NHS
Calderdale
Clinical Commissioning Group

MINUTES OF CALDERDALE
COMMISSIONING PRIMARY MEDICAL SERVICES COMMITTEE
26TH AUGUST 2021
VIA MS TEAMS

Due to the COVID 19 public health emergency this meeting was not held in public.

PRESENT:

John Mallalieu (JM)	Chair, Lay Member (Finance and Performance) and Deputy CCG Chair
Alison MacDonald (AM)	Lay Member (Patient and Public Involvement)
Lesley Stokey (LS)	Director of Finance
Rob Atkinson (RA)	Governing Body Secondary Care Specialist

IN ATTENDANCE:

Debbie Robinson (DR)	Director of Improvement - Community and Primary Care
Emma Bownas (EB)	Senior Primary Care Quality and Improvement Manager
Neil Coulter (NC)	Senior Primary Care Manager - NHS England /Improvement
Karen Huntley (KH)	Healthwatch Representative
Helen Foster (HF)	Medicines Optimisation Lead (Minute 50/21)
Martin Pursey (MP)	Head of Contracting and Procurement (Minute 51/21)
Rob Gibson (RG)	Corporate Systems Manager (Minute 53/21)
Suzanne Howarth	Contracts Manager Primary Care (Minute 55/21)
Zoe Akesson (ZA)	Governance Support Officer (minute taker)

Members of the public were able to watch the meeting, as it was live cast, however they were not able to participate.

CONTENTS

43/21 APOLOGIES FOR ABSENCE

Apologies were received from Neil Smurthwaite (NS), Dr Steven Cleasby (SC) , Dr James Gray (JG), Penny Woodhead (PW) and Cllr Tim Swift (TS). The Chair confirmed the meeting would be quorate as the Director of Finance was present and the GP members were not required for quoracy.

The Chair informed Committee the Interim Phlebotomy Contract Award paper had been withdrawn from the agenda, as the Officers believed the matter was not yet ready to progress to a decision.

44/21 DECLARATIONS OF INTEREST

There were no interests declared by those present however the Chair made known the following declarations involving the GPs and Cllr Swift, which on this occasion were mitigated due to them not attending the meeting. The Chair described how these would have been managed had they been present.

SC and JG would have declared a **non- financial professional interest** in the item titled, Calderdale General Practice Dashboard and Trigger Criteria, as there would be a perception the GPs could influence the process for managing their own performance. The GPs received the paper and would have stayed for the discussion but not be involved in the decision making.

Within the Finance report there was a decision seeking approval for a virtual meeting with non-conflicted members to approve discretionary spend. Nobody in attendance would be influenced by the discretionary spend or be part of any decision making.

SC and JG would have declared a **direct financial and professional interest** in the item titled, Potential Surgery Branch Closure. As SC is a partner at the surgery and JG is partner at a neighbouring surgery and any patient movement would affect them. Cllr Swift also declared a **professional interest**, as the practice sits within Cllr Swift's ward. The conflicted members did not receive the paper and would have been asked to leave the meeting for this item.

The Committee members agreed to the conflicts being managed in this way.

45/21 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

46/21 MINUTES OF THE LAST MEETING

The Committee received the minutes of the last meeting on 27th May 2021, which had been approved between meetings and submitted to the Governing Body in July.

47/21 MATTERS ARISING

The action log was reviewed.

35/21 To share the draft Estates Strategy document at the next CPMSC development session: To remain open until a date has been agreed with PCNs.

38/21 To redefine R1734 around the risk of harm to patients relating to the backlog of work post Covid and to re-look at the score. Closed, refer to minute no: 53/21.

41/21 To provide a brief overview of previous year's utilisation and role occupancy at the next meeting. Closed, refer to minute no: 48/21 and 52/21.

48/21 DIRECTOR'S REPORT

In presenting the report, the following key pieces of work were highlighted:

Additional Roles Reimbursement Scheme - the Committee was provided with information about the occupancy, providing an understanding of the number of roles that had been filled and the benefits of investment into these roles. However, there was still concern around the difficulties recruiting to these positions. The data articulated financial impact, but not actual roles filled to target. A major area of risk was around the mental health practitioner role, due to the allocation not being sufficient to cover the cost on Agenda for Change for these people. This had been flagged nationally. A forward-thinking approach was taken, and meetings are happening at a system level to find a solution, seeking a change to the process through partnership working and recruitment models. Assurance was given that engagement has taken place with PCN Clinical Directors. A planning tool had been

devised to help with recruitment plans encouraging PCNs to pick up early and utilise the money available for when recruitment starts.
In response to a question around informing the public about the additional roles, EB acknowledged this was important and the team would take away and work through how this could be done consistently across the 5 PCNs. Healthwatch offered to contribute to this work. EB also agreed to the keep the Committee updated on the roles (headcount) filled to target for 20/21 and 21/22, as these were funded as part of the delegated budget

ACTION: EB to provide an update on the roles (headcount) filled to target for 20/21 and 21/22 in the next Director's report to Committee.

General Practice Access and Patient Experience - this section of the report highlighted the continued demand for services and associated risks. The Committee's attention was drawn to the 17% increase in activity for GP practices in June 2021 on the previous month and that 57.2 % GP appointments that took place in June were on a face-to-face basis. It was noted that activity undertaken at scale, such as Pennine GP Alliance and PCNs, is not captured within the NHS Digital collection and the CCG is currently working with local providers to capture this information until the issue is resolved. The report also highlighted the consequences that took place in response to the announcement to step forward the national covid response plan from 19 July 2021, which included the removal of Standard Operating Procedures. Key headlines from the latest GP Calderdale survey and a link to the published report in July 2021 were also detailed in this section.
An observation was made that it would be helpful to make comparisons to pre-pandemic data rather than from 2020 as this gives a distorted view.

ACTION: DR to make a comparison to 2019 data in the next Director's report to Committee.

The Chair also pointed out that 12 practices were not offering online booking. In response, DR explained the PC team is investigating the reason for this as the team continues to encourage all practices to do face-to-face appointments.

The Care Quality Commission have carried out an announced inspection of the extended access services that are run by the Pennine GP Alliance. The provider was

rated as good except for the section 'Are Services Well Led?', which was rated as requires improvement. CCG officers have formally followed this up with the provider.

An Internal Audit is to be undertaken to provide assurance that the CCG is carrying out and effectively discharging the functions that NHSE has delegated to it in respect of Commissioning Primary Medical Services.

Serious Mental Illness Health Checks - performance is lower than the CCG's expected requirement. A plan is in place to move this forward. The ambition is for 60% uptake by March 2022. The chair asked for an update at next Committee.
ACTION: DR to include an update in the next Director's report to Committee

The Committee **NOTED** the contents of the report.

49/21 CALDERDALE GENERAL PRACTICE DASHBOARD AND TRIGGER CRITERIA

The Committee were reminded that the quarterly assurance and monitoring process were agreed at the last meeting however further work was required on the actual dashboard. A paper was presented to the Committee asking for agreement on the proposed indicators and trigger criteria. EB explained how she worked with colleagues to consider how best to use the resources available to populate the dashboard and an agreement was reached to share indicators already in use in Kirklees CCG. The dashboard was presented to the Committee.
EB informed the meeting she was in conversation with the Local Medical Committee on which indicators would be used as a trigger. Since submitting the paper, a proposal has been made to add another trigger around medicine prescribing and optimisation.

In response to a comment around the early warning being a supportive rather than punitive process, a suggestion was made to remind the Committee every time the data is used.
A question was asked on how the trigger is defined, as it appears practices would have to reach a really challenging situation before the trigger takes place. It was also raised that an example with data would have been helpful for the Committee to consider. Following a short discussion, the Chair concluded that until the data is seen the effectiveness of the trigger would not be known and asked the Committee

to reserve the right to consider the triggers after the operational group had met and then for it to come back to Committee in 3 months' time to review the layout and check the metrics are right.
Although some members of the Committee would like to see more data adding to the dashboard it was advised to see how it works in the first instance unless there was another significant event such as the pandemic.

The Chair concluded the Committee agreed for the team to progress with the dashboard but would like the operational group to reconsider the triggers to ensure they are reflective, identify what they need to do and to double check the RAG status and criteria.

The Committee **NOTED** the content of the paper.

DECISION: The Committee **APPROVED** the Calderdale General Practice Dashboard, Indicators and Trigger Criteria.

50/21 MEDICINES OPTIMISATION PROGRAMME UPDATE

The paper provided a high-level summary of performance data for Calderdale's Primary Care prescribing and an overview of the CCG medicines optimisation workstreams that impact on quality and safety of prescribing. Attention was drawn to the following key points:

- The benefits of using the Optimize RX software, in relation to cost effectiveness, quality, and safety in prescribing continues.
- Calderdale performance on reducing low priority prescribing is good.
- Antibiotic prescribing continues to be a challenge. Several actions were referenced in the report to help mitigate this.
- Calderdale pharmacies and patients continue to benefit from electronic repeat dispensing.
- Collaborative networking between pharmacists in the system is increasing.

The team's significant contribution to the CCG's QIPP target was remarked upon and on behalf of the Committee the Chair thanked the team for influencing behaviours to move in the right direction. An observation was made around the

dietetic input that had been highly beneficial and how this could be replicated across other areas.

The Committee **NOTED** and was **ASSURED** with the contents of the report. The Committee advised the report should be presented to Committee on an annual basis and agreed an action that any significant changes should to be notified through the Director's report.

ACTION: HF/DR to raise any significant medicine optimisation issues within the year in the Director's report.

51/21 CONTRACTING UPDATE

The report was received by the Committee and provided an update on contractual changes and sign-up to services. It was noted at present there were no incorporation or novation requests to consider, however expressions of interest had been received.

In response to a question around why there was such a low uptake locally in the direct enhanced services for 'GP Choice Out of Hours', SH explained this could be due to people accessing services better from their work area rather than from their own residential area.

The Committee **NOTED** and was **ASSURED** with the contents of the report.

52/21 FINANCE REPORT

The report was received, and the CCG was forecasting to deliver a balanced position.

An overspend was reported on the additional roles however extra allocations are due to come into the CCG to match this expenditure and following the work with PCNs it was hoped the forecast would improve further and in turn reduce the overspend. The budget for next year had increased making it possible to bring some of the planning forward around these roles into this financial year. The Committee should see some of the additional roles coming into play towards the end of this financial year.

With regards to financial planning, the allocations for H2 are expected in September, which would allow the team a month to work on the plan ready for submission in

November. LS anticipated no major changes for this budget but would update Committee at the next meeting.

The Committee **NOTED** the 2021/22 financial position on Primary Medical Services delegated budgets. There were no further comments on the report.

The report was seeking approval to set up an additional virtual meeting in private with **non-conflicted members** to approve any discretionary investment proposals within the allocation. Considering the current pressure and onset of Winter, LS proposed to spend a full year's reserves, as it was expected there would be no change in H2. The process would help develop plans and gain approval for investment for proposed schemes in a timely manner without having to wait for the next committee meeting. The Committee felt this was reasonable.
ACTION: LS to work with DR on a timeline for the virtual meeting(s) in private with non-conflicted members to approve any discretionary investment proposals.

DECISION: The Committee **APPROVED** the setting up the additional virtual meeting(s) in private with non-conflicted members to approve any discretionary investment proposals.

53/21 Risk Register Position Statement Risk Cycle 2 2021-22 (17 May - 2 June 2021)

The report provided an update on risk cycle 2.
There were 2 open risks, 1628 and 1629, that had been discussed in conversations earlier . The Chair asked that the mitigation for these risks is reviewed and reflected in their scores.
Following a review of risk R1734 around the different care pathway programmes, RG concluded the risk is not confined the general practice due to the pressure felt by the system. It was proposed the risk was closed and 2 new risks created, one that focusses on management of long-term conditions and frailty and one that focusses on urgent and on the day access both which are impacted by challenges of covid. The Chair requested that SMT consider, when dividing this risk, that any specific risk element to primary care is not lost.

It was pointed out that system wide risks are taken into Quality Finance and Performance Committee for consideration however the CCG chair was keen for

CPMSC to remain sighted on the primary care elements and it was agreed the 2 new risks would also come to this committee for oversight unless displaced for something specific to PC

The Committee **REVIEWED** the Risk Register and the management of Commissioning of Primary Medical Services risks

DECISION : The Committee **APPROVED** the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 3, the work around the amendments proposed for risk 1734 and the review of risks 1628 and 1629.

54/21 REVIEW OF WORKPLAN

The Committee members received and agreed the workplan.

55/21 APPLICATION FOR A BRANCH CLOSURE

The Committee was asked to consider an application for branch closure that was received from Spring Hall Group Practice. The correct process for applying for this had been followed and the task and finish group set up to oversee this process recommended the decision to retrospectively close this branch surgery, located in Boots plc, Market Street Halifax, on a permanent basis. As the landlord gave notice, the decision was made, and the practice had no choice but to accept the closure however the CCG was still required to see if there was a need for a town centre branch.

Following an engagement exercise, the practice could not define regular users from its data set and from the engagement evaluation it revealed there was not the demand to establish a town centre location, as there were other alternatives available.

The Chair highlighted the line in the report referring to the CCG re-approving rent reimbursement, but the rent was never re-imbursed. EB explained the Committee approved prior to October a rent reimbursement to be paid to Boots going forwards (prior to that it was free) however 2 months later the landlord decided to give notice.

The Committee **NOTED** the content of the paper and **ACKNOWLEGED** the process to ensure the commissioning decision could be made and that it has been carried out in line with the NHSE policy and guidance manual.

DECISIONS:

The Committee **APPROVED** the retrospective closure of the branch surgery at Boots, Market Street, Halifax.

The Committee **APPROVED** the issuing of a contract variation to remove the branch surgery address from the core GMS Contract by the contracting team.

