

Agenda

Part 1 - Primary Care Commissioning Committee

Date: 3 May 2023

Time: 1pm – 2.30pm

Venue: Microsoft Teams

Item No.	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	3 mins	Welcome, Introductions and Apologies	Verbal	To receive	Nicola Hepburn
2.	2 mins	Declarations of Interest	Verbal	For discussion	Nicola Hepburn
3.	2 mins	Minutes of previous meeting held 2 February 2023	Paper	For approval	Nicola Hepburn
4.	3 mins	Action Log & Matters Arising	Paper	To update	Nicola Hepburn
5.	15 mins	Special Allocation Scheme Patient Removals and Appeals	Paper	Approval	Marion Colohan
6.	15 mins	Primary Care Quality Improvement Scheme 2023/24	Paper	Information	Marion Colohan
7.	15 mins	Primary Care Network, Enhanced Access Progress Report	Paper	Information	Marion Colohan
8.	5 mins	Any other business	Verbal	For discussion	Nicola Hepburn
9.	-	Date and time of next meeting 8 June at 9.30 – 11am		To receive	

Minutes

Oldham Place-Based Primary Care Commissioning Committee

Date: 2 February 2023

Time: 9.30am – 11am

Venue: Microsoft Teams

Present (Voting Members)	Apologies (Voting Members)
Mike Barker – Place Lead – Oldham and Executive Director, Oldham Council Nicola Hepburn – Director of Delivery and Transformation (Oldham) Kate Rigden – Locality Finance Lead (Oldham) Marion Colohan – Head of Primary Care (Oldham) Kathryn Maddison - Head of Complex Care & Personalisation (Oldham) Erin Portsmouth – Associate Director of Strategy, Planning and Development (Oldham)	
Present (Non-Voting Members)	Apologies (Non-voting Members)
Charlotte Stevenson – Consultant in Public Health (Oldham) Dr John Patterson – Associate Medical Director (Oldham) Tamoor Tariq – Manager, Healthwatch Oldham	
In Attendance	
Sharon Butterworth – Senior Executive Secretary (minute taker)	

Item No.	Topic	Action
1.	<p>Welcome, Introductions and Apologies</p> <p>MB welcomed members to the public meeting of the Oldham Place-Based Primary Care Commissioning Committee.</p> <p>There were no apologies.</p> <p>The meeting was declared quorate.</p>	
2.	<p>Declarations of Interest</p> <p>JP confirmed his GP status and all conflicts have been noted.</p>	
3.	<p>Minutes of Previous Meeting Held 1 December 2022</p> <p>The minutes were accepted and approved as a true and accurate record of the meeting.</p>	
4.	<p>Action Log and Matters Arising.</p> <p>Please see separate action log.</p>	
5.	<p>Oldham Primary Medical Services Quality and Assurance Update</p> <p>MC presented the above report which provided PCCC with an update on the outcomes of several CQC inspections carried out at Oldham GP practices over recent months.</p> <p>MC highlighted the key findings as follows:-</p> <p><u>Oak Gables Partnership</u> - Overall rating of 'Good'. The five key areas were rated as- Safe 'Requires Improvement' - Effective 'Good' – Caring 'Good' – Responsive 'Good' Well Led 'Good'.</p> <p>It was noted that the practice cared for patients in a way that kept them safe and protected them from avoidable harm, which included safeguarding. However, there were areas that improvements could be made to ensure risks were identified and managed correctly. These included significant incident reporting, and medicines management.</p> <p>MH confirmed she has met with the practice and assurances have been given and are now in place and improvements noted.</p>	

<p>5.</p>	<p>Oldham Primary Medical Services Quality and Assurance Update cont.</p> <p><u>Pennine Medical Centre</u> - Overall rating of 'Good' in all five key areas.</p> <p>Although the CQC found no breaches they did highlight that the practice should continue to promote and encourage the uptake of cervical screening and continue to monitor patients prescribed with high-risk medicines and long-term conditions through regular reviews.</p> <p>CS confirmed with regard to cervical screening, The Health Protection Team are to undertake a significant piece of work to update this and this report will be brought back to this Committee.</p> <p><u>Royton Medical Practice</u> - Overall rating of 'Requires Improvement' with the following ratings: Safe - Requires Improvement, Effective – Good Caring - Good Responsive - Requires Improvement, Well-led – Inadequate.</p> <p>Following this, the CQC carried out a follow up inspection on 6th January 2023 to ensure the improvement to the breaches of regulations found were being carried out.</p> <p>MC confirmed that a full inspection will take place within 6 months of the original report being published.</p> <p><u>Primary Care Improvement Forum</u></p> <p>Variation across GP practices presents an on-going challenge to improving the quality and delivery of primary care within Oldham. In order for commissioners to understand reasons for variation and to support practices to enhance the care they provide; the Primary Care Quality and Performance Improvement Framework was introduced in Oldham in 2016 and applies to all local GP practices.</p> <p>The framework includes:</p> <ol style="list-style-type: none"> i. Establishment of a Primary Care Performance Management Panel (PCPMP) ii. Establishment of a Primary Care Performance Improvement Forum (PCIF) iii. Implementation of a pathway to resolve issues identified in GP practices. The pathway is intended to support collaborative working in the first instance but provides an escalation process if required. <p><u>Royton Medical Centre – PCIF</u></p> <p>Assurances were sought that all actions within the CQC report were being carried out along with updating and improving policies.</p>	
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<p>5.</p>	<p>Oldham Primary Medical Services Quality and Assurance Update cont.</p> <p>MC confirmed that she continues to have meetings with the practice and a reinspection is expected within 6 months of the original report being published with the practice feeling ready and prepared.</p> <p><u>Medlock Medical Practice – PCIF</u></p> <p>MC confirmed that a key theme with the report was around the governance within the practice and clarification was required on staff employment.</p> <p>All policies have been updated and shared with staff.</p> <p>The primary care team are investigating possibilities of speeding up the process of developing upcoming areas within the building to give the availability of more rooms along with the prioritisation of digitalising patients notes to free up more space. MC is working with Lyn Brankin around the space issue and confirmed there is a unit next door to the practice which can be utilised. Confirmation of whether the capital is in place to take this forward will be known next week.</p> <p><u>Lees Medical Practice – PCIF</u></p> <p>MC confirmed she is in frequent contact with the practice and will continue to meet with them until she is satisfied the practice is back on track.</p> <p>NH gave congratulations re good practices; this is a very good achievement.</p> <p>JP thanked MC, the team, GPs and the frontline staff for progress made.</p> <p>MB requested that MC bring a different type of report to the next meeting, to include GP numbers, appointments and trends</p> <p>The Primary Care Commissioning Committee noted and received the content of report.</p>	<p>MC</p>
<p>6.</p>	<p>Local Enhanced Service Waiver Approval Special Allocation Scheme & Bail Hostel Service</p> <p>MC confirmed that the purpose of this paper is to seek approval of tender and quotation waivers to secure ongoing delivery of the following services:</p> <ul style="list-style-type: none"> i. Special Allocation Scheme (SAS) ii. Bail Hostel Service <p><u>Special Allocation Scheme (SAS)</u></p> <p>The current providers, CH Medical and Greenbank Medical Practice have both confirmed that they are happy to continue to provide the service in line with the service specification.</p>	

6.	<p>Local Enhanced Service Waiver Approval Special Allocation Scheme & Bail Hostel Service cont.</p> <p><u>Bail Hostel Service</u> The current provider, Danson Family Practice has confirmed that they are happy to continue to provide the service in line with the service specification.</p> <p>The Primary Care Commissioning Committee approved the tender and quotation waiver to secure deliver of the services until 31st March 2024.</p>	
7.	<p>Hopwood House Medical Practice – Request to Change Primary Care Network</p> <p>Hopwood House Medical Practice has requested to change Primary Care Network (PCN), moving from Oldham Central PCN to Oldham East PCN on the proposed date of 1st April 2023.</p> <p>Background information about the practice and both PCNs, as well as relevant data about location and patient demographics was provided. Also provided was an assessment of the potential impact of any change on relevant stakeholders, including patients and other services.</p> <p>It was agreed that the view of the PCNs and impact on PCN services needs to be taken into consideration.</p> <p>MC is satisfied the criteria would be met but there has been no engagement with patients so far.</p> <p>The basis of the request was noted and discussed.</p> <p>The Practice has high levels of deprivation, and it may be easier for some patients to access services in a central location in Oldham – i.e., in the town centre, where Central’s Enhanced Access service is delivered in the evening and on Saturdays.</p> <p>Oldham East PCN currently provides Enhanced Access in Lees during the week and at Mossley and Uppermill on Saturdays – this could make access difficult for some Hopwood House patients.</p> <p>The view of Oldham Central PCN is that it does not wish to stand in the way of Hopwood House Medical Practice joining Oldham East PCN.</p> <p>The application for Hopwood House Medical Practice to join was approved by a majority of Oldham East PCN practices, with a view to it joining from 1st April 2023.</p>	

7.	<p>Hopwood House Medical Practice – Request to Change Primary Care Network cont.</p> <p>Hopwood House Medical Practice currently supports residents at Avalon Park in Salem, Oldham. The practice has indicated that it would continue to support this care home, which would provide a continuity of care and minimise disruption, but this would require the home to be realigned to Oldham East PCN.</p> <p>The practice has confirmed that they do not see there being any adverse impact on the provision of community nursing services if this move were to take place.</p> <p>Additional roles reimbursement scheme is a concern but MC confirmed that this is the responsibility of the PCN.</p> <p>The above was discussed in-depth and at length and it was agreed that at this point in time a case has not been fully made that is strong enough to agree this change and the committee strongly recommend consultation with patients. MC confirmed that patient engagement is the practices responsibility and needs to be robust and open. MC suggested giving the practice guidelines regarding this.</p> <p>The Primary Care Commissioning Committee request further information to support the practice request and review the updated proposal.</p>	
8.	<p>Any Other Business</p> <p>None.</p>	
9.	<p>Date and time of next meeting 13 April at 9.30am</p>	

Oldham Place-Based Primary Care Commissioning Committee Part 1

Action Log updated after 2.2.23 meeting

Agenda Item No	Date of meeting	For Action/ Decision	Details of action/Decision	Action By	Status	Due Date	Comments
5	2.2.23	Action	New type of report to be provided at the next meeting, to include GP numbers, appointments and trends	MC		13.04.23	

Oldham Place Based Primary Care Commissioning Committee

Part One

3rd May 2023

Special Allocation Scheme Patient Removals and Appeals

1. Report Summary

The purpose of this paper is to:

- 1.1 Inform Oldham Place Based Primary Care Commissioning Committee (PCCC) of the outcome of an appeal from a patient following the immediate removal from their registered practice under the Specials Allocation Scheme
- 1.2 Seek ratification of:
 - i. The Terms of Reference for the Oldham locality SAS Appeal Panel
 - ii. The Oldham locality immediate patient removal process

2. Background

The Special Allocation Scheme (SAS) is a national directed enhanced service commissioned in each locality across Greater Manchester. The SAS service in Oldham is provided by CH Medical Practice and Greenbank Medical Practice.

