local Ipswich resident as to how many times the Priority "To improve care for frail elderly individuals" had been ticked in the last two years at the PCCC meetings held in public and what the proposals were for improvements to that service.

It was highlighted that there were two parts to the above query and in relation to the number of times the box on the front page of individual report the following information will be provided:

2018:

May – Healthwatch GP Practice Survey
July – Quality in General Practice
September – GP Forward View
November – Primary Care Transformation Resources

2019:

March – New GP Contract including PCN's
May – PCN Approval of Configuration
July – Healthwatch GP Practice Survey

2020:

Nothing to date

The second part queried how this Committee discusses items presented within reports and

how this impinges on the care of frail and elderly patients. It was highlighted that this committee reviews and discusses delegated responsibilities and does not look at this topic in isolation. However, frailty is a priority for the CCG and it was suggested that it would be helpful for another CCG colleague to provide additional information to the enquirer in this respect.

20/42 ANY OTHER BUSINESS

A concern was raised in relation to sexual health as Healthwatch had received numerous complaints that GP practices were no longer fitting contraceptive implants. The query was raised as to whether it is an extra commissioned service or should form part of GP services.

It was clarified only a small number of practices in fact offer this service and during COVID-19 had put this on hold or if they did continue, found that some patients being reluctant to attend. iCaSH closed completely as result of all members of staff shielding and working from home.

Practices that do provide the service are now working through their backlog and trying to catch up. iCaSH is also working through their backlog and once this has been completed will start to see new patients.

It was confirmed that the Sexual Health workstream has now resumed.

It was felt that patients may be receiving confusing messages about the service in general and that it would be helpful for clarity to be provided. **The Committee agreed** that the CCG's Communication Team should be asked to communicate that the service is available but as a consequence of COVID-19, appointment delays may be experienced.



Ipswich and East Suffolk
Clinical Commissioning Group

Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held 'in common' with the Primary Care Commissioning Committee of West Suffolk CCG and GP Commissioning Committee of North East Essex CCG, on Tuesday 27 October 2020, via Microsoft Teams
Members of the public were invited to email questions prior to the meeting.

PRESENT:

Graham Leaf	Lay Member for Governance (Chair)
David Brown	Deputy Chief Operating Officer, Ipswich and East Suffolk CCG
Paul Gibara	Director of Performance Improvement
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Director of Finance

Simon Jones	Suffolk, Local Medical Committee
Stuart Quinton	Primary Care Contracts Manager, NHS England
Dr Mark Shenton	CCG Chair

IN ATTENDANCE:

Sarra Bargent	Head of Clinical Quality – Primary Care, North East Essex CCG
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Dr Christopher Browning	Chair, West Suffolk CCG
Geoff Dobson	Lay Member, West Suffolk CCG
Dr John Flather	GPCC Member, North East Essex CCG
Pam Green	Chief Operating Officer, North East Essex CCG (Part)
Dr Max Hickman	Elected Member, North East Essex CCG
Dr Firas Hussein	Elected Member, North East Essex CCG
Lisa Llewellyn	Director of Workforce
Charlotte Mackenzie	Head of Finance, North East Essex CCG
Jo Mael	Corporate Governance Manager
Claire Pemberton	Head of Primary Care, Ipswich and East Suffolk CCG
Jon Price	Chair, GPCC, North East Essex CCG
Dr V Raja	Essex Local Medical Committee
Carol Sampson	Head of Medicines Management, North East Essex CCG
Vicky Sawtell	Deputy Director of Performance and Contracts
Lynda Tuck	Lay Member, West Suffolk CCG
Anthony West	Head of Transformation (Planned Care), North East Essex CCG
Lois Wreathall	Deputy Director of Primary Care, West Suffolk CCG

20/43 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Ed Garratt	Chief Executive

Cllr James Reeder
Andy Yacoub

Health and Wellbeing Board
Chair, Healthwatch

The meeting was confirmed as quorate.

20/44 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

No declarations of interest, hospitality or gifts were received.

20/45 THE RESTORATION OF PRIMARY CARE SERVICES POST COVID-19

The Committee was in receipt of a report which provided information about the issues facing General Practice as services were re-started following the first wave of Covid-19. The report also set out the key points of the current NHS England guidance on the subject.

At the time of the Covid-19 pandemic starting to have a significant impact on the safe delivery of services delivered by general practice, NHS England had issued several pieces of guidance. In summary that guidance had asked practices to ensure that all patients were triaged by telephone and to only see patients face to face if clinically necessary. It also asked practices to stop a significant amount of non-urgent activity such as routine checks, to minimise infection risks. The net effect was that a significant amount of routine care was either stopped altogether or delivered remotely.

As the peak of the first wave passed, local practices and the CCGs started to have conversations about how services should be restored in a way that was safe for patients and staff and provided effective care. Appendix B to the report provided a description of the key issues in respect of service restoration and how primary care was responding in each case. Appendix C identified the position of the three CCGs against a range of metrics which had been set out by NHS England, with key areas to be addressed set out in paragraph 3.3 of the report. Learning from Wave 1 that might be applied to Wave 2 was outlined in Section 4 of the report.

Whilst it was queried whether practices would be able to facilitate virtual ward rounds for care homes during the second wave of Covid-19, the importance of highlighting such suggestions for consideration was recognised.

The Committee noted the content of the report.

20/46 PRIMARY CARE STRATEGY REFRESH

The Committee was provided with an opportunity to review the draft STP primary medical service strategy; to provide assurance as to how primary care would meet the objectives of the NHS Long Term Plan and continue to deliver the commitments of the General Practice Forward View (GPFV) whilst remaining consistent with local Alliance and primary medical care strategies.

General practice played a pivotal role in delivering localised, high quality, safe and effective services to its population. There had been an increased focus on the role of primary care, how it was structured and how services were delivered. More recently as described in the document, Investment and evolution; a five-year framework for GP contract reform, to support the implementation of the NHS Long Term Plan.

The patients of Suffolk and North East Essex are generally served by high quality practices with care delivered by experienced and qualified professionals. There was some variation in access and performance.

In 2019 NHS England wrote to the STP/ICSs requesting that joint primary care strategies were

refreshed or developed in the context of the NHS Long Term plan and the new GP Contract which saw the formation of Primary Care Networks.

A strategy was produced and signed off by the ICS Sustainability and Transformation Partnership Board using existing primary care strategies that were locally co-produced between 2015-2017 by GPs, practice managers, patients and partner organisations. Those documents remained relevant and aligned with current priorities.

In 2017, the STP collectively submitted a GPFV submission which was rated 'good' by NHS England. Content from that, the three Alliance strategies and the ICS Operational plan also remained central to the development of the new joint strategy.

With the introduction of Primary Care Networks, the strategy went further in supporting a 'bottom up approach' that strengthened the role at neighbourhood level.

The strategy as presented, focused on existing, agreed local plans and fulfilled the requirements requested by NHS England for submission, and set out **current** programmes of action. It was recognised that action plans needed go further to respond both to new national requirements and local need, and to articulate:

- further local demand management measures including alignment of Alliance prevention and self-care strategies;
- local support for Primary Care Networks, specifically including their Clinical Directors;
- workload management measures beyond national measures;
- further workforce plans (specifically but not limited to recruitment and retention issues);
- estates and digital integration;
- a local funding strategy for primary care.

The strategy was now being reviewed for 2020, to include the challenges that we are currently facing and to update the strategy in general. The CCGs would continue to refine the document (Appendix 1), working with wider partners to ensure it was a strategy that reflected the wider ambitions of the system.

The need to make distinction between primary and community services was emphasized. It was noted that community services within Suffolk were linked with secondary care providers. It was felt that more clarity was required with regard to primary care team links with community and integrated neighbourhood teams. **Primary Care leads within the CCGs agreed** to review the document to ensure clarity prior to the final draft.

It was explained that the primary care strategy was based on population health needs with different delivery across the ICS. The need to consider services based on the needs of the population and ensure the integration of teams to deliver those services was emphasized.

The Committee noted the Strategy and commitment to the next steps.

(Pam Green joined the meeting)

20/47 SUFFOLK AND NORTH EAST ESSEX FLU UPDATE

The Flu vaccination was one of the most effective interventions that could reduce pressure on the health and social care system during winter. 2020/21 had the potential to be one of the most challenging in the administration of the flu vaccine because of the impact of Covid-19 on health and social care services, so it was important that there were plans in place to increase the effort to deliver the Flu vaccine (NHSE, 2020) as those most at risk from flu were also vulnerable to Covid-19.

