

**Report to the Commissioning Committee for Primary Care Commissioning on 17  
September 2020**

<b>Title: Primary Care Update Report</b>	<b>Enclosure H</b>
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Version Number / Status:	1.0
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**Summary and Purpose of Paper**

The purpose of the report is to provide the Somerset Primary Care Commissioning Committee with an update on Primary Care in Somerset.

**Recommendations and next steps**

The Somerset Primary Care Commissioning Committee is asked to note the updates provided. Further updates will continue to be provided on a quarterly basis.

**Impact Assessments – key issues identified**

<b>Equality</b>	Not Applicable			
<b>Quality</b>	There is no direct impact on the quality of service delivery as a result of this report. The report provides updates on programmes which will influence the quality of primary care services in Somerset.			
<b>Privacy</b>	Not Applicable			
<b>Engagement</b>	The outcome of any engagement activities will be reported in the respective item.			
<b>Financial / Resource</b>	Items will contain updates on the financial and resource position, if applicable.			
<b>Governance or Legal</b>	Not Applicable			
<b>Risk Description</b>	Not Applicable as a direct result of this report.			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref



**PRIMARY CARE UPDATE**

**SOMERSET PRIMARY CARE COMMISSIONING  
COMMITTEE**

17 September 2020

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## ITEM 1: Current Contracts

GMS	PMS	APMS	Total
47	18	0	65

### 1.1 Single handed Contractors holding GMS/PMS Contracts

Practice	Code	CCG	Contract Type	Provider
West Coker Surgery	Y01163	Somerset	GMS	
Victoria Park Medical Centre	L85612	Somerset	PMS	
Brent Area Surgery	L85601	Somerset	GMS	
Lister House Surgery	L85038	Somerset	GMS	Somerset Foundation Trust
Creech Medical Centre	L85609	Somerset	GMS	Somerset Foundation Trust
Tawstock Medical Centre*	L85619	Somerset	PMS	
Exmoor Medical Centre	L85003	Somerset	GMS	Symphony Healthcare Services Ltd
Warwick House Surgery	L85052	Somerset	GMS	Somerset Foundation Trust
North Petherton Surgery	L85056	Somerset	GMS	Somerset Foundation Trust

\*only one named GP on contract – practices notified that a further doctor is joining.

- 1.2 Discussions are taking place with the Somerset Foundation Trust to add a further GP to the contracts that they hold. This would affect Lister House Surgery, Creech Medical Centre, Warwick House Surgery and North Petherton Surgery.

## ITEM 2: Mergers and Integrations

- 2.1 The following mergers and integrations have been approved with effect from various dates from 2019 onwards:

Practices merging from 2019 onwards
Harley House Surgery and Irnham Lodge Surgery (Minehead) merged 1 April 2019
Creech Medical Centre integrated with Taunton and Somerset NHS Foundation Trust on 1 April 2019
North Petherton Surgery integrated with Somerset Partnership NHS Foundation Trust on 1 October 2019
Exmoor Medical Centre integrated with Symphony Healthcare Services Ltd on 1 April 2020

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## ITEM 3: Contract Expiries and Procurements

### Contract Expiries

- 3.1 **Clinical Waste** - A Service Level Agreement is in place between the CCG and Stericycle to provide clinical waste collection services for Primary Medical Services across Somerset. The initial 12 month agreement commenced 01 April 2019 and has continued on a rolling annual basis. The current SLA contains only a basic pricing list and standard terms and conditions relating to service frequency and payment terms, therefore the Finance and Performance Committee has endorsed the change to the NHS Terms and Conditions for the Provision of Services. The CCG and Stericycle have agreed to a contract term of 18 months with option to extend by 12 months and an agreed notice period of 6 months for each party. The new contract will be valid from 01 September 2020.

### Contract Terminations

- 3.2 There are currently none in Somerset.

