

Agenda

Place Based Primary Care Commissioning Committee

Date: 3 May 2023

Time: 2.30pm to 4.00pm

Venue: Microsoft Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	2.30	5 mins	Welcome and Apologies			Chair
2.	2.35	5 mins	Declarations of Interest			Chair
3.	2.40	5 mins	Minutes of the last meeting			Chair
4.	2.45	5 mins	Matters arising <ul style="list-style-type: none"> Terms of Reference 			Chair
5.	2.50	10 mins	IM&T Update	Paper	For Assurance	Associate Director of Finance
6.	3.00	20 mins	Vaccinations and Immunisations Update	Paper	For Assurance	Senior Service Improvement Manager
7.	3.20	20 mins	Regular Updates <ul style="list-style-type: none"> a) Primary Care Networks Update b) Primary Care Operations Group Report 	Paper Paper	For Information For Information	Senior Service Improvement Manager Head of Service Improvement
8.	3.40	5 mins	Any Other Business			Chair

Date and time of next meeting: 5 July 2023, 2:30–4:30pm

Minutes

Place Based Primary Care Commissioning Committee

Date: 1 March 2023

Time: 2.30pm to 4.30pm

Venue: Microsoft Teams & Trinity Room, Salford Civic Centre

Present		Apologies
<p>Hannah Dobrowolska (HD) – Salford Delivery Lead (Chair)</p> <p>Harry Golby (HG) – Associate Director of Delivery and Transformation</p> <p>Anna Ganotis (AG) – Head of Service Improvement</p> <p>Elaine Vermeulen (EV) – Associate Director of Finance</p> <p>Claire Vaughan (CV) – Associate Director of Clinical and Care Professional Leadership</p> <p>Sam Cook (SC) – Healthwatch Salford</p> <p>Sam Glynn-Atkins (SGA) – Senior Service Improvement Officer</p> <p>Lisa Best (LB) – Senior Quality Assurance Manager</p> <p>Ross Baxter (RB) – Senior Patient Services Officer (Minutes)</p>		<p>May Moonan (MM) – Assistant Director Healthcare Public Health</p> <p>Jenny Walton (JW) – Clinical Lead</p> <p>Michelle Williamson (MW) – Head of Quality and Assurance</p> <p>Tom Regan (TR) – Associate Medical Director</p>
Item No.	Topic	Action
1.	<p>Welcome and Apologies</p> <p>HD welcomed everyone to the meeting and noted the apologies listed above.</p>	
2.	<p>Declarations of Interest</p> <p>HD reminded committee members of their obligation to declare any interest they may have on any issues arising at the PCCC meeting which might conflict with the business of the commissioning organisation.</p>	
3.	<p>Minutes of the last meeting and Action Log</p> <p>The minutes of the last meeting were accepted as an accurate record.</p>	

	Action 1 – Ongoing – HG is meeting on 15 March with a number of people to discuss approach to improving the uptake of vaccination and immunisation.	
4.	<p>Matters Arising</p> <p>There were no matters arising.</p>	
5.	<p>Primary Care Risk Register</p> <p>This paper was presented to provide the committee with an update on the latest position in relation to the primary care risk register, providing a basis for the committee to manage risks within the primary care programme. It was noted that this forms part of wider assurances to PCCC and should be considered in conjunction with other papers as presented, including any financial, quality and/or performance reports.</p> <p>Members agreed for six-monthly updates to be received on this item. It was highlighted that this is primarily general practice rather than primary care, though there is some wider primary care involvement in some of the risks.</p> <p>It was asked whether the Salford Standard should be added as a mitigation to the variation risk, and members agreed this would be appropriate.</p> <p>On the population growth risk, making use of census data and links to Salford City Council should be added as mitigations or treatments.</p> <p>For the Minor Surgery DES there was a query around whether other areas should also be covered here. It was noted that there was a specific issue with that service in Salford. It was agreed a shared care risk should be added, making reference to issues with ADHD services.</p> <p>Place-Based PCCC noted and considered the content of this report and the supporting appendix for information and assurance</p>	
6.	<p>Walkden Gateway Medical Practice – Options Appraisal</p> <p>This paper provided an overview of the options available following the retirement of a single-handed practitioner in August 2022. It gave an overview of the background and interim arrangements, as well as the engagement with stakeholders and patients. It listed the recommendations and made a specific recommendation of Option 2 – List Dispersal in line with the outcome of the options appraisal. It highlighted that PCNs had made a recommendation to not implement dispersal until after 1 April 2023 so that the impact on receiving practices is minimised, particularly in terms of funding streams such as QOF and the Salford Standard.</p> <p>Members agreed that there was a need to be clear on the comments through the engagement process, particularly around whether patients would get a better experience through a new procurement. It was discussed that a letter could go to stakeholders explaining more about the process and reasons for the decision.</p> <p>A query was raised as to whether there was sufficient engagement on a constitutional level, and it was confirmed that this was correct, and had been checked with Engagement colleagues.</p> <p>It was asked how long the timescale would be if a procurement process happened, and whether this would affect the patient experience. It was confirmed that it would</p>	

	<p>take 12-18 months in total for procurement. If the current caretaker was to bid and was successful, there would not be any change, but it would be open to the whole market which may provide more uncertainty for patients. It was also noted that it could be explained to patients through the letter that they could remain at Walkden Gateway through the Gill.</p> <p>It was agreed that it would be appropriate to have a conversation with the PCN with a view to listing practices that are comfortable they can accept a number of new patients on the letter to patients.</p> <p>Place-Based PCCC noted the contents of the paper and approved the recommendation to implement Option 2 – List Dispersal at a point after 1 April 2023</p>	
7.	<p>Estates Update</p> <p>This paper provided an update to the committee on estates matters and gave outlines on the background and strategic context of estates development, the development of the NHS GM estates function and how it interrelates with the locality, an update on specific schemes and other initiatives to improve the Salford primary and community estate, and a number of risks mainly related to the affordability and deliverability of current schemes.</p> <p>For the existing projects that had been previously planned for, it was noted that GPs could make their own arrangements for sourcing capital, however there would be a risk as this would not necessarily be covered through rent reimbursement.</p> <p>On energy efficiency, there was a query as to where this could be influenced at NHS GM. This will be taken to Deputy Place-Based Leads for discussion, as there is ongoing conversation about where functions such as estates sit.</p> <p>Digitisation of records was highlighted as a potentially expensive but useful way to free up space for clinical or administration use, and this could be covered by non-recurrent funding.</p> <p>Members agreed for the next update to be received after the PCN Strategy is prepared.</p> <p>Place-Based PCCC noted the updates in the report including the risks and provided feedback on the content and frequency of future updates and how the committee engages with the work of the Salford Strategic Estates Group</p>	
8.	<p>a) Primary Care Finance Report</p> <p>This paper outlined the financial performance of primary care budgets and presented the financial position for the year to date to the end of January 2023 and the forecast position to the end of the financial year. It explained how budgets formally managed by NHS Salford CCG are now either formally delegated to the locality from NHS GM or instead managed on a pan-GM basis. Budgets delegated to the locality are overspent by approximately £1m, almost entirely due to prescribing cost pressures.</p> <p>There was a query as to why the SAS and minor surgery DES monies sits at locality. The reason is because there is an element of local discretion, and there is variation across Greater Manchester. It may be that things such as this go back to GM as they become more harmonised however.</p>	