Groups to be offered the vaccine were identified paragraph 1.3 of the report with key elements

of the Suffolk and North East Essex Flu and Covid-19 Plan detailed in Section 2 of the report and governance in Section 3.

Progress to date and next steps included;

Six workstreams had been identified with clear delivery objectives, a job advert was currently live to fulfil a lead for Covid-19 workstreams One and Two (Delivery Model and Logistics).

The CCGs had been working closely with GP practices to ensure maximum preparedness in primary care leading to the achievement of maximum vaccine uptake in eligible groups. GP Practices, community pharmacies and providers had ordered vaccine for the 2020/21 as per national guidance in the 1st annual flu letter (to deliver 2019/20 ambitions). National vaccine manufacturers had closed to additional orders from primary care. Additional vaccine would now only be available via DHSC.

To ensure the primary care patient record was reflective of status, a data and technology workstream had been established. That workstream was able to monitor uptake and delivery of the Flu vaccine and had mapped data flows from acute, school and pharmacy records.

The Flu communications went live on 21 September (in line with national communications) and would continue through October and November 2020.

As of 6 October 2020:

- Suffolk and North East Essex are in the top six CCGs for achievement to date compared to East of England (out of 21 CCGs).
- Vaccinations for high risk groups were progressing well with 75% of care home residents and 73% of pregnant women already completed. The over 65 group was 35% completed, which was our biggest cohort, Suffolk and North East Essex were on track for completion within the deadline of 15 December 2020.
- School immunisations were on track and there had been no impact on vaccinations due to school closures or bubble closures, the school immunisations team business continuity plan was robust and tied into the primary care business continuity plan in the case of full local lockdowns.
- Community pharmacy had delivered double the amount of flu vaccinations in comparison to the same time last year.

The Committee was informed that, since circulation of the report, practices could now order additional vaccines although flu stock remained for 'at risk' cohorts at present.

It was explained that Suffolk figures within the report were based on actual figures and that North East Essex figures were based on informed data.

In response to questioning, the Committee was advised that pharmacies, along with schools, sent practices notifications of those patients that had received vaccinations in order that all information might be collated by the CCG.

Having queried the reported maternity vaccination numbers, it was explained that maternity departments had been issued with vaccine and were directly providing vaccinations to pregnant women.

The Committee noted the content of the report.

The Committee was in receipt of a report which provided an update on performance related matters in respect of GP Practices and actions taken; seeking further recommendations and areas for consideration for the Primary Care teams.

The report provided information and outlined ongoing actions in respect of the following areas;

- Prescribing and medicines management
- Severe mental illness and physical health checks
- Learning Disabilities (LD) health checks
- Dementia diagnosis rates
- Care Quality Commission practice ratings

The following points were highlighted during discussion;

- Prescribing – each CCG's overspend was similar to that of last year. Practices were aware of the need to review processes such as polypharmacy.
- Performance targets – Severe Mental Illness health checks, Learning Disability health checks and Dementia diagnosis performance had all been adversely affected by the pandemic. Norfolk and Suffolk NHS Foundation Trust had been working with Suffolk practices to assist with data cleanse of patient lists. The Local Enhanced Service had been re-issued to allow for work to be carried out virtually. A review of learning disability health check data in quarter one had identified performance was low which might be a result of the pandemic and the reluctance of individuals to attend appointments. Learning Disability nurses were providing reassurance and considering other ways of working.
- Care Quality Inspections had mainly paused during March- September 2020 and were now beginning to recommence. The CCGs continued to support practices where appropriate.

North East Essex CCG figures within the report associated to STAR PU antibiotics were queried and the **Head of Medicines Management agreed** to clarify the position outside of the meeting.

The Committee noted the report and that North East Essex CCG had previously agreed a 'deep dive' into medicines management.

20/49 CONTRACTUAL UPDATE

The report served to update the Committee on the contractual changes relating to GP practices within the Suffolk and North East Essex STP over the last quarter (July-September 2020). Key issues were as follows;

Branch closures - the White House Surgery (D83078) had removed its branch site 'White House Surgery' from the contract following approval at the last West Suffolk Primary Care Commissioning Committee (26/08/2020). A report which sought approval to operate out of the Mildenhall Hub would be presented at the relevant PCCC if the estates business case was approved. (West Suffolk CCG)

Practice name changes:

- Christmas Maltings and Clements Practice (D83012) had formally changed its name to Unity Healthcare. (West Suffolk CCG)
- The White House Surgery (D83078) had formally changed its name to The Reynard Surgery. (West Suffolk CCG)

List closures:

- Mayflower Medical Centre (F81019), Harewood Surgery (F81606) and Fronks Road Family Surgery (F81221) continued to communicate to the public that they were not accepting new patients. That was also displayed on the NHS Choices page for each practice. (North East Essex CCG)
- The Barham and Claydon Surgery (D83615) had formally applied to close its list to new patients for 12 months. That would be presented for decision in November following the current stakeholder engagement exercise. (Ipswich and East Suffolk CCG)

Super Partnerships:

- Suffolk Primary Care Super Partnership variation agreement was near completion. The partnership had been sent a formal contract letter to recognise the partnership formation in 2017, but the variation agreement would be effective from 01/01/2020. (Ipswich and East Suffolk CCG & West Suffolk CCG)
- The Colte Partnership Super Partnership variation agreement was near completion. The partnership had been sent a formal comfort letter to recognise the partnership formation in 2017, but the variation agreement would be effective from 01/10/2020. (North East Essex CCG)

The Committee noted the content of the report.

20/50 INTEGRATED CARE SYSTEM (ICS) WIDE FINANCE REPORT – SEPTEMBER 2020 (MONTH 6)

The Committee was provided with an overview of the month six Primary Care Delegated Commissioning budget and other associated Primary Care budgets for the three CCGs which made up the Suffolk and North East Essex Integrated Care System (ICS).

Due to the Covid-19 situation, allocations for NHS finance were initially released for the first six months of the year, and included the Delegated Primary Care (DPC) budget. For months 1-6 a combined DPC allocation £74,503k was received, against which a cumulative overspend had been made of £1,887k broken down by CCG as set out in paragraph 2.1.

Although the CCGs had recently received confirmation of their full year allocations, to date there had only been a release of budget to month six and there was only a requirement to report a financial position for months 1-6. The budgets and forecast would be amended to reflect the full year position from October (m7) reporting. Allocations for months 7-12 remained largely unchanged from those in months 1-6.

The current overspend for the two Suffolk CCGs was driven predominantly by the PMS Premiums, List Size increases up to Q2 and Locum cover allowance. The issue had been raised consistently at recent primary care committees with the current overspend reflecting the balance of the allocation received compared with the payments made to practices, for which the higher than average level of PMS in Suffolk results, inter alia, in a cost pressure.

North East Essex was managing to meet its financial requirements within budget, the position would be reviewed in line with months 7-12 allocation.

As the CCGs had reported the financial position for months 1-6 only, risks in relation to that period had been included in the forecast. Across three CCGs those included pending rent reviews, practice support, forecast list size adjustments and locum allowance. That would continue to apply going forward.

The budget for Primary Care Delegated Commissioning was received as a specific allocation whilst budget for Other Primary Care was received as part of the CCG programme allocation. based on the Covid-19 budget model. Other Primary Care Services included Local Enhanced Services and GPFV.

To date the position across the ICS was an overspend of £635k against a budget of £7,016k.

In response to questioning the Director of Finance reported that a key issue for the second part of the year would be the impact of the Covid-19 second wave on budgets issued in line with the expected recovery of services.

All CCGs were to be subject to audit in respect of Covid-19 expenditure and Ipswich and East Suffolk CCG had been notified it would be audited in the first round of audits.

The Committee noted the content of the report.

20/51 PRIMARY CARE NETWORK (PCN) – SUMMARY UPDATE

The Committee was updated on the latest developments and requirements for Primary Care Networks (PCNs) and provided with assurance of progress against the primary care contract.

There were five main elements to the PCN network contract for 2020/21; Additional Roles Reimbursement Scheme, Impact and Investment Fund and the introduction of three service specifications. The report went on to detail progress in respect of each of those areas.

