

**NHS South Sefton CCG NHS Southport & Formby CCG Primary Care Commissioning Committee in Common- Part 1 Agenda**

Date: **Thursday 19th November 2020 10:00-11:00am**

Venue: **Skype due to Covid 19**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	BP
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Dil Daly	S&F CCG Lay Member (Co Chair)	DD
<b>Non- Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Jane Elliott	SSECCG Locality Manager	JE
Richard Hampson	SSECCG Primary Care Contracts Manager	RH
Colette Page	SS SFCCG Practice Nurse Lead	CP
<b>Minutes</b>		
Jacqueline Westcott	SSECCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/82.	Apologies for absence	Chair	V		
PCCiC20/83.	Declarations of interest regarding agenda items	All	V		
PCCiC20/84.	Minutes of the previous meeting : Date 15 <sup>th</sup> October 2020	Chair	R	A	
PCCiC20/85.	Action points from the previous meeting	Chair	R	R	
PCCiC20/86.	Report from Operational Group and Decisions made: 8 <sup>th</sup> October 2020	JL	R	R	
PCCiC20/87.	Healthwatch Issues	DB	V	R	
PCCiC20/88.	PCN Update	CG/KS	V	R	
PCCiC20/89.	Primary Care Finances	RS	R	R	

No	Item	Lead	Report	Receive/Approve	Time
PCCiC20/90.	Primary Care Quality Dashboard (demonstration)	RH	V	R	
PCCiC20/91.	Interpreting Services	RH	R	R	
PCCiC20/92.	Primary Care IT	PS/JD	R	R	
PCCiC20/93.	Quality Update/Complaints log	EH	R	R	
PCCiC20/94.	Key Issues log	Chair	R	R	
PCCiC20/95.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair			
PCCiC20/96.	<b>Date and time of next Meeting: 21st January 2021 10.00am-11.00</b>				

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common  
Draft Minutes – Part 1**

Date: Thursday 15<sup>th</sup> October – 10:00 – 11:00

Venue: **Skype due to Covid-19 Pandemic**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
<b>Non-Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
<b>Minutes</b>		
Richard Hampson	Primary Care Contracts Manager	RH

**Attendance Tracker** D = Deputy      ✓ = Present      A = Apologies      N = Non-attendance

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20	Oct 20	Nov 20
<b>Members:</b>									
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓	✓	
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓	✓	✓	
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓	✓	A	
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓	✓	✓	
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓	A	N	
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓	✓	✓	
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓	✓	✓	
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N	N	N	
Angela Price	S&F SS CCG Programme Lead Primary	✓	C	✓	C	✓	✓	A	
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N	✓	N	
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓	A	
<b>Non- Voting Attendees:</b>									

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20	Oct 20	Nov 20
LMC		N	C	✓	C	✓	A	N	
Health Watch		N	C	✓	C	✓	A		
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	✓	✓	
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	✓	✓	
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	✓	A	
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	✓		
Richard Hampson	SSCCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓	✓	
Debbie Fairclough	SS SF CCG	-	-	-	-	-	✓	-	

No	Item	Action
PCCiC 20/58.	<p><b>Introductions and apologies</b></p> <p>GB opened the meeting and apologies were received from AP, AS, TF</p>	
PCCiC 20/59.	<p><b>Declarations of interest</b></p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 20/60.	<p><b>Minutes of the previous meeting</b></p> <p>Date: Thursday 16<sup>th</sup> July 2020 were agreed as accurate</p>	
PCCiC 20/61.	<p><b>Action points from the previous meeting</b></p> <p>19/55 – Closed 19/112 – Closed</p>	

<p>PCCiC 20/62.</p>	<p><b>Reports from the Joint Operational Group</b></p> <p>JL updated the committee on reports from both the August and September Joint Operational Group.</p> <p><b>August issues:</b></p> <p>A boundary change was approved.</p> <p>The group discussed the issues arising due to lack of capacity within the phlebotomy service; this was added to the risk register.</p> <p>The group acknowledged the 'Third Phase of NHS Response to COVID-19' letter issued by NHSE and the impact other services in community and secondary care has on the ability to restore services.</p> <p>The group discussed plans for a possible drive through approach to Flu Vaccination.</p> <p>APMS contracts were discussed with a plan to present a paper to Nov PCCC.</p> <p><b>September Issues:</b></p> <p>An application for an extension to a list closure was declined (SS CCG). Changes to an outer boundary for a SF CCG practice were noted. A GP retainer application was approved for SF CCG.</p> <p>The group discussed the impact of the Enhanced Health in Care Home specification for PCNs and the interface with this and core General Practice. COVID improvement grants were discussed and these will be reviewed by the F&amp;R Committee.</p> <p>The lack of availability of COVID swabs was noted and this will be added to the risk register.</p> <p>It was noted that the plans for a drive through flu vaccination programme were not being progressed due to feedback from practices.</p>	
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<p>PCCiC 20/63.</p>	<p><b>Healthwatch Issues</b></p> <p>DB provided a verbal update to the committee around various Healthwatch topics:</p> <ol style="list-style-type: none"> <li>1. Maureen Kelly will step down as Healthwatch Chair and William Bruce will be appointed new chair on 2<sup>nd</sup> November 2020.</li> <li>2. Concerns around the possible drive through flu clinic at Aintree race course – JL confirmed that the drive through is no longer progressing.</li> <li>3. Concerns around carers not being placed on the flu priority list – JL confirmed that carers are eligible for free flu vaccination – CCG will include an update in the GP bulletin to confirm to practices the priority status for carers and the eligibility for flu vaccines. It was noted this was a good opportunity to update carers registers in practice.</li> <li>4. Concerns around confusion for the public regarding whether practices are open due to the COVID19 pandemic – CCG confirmed that practices are open and should be operating business as usual with face to face appointments where clinically necessary.</li> <li>5. Concerns around how messages around practices are getting out to those patients who maybe digitally excluded.</li> <li>6. Healthwatch will be running a series of focus groups with the public to gather feedback on what the public perception is around practices opening / access to GP's. Promoting to the public that practices are open. The CCG were keen to support Healthwatch in this work.</li> </ol>	
<p>PCCiC 20/64.</p>	<p><b>Primary Care Networks Update</b></p> <p>CG gave a verbal update on PCN's in South Sefton;</p> <ul style="list-style-type: none"> <li>• Collaboration with PCN's in South Sefton is strong including the provider alliance and the CCG.</li> <li>• The PCN specifications that PCN's have to deliver is going well and will be delivered in full.</li> <li>• More work is needed around care planning</li> <li>• There is pressure in the system around capacity for PCN's to deliver the services to those patient populations whose practices are currently not signed up to a PCN</li> </ul> <p>KS gave a verbal update on PCN's in Southport and Formby:</p> <ul style="list-style-type: none"> <li>• Central and North practices have opted out of the PCN DES and the PCN services specifications are now being delivered by the GP Federation.</li> <li>• Communication between practices and the GP Federation is good and everything is in place to deliver the service specifications.</li> <li>• Currently there is no gap in provision or service.</li> <li>• Concerns around time frames for practices to decide whether they should sign up to the PCN DES from April</li> <li>• Ainsdale and Birkdale &amp; Formby PCN are looking at roles within the ARRS scheme.</li> <li>• Workforce is an issue and looking to Lancs Care and Liverpool Heart and Chest to support.</li> <li>• Concerns around management cost not being included in the ARRS funds.</li> </ul>	