	<p>A question was asked about where Occupational Health sits, and it was agreed this would be followed up on outside of the meeting</p> <p>Action: EV to find out where Occupational Health budget sits</p> <p>The QOF underspend was noted and that this was probably a quality issue so would need to be looked at to see what is not being achieved. This has been discussed with specific practices recently, and there is a new system in one PCN that is generating a monthly report on QOF so that they can check their achievements on a regular basis. This is being looked at to see what others are doing.</p> <p>Place-Based PCCC noted the report, and in particular the risks outlined</p> <p>b) Primary Care Quality Update</p> <p>This paper provided an overview of a number of indicators used to measure the quality and safety of patient care within primary care services provided to Salford people. The issues are subsequently discussed at the Salford system quality group and also at the PCN meetings and are outlined to highlight the level of oversight and assurance provided by the Quality Team. It gave an update on CQC inspections, incident numbers and themes, the team visiting schedule for 2023-24 and Safer Salford.</p> <p>It was noted that Scrutiny Committee had made reference to articles in the Manchester Evening News about practices that are Inadequate or Requires Improvement, including three Salford practices. It was noted that one had already been re-rated as Good and there was a hope that a second one was about to be too. It was noted that this represented a lot of hard work on the part of the practices and wider-ICB colleagues, so locality colleagues will work to support a positive news story going out into the system once any upgraded CQC ratings have been published.</p> <p>Place-Based PCCC noted the contents of the report</p> <p>c) Primary Care Operational Group (PCOG) Update</p> <p>This provided a high-level summary of the work that is overseen by PCOG. It highlighted the most important issues which the committee should be aware of, including practice contractual issues, and enhanced and locally commissioned services.</p> <p>It was highlighted that Salford Primary Care Together have accepted an offer of support from the Eccles and Irlam PCN, but other Salford practices will be welcome to contribute to the support offer.</p> <p>It was highlighted that in common with other parts of Greater Manchester, some Salford practices have signalled some financial difficulties. Locality colleagues will seek to provide support as far as possible and a GM Excellence support offer is to be developed.</p> <p>Place-Based PCCC noted the contents of the report and approved the Terms of Reference</p>	
8.	<p>Any Other Business</p> <p>No other business was received.</p>	

Actions Log: Salford Place-Based Primary Care Commissioning Committee

No	Date	Section	Details of the issue	Details of action agreed	Action Lead	Status	Further Detail
1		5. Directed Enhanced Access Services Annual Report 2021/22		To look at a focus on vaccinations and immunisations	HG		Complete - Item included on this meeting's agenda
3	28-Mar-23	8a. Primary Care Finance Report		To find out where Occupational Health budget sits	EV		

Salford Place-Based Primary Care Commissioning Committee
3 May 2023
5. IM&T Update

Item for: Decision/**Assurance/Information** (Please bold/underline as appropriate)

Report of:	Head of BI & IT	
Date of Paper:	25 April 2023	
In case of query, please contact:	Caroline.rand@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	X
	Enabling Transformation	X
Purpose of Paper:		
To provide a summary of the GP IT work plan delivered in 22-23 and show the forward plan for 23/24.		

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	N/A
How does this paper address health inequalities and promote inclusion?	N/A
What risks may arise as a result of this paper and how will they be mitigated?	N/A
Does this address any existing high risks facing the organisation and how does it reduce them?	No
Are there any possible conflicts of interest associated with this paper?	No
Will any current services or roles be affected by issues within this paper and what are they?	38 GP practices

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	No
Has there been Clinical Engagement?	Yes - a summary of the forward plan and request for feedback has been presented to all PCNs.
Has the impact on Salford socially, economically and environmentally been considered?	No
Has there been an analysis of any impacts on equality?	No
Has legal advice been obtained?	No
Has this been to any groups or committees for engagement, comments, or approval?	The forward plan has been approved by the IM&T group and All PCN meetings were engaged in its development. PCOG reviewed this paper in April.

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

IM&T Update

1. Executive Summary

This paper reports a summary of annual activity for 22/23 in NHS GM Salford locality and a description of the proposed work plan for primary care IT for 23/24.

The work plan for 23/24 has been developed following consultation with the IM&T group of Salford locality, engagement with PCNs in Salford and reference to NHS E planning guidance and GM plans, in particular the work on supporting digital innovation in primary care.

Key achievements in 22/23

- *Nine practices migrated from Vision to EMIS*
- *Full cycle of desktop replacements.*
- *Six small projects to expand IT access in practices.*
- *Work on improving Business continuity processes when systems have faults*
- *All Salford practices submitted their Data Security & Protection Toolkit*
- *A new supplier of software to support the Salford Standard was chosen (Ardens).*
- *Use of Greater Manchester Care Record (GMCR) has increased in primary care and a number of projects in flight to improve the product*

Key priorities for 23/24

- *Final practice to move to EMIS in May*
- *GMCR is enhanced by adding social care information.*
- *GMCR to be used for a shared care plan for end-of-life care*
- *Digital facilitator service further developed to support practices and PCNs.*
- *Business intelligence system review with PCNs.*
- *IT support to PCN estates plans*
- *Cloud telephony audit and support for practices needing to move as per GMS contract.*
- *Virtual desktop project allowing more flexible working at home and within Salford estate.*

2. Background- Salford

- 2.1 Salford locality has an annual plan for its digital work. This paper outlines the work plan delivered in 22/23 and presents the priorities for 2023/24. However, it also references any projects in flight in January 2023 which will continue into 23/24 financial year.
- 2.2 The CCG as was had a dedicated digital budget. These budgets are now centralised and conversations ongoing to the method of allocation in 23/24.
- 2.3 This paper suggests we assume a similar level of investment to previous years and plan accordingly. This can be adjusted once NHS GM budgets are clearer.
- 2.4 The projects for 23/24 are divided into GMCR, GM led and Salford/PCN.
- 2.5 The summary of work delivered covers all areas, but some are described in more detail in the 23/24 sections (4-8)

3. Summary of the 22/23 work plan achievements

3.1 GP Foundation systems

Salford continued with its programme to move all GP practices to a common core system. (EMIS). The programme had been due to deliver 38 practices using EMIS by December 2022. However, one practice requested a pause due to the need to work on a CQC inspection.

The successful migrations are listed below

Practice	Emis Web Go live
Salford Care Centres Irlam	12 April 2022
Mosslands	4 May 2022
St Andrews	28 June 2022
Limefield	9 August 2022
Dr Davies	6 September 2022
Salford Medical Practice	20 September 2022
Sorrell Bank	4 October 2022
Pendleton Gateway	1 November 2022
Mocha Parade	6 December 2022

Monton is planned to go live in May 2023.

3.2 Infrastructure work

There is a regular assessment of each practice infrastructure to ensure it keeps pace with practice demand. To this end 4 of a planned 5 practise had renewed IP ranges. The fifth planned one is Monton which will take place in 2023. An increased range ensures more devices such as laptops can be used on site in the practice.

There is also a cycle of desktop and laptop replacement to ensure all items are fit for purpose. This was delivered in line with plans.

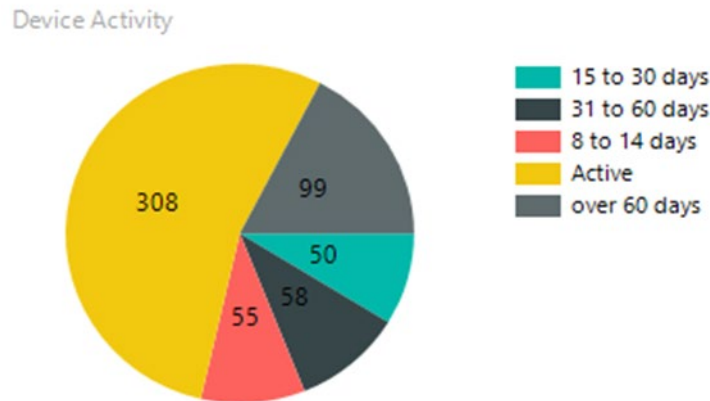
Where necessary, network bandwidth is increased to ensure the practice can work at maximum efficiency.

3.3 Laptops

There are 570- laptops allocated to the 38 Salford practices. They have been used in a variety of ways by practices and offer the facility to deliver agile working at home and in the practice. However, the nature of this equipment is that it can lie unused. If a laptop is not seen by the network regularly it becomes out of date and does not

have the necessary updates. This can cause a security risk and eventually it will need to be barred from the network.
 GM team have started an audit with each practice to ensure the laptops are up to date. Any laptops not in regular use will be recalled so they can be used by others.

Chart below shows status on 1/4/23
 The days are the last since the laptop was last seen by the network.