56/21 DATE AND TIME OF NEXT MEETING IN PUBLIC:

Thursday 25th November 2021, 3.00 – 5.00pm, tbc

Calderdale Commissioning Primary Medical Services Committee Meeting 26 August 2021 Action Sheet

Agenda item	Minute No.	Action Required	Lead	Current Status	Comments/ Completion Date
HOPC Report	35/21	To share the draft Estates Strategy document at the next CPMSC development session	DR	**Open**	October date to be agreed with PCNs
Quality Assurance and Monitoring Process for General Practice	36/21	To present a first draft of the local dashboard at the next Committee.	DR/EB	Closed	Presented to CPMSC 26/08/21
Risk Register Position Statement Cycle 1	38/21	To redefine R1734 around the risk of harm to patients relating to the backlog of work post Covid and to re-look at the score. To complete critical risk template and re-share definition and score with committee before next meeting in August.	EB	Closed	Revised definition and score shared prior to meeting. Discussed under the risk register item 26/08/21.
Finance Report	41/21	LS to provide a brief overview of previous year's utilisation and role occupancy at the next meeting.	LS/DR	Closed	Covered in the Director and Finance reports 26/08/21.
Director's Report	48/21-a	EB to provide an update on the roles (headcount) filled to target for 20/21 and 21/22 in the next Director's report to Committee.	EB/DR	Open	
	48/21-b	DR to make a comparison to 2019 data in the next Director's report to Committee.	DR	Open	
	48/21-c	DR to include an update on Serious Mental Illness Health Checks in the next Director's report to Committee.	DR	Open	
Medicines Optimisation Programme	50/21	HF/DR to raise any significant medicine optimisation issues within the year in the Director's report.	HF/DR	Open	

Finance report	52/21	LS to work with DR on a timeline for the virtual meeting(s) in private with non-conflicted members to approve any discretionary investment proposals.	LS/DR	Open	

NHS
Calderdale
Clinical Commissioning Group

MINUTES OF CALDERDALE'S
SINGLE ITEM COMMISSIONING PRIMARY MEDICAL SERVICES
COMMITTEE MEETING
1ST OCTOBER 2021
VIA MS TEAMS

Due to the COVID 19 public health emergency this meeting was not held in public.

PRESENT:

John Mallalieu (JM)	Chair, Lay Member (Finance and Performance) and Deputy CCG Chair
Alison MacDonald (AM)	Lay Member (Patient and Public Involvement)
Neil Smurthwaite (NS)	Chief Operating Officer, Chief Finance Officer
Lesley Stokey (LS)	Director of Finance
Rob Atkinson (RA)	Governing Body Secondary Care Specialist

IN ATTENDANCE:

Debbie Robinson (DR)	Director of Improvement - Community and Primary Care
Penny Woodhead (PW)	Chief Quality and Nursing Officer
Martin Pursey (MP)	Head of Contracting and Procurement
Zoe Akesson (ZA)	Governance Support Officer (minute taker)

57/21 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Tim Swift, and colleagues from Healthwatch (Karen Huntley) and NHS England (Neil Coulter).

58/21 DECLARATIONS OF INTEREST

Dr Steven Cleasby and Dr James Gray both have a direct financial interest in the item due to them being existing providers of phlebotomy services. As they could be conflicted in the conversation and the decision, they did not receive the papers or invited to participate in the meeting. The Committee was **CONTENT** with the approach taken.

59/21 INTERIM COMMUNITY PHLEBOTOMY SERVICE

In presenting the paper, MP explained the scope of the service is for the additional community phlebotomy service capacity until the end of March 2022. The process involved a market test to determine interest. 2 potential providers were identified and invited to tender. The CCG expressed a desire for a collaborative approach and following a conversation a joint bid was received from the bidders resulting in 2 separate bids and a joint bid. The paper set out the moderating scores with the joint bid (3) scoring the highest.

Comments and questions were invited.

The Committee questioned the request for the collaborative bid when the first provider scored excellent as a standalone bid. MP explained although it met the 60% threshold it didn't meet the required delivery model. The combination of the 2 offered a robust distributed delivery model that covered the geographical footprint and could deliver the numbers within the available funding.

From the paper it didn't appear that a member of the Quality Team had been part of the evaluation team. MP assured the Committee that the panel did include a member of the Quality Team and the quality evaluation did take place. This was an oversight in the paper.

LS emphasised this was non-recurrent funding that had been identified for this purpose and further conversations would be required with CHFT in relation to commission arrangements after March 2022. It was acknowledged this had already been paid for in the existing CHFT contract however due to the current demand and recovery the Committee took a pragmatic approach to commissioning the service and recognised the non-discretionary funding would be used for additional capacity to alleviate the backlog.

After clarifying the bloods requested were community capacity purchased from the Trust, RA queried if we were paying for bloods that might not be required. Although this was not easily identifiable, DR explained that guidance issued around the shortage of blood tubes was sent to General Practice, which challenges if the test is

required and therefore naturally demand should decrease however it was recognised there is a longer-term piece of quality work in relation to this which will become more important for the service going forward next year. DR added that a piece of work around a revised model for the 2 providers is underway and using the improvement methodology for this system, Working Together to Get Results, has commenced with CHFT and colleagues in General Practice.

The Committee **NOTED** that the process undertaken confirms that a robust process had been followed for selecting the providers for the Calderdale CCG Interim Community Phlebotomy Service, understanding why 2 providers were put together and noted that a quality input was present during the process.

DECISION: The Committee **APPROVED** the award of the contract by Calderdale CCG to the identified bidders.

60/21 DATE AND TIME OF NEXT MEETING

Thursday 25th November 2021, 3.00 – 5.00pm, tbc

Record of Urgent Decision

The meeting was held under the urgent decision-making process, which was established by Commissioning Primary Medical Services Committee **(**CPMSC) to deal with matters in between meetings and then report the decision back to next committee.

Committee/ Body on behalf of which decision made	Commissioning Primary Medical Services Committee

Decision Maker(s)

Name	Role
John Mallalieu	Committee Chair, Lay Member (Finance and Performance)
Neil Smurthwaite	Chief Operating Officer
Lesley Stokey	Director of Finance

Consultee(s)

Name	Role
Dr Majid Azeb	Clinical Lead for Primary Care
Dr Farrukh Javid	Clinical Lead for Urgent Care
Marcus Beecham	LMC Executive
Dr A Ross Dr G Chandrasekaran Dr N Taylor Dr N Akhtar Dr Fawad	PCN Clinical Directors
Medicines Optimisation Team	

Clinical/GB Lead:	Dr Majid Azeb	Clinical Lead for Primary Care
Lead Officer:	Debbie Robinson	Head of Primary Care, Quality, and Improvement

Others Present:	Emma Bownas	Senior Primary Care Quality and Improvement Manager
	Zoe Akesson	Corporate Governance Officer

Subject:	Winter Schemes 2021/22 and Quality Resilience and Recovery

	Scheme, to support resilience in General Practice in Calderdale, support access to services for patients and support the wider system. There were 3 services outlined in the paper for consideration and approval of investment: 1. Additional Capacity for the Acute Visiting Service 2. In hours Additional Face to Face Capacity 3. Quality Resilience and Recovery Scheme and Associated Improvement Fund
Decision:	The Committee **NOTED** the content of the paper and **APPROVED** the following Schemes: 1. Additional Capacity for the Acute Visiting Service 2. In-hours Additional Face to Face Capacity 3. Quality Resilience and Recovery Scheme and Associated Improvement Fund
Details and Rationale:	Clinical engagement had taken place to help develop the schemes. It was recognised that some consultees are members of the GP Confederation. The conflicts they hold as part of the discussions around creating the schemes, although separate from making the decisions, have been noted at the start of each meeting and recorded on the Primary Care Team's conflict of interest register. Details and rationale were set out in the report. **1. Additional Capacity Request for the Acute Visiting Service** The service is currently funded by the Primary Care Networks through the additional roles reimbursement scheme. The scheme is now seeking support to invest in additional capacity for a time limited period, as it is anticipated there will be an increase of activity over the winter period. It was questioned if this could be

recurrent but as this is only for winter it would not be in line with the guidance, and it was recommended that alternative funding is used.

It was noted the service is linked to the Urgent Care offer and admission avoidance. It is a targeted use of workforce that will risk assess the patient, provide a home visit possibly resulting in the patient remaining in their own home. The additional capacity would enable GPs to see more patients at the practice by saving on travel time. This scheme would allow practices to manage their own work and demand.

The Committee agreed the scheme was affordable and approved the scheme.

2. In-Hours Additional Face-to-Face Capacity

The scheme will operate at PCN level and has been considered in conjunction with the Urgent and Emergency Care Board (U&ECB) work. A separate booking system will be set up to record the additional capacity and a Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) have been completed. It is a continuation of the additional in-hours access that has previously been in place over winter however it was noted that this year's scheme states there would be an 'expectation' to deliver even if there was a disruption to normal services.

The decision makers were happy that there was a process to track and report back on progress to U&ECB and CPMSC, which would be through the Head of Primary Care, Quality and Improvement's report to Committee.

The Committee agreed the scheme was affordable and approved the scheme.

Proposals 1 and 2 are to be delivered by the GP Federation. In

the first instance, the CCG will seek a level of assurance from practices that they are happy with this agreement.

3. **Quality Resilience and Recovery Scheme and Associated Improvement Fund**

The scheme aims to deliver 4 broad outcomes to support practices to:

1) meet their population access needs and understand workforce required to deliver them
2) improve health outcomes for vulnerable patients
3) ensure patients received timely care through onward referrals
4) contribute to a sustainable future

A mapping exercise has been undertaken to ensure the scheme meets priority needs for recovery, focusses on challenges in Calderdale and avoids duplication with other primary care schemes.

Delivery has been considered to ensure this is achievable given the current demand General Practice is facing. There is a template and guidance in place to support practices to deliver their plans.

Part of this scheme gives the opportunity for practices to revise their operating model. It may identify areas of support that require non-recurrent investment and therefore a proposal was made to establish a non-recurrent improvement fund to support this work. The framework for this will be agreed with the Local Medical Committee (LMC).

Implementation will require engagement with practice population, which in turn will assist with workforce planning.

A concise QIA is to be undertaken to demonstrate the value of the scheme on protected groups and the quality for general practice.

Advice is also being sought on the template for the access review to ensure engagement and inequality markers have been captured so that practices can report back.

	The scheme enables GPs the opportunity to address the health inequalities of their population, embed change and provide the correct access for patients. The programme details very clearly how it will track success through identified submission dates, evidence required by and methods. Accountability was raised. The PCNs will be paid in advance to deliver, which was acknowledged as a risk, but in return the PCNs would be asked to justify how the money has been spent to meet the scheme's objectives. The data is at practice level so the team will work through how the PCNs will feedback. Healthwatch would also be involved in the review of the plan before submission to ensure practices have engaged properly with their population. The Director of Finance confirmed funding is available and this would be a non-recurrent investment plan. The Committee approved the scheme subject to the completion of a QIA and noted the creation of the non-recurrent improvement fund through the LMC. For governance purposes, the completion of the QIA would be highlighted in the next Head of Primary Care, Quality and Improvement's report to CPMSC on 25th November 2021.
Any Relevant Implications (Quality/Safety, Engagement/ Equality, Resources/Finance, Data Protection, Risk, Legal/Constitutional, Conflicts of Interest etc):	Detailed within the report.

Report attached?	No
Public/Private ?	Private
If private, give reason(s):	Commercial Sensitive

Time and Date of Decision:	5th November 2021	
Decision Recorded by:	**Name**	**Role**
	Zoe Akesson	Corporate Governance Officer

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**Director's Report**	**Agenda Item No.**	5
Report Author	Debbie Robinson Director of Improvement (Community & Primary Care) Emma Bownas – Senior Primary Care	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb Clinical Lead for Primary Care	**Responsible Officer**	Debbie Robinson Director of Improvement (Community & Primary Care)

Executive Summary
This report provides an update to the committee on the following: 1. Winter Investments 2. Additional Roles Reimbursement Scheme 3. Health Checks for patients with Serious Mental Illness 4. GP Appointment Data 5. PCN Estate Strategy

Previous Considerations

Name of meeting	CPMSC	**Meeting Date**	25th August 2021
Name of meeting		**Meeting Date**	

Recommendations

The Committee is asked to **NOTE** the content of the paper.

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Detailed within the report
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	An Equality Impact Assessment and Concise Impact Assessment, including consideration of communications or engagement has been completed for the In Hours Face to Face Additional Capacity. A concise Impact Assessment had been completed for the Quality Resilience and Recovery Scheme. Additional capacity for the acute visiting service does not require an equality or quality impact assessment
Resources / Financial Implications (including Staffing/Workforce considerations)	Funding of place based winter schemes will be utilised from delegated reserves and the PMS premium recurrent budget
Sustainability Implications	An element of QRR scheme focusses on Sustainable and environmentally friendly general practice

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Achieving the agreed strategic direction for Calderdale. • Improving Quality Improving value	**Risk (include risk number and a brief description of the risk)**	Risks are detailed within the paper

Legal / CCG Constitutional Implications	Obligation to provide primary medical services to the local population.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any conflicts of interest will be managed in line with the CCG's policy for managing Conflicts of Interest.

1. Winter Investment

1.1 NHSE - Our Plan for Improving Access for Patients and Supporting General Practice

NHS England published the above plan on 14 October 2021. This plan outlines funding of £250m across England to improve and support patient access to general practice over winter (November – March). The plan includes a £250m Winter Access Fund to:

- Help patients with urgent care needs to be seen quickly.
- Increase same day primary care capacity
- Expand UTC capacity and/or provide primary care hubs (RSV)

1.1.2 All systems were required to develop and submit a plan, by Thursday 28 October 2021, assured by the ICS board, in line with a standard template.

1.1.3 NHS England will enable and drive full adoption of cloud-based telephony across all practices, as rapidly as possible. This could include – subject to value for money – a short-term national solution available for all practices to deploy by the end of the year.

1.1.4 To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access service to PCNs will now be postponed until October 2022.

1.1.5 Practice-level review of levels of face-to-face care with an expectation that all practices will have completed such an exercise by the end of October, as part of ongoing reflection on professional practice and surgery management arrangements.

1.1.6 The Plan aims to:

I. **Ensure all practices achieve at least pre-pandemic activity levels for the equivalent period** (excluding COVID-19 vaccinations)

II. I**ncrease overall appointment volumes in general practice and ensure appointment levels reflect the full deployment of ARRS staff**

III. **Increase the proportion of face-to-face appointments with GPs in the system**

1.1.7 An initial plan has been drafted for the West Yorkshire system, at the time of writing the plan was still awaiting review from NHSE Regional colleagues.