PCCiC 20/65.	<p><b>Primary Care Finances</b></p> <p>RS updated the committee on finance:</p> <p>The reduced Primary Care Delegated Co-Commissioning allocation resulting from the current temporary financial arrangements was noted, along with the impact on each CCG.</p> <p>It was stated that the South Sefton CCG year to date position is a £165k deficit, with a £109k deficit for Southport &amp; Formby CCG. The movement by category since the last reported position (Month 3) was summarised, with large movements explained. Increased spend across Locum Claims and CQC reimbursement compared to 2019/20 was also highlighted.</p>	
PCCiC 20/66.	<p><b>Workforce Strategy and Planning</b></p> <p>RH presented a report to the committee on current workforce strategy and planning. These included updates on:</p> <ul style="list-style-type: none"> <li>• ARRS Scheme</li> <li>• PCN workforce overview</li> <li>• CCG workforce position based on the national workforce reporting system</li> <li>• CPD training fund</li> <li>• Attain Report</li> <li>• APEX / Insight</li> <li>• NHSE Workforce Steering Group</li> </ul>	
PCCiC 20/67.	<p><b>LQC Validation Phase 5</b></p> <p>JL updated on the outcome of the LQC Validation for Phase 5:</p> <p>South Sefton:</p> <ul style="list-style-type: none"> <li>• All practices submitted information for the validation panel to consider</li> <li>• 9 practices were required to clarify or submit further information to complete the validation process</li> <li>• Validation was completed for all GP practices</li> <li>• The appeals process was not required</li> </ul> <p>Southport &amp; Formby:</p> <ul style="list-style-type: none"> <li>• All practices submitted information for the validation panel to consider</li> <li>• 2 practices were required to clarify or submit further information to complete the validation process</li> <li>• Validation was completed for all GP practices</li> <li>• The appeals process was not required</li> </ul>	
PCCiC 20/68.	<p><b>LQC Participation Phase 6</b></p> <p>JL updated the committee on practice participation for LQC phase 6. The CCG can confirm assurance that there is sufficient coverage to provide the services across both South Sefton CCG and Southport and Formby CCG.</p>	

<p>PCCiC 20/69.</p>	<p><b>19/20 QOF Panel</b></p> <p>JL and RH asked the committee to approve the QOF validation panel approach for those practices who have achieved a points drop greater than 30 in 19/20. CCGs have been asked by NHSE to gain assurance that these drops were as a result of COVID.</p> <p>The committee approved the panel approach.</p>	
<p>PCCiC 20/70.</p>	<p><b>GP Survey Results</b></p> <p>JL shared with the committee results of the GP patient survey for both South Sefton CCG and Southport &amp; Formby CCG:</p> <p>South Sefton: The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4<sup>th</sup> highest performing CCG compared to our regional neighbours.</p> <p>Southport &amp; Formby: In the 20/21 survey SFCCG are placed in the upper quartile as the 11<sup>th</sup> highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.</p> <p>The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.</p> <p>The committee agreed to write to those practices who had performed particularly well acknowledging their performance.</p>	



PCCiC 20/71.	<p><b>Key Issues Log</b></p> <p>The following issues were noted:</p> <p>Issues with access to phlebotomy and COVID swabs have been added to the risk register.</p> <p>Carers are reporting difficulties in accessing free flu vaccinations, practices will be reminded that carers are an eligible group.</p> <p>PCN were focusing on delivering the service specifications, it was noted in SS CCG difficulties in service delivery to non-participating practices.</p> <p>Discussions in SF CCG regarding options for the 2021 DES.</p> <p>The finance reports were received and noted.</p> <p>The committee received an overview of the workforce position in General Practice.</p> <p>The Committee noted the LQC validation reports.</p> <p>The committee approved the formation of an extra ordinary panel to review QoF performance for 19/20.</p> <p>The GP Patient Survey was reviewed and noted the positive feedback around digital methods of consultation.</p>	
PCCiC 20/72.	<p><b>Any Other Business</b></p> <p>No any other business was mentioned</p> <p><i><b>Matters previously notified to the chair no less than 48 hours prior to the meeting.</b></i></p>	
<p><b>Meeting Concluded.</b></p>		
<p><b>Date of Next Meeting:</b> 19<sup>th</sup> November 2020  <b>Venue:</b> MS Teams</p>		

## SS SF NHSE Primary Care Commissioning Committee in Common – Part 1 Action Tracker October 2020

Item		CCG	Lead	Time
PCCiC 19/55	<p>Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices</p> <p><b>15.8.19 Update:</b> there were no representatives present today. Chase for next meeting</p> <p><b>19.9.19 Update:</b> the template will be available in October 19</p> <p><b>17.10.19 Update:</b> No further update as yet</p> <p><b>16.1.20 update:</b> update due in February 2020.</p> <p><b>19.3.20 update:</b> item remains active</p> <p><b>21.5.20 update:</b> request for a more structured reporting for the future.</p> <p><b>16.7.20 Update:</b> the CCG will have discussions with Healthwatch regarding a change in structure this action can be closed.</p> <p><b>16.10.20 Update: Item closed</b></p>	Both	DB	Aug 19
PCCiC 19/112	<p>The Committee asked that the IT investments budget be presented to the F&amp;R Committee.</p> <p><b>16.1.20 Update:</b> F&amp;R Committee have been asked to present IT investment budget at the next meeting.</p> <p><b>19.3.20 Update:</b> item ongoing</p> <p><b>21.5.29 update:</b> item ongoing investment not yet reported.</p> <p><b>16.7.20 Update:</b> there is no available funding nationally for investments, information will flow through on regional and local levels.</p> <p><b>16.10.2020 Update: Item closed</b></p>	Both	PS	Dec 19
PCCiC 19/117	<p>Healthwatch to present the access reports for Bootle and Central Southport</p> <p>GP Patient survey results for Bootle and Central Southport</p> <p><b>16.1.20 Update:</b> Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20.</p> <p><b>19.3.20 Update:</b> Item is on the agenda for today's meeting 19.3.20</p> <p><b>21.5.20 update:</b> item ongoing as not yet finalised.</p> <p><b>16.7.20 Update:</b> item on going awaiting a report.</p>	Both	DB AP	Jan 20

# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

<b>South Sefton and Southport and Formby Primary Care Joint Operational Group, Thursday 8<sup>th</sup> October 2020</b>	<b>Chair: Jan Leonard</b>
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## Key Issues to report back to the Primary Care Commissioning Committee in Common

The group discussed the Additional Roles Reimbursement returns for PCNs that had been submitted to NHSE. A waiver will need to be submitted to NHSE regarding the clinical pharmacist roles as the CCG allocation has been exceeded.

The group discussed the 'One Access Offer' that will see the commissioning responsibility of 7 day access to PCNs from April 21. Further details are expected from NHSE regarding the funding and service specification. This is a significant risk given the timescales, lack of detail currently available and current COVID pandemic. This will be added to the risk register.

The group discussed primary care estates and the constraints this presents to PCNs with additional roles coming on board. This is on the agenda for PCCC in November.

The group discussed serious incidents reported in primary care – there had been 2 recent incidents, one relating to vaccination & immunisation and one relating to delays in investigations.

The group received the LeDer Annual Report, in particular noted the learning for primary care.

## Primary Care Commissioning Committee November 2020

<b>Agenda Item:</b> 20/89	<b>Author of the Paper:</b>						
<b>Report date:</b> November 2020	Robert Smith Senior Management Accountant <a href="mailto:robert.smith@southseftonccg.nhs.uk">robert.smith@southseftonccg.nhs.uk</a> Tel: 0151 317 8475						
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 31 October 2020							
<b>Summary/Key Issues:</b> This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 <sup>st</sup> October 2020.							
<b>Recommendation</b>	<table border="1" style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Note</td><td style="text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="width: 20px;"></td></tr> </table>	Note	x	Approve		Ratify	
Note	x						
Approve							
Ratify							
<p>The Primary Care Commissioning Committee is asked to receive this report noting:</p> <ul style="list-style-type: none"> <li>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>As at 31st October the year to date financial position is a deficit of £151k and the full year forecast position is a deficit of £166k.</li> </ul>							

### Links to Corporate Objectives 2020/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.

x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			Finance and Resource Committee – to be presented November 2020

## Primary Care – General Medical Services – Financial Position as at 31<sup>st</sup> October 2020

### 1. Financial Position as at 31<sup>st</sup> October 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for South Sefton CCG as at 31 October 2020.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 31<sup>st</sup> October. The total budget presented is for the full financial year (April 2020 to March 2021).