3.4 Desktops and peripherals

There are 1046 desktops. 101 are logged as not in use, these are likely to be no longer in use, and the audit needs to ensure they are collected.

Printers are the main break-fix budget demand driver. Each practice has historically, been offered 3 funded scanners, although others have funded additional ones.

3.5 Small estates projects

In 22/23, we supported a number of small projects. These are outlined below.

- Langworthy University Site – new rooms and move of existing rooms
- Lower Broughton HC- 6 new rooms in use by GPIT
- Salford Medical Practice- extra admin room with workstations
- Blackfriars – extra admin room with workstations
- Sides – (just started) new room with 6 workstations
- Extra monitors for practices who did not take up the 2 monitor per workstation offer in 2021.

Total estimated costs £57,000.

Single extra desktops are not included as they are classed as business as usual. This activity apart from Langworthy was not part of the formal estates programme but has been as a result of practices trying to make more space to accommodate more staff. Given the delays on some of the larger estates' projects, GPIT has been as supportive as possible to enable staff to have appropriate access to IT

Any application for expansion has an assessment which take in to account the following: -

1. List size, increases.

2. Increase in staffing.
3. Opportunity for PCN/ flexible working.

In future all such applications will refer to the PCN estates plan in addition to the factors above.

- 3.6 Last year's estates plan included Cherry Medical practice move to the new Little Hulton HC. This did not occur due to ongoing contractual issues. The Lower Broughton new build has also been delayed.

3.7 **Greater Manchester Care Record**

This project is detailed in section 5. Key elements delivered in 22/23 include setting users up for single sign on This resulted in an increase in usage of the GMCR. There was an average of 100 unique users per month before the programme, and there are now over 400 users per month with 923 unique users over the last 12 months.

The access dashboard can show use by practice and between clinical and non-clinical users, and this will be used to ensure follow up training and support are given to non-users.

The End-of-Life care plan project made great progress but go live is not now due until later in 2023.

3.8 **Digital Facilitator Service**

This is covered in detail in section 4 and 9. The team supported many practices during the year and provided significant resource to the EMIS migrations.

3.9 **Information Governance**

All 38 practices submitted their Data Protection & Security Toolkit with a minimum of "Met standards".

Active engagement throughout the year with practices and the LMC to ensure ad-hoc service and training are delivered.

3.10 **Business Continuity Plans (BCP)**

A project to develop standard BCP process for major IT system outage is almost completed. This guide will support practices when things do not work to plans

3.11 **Software to Support the Salford Standard**

A procurement was run to choose a supplier for the software to support the Salford standard. The market had developed since the incumbent supplier had been appointed.

The new provider is Ardens and the project to implement will take place in April/May 23. It is expected this will give a more accurate and up to date view of standards met and better integration with practice workflow.

4. Background - Greater Manchester Integrated Care Partnership - Digital First

- 4.1 Health Innovation Manchester lead the Digital First programme for NHS GM. An initial stage was to appoint McKinsey to engage with a wide range of primary care professionals to reimagine how a more digitally focused primary care service would look.
- 4.2 The work results were divided in five themes and 17 initiatives. The themes are as below:
- Improve practice ways of working
 - Strengthening practice capability
 - Minimise no-public facing workload
 - Enhance public communications and user experience
 - Promote digital inclusion and public access
- 4.3 The 17 initiatives are outlined in appendix 1. The locally derived primary care programme as outlined in this document are fully aligned with many of these.

5. Greater Manchester Care Record in Salford and GM

- 5.1 The GMCR is a major strategic system in GM to share and record information about citizens. It also gives the opportunity for research and Salford still maintain the Salford Integrated Care research database (SIR RD).
- 5.2 In 2022/23 there are two main projects:
- Introduction of the End-of-life care plan using GMCR.
 - Inclusion of social care data into GMCR from Salford adults and children's services and access for those professionals to GMCR via Liquid Logic- their system.

These two projects are planned to be completed by June and September 2023 respectively and training and usage will continue throughout the period.

5.3 New projects

A number of new projects are at start up level.

- MDT Care Plan for anticipatory care – part of Provider Collaborative in Salford.
 - Reporting and potential dashboard to support meeting NICE guidelines on the annual review required for any valproate users who may become pregnant.
 - Reporting and potential dashboard to improve targeting communities who have not taken up preventive programmes e.g., childhood immunisations, cancer screening, adult immunisations. Public health and a trial PCN will lead. This links to inequalities work programme for PCNS.
- 5.4 Active monitoring of opportunities for other care plans which are being trialled in other parts of GM - namely heart failure (Tameside), Frailty (Oldham), Patient health record (TBA)
- 5.5 Continuation of support and monitoring to Salford general practice to use the GMCR and gain benefits from it. Improve the descriptors in the "reason to view" box on GMCR.

- 5.6 Monitoring and refining the use of end-of-life care plan. Ensure national reporting can be delivered. Embed some quality improvements as suggested by PCNs in particular the transfer of any changes to end of life medication on discharge from hospital.

6. NHS GM Salford - EMIS utilisation and final migration

- 6.1 Monton HC will migrate to EMIS on 16th May 2023. A full support package and project management is required to ensure safe transition.
- 6.2 An EMIS user forum to be established and regular check ins by the digital facilitator service to support effective use and new functionality training for all practices.
- 6.3 PCNS have requested continuation of and stepping up of training for EMIS to improve workflows. this is part of the digital facilitation programme

7. Population health and monitoring standards: NHS GM Salford - Salford Standard software support Wider support to standards monitoring and access to BI for practices and PCNs

- 7.1 NHS E planning guidance highlights digital expectations for population health as follows:
- *Put the right **data architecture** in place for **population health management (PHM)**.*
- This will be done at the GM level. Salford will ensure that subsequent reports and access to the resource is managed to deliver Salford's localities strategic objectives, including close collaboration with public health colleagues.
- 7.2 To implement the newly chosen software (Ardens) to support the Salford Standard this plan will ensure a full training and support where required. PCNs requested that IIF indicators are included as part of the software used for Salford standard to deliver a more streamlined service to practices.
- 7.3 PCNs asked that a full review of BI tools in use and available takes place. There are a variety of tools in use some funded centrally, some developed in house and some funded by practices or PCNs. The landscape is busy and a review to see how it can be streamlined was suggested by Broughton PCN. This will also link to a GM BI project which is looking at a GM wide set of reports for PCNs, practices.
- 7.4 The GM Data quality service will be hosted within the BI function of NHS GM but will continue to support practices as outlined in the GP IT operating model framework.

8. GM Salford - Assets, Estates and digitisation

- 8.1 Support any new builds that come to fruition in 23/24 and plan for future ones. Current projects are:
- New Lower Broughton HC
 - Quays new site in Lowry Shopping Centre

- Limes new location
 - Orient Rd possible temporary portacabin extension
 - Langworthy temporary portacabin extension
- 8.2 Support other ad-hoc extensions as per PCN estates plan. This includes IT support to any space practices can release through internal review of use of space to accommodate new staff.
- 8.3 Assess digitisation/off site storage options for records and link to PCN estates strategy.
- 8.4 Asset audit in particular equipment to support ARRS roles expansions (links to 9.1 below).
- 8.5 To assess if we can convert records space to new clinical or admin rooms and provide IT support to enable this change if use space.

9. GM Digital First projects and Salford Digital facilitation service in primary care

- 9.1 NHSE planning guidance highlights digital expectations the following two areas.
- Use forthcoming digital maturity assessments to measure progress towards the core capabilities set out in What Good Looks Like (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.
 - Put digital tools in place so patients can be supported with high quality information that equips *them to take greater control over their health and care*.

The primary care IT team and digital facilitation service in Salford will contribute to ensuring we deliver these objectives, although GM will provide strategic leadership and direction. Elements of the programme are listed below but are developed as required in year.