The scheme provides essential Primary Medical Care services for patients who have been 'immediately' removed from their practice list as a result of an act of violence (physical or abusive), threatened violence, or have behaved in such a way that practice staff or other patients have feared for their safety. A person's fear for their safety can be actual or perceived. If a patient's behaviour is such that it warrants immediate removal from the patient list and placement on the SAS, national regulations require that the removing practice reports the incident to the police.

The removing practice can then request an immediate removal via NHS Primary Care Support England (PCSE) who will remove the patient from the practice list and inform the appropriate NHS England and locality primary care teams.

The removing practice must notify the patient in writing that a request for removal has been made, unless to do so would harm the patient's physical or mental health or put others on the practice premises at risk.

PCSE will then allocate the patient to a local SAS provider and notify the patient in writing that they have been removed from their practice and provide details of the SAS provider.

Once a patient has been allocated onto the SAS and notified by NHS England, they will usually remain on the scheme for a minimum of 12 months. During this time the SAS provider will ensure risk assessment and regular monitoring is in place to enable the patient to be repatriated back into mainstream Primary Care as soon as is feasible.

The patient has the right to appeal and challenge the decision made by the removing practice. This must be submitted in writing to the locality primary care team within 28 days of the formal notification of removal. On receipt of a written appeal within the stated timeframe a locality SAS Panel must be convened to consider the appeal.

A copy of the Oldham patient removal and appeal process is provided at Appendix One.

3. Current Position

3.1 An Oldham resident has recently appealed the decision to remove them from their registered practice and place them on the SAS scheme. This is the first case of a patient formally appealing a decision in Oldham. As a result, and in line with the national primary care policy and guidance manual, an SAS Appeal Panel was convened to consider the appeal. The Panel is required to report to Primary Care Commissioning Committee on matters related to the Special Allocation Service including the outcome of appeals.

Terms of Reference for the Appeals Panel have been drafted. A copy is provided at Appendix Two.

3.2 Appeal Summary and Panel Decision

The patient had originally been removed from their practice in November 2022 as a result of aggressive and threatening behaviour.

The patient had followed the appeals process but the notification letter from PCSE had included outdated contact details for the locality Primary Care Team which created significant delays in the appeal being received into the locality.

The locality primary care team were made aware of the appeal after the patient contacted the Customer Care Team in January 2022 querying the outcome of the appeal.

An Appeal Panel was convened once all background information had been received from the removing practice and the patient. The patient had not asked for an advocate to be present at the meeting, but Healthwatch attended to ensure that the patient perspective was reflected in the discussions and considered in the final decision.

The practice report states that the patient was verbally hostile, threatening and behaving in an intimidating manner. When asked to leave the consulting room the patient remained in doorway and when eventually returned to the reception area continued shouting at Reception staff. The GP report states that due to the patient behaviour they felt unsafe and threatened.

The removing practice contacted the police for assistance in removing the patient from the premises and obtained an incident number in line with due process.

The patient appealed the decision to remove them citing the distance and associated travel costs to accessing services at the SAS practice. The patient had also reported that their daughter (aged 6 years at the time of the removal) was still registered at the removing practice. The SAS receiving practice has confirmed that the patient's daughter is also registered at the SAS practice and all appropriate paperwork has been completed.

As Oldham has two SAS providers, the second practice had also been considered but ruled out as its premises are further away from the patient's home address.

The SAS receiving practice has confirmed that they have not experienced any major issues with the patient since being registered with them.

The removing practice has confirmed that:

- A risk assessment had been undertaken in respect of the patient's daughter given she was also registered at the removing practice.
- The decision to remove the patient was discussed at a practice team meeting including the

practice Safeguarding lead prior to removal.

- The patients Focussed Care worker had been informed.
- No other agencies were notified.

The Appeal Panel considered that while other agencies weren't informed, the police were involved and if there were any concerns at a MASH (Multi Agency Safeguarding Hub) level they would have been included in the information gathering and as such in this case a referral to MASH about the child wasn't warranted.

The Panel agreed that due process had been followed by the removing practice.

After considering all the information provided, the Panel was in full agreement that the decision to remove the patient had been justified and that due process had been followed, also reflecting that in considering the appeal, consideration must also be given to the safety and wellbeing of the removing practice staff and other patients in the practice.

The patient was informed of the Panel decision in writing on 27th March 2023.

A copy of the minutes from the Appeal Panel are provided at Appendix Three.

PCSE have been provided with up to date contact details for the locality Primary Care Team to ensure that any future notifications regarding removals and appeals are received into the locality and dealt with in a timely manner.

Recommendation

Primary Care is asked to note the content of this report and ratify:

1. The Terms of Reference for the Oldham locality SAS Appeal Panel
2. The Oldham locality immediate patient removal process

Appendices

Appendix One Oldham Locality Practice Patient Removal Process

Appendix Two Oldham Locality SAS Patient Removal Appeal Panel Terms of Reference

Appendix Three Oldham Locality SAS Appeal Panel Minutes 22nd March 2023

NHS GM NHS GM Oldham Locality Special Allocation Scheme (SAS) Practice Removal and Patient Appeal Process

The SAS provides essential Primary Medical Care services for patients who have been 'immediately' removed from their practice list who have been deemed to have committed an act of violence (physical or abusive), threatened violence, or have behaved in such a way that person(s) has feared for their safety.

The violence does not have to be physical or actual. It can be perceived, threatened or indeed a perceived threat of violence. A person's fear for their safety can also be actual or perceived. If a patient's behaviour is such that it warrants removal from the patient list and placing them on a SAS, then as per the Regulations it requires that the removing practice reports the incident to the police.

Once a patient has been allocated onto the SAS and notified by NHS England, they will usually remain on the scheme for a minimum of 12 months, except for an upheld patient appeal or the break clause of six months. A break clause can only be considered by the SAS clinician when the patient has been reviewed on a minimum of three occasions within the previous six months. At this point, the patient could be removed from the scheme if there is clear evidence of changed behaviour, with the aim being to try and tackle the underlying causes of their behaviour, and rehabilitate them, as necessary. Patients who do not co-operate, or show no signs of change in behaviour, will remain registered with the designated SAS provider for a minimum of 12 months. This will be the case even if the patient changes address.

The patient has the right to appeal and challenge the decision made by the removing practice. This must be submitted in writing within 28 days of the formal notification of removal.

On receipt of a written appeal within the stated timeframe an SAS Panel will be convened to consider the appeal.

Practice Removal Process

The Regulations require that, for a patient to be removed from a practice list, the practice must report the incident to the police. The following 10-point process is designed to work in all, but very exceptional circumstances as follows:

1. The Practice calls the police to report the incident (which is required under the regulation) and obtain a response (if required) and police incident number. Where possible this should be at the time of reporting but in any case, a police incident number must be included within the written report provided by the practice within 7 days (a contractual requirement under 'reasonable requests for information').

Note: Practices should be reminded of the statutory requirement to notify the Care Quality Commission (CQC) about any incident related to their service that is reported to or investigated by the police.

- Where appropriate the practice should consider if the incident and subsequent removal from its list warrants notification to any other agency (e.g., Local Authority/social Services) where there may be concern for welfare or safeguarding concern because of the incident (e.g., the deducted patient has children or is a carer for another vulnerable person including elderly relatives or there are concerns for the patient themselves), this should be discussed with the practice safeguarding lead and a risk assessment undertaken accordingly. The GP practice must check if the patient has children or dependent adults registered at the practice.

- Following the Safeguarding risk assessment which should be done by the GP Practice and supported by the safeguarding lead, any relevant information may be shared with social care, health visitor or school nurse about the behaviour necessitating removal of the parent and placement on the SAS. The removing GP practice should also communicate this information to the SAS provider.

2. The Practice requests an immediate removal from NHS England's Primary Care Support England ("PCSE"). This request can be by phone (visit <https://pcse.england.nhs.uk/contact-us/> for contact details) or email pcse.patientremovals@nhs.net.

PCSE will request the police incident number (Note: this is different from a crime reference number, which can only be allocated by the police once it has been established that a crime has been committed. The police will however record an incident number on police systems for all incidents according to Home Office Counting Rules ("HOOCR"). If the Practice does not have a police incident number at this point (which should be in exceptional circumstances only), the Practice will be asked to provide details of the date, time, and mechanism (i.e., 999, 111, local number) via which the incident was reported to the police. The absence of an incident number will not delay the immediate removal of a patient.

3. PCSE removes the patient from the Practice list and informs the appropriate Commissioner.

4. The Regulations require that the Practice notifies the patient in writing that a request for removal has been made, unless to do so would harm the patient's physical or mental health or put others on the Practice premises at risk.