**Table 1 – Delegated Co-Commissioning Position**

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	15,583,144	9,090,169	8,801,693	(288,476)	(500,783)
Premises	1,406,044	820,189	746,351	(73,838)	(91,881)
Staff Costs	280,166	163,431	84,927	(78,504)	(78,505)
QOF	2,228,353	1,299,868	1,278,413	(21,455)	(36,791)
Enhanced Schemes	176,856	103,166	104,598	1,432	0
PCN Schemes	1,555,595	911,835	910,611	(1,224)	10
Prescribing	87,706	51,161	38,949	(12,212)	(20,932)
Other	(768,355)	(542,331)	65,002	607,333	876,344
CCG Staff	114,003	66,498	84,572	18,074	18,074
<b>Grand Total</b>	<b>20,663,512</b>	<b>11,963,986</b>	<b>12,115,115</b>	<b>151,129</b>	<b>165,536</b>

The year to date financial position at 31<sup>st</sup> October 2020 is a deficit of £151k and a forecasted full year position of a £166k deficit.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £874k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.

## 2. Movement from previously reported position – August 20 to October 20

Table 2 – Movement by Category between Month 5 August 2020 and Month 7 October 2020

Category	YTD Variance			FOT Variance		
	Month 5	Month 7	Change	Month 5	Month 7	Change
Core Contract	(203,540)	(288,476)	(84,937)	(203,540)	(500,783)	(297,244)
Premises	(79,340)	(73,838)	5,501	(79,340)	(91,881)	(12,541)
Staff Costs	0	(78,504)	(78,504)	0	(78,505)	(78,505)
QOF	(19,861)	(21,455)	(1,595)	(19,861)	(36,791)	(16,930)
Enhanced Schemes	0	1,432	1,432	0	0	0
PCN Schemes	(2,756)	(1,224)	1,532	(2,756)	10	2,766
Prescribing	0	(12,212)	(12,212)	0	(20,932)	(20,932)
Other	457,850	607,333	149,484	457,850	876,344	418,494
CCG Staff	13,023	18,074	5,051	13,023	18,074	5,051
<b>Total</b>	<b>165,377</b>	<b>151,129</b>	<b>(14,248)</b>	<b>165,377</b>	<b>165,536</b>	<b>159</b>

The year to date financial position has improved by £14k since Month 5, whilst there has been minimal movement in the full year forecast. It should be noted that the full year forecast now includes expectations for M7-M12.

There has been an increased pressure on the 'Other' Budget category in relation to the revised budget for the final 6 months of the financial year. The impact of this is reflected fully in the £418k adverse movement in the full year forecast. This has largely been offset by the expected surplus in the Core Contract budget for the M7-M12 period, along with the year to date surplus in the Staff Costs budget being committed to the full year forecast.

## 3. Detailed Commentary

**Core Contract** – The year to date financial position at M7 includes a £93k surplus arising from the contracts held with practices. There is a further £195k surplus resulting from payments ceasing for PMS Premiums (£135k) and APMS KPIs (£60k). The £195k surplus is recommitted as part of the Local Quality Contract. The full year forecast surplus of £501k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in relation to their properties for 2019/20. The result of this is a £70k benefit to the year to date financial position.

**Staff Costs** – For M7, the year to date surplus for Locum Cover and Doctors Retention Scheme was committed to the full year position. No additional forecast has been included for M8-M12 due to the unknown nature of these costs

**Prescribing** – Prescribing Fees for 2020/21 have continued to come in below previous year's levels. Actual rather than budgeted costs are now included in the year to date position generating a £12k surplus. The full year forecast expects the surplus to rise to £21k.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast.

#### **4. Recommendations**

The Primary Care Commissioning Committee is asked to receive this report noting:

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.
- As at 31st October the year to date financial position is a deficit of £151k and the full year forecast position is a deficit of £166k.

**Robert Smith**  
**Senior Management Accountant**  
**November 2020**



## Primary Care Commissioning Committee November 2020

<b>Agenda Item:</b> 20/89	<b>Author of the Paper:</b>							
<b>Report date:</b> November 2020	Robert Smith Senior Management Accountant <a href="mailto:robert.smith@southportandformbyccg.nhs.uk">robert.smith@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8475							
<b>Title:</b> Primary Care – General Medical Services – Financial Position as at 31 October 2020								
<b>Summary/Key Issues:</b> This paper presents the Primary Care Commissioning Committee with an over view of the financial position regarding delegated budgets for Primary care – General Medical Services at 31 <sup>st</sup> October 2020.								
<b>Recommendation</b> The Primary Care Commissioning Committee are asked to receive this report noting:		<table border="1" style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Note</td><td style="text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="width: 20px;"></td></tr> </table>	Note	x	Approve		Ratify	
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<ul style="list-style-type: none"> <li>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.</li> <li>As at 31<sup>st</sup> October the year to date financial position is a deficit of £44k and the full year forecast position is a deficit of £286k.</li> </ul>								

### Links to Corporate Objectives 2020/21

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			Finance and Resource Committee – to be presented November 2020

## Primary Care – General Medical Services – Financial Position as at 31<sup>st</sup> October 2020

### 1. Financial Position as at 31<sup>st</sup> October 2020

This report focuses on the financial performance of the Delegated Co-Commissioning budget – General Medical Services for Southport & Formby CCG as at 31 October 2020.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April – September 2020 and the original CCG financial plan was suspended. CCG allocations were revised and performance was assessed against the revised allocations. Guidance in relation to the period October 2020 to March 2021 was published on 15<sup>th</sup> September 2020 to support phase 3 of the response to the COVID-19 pandemic.

As part of the revised financial regime for 2020/21, income for General Practice has been protected at 2019/20 levels for the first six months of the year, to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments. For the second six months income has been restored to the original 2020/21 planned allocations. Expenditure plans for the second half of 2020/21 reflect levels of spend anticipated based on the first half of the financial year.

The table below shows performance against budget allocation for the year to 31<sup>st</sup> October. The total budget presented is for the full financial year (April 2020 to March 2021).

**Table 1 – Delegated Co-Commissioning Position**

Category	Annual Budget (£)	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Forecast Variance (£)
Core Contract	12,333,524	7,194,554	7,042,943	(151,611)	(261,637)
Premises	1,579,373	921,302	601,584	(319,718)	(221,215)
Staff Costs	73,838	43,073	56,717	13,644	9,242
QOF	1,917,130	1,118,325	1,148,849	30,524	62,576
Enhanced Schemes	277,912	162,117	162,081	(36)	0
PCN Schemes	1,296,404	772,093	761,844	(10,249)	(16,845)
Prescribing	104,858	61,168	44,603	(16,565)	(28,394)
Other	(661,723)	(458,994)	54,095	513,088	757,392
CCG Staff	89,567	52,248	37,197	(15,050)	(15,052)
<b>Grand Total</b>	<b>17,010,883</b>	<b>9,865,886</b>	<b>9,909,914</b>	<b>44,028</b>	<b>286,068</b>

The year to date financial position at 31<sup>st</sup> October 2020 is a deficit of £44k and a forecasted full year position of a £286k deficit.