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## ITEM 4: Temporary Practice Closures

### Temporary Practice Closures

- 4.1 The table below details the number of applications received since the restrictions on temporary closures were eased at the end of June:

Practice	Date of proposed closure	Reason	Status
Highbridge Medical Centre	21/07/2020 13:00-18:30 18/08/2020 13:00-18:30 15/09/2020 13:00-18:30 20/10/2020 13:00-18:30 17/11/2020 13:00-18:30 15/12/2020 13:00-18:30 19/04/2021 13:00-18:30	Staff Training	Approved
Burnham and Berrow Medical Centre	14/07/2020 12:30-18:30 11/08/2020 12:30-18:30 08/09/2020 12:30-18:30 13/10/2020 12:30-18:30 10/11/2020 12:30-18:30 08/12/2020 12:30-18:30 12/01/2021 12:30-18:30	Staff Training	Approved
Springmead Surgery	22/07/2020 13:00-17:00	Staff Training	Approved
Lyngford Park Surgery	18/08/2020 13:00-14:00 17/11/2020 12:00-17:00 17/12/2020 12:00-16:00	Staff Training	Approved
Glastonbury Health Centre	02/12/2020 13:00-15:00	Staff Training	Approved

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## ITEM 5: Practice Boundary Changes

- 5.1 No formal applications have been received.

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## ITEM 6: Branch Surgery Closures and Changes

- 6.1 Minehead Medical Centre has submitted an application to the CCG regarding the closure of their branch site at Irnham Lodge and concentration of all services at the main site of Harley House.
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This would mean that all patients would access services from one site rather than the two sites operating at present.

- 6.2 Improvements, including an extension, are planned for the Irnham Lodge site and proposals have been received around contingency plans to be put in place while the work is being undertaken.
- 6.3 The CCG is working with the practice to ensure that appropriate engagement is undertaken in relation to these plans and to ensure that all considerations are considered as part of the process. The application will be submitted to the Committee for decision at the December meeting.

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## ITEM 7: Contract Breach and Remedial Notices

- 7.1 The planned meeting with Ryalls Park to discuss their latest CQC report and the position of the two contract remedial notices took place on Thursday 4 June 2020. Following a review of the conditions placed on the practice to remedy both contract breaches and the progress demonstrated by the practice, including the CQC report published in March 2020, the CCG is satisfied the practice has taken the required steps to remedy the identified breaches.
- 7.2 This has resulted in both contract notices being lifted, subject to a number of conditions which aim to support the ongoing management and development of the practice. The conditions included the delivery of an action plan in response to the Requires Improvement CQC rating, with a particular focus on reviewing and improving patient satisfaction. Review meetings at scheduled intervals over the next 18 months will also be put in place to monitor progress against the agreed action plan.
- 7.3 It was acknowledged that the practice has made progress and the practice team were thanked for all their hard work and commitment in moving the practice forward. There was a recognition that there have been external factors which have added additional challenge to the delivery of services, for example COVID19. However there was also an emphasis on the need for the practice to maintain focus and compliance with contractual regulations, including a prompt response to all concerns and queries.

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## ITEM 8: Appeals

- 8.1 No new appeals received.

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## ITEM 9: Sub-Contracting/Practices Working at Scale

- 9.1 No new sub-contracting arrangements since the last report.

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## ITEM 10: Premises

### Rent Reviews

- 10.1 There is currently a number of on-going rent and lease reviews; recent rent reviews include the below:

Practice	Current status	Time to completion
Somerset Bridge Medical Centre	On-going	Awaiting acceptance from practice – 6 weeks to accept or dispute
Taunton Road Medical Centre	On-going	Awaiting additional info from DV- 2 weeks

Cranleigh Gardens Medical Centre	On-going	Awaiting acceptance from practice - 11 weeks to accept or dispute
North Petherton Surgery	On-going	Awaiting DV report - 3 weeks
Cheddar Medical Centre	On-going	Awaiting acceptance from practice- 8 weeks to accept or dispute
Ryalls Park Medical Centre	On-going	Awaiting practice confirmation – around 8 weeks
Grove House Surgery	On-going	Awaiting acceptance from practice – 6 weeks to accept or dispute
Crewkerne Health Centre	On-going	DV instructed – around 3 months until completion
Summervale Surgery	On-going	Awaiting acceptance from practice – 6 weeks to accept or dispute
Redgate Medical Centre	In Dispute	Estimate around 3 months until dispute process completes
Highbridge Medical Centre	In Dispute	Estimate around 3 months until dispute process completes
Bruton Surgery	In dispute	Estimate around 3 months until dispute process completes

## ITEM 11: Enhanced Services

### Anticoagulation initiation, stabilisation and monitoring Audit

11.1 All 62 practices have now completed the audit for 2019. This work has been delayed for both practices and the CCG due to Covid-19. The CCG analysis is now being undertaken with a comparison against previous audit compliance from 2018 with any consistent trends being addressed. The CCG will work with practices who do not comply with the key indicators to develop an action plan for remedial action. This will ensure a safe service is being delivered across Somerset.