Key points highlighted during discussion included;

- West Suffolk Primary Care Networks (PCNs) continued to grow with development tracked across a number of issues.
- All North East Essex CCG practices were now in a PCN and less change was anticipated in year two.
- North East Essex CCG received regular reports against the maturity matrix, and it was anticipated that Suffolk CCGs would receive similar reports going forward.
- The maturity matrix tracked PCN development and system progress. Some elements, such as the sharing of records, were outside the responsibility of the PCN.
- NHS England had added another two roles to the list of additional roles for reimbursement. There was concern by NHSE that recruitment had not yet been as envisaged and it was likely that the reason was that practices were being cautious and seeking evidence of benefit and support prior to recruiting.
- Investment and impact fund – PCNs would need to achieve certain elements in order to access future funding. The requirements of the fund were similar to those of the Quality Outcomes Framework and there would be a need for practices to share information within their respective PCNs.
- Care homes – equipment had been provided to care homes to facilitate virtual ward rounds. North East Essex CCG had 175 care homes within its area and all had been allocated to a PCN.
- Dedicated workforce leads within the ICS had resulted in a huge improvement for practices.

It was queried whether as a result of increased GP contact with care home residents there had been any increase in referrals to dentistry, dietitians, therapists to be proactive in preventing illness or speeding up recovery. It was explained the community services were evolving around PCNs, INTs and care homes.

Care home forums had been established and provided a link with primary care and available support.

Having noted that GP trainees were only due to spend a year in hospital, it was highlighted that training had been disruptive during 2020 due to the change of roles and limited learning opportunities as a result of the pandemic. It was suggested that the trainees might require additional support. The Committee was informed that the Deanery was taking the matter forward and putting systems in place to make transitional change.

The benefit of being able to work at scale in respect of recruitment was emphasized.

The Committee noted the content of the report.

20/52 PATIENT PARTICIPATION GROUP (PPG) UPDATE

NHS England had mandated that all practices must have a PPG as set out in paragraph 5.2 (Patient Participation) of the GMS contract detailed within the report.

Engagement by the CCG with its PPGs was detailed in Appendix 1 to the report and the Ipswich and East Suffolk PPG network was seen as an exemplar nationally. Presentations, learning and support was made available to Regional and National Teams.

The PPGs had supported the introduction of Care Navigators into practice through communication of their role to the local population and PPG members provided support to the vulnerable during Covid-19 via befriending schemes, help with shopping and medicines collection.

SNEE PPGS were active and not isolated forums. PPG networks were being established where learning could be shared, and messages and communication cascaded. There had been transformation in the way practices engaged with PPGs via technology which had been welcomed.

Future challenges included how PPGs might become embedded in PCNs going forward. The benefit of PPGs being moved to a locality footprint was highlighted. Some PPG chairs are already active members of their locality meetings.

The Committee noted the report **and welcomed** future combined progress updates.

20/53 WORKFORCE UPDATE

The Committee was in receipt of a report which summarised key project areas underway within workforce which included; recruitment; pipeline of workforce; workforce planning; quality assurance and supply; retention; apprenticeships; and wellbeing support.

Key points highlighted included;

- Workforce remained challenging across the ICS and primary care. The mutual aid agreement which enabled the movement of staff across the system during the pandemic had been extended into winter, although it was recognised that it might prove more challenging in light of the recovery of services alongside the second wave.
- The health and wellbeing of staff was paramount and support had been provided in a number of ways which included occupational therapy, and mental health support.
- The need to work together and collaboratively, making the best use of resources, to develop services had been recognised.
- At the Colchester Health and Care Academy the primary care team had described how it had developed roles within practices.

- The range of available placements and integration work was encouraging.
- It was recognised that the recruitment of additional roles was not just about workforce but also the willingness of practices to accept those roles and often it was different roles that were required.
- The ability for primary care to have the capacity and capability to train staff within work was critical to future sustainability. The need to continue to attract funding to facilitate such work was highlighted.

The Committee noted the report.

20/54 DATE OF NEXT MEETING

The next meeting was scheduled to take place on Tuesday, 22 December 2020.

20/55 QUESTIONS FROM THE PUBLIC

No questions had been received.

Unconfirmed



**IPSWICH & EAST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE
ACTION LOG: 25 August 2020 (updated)**

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
Meeting of 22 October 2019				
19/66	Primary Care Estates Strategy Framework	Having considered the report, and with the above in mind, the Committee approved the framework and suggested that a different, more Alliance based approach be taken to further development of the strategy. It was requested that a draft outline strategy be presented to the Committee in November 2019	Daniel Turner	The estates strategy is currently being worked on but is not in a format ready to present. We are due to commence a primary data gathering exercise with the national team in the next 4-6 weeks and will be better placed to provide an update following this. Expected October 2020 – on agenda for today
Meeting of 25 February 2020				
20/07	Primary Care Contracts and Performance	It was suggested that discussion take place with the Director of Nursing and Maternity Network in an attempt to identify ways to engage with pregnant women.	Claire Pemberton	Ongoing – just started up network again. Go into work plan for the year
Meeting of 23 June 2020				
20/27	Annual Plan of Work	Sue Merton from Healthwatch agreed to ascertain whether the Healthwatch GP report would be available for presentation to the August meeting.	Sue Merton	<p>It was confirmed that Healthwatch had not produced a report this year. Previous reports had failed to generate any dialogue, actions or defined outcomes and as such it had been assumed that it was not of value. The Committee responded that they had been impressed by the last report and that there had been a lot of positive and negatives contained within it that needed to be addressed and had asked for it to be shared with practices. It was suggested that it would have been beneficial for the report to have been presented to the Clinical Executive in order to take forward any actions arising. Healthwatch suggested that it might consider doing a similar report next year if this was requested. However, in place of the report, they have been staying in touch with all Practice Managers and the GP Federation as well as reviewing all associated practice websites for all COVID-19, cancer and mental health related advice for patients. This information has been compiled into a spreadsheet which they would be happy to share with the Committee.</p> <p>A concern was raised that patients currently mis-perceive that primary care practices are still closed as a result of the recent pandemic. This may in part be due to the new telephone triage systems that have had to be implemented.</p>

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
				It was highlighted that at present the majority of calls to Healthwatch are in relation to dentistry rather than GP services.
Meeting of 25 August 2020				
20/33	Matters Arising – Annual Plan of Works	CCG colleagues to reflect on how we can connect items coming to the PCC with governance systems within the CCG and add this to the Annual Plan of Works for February 2021.	David Brown/ Maddie Baker-Woods	February 2021
20/33	Matters Arising – Annual Plan of Works	Consideration to be given to undertake a patient survey to understand the impact of the new telephone triage systems and any other changes that have occurred as a result of COVID-19	Andy Yacoub	Spring 2021
20/35	General Update – Primary Care Workforce	PCN plans to be presented and reviewed by the Committee	Caroline Procter	October meeting



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	06
Reference No.	IESCCG PCCC 20-31
Date.	22 December 2020

Title	Primary Care Contracts and Performance Report
Lead Director	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager
Purpose	To provide the committee with an overview of primary care information and update on primary care contracts where relevant.

Applicable CCG Clinical Priorities:

1.	To promote self care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	X
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	X

Action required by Primary Care Commissioning Committee:

To consider and discuss the information provided and agree any appropriate actions required.

1. Purpose

- 1.1 To update the Committee on contractual and performance related matters in respect of GP Practices and actions taken; to seek further recommendations and areas for consideration for the Primary Care team.

2. Prescribing and Medicines Management

Prescribing budget: At this point in time the CCG prescribing budget has not been finalised. Money has been allocated for M7 to M12, discussions are underway with finance colleagues with regards to budgets for practices. The headlines and comparators to last year are as follows

- September '20 was 9.88% (£465k) higher than September '19
- August '20 was 6.13% (£296k) higher than August '20
- Year to Date (YTD) (September'20) position: £30.3m
- 6.79% (£1.92m) higher than last year

Further work is underway to analyse the prescribing figures to identify areas of prescribing which have increased in comparison to last year. Practices have all been informed of our commitment to cost effectiveness and associated schemes and have been provided a list of opportunities available for them to work towards.

Antibiotic prescribing: Ipswich & East Suffolk CCG (I&ES CCG) is currently exceeding the national targets for antibiotic prescribing (October-19 to September-20):

- Total antibacterial items per STAR-PU = 0.888 (national target: <0.965)
- Broad spectrum antibiotic prescribing as a proportion of all antibiotics prescribed = 7.92% (national target <10%)

Quality Innovation Productivity and Prevention (QIPP) delivery: As mentioned above practice budget allocation is underway, no QIPP targets have been set at this point in time. QIPP project groups have been set up across the Integrated Care System (ICS) to allow a consistent approach across all 3 CCGs.