- To develop and maintain the local services including ensuring all practices have access to expert users and training for key systems.
- To work with practices on enhancing GP websites and digital services.
- To continue with e-consult exploitation training with practices
- To prepare a dashboard of digital maturity or other means to assess impact of the services
- To explore any software tools that may improve productivity in general practice.
- Work to increase primary care patient digital interaction by
 - Further developing links with SCC digital eagles and public health services to ensure citizens have access to NHS apps.
 - To work with PCNS and patient participation groups on patient engagement.
 - To engage with the citizen's panel.

10. GM Salford - PCN projects

- 10.1 Broughton Innovation - use of kiosks for self-service health measurements.
- 10.2 There is interest in testing robotic processing automation (RPA) in primary care. GM have two pilots in place already and Salford will ensure we can support PCNS and link with these projects to develop it further in Salford.
- 10.3 Federated working solutions for PCN wide services and ARRS staff. In particular, the funding of federated solutions was raised and the fact that they do not meet the technical requirements or reporting requirements set out by NHS England. These points will be raised with GM and NHS England/Digital.
- 10.4 PCNs made suggestions on content of the programmes already planned and these suggestions have been added into the work plans.

11. GM wide IT

- 11.1 NHS GM Digital and IT Services manage an extensive programme of work supporting the NHSGM and GPIT infrastructure. The items below are of particular relevance to Salford GPS.
- Annual cyclic refresh of desktops and laptops
 - Annual refresh of Wi-Fi, communication cabinets and infrastructure to support the network.
 - GM wide telephony project to support practices to move to a cloud-based solution
 - Virtual desktop project to support flexible working.

12. Information governance and Data Protection Officer (DPO) support to General practice

- 12.1 NHS GM is committed to maintaining the level of service to GP practices offered by the CCGs. As such the dedicated Information Governance Support Manager will continue to operate in Salford and will provide services as described below. (Full SLA document available)
- Provide a mailbox as DPO contact with advice and support
 - Provide an ad-hoc advisory service on all areas of IG legislation
 - Support to provide evidence for the Data Security and Protection Toolkit
 - Advice on Data Protection Impact Assessments and information Sharing agreements
 - Support when dealing with ICO.

13. Staff and resources

- 13.1 NHS GM provide GP IT support as outlined in the GPIT operating framework via its in-house service now named NHS GM Digital and IT Services. The locality has a dedicated link manager, David Walsh.
- 13.2 The locality has a senior manager responsible for GPIT and links to primary care. This is Caroline Rand.

The duties have been agreed as:

1. Proactively engage with:
 - a. locality digital forums
 - b. Practices/PCNs
 - c. locality primary care commissioners
 - d. locality and strategic estates group
 - e. locality CCIO's and other professional leaders (Primary, Acute, Community & Social Care)
 2. Act as digital link
 - a. between primary care and key health & care partners
 - b. to place based leads and deputy place based leads
 3. Inform and influence GM strategy from the 10 Locality Plans' digital element
 4. Lead on locality GP digital needs in line with the national operating model
 5. Manage delivery of commissioned digital services and hold digital providers to account
 6. Champion digital transformation & innovation within the locality
 7. Direct locality implementation of GM and locality digital transformation strategies underpinning delivery of national, regional and locality delivery plans
- 13.3 Salford locality also has two other staff Wendy Hughes Primary Care Informatics Manager and Sharon Austin project support officer.
- 13.4 There is currently a dedicated Chief Clinical Informatics Officer for Salford with 2 sessions funded per week.
- 13.5 The Digital facilitator service is hosted by SPCT. It comprises of three Senior digital first facilitators (funded via GM) and a team of digital facilitators funded by the locality.
- 13.6 The GPIT budget is now held centrally, and Salford must bid to fund its programme as outlined in this plan.
- 13.7 All posts are now subject to the restructure consultation process. We do not anticipate major changes, but the dedicated CCIO sessions are not guaranteed at local level. This is a concern and has been fed into the consultation. GM plan to have a GM wide CCIO post with 0.6WTE or 6 sessions.

14. PCN and practice engagement with IM&T agenda

- 14.1 IM&T leads attend every practice manager forum and practices can raise issues in advance. An IT briefing document is produced each time.
- 14.2 There are IT specific items in the GP Bulletin on specific issues.
- 14.3 There is a clinical lead for IT funded for two sessions per week. This post is known as the Chief Clinical Informatics Officer and is currently a GP. The CCIO offers a front-line clinician view on all IM&T projects and takes an active role in various project groups and discussion with local providers (NCA-Salford Care Organisation and GMMH) on improving communications and use of technology across sectors. This role may be reviewed with wider clinical leadership roles.

- 14.4 IT staff will attend PCNs meeting by invitation and try and ensure at least an annual detailed conversation with each PCN on IT related issues.
- 14.5 The NHSGM Salford locality have an IM&T group which reports to its leadership team. This meets every 2 months and includes a representative from PCNS (one CD), CCIO and a practice manager representative.
- 14.6 There are project groups for significant projects and the CCIO is usually the GP link/clinical voice on each of these.

15. Recommendations

- 14.1 The PCCC is asked to:
- Note the report.
 - Support the IT team's case to GM to ensure it is funded.

Caroline Rand
Head of Business Intelligence & IT

Appendix 1

Greater Manchester Integrated Care Partnership McKinsey & Co- reimagine Phase -17 initiatives

NB this is a high-level summary and there is a full report outlining what each initiative may comprise of. It was also a snapshot in time and will develop as further work is done.

Theme 1 Improve practice ways of working

1. Develop consistent front end template (web development)
2. “Soft launch” digital for specific cohorts
3. Establish centralised Hub access to PCNs for high volume low complexity tasks
4. Improve GMC functionality
5. Build interoperable systems to route demand to other settings of care.

Theme 2 Strengthening practice capability

6. Develop and maintain standardised training programmes and a library of resources
7. Establish a sustainable network of digital champions to deliver digital change
8. Build best practice forum

Theme 3 Minimise no-public facing workload

9. Establish GM-Wide standards for non-patient facing workload
10. Embed new, clear electronic letter templates
11. Explore role for OCR (optical character recognition) and RPA (robotic process automation) solutions

Theme 4 Enhance public communications and user experience

12. Embed standardised templates for practice websites.
13. Improve Online Consultation platform user interface
14. Roll out GM wide patient communications campaign
15. Coordinate patient training materials distributed via network of patient champions

Theme 5 Promote digital inclusion and public access

16. Establish central call centre
17. Establish patient IT support service desk

Salford Place-Based Primary Care Commissioning Committee
3 May 2023
6. Vaccinations and Immunisations Update

Item for: ~~Decision/Assurance/~~**Information** (Please bold/underline as appropriate)

Report of:	Service Improvement Manager	
Date of Paper:	May 2023	
In case of query, please contact:	Sam Glynn-Atkins samantha.glynn-atkins@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	✓
	Enabling Transformation	
Purpose of Paper:		
<p>Salford's Place-Based Primary Care Commissioning Committee (PCCC) received the 2021/22 Annual Directed Enhanced Services (DESS) Update Report in November 2022. Within this report, progress against the Learning Disability DES and childhood immunisations and vaccination essential services was reported. Due to low performance, the committee requested a mid-year update paper to review current performance and any ongoing pieces of work to address uptake.</p>		

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	The paper details some of the services available to patients registered with a Salford GP.
How does this paper address health inequalities and promote inclusion?	The paper highlights variation in performance across some of the direct enhanced services/essential services discussed.
What risks may arise as a result of this paper and how will they be mitigated?	N/A
Does this address any existing high risks facing the organisation and how does it reduce them?	N/A
Are there any possible conflicts of interest associated with this paper?	N/A
Will any current services or roles be affected by issues within this paper and what are they?	Salford GP practices

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	N/A
Has there been Clinical Engagement?	N/A
Has the impact on Salford socially, economically and environmentally been considered?	N/A
Has there been an analysis of any impacts on equality?	N/A
Has legal advice been obtained?	N/A
Has this been to any groups or committees for engagement, comments, or approval?	Presented to Primary Care Operational Group 11 April 2023

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work

Vaccinations and Immunisations Update

1. Executive Summary

Primary Care Commissioning Committee (PCCC) received the 2021/22 Annual Directed Enhanced Services (DESs) update report in November 2022, which reported on 2021/22 performance. Within this paper, poor performance against the Learning Disability Health Check Scheme DES and childhood immunisations and vaccination essential services was reported. The committee requested a mid-year update paper to review current performance and any ongoing pieces of work to improve uptake.