1.1.8 **Local Context and the Position of the British Medical Association(BMA)**

Following the publication of the Our Plan for Improving Access for Patients and Supporting General Practice the BMA, in response, agreed the following five motions to be sent to the Secretary of State, the BMA:

1. *Rejects the plan published by NHSEI on 14th October 2021 and calls on all LMCs in England to disengage from any participation with the implementation of that plan*
2. *Calls on all practices in England to pause all ARRS recruitment and to disengage from the demands of the PCN DES*
3. *Promises its full support to protect and defend any constituent GPs who refuse to engage or comply with the unreasonable contractual impositions by NHSEI of "Pay Transparency" and "Covid Medical Exemption Certification"*
4. *Calls on all practices in England to submit undated resignations from the PCN DES to be held by their LMCs, only to be issued on the condition that submissions by a critical mass of more than 50% of eligible practices is received*
5. *Instructs the GPC Executive to negotiate a comprehensive new contract to replace the outdated, underfunded, unlimited, unsafe workload of the current GP contract*

1.1.9 Calderdale LMC have written to all Calderdale Practices and provided further advice to practices about the collection of undated resignations. In summary the current position in Calderdale is that :

1.1.10 The LMC is encouraging practices, if they wish to submit undated resignations to withdraw from the PCN DES at the 2022 optout deadline. This will not entail breaching the GP contract, and if the situation is resolved or a practice changes its position, it can be withdrawn at no risk to practices. These will be held confidentially by the LMC. It is solely a practice decision if any action by them is to be taken.

1.1.11 The LMC will disengage from the implementation of the new NHSE plan. This will be specific to the key elements published. They will continue to work with the CCG on locally funded developments ensuring that the best services are established for Calderdale practices and patients.

1.1.12 The LMC fully recognises the views from the Clinical Directors and PCNs that are being shared and support the positive impacts made across Calderdale through the opportunities taken to work collaboratively and increase the scope of services available through primary care services.

1.1.13 The LMC support the action to have a representative present at every CQC visit made to Calderdale practices, and will ensure a representative is available for every request made by practices.

1.2 Calderdale Place – Winter Schemes

1.2.1 The following schemes have recently been approved for implementation under the Committees urgent decision-making process and will become operational by the end of November 2021.

1.3 Acute Visiting Service (Additional Capacity)

1.3.1 The Scheme is for the delivery of additional resource to complement the existing Acute Visiting Service between the hours of 10:00 - 18:30 every weekday excluding any bank holidays. The provision of additional capacity for the service to allow more home visits, increase the safety of patients and staff, and allow an overall increase in service activity. This will result in more timely assessment of patients by the Advanced Practitioners and overall, more patients seen which will result in fewer patients being admitted to hospital and reduce pressure of GP practices.

1.4 In hours Additional Face to Face Capacity

1.4.1 This scheme will increase the urgent care capacity in General Practice across Calderdale by resourcing Primary Care Networks to provide additional urgent, on the day face to face appointments. The service aims and objectives are :

- To increase the options for access available for patients requiring face to face appointments for urgent health needs
- To increase urgent care capacity across the Calderdale system and aim to reduce the demand on NHS111 and A&E within hours
- To develop confidence of general practice to work at scale through Primary Care

Networks

- To develop and support the IT infrastructure to enable network working

1.4.2 A maximum of 380 appointments will be available per week, excluding Bank Holidays, the scheme is intended to run for 23 weeks.

1.5 Quality Resilience and Recovery Scheme

1.5.1 The focus of this scheme is to support the recovery of General Practice and to boost the resilience of the workforce. The funding arrangements are intended, to some degree, to fund time for clinical care, recognising the complexity and nature of General Practice consultations have changed and recognising the increased work that practices need to undertake in recovery to support patients. The practice can use the funding to meet their individual needs and the needs of their patients – for example, to provide longer appointments, to fund additional clinical GP or nursing sessions or to fund dedicated clinical time for quality Long Term Condition reviews, as examples.

1.5.2 The Scheme is made up of 3 domains, with a number of sub elements:

Main Domain	**Sub Elements**
Enhanced Patient Access & Inclusion	Funding time for clinical care Review of the practice access model Physical health checks for patients with a learning disability Physical health checks for patients with severe mental illness Registration for patients who are homeless or immigrants Reducing health inequalities
Supporting Effective System Resilience	Use of the Ardens clinical decision-making support tool
Sustainable and Environmentally Friendly General Practise	None

1.5.3 To support the implementation of any actions, at practice or PCN level, as a result of the review of access models within the Enhanced Patient Access and Inclusion domain, it is proposed to ring fence a non-recurrent improvement fund of £250k.A framework for this investment will be developed with the Calderdale Local Medical Committee.

2. Additional Roles Reimbursement Scheme

2.1 At the meeting of the committee in August 2021 it was requested that this report included a head count of the roles filled up to 2020/21 and 2021/22 year to date. The table below indicates the Whole Time Equivalent (WTE) employed through additional roles at March 2021 and August 2021 (the latest claims received):

Additional Roles -Calderdale PCNs WTE		
Role	March 2021	August 2021
Clinical Pharmacist	13.44	12.52
Pharmacy Technician	1	3.43
Dietitian	0	0
Podiatrist	0	0
Care Co-ordinator	5.8	6.75
Health and Well Being Coach	0	0
Mental Health Practitioner	0	0
Nursing Associate	0	0
Trainee Nursing Associate	0	0
Occupational Therapist	0	1
First Contact Physiotherapist	9.4	10.3
Physician Associate	0	1
Social Prescribing Link Worker	9	9
Paramedic	0	10
Advanced Practitioner	0	0
TOTAL	39.64	53.73

2.2 New roles that have been added in Calderdale 2021/22 include an Occupational Therapist, shared across 2 PCNs, Physician Associate, Paramedics and an increase in Pharmacy Technicians.

2.3 The Occupational Therapist has compiled a short video to share with GP practices showing the impact they have made in the initial 3 months, explaining when to refer patients to them and describing the outcomes. A key part of this role has been working in within a multi-disciplinary approach alongside the frailty nurse, clinical pharmacist, social prescriber, community matron and social worker to identify people at rising risk of frailty, identify the appropriate interventions and skill share with others in the team to begin to blur boundaries. This has started to show a positive impact on GP appointments and time and an improvement in quality of life for the individual.

2.4 Although not employed through the Additional Roles Reimbursement Scheme a dietitian is working within PCNs funded externally for a time limited period. The aim is to share the impact that this post is having both on reducing use of food supplements and sip feeds and thereby creating savings, and also promoting food first. Impact is being seen in terms of financial savings and also for individuals with case studies available to show the health improvements made. An initial 3 month evaluation has been shared with Clinical Directors to consider a dietitian as part of the additional roles investment.

2.5 Central Halifax identified the need for a health and wellbeing coach to work with patients as part of their diabetes work. They have worked with the local authority health coaches to link into the existing service rather than employ through the scheme. Evaluation as to the impact of this work and role will be requested and shared.

2.6 As reported to the August meeting of the committee, there had been delays to the recruitment of mental health practitioners. The employment issues have now been resolved however there has been concern raised across the Integrated Care System that there may be issues with workforce supply. The primary care team and mental health leads are actively involved in these conversations.

2.7 Challenges remain in relation to both recruitment and retention of the workforce and the balance of not de-stabilising other areas in the system. The West Yorkshire Community and Primary Care Workforce Group have identified the need to support PCNs to develop a model of professional and clinical supervision for these roles. There are also discussions on going to ensure that placement opportunities are developed to enable trainees to experience working in primary care. This is being supported through the training hubs.

2.8 Locally discussions are ongoing with the Clinical Directors to plan for next year. Consideration is being given to planning for both the roles and estates required.

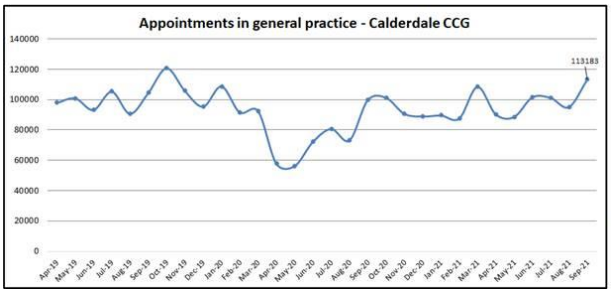
3. Health Checks for patients with Serious mental Illness

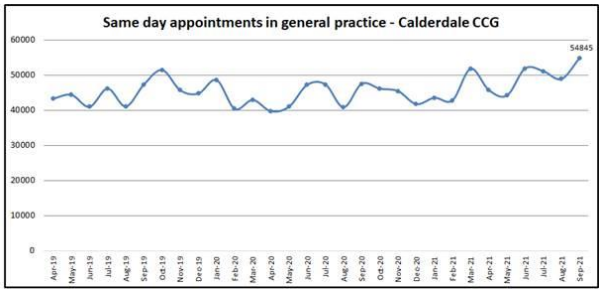
3.1 An update on health checks for patients with serious mental illness is included in the GP Dashboard paper.

4. General Practice Appointment Data

4.1 The most recent NHS Digital data relating to September 2021 shows that a total of 113, 183 appointments were provided by Calderdale practices, is the second highest month on record. Overall, there is an increasing trend with several high months in 2021and Calderdale General practice is therefore effectively running at Pre pandemic levels.

4.2 The charts below show the trend in appointment numbers for the period April 2019 to September 2021 and the increasing trend of same day appointments for the same period.





4.3 Face to face appointments in September accounted for 60% of the overall appointments and the CCG continues to support practices in being able to determine the most appropriate mode of consultation in conjunction with the needs of patients.

4.4 We do not yet have GPAD data at individual practice level, but working is ongoing to see if this will be possible over the coming months.

5 Estates Strategy Update

5.1 As the committee is aware from previous updates considerable work has been undertaken to develop a draft estates strategy for primary care networks.

5.2 This Strategy has been designed and developed to be a live reference and guidance source for the CCG's approach to the future of the primary care estate in Calderdale. To that end it

is intended that the document and the ambitions and approaches within it will be used to further advance the approach to primary care estates. Due to COVID-19 restrictions in place at the time of writing this document, a desk top analysis of the PCN estate was undertaken as well as a stakeholder engagement exercise utilising Microsoft Teams with the below key stakeholders:

- Calderdale Council
- NHS Property Services
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Calderdale CCG
- Upper Calder Valley PCN
- Lower Valley PCN
- Calder and Ryburn PCN
- Central Halifax PCN
- North Halifax PCN

5.3 This work is nearing completion and it is anticipated we should be able to consider this strategy in development in January 2022. We are currently working with an external provider to develop presentations for each PCN to explain the process undertaken to produce the report and the outputs. We intend to meet with each PCN Board to present the report and the findings and obtain feedback to enable the strategy to be updated, where pertinent. These meetings are to take place in November and December 2021.

6 Risk

6.1 The main risks relate to workforce availability to deliver the additional capacity required for the acute visiting service and additional face to face appointments. The providers have indicated that, at present, they will be able to deliver the schemes as required

6.2 There remains a risk relating to the engagement of Practices and PCNs following the confirmed position of the BMA, LMC and Practices in connection with the NHSE plan for Improving Access, which was published on the 14th October 2021.

7. Recommendations

The Committee is asked to **NOTE** the content of the paper.

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**GP Patient Survey Results 2021**	**Agenda Item No.**	6
Report Author	Natalie Sykes, Senior Primary Care Improvement Manager	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb, Clinical Lead for Primary Care	**Responsible Officer**	Debbie Robinson, Director of Improvement - Community and Primary Care

Executive Summary

The GP patient survey is an England-wide survey providing practice level data about patients' experiences of their GP practice. The survey was carried out by Ipsos MORI between January to March 2021 and the results were published in July 2021.

The questionnaire was redeveloped in 2021 to reflect changes to primary care services due to the COVID-19 pandemic, the effect of which should be considered when looking at results over time. In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the GP Forward View.

The purpose of this report is to review the results for Calderdale CCG GP practices and to provide assurance about next steps.

Previous Considerations

Name of meeting	CPMSC	**Meeting Date**	26/08/21
Name of meeting		**Meeting Date**	

Recommendations

Commissioning Primary Medical Services Committee is requested to:

1) Receive and review the 2021 national GP patient Survey results
2) Support the next steps identified

Decision ☐	Assurance ☒	Discussion ☒	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The survey reflects the patient experience of GP Services in the local area.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Responses were received from 2,793 of the 7,445 invited patients. This represents a response rate of 38% (an increase of 7%) The responses from the GP Patient Survey will support plans to improve access to and quality of services for all population groups.
Resources / Financial Implications (including Staffing/Workforce considerations)	Staff time taken to analyse and present the results as per the Appendices
Sustainability Implications	Not applicable

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Achieving the agreed strategic direction for Calderdale. • Improving Quality	**Risk (include risk number and a brief description of the risk)**	1434 - Quality of and access to commissioned primary medical services 1941 - harm to patients due to increase demand on same day services as a result of the impact of Covid on capacity and access, resulting in increased morbidity, mortality and widening of health inequalities.
Legal / CCG Constitutional Implications	Obligation to provide primary medical services to the local population.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any conflicts of interest will be managed in line with the CCG's policy for managing Conflicts of Interest.

1.0 Introduction

1.1 The GP patient survey is an England-wide survey providing practice level data about patients' experience of their GP practice. The purpose of this report is to review the results for Calderdale CCG practices and to provide assurance about next steps and follow up action.

1.2 The survey is administered by Ipsos MORI on behalf of NHS England and was carried out between January 2021 and March 2021. 7,445 questionnaires were sent out, and 2,793 were returned completed. This represents a response rate of 38% (an increase of 7%).

1.3 The survey measures patients' experience across a range of topics:

a. Overall experience of GP practice
b. Local GP services - ease of getting through to a practice and helpfulness of receptionists
c. Access to online services - awareness, ease, and use
d. Appointments - choice and satisfaction
e. Perceptions of care - healthcare professionals
f. Managing health conditions - support
g. Satisfaction with general practice appointment times
h. Services when GP practice is closed

1.4 The GP Survey results provide additional holistic data to complement the Calderdale GP Dashboard which includes three specific questions from the survey:

- Overall experience of your GP practice
- Overall experience of making an appointment
- Support with managing long-term health conditions

The above questions are RAG rated in Appendix E against the CCG average in the Calderdale GP Dashboard and the key is shown below:

KEY:	**KEY: OVERALL EXPERIENCE OF GP PRACTICE**
	Practices listed with highest %
	CCG average or above
	Just below CCG average
	10% or more below the CCG average

1.5 Practices are expected to share the results of the annual patient survey with their Patient Participation Group (PPG), for discussion and to identify areas for improvement and identify how the PPG can support the work.