5. PCSE allocates the patient to a local SAS provider.

6. PCSE notifies the patient in writing (*as per Appendix 1*) that they have been removed from the Practice list (as per the Regulations (25.7)) and allocated to the SAS provider.

7. The removing practice provides a follow up report in writing to the Commissioner (*as per Appendix 2*), within 24 hours where possible but before the end of a period of seven days beginning with the date on which notice was given. Where the removing practice was unable to provide a police incident number initially; the practice will be asked to include this in the report (under the contractual requirement for reasonable requests for information).

8. Following 7 days from the incident, the Commissioner and PCSE will liaise to ensure an incident number has been received (either by PCSE or via the written practice report to the Commissioner). In the event an incident number has not been provided, the Commissioner will contact the removing practice to ensure one has been obtained and provided.

9. The SAS provider will ensure risk assessment and regular monitoring is in place to enable the patient to be repatriated back into mainstream Primary Care as soon as is feasible.

10. The SAS provider will notify PCSE when choice has been returned to the patient and they have been removed from the SAS. This will ensure the patient's records are amended accordingly by PCSE (i.e., VP/SAS flag removed from patient record) allowing them to re-register at their chosen practice.

Patient Appeal Process

The patient who has been removed from their practice and placed on the SAS, will have appeal rights to challenge the decision made within a given time frame. The commissioner will convene a SAS Panel to review the appeal within 28 days of receiving the patient's written appeal.

Membership of the NHS GM Oldham Locality SAS Panel consists of the following:

Core Members:

- GP Chair

- Head of Primary Care (NHS GM Oldham Locality)
- Senior Commissioning Manager for Primary Care (NHS GM Oldham Locality)
- NHS England Commissioning Lead
- Lay or patient representative

Other co-opted members (*as appropriate*)

- Designated nurse Safeguarding Adults +/- Children (*as appropriate*)
- LMC representative

The appeal process is as follows:

- The NHS GM NHS GM Oldham Locality Primary Care Team notifies the GP practice of the appeal and invites them to provide any supplementary information they wish to be heard at the appeal. The GP practice is advised to contact Local Medical Committee for advice and support if needed

Note: Upon receipt of the evidence from the removing practice and the patient, the NHS GM Oldham locality Primary Care Team must prepare paperwork for the SAS Panel ensuring that it includes:

- A brief timeline/summary of the event on the front page
- All evidence that is clearly marked as belonging to either the patient or the practice.

All patient and 3rd party identifiable information is redacted, for example receptionists are pseudonymised but job title is included. On the day of the panel, minutes will be taken and once reviewed and finalised will be shared with the relevant individuals if requested

- Patients allocated to the SAS will be identified via their NHS number and not by name or any other patient identifiable information
- It is the role of the SAS Panel to review the evidence provided by the patient in support of their appeal. The panel can uphold or reject the appeal where it has reasonably considered if a removal under the regulations was made in error, or inappropriately
- Pending the outcome of the appeal, should the patient need to access primary care medical services these would have to be provided by the SAS provider
- A decision will be made by the panel. If this cannot be agreed at the panel meeting then telephone conference call or virtually by email
- The NHS GM Oldham Locality Primary Care Team will notify relevant parties of the outcome of the SAS Panel as follows:
 - 1) The GP Practices involved (removing and SAS provider) by telephone and followed up in writing within 7 days of the Panel meeting
 - 2) The patient - in writing within 14 days of the SAS Panel meeting

NHS GM NHS GM Oldham Locality SAS Liaison

The NHS GM Oldham locality Primary Care Team will be the main contact with regards to any action, communication, information, and notifications regarding the SAS from the PCSE team.

The NHS GM Oldham locality Primary Care Team will be responsible for establishing a SAS Panel to review all requests, allocations, and patient appeals. The panel will monitor the on-going appropriateness of the removal, allocation, and rehabilitation of the patient. This is with a view to safely returning choice to the patient in a timely way and reintegration back into mainstream Primary Care, following assessment and decision by the SAS clinician.

NHS GM Oldham locality Primary Care Team can be contacted at: gmicb-old.primarycare@nhs.net

The NHS GM Oldham locality SAS Panel will report to the NHS GM NHS GM Oldham locality Primary Care Commissioning Committee on matters related to the Special Allocation Service including the outcome of appeals as necessary.

NHS GM NHS GM Oldham Locality SAS Provider details:

1. P85011 CH Medical Practice Fields New Road Chadderton NHS GM Oldham OL9 8NH

Tel: 0161 785 9240

2. Greenbank Medical Practice Barley Clough Medical Centre Nugget Street NHS GM Oldham OL4 1BN

Tel: 0161 785 7910

PCSE Patient Letter

Primary Care Support England
PO Box 350
Darlington
DL1 9QN

Name and Address

Date

This letter contains important information. Please keep it as it contains the contact details you will need to access GP healthcare.

Dear [Patient Name]

Following the incident that took place at [name of practice] on [date], you have been removed from the practice's list of patients. A GP practice can ask the NHS to remove a patient from its list following any incident that has been reported to the police. This is to ensure that GPs and other practice staff can care for their patients in a safe environment.

You should not contact or visit [name of practice] as the practice is no longer responsible for your care. As a result of the incident, you will be added to the patient list at an alternative, specific GP practice. Please do not go to another local practice asking to sign on to their list. They will not be able to help you. This letter explains what you need to do now so you can get a GP or nurse appointment when you need it. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police. It works with the 'Special Allocation Scheme' – a scheme which provides patients with GP services in a supported environment. You have been added to the patient list at the practice below that is part of the Special Allocation Scheme for Manchester patients.

Your care will be provided by:

Name and address of SAS Provider

Telephone: Of SAS Provider

Please note: Patients will not be seen by the service without an appointment being arranged and therefore you (the patient) must telephone the above number first.

The need for you to be registered with the scheme will be reviewed every 12 months. If there are no further incidents where your behaviour is felt to be threatening or aggressive you will be able to register at a GP practice of your choice.

The enclosed information sheet provides more information about the Special Allocation Scheme and details of how you can appeal, or complain, about the decision made to remove you from the patient list at [name of

practice]. If you have any questions about the arrangements that have been made for your care, please contact us using the number at the top of this letter.

I hope that you will be able to form a good relationship with the GPs and practice staff who are now responsible for your care.

Yours sincerely

Registrations Department
Primary Care Support England

Special Allocation Scheme – Information for patients

Why has my GP practice been allowed to immediately remove me from their list of patients?

It is important that practices can maintain a safe environment for their patients and all staff working in the practice. NHS Regulations¹ allow a GP practice to immediately remove a patient from their list following any incident where a GP or member of practice staff has feared for their safety or wellbeing, resulting in the incident being reported to the police.

What is a Special Allocation Scheme?

Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice.

I disagree with the decision to remove me from my practice and place me on the scheme. Can I appeal?

The decision to remove you from the patient list at **name of practice** and place you on a Special Allocation Scheme was made in accordance with NHS regulations¹. Your registration on the scheme will be reviewed every 12 months. Until then, you must remain with the specific GP practice on the scheme unless you believe you have been registered by mistake, or the incident on **date** did not occur. In which case, you may appeal the decision by writing to the Commissioner addressing it to the Oldham Locality Primary Care Team. Details of how to contact them are below:

NHS GM Oldham Locality

Email: gmicb-old.primarycare@nhs.net and mark as 'SAS Appeal'

Note: The NHS England complaints team at our customer contact centre (CCC) cannot deal with your appeal, this is done by the local commissioner whose details have been provided above. If you wish to complain about the appeals process, this cannot be investigated until the appeal has been heard and a decision reached. To deal quickly and effectively with any subsequent complaint you may have, we would advise waiting for the decision of your appeal before making contact with the CCC.

The practice you are asking me to attend is further away than the GP practice I used to go to. How do I get there and will you pay my travel costs?

¹ The National Health Service (General Medical Services Contracts) Regulations 2015 and the The National Health Service (Personal Medical Services Agreements) Regulations 2015

Special Allocation Schemes often cover a wide geographical area so you may have to travel further than usual to attend an appointment. You are responsible for making your travel own arrangements and paying any fares / costs to get to your appointment.

I am still unhappy about the decision to remove me from my existing practice. How do I complain?

If following any appeal against your removal from the patient list at your previous GP practice you remain dissatisfied, you can make a complaint about the **appeals process**. If you decide to complain it is important to clearly explain why you believe the correct process has not been followed.

Your complaint will then be referred to your local NHS England complaints team for investigation. Whilst your complaint is being investigated you must remain registered with the scheme. More information about NHS England's complaints procedure can be found here <https://www.england.nhs.uk/contact-us/complaint/>

You can complain:

By post to:

NHS England
PO Box 16738
Redditch
B97 9PT

By email to: england.contactus@nhs.net

If you are making a complaint, please state '**Complaint**' in the subject line.

By telephone: 0300 311 22 33. Please note - if you decide to complain by phone, the advisor will not have access to your records or details of the incident that resulted in your removal from the surgery.

Appendix 2

Practice Report for Immediate Patient Removals onto the Special Allocation Scheme

Please complete this form in full for the 'immediate' removal of a patient onto the Special Allocation Scheme (SAS) following a violent incident towards a GP, a member of staff, a patient or property, and this **must be submitted within 7 working days** to NHS GM Oldham Locality SAS Liaison via email:

gmicb-old.primarycare@nhs.net.

If you have obtained a **Police Incident Number**, please record it on this form. If one is not available at present, please provide it prior to submitting this for.

Practice Name:

Practice Code:

Practice Address:

Person completing the form on behalf of the practice:

Name/Role:

Email Address:
.....

