

**Report to the Commissioning Committee for Primary Care Commissioning on 8
June 2022**

Title: Primary Care Update Report	Enclosure G, Gi
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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

Equality	Not Applicable			
Quality	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.			
Safeguarding	Not Applicable			
Privacy	Not Applicable.			
Engagement	The outcome of any engagement activities will be reported in the respective item.			
Financial / Resource	Items will contain updates on the financial and resource position, if applicable.			
Governance or Legal	Not Applicable			
Sustainability	Not Applicable			
Risk Description	The Primary Care risks recorded on the risk register relate to various items which have been previously reported to the Committee. These include areas relating to: Dermatology			
Risk Rating Risk 297 Dermatology GPwER - Access to Clinical	Consequence	Likelihood	RAG Rating	GBAF Ref
	(4) Major	(4) Will probably recur, but is not a	16	

<p>Supervision - Patients may experience services that do not meet current quality standards, and/or access to the dermatology service will be reduced due to very limited clinical supervision availability for Dermatology GP's with enhanced roles.</p>		<p>persistent issue</p>		
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PRIMARY CARE UPDATE

**SOMERSET PRIMARY CARE COMMISSIONING
COMMITTEE**

8 June 2022

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ITEM 1: Current Contracts

1.1	GMS	PMS	APMS	Total
	47	17	0	64

1.2 Practices with only one GP holding the contract

Practice	Code	CCG	Contract Type	Provider
West Coker Surgery	Y01163	Somerset	GMS	
Tawstock Medical Centre	L85619	Somerset	PMS	
North Curry	L85037	Somerset	GMS	

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
Ryalls Park Medical Centre Integration into SHS Ltd took place on 01 April 2021
Creech Medical Centre, Lister House Surgery*, North Petherton Surgery and Warwick House Medical Centre** integrated with SHS Ltd on 1 October 2021 following a transfer from Somerset NHS Foundation Trust

ITEM 3: Contract Expiries and Procurements

3.1 Contract Expiries

There are currently none in Somerset.

3.2 Contract Terminations

There are currently none in Somerset.

3.3 Contract Procurement

There are currently none in Somerset

ITEM 4: Temporary Practice Closures

Temporary Practice Closures

4.1 The table below details the number of applications received since the March 2022:

Practice	Date of closure	Time of Closure	Reason for Closure	
Church View Medical Centre	24/02/2022	13:00 – 15:00	Full Practice meeting	Approved
	26/05/2022	13:00 – 15:00		
	28/07/2022	13:00 – 15:00		
	27/10/2022	13:00 – 15:00		
Crewkerne Health Centre	16/08/2022	13:30 – 18:30	Staff Training	Approved
	21/09/2022	13:30 – 18:30		
	20/10/2022	13:30 – 18:30		
	15/11/2022	13:30 – 18:30		
	14/12/2022	13:30 – 18:30		
North Petherton Surgery	07/04/2022	13:30 – 18:30	Whole practice meeting	Approved
	19/05/2022	13:30 – 18:30		
	14/07/2022	13:30 – 18:30		
	08/09/2022	13:30 – 18:30		
	03/11/2022	13:30 – 18:30		
Penn Hill Surgery	07/04/2022	13:30 – 17:00	Staff training and development	Approved
	18/05/2022	13:30 – 17:00		
	16/06/2022	13:30 – 17:00		
Park Medical Practice	05/04/2022	12:00 – 18:30	Staff training	Approved
Langport Surgery	28/04/2022	13:00 – 14:30	Staff training	Approved
Preston Grove Medical Centre	07/04/2022	12.30-6.30	Staff training	Approved
	10/05/2022	12.30-6.30		
	22/06/2022	12.30-6.30		
	21/07/2022	12.30-6.30		
	13/09/2022	12.30-6.30		
	12/10/2022	12.30-6.30		
	10/11/2022	12.30-6.30		
North Petherton Surgery	30/03/2022	11.00-2.00	Staff member funeral	Approved
Frome Medical Practice	14/06/2022	2.00-5.30	Staff training	Approved
Springmead Surgery	11/05/2022	13.00-17.00	Staff training	Approved
Langport Surgery	25/05/2022	13.00-14.30	Staff training	Approved
	23/06/2022	13.00-17.00		
Oaklands Surgery	13/05/2022	11.00-14.00	Staff training	Approved
	21/06/2022	13.00-16.00		
	29/07/2022	11.00-14.00		
	13/09/2022	13.00-16.00		
	28/10/2022	11.00-14.00		
	29/11/2022	13.00-16.00		
Ryalls Park Medical Centre	31/05/2022	13.00-16.00	Staff training	Approved
	30/06/2022	13.00-16.00		
	09/08/2022	13.00-16.00		