2.0 Detail

2.1 The below practices scored higher than the CCG average on all three GP Patient Survey questions recorded within the Calderdale GP Dashboard:

- Brig Royd Surgery
- Stainland Road Medical Centre
- Dr Chin and Partners
- Church Lane
- Rastrick Health Centre
- Longroyde Surgery
- Plane Trees Group Practice

2.2 The below practices scored below the CCG average on all three GP Patient Survey questions recorded within the Calderdale GP Dashboard:

- Caritas Group Practice
- Beechwood Medical Centre
- Lister Lane Surgery
- Keighley Road Surgery
- The Boulevard Medical Practice
- Rosegarth Surgery
- Station Road Surgery

2.3 The survey results provide overall percentage comparisons against national results. The tables below display 2018, 2019, 2020 and 2021 results for Calderdale CCG.

OVERALL EXPERIENCE OF GP PRACTICE SECTION:

Overall, how would you describe your experience of your GP practice?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Very/fairly good	87%	84%	84%	83%	84%	82%	83%	83%

Performance on this question in Calderdale and nationally has decreased year on year but the Calderdale result for 2021 remains in line with the national average.

LOCAL GP SERVICES SECTION:

Generally, how easy is it to get through to someone at your GP practice on the phone?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Very/fairly easy	76%	70%	75%	68%	73%	65%	66%	68%

Performance on this result in Calderdale and nationally has decreased year on year but the results for 2021 have dipped slightly below the national average.

How helpful do you find the receptionists at your GP practice?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Very helpful/fairly helpful	91%	90%	91%	89%	91%	89%	89%	89%

Previous results for Calderdale have always been above the national average, however this year the results are in line with the national average.

ACCESS TO ONLINE SERVICES SECTION:

How easy is it to use your GP practice's website to look for information or access services?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Very easy/fairly easy	78%	78%	78%	77%	80%	76%	74%	75%

Previous results for Calderdale have always been in line or above the national average, however this year the results have dipped slightly below the national average.

MAKING AN APPOINTMENT SECTION:

Choice of appointment - On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Yes	63%	62%	61%	62%	61%	60%	66%	69%

The national average has increased for 2021 and as a result Calderdale has performed below the national average, despite recording a higher result than previous years.

Experience of making an appointment - Overall, how would you describe your experience of making an appointment?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Very good/fairly good	73%	69%	70%	67%	70%	65%	71%	71%

Previous results for Calderdale have always been above the national average, however this year the results are in line with the national average.

PERCEPTIONS OF CARE AT PATIENTS' LAST APPOINTMENT SECTION:

Mental Health Needs recognised and understood

During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Yes	89%	87%	86%	86%	87%	85%	87%	86%

Calderdale have consistently performed above or in line with the national average and this year we have again performed slightly above the national average.

MANAGING HEALTH CONDITIONS SECTION:

In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Yes	80%	79%	80%	78%	81%	77%	74%	74%

Previous results for Calderdale have always been above the national average, however this year the results are in line with the national average.

SATISFACTION WITH GENERAL PRACTICE APPOINTMENT TIMES SECTION:

How satisfied are you with the general practice appointment times that are available to you?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Satisfied	68%	66%	67%	65%	66%	63%	67%	67%

Previous results for Calderdale have always been above the national average, however this year the results are in line with the national average.

SERVICES WHEN GP PRACTICE IS CLOSED SECTION:

Overall, how would you describe your last experience of NHS services when you wanted to see a GP, but your practice was closed?

	Calderdale CCG 2018	Nationally 2018	Calderdale CCG 2019	Nationally 2019	Calderdale CCG 2020	Nationally 2020	Calderdale CCG 2021	Nationally 2021
Good	70%	69%	68%	69%	61%	67%	59%	66%

Results for the above question have decreased year on year in Calderdale but the results for 2021 have dipped further below the national average. The reducing satisfaction score for Calderdale is being reviewed against patient satisfaction feedback provided through the OOH service provider.

2.4 Summary

If we look at Calderdale performance benchmarked against the national position we can see, that in those patients who completed the survey, their overall experience of their GP practice, helpfulness of receptionists, experience of making an appointment, perceptions of care and support with managing health conditions were either matched or slightly higher than the national average. Areas where Calderdale CCG performed slightly below the national average were, ease of getting through to someone at the GP practice, online access to services and choice of appointment.

Since the GP Patient Survey was undertaken practices have increased the number of online consultations by at least 25%. The range of appointment types now available such as telephone, e-consultation, video, and face to face consultations have provided patients with a greater degree of choice. Practices have been encouraged to increase the number of face-to-face appointments and recently published data from September 2021 shows that the number of face-to-face consultations has increased month on month. The total number of telephone consultations has also increased month and month and now shows an 18% increase from when the GP Patient Survey was carried out. The expansion of the Additional Roles Reimbursement Scheme has enabled Primary Care Networks to further increase their workforce and expand on the number of appointments available to patients. In March 2021 all GP practices in Calderdale were offered input and support to review their Practice website to improve accessibility for patients.

Two additional COVID related questions were added to the 2021 survey, (see Appendix C), however, detailed analysis does not appear in the data slide pack, however it is available to download separately. The questions were:

1. At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?

2. Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?

We acknowledge that these results represent only a small sample of the total population Within Calderdale, and this means we cannot be certain that the results of a question would be the same if everybody within the population had taken part. We also need to consider the sample of completed forms returned for each practice, which may be lower and not well represented. However, the survey results are a helpful source of information that can be used in conjunction with other data and feedback to help build a picture of practice services. While many of the results show we are in line with the national average, we recognise we have more to do to further support patient demand and this remains a key priority for the CCG.

3.0 Next Steps

3.1 The GP patient survey 2021 results data pack has been shared with practices via Key Messages, and practices have been encouraged to share the results with PPGs and actively seek feedback.

Next steps are:

a) To identify practices achieving higher than CCG average and send acknowledgement of achievement letter (see example letter in Appendix D)
b) To identify practices who scored consistently lower than the CCG average and undertake a supportive informal practice visit as part of the Quality Assurance Surveillance Process (practice results to be provided within the Primary Care Dashboard publication).
c) Review GP Patient Survey results for 2021 against patient satisfaction feedback provided by the OOH service provider.

d) As part of the Quality, Recovery and Resilience Scheme practices will be required to review their current access model. The practice access review will require practices to engage and involve their patients in the review and potential redesign. They will also be asked to review and reflect on the patient survey results in order to facilitate the review which aims to improve access and patient satisfaction.

e) Ensure the highlights of the survey are shared with the Calderdale Health Forum

4.0 Recommendations

Commissioning Primary Medical Services Committee is requested to:

I. Receive and review the national GP patient survey 2021 results

II. Support the next steps identified for action

5.0 Appendices

Appendix A – Ipsos MORI report for Calderdale CCG – July 2021

Appendix B – Patient letter – January 2021

Appendix C – Patient questionnaire – July 2021

Appendix D – Example of practice achievement letter – November 2021

Appendix E – Comparative rag rated practice results – November 2021

GP PATIENT SURVEY

NHS CALDERDALE CCG

Latest survey results

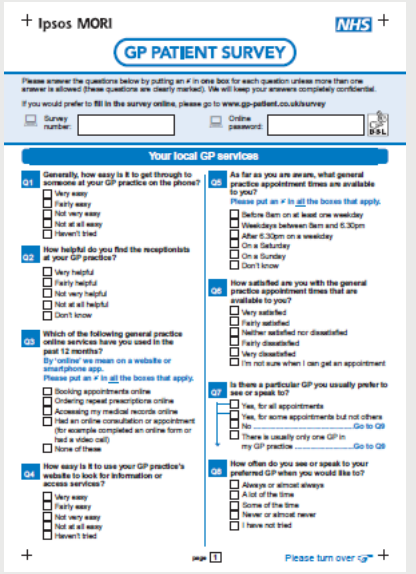
2021 survey publication

Contents

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit https://gp-patient.co.uk/.
- This slide pack presents some of the key results for **NHS CALDERDALE CCG**.
- The data in this slide pack are based on the 2021 GPPS publication.
- In NHS CALDERDALE CCG, **7,445** questionnaires were sent out, and **2,793** were returned completed. This represents a response rate of **38%**.
- The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time. In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the GP Forward View. The questionnaire including past versions, and the Technical Annex can be found here: https://gp-patient.co.uk/surveysandreports.


Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an ✗ in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey

Survey number:

Online password:

Your local GP services

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?
Very helpful
Fairly helpful
Not very helpful
Not at all helpful
Don't know

Q3 Which of the following general practice online services have you used in the past 12 months?
By 'online' we mean on a website or smartphone app.
Please put an ✗ in all the boxes that apply.
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
Had an online consultation or appointment (for example completed an online form or had a video call)
None of these

Q4 How easy is it to use your GP practice's website to look for information or access services?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q5 As far as you are aware, what general practice appointment times are available to you?
Please put an ✗ in all the boxes that apply.
Before 8am on at least one weekday
Weekdays between 8am and 6.30pm
After 6.30pm on a weekday
On a Saturday
On a Sunday
Don't know

Q6 How satisfied are you with the general practice appointment times that are available to you?
Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
I'm not sure when I can get an appointment

Q7 Is there a particular GP you usually prefer to see or speak to?
Yes, for all appointments
Yes, for some appointments but not others
No ..... Go to Q9
There is usually only one GP in my GP practice ..... Go to Q8

Q8 How often do you see or speak to your preferred GP when you would like to?
Always or almost always
A lot of the time
Some of the time
Never or almost never
I have not tried

page 1

Please turn over

Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Your local GP services
  - Making an appointment
  - Your last appointment
  - Overall experience
  - Your health
  - When your GP practice is closed
  - NHS Dentistry
  - COVID-19
  - Some questions about you (including relevant protected characteristics and demographics)
- The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data, which limits the detail provided by the results.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Where questions have changed significantly for the 2021 questionnaire, data will not be comparable to previous years.
- Where configurations of CCGs have changed, trend data will not be available for all years.
- All GP practices are aligned to the CCG assigned by the NHS Digital EPRACCUR mapping file published on 8 April 2021, accessed via the Technology Reference data Updated Distribution (TRUD) system. This may not reflect where patients live. For example, GP at Hand is aligned to NHS NORTH WEST LONDON CCG and has registered practices in London and Birmingham.

Guidance on how to use the data

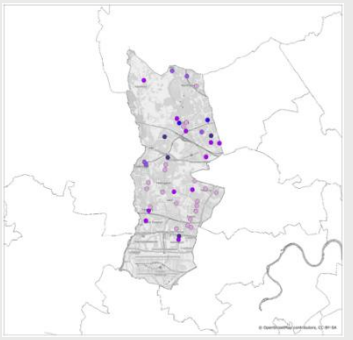
The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

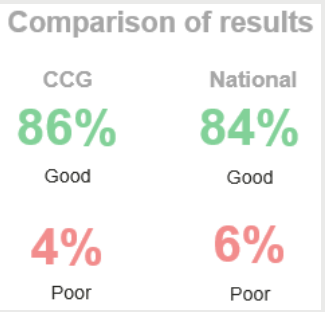
- **Comparison of a CCG's results against the national average**: this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.

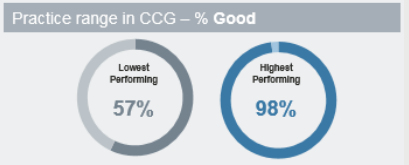
- **Considering questions where there is a larger range in responses among practices or CCGs**: this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.

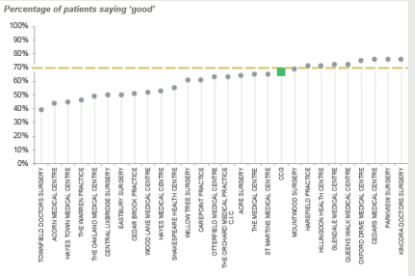
- **Comparison of practices' results within a CCG**: this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

- **Comparison of CCGs' results within a region**: region as described in this report is based on NHS England regions, further information about these regions can be found here: https://england.nhs.uk/about/regional-area-teams/









Images used in this slide are for example purposes only

Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.

- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**

- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.

- Trends:
  - Latest: refers to the 2021 publication (fieldwork January to March 2021)
  - 2020: refers to the July 2020 publication (fieldwork January to March 2020)
  - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
  - 2018: refers to the August 2018 publication (fieldwork January to March 2018)

- For further information on using the data please refer to the end of this slide pack.

* **More than 0% but less than 0.5%**

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

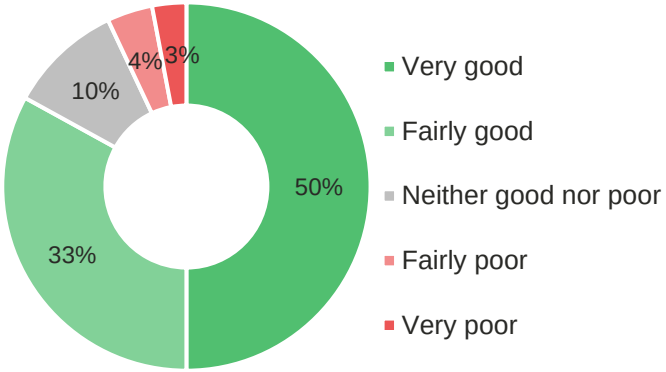
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed**.

Overall experience of GP practice

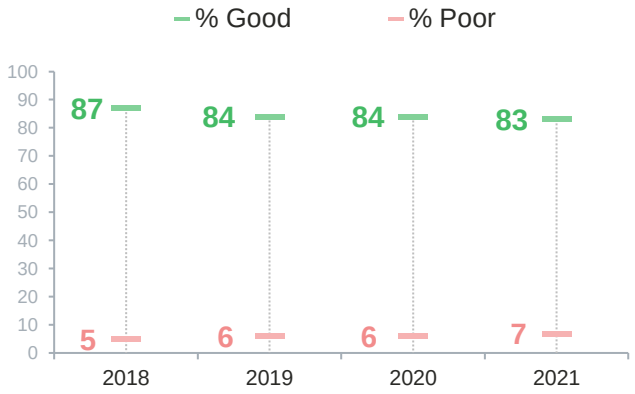
Overall experience of GP practice

Q30. Overall, how would you describe your experience of your GP practice?