### Payments

11.2 At the June Committee meeting it was reported that practices will not need to return their enhanced service activity returns for Q4 and Q1. Payment was calculated by averaging the activity undertaken for 2019/20 Quarters 1-3. Any practices that will see a significant impact on their funding have been encouraged to contact the CCG to discuss further; to date only 1 practice has queried their payments around the Minor Surgery service.

### Learning Disability Health Check Scheme 2020/21 Payments

11.3 Following our letter to Somerset practices re Covid-19 response on 23 March 2020, there was a commitment through local guidance to secure financial cash flow. Somerset CCG recognises that due to the Covid-19 pandemic and the response required by general practice, there has been a significant decrease in the level of Annual Health Checks (AHCs) undertaken in Quarter 1 of 2020/21. Payments for this service are automatically calculated through CQRS. The CCG has therefore processed an additional, manual payment for the difference in AHCs undertaken in quarter one of 2020/21 and activity undertaken in quarter one of 2019/20.

11.5 At the end of 2020/21 a reconciliation will be conducted for total practice payment (including any

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top-up payments) against the total number of AHCs actually undertaken throughout 2020/21. In order to aid the national directive to increase both quality and activity levels of AHCs within general practice, practices have been encouraged to utilise the 'top-up' payment to ensure any health checks overdue from quarter one are completed in quarter two.

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## **ITEM 12: Assurance Framework**

- 12.1 The Assurance Framework programme will recommence in September 2020. Initially meetings will be held virtually via MS Teams with those practices that had their initial or follow-up visit postponed due to the COVID19 pandemic.
  - 12.2 The revised reporting templates, the Practice Profile Report and the Ranking Report, have been approved for operational use by the Primary Care Operational Group (PCOG).
  - 12.3 A number of potential developments for the ranking report have been identified and the Contracting team continue to take these forward with both the Performance and Business Intelligence teams.
  - 12.4 To support delivery of the revised Assurance Framework programme, the ranking report shall be reviewed at PCOG on a monthly basis with practices of note discussed and the graded level of intervention agreed.
  - 12.5 The Graded levels of intervention shall be recorded on the Assurance Review Log and reported to the Primary Care Commissioning Committee at the agreed reporting intervals.
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## **ITEM 13: South Somerset West Primary Care Network**

- 13.1 South Somerset West Primary Care Network (SSW PCN) has approached the CCG with a proposal to revise the current operating model across the four Symphony Healthcare Services (SHS) GP practices which make up this PCN. During the onset of the Covid-19 pandemic, the practices within the PCN formed a close working relationship that involved cross practice working led to the opportunity to rethink the future operational model for the Network and has led to the receipt of this proposal which aims to make some of the positive changes permanent.
  - 13.1 The proposed new operating model recognises the growing demand on primary care, ongoing challenge of recruitment, complexity of the patients requiring additional care and support, the need for swift acute on the day care for others as well as current financial challenges linked to these operational pressures.
  - 13.1 In summary, the main changes to the model of care proposed are set out below. There is no intention to reduce the current provision at any of the practice sites but to enhance the current service provision. It is recognised that these changes will impact on services commissioned by both the CCG and NHS England.
    - Contraceptive services and Minor Surgery to be provided out of two main practices sites for the Network population.
    - A Network Nursing/Healthcare Assistant Hub to run out of one practice site for the Network population involve specialist nurses from secondary care Early morning and early evening clinics will be offered.
    - Virtual Emergency Care Practitioners hub for all home visiting requirements working in conjunction with Neighbourhood Community teams, South West Ambulance Service along with Health Coaches, Village Agents and the Independent Living Team.
    - Integrated Virtual Multidisciplinary Teams for Residential and Nursing Homes with GP
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Clinical Lead Care Home Nurse Specialist linking with Listening and Responding to Care Homes Team and Local Authority.