This paper provides a summary of available performance to date in 2022/23 and outlines some issues and measures that the locality is taking to improve performance.

The full 2022/23 annual DES report will be presented to the committee when the full year's data set is available.

2. Introduction

- 2.1 Salford's Place-Based Primary Care Commissioning Committee (PCCC) received the 2021/22 Annual Directed Enhanced Services (DESs) update report in November 2022. Within this report, poor performance against the Learning Disability Health Check DES and childhood immunisations and vaccination essential services was reported. The committee requested a mid-year update paper.
- 2.2 Section 3 and 4 of this report provide the committee with an update on performance and ongoing pieces of work to address uptake against the following.
- Vaccination and immunisation essential services
 - Learning Disability Health Check Scheme DES

3. Vaccination and Immunisation Programmes

Performance

- 3.1 From April 2021, all routine vaccine and immunisations for children and adults were classed as essential services and GP providers are contractually required to deliver these. GP practices are required to provide vaccinations and immunisations to all eligible patients or target groups, as set out in Table 1 below.
- 3.2 The data reported in the November 2022 paper highlighted that vaccine coverage in 2021/22 decreased compared to 2020/21 both locally and nationally, with no vaccines meeting the 95% target. Table 1 provides an update on performance to include April to September 2022 data.

Table 1: Childhood routine immunisations essential services

Vaccination and Immunisation Programme	Cohort	Target (%)	April – Sept 2022 (%)	Patients Vaccinated (%) 2021/22	GM Average (%) April - Sept 2022	National Average (%) 2021/22
6 in 1 vaccine Diphtheria, Tetanus, Pertussis, Polio, Hib & Hepatitis B (DTaP/IPV/Hib/HepB)	12 months	95	90	87	90.5	91.8
	24 months	95	90	91	90.5	93
	5 years (primary)	95	92.1	93.2	94.7	94.4
	5 years (booster)	95	79.4	78.7	82.7	84.2
Meningococcal Group B	12 months	95	87.7	86.2	90.7	91.5
	24 months (booster)	95	84.2	84.8	87.7	88
Rotavirus gastroenteritis	12 months	95	81.1	82.2	86.2	89.9
Pneumococcal (PCV)	12 months	95	90	89.8	92.9	93.8
	24 months (booster)	95	86.5	87.1	88.8	89.3
Haemophilus B & Meningitis C (Hib/MenC)	24 months	95	85.4	86.1	89.1	89
	5 years	95	89.6	90.1	92.8	91.7
Measles, Mumps and Rubella (MMR)	24 Months	95	86.7	87.3	89.2	89.2
	MMR1 - 1 st dose at 5 years	95	91.9	92.8	94.2	93.4
	MMR2 - 1 st & 2 nd dose at 5 years	95	82.5	82.6	84.6	85.7
Hepatitis B (Hep B)	12 months	95	100	100	98.4	90
	24 months	95	100	80	94.3	84
BCG Vaccine	3 months	N/A	75.5	N/A	68.8	N/A
Meningococcal A.C.W.Y (MenACWY)	School year 10 in 2021	N/A	N/A	45.1	N/A	75.8

	to 2022 (14- to 15- year- olds)					
	School year 9 in 2021 to 2022 (13- to 14- year- olds)	N/A	N/A	50.5	N/A	73.5

**Source: The Cover Of Vaccination Evaluated Rapidly (COVER) Programme
Vaccination coverage by GP data tables are experimental and should be viewed with caution
GP level data was censored when individual values were less than 5*

- 3.3 This data includes a comparison to both the GM and National average performance, which shows that neither are achieving any of the 95% targets.
- 3.4 The data does show that there have been some small improvements already made in several vaccination cohorts in 2022/23 and others are close to where the 2021/22 performance ended. This suggests that performance for 2022/23 will be higher than in 2021/22, although a number of vaccinations are still not close to the 95% thresholds.

Governance and Operating Model Issues

- 3.5 Changes to the way in which the immunisation team works were discussed at the November PCCC meeting and the impact that this may potentially be having on immunisation performance. NHS England (GM screening and immunisation team) are the overall commissioners for vaccinations, which includes contractual management of the Salford School Immunisation Team, which is commissioned through the Northern Care Alliance (NCA).
- 3.6 Accountability for vaccinations has been delegated from NHS England to NHS Greater Manchester. Whilst NHS Greater Manchester has, since July 2022, been undergoing a functional transformation programme to implement a new operating model; and through that work has delegated various responsibilities and resource (i.e. budgets and staff) to localities, section 7A (NHS public health functions) has not been part of these discussions around delegation to localities.
- 3.7 Attempts have been made to engage with GP practices through surveys and invites to the Immunisation Operational Group meeting, however uptake has been poor. Engagement from PCN managers has improved recently but can be sporadic. The Immunisation Operational Group are therefore providing limited support to GP providers, however, there are difficulties concerning a lack of information, resources, and accountability, with no clear route of escalation.
- 3.8 Under the NHS Act 2006, there is a statutory duty for Directors of Public Health to protect their population and be assured local vaccination programmes meet the

needs of the population. The Salford system is not assured that the current coverage protects the Salford population from vaccine preventable diseases.

- 3.9 Salford City Council's Corporate Risk Register has a risk relating to outbreaks of infectious diseases that is not adequately mitigated, in part, because there is no assurance that there are effective vaccination programmes within the City.
- 3.10 Against this context, with the accountability and resource sitting at a GM level, a request has been made to GM, welcoming discussions on this matter and how performance can be improved, and conversations are ongoing.

Ongoing Work

- 3.11 As reported in the November paper, analysis of performance shows that there were some good improvements in Q4 2021/22 for some practices, which could be attributed to the new QOF indicators for childhood immunisations. However, these improvements were offset by poor performance in other practices.
- 3.12 Due to challenges associated with vaccinating Salford's high Orthodox Jewish population, performance within the Broughton PCN is negatively affecting the overall performance of Salford. In April – September 2022, average performance against all childhood immunisations was approximately 90% across all PCNs apart from Broughton PCN, where it was 72%. Performance within two practices serving the Orthodox Jewish population is particularly low, with an average of 56.9% and 63% respectively.
- 3.13 Childhood immunisation data is reported and discussed at the Immunisation Operational Group, with one of the issues reported being the openness of the Jewish schools in allowing the school immunisation team to go into the schools to provide vaccinations.
- 3.14 Data quality issues have also been identified at the two low performing Broughton practices. The issues are that vaccinations have not been coded onto the clinical system and instead have been input as free text, which cannot be picked up in searches or by Child Health Information Services (CHIS). This is a breach of practice contractual requirements, and an Incident Management Team was established and has investigated and understood the problem. It is a significant piece of work to rectify this, however, going forward, now that this has been identified, all immunisations will be correctly recorded on the clinical system.
- 3.15 This will also have had a financial implication for the two practices, as they will not have been paid for any immunisations given due to them not being coded correctly for the system to pick up.
- 3.16 Broughton PCN has also been involved in a catch-up campaign for the Jewish community with the Home Immunisations Team providing some targeted support.
- 3.17 Consideration is required as to the approach in trying to work with the Jewish community in improving uptake, for example, the GP calling the patient and informing them of the importance could have more impact than sending a letter. Jewish children are often part of a large family and consideration could be taken into the way

clinics are operated, with all children invited to the same appointment or providing out-of-hours clinics.