Patient Information:

Patient NHS Number:	
Does the patient have any children at the practice which they are the main guardian for? (Please respond - Yes/No)	
If yes to the above, have you discussed with the Safeguarding Lead at the practice and undertaken a risk assessment accordingly? (Please respond - Yes/No)	

Details of the Incident:

Date of Incident:	
Time of Incident:	
Location of Incident:	

(Surgery address)	
<p>Type of Incident: <i>(Please tick appropriate box)</i></p> <p>The Health Circular 2000/01 defined violence in the primary care context as:6.4.4.2“Any incident where a GP, or his or her staff, are abused, threatened, or assaulted in circumstances related to their work, involving an explicit, or implicit, challenge to their safety, well-being, or health”.</p>	<p>Non-physical violence/Verbal i.e., threats of violence <input type="checkbox"/></p> <p>Physical Violence <input type="checkbox"/></p> <p>Assault, thrown objects <input type="checkbox"/></p> <p>Aggravated Physical Violence <input type="checkbox"/></p> <p>Use of weapons <input type="checkbox"/></p> <p>Vandalism to Premises <input type="checkbox"/></p> <p>Vandalism to Vehicle <input type="checkbox"/></p> <p>Other (please specify):</p>
Date Incident Reported to the Police:	
Police Incident Number:	
Please provide a full description of the incident:	





NHS Greater Manchester (Oldham Locality)

Special Allocation Scheme Panel

Terms of Reference

1. Purpose

1.1 The Panel will consider appeals

- By a patient being immediately removed from a GP Practice as a result of an incident reported to the police
- By a patient against being placed on the Special Allocation Scheme (SAS).
- By a patient where the annual review by the SAS Provider concludes that the patient remains on the scheme.

2. Duties and Responsibilities

The function of the Panel will be to objectively review (as appropriate)

- The evidence from the practice that removed and referred the patient to the SAS and the information provided by the patient disputing the referral, to decide whether or not the decision to place the patient on the scheme was appropriate.
- The evidence from the SAS provider detailing the reasons why the patient should remain on the Scheme and the patient giving reasons why s/he should be discharged from the Scheme, to decide whether the patient can be safely discharged from the Scheme.

2.1 The Panel may request any further evidence or information that it deems to be necessary and relevant to consider each appeal. This may include, in the case of an appeal by the patient against being placed on the Scheme, a risk assessment and statement from the SAS Provider in relation to the patient.

2.2 Panel members must fully appraise themselves with the requirements of Immediate Removals and referral into the SAS by practices and the Special Allocation Scheme.

2.3 The Panel will have due consideration of the safety of general practice staff, NHS Staff, patients, members of the public using NHS services and premises.

2.4 The Panel will report to the NHS GM NHS GM Oldham locality Primary Care Commissioning Committee on matters related to the Special Allocation Service including the outcome of appeals as necessary.

2.5 Decisions made by the panel will be the final decisions in respect of primary medical services provision for the patient.

3. Membership

3.1 The NHS GM Oldham locality SAS Panel membership consists of:

Core Members:

- GP Chair
- Head of Primary Care (NHS GM Oldham Locality)

- Senior Commissioning Manager for Primary Care (NHS GM Oldham Locality)
- NHS England Commissioning Lead
- Lay or patient representative

Other co-opted members (*as appropriate*)

- Designated nurse Safeguarding Adults +/- Children (*as appropriate*)
- LMC representative

3.2 Quorum for the Panel will be a minimum of 3 and must include at least the Clinical Lead (Chair) and one Commissioning Lead.

3.3 Any conflicts of interest perceived or otherwise must be declared and if appropriate the panel member must remove themselves from the Panel considering the case.

Where quorum is required, an appropriate replacement must be appointed.

4. Meetings

4.1 The Panel will convene as and when necessary

4.2 Should there be an immediate need the Panel may consider a virtual meeting

5. Administration

5.1 The Panel will be supported by the NHS GM Oldham locality Primary Care Commissioning Team

5.2 Minutes of the Panel meeting will be recorded by a member of the NHS GM Oldham locality Primary Care Commissioning Team

SAS Panel

22nd March 2023

MINUTES

Meeting held via MS Teams 2.30pm to 3.00pm

Present:

Name	Role	Organisation
Dr Shelley Grumbridge (SG)	Deputy Clinical Lead	Oldham Locality NHS Greater Manchester Integrated Care
Gail Lett (GL)	Senior Commissioning Business Partner Primary Care	Oldham Locality NHS Greater Manchester Integrated Care
Hilary Craig (HC)	Primary Care Manager	NHS Greater Manchester Integrated Care
Martyn Nolan (MN)	Research / Project Support	Healthwatch Oldham
Suzanne Bovis (SB)	Primary Care Business Manager	NHS Greater Manchester Integrated Care

1. GL welcomed everyone to the meeting and introductions were made.

2. Panel Terms of Reference

Terms of Reference for the Panel had been drafted and circulated for review prior to the meeting.

HC commented that the current version of the national Primary Medical Care Policy and Guidance Manual (PGM) (v4) had not yet been updated to reflect the new ICB structures and that the proposed Terms of Reference are appropriate until such time as the PGM is updated.

The Panel agreed that the draft Terms of Reference should be submitted to the Oldham Locality Primary Care Commissioning Committee in April for information and ratification.

3. Appeal

GL explained that the appeal had been received into the Locality via the Customer Care Team following contact from the patient in January 2023 who was unhappy about being removed from their registered practice in November 2022. At this stage it wasn't apparent that the patient had been removed under the SAS scheme.

Subsequent information provided by the patient included the PCSE removal letter which provided outdated contact details for the Oldham Locality Team which the patient had used to submit their appeal and as a result had created significant delays in the appeal being received into the Locality Primary Care Team.

GL clarified that the patient had not asked for an advocate to be present at the meeting but that Healthwatch had been invited to ensure that the patient perspective was reflected in the discussions and considered in the final decision.

GL explained that the patient has submitted several complaints about a range of issues into different parts of the Oldham system which were all being dealt with by the respective organisations. The remit

of the Panel was to specifically review the appeal in relation to removal from their registered practice under the SAS removal appeal process.

A summary of the case being considered had been circulated to the Panel prior to the meeting and included the practice report providing details of events leading up to the removal and confirmation that the police had been called and an incident number obtained.

The removing practice had confirmed that:

- The decision to remove the patient was discussed with the practice Safeguarding lead prior to removal.
- A risk assessment had been undertaken in respect of the patient's daughter (aged 6 years at the time of removal) given she was also registered at the removing practice.
- The patients Focussed Care worker had been informed.
- No other agencies were notified.

The Panel agreed that due process had been followed by the removing practice.

The patient had appealed on the basis that they did not agree with the removal and cited the distance and associated travel costs to accessing services at the SAS practice. The patient had also reported that their daughter (aged 6 years at the time of the removal) was still registered at the removing practice or had been registered at an unrelated third practice. The Practice Manager at the SAS receiving practice has confirmed that the patients daughter is also registered at the SAS practice and all appropriate paperwork has been completed.

GL confirmed that the patient had followed the appeals process but significant delays had resulted from outdated contact details being provided by PCSE.

The SAS receiving practice has confirmed that they have not experienced any major issues with the patient since being registered with them.

HC commented that there are limited grounds for an appeal to be upheld where the removing practice has followed due process, including mistaken identity of the patient removed or where there are implications for a child where the removed patient is the single carer.

In respect of the appeal being considered, the removing practice had confirmed that there had been a team discussion including the practice safeguarding lead as part of the decision to remove the patient.

SG commented that while other agencies weren't informed, the police were involved and if there were any concerns at a MASH¹ level they would have been included in the information gathering and as such in this case a referral to MASH about the child wasn't warranted.

SB queried that as Oldham locality has two SAS provider had the Locality considered if the second practice was more accessible for the patient. GL confirmed that this had been considered but ruled out as the second SAS provider premises are further away from the patients home address.

MN commented that in his view processes have been followed and unfortunately there are repercussions for patients with violent or threatening behaviour.

Panel members were asked to state their decision based on the information provided. All agreed that the appeal should not be upheld and reflected that in addition to considering the appeal,

¹ Multi-Agency Safeguarding Hub

consideration must also be given to the safety and wellbeing of the removing practice staff and other patients in the practice.

ACTIONS

1. GL to inform the Customer Service Team of the outcome verbally so that they could inform the patient as soon as possible.
2. GL to inform the receiving SAS practice of the outcome.
3. GL to confirm the outcome to the patient in writing within 7 days in line with the PGM

GL confirmed that the Oldham locality PC Team did not receive any notification from PCSE that a patient had been removed under the SAS scheme for this or any other recent cases. Up to date contact details have since been provided to PCSE to ensure future notifications of removals are provided and for inclusion in removal letters to patients who may want to appeal.

4. Any Other Business: Current SAS patients on scheme > 12 months

GL informed the Panel that further work was needed to review patients who have remained on the SAS scheme for longer than 12 months at both SAS providers in Oldham.

HC agreed to follow up on pilot work being undertaken with patients with challenging behaviours in another GM locality that may be of interest to the patient in the appeal considered and other SAS providers.

GL thanked panel members for their time and contributions.

Oldham Place Based Primary Care Commissioning Committee

3rd May 2023

Primary Care Quality Improvement Scheme 2023 / 24

1. Report Summary

In February 2023 Primary Care Commissioning Committee supported high level principles for a revised local primary care quality improvement scheme for 2023 / 24.

The purpose of this paper is to provide Primary Care Commissioning Committee with an update on the development of the scheme to date.

Primary Care Commissioning Committee is asked to

1. Note the content of this update
2. Support the ongoing development of the scheme as proposed
3. Receive the final specification of the scheme for approval prior to 31st May 2023.

2. Background

Since June 2021, quality improvement in primary care has focussed on delivery of the Oldham Population Health Management (PHM) scheme which was intended to:

- Support Oldham Primary Care Networks (PCNs) to develop a new collaborative model of delivery to address population health needs.
- Deliver improved outcomes and 'added value' for patients over and above care delivered through the core primary care contract and other enhanced services.