Medicines Management team priorities: The team has been able to establish remote working and is working with practices on medicines management initiatives. ICS working groups to support QIPP is underway with a view to building on the work undertaken last year. Work with care homes and practices continues to be a point of focus following the national call to action to support practice/PCN pharmacists in delivering Structured Medication Reviews (SMRs) for care homes residents.

Actions – Ongoing:

- Work with ICS primary care colleagues to align CCG guidelines and protocols to ensure a consistent message across primary care. Work is also underway to consolidate the shared care agreements to produce one ICS-wide agreement for each shared care drug.
- Work to align the medicines formularies across the ICS and promote the use of the formulary website and app.
- Working with care homes as mentioned above

3. **Performance Targets**

Severe Mental Illness (SMI) Physical Health Checks

At the end of quarter two, 39.5% of physical health checks for patients with an SMI had been completed over the previous 12 months. This is a drop of 4.1% on the previous quarter but should be seen as positive considering the challenges that COVID-19 have brought. NHSE has also confirmed that this is the highest figure in the region at quarter 2 2020.

As the figures are monitored on a rolling 12 month basis we need to take into consideration that for the next 12 months at least the impact of COVID-19 will be reflected in the figures and we must continue to work towards the nationally mandated target of 60% completed checks.

The Norfolk and Suffolk Foundation Trust (NSFT) Physical Health Team (SMI) has been deployed back to their usual roles and is fully staffed. Their Clinical Lead is working with GP practices to review their SMI registers, an activity which is ensuring the right people are on registers and is reducing their size by around 30% on average. This ensures that patients who do not fit the clinical criteria for a serious mental illness or have been in remission for a significant period of time are no longer on the practice register.

The I&ES CCG Primary Care Team has been working closely with NSFT to look at practice level data and target support where it might be needed; this will be reviewed on a quarterly basis. We have also reminded practices to refer patients who do not respond to invitations to the team so they can attempt to undertake checks on the practice's behalf. For patients who aren't keen to attend a GP practice in person, the practice can undertake part of the check remotely/virtually and NSFT can attempt to complete the check face to face.

Learning Disabilities (LD) Health Checks

Practices are continuing to undertake annual health checks (AHCs) despite the recent lockdown. At the end of quarter two, I&ES CCG practices had completed 20.4% of checks YTD. The temporary change in the target from 75% to 67% currently still stands. Concerns have been raised around the way NHSE currently calculate this and this is being investigated. We await an update.

Work to complete AHCs in primary care continues:

- I&ES CCG Primary Care Team has been asking practices to let them know how many checks they expect to have completed YTD by the end of November. The information gathered shows that potentially 40% of checks will be completed (the caveat being that practices are reporting patients do not want to be seen). This data is helping us to establish which practices may need more support and we are requesting the LD liaison nurses' support accordingly.
- NHSE has included the completion of AHCs in a list of clinical priorities for CCGs. Non-recurrent funding has been attached to these priorities as a whole and CCGs are required to decide how this is spent. I&ES CCG has agreed to focus some of these resources on improving the number of LD health checks undertaken.
- GP practices have received information about shielding for extremely vulnerable patients. This now includes patients with Down's Syndrome and practices have been asked to ensure all of these patients are offered a flu vaccination and ensure their AHC is completed. Practices have been given easy read templates to support this.

- LD nurses continue to communicate regularly with all GP practices to ensure they are equipped and supported to implement both face to face and virtual health checks where appropriate.
- The LD nurses continue to align GP practice LD registers with the Social Care list as well as with information that NSFT holds. There is to be a particular focus on the 14-18-year-old cohort going forward.
- West Suffolk CCG (WS CCG) and I&ES CCG Primary Care Teams continue to meet regularly with the Suffolk LD liaison nurses in order to share information about individual practice performance.
- Both Suffolk CCGs have been updating contact lists for LD practice leads in order that we can establish regular communication with this group and encourage shared learning.
- The CCGs are supporting practices to ensure all relevant areas within QOF and related to the Impact and Investment Fund (IIF) are being covered.
- ACE Anglia continues to host weekly virtual wellbeing calls. These are now joined by Dr Ben Solway, GP and CCG lead for Learning Disabilities. Dr Solway has given talks on PPE, the importance of the flu vaccination and increased confidence around attending GP practices in person. These sessions will continue, and ACE will offer any pertinent feedback related to primary care.

Dementia Diagnosis Rates

Work continues in delivering the ICS action plan in each area and various initiatives are being considered for input to help Ipswich and East Suffolk to turn the curve. The ask remains that primary care continues to be aware of memory services being open for business and referrals made as appropriate so we can diagnose and, importantly, help support those in the community.

Dementia Diagnoses as a % of estimated prevalence

NAME	Oct %	Sept %	Change
NHS NORTH EAST ESSEX CCG	63.2	62.6	0.6
ENGLAND	62.9	63	-0.1
SUFFOLK AND NORTH EAST ESSEX STP	61.9	61.6	0.3
NHS IPSWICH AND EAST SUFFOLK CCG	61.4	61.6	-0.2
NHS WEST SUFFOLK CCG	61.1	60.3	0.8

Flu Vaccination

There has been a significant focus on flu immunisation this year. Based on figures published via the “Immform” platform, as at the end of November there has been a near 12% increase in the number of flu vaccinations in the 65+ age group compared with the same period a year ago (see Appendix A for full details).

Every practice for whom November data is available has posted an increase in uptake within this cohort and all but one practice has already met the 75% target for this cohort. This is an excellent performance from local practices.

Childhood Immunisation 2019/20

On 26th November Public Health England (PHE) published the Childhood Immunisation statistics for 2019/20. The results for Ipswich and East Suffolk are as follows. The target for all measures is 95%.

12 months				
12 months Denominator	DTaP/IPV/HibHepB %	MenB %	PCV2 %	Rota %
3,847	95.1	94.6	95.4	92.9

24 months					
2 years Denominator	DTaP/IPV/Hib(Hep) %	MMR1 %	Hib/MenC %	PCV Booster %	MenB Booster %
4,144	95.4	92.6	93.8	93.9	94.1

5 years					
5 years Denominator	DTaP/IPV/Hib %	Hib/MenC %	DTaP/IPV %	MMR1 %	MMR2 %
4,444	96.0	93.5	90.8	96.3	92.0

DTaP = Diphtheria, Tetanus, Pertussis
 IPV = Polio
 Hib = Haemophilus influenzae type b
 Hep = Hepatitis
 Men B = Meningococcal b
 Men C = Meningococcal c
 PCV = Porcine circovirus
 MMR – Measles, Mumps, Rubella
 Rota = Rotavirus

A breakdown of these numbers at a practice level are included in Appendix B.

4. Primary Care Network (PCN) Development

Overall Summary

- Workforce Plans for 2021/22 have been finalised and submitted to NHSE. Each PCN is within their budget allocation
- The CCG continues to explore a rotational model for the paramedic workforce.
- The Impact and investment fund dashboard is expected imminently to assist PCNs with planning for the service specifications.
- The Extended Access provision for PCNs has been extended to October 2021.
- PCNs are working to support the Covid vaccination model for general practice.

Progress against the PCN Specifications

Under the Network Contract, PCNs are obliged to deliver a number of service specifications. What follows is an update of progress against each specification.

Extended Hours Access

I&ES CCG practices were already offering an extended hours service, so this has seamlessly been rolled over to meet the requirements of this specification and is now monitored as part of the PCN.

Structured Medication Review (SMR) and Medicines Optimisation

PCNs are required to deliver a number of SMRs to patients; the amount to be completed is predicated on the PCNs ability to access to Clinical Pharmacists. During Covid wave 2, this requirement has been relaxed to allow Clinical Pharmacists to assist practices to concentrate on core delivery of services. This will be reviewed again once guidance has been received from NHSE.

Enhanced Health in Care Homes

Delivery of the Enhanced Health in Care Homes (EHCH) framework is part of the Primary Care Network DES and aims to ensure that care home patients receive the same level of support as they would if they were in their own homes, as well as focussing on proactive care centred on the needs of the individual. A collaborative group has been set up to review the seven areas covered in the framework and a heat map produced to identify any areas of concern. This is in initial stages currently and is reviewed monthly by representatives from health, social care, Voluntary, Community and Social Enterprise (VCSE) and care home partners. Next meeting is 15th December.