	27/09/2022	13.00-16.00		
	20/10/2022	13.00-16.00		
	22/11/2022	13.00-16.00		
Wincanton Health Centre	22/09/2022	13.00-16.00	Staff training	Approved
	19/10/2022	13.00-16.00		
	24/11/2022	13.00-16.00		
	14/12/2022	13.00-16.00		

ITEM 5: Practice Boundary Changes

5.1 There have been no formal applications received for a boundary changes.

ITEM 6: Branch Surgery Closures and Changes

6.1 One practice is exploring the process for closing a branch surgery.

ITEM 7: Contract Breach and Remedial Notices

7.1 No New contract breaches or remedial notices have been issued.

ITEM 8: Contract Appeals

8.1 No new contractual appeals have been received.

ITEM 9: Sub-Contracting/Practices Working at Scale

9.1 Several practices have approached the CCG to discuss their plans to enter into a contract with Livi, a provider of remote video consultations. The proposal is to increase the clinical capacity available to the practice and patients by commissioning Livi to provide video consultations as part of the routine care provided under the GMS/PMS contract. The service provided by Livi will be in addition to the current service offered by the practice.

9.2 Guidance on how to manage sub-contracting proposals is set out in the Primary Medical Care Policy and Guidance Manual and in summary, the CCG has a responsibility to gain assurance on the proposed sub-contracting arrangement and confirm agreement once the checks have been completed. The outcome from the assurance on the submitted proposal to sub-contract Livi will be shared at a future meeting.

ITEM 10: Premises

Rent Reviews

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

Practice	Status	Further detail
Springmead Surgery	On-going	Awaiting District Valuer (DV) report

Tawstock Medical Centre	On-going	Dispute over reimbursable space between occupiers and DV
Milborne Port (main surgery)	On-going	Awaiting DV report
Milborne Port (Rock House)	On-going	Awaiting DV report
Queen Camel	On-going	Awaiting DV report
Warwick House Medical Centre	On-going	Awaiting DV report
Porlock Surgery	In dispute	Dispute over Current Market Rent, the DV is reviewing the assessment in response to the GP Surveyors recommendations.
Oaklands Surgery	On-going	Awaiting DV report
Hamdon Medical Centre	On-going	Awaiting DV report

10.2 Premises was a focal point for internal audit. There is a detailed update on the internal Audit further in this report.

ITEM 11: Community Dermatology Service and Dermis Contract

- 11.1 The CCG is currently reviewing its accreditation process and clinical supervision requirements for dermatology GPwERS as part of the overall pathway redesign. Whilst this work is undertaken it has been proposed that the CCG adopt the four questions set out in the RCGP guide as the basis for our own annual review document.
- 11.2 The GPwERS will be asked to submit this self-reflection of their specialist role to the CCG prior to their NHS England whole scope of practice appraisal.
- 11.3 As part of a wider system review, it is anticipated that a new tele-dermatology and advice and guidance system will replace the Dermis service currently provided by Somerset Primary Healthcare. As part of a contingency plan, a provisional extension to the current Dermis contract, which ends 30th June 2022, was agreed at Finance and Performance Committee in case the new system was not in place before the contract end date. A 12-month contract extension has now been enacted with a contract end date of 30 June 2023.