3.18 The Immunisation Operational Group has developed a transformation plan with the following actions to address low performance across the whole of Salford:

- Hatzola assisting with engagement
- Focused work with practices identified as having less than 85%
- Data quality work with CHIS to identify children thought to have moved out of Salford
- Eccles & Irlam PCN have set up a rolling programme looking at immunisation performance in each practice, working together to increase uptake
- Ordsall & Claremont PCN working on data cleansing
- Swinton PCN looking at increasing Cantonese speaking patients' immunisation uptake
- Health protection staff have started attending open days and community groups to discuss vaccinations and answer questions from local communities
- Health protection PCN lead is working with the lower performing practices to try and assist them to improve uptake
- Programme of work being developed for the 300 children that are home schooled
- Sharing data at a practice and PCN level, with breakdown of data to enable targeted work
- Each practice to have a programme of immunisation training for practice staff
- Each practice to have an Immunisation lead
- Increase uptake through delivery of routine vaccination – working with community immunisation service
- Explore other ways of delivering vaccination programmes to improve uptake.

3.19 A new 'Personalised Care Adjustment' is planned to be introduced in the 2023/24 QOF for patients who registered at the practice too late (either too late in age, or too late in the financial year) to be vaccinated in accordance with the UK national schedule (or, where they differ, the requirements of the relevant QOF indicator). The impact of this will be reported in the 2024/25 annual DES report.

4. Learning Disabilities Health Check Scheme DES

- 4.1 The learning disabilities (LD) health check scheme offers adults and young people aged 14 years and over, who have learning disabilities, the opportunity to have an annual health check with their GP. Practices are required to:
- Identify all patients aged 14 years and over with learning disabilities
 - Maintain a learning disabilities register
 - Offer patients an annual health check, which includes producing a health action plan
- 4.2 In 2022/23, all Salford practices signed up to deliver the learning disabilities health check scheme. This was the same as for previous years.
- 4.3 Table 2 provides an update on the learning disabilities health check performance to include April 2022 to January 2023.

Table 2: LD health checks performance

Year	Number of patients on the LD register	Number of patients that received an LD health check	% of patients that received an LD health check	Range of achievement across Salford practices (%)
2017/18	1,112	897	80.6	35 – 100
2018/19	1,203	524	43.5	0 – 80
2019/20	1,328	688	51.8	0 – 52
2020/21	1,234	952	77.1	27 - 100
2021/22	1,282	757	59.0	0 - 97
2022/23 (April 22 – Jan 23)	1,367	674	49.3	0 - 96.3

*source: Tableau

- 4.4 The achievement across Salford for patients 14 years and over on the learning disability register with a health check, is currently below the national expected minimum target (75%). However, performance does usually significantly increase within Q4.
- 4.5 Currently, six practices are achieving the 75% threshold. The range of achievement across practices is large, with one practice not having completed any health checks up to the end of January 2023, and a high number of practices a long way from achieving the 75% target by the end of March 2023.
- 4.6 People with a learning disability have significant health inequalities when compared to the general population and the Salford Learning Disability Service has been working with partners to improve this by producing a new resource to support Salford GP practices when people with learning disabilities attend for routine appointments, vaccinations or annual health checks.
- 4.7 There is also a new practice development measure that will be included within the 2023/24 Salford Standard, with practices receiving a small incentive to achieve a 75% uptake rate for delivery of annual health checks for people with learning disabilities. It is hoped that this will be an extra incentive for practices for this important measure, but that it will also help to increase visibility of practice level performance, with uptake shown on the Salford Standard performance dashboard.
- 4.8 To support practices in achieving improved LD health check uptake, the NHS GM Salford Locality team will:
- Provide a nurse liaison role to support practices in delivering the requirements, including training and support
 - Ensure that GP practices have a named learning disability nurse
 - Provide information on accessible materials/resources and assist with reasonable adjustments

5. Summary and Conclusions

- 5.1 Variation in performance remains against the requirements discussed within this report.
- 5.2 It is recommended that performance against all the DES schemes and essential services are published at both a PCN and practice level. Practices should then review and discuss performance at a PCN level to share best practice.
- 5.3 Ongoing discussions are required with the GM Screening and Immunisation Team to understand some of the commissioning and contracting arrangements and concerns highlighted within this paper.
- 5.4 The full 2022/23 annual DES report will be presented to the committee when the full year's data set is available.

6. Recommendations

- 6.1 The Salford Place-Based Primary Care Commissioning Committee is asked to note the content of the report.

Natalie McInerney
Service Improvement Manager

Acknowledgements

Steph Pearson – Service Improvement Manager
Frazer Meadowcroft – Senior Service Improvement Officer
Sam Glynn-Atkins – Senior Service Improvement Manager

QOF indicators – Vaccination & Immunisation 23/24

Vaccination and Immunisations (VI)

Indicator	Points	Thresholds	
VI001. The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months	18	89-96%	
VI002. The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	86-96%	
VI003. The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years	18	81-96%	
VI004. The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years	10	50-60%	

QOF indicators – Vaccination & Immunisation 22/23

Vaccination and Immunisations (VI)	Points	Thresholds	Points at lower threshold
VI001. The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months	18	90-95%	3
VI002. The percentage of children who reached 18 months old in the preceding 12	18	90-95%	7
months, who have received at least 1 dose of MMR between the ages of 12 and 18 months			
VI003. The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years	18	87-95%	7
VI004. The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years	10	50-60%	0

Salford Place-Based Primary Care Commissioning Committee

3 May 2023

7a. Primary Care Network Update

Item for: Decision/Assurance/**Information** (Please bold/underline as appropriate)

Report of:	Senior Service Improvement Manager	
Date of Paper:	11 April 2023	
In case of query, please contact:	Sam Glynn-Atkins Senior Service Improvement Manager samantha.glynn-atkins@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	✓
	Enabling Transformation	
Purpose of Paper:		
<p>The purpose of this paper is to update the committee on the work being undertaken to ensure that Salford's Primary Care Networks (PCNs) are meeting the national requirements of the Network Contract Directed Enhanced Service (DES).</p> <p>The committee is asked to note the contents of the report.</p>		

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	Salford Primary Care Networks are central to the broad offer of integrated care to Salford's residents.
How does this paper address health inequalities and promote inclusion?	PCNs working together have the potential to harmonise the health care offer for all Salford registered patients.
What risks may arise as a result of this paper and how will they be mitigated?	No risks were identified in relation to this update paper.
Does this address any existing high risks facing the organisation and how does it reduce them?	Not applicable.
Are there any possible conflicts of interest associated with this paper?	No decision is required for this update paper.
Will any current services or roles be affected by issues within this paper and what are they?	The paper reflects new ways of working between Salford GP practices and service providers linked to existing pathways.

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	Not applicable.
Has there been Clinical Engagement?	Yes - PCN programme discussed with PCN clinical directors and service providers.
Has the impact on Salford socially, economically and environmentally been considered?	Not applicable.
Has there been an analysis of any impacts on equality?	Not applicable.
Has legal advice been obtained?	Not applicable.
Has this been to any groups or committees for engagement, comments, or approval?	Presented to Primary Care Operational Group – 11 April 2023.

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Primary Care Network (PCN) update

1. Executive Summary

This paper provides an overview of the year end position on the programme of work required by the Network Contract Directed Enhanced Service (DES). The paper sets out the key changes to national requirements for PCNs since the last update.

The committee is asked to note the contents of the report.

2. Background

- 2.1 This paper provides a 6 monthly update on developments that have taken place since the last update paper in September 2022.
- 2.2 All five PCNs continue to have both a Clinical Director (CD) and a lead for the business management function.

Primary Care Network	Name	Job title
Broughton	Dr Babar Farooq	GP
	Dr Carlie Gardner	GP
	Kingsley Dike	PCN Support Manager (SPCT)
Eccles & Irlam	Dr Pierina Kapur	GP
	Georgina McNulty	PCN Manager (SPCT)
Ordsall & Claremont	Dr Deji Adeyeye	GP
	Dr Vann Selvaraasan	GP
	Hayley Savvides	PCN Managing Director
Swinton	Dr Girish Patel	GP
	Dr Karin McCall	GP
	Zain Harper	Chief Operating Officer
Walkden & Little Hulton	Dr Sapna Tandon	GP
	Zain Harper	Chief Operating Officer

- 2.3 The change in CD in the Ordsall & Claremont PCN on 1 July 2022, for which the associated paperwork had not been filed, has still yet to be filed. Given the legal costs associated with a change to the Schedule 1, it was agreed that, given the proximity to year end, the PCN could await the publication of the 23/24 PCN DES to ensure that

there would be no duplication. It is now expected that the appropriate paperwork will be submitted without further delay.