CCG's results



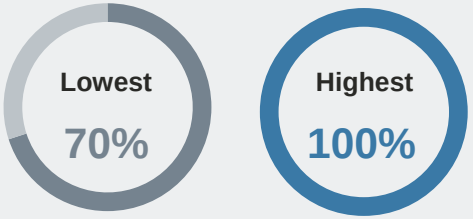
CCG's results over time



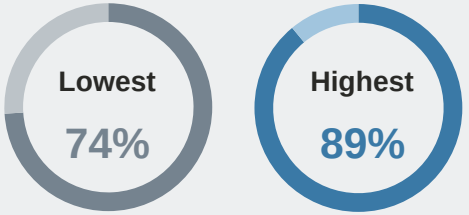
Comparison of results

	CCG	National
	83%	83%
	Good	Good
	7%	7%
	Poor	Poor

Practice range within CCG – % Good



CCG range within region – % Good



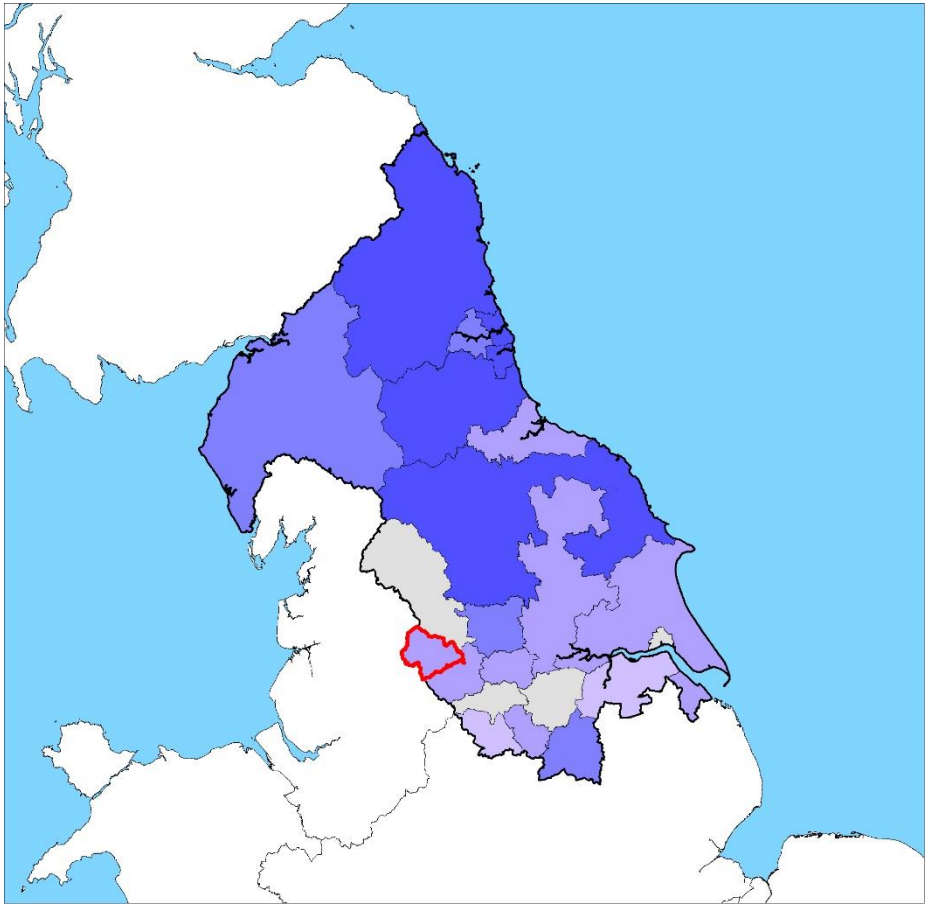
Base: All those completing a questionnaire: National (836,008); CCG 2021 (2,735); CCG 2020 (2,559); CCG 2019 (2,719); CCG 2018 (2,792); Practice bases range from 101 to 156; CCG bases range from 1,234 to 11,403

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Results range from

74%

to

89%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

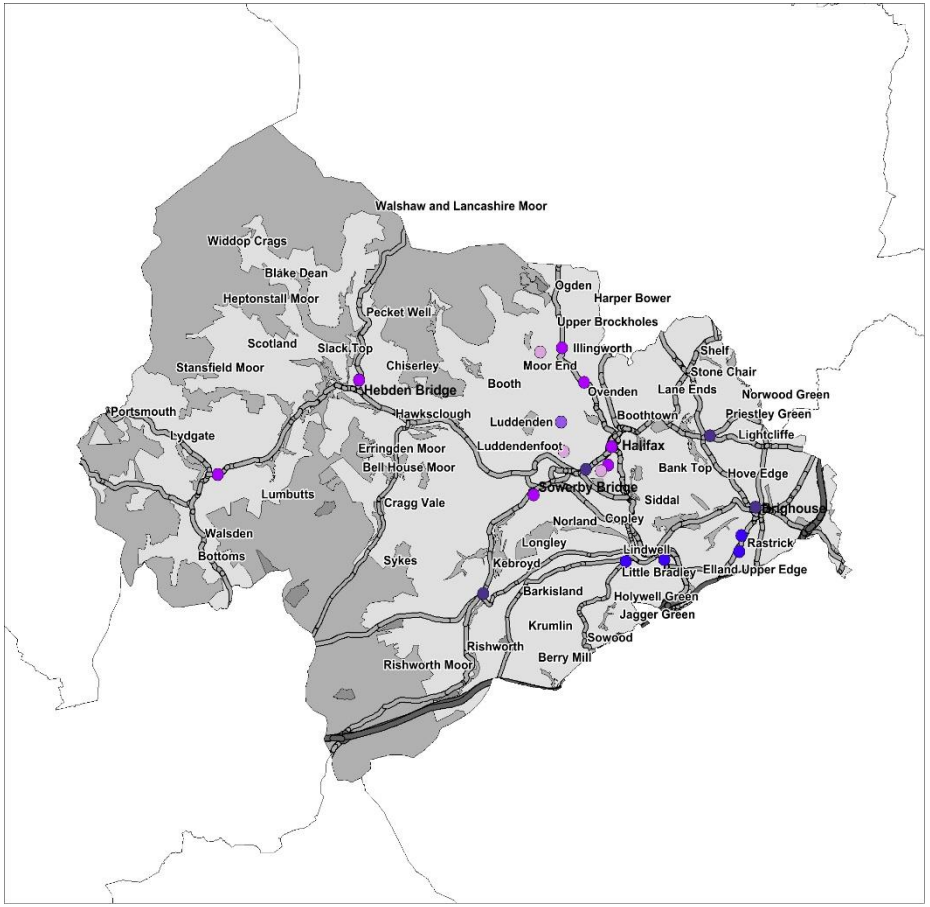
Base: All those completing a questionnaire: CCG bases range from 1,234 to 11,403

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good

- 91.6 up to 100.0
- 87.3 up to 91.6
- 82.4 up to 87.3
- 76.0 up to 82.4
- 29.6 up to 76.0

Results range from

70%

to

100%

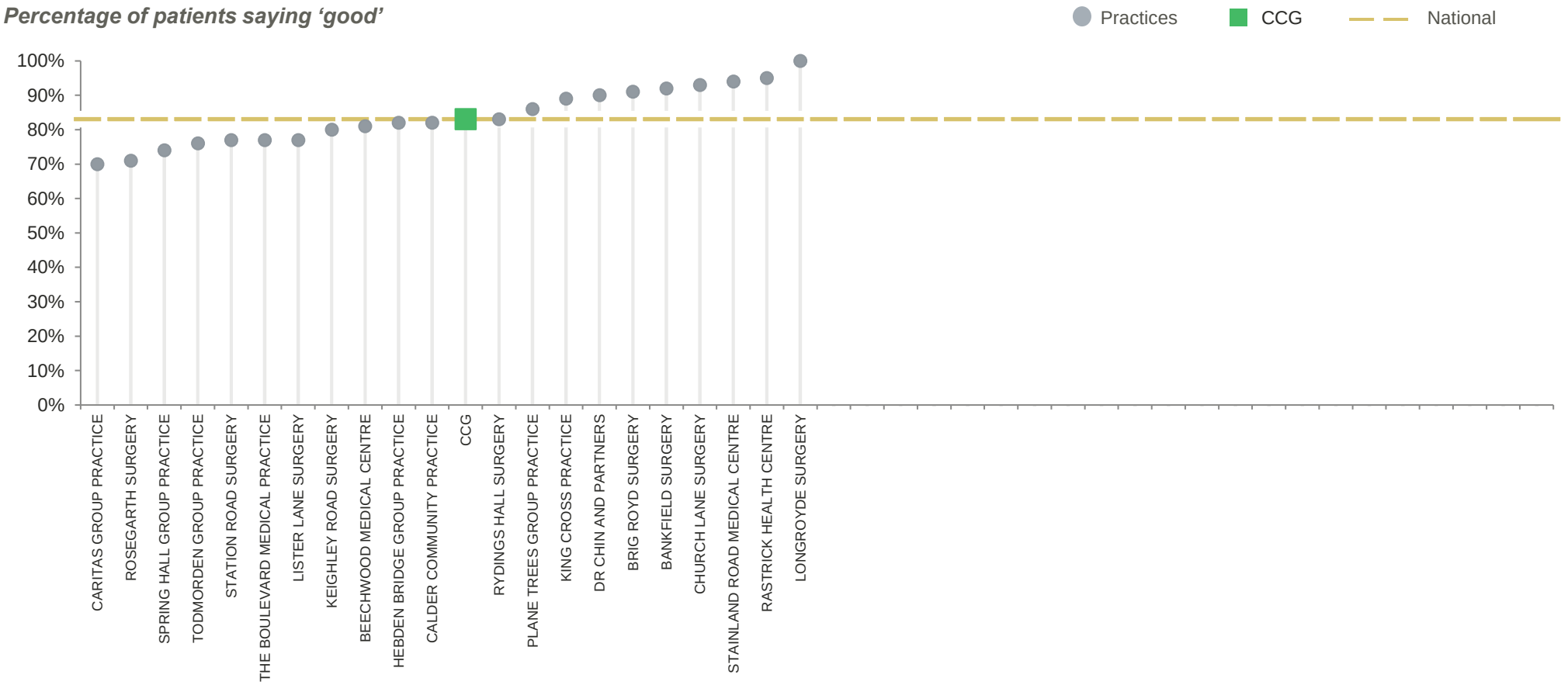
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 101 to 156

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (836,008); CCG 2021 (2,735); Practice bases range from 101 to 156

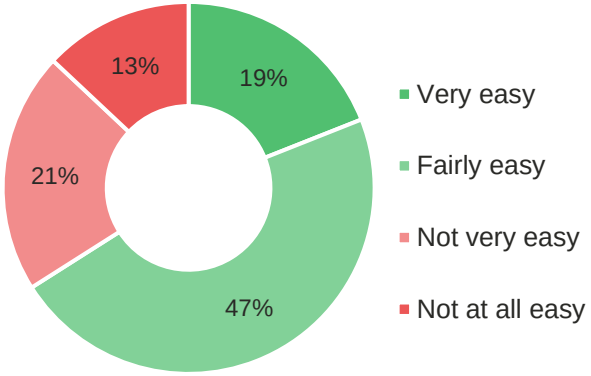
%Good = %Very good + %Fairly good

Local GP services

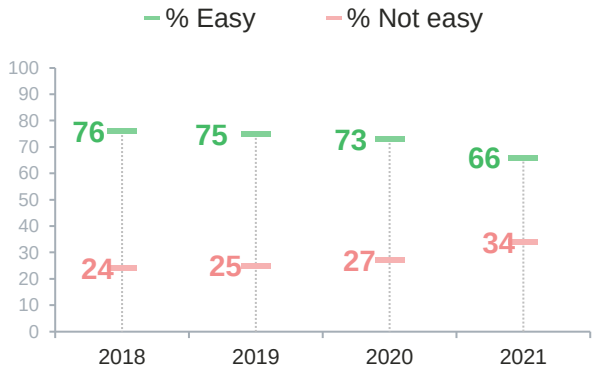
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

CCG's results



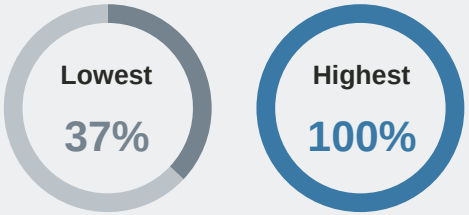
CCG's results over time



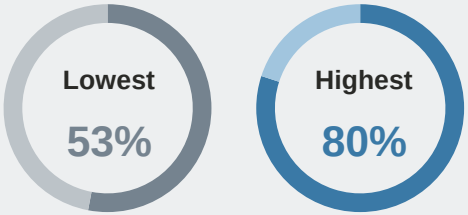
Comparison of results

	CCG	National
	66%	68%
	Easy	Easy
	34%	32%
	Not easy	Not easy

Practice range within CCG – % Easy



CCG range within region – % Easy



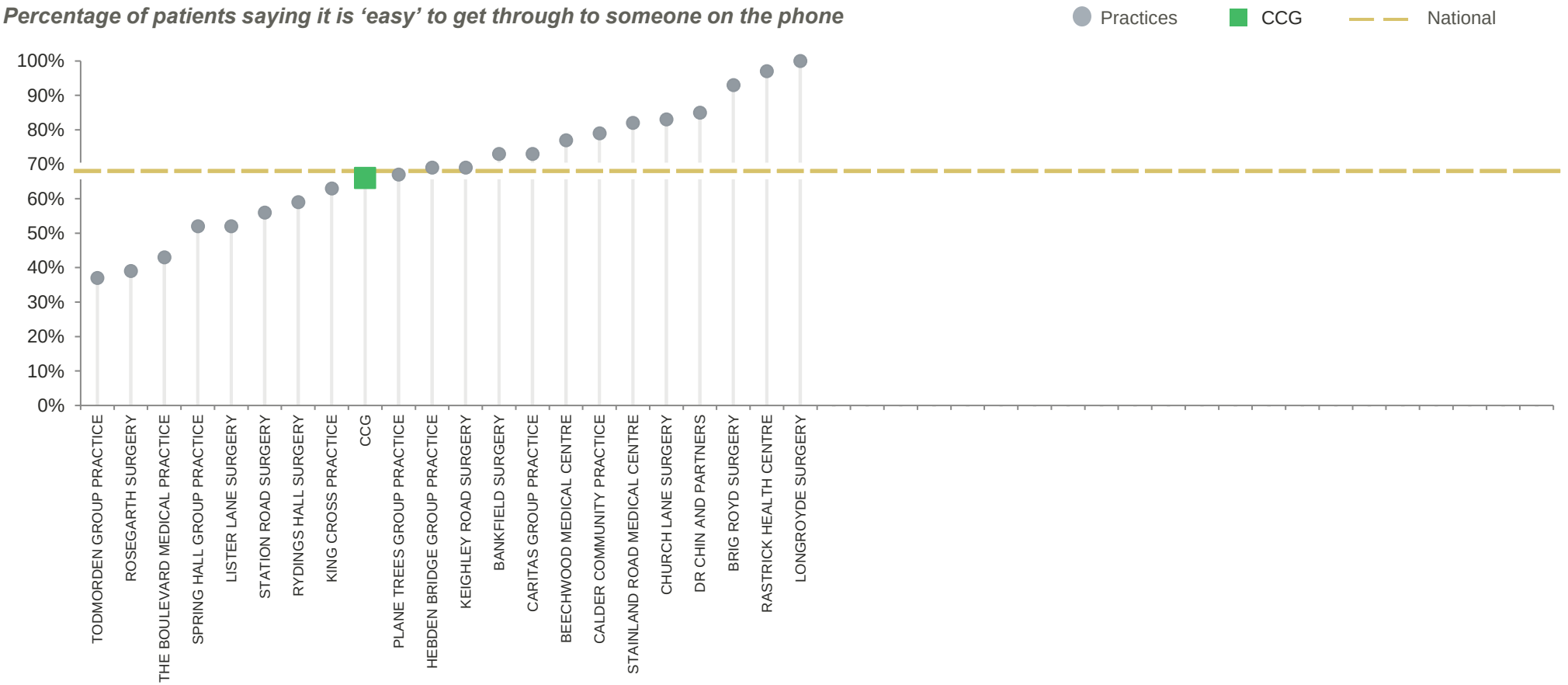
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (2,630); CCG 2020 (2,524); CCG 2019 (2,669); CCG 2018 (2,731); Practice bases range from 96 to 154; CCG bases range from 1,191 to 11,041