While a population health management approach to commissioning is still relevant, outcomes achieved and learning from the PHM scheme has highlighted that a more targeted, practice focussed approach is required to address aspects of prescribing, long term condition prevention, proactive management and support for the most vulnerable. These areas of focus all link to the Long Term Plan, the planning guidance, the GM Oversight Group goals and will be reflected in the Oldham Long Term Conditions Locality plan.

The aim of the scheme is to deliver improved outcomes for patients that represent value for money and build on a foundation of high-quality primary care delivered through existing contractual arrangements.

To participate in the scheme every practice must be compliant with the following qualification criteria:

2.1a Prescribing

Working to reduce its rates of prescribing for both Greater Manchester Medicines Management Group (GMMM) drugs classed as Do Not Prescribe (DNP) and drugs classed nationally as Drugs of Limited Clinical Value (DLCV).

2.1b Shared Care

All registered patients prescribed GMMM amber status drugs requiring shared care arrangements must be provided with appropriate support and regular monitoring by the practice. In line with GMC guidance this must be based on the patient's best interests, rather than on convenience or the cost of the medicine and associated monitoring or follow-up.

2.1c Frailty

Practices are required to evidence compliance with the essential service aspect of their core contract related to frailty. This means that each year the contractor must take steps to ensure that any registered patient aged 65 years and over who is living with moderate to severe frailty has been identified.

Patients identified with severe frailty must be provided with:

- an annual review of their medication
- where appropriate, a discussion about whether the patient has fallen in the last 12 months,
- any other clinically appropriate interventions
- advice about the benefits of having an enriched SCR and activate that record at the patient's request.

The Contractor must, using codes agreed by NHS England for the purpose, record in the patient's Summary Care Record any appropriate information relating to clinical interventions provided to a patient under this clause.

Following PCCC approval in February 2023 work commenced on the further development of the scheme which is designed to build on the requirements of the GP Core contract and other quality improvement schemes including the Quality and Outcomes Framework (QOF).

3. Current Position

Quarter one (1st April 2023 to 30th June 2023) is a period for practices to prepare for full implementation of the scheme.

3.1a Prescribing

The baseline position has been established using available data that reflects the December 2022 position. This has highlighted that there is an opportunity for a significant reduction both in terms of number of items prescribed and associated cost. Further work is needed to establish the realistic targets for practices given the levels of deprivation in parts of Oldham which means that some prescribing of these items is inevitable.

3.1b Shared Care

The majority of practices in Oldham provide shared care as part of their routine business, supported by a wide range of Shared Care Protocols approved by GMMMG.

All practices will be required to establish a practice based Shared Care register of its patients managed with amber status drugs for ease of identification and monitoring purposes. This means that a small number of practices will be required to identify its shared care patients and add them to practice Shared Care register to qualify for the scheme.

The list of 'Amber' status drugs is extensive, and treatment of patients being prescribed them is within the scope of general practice. In the main, emphasis will be on rheumatology related drugs however, where a practice identifies an amber class drug requiring shared care that it isn't able to support, a review against the respective GPs clinical competence will be required.

3.1c Frailty

Baseline data is suggesting that the core contract requirement may not be being met. However this may be due to coding issues rather than clinical care not being delivered. Supporting templates and

coding specifications are being developed by the Data Quality Team to support practices and ensure consistency of coding and reporting going forward. Practices have been asked to review their position to ensure that by 30th June 2023 it is compliant with the Core contract requirements for frailty.

3.2 Delivery: 1st July 2023 to 31st March 2024 (Q2 – Q4)

Significant progress has been made in developing the indicators and related baseline reports that form the basis of stage three of the scheme which will focus on diabetes, COPD and frailty.

3.2a The key deliverables will include overall increases in the following areas:

3.2ai Diabetes

- Number of people at risk of diabetes referred to and completing the National Diabetes Prevention Programme.
- Number of people at risk of diabetes being targetted and reviewed to support early diagnosis
- Proportion of people newly diagnosed with diabetes completed a structured education programme
- Proportion of people with diabetes who are overweight being referred to an appropriate weight management programme
- Proportion of people with diabetes receiving all 8 care processes
- Proportion of people with diabetes receiving an annual foot assessment including a recording of their classification of risk
- Proportion of people with diabetes with a record of completed retinopathy screening

3.2aii COPD

- Proportion of people referred for smoking cessation advice and support
- Proportion of people at risk of COPD being targetted and reviewed
- Proportion of people being diagnosed with COPD having their diagnosis confirmed by spirometry and with the severity of disease recorded
- Proportion of people with COPD with a recorded inhaler technique assessment in the last 12 months
- Number of people who meet the required criteria being referred to a pulmonary rehabilitation programme.

3.2aiii Frailty

- Proportion of people over 65 who have a record of severe frailty and an up to date care plan
- Patients over 65 identified with a moderate degree of frailty are provided with:
 - an annual review of their medication
 - where appropriate, a discussion about whether the patient has fallen in the last 12 months,
 - any other clinically appropriate interventions
 - advice about the benefits of having an enriched SCR and activate that record at the patient's request.
- Proportion of women >65 with no record of moderate or severe frailty with a history of falls, fragility fracture or glucocorticoid use provided with a fracture risk assessment
- Proportion of men >70 with no record of moderate or severe frailty with a history of falls, fragility fracture or glucocorticoid use provided with a fracture risk assessment
- Proportion of people with no record of moderate or severe frailty but with family history of hip

fracture, low BMI, smoking, alcohol more than 14 units per week are provided with a fracture risk assessment

- Proportion of people 50+ with a record of a recent fragility fracture or newly reported vertebral fracture are provided with a fracture risk assessment
- Proportion of any patients with a moderate or severe degree of frailty with a reviewed care plan within 1 week of discharge following an unplanned admission to hospital

Baseline reports developed by the Data Quality and Business Intelligence Teams are in the process of being finalised and will be used to inform the development of practice-based targets which will be incorporated into bespoke service specifications for each practice.

A waiver is required to meet the contracting requirements for the scheme and is in the process of being completed. The service specification and waiver documentation will be submitted to Primary Care Commissioning Committee for approval once finalised. The plan is to ensure that once approved, these are issued to practices no later than 31st May 2023.

Practices are being encouraged to commence delivery of the Quarter 2 – 4 requirements as early as possible to maximise the benefits to patients. While the scheme is designed and will be monitored at a practice level, delivery through collaboration across practices is being encouraged.

3.3 Performance Monitoring

Performance monitoring will be supported through central data extraction from practice clinical systems or national data sources. Practice returns will be kept to a minimum to reduce the administrative burden on practices.

Data sets, coding specifications, searches and supporting templates are in the process of being developed and tested before being shared with all practices.

Delivery of the scheme will be monitored quarterly by the Oldham Locality. Where underperformance against targets is identified, this will trigger a practice visit to help understand any issues being experienced and the development of a remedial action plan.

Progress reports will be shared with individual practices and PCN Clinical Directors on a quarterly basis from June 2023 with the intention to incorporate the support for the scheme through emerging GP locality collaborative structures.

3.4 Communication and Engagement

Promotion and engagement with the scheme are being undertaken through a range of measures.

- The locality Practice Managers Forum on 11th April 2023
- An all practice (MS Teams) meeting on 27th April 2023
- A letter of intent including details and requirements of the scheme has been sent to all practices and includes an offer to meet with them or attend any practice or PCN meeting as needed to discuss the scheme in more detail.
- Practice visits where requested

Overall the scheme has been well received with positive and constructive feedback from the 11 practices visited to date. Practices have requested that in setting targets and apportioning funding that demography, levels of deprivation and prevalence are taken into consideration reflecting the increased

demands on practices from different aspects of the scheme across Oldham districts.

4. Next steps

Practices are being encouraged to review their position against the qualifying criteria and take appropriate action as necessary.

By 30th April 2023 the baseline data against all indicators for each practice will be finalised.

By 31st May 2023 practice-based targets and funding allocations will be completed. These will be incorporated into bespoke practice service specifications and contract waiver documentation that will be submitted to PCCC for approval before issuing to practices.

5. Risks

- i. Practices may choose not to sign up to the scheme creating inequity of provision. However this isn't anticipated given the encouraging feedback to date.
- ii. There is a risk that the numbers of patients identified in some aspects of the scheme e.g. patients with moderate frailty may be significant and present a real challenge to delivery in the timescale permitted. If this is the case then realistic thresholds of achievement will need to be agreed.

6. Recommendation

Primary Care Commissioning Committee is asked to:

4. Note the content of this update
5. Support the ongoing development of the scheme as planned
6. Receive the final specification of the scheme for approval prior to 31st May 2023.

Oldham Place-Based Primary Care Commissioning Committee

3rd May 2023

Primary Care Network Enhanced Access Update

1. Report Summary

From 1 October 2022, Primary Care Networks (PCNs) have been required to provide Enhanced Access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (“Network Standard Hours”), in accordance with the requirements set out in the Primary Care Network Direct Enhanced Service (DES) Specification.

This report provides a summary of the service provision being provided by each PCN and the activity data for the period October 2022 to March 2023, the first six months of delivery.

2. Background

The five Oldham PCNs (Oldham North, Oldham South, Milltown Alliance, Oldham East and Oldham Central) have differing models of provision for Enhanced Access. Each PCN surveyed its patients during the design phase and has tailored its provision according to the needs of its registered population.

a) Oldham East PCN

Oldham East subcontracts its service to IGP Care Limited (IGPC). The service is delivered from Leesbrook Surgery on Monday – Friday evenings, between 6:30pm – 9pm. Saturday appointments alternate weekly between Pennine Medical and Saddleworth Medical Practice during the hours of 9am to 5pm.

The service is advertised via the PCN practice websites, and it is actively promoted within each practice. Patients are given the choice of an enhanced service appointment as a choice when booking via practice reception staff.

b) Oldham South PCN

Oldham South PCN has a hybrid service, with some of the service being delivered by the PCN itself, and some subcontracted to IGPC. Some appointments are delivered outside of Network Standard Hours, as agreed with the Commissioner.