The notified full year budget reflects the revised allocations as notified by NHS England/Improvement and this is lower than the original draft plan for 2020/21. This is shown as a negative contingency budget of £778k which is included within the other category in Table 1. In considering the impact of this reduction in 2020/21 it is important to reflect on the response to the COVID pandemic and the impact this has had to business as usual activities for general medical services and also the level of investment by the CCG in the Local Quality Contract which forms part of the overall envelope for general medical services.

## 2. Movement from previously reported position – August 20 to October 20

Table 2 – Movement by Category between Month 5 August 2020 and Month 7 October 2020

Category	YTD Variance			FOT Variance		
	Month 5	Month 7	Change	Month 5	Month 7	Change
Core Contract	(107,083)	(151,611)	(44,528)	(107,083)	(261,637)	(154,554)
Premises	(215,522)	(319,718)	(104,196)	(215,522)	(221,215)	(5,692)
Staff Costs	17,330	13,644	(3,686)	17,330	9,242	(8,088)
QOF	20,420	30,524	10,104	20,420	62,576	42,156
Enhanced Schemes	2,975	(36)	(3,011)	2,975	0	(2,975)
PCN Schemes	2,168	(10,249)	(12,417)	2,168	(16,845)	(19,013)
Prescribing	0	(16,565)	(16,565)	0	(28,394)	(28,394)
Other	399,033	513,088	114,055	399,033	757,392	358,359
CCG Staff	(10,759)	(15,050)	(4,291)	(10,759)	(15,052)	(4,292)
<b>Total</b>	<b>108,562</b>	<b>44,028</b>	<b>(64,534)</b>	<b>108,562</b>	<b>286,068</b>	<b>177,506</b>

The year to date financial position has deteriorated by £65k since Month 5; however the full year forecasted position has deteriorated by £178k. It should be noted that the full year forecast now includes expectations for M7-M12.

There has been an increased pressure on the 'Other' Budget category in relation to the revised budget for the final 6 months of the financial year. The impact of this is reflected fully in the £358k adverse movement in the full year forecast. This has been partially offset by the expected surplus in the Core Contract budget for the M7-M12 period

## 3. Detailed Commentary

**Core Contract** - The year to date financial position at M7 includes a £37k surplus arising from the contracts held with practices. There is a further £115k surplus resulting from payments ceasing for PMS Premiums which is recommitted as part of the Local Quality Contract. The full year forecast surplus of £266k reflects the expectation that this is to continue through the remaining months of the financial year.

**Premises** – During M5 the local NHSE Finance team who assist the CCG received notification from Community Health Partnerships that no further charges are anticipated in relation to their properties for 2019/20. The result of this is a £200k benefit to the year to date financial position.

**Prescribing** – Prescribing Fees for 2020/21 have continued to come in below previous year's levels. Actual rather than budgeted costs are now included in the year to date position generating a £16k surplus. The full year forecast expects the surplus to rise to £28k.

**Other** – The continuing pressure on the year to date financial position is as a result of the revised budget for 2020/21 resulting in a negative contingency budget. The full year impact is included in the full year forecast.

#### 4. Recommendations

The Primary Care Commissioning Committee is asked to receive this report noting:

- Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed.
- As at 31<sup>st</sup> August the year to date financial position is a deficit of £44k and the full year forecast position is a deficit of £286k.

**Robert Smith**  
**Senior Management Accountant**  
**November 2020**

## Primary Care Commissioning Committee in Common November 2020

<b>Agenda Item:</b> 20/91	<b>Author of the Paper:</b>  Richard Hampson Primary Care Contracts Manager <a href="mailto:richard.hampson@southseftonccg.nhs.uk">richard.hampson@southseftonccg.nhs.uk</a>						
<b>Report date:</b> November 2020							
<b>Title:</b> Interpretation and Translation Services							
<b>Summary/Key Issues:</b> To update the committee on translation and interpretations services for both CCG's							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the update in this report.	<table style="float: right;"> <tr> <td>Note</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives 20/21	
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x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought		x		
Quality Impact Assessment	x			
Resource Implications Considered	x			
Locality Engagement	x			
Presented to other Committees		x		

Links to National Outcomes Framework <i>(x those that apply)</i>	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to the Primary Care Commissioning Committee in Common November 2020

### 1. Introduction and Background

In April 2019, South Sefton (SS) and Southport and Formby (SF) Clinical Commissioning Groups (CCG) took over delegated responsibility on behalf of NHS England.

As part of the delegation arrangement both CCG's had to ensure adequate provisions of services for interpretation and translation services for Primary Care Medical.

Prior to delegation both CCG's were part of NHSE's translation and interpretation contracts and when practices had a need to access these services, the costs were paid through NHSE contracting arrangements.

During the transition between non-delegation and delegation, both CCG's had an interim arrangement with NHSE to ensure there was no disruption to provision or services for both patients and practices that access these services.

The arrangement was that both CCG's would become associates to the NHSE's translation and interpretation contracts and subsequently NHSE would pay for any usage then re-bill the CCG on an adhoc pay as practices use basis.

This arrangement was in place for the first two quarters post delegation while the CCG's looked at contracting directly to the providers. The current providers for translation and interpretation services across both ends of Sefton are:

Language Line / Global Accent / Action on Hearing Loss

### 2. The Service

After reviewing both CCG's expenditure for these services it was noted that expenditure was very low across the board - £18,000 for 2018 /19 and even less moving into 2019 /20.

Due to the low value of the contracts a decision was made to look at a more streamlined and joined up approach for these services.

The CCG's approached Liverpool CCG (LCCG) in September 2019 to enquire about becoming an associate onto their translation and interpretation contracts (as LCCG also use the same providers therefore ensuring minimal disruption). The CCG provided all the usage and financial information to the senior team at LCCG and the decision was that unfortunately SS CCG and SF CCG could not become an associate onto the LCCG contract.



NHSE informed both CCG's that's the current interim arrangement could no longer be sustained and therefore CCG's implemented an arrangement with the providers to directly pay usage costs from practices on an adhoc basis and the expenditure is still very low.

In August 2020 the CCG became aware that LCCG would be procuring new translation services and conversations about a more joined up approach for both CCG's started.

The decision was made to join the translation and interpretation services contract with LCCG as a partner to ensure there is no disruption to services and due to the fact that more secure and stable services need to be implemented to support the practices and patient population on both ends of Sefton.

Currently LCCG with input from SS/SF CCG are embarking on an engagement exercise with local populations and stakeholders to draw together services specification for the translation and interpretation offer.

LCCG is currently taking the lead on this procuring:

### **One-to-one conversations**

LCCG will be conducting some one-to-one conversations with a range of health professionals in GP practices and NHS Trusts across both Liverpool and Sefton.

### **VSFSE engagement**

In addition, the LCCG will be working closely with some local voluntary, community, faith and social enterprise partners to help us ensure the views of different people across the city's diverse communities are gathered.

### **Next steps**

All of the information gathered will be used to help inform a new service specification where we set out the standards we require in providing these services. The tender/bid process will run from December 2020 to March 2021 to provide the new service from June 2021.

Practices and patients across Sefton will be informed of any pending decisions and of any supplier changes and potential difference in access to new services. Sefton is currently working alongside LCCG to ensure the services specifications and tender offer are a suitable fit for the needs of practices in SS and SF CCG's.

To supplement this SS and SF CCG have carried out a pre-engagement equality analysis report to support the CCG to meet the Specific Duties as outlined in the Equality Act 2010. The CCG's aim is to address issues associated with access and outcomes across people who share protected characteristics.

SS and SF CCG anticipate that there will be no additional cost to the CCG in joining the procurement with LCCG.