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

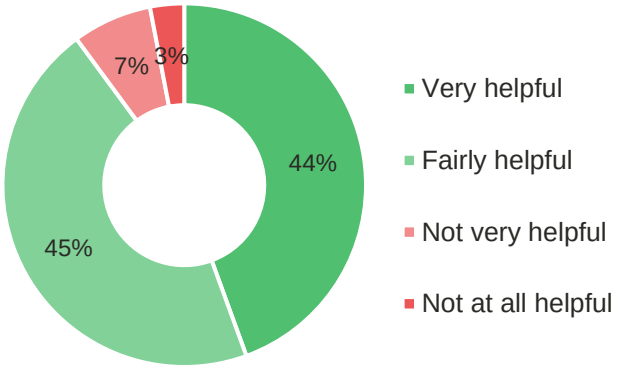
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (2,630); Practice bases range from 96 to 154

%Easy = %Very easy + %Fairly easy

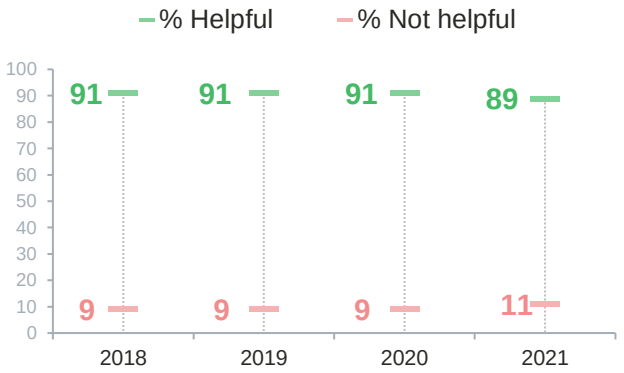
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

CCG's results



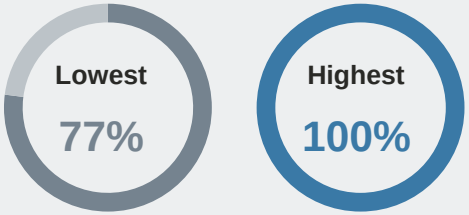
CCG's results over time



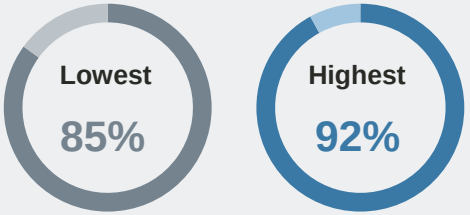
Comparison of results

	CCG	National
	89%	89%
	Helpful	Helpful
	11%	11%
	Not helpful	Not helpful

Practice range within CCG – % Helpful



CCG range within region – % Helpful



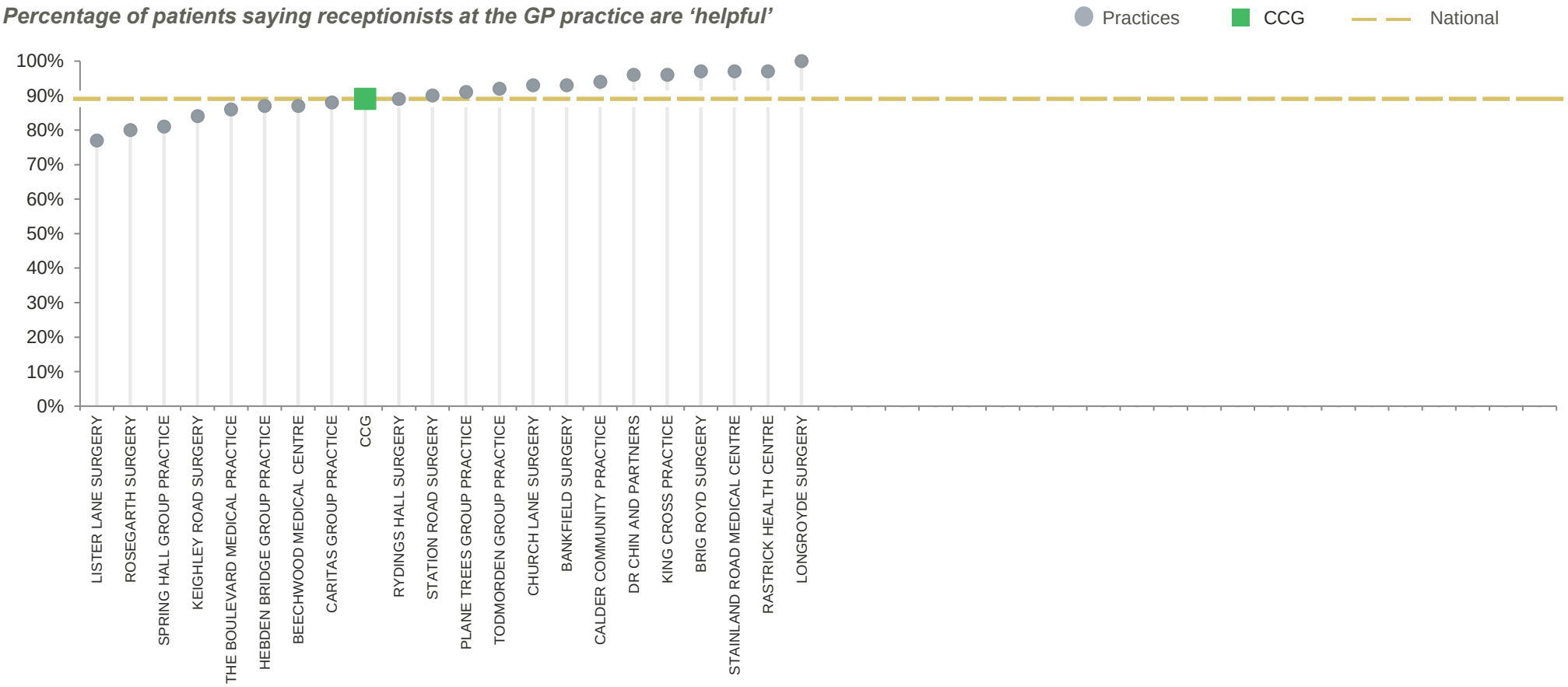
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (2,646); CCG 2020 (2,560); CCG 2019 (2,684); CCG 2018 (2,760); Practice bases range from 99 to 154; CCG bases range from 1,205 to 11,122

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only: differences may not be statistically significant

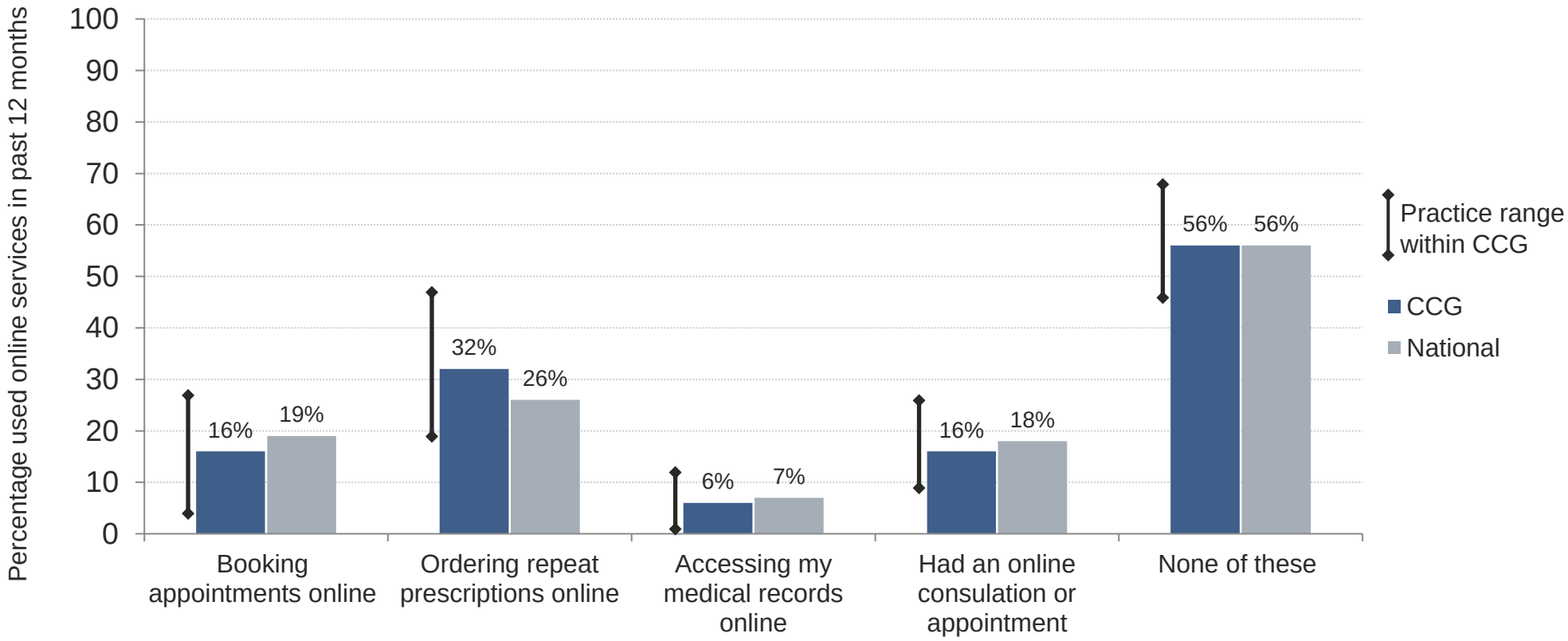
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (2,646); Practice bases range from 99 to 154

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Online service use

Q3. Which of the following general practice online services have you used in the past 12 months?



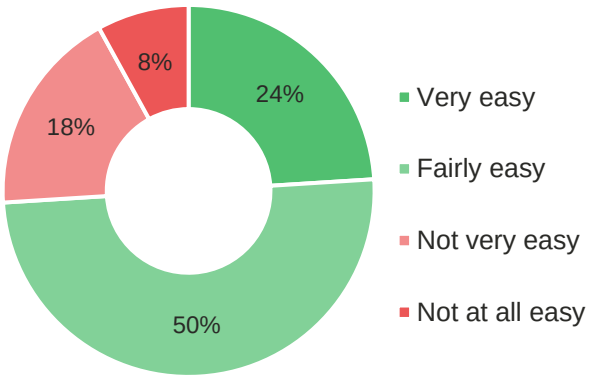
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (832,291); CCG 2021 (2,748); Practice bases range from 101 to 158

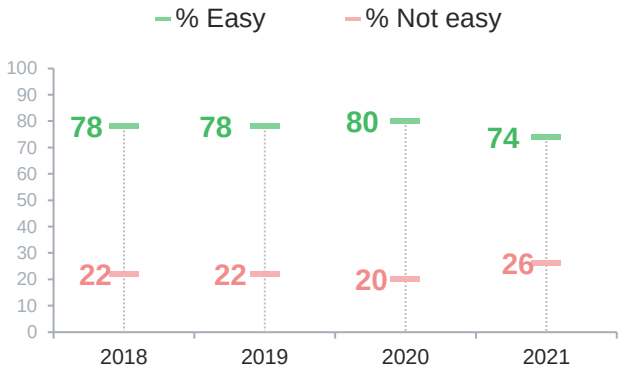
Ease of use of online services

Q4. How easy is it to use your GP practice's website to look for information or access services? [1]

CCG's results



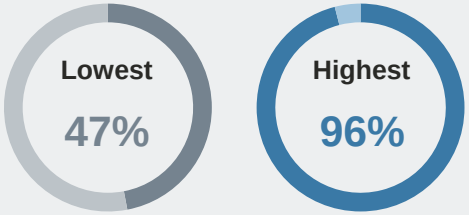
CCG's results over time



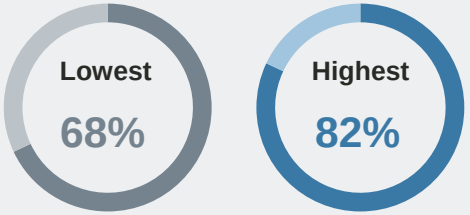
Comparison of results

	CCG	National
	74%	75%
	Easy	Easy
	26%	25%
	Not easy	Not easy

Practice range within CCG – % **Easy**



CCG range within region – % **Easy**



[1] Those who say 'Haven't tried' (47%) have been excluded from these results.