The PCN offers appointments from three different practices, Tuesday to Thursday (one each day) between 7am-8am; four hours of physio appointments are offered on Wednesdays; and 2 hours of paediatric appointments are offered each day, in core practice hours, between Monday and Friday.

In addition to these, the PCN subcontracts to IGPC for weekday evening appointments between 6:30pm – 9pm and Saturday appointments between 9am – 5pm.

Appointments are delivered from the Keppel Building in Failsworth, where 3 of the South practices are based, and from individual practice sites.

Information about the service is shared via practice websites and using text messages to patients.

c) Oldham Central PCN

Oldham Central PCN subcontracts the delivery of its service to gtd healthcare.

The PCN delivers appointments from the Oldham Integrated Care Centre between 6:30pm to 8pm, Monday to Friday, and 9am to 5pm on Saturdays.

All of Oldham Central's appointments are provided within Network Standard Hours.

d) Oldham North PCN

Oldham North PCN subcontracts its service to IGPC. The service is delivered from Royton Health & Wellbeing Centre on Monday – Friday evenings, between 6:30pm – 9pm, and on Saturdays between 9am to 5pm

e) Milltown Alliance PCN

Milltown Alliance PCN, representing practices in the West part of Oldham, provides about 20% of appointments via its own practices, with the remainder provided under subcontracting arrangements with IGPC.

63% of its appointments are provided during Network Standard Hours between 6:30pm – 9pm, Monday to Friday, and 9am to 5pm on Saturdays. Services are delivered from South Chadderton Health Centre and from individual practice sites.

The service is promoted by practices when patients call the practice, as well as via websites and social media.

3. Activity Data: October 2022 – March 2023

a) Oldham East PCN

On 1st January 2022, Oldham East PCN had an adjusted registered population size of 56,685; contractually it is obliged to provide 60 minutes of Enhanced Access service for every 1,000 patients of its adjusted population size. This means that it should be delivering a minimum of around 3,401 minutes, or about 57 hours, of Enhanced Access appointments per week.

Between October 2022 and March 2023, East PCN offered 5,832 appointments. On average, the PCN delivered approximately 56 hours of appointments per week – slightly below the 57-hour target. This means that over the 6-month period, it delivered 4 hours less than the required minimum.

Of those 5,832 appointments, 5,008 (86%) were delivered within network standards hours, with the remaining 824 (14%) delivered between 8pm – 9pm each week, which is classified as outside of Network Standard Hours.

4,054 (70%) of appointments offered were face-to-face, with 1,778 (30%) offered over the telephone.

2,458 (42%) of offered appointments were routine, or booked in advance, with 3,374 (58%) offered as acute, or booked on-the-day.

71% of appointments offered were with a GP, with the remaining 29% provided by HCAs / phlebotomists.

The utilisation rate of all appointments in the 6-month period to March 2023 was 97%.

b) Oldham South PCN

On 1st January 2022, Oldham South PCN had an adjusted registered population size of 43,949, which equates to around 2,637 minutes, or 44 hours, of Enhanced Access appointments per week.

On average, the PCN delivered on average 48 hours of appointments per week in the 6-month period to March 2023: this resulted in an over-provision of 27 hours across the six months.

47% of appointments were delivered within Network Standard Hours, with 53% delivered outside of those hours (either before 8am, after 8pm or during core practice hours of 8:30am to 6:30pm)

84% of appointments were delivered face-to-face, with 16% delivered via telephone.

2,318 (50%) of offered appointments were routine, or booked in advance, with 1,526 (33%) offered as acute, or booked on-the-day. 8% of appointments were for planned clinics, such as long-term condition management and 7% were for planned screening / vaccinations.

61% of appointments were provided by a GP, 13% by an ANP, 9% by a nurse, 12% by HCAs, 4% by First Contact Practitioners and 1% by mental health practitioners.

The utilisation rate of all appointments in the 6-month period to March 2023 was 90%, with a did-not-attend (DNA) rate of 8%.

c) Oldham Central PCN

On 1st January 2022, Oldham Central PCN had an adjusted registered population size of 72,129, which equates to around 4,328 minutes, or 72 hours, of Enhanced Access appointments per week.

On average, the PCN delivered approximately 47 hours of appointments per week in the 6-month period to March 2023: this resulted in an under-provision of 152 hours across the six months.

All of the appointments were delivered within Network Standard Hours.

97% of appointments were delivered face-to-face, with 3% delivered via telephone.

34% of appointments were routine, or booked in advance, with 66% booked on-the-day.

31% of appointments were provided by a GP, 27% with an ANP, 6% with a nurse, 16% with an HCA, 11% with a phlebotomist, with remainder provided by various ARRS practitioners.

The utilisation rate of all appointments in the 6-month period to March 2023 was 69%, with an unusually high DNA rate of 26%. The PCN has been asked to validate this data as it is out of step with other Oldham PCNs.

d) Oldham North PCN

On 1st January 2022, Oldham North PCN had an adjusted registered population size of 42,382, which equates to around 2,543 minutes, or 42 hours, of Enhanced Access appointments per week.

On average, the PCN delivered approximately 47 hours of appointments per week in the 6-month period to March 2023: this resulted in an over-provision of 25 hours across the six months, although the trend in the last 3 months has been an under-provision of a small number of hours (2 hours in January, 4 hours in February and 1 hour in March).

92% of appointments were delivered within Network Standard Hours, with 8% delivered outside of those hours (either before 8am, after 8pm or during core practice hours of 8:30am to 6:30pm)

81% of appointments were delivered face-to-face, with 19% delivered via telephone.

27% of appointments were routine, or booked in advance, 40% were acute, or on-the-day appointments, and 33% were vaccinations. The latter were delivered in October and November as part of the covid and flu vaccination programme.

48% of appointments were provided by a GP, 33% provided by a nurse and 19% provided by HCAs / phlebotomists. The nurse appointments were used for the vaccination clinics in October and November.

The utilisation rate of all appointments in the 6-month period to March 2023 was 95%, with a DNA rate of 3%.

e) Milltown Alliance PCN

On 1st January 2022, Milltown Alliance PCN had an adjusted registered population size of 59,194, which equates to around 3,552 minutes, or 59 hours, of Enhanced Access appointments per week.

On average, the PCN delivered approximately 62 hours of appointments per week in the 6-month period to March 2023: this resulted in an over-provision of 19 hours across the six months.

63% of those appointments were within of Network Standard Hours.

60% of appointments were routine, or booked in advance, with 28% booked on-the-day. 5% of appointments were at planned clinics, either for long-term condition management or screening. 2% of appointments were structured medication reviews.

77% of appointments were provided by a GP, 7% provided by a nurse, 11% by HCAs / phlebotomists, 2% by clinical pharmacists and 3% by community paramedics.

The utilisation rate of all appointments in the 6-month period to March 2023 was 97%, with a DNA rate of 1%.

4. Service Data Analysis

All PCNs mobilised the Enhanced Access service within their network on 1st October, as required.

Only Oldham Central PCN delivers the service exclusively within Network Standard Hours.

Oldham PCNs have delivered an average of 261 hours per week against a target of 274 hours between October 2022 and March 2023.

78% of all appointments have been delivered within Network Standard Hours.

44% of appointments have been acute, or booked on-the-day, with 43% classed as routine, or booked in advance. 2% of all appointments have been planned clinics for patients with long-term conditions, with a further 9% planned clinics for vaccinations and screening – the majority of these were delivered by Oldham North PCN in October and November 2022.

77% of all appointments have face-to-face, with 23% provided by telephone – this is in line with how most general practice now operates via a triage system.

The majority of appointments continue to be with a GP (59%), with 7% with ANPs, 12% with nurses, 7% with HCAs, 12% with phlebotomists; PCNs have been using ARRS roles for enhanced access, with appointments offered with clinical pharmacists, first contact practitioners / physiotherapists, community paramedics, physician associates and mental health practitioners.

Three PCNs – Oldham North, Milltown Alliance, and Oldham South - have exceeded the average number of required weekly minutes in the 6 months from October 2022 to March 2023. Oldham East PCN is 0.25% below the average weekly minutes required, which is within the tolerance level for activity.

Oldham Central PCN has averaged 47 hours per week over the 6-month period, against a target of 72 hours per week. The majority of this under-performance occurred between October – December 2022, when the PCN acknowledges that it had issues with staffing and estates. In January and February 2023, the PCN was 2 hours below the required weekly average, and slightly above target in March 2023.

GM ICB Oldham was required to report projected under-performance in February. A GM

meeting was held on 19th March 2023 to discuss the respective positions in each locality; potential options for dealing with under-performance include

- clawing back any funding paid for hours not delivered by PCNs against target
- giving PCNs an opportunity to provide additional hours in the first quarter of 2023/24 to make up any shortfall from 2022/23 to reduce the clawback.

Oldham Central PCN has been informed of the situation and a decision is expected shortly.

Only 3 PCNs – East, North & Milltown – provide regular patient feedback but the data provided shows 96% of service users consider rate enhanced access as either very good (83%) or good (13%).

5. Service Delivery Issues

There were some service delivery issues across the PCNs in the first month of service provision.

Some PCNs were initially unable to use the premises that they wanted to use, due to issues such as building security during the evenings and on-going discussions with landlords; these issues were resolved relatively quickly.

The IT issues that were highlighted to this Committee in December 2022 have not yet been resolved. There continues to be issues nationally with IT that have impacted on PCNs being able to book appointments as a group of practices. These are being addressed with EMIS, which provides patient clinical systems for all Oldham practices.

Safe, effective workarounds have been put in place as an interim measure, so patients can still be effectively booked in for appointments and patient records are visible during consultations. The IT workaround does make it more difficult to access the data presented within this report and creates additional work for the PCNs and their subcontractors. PCNs are also intending on providing online consultations once this capability is enabled.