- 11.4 Currently a number of our dermatology GPwERs have limited access to clinical supervision. This has been on the CCG risk register for some time. The CCG are currently reviewing the whole dermatology service and considering how dermatology GPwER accreditation and on-going supervision arrangements will be managed in the future.
- 11.5 The contract includes provision for a 3-month termination which will allow a sufficient transition period as and when the CCG have a confirmed date

ITEM 12: Somerset Menopause Clinic

- 12.2 This 12-month pilot was approved in January 2022 and will provide specialist menopause support that ensures women receive evidence-based advice and information about their individual situation and the treatment options available, including the option of HRT.
- 12.3 The service will include education and training for health care professionals about the many menopause and premenopausal symptoms to look out for and the safe prescribing of HRT. There will also be a patient engagement programme of online information sessions.
- 12.4 The total cost for the 1-year pilot is £70K which covers a weekly specialist clinic, patient education programmes, trained specialist time and training. The first specialist clinic was held in April and has received 50 referrals to date.

ITEM 13: PCN Development Funding

- 13.1 Further to paper presented in June's Primary Care Commissioning Committee outlining the next steps for PCN Development, The Primary Care Operational Group approved the distribution of £260,000 for Primary Care network development funding in 2022/23 across the 13 PCNS.
- 13.2 PCNs will be asked to complete and return documentation to the CCG that supports them in assessing their current development needs, outlines their 2022/23 PCN plans along with a proposal on how they will spend their allocation and the benefits of PCN development funding for review by the CCG before funding is deployed.

ITEM 14: Enhanced Access

- 14.1 In April 2022 NHS England published the Primary Care Network (PCN) Directed Enhanced Service (DES) specification for 2022/23. One of the most noticeable updates to the specification was the introduction of a service titled Enhanced Access.
- 14.2 The Enhanced Access service requirements build on the current Extended Hours service commissioned from practices and delivered by PCNs. From October 2022 PCNs will be required to continue offering appointments on weekday evenings until 20:00 and every Saturday between 9am and 5pm, also referred to as the Network Standard Hours.

- 14.3 The principle of extending the times when appointments are available to patients remains the same, but the amount of capacity PCNs are required to provide will increase from 30 minutes per 1000 population to 60 minutes per 1000 population. For Somerset, PCNs are already commissioned to deliver 294 hours of appointment time and from October 2020, PCNs will be commissioned to deliver a further 294 hours, taking the additional weekly appointment time to 588 hours during the Network Standard Hours.
- 14.4 PCNs have been given the responsibility to plan the local delivery model for Enhanced Access and the autonomy to design a service that meets the needs of their registered population. The Somerset General Practice Provider Board (SGPPB) is providing oversight of the planning process and leadership to identify opportunities for a collaborative system response.
- 14.5 To assist with the planning process, the CCG has issued a briefing document which summarises the service requirements and outlines the opportunities and considerations to inform the planning of the service model. The Primary Care Team will continue to support and work collaboratively with PCNs and the SGPPB throughout the duration of the planning and mobilisation process.
- 14.6 There is a nationally specified timeline with the service expected to commence from October 2022 and initial plans are to be shared with the CCG on or before 31 July 2022, with August 2022 being used to refine and agree plans. Work is currently underway to develop an assurance process to satisfy the CCG that plans align with the nationally specified requirements and reflect the needs of the Somerset population. Due to the pace of change and the national timelines, final assessment and agreement of PCN plans will be obtained from the Somerset Primary Care Operational Group, with a report summarising plans and the position at the subsequent Primary Care Commissioning Committee.