### 3. Recommendations

PCCCiC is asked to note the update in this report

**Richard Hampson**  
**Primary Care Contracts Manager**  
**November 2020**

## Primary Care Commissioning Committee in Common November 2020

<b>Agenda Item: 20/92</b>	<b>Author of the Paper:</b>						
<b>Report date: November 2020</b>	Paul Shillcock Primary Care Informatics Manager Paul.Shillcock@imerseyside.nhs.uk						
<b>Title:</b> Update on Digital Funding Streams 20-21							
<b>Summary/Key Issues:</b>							
<ul style="list-style-type: none"> <li>• Digital First funding has been approved</li> <li>• GPIT funding provisionally approved</li> <li>• ETTF withdrawn this year</li> </ul>							
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Note</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Note	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Update on Digital Funding Streams 20/21

There are 3 standard Digital Funding Streams – GPIT, ETTF and Digital First. This paper provides an update on the current CCG position in regard to these 3 funding streams.

Due to COVID, these funding streams have not operated in a standard manner and at the outset of the pandemic, funding was set aside to provide urgent equipment to CCGs and GP practices to allow them to deal with the digital requirements. This funding provided GP practices with additional laptops, headsets and webcams.

### 1 Digital First

We have already bid for Digital First funding and now have provisional approval for some bids. Costs indicated are shared costs with South Sefton CCG and are summarised below:

Primary Care Website subscription service	£98,648.00	<p>Implement the next generation of intuitive website capabilities, offering a parity in functionality across all practices in Sefton and Southport and Formby CCGs.</p> <p>This proposal will provide practices, PCNs, and CCGs with the tools to coordinate and fully automate communication between approved publishing sources of news content curated by different publishers. The technology approach will ensure consistent messaging across care groups, and provide a significant reduction in the burden on practice staff to manually maintain content.</p>
ORCHA App Library	£75,300.00	<p>This project would offer a localised microsite which enables patients and health/care practitioners to search for and find the best apps to support improvement in physical and mental well-being.</p> <p>Practitioners can use ORCHA to prescribe and/or recommend health apps from the site to people they support and should they wish, track if they have started using it or not. Patients can use ORCHA to choose health apps based on recommendation, ratings and reviews.</p>
Telehealth	£55,000.00	<p>This funding would support the expansion of Telehealth across South Sefton and Southport &amp; Formby CCGs to support patient with long term health conditions such as Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Type Two Diabetes to monitor their own health using technology and with the support of Health professionals.</p>
Data Quality, clinical decision support and	£73,802.00	<p>This funding would cover the cost of a clinical decision support and workflow optimisation solution which supports data quality improvements, standardisation of clinical care, reduction in variation of care, and working at scale. The benefits realised from</p>

workflow optimisation		this solution will support improvements in patient outcomes, through improved quality.
Digital Care Homes	£18,000.00	Pathfinder funding to explore Digital opportunities to deliver Enhanced Care Homes, including exploring options around system provision, Telehealth, Connectivity and wider use of online and video consulting.
Centralised digital forms to support Phase 3 response	£12,000.00	Develop and implement digital forms solutions which provide patients and general practice with choice and flexibility to book appointments at central location for cervical screening, childhood immunisations, chronic disease management, smoking cessation, B12 injections etc.
Media/Patient Promotion Campaign	£6,250.00	Funding would be required to launch a patient awareness campaign across social/local media in order to promote Digital First healthcare. This promotion will guide patients in how to access healthcare digitally and promote the benefits of doing so.
Partnership working with multi-disciplinary agencies to support digital inclusion	£30,000.00	This funding would be to cover the cost of a Digital Champion trainer to assist in the CCGs Digital Optimisation strategy and PCNs Digital priorities. The trainer would work with Practices, PCNs, Community Voluntary Services and Healthwatch to promote digital solutions and signposting to digital services with a view to supporting patients to increase uptake of online services.
Care homes digital readiness assessment and integration	£ 32,500.00	The care homes digital readiness assessment project would be an exploratory piece of work to assess the level of digital maturity across care homes in Liverpool, South Sefton and Southport & Formby CCGs.

## 2 GPIT

The GPIT allocation for the CCG has been slightly reduced and the fair shares allocation is £82k. The deadline for bid submission was COP Tuesday 27<sup>th</sup> October.

GPIT is primarily meant for refresh of GP practice PCs and Laptops. We have submitted bids for PCs, Laptops and general IT equipment refresh up to these amounts and have received provisional feedback that these will be accepted.

The bid for South Sefton CCG is for £ £83,347.53. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.

## 3 ETTF

The CCG has recently been informed that ETTF funding will not be available this financial year as this funding has been used to provide IT equipment at the outset of the COVID pandemic.

Paul Shillcock

November 2020

## Primary Care Commissioning Committee in Common November 2020

<b>Agenda Item:</b> 20/92	<b>Author of the Paper:</b>						
<b>Report date:</b> November 2020	Paul Shillcock Primary Care Informatics Manager Paul.Shillcock@imerseyside.nhs.uk						
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Care homes digital readiness assessment and integration	£ 32,500.00	The care homes digital readiness assessment project would be an exploratory piece of work to assess the level of digital maturity across care homes in Liverpool, South Sefton and Southport & Formby CCGs.

## 2 GPIT

The GPIT allocation for the CCG has been slightly reduced and the fair shares allocation is £82k. The deadline for bid submission was COP Tuesday 27<sup>th</sup> October.

GPIT is primarily meant for refresh of GP practice PCs and Laptops. We have submitted bids for PCs, Laptops and general IT equipment refresh up to these amounts and have received provisional feedback that these will be accepted.

The bid for South Sefton CCG is for £ £83,347.53. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.

## 3 ETTF

The CCG has recently been informed that ETTF funding will not be available this financial year as this funding has been used to provide IT equipment at the outset of the COVID pandemic.

**Paul Shillcock**  
**November 2020**

## Primary Care Commissioning Committee in Common November 2020

<b>Agenda Item: 20/93</b>	<b>Author of the Paper:</b>
<b>Report date: November 2020</b>	Name Ehsan Haqqani Job Title Interim Primary Care Quality Lead <a href="mailto:ehsan.haqqani@southseftonccg.nhs.uk">ehsan.haqqani@southseftonccg.nhs.uk</a>
<b>Title:</b> Complaints report Quarter 1&2 2020/21 Southport & Formby	
<b>Summary/Key Issues:</b> The report breaks down complaints received within Quarters 1 and 2 2020/21 to identify possible trends and themes.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	Note <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 20/21	
x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement		x		
Equality Impact Assessment	x			
Legal Advice Sought		x		
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to the Primary Care Commissioning Committee in Common November 2020

### 1. Introduction and Background

These report details complaints made to Southport and Formby CCG within Q1 and Q2 2020/21.

### 2. Engagement

This report review Quarter 1 2020/21 and Quarter 2 2020/21 complaints information. The data contained within this report relates to complaints made via the CCG for any provider of services and therefore does not include any data on complaints made directly to providers of services.

From 1<sup>st</sup> April 2020, the Trust has been logging all complaints data on the Ulysses Risk Management system within the customer relations module. As this system develops, the codification of complaints will become more streamlined and further analysis will be possible.

Further work will be done to review whether the current pandemic had any impact on these complaints and there is the capacity within the system to identify these complaints.

Due to the current pandemic, NHSE have not been in a position to approve a complaints report and further dialogue is taking place around timescales for this to be approved. On receipt, this will be reported to this committee.

Appendix 1 contains an analysis of the data and a breakdown of the numbers received.

Lessons learned from complaints will be reviewed within subsequent reports.