Early Cancer Diagnosis

Cancer PCN DES markers have been developed and agreed for launch of the new primary care DES, which went live this month to support the Early Diagnosis agenda. The focus is on screening, detection rates and emergency diagnosis. A communities of practice event has been arranged for March 2021 which will include an early diagnosis session from Red Whale. Suffolk and North East Essex (SNEE) ICS have agreed to fund a Cancer Research UK (CRUK) facilitator to support PCN Cancer DES delivery.

Social Prescribing Service

The I&ES CCG Connect for Health Social Prescribing programme has been running for nearly three years. It is commissioned and delivered by 4 VCSE organisations covering the 8 Integrated Neighbourhood Team (INT) areas by Citizens Advice, Suffolk Family Carers, Shaw Trust and Access Community Trust. The service is established across the area and referrals are received from Primary care, self-referral, Social care, NSFT, East Suffolk and North Essex Foundation Trust (ESNEFT) amongst others.

PCNs must provide patients with access to a social prescribing service. All PCNs across I&ES CCG currently have access to this through the Connect for Health social prescribing programme, however the Additional Roles Reimbursement Scheme (ARRS) presents an opportunity for PCNs to enhance this service through accessing a Link Worker through our existing core service (Connect for Health) and through a localised Memorandum of Understanding with our voluntary sector partners. This could enable PCNs to enhance the Social Prescribing offer by supporting the Population Health Management needs of the PCN and the incentives that have been listed within the Impact and Investment Fund (IIF).

In addition to this PCNs will be able to have direct access to all of the associated training and support that the core Connect for Health team receives as well as to the resources of the "Community Chest"(a source of funding that each Social Prescribing provider can access - £25k per INT - to help with onward signposting and support for the client or a gap in service) and it will ensure that all anticipated future NHSE monitoring requirements are met.

Workforce

PCNs are currently in the planning and recruitment phase of the Additional Roles Reimbursement scheme (ARRS). This scheme offers PCNs the ability to recruit to any of the roles within the scheme within their allocated budget. The budget increases each year of the

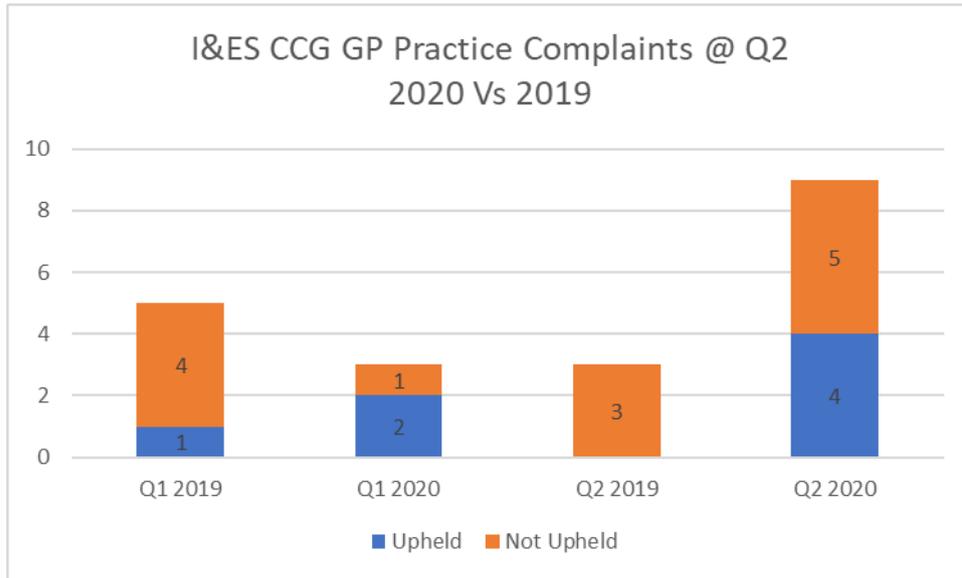
contract and with it the roles available are increased.

Please see appendix C for a summary of overall recruitment intentions across I&ES CCG PCNs.

5. Complaints

The following graph illustrates a summary of complaints made about Ipswich and East Suffolk practices up to Q2 2020 compared to the same period in the previous year.

There have been 12 complaints, 6 upheld, in the first six months of 2020 compared to 8 complaints, 1 of which was upheld, for the same period in 2019.



The 20 complaints represented above were directed to 17 GP practices. Three practices received more than one complaint (all received 2), but none of these practices received both complaints in the same year.

6. Recommendation

The Committee is invited to note the above information and consider any further appropriate actions.

Appendix A

Flu Vaccination Rates 65 Years and Over
Cumulative @ Nov 2020 (compared to Nov 2019)

Org Code	Org Name	Nov-20	Nov-19
		Cumulative Flu Vaccine Uptake %	
		65 and over (all Patients)	
D83001	Constable Country Practice, East Bergholt	84.4	72.5
D83004	Felixstowe Road, Ipswich	77.8	69.8
D83006	Bildeston	85.7	70.4
D83007	Ixworth	83.4	61.3
D83008	Burlington Road, Ipswich	77.9	70.8
D83015	Howard House	82.9	71
D83017	Needham Market	82.6	66.5
D83019	Mendlesham	85.8	74.7
D83020	Holbrook	87.3	70.5
D83024	Ivry Street, Ipswich	81.4	65.3
D83026	Framlingham	79.6	66
D83028	Leiston	86.5	79.3
D83037	Hadleigh	89.4	75.5
D83039	Chesterfield Drive, Ipswich	84.1	67.1
D83041	Debenham	87.2	77.3
D83043	Eye	79.4	70
D83044	StowHealth	84.7	67.8
D83046	Two Rivers, Ipswich	81.3	70
D83048	Grove Surgery, Felixstowe	83.9	73.3
D83049	Little St John's Street, Woodbridge	84.4	74.6
D83050	Deben Road, Ipswich	77.2	70.8
D83051	Derby Road, Ipswich	82.0	76
D83053	Saxmundham	<i>No Nov data - 70.8 in Oct</i>	72.9
D83054	Alderton	75.6	62.7
D83056	Hawthorn Drive, Ipswich	73.6	65.8
D83057	Framfield House, Woodbridge	85.9	75.4
D83058	Norwich Road, Ipswich	83.8	74.5
D83059	Barrack Lane, Ipswich	74.7	61.9
D83061	Wickham Market	82.7	67.5
D83069	Fressingfield	<i>No Nov data - 82.5 in Oct</i>	79.1
D83073	Orchard Street (Solway), Ipswich	71.2	54.1
D83074	Orchard Street, Ipswich	76.8	61.4
D83079	Combs Ford	78.1	63.2
D83080	Martlesham	85.0	76.4
D83081	Haven Health, Felixstowe	83.5	72.3
D83084	The Birches	77.3	72.7
D83615	Barham & Claydon	81.5	68.7
Y01794	Ravenswood, Ipswich	82.3	69.1
CCG OVERALL		82.3	70.4