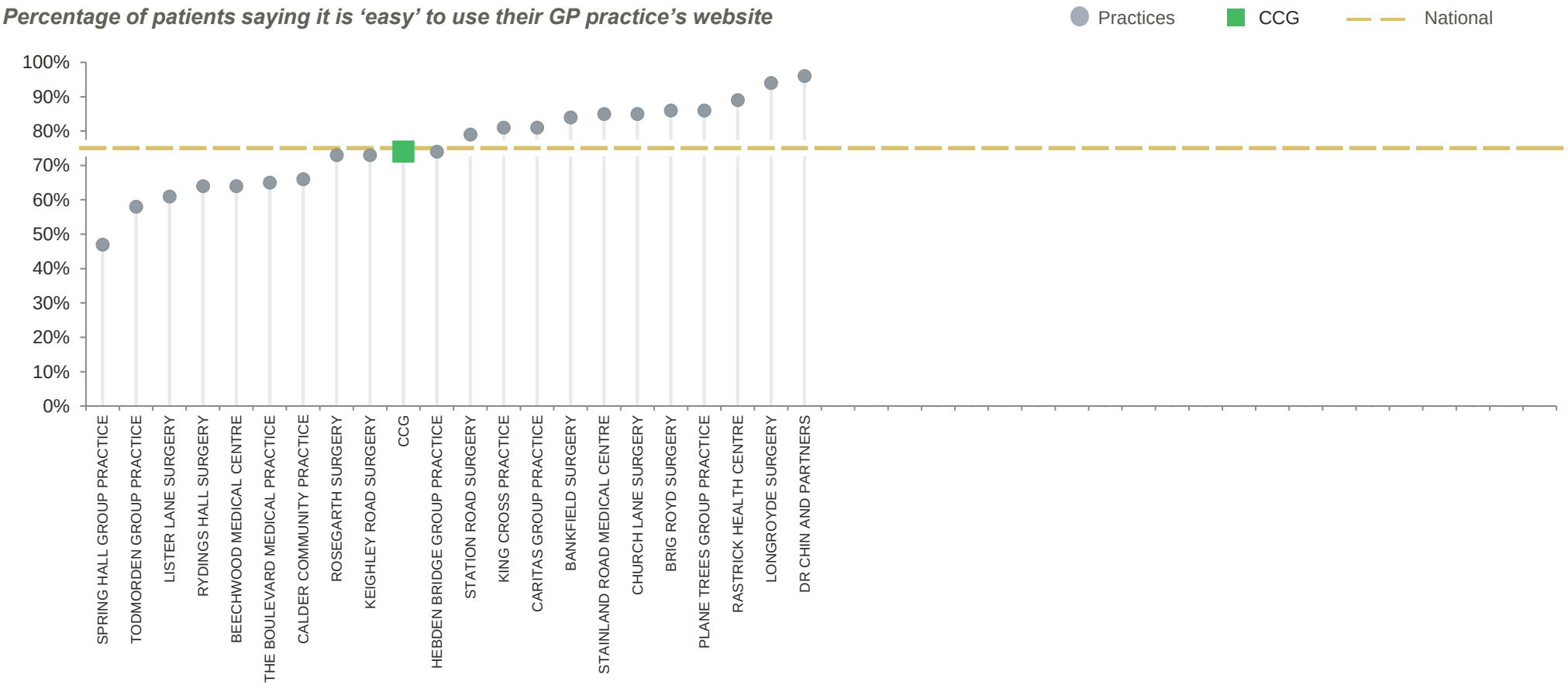
Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (1,365); CCG 2020 (1,058); CCG 2019 (1,045); CCG 2018 (811); Practice bases range from 46 to 90; CCG bases range from 575 to 5,408

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of use of online services: how the CCG's practices compare

Q4. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (1,365); Practice bases range from 46 to 90

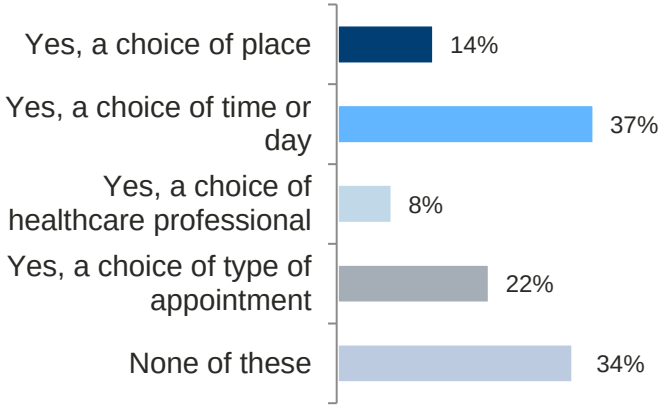
%Easy = %Very easy + %Fairly easy

Making an appointment

Choice of appointment

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

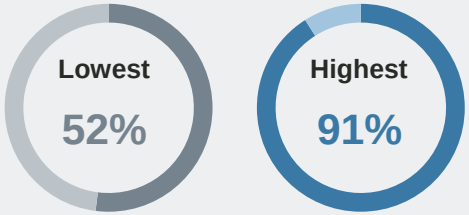
CCG's results



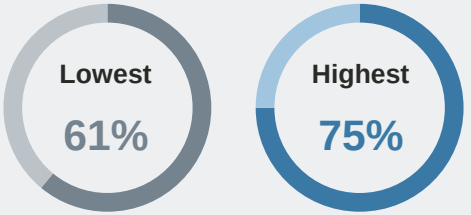
Comparison of results

	CCG	National
Yes	66%	69%
None of these	34%	31%

Practice range within CCG – % **Yes**



CCG range within region – % **Yes**



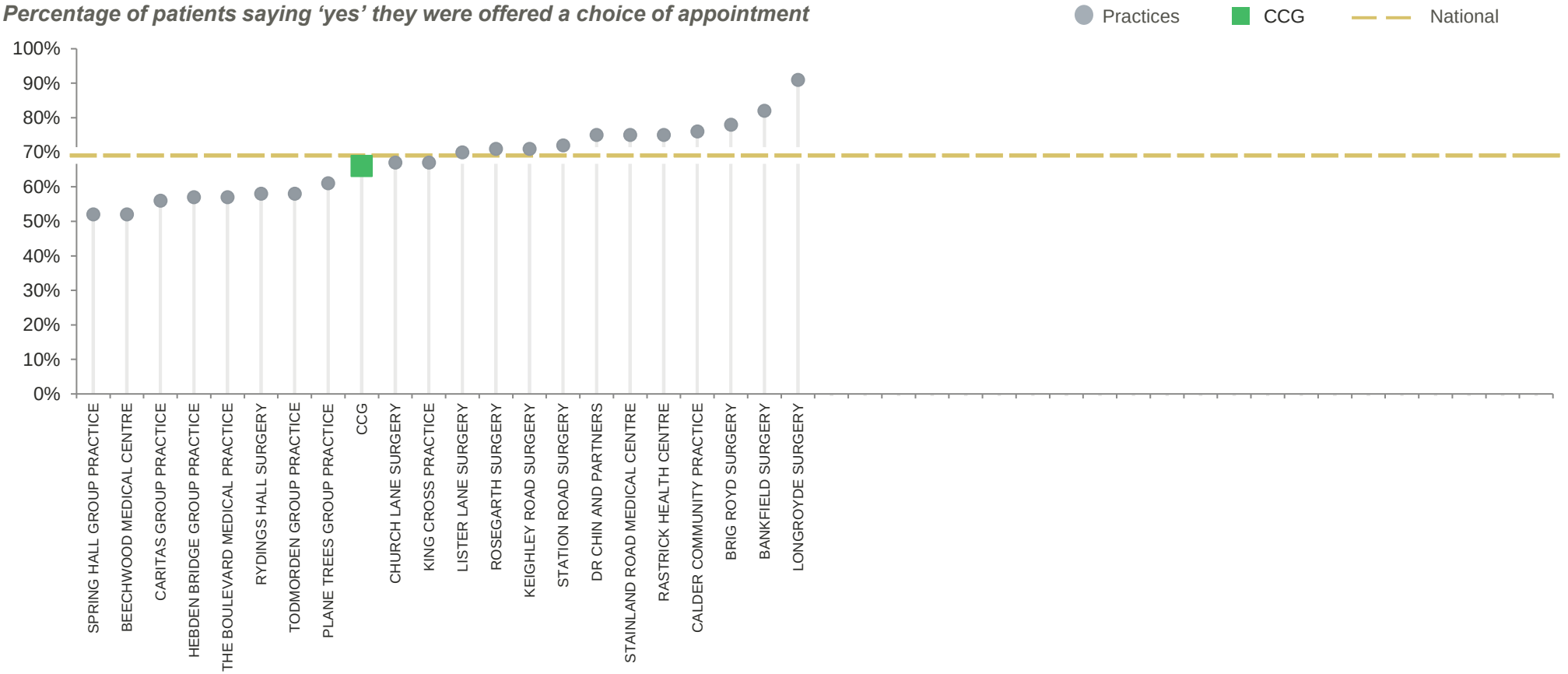
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (1,882); Practice bases range from 67 to 114; CCG bases range from 871 to 7,991

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Choice of appointment: how the CCG's practices compare

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

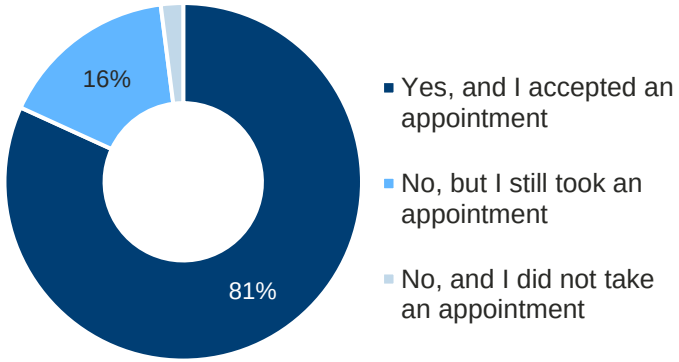
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (1,882); Practice bases range from 67 to 114

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Satisfaction with appointment offered

Q15. Were you satisfied with the appointment (or appointments) you were offered? [1]

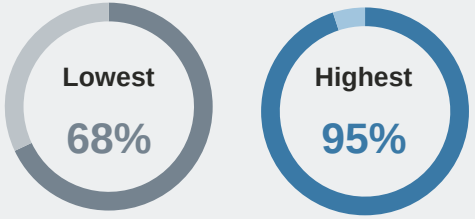
CCG's results



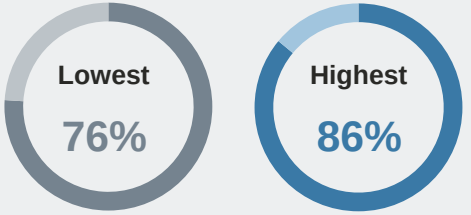
Comparison of results

CCG	National
81% Yes, took appt	**82%** Yes, took appt
16% No, took appt	**16%** No, took appt
2% No, didn't take appt	**2%** No, didn't take appt

Practice range within CCG – % **Yes**



CCG range within region – % **Yes**



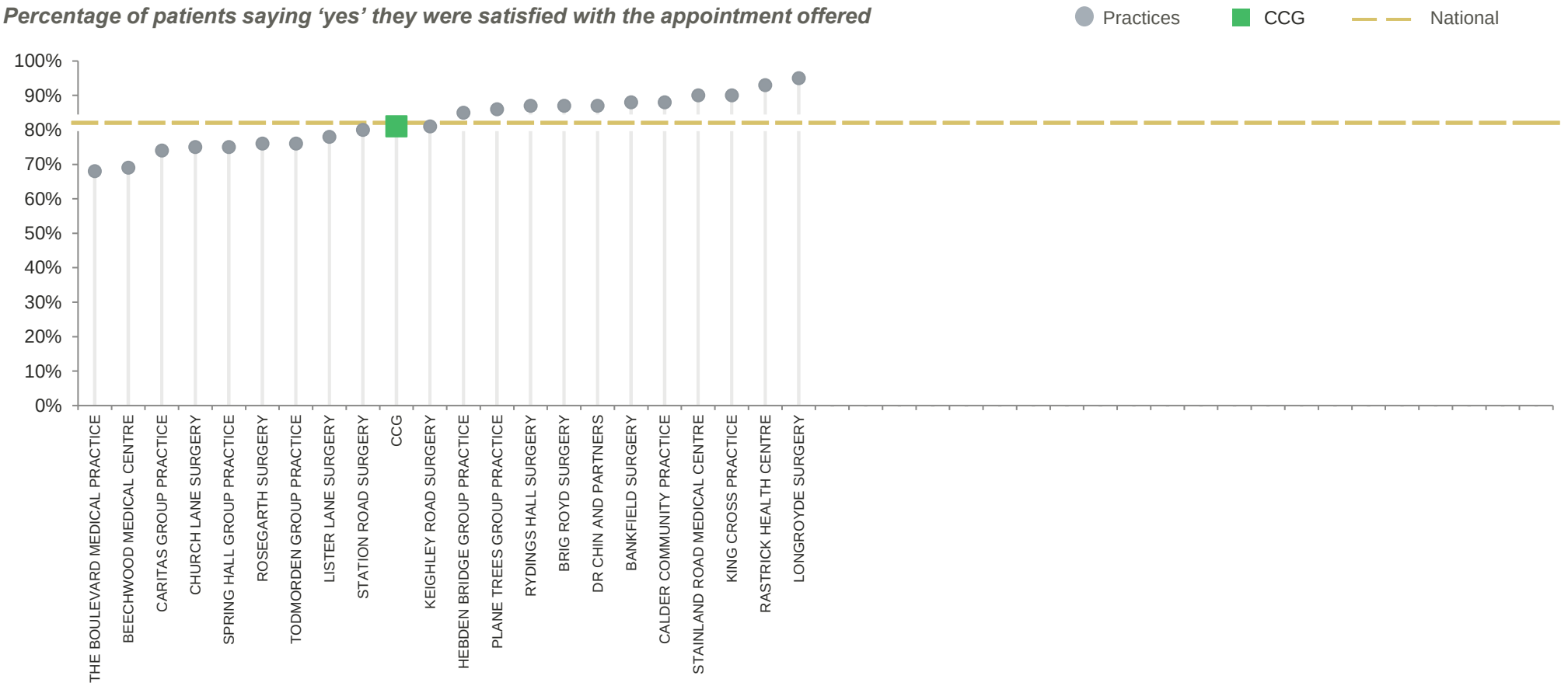
[1] Those who say 'I was not offered an appointment' (7%) have been excluded from these results.

