

**Report to the Commissioning Committee for Primary Care Commissioning on 7 December 2020**

<b>Title: Primary Care Update Report</b>	<b>Enclosure J, Ji, Jii</b>
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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**

7 December 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.

## 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
Bruton Surgery integrated with Symphony Healthcare Services Ltd 1 February 2019
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 There are currently none in Somerset.

### 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 start of October 2020:

Practice	Date of proposed closure	Reason	Status
Summervale Surgery	07/10/2020 13:00-16:00 04/11/2020 13:00-16:00 02/12/2020 13:00-16:00 06/01/2021 13:00-16:00 03/02/2021 13:00-16:00 03/03/2021 13:00-16:00	Staff Training	Approved
Penn Hill Surgery	04/11/2020 13:30-17:00	Staff Training	Approved
Martock & South Petherton Medical Centre	25/11/2020 13:30-18:30 16/12/2020 13:30-18:30 20/01/2020 13:30-18:30	Staff Training	Approved
Hamdon Medical Centre	20/01/2020 13:30-18:30	Staff Training	Approved

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## ITEM 5: Practice Boundary Changes

5.1 Lyngford park have submitted a boundary change application for consideration; this is being presented as a separate item to this meeting of the Primary Care Commissioning Committee. There are currently no other boundary change applications in progress.

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## ITEM 6: Branch Surgery Closures and Changes

6.1 Minehead Medical Centre have 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. This would mean that all patients would access services from one site rather than the two sites operating at present. This is being presented as a separate item to this meeting of the Primary Care Commissioning Committee.

6.2 No other applications have been received.

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## ITEM 7: Contract Breach and Remedial Notices

7.1 We continued with our supportive monitoring of service improvements at Ryalls Park during a meeting on 18 September 2020. During this review meeting we interrogated their improvement action plan and were assured that they continued to focus on embedding their improved governance procedures. Since this meeting, additional funding has been provided to the practice to support staffing resilience caused by the COVID-19 pandemic and ongoing long term sickness.

## ITEM 8: Appeals

8.1 No new contractual appeals have been 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
Somerset Bridge Medical Centre	On-going
Taunton Road Medical Centre	On-going
North Petherton Surgery	On-going
Cheddar Medical Centre	On-going
Cranleigh Gardens Medical Centre	On-going
Ryalls Park Medical Centre	On-going
Crewkerne Health Centre	On-going
Glastonbury Surgery	On-going
Tawstock Medical Centre	On-going
Summervale Surgery	In Dispute
Bruton Surgery	In Dispute
Highbridge Medical Centre	In Dispute

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## ITEM 11: Enhanced Services

### Anticoagulation initiation, stabilisation and monitoring Audit

11.1 All 62 practices commissioned to provide the anticoagulation, initiation, stabilisation and monitoring (ACISM) service have completed the annual audit (Jan-Feb 2019) and the results have now been reviewed and compared with the previous year's audit results. The indicators used in 2019 audit are identical to those used in the 2018 audit which allows for direct comparison and analysis of compliance. These indicators have been extracted directly from the service specification to ensure good quality, safe service provision for patients on Warfarin.