### 3. Recommendations

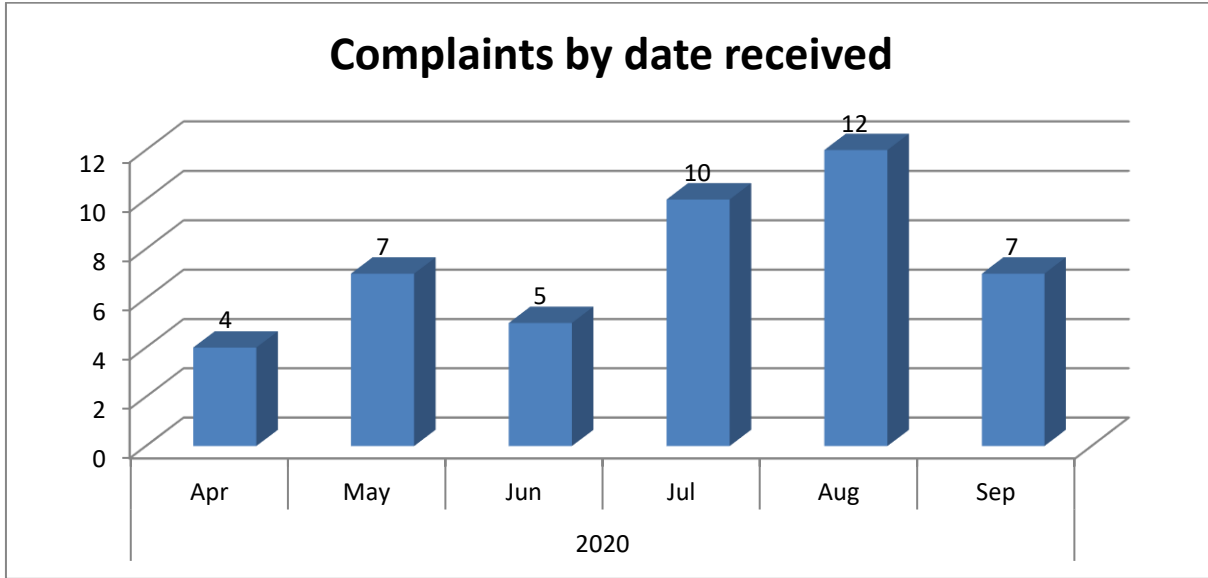
It is recommended that the Committee:

- **Note** the contents of this report

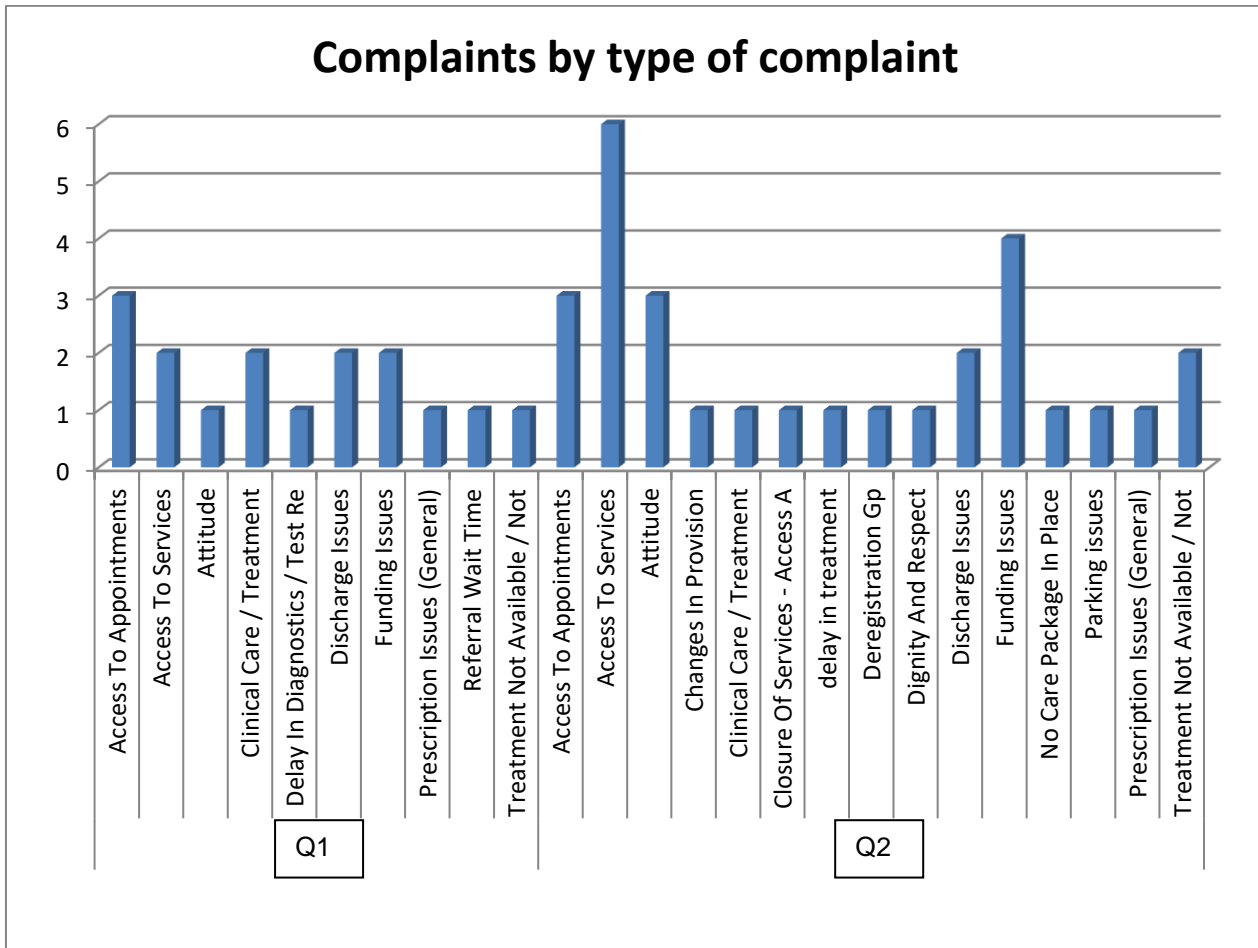
## 4. Appendix 1

### 4.1 Complaints data

The following graph details the number of complaints received for Q1 and Q2 2020/21.