- 2.4 Swinton PCN have submitted paperwork for a change in CD, and at the time of writing this paper, the paperwork is being reviewed to ensure that it meets the necessary requirements of the DES.
- 2.5 The documentation for the [Network Contract Direct Enhanced Service \(DES\) for 2023/24](#) was published on 30 March 2023. The specification outlines the requirements for practices and PCNs participating in the DES. There are few changes to the requirements from 2022/23. A [letter](#) outlining the changes highlighted the following points:
 - *the Investment and Impact Fund (IIF) – streamlined to 5 key clinical indicators, with funding repurposed to support patient access and experience; and*
 - *the Additional Roles Reimbursement Scheme (ARRS) – given further flexibility, and with two new reimbursed roles.*

3. Additional Roles Reimbursement Scheme (ARRS)

- 3.1 For the year ending 31 March 2023, Salford utilised almost 100% of the ARRS funding available to the locality, and this made the locality one of the best performing localities in Greater Manchester. Greater Manchester utilised 90% on average, which is higher than the national average of 80%.
- 3.2 No unclaimed funding was available to the Salford locality for bidding against, from the underspend in other localities.
- 3.3 PCNs have been advised of the locality entitlement for ARRS for 23/24 and reminded that utilisation of this will drive the baseline for the next five-year contract.
- 3.4 Paramedics claims issue
 - 3.4.1 A decision was made and was communicated to the PCN where concerns had been raised regarding monthly claims for Paramedics.

An appeal against this decision was submitted by the PCN and this is currently ongoing at the time of writing this paper. It should be noted that it had, during discussions, been brought to light that the PCN had not claimed for some aspects of work undertaken by the ARRS staff, in working on the vaccination programme.

4. Service requirements

- 4.1 The year end prompted a review of overall compliance with the requirements of the PCN DES, and the following is the status at the time of writing this paper:
- 4.2 Enhanced Access
 - 4.2.1 All PCNs are compliant with most requirements within the Enhanced Access domain.
 - 4.2.2 One PCN remains non-compliant in several areas, all relating to the limitations of current IT systems.

- 4.2.3 No Salford PCNs are compliant in terms of the requirement to make unused slots available to NHS 111, and this is due to the functionality not being in place in Greater Manchester.
- 4.2.4 The table below shows the number and percentage of Enhanced Access hours that have not been offered. It is estimated that around 15% of these outstanding hours were lost to bank holidays, with the rest of the discrepancy being due to a shortfall in hours delivered, and particularly the way that vaccines have been delivered by some of the PCNs.

PCN	Number of Hours outstanding as at 31 March 2023	Hours outstanding as percentage of total hours required over the period 1 October 2022 - 31 March 2023
Broughton	328	19%
Eccles & Irlam	402	21%
Ordsall & Claremont	91	4%
Swinton	0	0%
Walkden & Little Hulton	0	0%

GM localities are working together so that the approach to ensuring that any remaining hours are delivered, is consistent, and a paper is being presented to GM PCOG.

- 4.2.5 PCNs have been made aware of the increased number of Enhanced Access hours required to be delivered from 1 April 2023.
- 4.2.6 At the time of writing, four of the five PCNs had submitted plans to the domain lead which detail the arrangements for appointments due to be delivered over Easter and the upcoming May bank holidays.
- 4.3 Medication Review and Medicines Optimisation
- 4.3.1 All PCNs are compliant with most requirements within the Medicines Optimisation domain.
- 4.3.2 All PCNs have raised concerns that the requirement to *‘Work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines’* is unreasonable and not within the gift of PCNs to achieve. The Local Pharmaceutical committee (LPC) have supported this viewpoint as the requirement is activated by the pharmacy and not the practice through any referral process.
- 4.4 Enhanced Health in Care Homes
- 4.4.1 The Enhanced Health in Care Homes (EHICH) requirements are applicable to all care homes. There are a number of care homes in Salford that fall within the criteria for these requirements but are not homes caring for older people.
- 4.4.2 For the Salford care homes delivering care for older people, the Care Homes Medical Practice is delivering the requirements of the EHICH specification in full.

4.4.3 The PCNs are in the process of providing assurance that the requirements are also being delivered for patients residing in care homes where people with autism or learning difficulties reside. However, it should be noted that some of the requirements are not applicable to this patient cohort, e.g. geriatrician input.

4.5 Early Cancer Diagnosis

4.5.1 The GM Cancer Alliance developed a template for delivery of this domain, and all PCNs submitted a completed template that satisfied the requirements.

4.6 Social Prescribing

4.6.1 All PCNs are compliant with the requirements within the Social Prescribing domain.

4.7 Cardiovascular Disease (CVD) Prevention and Diagnosis

4.7.1 Four of the five PCNs are fully compliant with the requirements in the CVD domain.

4.7.2 There has been no submission to the domain lead from the Walkden & Little Hulton PCN.

4.8 Health Inequalities

4.8.1 Four of the five PCNs have submitted a populated template to the domain lead. Three of these are fully compliant with all requirements, whilst the fourth has a few gaps for which the domain lead has asked for information on.

4.8.2 There has been no submission to the domain lead from the Walkden & Little Hulton PCN.

4.9 Anticipatory Care (AC)

4.8.1 The requirements for the AC domain were changed within year and work is now being led by the ICS, supported by PCNs. In Salford, staff from the Northern Care Alliance (NCA) are progressing this work with Greater Manchester colleagues.

4.10 Personalised Care

4.10.1 All PCNs are compliant with the requirements within the Personalised Care domain.

5. Finance

5.1 The summary financial position for Month 12 (March 2023) is set out in Appendix 1.

6. Recommendations

6.1 The Primary Care Commissioning Committee is asked to:

- Note the contents of the report

Sam Glynn-Atkins
Senior Service Improvement Manager

Acknowledgements

Neil Cudby	Assistant Director of Commissioning
Saiqa Farooq	Service Improvement Manager
Anna Ganotis	Head of Service Improvement (Primary Care)
Andrea Lightfoot	Senior Service Improvement Manager
Laurence Patrick	Senior Management Accountant
Jane Roberts	Service Improvement Manager
Claire Vaughan	Head of Medicines Optimisation

Summary financial position - Month 12 (March 2023)

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Q2-Q4 Budget £'000	Q2-Q4 Forecast £'000	Forecast Outturn Variance £'000
Primary Care Network Expenditure - Co-Commissioning						
PCN DES Participation Payment	426	426	0	426	426	0
PCN DES Care Home Premium	138	141	4	138	141	4
PCN-Extended Hours Access	108	108	0	108	108	0
PCN-Clinical Director	166	166	0	166	166	0
PCN Support Payment / IIF	795	795	0	795	795	0
PCN-Additional Roles	4,306	4,306	0	4,306	4,306	0
PCN - Enhanced Access	1,235	1,234	-1	1,235	1,234	-1
PCN DES Leadership Payment	172	172	0	172	172	0
C&M-PCN Capacity and Access Support	197	197	0	197	197	0
Primary Care Surge Planning	816	816	0	816	816	0
Primary Care ARI Hubs	211	211	0	211	211	0
PCN Development Funding	64	64	0	64	64	0
Primary Care Network Expenditure - CCG core allocation						
PCN - Core £1.50	338	338	0	338	338	0
Co-commissioned NIPPs and Soc Pres	919	913	-7	919	913	-7
	9,891	9,886	-4	9,891	9,886	-4

Salford Place-Based Primary Care Commissioning Committee

3 May 2023

8b. Primary Care Operational Group Report

Item for: Decision/Assurance/**Information** (Please bold/underline as appropriate)