- Patients requiring more complex continuity of care from GP /acute presentation would be seen at their registered practice.

13.1 The full proposal was reviewed by the Primary Care Operational Group in August and supported in principle. This has allowed SHS and the CCG to work together to further define the proposal and complete the relevant impact assessments followed by a period of patient engagement to enable patient feedback and input into the new operating model.

13.1 It is planned that the final proposal will be presented for a decision at the December 2020 meeting of the Primary Care Commissioning Committee.

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## **ITEM 14: Microsuction Service**

14.1 The CCG has been working to commission microsuction services at a neighbourhood level. Work is ongoing to mobilise services in CLICK and Taunton. Delays have occurred due to Covid19 - training sessions have now been rescheduled for September and equipment has been purchased. The CCG are in discussion with Somerset Foundation Trust to agree delivery of competency sign off following completion of the training.

14.2 The CCG are in discussion with Somerset Foundation Trust to ensure a fair and equitable transfer of patients from the secondary care waiting lists to the community service. This process will also take place with Yeovil Foundation Trust for those neighbourhoods in the East of the county.

14.3 West Somerset, Frome, West Mendip and North Sedgemoor have declined to provide the service, stating concerns about financial viability, capacity and resource. Discussions are currently taking place about the possibility of providing a peripatetic Microsuction service covering these areas without provision.

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## **ITEM 15: COVID Position**

15.1 The CCG has issued a second formal guidance letter to primary care providers on 22 July. This confirms the priorities for the remainder of this financial year as:

1. Maintaining primary care readiness to deal with Covid-19
2. Providing as comprehensive a service as possible for non-Covid-19 issues, including tackling health inequalities
3. Retaining and further developing innovations including digital first and MDT working in neighbourhood teams.

15.2 The formal letter was accompanied by a comprehensive practical guide. The primary care provider sector is now experiencing very high demand with a backlog of cases where patients have not sought help. Providers record high levels of complexity, acuity and morbidity.

15.3 On 31 July the national phase 3 letter was published and the CCG is considering whether it needs to adjust its approach in light of the new guidance.

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## **ITEM 16: Full Delegation MOU**

16.1 When Somerset CCG took on fully delegated responsibility of Primary Care Medical Services a memorandum of understanding (MOU) was co-developed between NHS England and the

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CCG. The purpose of this was to define the local interpretation of the national Delegation Agreement and the framework in which delegated primary care commissioning would operate in Somerset.

- 16.2 The MOU contains a clause stating there would be an annual review to either agree a continuation of the model or cessation. Following a review of the MOU and agreement from the Primary Care Operational Group, the CCG wrote to NHS England on 3 June 2020 seeking to end the MOU agreement given the successful transition and obtain the NHS England position to this request.
- 16.3 As of publication, a formal response has not yet been received but is expected in due course.

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## **ITEM 17: Online Consultations**

- 17.1 Six practices have not procured an online consultation system. Support has been offered on several occasions to help the practices identify a supplier and progress but engagement has been patchy. A formal letter is to be sent from the CCG setting out the expectation of all practices that patients must be offered an online consultation option.
- 17.2 Four further practices have selected a supplier and online consultation system. Two of these practices are waiting for their supplier (EMIS) to implement the system and enable them to go live.

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## **ITEM 18: 2019/20 QOF Results**

- 18.1 The 2019/20 QOF results have been published and the headline achievement for Somerset is 96.13% which is better than the national average of 95.51%.
- 18.2 The highest QOF recorded prevalence rates nationally were hypertension (14.1%), depression(11.6%) and obesity(10.5%).The greatest change in QOF recorded prevalence was for depression, which was 0.8% higher than in 2018-19. It is worth noting the indicator for cancer (CAN003) achievement was 60.12% in 2018-19 against a national average of 93%. The 2019-20 figures have increased to 93.9% in Somerset against a national average of 92.57%.
- 18.3 This is an excellent result and better than we had hoped. It means that we have delivered our target for 'primary care in Somerset to perform better than national average on any relevant measure'.
- 18.4 We will undertake further detailed analysis over the next few weeks and report to PCCC in due course.