Central PCN initially encountered difficulties in getting workforce through the required employment checks quickly enough to start to work in the service. This was reflected in their performance against target in October, November, and December 2022. The PCN worked with its subcontractor to address these issues and improved performance between January and March 2023.

Future service developments will include making online booking available for all PCNs and making unused appointments available to NHS 111.

6. Conclusion

The Primary Care Networks in Oldham succeeded in mobilising the Enhanced Access service in their networks by 1st October 2022.

Whilst IT, estates and workforce situations have created some issues, the PCNs have for the most part managed to provide workarounds to these and delivered against the requirements of

the Primary Care Network Direct Enhanced Service Specification.

The services provided by Oldham PCNs has been well-utilised and the appointments provided have helped with access issues that are currently affecting all GP practices nationally.

The service has been well-received by patients, with a high satisfaction rating recorded by the PCNs that currently capture this information.

Where improvements are required, the Commissioner will continue to work with the PCNs to help to improve service delivery and patient experience to ensure that the best outcomes are met.

Appendix 1 – Oldham East PCN Activity Data

Oldham East PCN - overall data summary

Adjusted Patient Population 1st January 2022	56,685
Minimum Required Hours per Week	57
Minimum Required Minutes per Week	3,401

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Utilisation Rate %	DNA Rate %
Oct-22	56,685	57	3,401	1,020	255	15,300	58	3,455	0.9	53.7	833	208	82%	3%
Nov-22				920	230	13,800	54	3,220	(3.0)	(181.1)	920	230	100%	0%
Dec-22				1,040	260	15,600	59	3,523	2.0	121.5	1,040	260	100%	0%
Jan-23				952	238	14,280	54	3,225	(2.9)	(176.6)	952	238	100%	0%
Feb-23				920	230	13,800	58	3,450	0.8	48.9	920	230	100%	0%
Mar-23				980	245	14,700	55	3,319	(1.4)	(81.7)	980	245	100%	0%
TOTAL / AVERAGE							5,832	1,458	87,480	56	3,365	(4)	(215)	5,645

Oldham East PCN - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	80.4%	14.1%	2.5%	1.5%	1.0%	0.5%
Dec-22	88.0%	11.0%	0.2%	0.4%	0.2%	0.2%
Jan-23	82.4%	10.1%	4.2%	0.8%	0.8%	1.7%
Feb-23	80.4%	11.9%	2.6%	1.0%	1.0%	3.1%
Mar-23	82.4%	14.4%	0.9%	0.9%	0.5%	0.9%
AVERAGE	82.7%	12.3%	2.1%	0.9%	0.7%	1.3%

Oldham East PCN - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	1,020	1,020	0	720	300	0	0	0	0	851	169
Nov-22	920	744	176	518	402	0	0	0	0	651	269
Dec-22	1,040	864	176	624	416	0	0	0	0	676	364
Jan-23	952	776	176	520	432	0	0	0	0	580	372
Feb-23	920	808	112	500	420	0	0	0	0	598	322
Mar-23	980	796	184	492	488	0	0	0	0	698	282
TOTAL	5,832	5,008	824	3,374	2,458	0	0	0	0	4,054	1,778
% of TOTAL		86%	14%	58%	42%	0%	0%	0%	0%	70%	30%

Oldham East PCN - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	1,020	720	0	0	0	300	0	0	0	0	0	0	0
Nov-22	920	680	0	0	0	240	0	0	0	0	0	0	0
Dec-22	1,040	740	0	0	0	300	0	0	0	0	0	0	0
Jan-23	952	680	0	0	0	272	0	0	0	0	0	0	0
Feb-23	920	640	0	0	0	280	0	0	0	0	0	0	0
Mar-23	980	700	0	0	0	280	0	0	0	0	0	0	0
TOTAL	5,832	4,160	0	0	0	1,672	0	0	0	0	0	0	0
% of TOTAL		71%	0%	0%	0%	29%	0%	0%	0%	0%	0%	0%	0%



Appendix 2 – Oldham South PCN Activity Data

Oldham South PCN - overall data summary

Adjusted Patient Population 1st January 2022	43,949
Minimum Required Hours per Week	44
Minimum Required Minutes per Week	2,637

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Utilisation Rate %	DNA Rate %
Oct-22	43,949	44	2,637	754	215	12,900	49	2,913	4.6	276.0	619	171	82%	1%
Nov-22				905	213	12,750	50	2,975	5.6	338.1	829	187	92%	8%
Dec-22				886	228	13,680	51	3,089	7.6	455.0	746	184	84%	16%
Jan-23				804	217	13,020	49	2,940	5.1	303.1	738	200	92%	8%
Feb-23				728	213	12,756	53	3,189	9.2	552.1	664	189	91%	9%
Mar-23				571	172	10,320	39	2,330	(5.1)	(303.7)	551	164	96%	4%
TOTAL / AVERAGE				4,648	1,257	75,426	48	2,906	27	1,621	4,147	1,095	90%	8%

Oldham South PCN - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	no data	no data	no data	no data	no data	no data
Dec-22	no data	no data	no data	no data	no data	no data
Jan-23	no data	no data	no data	no data	no data	no data
Feb-23	no data	no data	no data	no data	no data	no data
Mar-23	no data	no data	no data	no data	no data	no data

Oldham South PCN - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	754	220	534	0	754	0	0	0	0	675	79
Nov-22	905	231	674	240	490	41	33	0	101	827	78
Dec-22	886	503	383	431	253	103	99	0	0	740	146
Jan-23	804	458	346	348	272	107	77	0	0	643	161
Feb-23	728	465	263	252	275	117	84	0	0	588	140
Mar-23	571	328	243	255	274	20	22	0	0	452	119
TOTAL	4,648	2,205	2,443	1,526	2,318	388	315	0	101	3,925	723
% of TOTAL		47%	53%	33%	50%	8%	7%	0%	2%	84%	16%

Oldham East PCN - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	754	620	0	43	56	0	0	0	35	0	0	0	0
Nov-22	905	608	0	124	126	0	0	0	47	0	0	0	0
Dec-22	886	435	203	89	113	0	0	0	26	0	0	20	0
Jan-23	804	407	172	71	113	0	0	0	37	0	0	4	0
Feb-23	728	400	88	66	135	0	0	0	31	0	0	8	0
Mar-23	571	378	151	38	0	0	0	0	0	0	0	0	4
TOTAL	4,648	2,848	614	431	543	0	0	0	176	0	0	32	4
% of TOTAL		61.3%	13.2%	9.3%	11.7%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	0.7%	0.1%

Appendix 3 – Oldham Central PCN Activity Data

Oldham Central PCN - overall data summary

Adjusted Patient Population 1st January 2022	72,129
Minimum Required Hours per Week	72
Minimum Required Minutes per Week	4,328

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Utilisation Rate %	DNA Rate %
Oct-22	72,129	72	4,328	306	76	4,554	17	1,028	(55.0)	(3,299.4)	214	51	70%	5%
Nov-22				279	69	4,160	16	971	(56.0)	(3,357.1)	177	40	63%	37%
Dec-22				538	154	9,230	35	2,084	(37.4)	(2,243.5)	367	106	68%	32%
Jan-23				1,100	312	18,690	70	4,220	(1.8)	(107.4)	719	203	65%	35%
Feb-23				1,067	279	16,712	70	4,178	(2.5)	(149.7)	738	195	69%	31%
Mar-23				1,301	321	19,230	72	4,342	0.2	14.5	1,034	256	79%	21%
TOTAL / AVERAGE							4,591	1,210	72,576	47	2,804	(152)	(9,143)	3,249

Oldham Central PCN - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	no data	no data	no data	no data	no data	no data
Dec-22	no data	no data	no data	no data	no data	no data
Jan-23	no data	no data	no data	no data	no data	no data
Feb-23	no data	no data	no data	no data	no data	no data
Mar-23	no data	no data	no data	no data	no data	no data

Oldham Central PCN - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	306	306	0	163	143	0	0	0	0	306	0
Nov-22	279	279	0	173	106	0	0	0	0	263	16
Dec-22	538	538	0	288	250	0	0	0	0	538	0
Jan-23	1,100	1,100	0	830	270	0	0	0	0	1,058	42
Feb-23	1,067	1,067	0	767	300	0	0	0	0	1,067	0
Mar-23	1,301	1,301	0	828	473	0	0	0	0	1,211	90
TOTAL	4,591	4,591	0	3,049	1,542	0	0	0	0	4,443	148
% of TOTAL		100%	0%	66%	34%	0%	0%	0%	0%	97%	3%

Oldham Central PCN - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	306	239	6	0	61	0	0	0	0	0	0	0	0
Nov-22	279	214	0	0	0	0	0	0	0	0	0	0	65
Dec-22	538	201	46	0	200	0	0	0	0	80	11	0	0
Jan-23	1,100	216	460	63	83	182	0	0	0	0	96	0	0
Feb-23	1,067	230	322	119	187	176	0	0	0	0	33	0	0
Mar-23	1,301	308	417	89	224	169	0	0	0	0	17	0	77
TOTAL	4,591	1,408	1,251	271	755	527	0	0	0	80	157	0	142
% of TOTAL		31%	27%	6%	16%	11%	0%	0%	0%	2%	3%	0%	3%

Appendix 4 – Oldham North PCN Activity Data

Oldham North PCN - overall data summary

Adjusted Patient Population 1st January 2022	42,382
Minimum Required Hours per Week	42
Minimum Required Minutes per Week	2,543