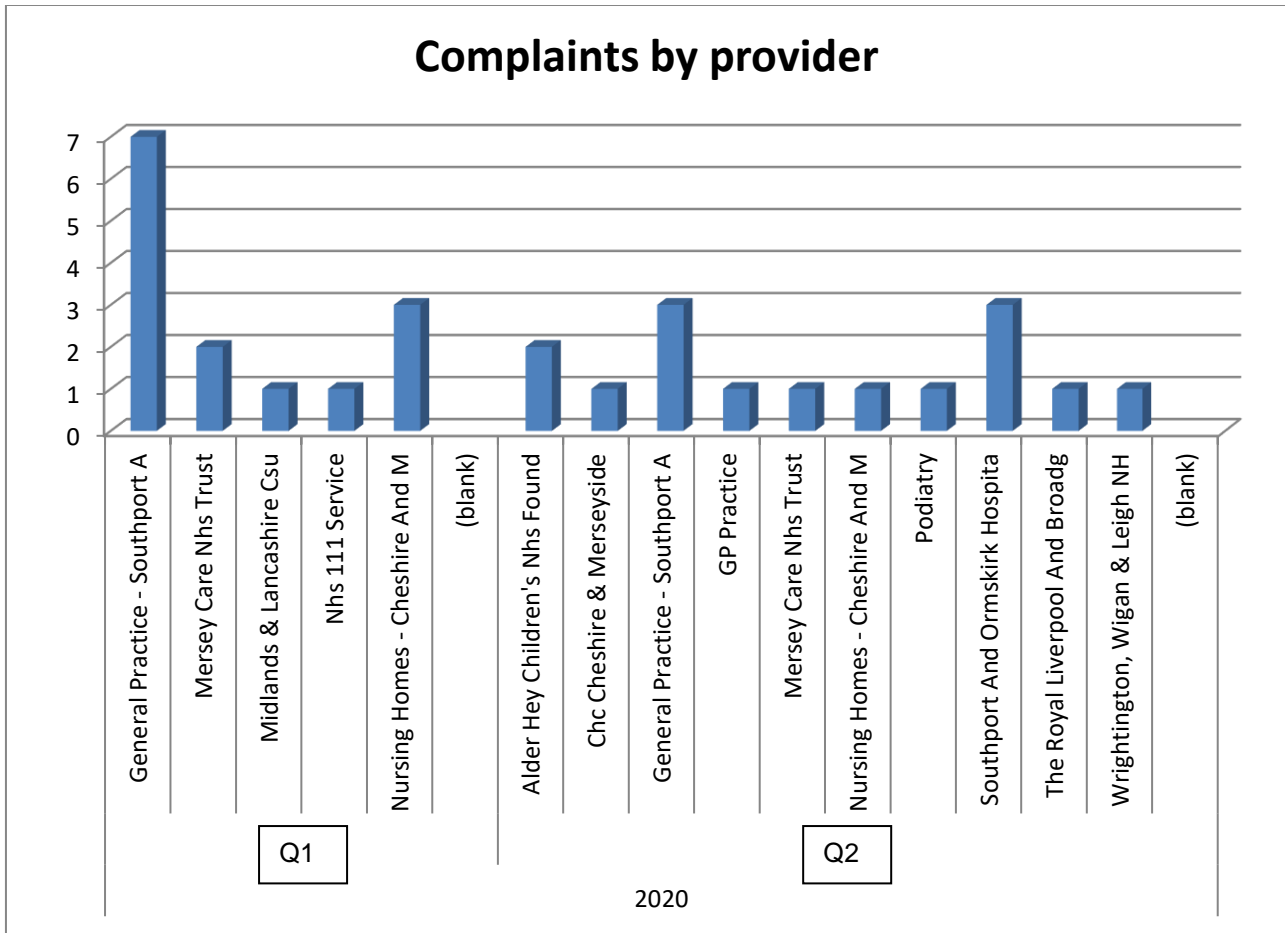


The following graph details types of complaint over the 2 quarters





The final graph details complaints by provider



## 4.2 Analysis

### 4.2.1 General overview

The data shows that there was an average of 7.5 complaints per month. Trends across the financial year will be reviewed with corresponding 2019/20 data on further development of the database.

### 4.2.2 Top three most frequently occurring types of complaint

The top most frequently occurring types of complaint were

Quarter 1 2020/21

- Access to appointment
- Funding issues
- Discharge issues

Quarter 2 2020/21

- Access to services
- Funding issues
- Access to appointments

*Access to appointment*

On review of these complaints there were a variety of issues around delays in appointments in a number of different settings. There were no clear trends within this category that could be ascertained

*Access to services*

Complaints made within this related to a number of issues, the most frequently were related to different services that were not provided or had been stopped. No one service was identifies as a possible trend.

*Discharge issues*

Some complaints within this area related to discharge into community care services but no clear trend could be identified as to provider or receiver.

*Funding issues*

On review of the details the majority of complaints within this category related to CHC funding issues.

**4.2.2 Location of complaint**

Whilst it can be seen that the majority of complaints relate to general practice within quarter 1, it should be noted that, for acute hospitals, the majority of complaints are received directly by the provider and not via CCG.

**Ehsan Haqqani**  
**Interim Primary Care Quality Lead**  
**November 2020**

## Primary Care Commissioning Committee in Common November 2020

<b>Agenda Item:</b> 20/93	<b>Author of the Paper:</b>
<b>Report date:</b> November 2020	Name Ehsan Haqqani Job Title Interim Primary Care Quality Lead <a href="mailto:ehsan.haqqani@southseftonccg.nhs.uk">ehsan.haqqani@southseftonccg.nhs.uk</a>
<b>Title:</b> Complaints report Quarter 1&2 2020/21 for South Sefton CCG	
<b>Summary/Key Issues:</b> The report breaks down complaints received within Quarters 1 and 2 2020/21 to identify possible trends and themes.	
<b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report.	Note Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 20/21	
x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
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	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement	x			
Clinical Engagement		x		

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Equality Impact Assessment	x			
Legal Advice Sought		x		
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to the Primary Care Commissioning Committee in Common November 2020

### 1. Introduction and Background

This report details complaints made to South Sefton CCGs' within Q1 and Q2 2020/21.

### 2. Engagement

This report review Quarter 1 2020/21 and Quarter 2 2020/21 complaints information. The data contained within this report relates to complaints made via the CCG for any provider of services and therefore does not include any data on complaints made directly to providers of services.

From 1<sup>st</sup> April 2020, the Trust has been logging all complaints data on the Ulysses Risk Management system within the customer relations module. As this system develops, the codification of complaints will become more streamlined and further analysis will be possible.

Further work will be done to review whether the current pandemic had any impact on these complaints and there is the capacity within the system to identify these complaints.

Due to the current pandemic, NHSE have not been in a position to approve a complaints report and further dialogue is taking place around timescales for this to be approved. On receipt, this will be reported to this committee.

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Lessons learned from complaints will be reviewed within subsequent reports.

### 3. Recommendations

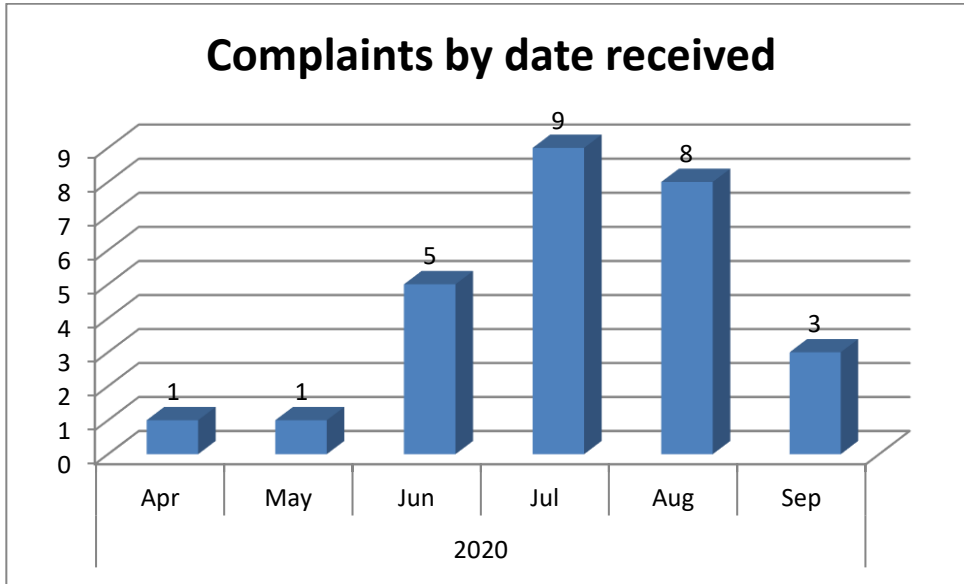
It is recommended that the Committee:

- **Note** the contents of this report

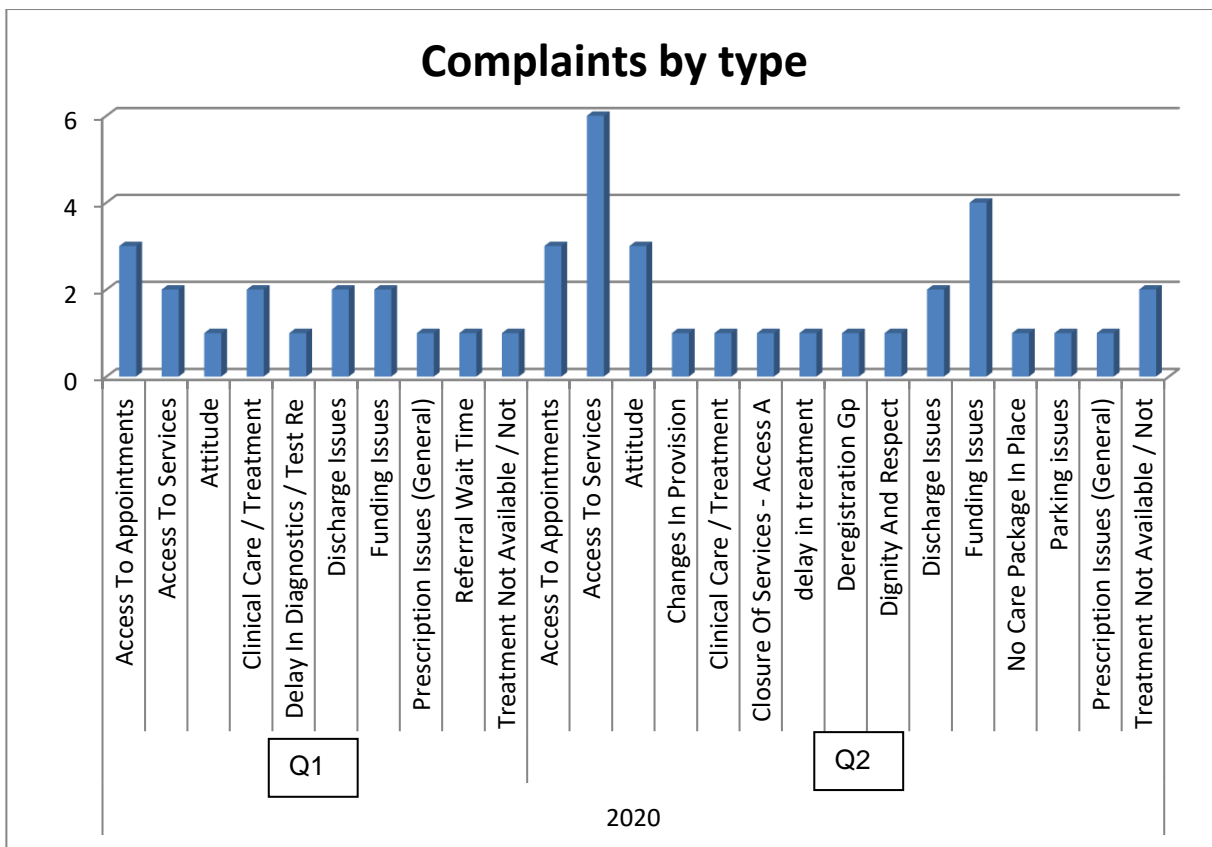
4. Appendix 1

4.1 Complaints data

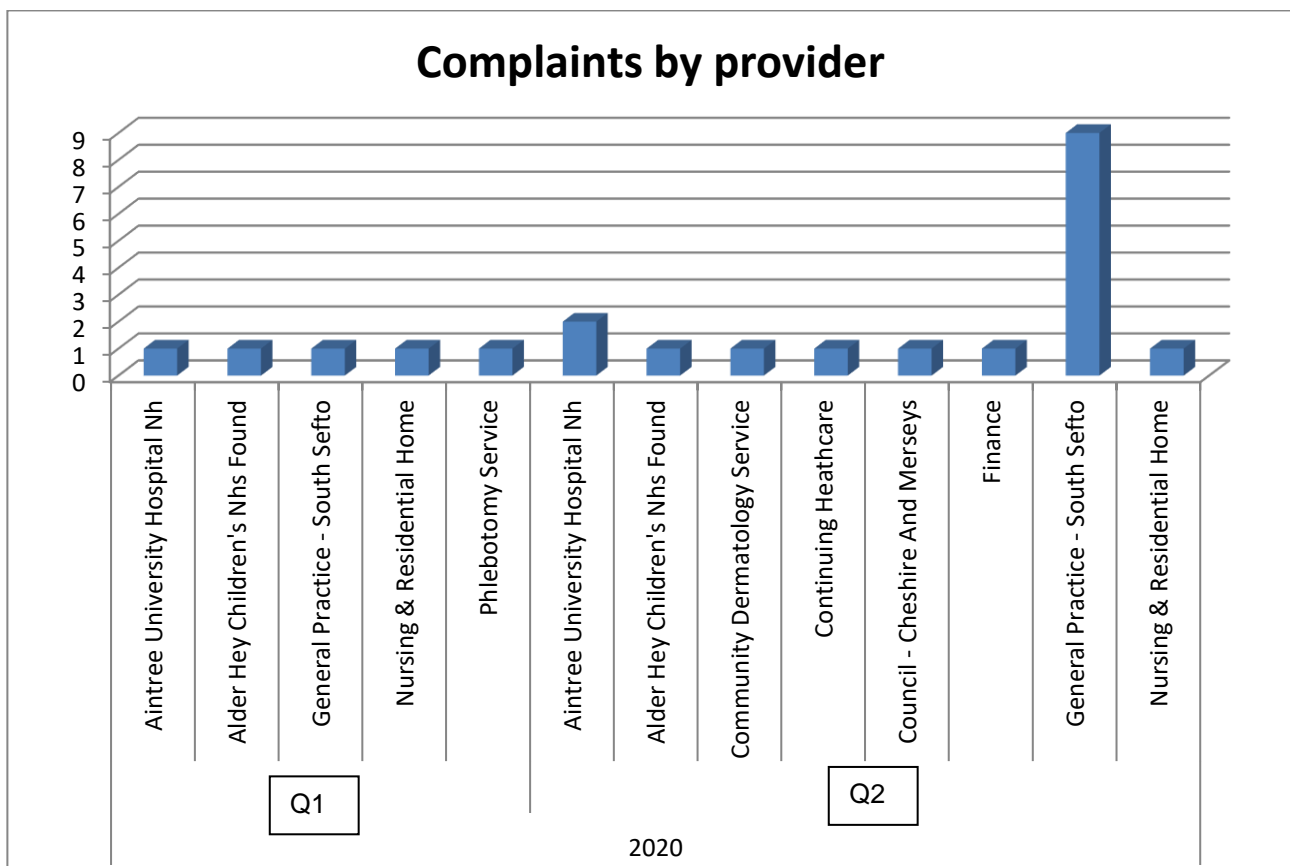
The following graph details the number of complaints received for Q1 and Q2 2020/21.



The following graph details types of complaint over the 2 quarters



The final graph details complaints by provider



## 4.2 Analysis

### 4.2.1 General overview

The data shows that there was an average of 4.5 complaints per month. It can be seen that there were less complaints in April and May. On review of 2019 data, there was a corresponding decrease within April and May of the number of complaints received. This will be reviewed during the financial year.

### 4.2.2 Top three most frequently occurring categories

The top most frequently occurring types of incident were

#### Quarter 1 2020/21

- Access to appointment
- Funding issues
- Discharge issues

#### Quarter 2 2020/21

- Access to services
- Funding issues
- Access to appointments

*Access to appointment*

On review of these complaints there were a variety of issues around delays in appointments in a number of different settings. There were no clear trends within this category that could be ascertained

*Access to services*

Complaints made within this related to a number of issues, the most frequently were related to different services that were not provided or had been stopped. No one service was identifies as a possible trend.

*Discharge issues*

Some complaints within this area related to discharge into community care services but no clear trend could be identified as to provider or receiver.

*Funding issues*

On review of the details the majority of complaints within this category related to CHC funding issues.

**4.2.3 Location of complaint**

Whilst it can be seen that the majority of complaints relate to general practice within quarter 2, it should be noted that, for acute hospitals, the majority of complaints are received directly by the provider and not via CCG.

**Ehsan Haqqani**  
**Interim Primary Care Quality Lead**  
**November 2020**