11.2 Overall, we have seen an increase in compliance between 2018 and 2019. The indicators are as follow:

- 1) Staff delivering the service are compliant with the 24 monthly training requirement – target is 100% compliance
    - At the time of the 2018 audit there were 7 practices not compliant with this requirement. All 7 of these practices are now compliant as of October 2020.
    - At the time of the 2019 audit there were 8 additional practices not compliant with this requirement. Since the audit took place, 5 of these practices undertook the training and are now compliant. An additional 4 practices have since become non-compliant which totals 8. These 8 practices have already been contacted as part of our live internal monitoring process in conjunction with South West Pathology Services.
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- 2) Percentage of patients with appropriate written clinical information e.g. diagnosis, target INR, last dosing record and stop date (where applicable) – target is 95% compliance
    - At the time of the 2018 audit there were 4 practices not compliant with this requirement. All 4 of these practices were complaint at the time of the 2019 audit.
    - At the time of the 2019 audit there were 2 additional practices not compliant with this requirement.
  - 3) Does the practice have a written Standard Operating Procedure (SOP) for the ACISM service? – target is a ‘yes’ response
    - At the time of the 2018 audit 1 practice was not compliant with this requirement. This practice was complaint at the time of the 2019 audit.
    - At the time of the 2019 audit all practices were compliant with this requirement.
  - 4) Percentage of patients who have had their treatment reviewed during 2019 – target is 100%
    - At the time of the 2018 audit there were 20 practices not compliant with this requirement. 10 of these practices were complaint at the time of the 2019 audit and the remaining 10 were still not compliant – these 10 practices will be contacted additionally given we received an action plan detailing how they would achieve compliance.
    - At the time of the 2019 audit there were a total of 19 practices not compliant with this requirement (including the 10 remaining from 2018) – further details on this are set out in the next steps section.
  - 5) Percentage of patient time within the therapeutic range – target is 65%
    - At the time of the 2018 audit all practices were compliant with this requirement.
    - At the time of the 2019 audit only 1 practice was not complaint with this requirement, this practice achieved 62% against a target of 65%.
  - 6) Are the results of the internal quality control recorded, reviewed and acted upon when necessary? – target is a ‘yes’ response
    - At the time of the 2018 audit all practices were compliant with this requirement.
    - At the time of the 2019 audit all practices remained compliant with this requirement.

### **Next steps**

- 11.3 Now we have carried out the comparison of the results against previous year compliance we are in a position to write to all 62 practices.
  - 11.4 For those practices who are compliant, they will be congratulated on their efforts.
  - 11.4 For those practices who are not compliant (24 practices), we will request a risk assessment from practices, which should review each individual (non-compliant) patient’s care and remedial action implemented should the assessment deem it necessary.
  - 11.6 This will be a more specific approach for those 10 practices that submitted an action plan following the 2018 audit and still remain non-compliant in 2020.
  - 11.7 All practices are expected to meet all the specified indicators in the 2020 and all future audits.
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## **ITEM 13: Somerset System Influenza Vaccination Update**

- 13.1 The Somerset System has now started and continues to undertake its Influenza Vaccination Programme, early indicators were that uptake was unprecedented and now that Immform reporting is underway the early reporting shows that the system is exceeding previous years uptake and is heading towards the ambition targets. Due to the unprecedented demand practices have subsequently been advising that there have been struggles with vaccine availability, there was an initial delay in the notification from NHS England and Improvement (NHSE) around how practices could access the additional national stockpile however this was released in October. We are aware of a number of practices that have tried to obtain additional stocks through this route and there have been challenges around their delivery timeframes and this had been fed back through to our lead in NHSE. There were further delays around how pharmacies could access this additional stockpile but this has now been received and communicated to the pharmacy teams who are also experiencing unprecedented demand. On the 20th November the Department of Health and Social Care (DHSC) announced the extension of the influenza vaccination programme to 50 to 64 year olds. General practices and community pharmacies will be able to vaccinate all 50-64-year olds from 1 December, and planning has begun.
- 13.2 As can be seen from the graphs in the enclosures Ji and Jii, Somerset is achieving an uptake in line with the rest of the South West and is above last year's uptake levels for the same time period. Please note the disparity around the 2 and 3 year olds has been caused by the significant delay of the distribution of the 2 and 3 year old vaccines in last year's campaign.
- 13.3 The CCG has been supporting General Practice by updating and circulating its General Practice Guidance on a regular basis through the GP Bulletin advising and identifying updated national guidance and suggesting solutions for running social distancing flu clinics and also supporting practices with additional costs that they have incurred operating their flu clinics and a number of payments have already been made and a number still to review.
- 13.4 On a parallel note the Trusts influenza vaccination campaigns have started with YDH already achieving over 70 % uptake in their frontline staff and SFT already up to 50%, but like primary care both have struggled with stock supply and demand due to high demand.
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## **ITEM 14: PCSE Payment System**

- 14.1 On the 20th October we were notified that the new national payment system was due to go live in October has now been delayed. This is following final assurance tests identifying areas for improvement. We are awaiting notification of a revised go live date and existing systems and processes will continue for the time being.
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## **ITEM 15: Contract Position and Update**

- 15.1 The NHS Standard Contract variations have been issued and at the time of writing this report 2 practices are yet to return a signed variation.
- 16.2 Confirmation has been received from NHS England that the 2020 core contract variations are expected within the next month.
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