ITEM 15: Childhood Immunisation and Vaccination

- 15.1 There have been some changes to the way that Childhood Immunisations are contracted and paid. Historically funding and contracting arrangements were under the Childhood Immunisations DES. GP Practices received payment through a combination of Item of Service (IoS) payments and capitation payment, supplemented with incentives attached to tiered achievement targets of 70% and 90%. Contractual changes in 2021/22 meant Childhood Immunisations became an essential service for practices to provide. Practices continue to receive an IoS payment for each dose of a vaccine administered with an additional performance related payment as part of QOF. To achieve maximum possible payment practices must achieve 95% performance which is in line with public health targets for herd immunity. The lowest threshold for payment is 87% for one indicator and 90% for the other two indicators. The changes have raised some concerns both locally and nationally. The CCG are currently in the process of understanding the detail of the impact on practices in Somerset. The key focus is on ensuring a high rate of vaccination across Somerset as it is one of the most important ways of protecting population health. The CCG are working closely with NHS England and Improvement and Somerset County Council to review the opportunities..

ITEM 16: Delivery of the Assurance Framework for General Practice

- 16.1 As part of the 'return to normal', the CCG is reinstating its three-year rolling programme of Assurance Framework meetings, with the first three practices being those whose previous visit was cancelled due to the Covid19 pandemic.
- 16.2 We plan to conduct these meetings using a blended approach of face-to-face and Microsoft. The meetings will follow a similar format to previously with senior leadership and representation from CCG primary care, quality, medicines management teams as appropriate.
- 16.3 The meetings will be supported through the use of a standard agenda and the Practice Profile Report. The Practice Profile report is a snapshot of the available practice level information and its position relative to other practices, its PCN and CCG in relation to a number of measures and indicators.
- 16.4 Significant progress has been made with the development of a central repository for data relating to primary care. Monthly reporting showing achievement for all practices within a number of key indicators has been established. We are soon to finalise exception reporting to highlight practices with perceived unwarranted variation within specific reactionary risk indicators such as clinical effectiveness and contractual compliance.
- 16.5 The Primary Care Commissioning Committee will receive regular reports on progress.

ITEM 17: Workforce

- 17.1 The total number of patients in Somerset CCG has increased by approximately 600 since the previous quarter (December 2021).
- 17.2 GP - Patient Ratio remains consistent. We are managing to hold GP numbers steady at 459 individual doctors, with 354.07 FTE.
- 17.3 The trend for increase in salaried GPs continues, though a recent LMC information session on partnerships attracted a substantial number of GPs who are keen to enter partnerships.
- 17.4 A significant number of registrars are requiring visas as they are overseas doctors. The number of Somerset practices with Tier Two Sponsor licences and able to apply for visas is increasing.
- 17.5 The percentage of GPs aged 55yrs and over has risen by 0.7%
- 17.6 Overall, nurse headcount has increased by 10 since December 2021 to 350 nurses (233.51 FTE). This is very positive given the pressures on the nursing workforce.
- 17.7 Direct patient care staff (all other staff treating patients) is at 319 staff (205.75 FTE) and there are 1,213 (826.97 FTE) administrative staff including receptionists and medical secretaries.
- 17.8 The total number of ARRS staff recruited by PCNs as at 31 March 2022 is 159.7. PCNs will submit this years workforce plans at the end of August.

- 17.9 Our multiple workforce initiatives all continue to support practice resilience. Workforce remains the biggest challenge facing primary care.

ITEM 18: Fuller Report

- 18.1 Dr Claire Fuller's [Next Steps for Integrating Primary Care](#), was published on 26 May 2022 and sets out a welcome vision that focuses on improving the access, experience and outcomes of primary care services for our communities.
- 18.2 The stocktake report, which was commissioned by NHS England, assesses how newly formed Integrated Care Systems and primary care could work together to improve care for people, ensuring services are joined up and as convenient as possible so that everyone can get the right care for their needs at the right time.
- 18.3 We will now be working as a system to develop a plan to implement these recommendations.