Report of:	Head of Service Improvement (Primary Care)	
Date of Paper:	April 2023	
In case of query, please contact:	Anna Ganotis Head of Service Improvement (Primary Care) anna.ganotis@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	✓
	Enabling Transformation	
<p>Purpose of Paper: The Salford Primary Care Operational Group (PCOG) is responsible for overseeing and managing the delivery of primary medical services (in Salford) that have been delegated from NHS England to NHS Greater Manchester Integrated Care (NHS GM).</p> <p>This paper provides an update on the work that is overseen by the PCOG.</p> <p>The Place Based Primary Care Commissioning Committee (PCCC) is asked to:</p> <ul style="list-style-type: none"> - Note the contents of this report 		

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	The Primary Care Operational Group is working to improve general practice in Salford for the benefit of registered patients.
How does this paper address health inequalities and promote inclusion?	N/A – update paper. This will be managed within each individual programme of work.
What risks may arise as a result of this paper and how will they be mitigated?	N/A – update paper. Risks will be managed within each individual programme of work.
Does this address any existing high risks facing the organisation and how does it reduce them?	N/A
Are there any possible conflicts of interest associated with this paper?	No GP practices are represented at PCOG
Will any current services or roles be affected by issues within this paper and what are they?	General practice in Salford.

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	N/A – update paper. This will be managed within each individual programme of work.
Has there been Clinical Engagement?	N/A – update paper. This will be managed within each individual programme of work.
Has the impact on Salford socially, economically and environmentally been considered?	N/A – update paper. This will be managed within each individual programme of work.
Has there been an analysis of any impacts on equality?	N/A – update paper. This will be managed within each individual programme of work.
Has legal advice been obtained?	N/A – update paper. This will be managed within each individual programme of work.
Has this been to any groups or committees for engagement, comments, or approval?	No

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Primary Care Operation Group Update Report

1. Executive Summary

This paper provides a high-level summary of the work that is overseen by the Primary Care Operational Group (PCOG). This paper highlights the most important issues which Place-Based Primary Care Commissioning Committee (PCCC) members should be aware of.

*The PCCC is asked to:
- Note the content of this report*

2. Introduction and Background

- 2.1 The Salford PCOG meets monthly and at each meeting, there are agenda items on practice specific contractual issues, core contractual requirements, enhanced services, locally commissioned services and estates and informatics projects.
- 2.2 This report covers the March and April 2023 PCOG meetings.
- 2.3 This update paper aims to highlight the most important matters discussed at PCOG meetings within the reporting period.
- 2.4 A section has also been included in this update report to summarise the changes to the GP Contract in 2023/24.

3. Practice Contractual Issues

- 3.1 Walkden Gateway Medical Practice
Following the decision at the March 2023 PCCC, a contract termination notice has been issued to the caretaking provider and plans are in place to disperse the patient list by the end of June 2023. Patients at the practice have been written to and asked to register at a new practice. A 'drop-in session' to support patients who require help to re-register will be organised.
- 3.2 Dr Davis's Medical Practice
As reported at the March 2023 PCCC, as part of a scenario planning exercise following the suspension of one of the GP partners, the locality team has written to both partners to ascertain any plans regarding the future of the partnership and the practice. Receipt of the letter has been acknowledged, however a formal response is still awaited.

4. Core Contractual Issues

- 4.1 PCOG heard that the commissioner exception report for the General Practice Annual Electronic Declaration (eDEC) had been received from NHS England. The report focused on a sub-set of questions considered to be most significant in identifying where further investigation is warranted, although previous years have shown several practices have flagged due to the ambiguity of some questions. Those practices identified in the report were to be contacted and an update will be provided to PCOG.

5. Enhanced Services

- 5.1 The group reviewed the PCN update report prior to it coming to the PCCC for assurance. The group agreed some actions for those PCNs where assurance was missing.
- 5.2 The group reviewed the enhanced services update report prior to it coming to the PCCC for assurance. Some minor amendments were discussed and agreed.
- 5.3 A Special Allocation Scheme Appeals Policy was reviewed and approved; however, it was suggested that there was a need for consistency across Greater Manchester and it was agreed that it would be shared to promote discussion with GM colleagues.

6. Locally Commissioned Services

- 6.1 Salford Standard
PCOG approved some minor amendments to the 'Salford Standard Support and Escalation Policy', which will be used to manage and support practices where performance is below expectations in 2023/24.
- 6.2 PCOG were informed that the Q4 Salford Standard validation of practice submissions is in progress. The provisional 2022/23 performance dashboard is due to be shared with practices on 2 May 2023, ahead of the challenge period.
- 6.3 It was also reported that in Q3, 6 practices would have triggered the Support and Escalation Policy due to their performance and that they had been written to in order to highlight this.
- 6.4 PCOG heard that the 2023/24 Salford Standard KPIs were approved by the Salford Locality Board on 23 February 2023. Work was underway to agree the financial allocation methodology and to develop the contracts. A first Salford Standard launch event was held for practices on 23 March 2023 in order to enable them to prepare for the new contract requirements. An update regarding the progress of the procurement for a new software supplier was also provided.
- 6.5 Occupational Health
PCOG members heard that there are some issues regarding the provision of occupational health services to primary care providers across Greater Manchester. A Greater Manchester group has been established to stabilise the position in the short term and then to plan for service provision in the longer term.

7. Practice Closure Requests

- 7.1 There were two applications for in-hours closures within the reporting period, which were approved as follows:
- Salford Primary Care Together – 12:00 to 2:30pm on 16 March 2023 to enable staff training, development and engagement following the mutual aid request to Eccles and Irlam PCN.
 - Ordsall and Claremont PCN – a PCN-wide closure, 12:00 – 6:30pm on 20 April 2023 to allow the practice teams to attend a workshop on reviewing and improving access across the PCN, promoting additional role pathways and services and how

to improve communication to patients about the wider primary care services available.

8. Changes to the GP Contract 2023/24

8.1 On 6 March 2023, NHS England published changes to the GP contract for 2023/24¹. A summary of the key changes can be viewed below:

<p>Access</p> <ul style="list-style-type: none"> - The contract will be amended to make explicit that practices will no longer be able to request that a patient contacts the practice at a later time. - All patients (unless they have opted out or any exceptions apply) will have prospective record access by 31 October 2023. - Moving all practices to cloud-based telephony services. Practices will be required to procure their telephony solutions from the NHS England Better Purchasing Framework once current contracts expire.
<p>Network Contract DES</p> <ul style="list-style-type: none"> - The number of indicators in the PCN Impact and Investment Fund (IIF) will be reduced from 36 to five (flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator). - The remainder of the IIF will be entirely focused upon access via the Capacity and Access requirements. - Additional flexibilities on the utilisation of Additional Roles Reimbursement Scheme, including adding advanced clinical practitioner nurses to the reimbursable roles and increasing / removing caps on advanced practitioners and mental health practitioners. - No additional requirements will be added to the PCN service specifications in 2023/24. NHS England will publish guidance which will suggest best practice. - NHS England will review enhanced access requirements.
<p>QOF</p> <ul style="list-style-type: none"> - All QOF register indicator points will be awarded to practices, based on 2022/23 outturn once finalised, reducing the number of indicators in QOF from 74 to 55 (a reduction of 25%). - Two new cholesterol indicators will be added along with a new overarching mental health indicator. - An atrial fibrillation indicator will be retired and replaced with a similar indicator from IIF in 2022/23. - QOF QI modules will focus on workforce wellbeing and optimising demand and capacity in general practice.
<p>Immunisations and Vaccinations</p> <ul style="list-style-type: none"> - Changes to childhood vaccinations include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes, along with changes to the childhood vaccination and immunisation indicators within QOF which will see the lower thresholds reduced to 81% – 89% (dependent on indicator) and the upper thresholds raised to 96%.

¹ <https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/>

9. Recommendations

9.1 The PCCC is asked to:

- Note the contents of this report

Anna Ganotis
Head of Service Improvement (Primary Care)