Appendix B

Childhood Immunisations by Practice 2019/20

GPCode	GP Name	One Year					Two Years					Five Years						
		One Year Denominator	DTaP/IPV/Hib HepB%	MenB%	PCV2%	Rota%	Denominator	DTaP/IPV /Hib(Hep) %	MMR1%	Hib/Men C%	PCV Booster %	MenB Booster %	Denominator	DTaP/IPV /Hib%	Hib/Men C%	DTaP/IPV %	MMR1%	MMR2%
D83001	Constable Country Practice, East Bergholt	54	94.4	94.4	96.3	94.4	72	97.2	93.1	93.1	93.1	93.1	79	98.7	100.0	97.5	98.7	98.7
D83004	Felixstowe Road, Ipswich	111	96.4	96.4	96.4	92.8	107	99.1	95.3	97.2	97.2	97.2	123	98.4	95.9	91.9	98.4	95.9
D83006	Bildeston	48	97.9	95.8	97.9	95.8	45	100.0	95.6	95.6	95.6	95.6	53	94.3	94.3	86.8	96.2	90.6
D83007	Ixworth	91	97.8	96.7	97.8	98.9	98	96.9	94.9	95.9	94.9	94.9	97	97.9	95.9	93.8	97.9	94.8
D83008	Burlington Road, Ipswich	180	90.6	86.7	90.0	87.8	185	89.2	82.7	85.4	84.9	85.4	208	90.9	87.0	81.3	92.8	83.7
D83015	Howard House	61	96.7	96.7	96.7	95.1	55	92.7	89.1	90.9	89.1	90.9	61	96.7	93.4	85.2	95.1	85.2
D83017	Needham Market	98	96.9	94.9	95.9	94.9	113	98.2	98.2	98.2	97.3	98.2	112	98.2	98.2	96.4	98.2	95.5
D83019	Mendlesham	67	97.0	97.0	97.0	95.5	61	96.7	96.7	96.7	98.4	98.4	67	98.5	98.5	98.5	98.5	98.5
D83020	Holbrook	54	98.1	98.1	98.1	98.1	47	97.9	100.0	100.0	100.0	100.0	67	100.0	100.0	95.5	100.0	98.5
D83024	Ivry Street, Ipswich	101	97.0	96.0	97.0	94.1	117	96.6	91.5	94.9	94.9	94.9	129	93.0	91.5	89.1	95.3	90.7
D83026	Framlingham	76	98.7	98.7	98.7	96.1	70	97.1	97.1	97.1	97.1	95.7	76	97.4	96.1	96.1	97.4	94.7
D83028	Leiston	85	95.3	96.5	96.5	91.8	77	97.4	90.9	94.8	93.5	94.8	77	98.7	97.4	94.8	97.4	94.8
D83037	Hadleigh	131	96.2	96.2	96.2	93.1	140	95.7	95.7	96.4	97.1	97.1	137	98.5	96.4	92.0	99.3	93.4
D83039	Chesterfield Drive, Ipswich	156	94.9	95.5	94.9	92.9	165	95.8	93.3	94.5	94.5	94.5	160	98.1	95.6	88.1	97.5	89.4
D83041	Debenham	48	89.6	89.6	89.6	83.3	70	97.1	95.7	97.1	97.1	97.1	72	97.2	94.4	90.3	95.8	88.9
D83043	Eye	29	93.1	93.1	93.1	93.1	44	100.0	97.7	100.0	97.7	100.0	38	100.0	94.7	92.1	100.0	92.1
D83044	StowHealth	228	98.2	97.8	98.2	97.8	260	99.2	97.7	96.2	98.1	97.7	263	98.5	95.4	95.8	97.3	96.2
D83046	Two Rivers, Ipswich	263	97.7	97.0	98.1	95.8	249	94.4	91.6	94.0	93.6	93.6	301	95.3	92.7	92.0	95.3	92.4
D83048	Grove Surgery, Felixstowe	138	92.8	92.8	93.5	89.1	164	95.1	92.1	91.5	92.7	92.1	155	98.7	96.1	92.9	97.4	94.8
D83049	Little St John's Street, Woodbridge	47	97.9	97.9	97.9	97.9	43	95.3	90.7	90.7	88.4	88.4	44	93.2	93.2	86.4	97.7	93.2
D83050	Deben Road, Ipswich	62	93.5	93.5	93.5	96.8	72	95.8	91.7	93.1	91.7	91.7	80	90.0	88.8	86.3	98.8	91.3
D83051	Derby Road, Ipswich	189	96.3	96.3	96.3	94.2	200	98.0	96.5	96.5	97.5	97.5	221	98.2	96.4	95.0	97.3	96.4
D83053	Saxmundham	78	93.6	92.3	93.6	93.6	108	96.3	93.5	95.4	95.4	94.4	94	95.7	93.6	88.3	95.7	90.4
D83054	Alderton	47	89.4	91.5	91.5	87.2	51	94.1	90.2	94.1	92.2	92.2	58	98.3	94.8	91.4	96.6	94.8
D83056	Hawthorn Drive, Ipswich	94	89.4	90.4	90.4	90.4	133	90.2	83.5	85.0	86.5	86.5	125	96.0	94.4	88.8	96.0	90.4
D83057	Framfield House, Woodbridge	118	95.8	98.3	98.3	92.4	159	93.7	95.6	95.6	95.6	95.6	165	95.2	93.3	93.3	96.4	92.1
D83058	Norwich Road, Ipswich	100	90.0	91.0	92.0	89.0	121	89.3	84.3	85.1	85.1	86.0	116	93.1	86.2	84.5	94.8	87.9
D83059	Barrack Lane, Ipswich	256	94.9	94.1	94.5	90.2	266	95.1	91.0	92.5	91.7	91.4	258	92.2	87.6	88.0	94.6	90.3
D83061	Wickham Market	91	96.7	94.5	96.7	93.4	93	94.6	92.5	93.5	92.5	92.5	103	95.1	95.1	92.2	97.1	93.2
D83069	Fressingfield	40	95.0	95.0	97.5	95.0	52	100.0	100.0	98.1	100.0	100.0	60	100.0	98.3	98.3	98.3	95.0
D83073	Orchard Street (Solway), Ipswich	76	84.2	85.5	86.8	85.5	78	89.7	84.6	89.7	88.5	89.7	76	85.5	78.9	73.7	85.5	76.3
D83074	Orchard Street, Ipswich	163	89.6	87.1	90.8	86.5	154	92.2	83.8	90.9	90.9	92.2	181	91.2	86.7	84.0	92.3	85.6
D83079	Combs Ford	73	95.9	95.9	95.9	91.8	83	95.2	94.0	95.2	95.2	95.2	87	98.9	98.9	93.1	96.6	93.1
D83080	Marliesham	55	100.0	96.4	98.2	90.9	57	96.5	94.7	98.2	98.2	100.0	69	98.6	91.3	95.7	97.1	92.8
D83081	Haven Health, Felixstowe	78	97.4	97.4	97.4	94.9	74	94.6	94.6	94.6	94.6	94.6	76	100.0	97.4	96.1	100.0	96.1
D83084	The Birches	45	97.8	95.6	97.8	95.6	51	94.1	96.1	96.1	98.0	98.0	93	94.6	94.6	91.4	96.8	92.5
D83615	Barham & Claydon	50	100.0	100.0	100.0	100.0	33	97.0	97.0	97.0	97.0	97.0	53	96.2	94.3	90.6	94.3	92.5
Y01794	Ravenswood, Ipswich	160	98.1	96.9	97.5	93.1	171	97.1	96.5	95.3	96.5	97.7	196	100.0	98.5	93.9	99.5	94.4

Appendix C
I&ES CCG PCN Recruitment Intentions 2020/21

	Recruitment intentions for 2020/21					Additional FTE as at March 2021	Indicative spend per role 2020/21
	Recruited during 2019/20	Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar		
Clinical pharmacists	9.89	1.75	5.72	7.13	3.00	27.49	£1,127,039
Nursing associates		0.00	0.00	0.00	3.00	3.00	£21,851
Trainee nursing associates		0.00	0.00	1.00	2.50	3.50	£28,541
Social prescribing link workers	4.10	0.00	0.00	2.50	5.00	11.60	£233,567
First contact physiotherapists		0.00	2.07	3.23	2.00	7.30	£204,170
Physician associates		3.68	1.00	2.40	4.00	11.08	£356,190
Pharmacy technicians		2.00	3.96	1.00	0.00	6.96	£193,578
Occupational therapists		0.00	0.75	0.00	0.00	0.75	£30,220
Dietitians		0.00	0.00	0.00	2.00	2.00	£26,862
Podiatrists		0.00	0.00	0.00	0.00	0.00	£0
Health and wellbeing coaches		0.00	0.00	6.00	3.00	9.00	£132,709
Care co-ordinators		0.00	0.00	8.00	11.00	19.00	£196,661



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	07
Reference No.	IESCCG 20-31
Date.	22 December 2020

Title	Primary Care Delegated Commissioning- Finance Report	
Lead Director	Jane Payling, Director of Finance	
Author(s)	Wendy Cooper, Finance Manager (Primary Care-Ipswich & East Suffolk and West Suffolk CCGs)	
Purpose	To provide the committee with an overview of the M8 Primary Care Delegated Commissioning Budget	
Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	X
Action required by Primary Care Commissioning Committee:		
To note the report		

1. Purpose

To provide the committee with an overview of the M8 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. Key Points

At the end of M8, the Primary Care Delegated Budget was £962k overspent – please see the table below for a summary of key variances:

Application of Funds	YTD			FULL YEAR			Variance Analysis
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
GMS/PMS Core Contract	24,790	28,081	3,291	37,185	42,119	4,935	Variance due to PMS Premium and Qtr3 list size increase
QOF/Seniority/Other	4,025	4,015	(10)	6,037	6,029	(9)	
Enhanced Services	454	454	0	680	680	0	
Premises costs	3,187	3,213	25	4,781	4,819	38	
Professional fees - Disp/Prescr	2,256	2,272	16	3,384	3,408	24	
Locum allowance/GP Retainers	147	152	6	220	229	9	
Primary Care Networks	2,590	2,580	(10)	3,929	3,903	(25)	
Other - Recharges	4,271	1,162	(3,109)	7,075	3,065	(4,010)	Contingency to be offset against in year increase e.g. list size increase
Primary Care Delegated Commissioning	41,719	41,928	209	63,291	64,253	962	

The CCG has received the full year allocation for the Primary Care Delegated budget. This included a retrospective top-up allocation for months 1-6 and additional non-recurrent funding which includes an allocation of £2,645k, the STP fair share allocation of the Supporting General Practice funding, received in month 8 from NHS England, a share of which will be transferred to West Suffolk and North East Essex CCGs.