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Utilisation Rate %	DNA Rate %
Oct-22	42,382	42	2,543	2,010	263	15,780	59	3,563	17.0	1,020.3	1,701	219	85%	0%
Nov-22				1,708	227	13,620	53	3,178	10.6	635.1	1,478	225	87%	13%
Dec-22				830	208	12,450	47	2,811	4.5	268.3	814	204	98%	2%
Jan-23				708	177	10,620	40	2,398	(2.4)	(144.9)	708	177	100%	0%
Feb-23				688	172	10,320	39	2,330	(3.5)	(212.6)	688	172	100%	0%
Mar-23				728	182	10,920	41	2,466	(1.3)	(77.1)	728	182	100%	0%
TOTAL / AVERAGE							6,672	1,229	73,710	47	2,791	25	1,489	6,117

Oldham North PCN - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	81.3%	14.3%	1.6%	1.2%	0.9%	0.6%
Dec-22	88.9%	10.0%	0.2%	0.4%	0.2%	0.2%
Jan-23	82.5%	13.0%	2.3%	0.6%	0.6%	1.1%
Feb-23	81.9%	11.6%	5.2%	0.0%	0.6%	0.6%
Mar-23	82.2%	11.2%	3.9%	0.0%	0.7%	2.0%
AVERAGE	83.4%	12.0%	2.6%	0.5%	0.6%	0.9%

Oldham North PCN - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	2,010	1,990	20	810	0	0	1,200	0	0	1,901	109
Nov-22	1,708	1,604	104	360	348	0	1,000	0	0	1,587	121
Dec-22	830	722	108	420	410	0	0	0	0	540	290
Jan-23	708	604	104	356	352	0	0	0	0	448	260
Feb-23	688	608	80	344	344	0	0	0	0	446	242
Mar-23	728	620	108	368	360	0	0	0	0	508	220
TOTAL	6,672	6,148	524	2,658	1,814	0	2,200	0	0	5,430	1,242
% of TOTAL		92%	8%	40%	27%	0%	33%	0%	0%	81%	19%

Oldham North PCN - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	2,010	570	0	1,200	0	240	0	0	0	0	0	0	0
Nov-22	1,708	516	0	1,000	0	192	0	0	0	0	0	0	0
Dec-22	830	590	0	0	0	240	0	0	0	0	0	0	0
Jan-23	708	516	0	0	0	192	0	0	0	0	0	0	0
Feb-23	688	496	0	0	0	192	0	0	0	0	0	0	0
Mar-23	728	536	0	0	0	192	0	0	0	0	0	0	0
TOTAL	6,672	3,224	0	2,200	0	1,248	0	0	0	0	0	0	0
% of TOTAL		48%	0%	33%	0%	19%	0%	0%	0%	0%	0%	0%	0%



Appendix 5 – Milltown Alliance PCN Activity Data

Milltown Alliance PCN - overall data summary

Adjusted Patient Population 1st January 2022	59,194
Minimum Required Hours per Week	59
Minimum Required Minutes per Week	3,552

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Utilisation Rate %	DNA Rate %
Oct-22	59,194	59	3,552	1,373	294	17,640	66	3,983	7.2	431.6	1,228	263	89%	2%
Nov-22				1,138	268	16,050	62	3,745	3.2	193.4	1,123	263	99%	1%
Dec-22				1,181	281	16,830	63	3,800	4.1	248.7	1,141	275	97%	3%
Jan-23				1,092	260	15,615	59	3,526	(0.4)	(25.7)	1,084	278	99%	1%
Feb-23				1,054	253	15,180	63	3,795	4.1	243.4	1,045	253	99%	1%
Mar-23				1,115	265	15,870	60	3,584	0.5	31.9	1,111	265	100%	0%
TOTAL / AVERAGE							6,953	1,620	97,185	62	3,739	19	1,123	6,732

Milltown Alliance PCN - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	82.1%	13.3%	1.5%	1.2%	1.2%	0.6%
Dec-22	88.0%	10.6%	0.3%	0.5%	0.3%	0.3%
Jan-23	83.3%	12.8%	1.3%	1.3%	0.6%	0.6%
Feb-23	75.4%	18.8%	2.9%	0.7%	0.7%	1.4%
Mar-23	77.8%	19.4%	0.7%	0.7%	0.7%	0.7%
AVERAGE	81.3%	15.0%	1.3%	0.9%	0.7%	0.7%

Milltown Alliance PCN - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	1,373	1,053	320	226	710	0	55	0	382	1,114	259
Nov-22	1,138	659	479	330	706	75	6	21	0	789	349
Dec-22	1,181	732	449	433	663	47	17	21	0	679	502
Jan-23	1,092	632	460	316	683	48	14	31		554	538
Feb-23	1,054	657	397	302	662	51	3	36	0	556	498
Mar-23	1,115	626	489	324	728	46	3	14	0	619	496
TOTAL	6,953	4,359	2,594	1,931	4,152	267	98	123	382	4,311	2,642
% of TOTAL		63%	37%	28%	60%	4%	1%	2%	5%	62%	38%

Milltown Alliance PCN - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	1,373	864	0	192	273	0	0	0	0	44	0	0	0
Nov-22	1,138	905	0	68	92	18	21	0	0	34	0	0	0
Dec-22	1,181	968	0	80	72	12	21	0	0	28	0	0	0
Jan-23	1,092	895	0	49	71	15	30	0	0	32	0	0	0
Feb-23	1,054	824	0	71	82	15	32	0	0	30	0	0	0
Mar-23	1,115	918	0	56	74	15	14	0	0	38	0	0	0
TOTAL	6,953	5,374	0	516	664	75	118	0	0	206	0	0	0
% of TOTAL		77%	0%	7%	10%	1%	2%	0%	0%	3%	0%	0%	0%

Appendix 6 – All PCNs Activity Data

ALL OLDHAM PCNs - overall data summary

Total Patient Population 1st January 2022	274,339
Minimum Required Hours per Week	274
Minimum Required Minutes per Week	16,461

	Adjusted Patient Population 1st January 2022	Minimum Required Hours per Week	Minimum Required Minutes per Week	Total appointments offered	Total Hours Offered	Total Minutes Offered	Average Hours per Week	Average Minutes per Week	Provision above / (below) Minimum Required (Hours)	Provision above / (below) Minimum Required (Minutes)	Total Appointments Utilised	Total Hours Utilised	Average Utilisation Rate %	Average DNA Rate %
Oct-22	274,339	274	16,461	5,463	1,103	66,174	249	14,943	(25.2)	(1,514.6)	4,595	912	84%	2%
Nov-22				4,950	1,006	60,380	235	14,089	(39.5)	(2,368.4)	4,527	945	91%	12%
Dec-22				4,475	1,130	67,790	255	15,307	(19.2)	(1,149.7)	4,108	1,028	92%	11%
Jan-23				4,656	1,204	72,225	272	16,309	(2.5)	(148.2)	4,201	1,095	90%	9%
Feb-23				4,457	1,146	68,768	287	17,192	12.2	734.9	4,055	1,039	91%	8%
Mar-23				4,695	1,184	71,040	267	16,041	(6.9)	(415.8)	4,404	1,112	94%	5%
TOTAL / AVERAGE				28,696	6,773	406,377	261	15,647	(81)	(4,862)	25,890	6,131	90%	8%

All Oldham PCNs - patient feedback

	Very Good	Good	Neither Good or Poor	Poor	Very Poor	Don't Know
Oct-22	no data	no data	no data	no data	no data	no data
Nov-22	81.3%	13.9%	1.9%	1.3%	1.1%	0.6%
Dec-22	88.3%	10.5%	0.2%	0.5%	0.2%	0.2%
Jan-23	82.7%	12.0%	2.6%	0.9%	0.7%	1.2%
Feb-23	79.2%	14.1%	3.5%	0.6%	0.8%	1.7%
Mar-23	80.8%	15.0%	1.9%	0.5%	0.6%	1.2%
AVERAGE	82.5%	13.1%	2.0%	0.8%	0.7%	1.0%

All Oldham PCNs - appointment type

	Total Appointments	Appointments in Network Standard Hours	Appointments outside of Network Standard Hours	Acute	Routine	Planned Clinics (LTD management etc)	Planned Clinical Procedure (vaccinations & screening)	Structured Medication Review	Other	F2F appointments	Telephone appointments
Oct-22	5,463	4,589	874	1,919	1,907	0	1,255	0	382	4,847	616
Nov-22	4,950	3,517	1,433	1,621	2,052	116	1,039	21	101	4,117	833
Dec-22	4,475	3,359	1,116	2,196	1,992	150	116	21	0	3,173	1,302
Jan-23	4,656	3,570	1,086	2,370	2,009	155	91	31	0	3,283	1,373
Feb-23	4,457	3,605	852	2,165	2,001	168	87	36	0	3,255	1,202
Mar-23	4,695	3,671	1,024	2,267	2,323	66	25	14	0	3,488	1,207
TOTAL	28,696	22,311	6,385	12,538	12,284	655	2,613	123	483	22,163	6,533
% of TOTAL		78%	22%	44%	43%	2%	9%	0%	2%	77%	23%

All Oldham PCNs - appointments by clinician

	Total Appointments	GP	ANP	Nurse	HCA	Phlebotomist	Clinical Pharmacist	Social Prescribing Link Workers	First Contact / Practitioners Physios	Community Paramedics	Physician Associates	Mental Health Practitioner	Other / ARRS
Oct-22	5,463	3013	6	1435	390	540	0	0	35	44	0	0	0
Nov-22	4,950	2923	0	1192	218	450	21	0	47	34	0	0	65
Dec-22	4,475	2934	249	169	385	552	21	0	26	108	11	20	0
Jan-23	4,656	2714	632	183	267	661	30	0	37	32	96	4	0
Feb-23	4,457	2590	410	256	404	663	32	0	31	30	33	8	0
Mar-23	4,695	2840	568	183	298	656	14	0	0	38	17	0	81
TOTAL	28,696	17,014	1,865	3,418	1,962	3,522	118	0	176	286	157	32	146
% of TOTAL		59.3%	6.5%	11.9%	6.8%	12.3%	0.4%	0.0%	0.6%	1.0%	0.5%	0.1%	0.5%