The retrospective top-up allocation has the effect of reducing the month 6 position to break even reducing the YTD and forecast overspend in this financial year.

Other Primary Care shows an underspend of £1,442k at the end of M8, as summarised in the table below:

Application of Funds	YTD			FULL YEAR			Variance Analysis
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Local Enhanced Services	1,502	1,690	188	2,093	2,469	376	
Primary Care Contingency	1,153	0	(1,153)	1,818	0	(1,818)	
GPFV	2,146	2,146	0	3,220	3,220	0	
Other Primary Care	4,802	3,837	(965)	7,131	5,688	(1,442)	

The CCG has also received the full year allocation GP Forward View (GPFV) and a retrospective top-up allocation for any overspend in months 1-6. This has enabled the CCG to create a non-recurrent Primary Care Contingency budget which will be used to offset areas of over-spend in Primary Care.

3. Risks / Opportunities

Risks not reflected in the above full year forecasts are further increases in rent reimbursement and additional practice management support.

4. Recommendation

The Committee is asked to note the financial performance at Month 8.



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	20
Reference No.	IESCCG PCCC 20-32
Date.	23 December 2020

Title	Care Quality Commission Update
Lead Director	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Claire Pemberton, Head of Primary Care
Purpose	The purpose of this report is to inform the Committee about the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions which are proposed to address issues, share good practice and enable continuous improvement. The Committee is invited to review the report and to advise on any areas for action.

Applicable CCG Clinical Priorities:	
1. To promote self care	
2. To ensure high quality local services where possible	X
3. To improve the health of those most in need	
4. To improve health & educational attainment for children & young people	
5. To improve access to mental health services	
6. To improve outcomes for patients with diabetes to above national averages	
7. To improve care for frail elderly individuals	
8. To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
9. To ensure that the CCG operates within agreed budgets	

Action required by Primary Care Commissioning Committee:
The Committee is invited to review the report and to advise on any areas for action.

1. Purpose

- 1.1 The purpose of this report is to inform the Committee about Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices.

2. Background

- 2.1 The CQC have been very conscious of the amount of pressure the practices have been under during this time of Covid-19. They have postponed all Annual Reviews and visits therefore the rating for each practice remains the same. They have however offered additional support to the practices throughout Covid and have been extremely helpful through these challenging times.
- 2.2 The CQC have concentrated on the practices who are at high or very high risk during Covid-19 by calling each practice and asking them a number of questions as part of the Emergency Support Framework (ESF). IESCCG do not have any practices in this category however the CCG contacted the practices to ask the questions to ensure practices felt supported and they all came back positive.
- 2.3 The Emergency Support Framework (ESR) questions are as follows:-

1. Safe care and treatment

- Had risks related to infection prevention and control, including in relation to COVID-19 been assessed and managed?
- Were there sufficient quantities of the right equipment to help the provider manage the impact of Covid 19?
- Was the environment suitable to containing an outbreak?
- Were systems clear and accessible to staff, service users and any visitors to the service?
- Were medicines managed effectively? (Including prescribing and management of medicines)
- Had risk management systems been able to support the assessment of both existing and Covid 19 related risks?

2. Staffing arrangements

- Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the COVID-19 pandemic?
- Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?

3. Protection from abuse

- Were people using the service being protected from abuse, neglect and discrimination?
- Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?

4. Assurance processes, monitoring and risk management

- Had the provider been able to take action to protect the health, safety and wellbeing of staff?
- Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care?
- Is the provider able to support staff to raise concerns during the pandemic?
- Had care and treatment provided to people been sufficiently recorded during the COVID-19 pandemic?
- Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?

3.2 Overall it should be noted that Primary Care in Ipswich and East Suffolk remains good and above the national average for providing safe, high quality care for patients.

4. Recommendation

4.1 The Committee is invited to note the CQC's findings and to consider any further actions for the CCG or NHS England at this stage.



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	09
Reference No.	IESCCG PCCC 20-33
Date.	22 December 2020

Title	Virtual Meetings – Report of Decisions
Lead Director	Maddie Baker Woods, Chief Operating Officer
Author(s)	Jo Mael, Corporate Governance Manager
Purpose	To report formally in public the following decision made at a virtual meeting since the previous meeting held in public. 1. 25 November 2020 – Quality Outcome Framework Funding 2020/21

Applicable CCG Priorities

1.	To promote self-care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	X

Action required by the Primary Care Commissioning Committee:

To note and endorse the decisions made at virtual meetings as appended to the report.



**IPSWICH AND EAST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

25 November 2020 (Virtual Meeting)

Decision Record

QOF Funding 2020/21

To receive and approve a report from Chief Operating Officer

*Maddie Baker-Woods
(IESCCG PCCC 20-28)*

Primary Care Commissioning Committee Members:

Graham Leaf, Lay Member
Ed Garratt, Chief Executive
Lorna Kerr, Secondary Care Doctor
Jane Payling, Director of Finance

Declarations of Interest

No declarations of interest were received.

Decision

The Committee approved the approach as set out within the report.



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	10
Reference No.	IESCCG PCCC 20-34
Date.	22 December 2020

Title	Contractual Update
Lead Chief Officer	Maddie Baker-Woods, Chief Operating Officer - Ipswich and East Suffolk Clinical Commissioning Group
Author(s)	Stuart Quinton – Senior Contract Manager (Suffolk & North East Essex STP), NHS England and NHS Improvement (East of England) Laura Triall – Contract Manager (Suffolk & North East Essex STP), NHS England and NHS Improvement (East of England) Kathleen Hedges – Contracting Support Manager (Suffolk & North East Essex STP), NHS England and NHS Improvement (East of England)
Purpose	To update and inform the Primary Care Commissioning Committee about the contractual changes over the last quarter (October – December 2020).

Applicable CCG Priorities

1.	To promote self care	
2.	To ensure high quality local services where possible	√
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of Death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	

Action required by the Primary Care Commissioning Committee:

The Primary Care Commissioning Committee is asked to note the contents of this paper.

1. Introduction

- 1.1 This paper serves to update the Committee on the contractual updates relating to GP practices within the Suffolk and North East Essex STP over the last quarter (October – December 2020). Depending on the activity within the quarter, the update may include details of branch closures; list closures; mergers; practice name changes; and updates on super partnerships.
- 1.2 Committee members are asked to take note of the updates below and are invited to ask questions.

2. Contractual Updates

List Closures:

- The Barham & Claydon Surgery (D83615) have formally closed their list to new patients for 12 months following the approval at a private Ipswich and East Suffolk CCG Primary Care Commissioning Committee (10/11/2020). (Ipswich & East Suffolk CCG)
- Harewood Surgery (F81606) have re-opened their list of patients from 01/11/2020. (North East Essex CCG)
- St James Surgery (F81052) currently have a closed list of patients. We are in the process of establishing if this is a temporary list closure or if they will be submitting a formal closure application.

Mergers:

- Norwich Road Surgery (D83058), Chesterfield Drive Surgery (D83039) and Deben Road Surgery (D83050) will be making an application to merge their practice. The patient engagement process is underway, and the application will be brought to Ipswich & East Suffolk's CCG PCCC meeting. (Ipswich & East Suffolk CCG)

Super Partnerships:

- The Suffolk Primary Care Super-Partnership contract variation agreement has been sent to the partnership for signing. (Ipswich & East Suffolk CCG and West Suffolk CCG)
- The Colte Super-Partnership contract variation agreement has been sent to the partnership for signing. (North East Essex CCG)

2. Recommendation

- 2.1 The Primary Care Commissioning Committee is asked to note the content of this paper.



PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	11
Reference No.	IESCCG PCCC 20-35
Date.	22 December 2020

Title	Primary Care Estates Overview	
Lead Director	Amanda Lyes, Director of Corporate Services and System Infrastructure	
Author(s)	Julia Hiley, Acting Senior Estates Development Manager	
Purpose	To provide Primary Care Commissioning Committee with an update on primary care estates developments	
Applicable CCG Clinical Priorities:		
1.	To promote self-care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	X
Action required by Primary Care Commissioning Committee:		
To consider and discuss the information contained within the paper and agree any appropriate actions required		

1. Wider programme updates

1.1. Primary Care Estates Strategy

Work on the development of the primary care estates strategy continues to progress although this has been significantly hampered by the impacts of Covid with key staff having been redeployed and resources depleted. A higher-level system wide estates strategy has been developed at an ICS level which is required in order to allow access to future capital bidding, the content of the primary care estates strategy is being written to underpin the principles of this. Due to the delays from Covid it is anticipated that the draft strategy will be completed in quarter 4 of 2020/21.

1.2. Primary care data gathering pilot wave

Following on from the update provided to PCCC in July 2020. The national team have provided an update to the Primary Care Data Gathering Pilot workstream as summarised below:

- COVID-19 and the subsequent NHSE comms / premises access restrictions have resulted in several revisions of programme delivery approach and timescales.
- Further discussion and reflection have occurred about the likelihood of comms publication in January 2021, and it has been agreed that a full programme refocus was required to ensure optimal delivery amidst the ongoing uncertainty. With all of this in mind, the Programme Board has approved delivery in line with the following:
 - Full completion of all programme elements without engaging with GP's (i.e. desktop data gathering) will continue and be completed by March 2021 including survey extraction; information upload to SHAPE; SHAPE training and final SHAPE Atlas including KPIs analysis tool and reporting functions
 - GP engagement and surveys for all four waves to be pushed into 2021/2022 (national comms publication dependent)
 - Programme completion in December 2021, although aspiration for this to be pulled back to October 2021 by refining tender process

Positively, this revised programme brings forward the full SHAPE development and training plan, meaning systems will be able to use their data to inform local planning sooner than expected.

1.3. ETTF Capital funding

The committee are reminded that the primary source of transformational estate capital for Primary Care will be closing at the end of March 2021. The government have not yet announced how the budget will be replaced, but it is expected a new form of Primary Care estates funding will be made available which will be centred around business cases for schemes from a PCN perspective only. Individual Practice requests for transformational estate funding are unlikely to be supported. Should a Practice require a general improvement to their premises, however, (Improvement Grant) funding for refurbishments will remain and CCG's will be informed of their Improvement Grant budgets for 2021/2022 in the New Year.

1.4. Tooks development

As reported in July, the scheme was reviewed by the District Valuer. Unfortunately, the outcome is that the scheme does not represent value for money currently. Work continues to address this issue.

1.5. Sizewell C

Jane Taylor on behalf of Ipswich and East CCG and the Health System produced a representation approved at governing body which was sent to the Planning Inspectorate on 30th September 2020. Following feedback as part of the formal consultation process, EDF have sent out a further public consultation on modifications to increase the number of freight trains and improve the beach landing facility which will reduce the overall construction traffic by 20%. Jane Taylor on behalf of Ipswich and East CCG and the Health system has responded in support of this latest consultation.

Early draft versions of the Statement of Common Ground and Section 106 agreement are currently being reviewed and all public sector partners are requesting one pot of funding to be allocated via an ICS committee route. Jane Taylor continues to chair fortnightly meetings with colleagues from across the system to ensure all partners are kept abreast of all matters relating to Sizewell.

Timescales for decision making have been pushed back with the Planning Inspectorate's hearing not expected to commence until March 2021, however, the overall decision on the scheme by Secretary of state is still due to take place by December 2021.

2. New report (S106 contributions)

- 2.1 The following Section 106 agreements have triggered for Ipswich & East Suffolk Practices. All triggered S106 Agreements have been sent to the relevant PCN Clinical Director to encourage their practices to work alongside the Estates team who are working proactively to support practices in coming up with schemes that meet the Section 106 agreement criteria.

Location	No. of housing units	Contribution Sought/Received	Deadline for spend	Aligned to Practice	Comments
Mid Suffolk District Council					
Land west of Farriers Road, Edgecombs Park Stowmarket	110 dwelling including sheltered housing	£13,213.49 received	2/7/28	Combs Ford	Payable on occupation of 1 st dwelling
Land west of Farriers Road, Edgecombs Park Stowmarket	Included above	£13,213.49 received	2/7/28	Combs Ford	Payable on occupation of 30 th dwelling
Land at Chiltern Leys, Bury Road, Stowmarket	600 dwellings	£60,223.05 + £1856.64 received	12/1/22 7/3/22	Stowhealth	Payable on 50 th dwelling
Land adjacent Bramford Playing Field, The Street, Bramford IP8 4DU	215	£16,282.84 received £14,260.13 due on 65 th dwelling £14,260.13 Due on 120 th dwelling	2/4/24	Deben Road	2 nd payment due on 65 th dwelling 3 rd payment due on 120 th dwelling

Land between Gipping & Bramford Road, Great Blakenham	270	£66,195.65 Received	11/4/24	Barham & Claydon	Received on occupation of 182 nd dwelling
Babergh District Council					
Land East of Grays Close, Hadleigh	41	£42,713 received	17/2/31	Hadleigh & Boxford	£42,713 received,
Total S106 triggered £213,698.16					

3. Primary Care Developments – Progress by Practice

3.1 The table below provides a brief summary of all Primary Care Estates developments which are subject to a Project Initiation Document (PID), Outline Business Case (OBC) or Full Business Case (FBC). It also demonstrates recently completed schemes or those now moving into delivery.

Practice	Current project status	Project Description	Update	Progress since last report	Target delivery date
Haven Health	Delivered	Replacement of carpets with clinical flooring to address IPC issues	Complete	→	2020/21
Little St John Street	In delivery	Extension to create additional consulting room	Expected to complete works by Christmas 2020	→	2020
Birches & Martlesham	OBC	Exploring options to address capacity issues in Kesgrave & Martlesham taking account of Adastral Park growth	OBC being prepared for submission in January 2021	→	2021/22
Rendlesham	In delivery	Internal alterations to increase clinical capacity and create admin hub	Works in delivery expected to be completed by February 2021	→	2020/21
Felixstowe Road	OBC	Reconfiguration of existing space with small extension to waiting room	PID with PCCC today for approval	→	2021/2022
Tooks/ Meredith Road	PID	Relocation of Chesterfield Drive and Deben Road Practice to new PC Hub	PID approved, DV valuation issues currently so second alternative site being explored	↑	2021/2022

The following schemes are potential pipeline projects which have not as yet progressed to PID stage, many of which are linked to Section 106 funding:-

Practice	Current project status	Project Description	Update	Progress since last report	Target delivery date
Stowhealth	EOI	Internal alterations to increase clinical capacity	EOI approved awaiting PID	→	2020/21
Saxmundham	EOI	Proposal to look at the development of hub within the Saxmundham area being explored by the practice	EOI under review	→	2022/23
Mendlesham	EOI	Re-provision of new building to rear of premises and reconfigure main build to create additional clinical space	EOI approved, awaiting PID, CIL application made for funding	→	2021/2022
Leiston Surgery	EOI	Reconfigure the ground and first floor to create more clinical space, improve administrative lay out and make more compliant around confidentiality.	EOI approved December 2020, awaiting PID	→	2021/2022

4. Lease issues

Practice	Comments
Rendlesham	Lease negotiations have been ongoing for a long period of time and issues are around being fully repairing and insuring. Revised lease currently with NHSE and DV being reviewed. Update December 2020 – lease approved

5. Next Steps

- 5.1. Develop and implement the emerging updated and amended CCG's primary care estates strategy in parallel to the wider alliance and ICS strategies and reflect the guidance received from NHSE around a requirement for PCNs to develop a PCN estates strategy.

6. Recommendation:

- 6.1 The Committee is invited to consider the information within this paper and agree any appropriate actions going forward

IESCCG PRIMARY CARE COMMISSIONING COMMITTEE ANNUAL PLAN OF WORK:

January	February 2021	March
	<ul style="list-style-type: none"> • General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report 	
April 2021	May	June 2021
<ul style="list-style-type: none"> • General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report 		<ul style="list-style-type: none"> • General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work • Terms of Reference Annual Review
July	August 2021	September
	<ul style="list-style-type: none"> • General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work 	
October 2021 (in common)	November	December 2020
		<ul style="list-style-type: none"> • General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work