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (2,358); Practice bases range from 80 to 142; CCG bases range from 1,034 to 9,776

Satisfaction with appointment offered: how the CCG's practices compare

Q15. Were you satisfied with the appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered

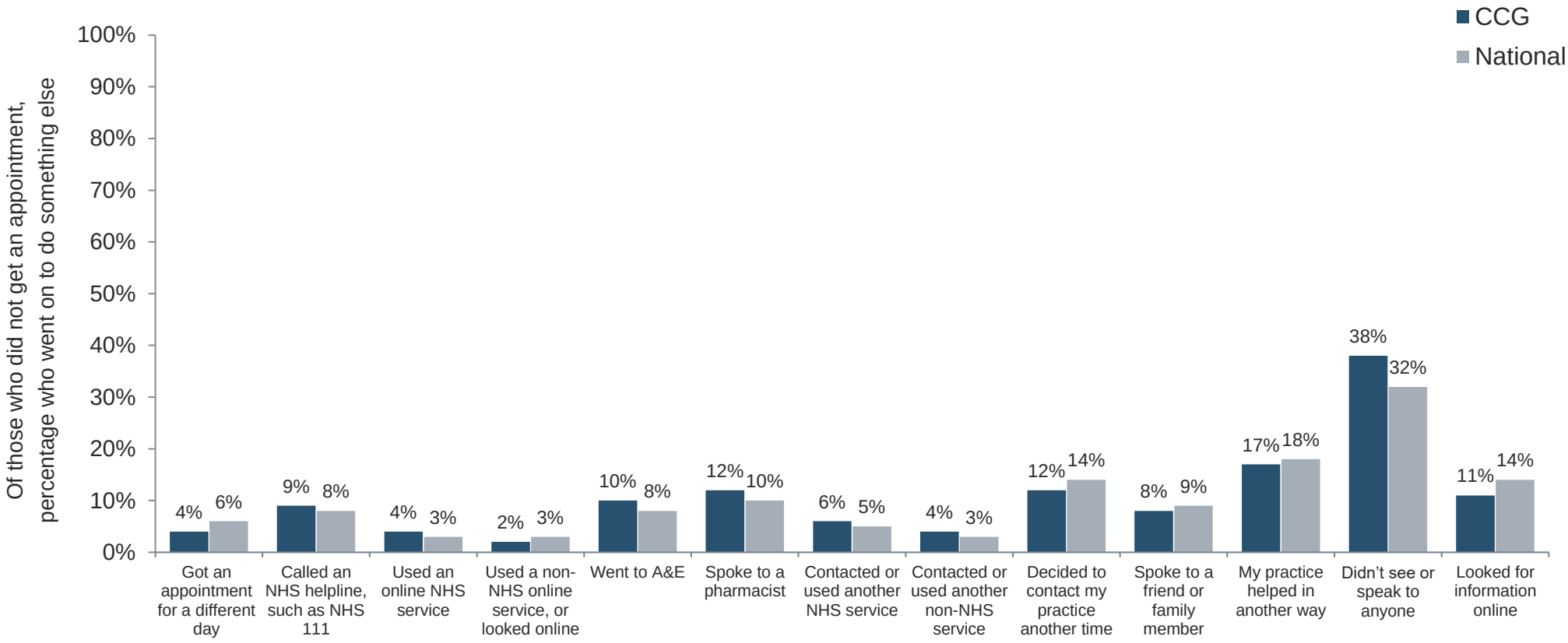


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (2,358); Practice bases range from 80 to 142

What patients do when they did not get an appointment

Q17. What did you do when you did not get an appointment?



Comparisons are indicative only: differences may not be statistically significant

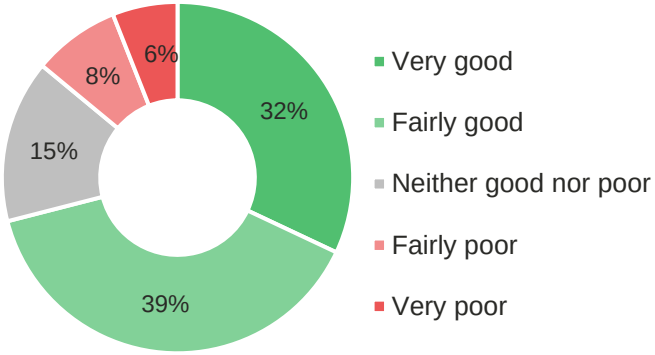
Looked for information online asked of online respondents only

Base: All who did not get an appointment (excluding those who haven't tried to make one since being registered): National (69,437); CCG 2021 (217)

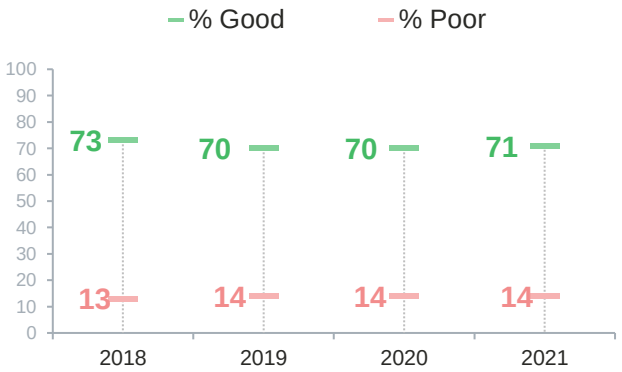
Overall experience of making an appointment

Q20. Overall, how would you describe your experience of making an appointment?

CCG's results



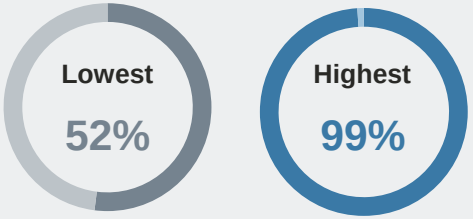
CCG's results over time



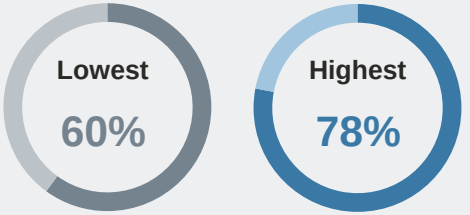
Comparison of results

CCG	National
71%	71%
Good	Good
14%	14%
Poor	Poor

Practice range within CCG – % **Good**



CCG range within region – % **Good**



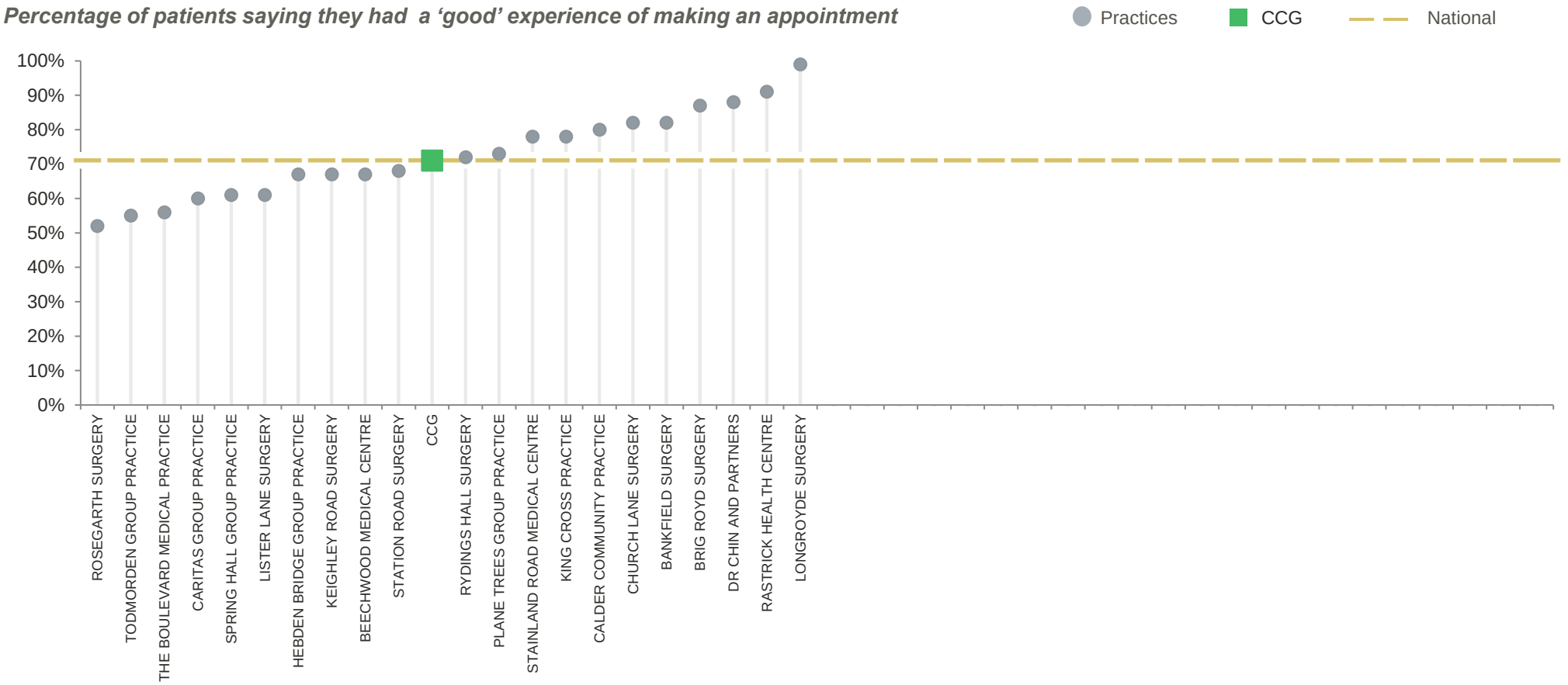
Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (2,526); CCG 2020 (2,426); CCG 2019 (2,564); CCG 2018 (2,575); Practice bases range from 93 to 148; CCG bases range from 1,130 to 10,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the CCG's practices compare

Q20. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



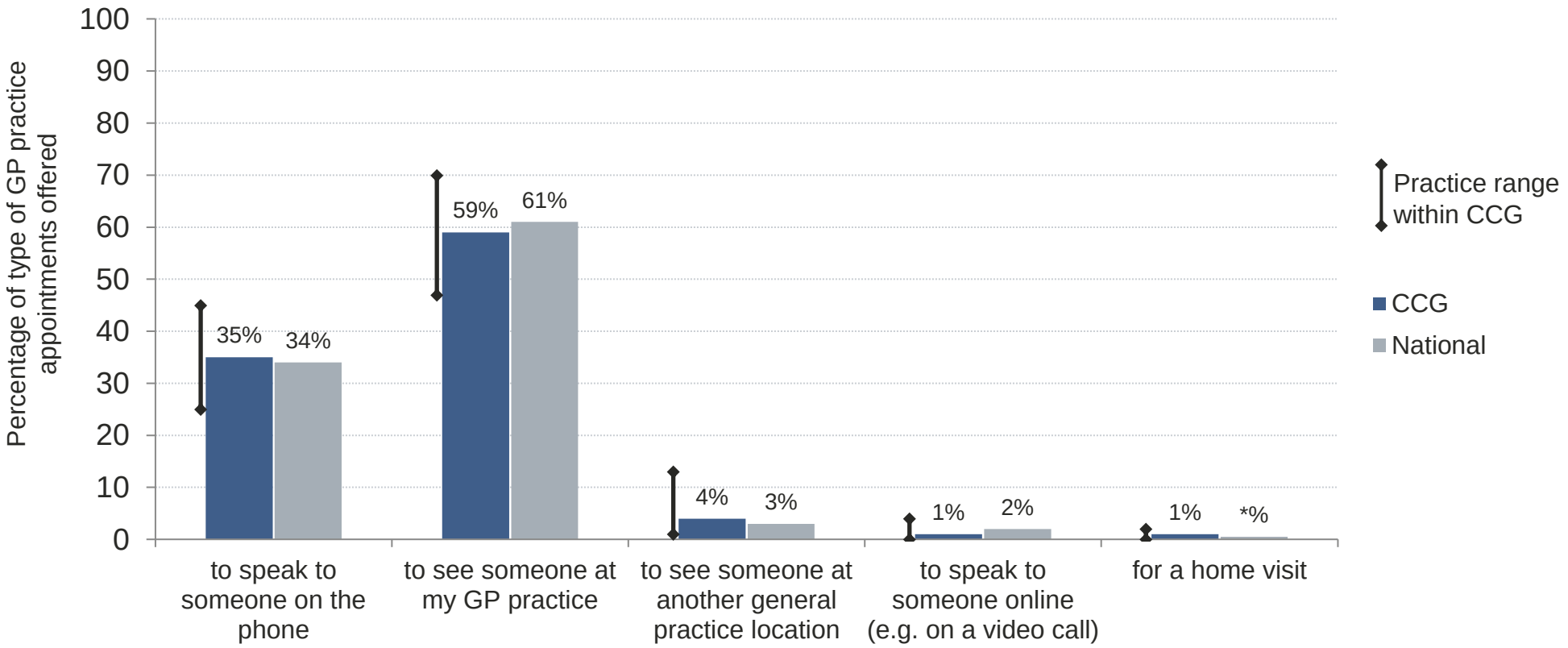
Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (2,526); Practice bases range from 93 to 148

%Good = %Very good + %Fairly good

Type of appointment

Q22. What type of appointment was your last general practice appointment? An appointment...



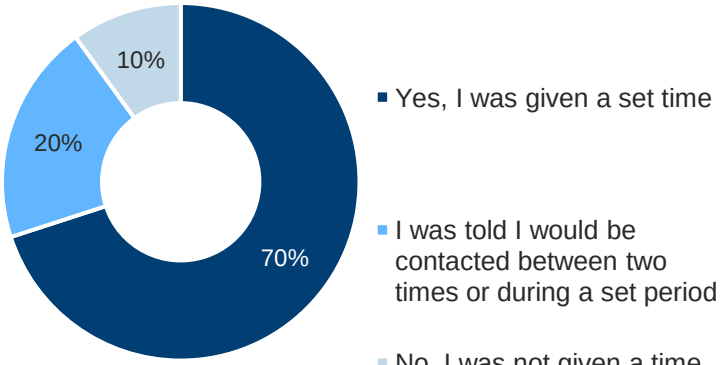
Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice: National (769,876); CCG 2021 (2,551); Practice bases range from 94 to 148

Given a time for appointment

Q23. Were you given a time for the appointment?

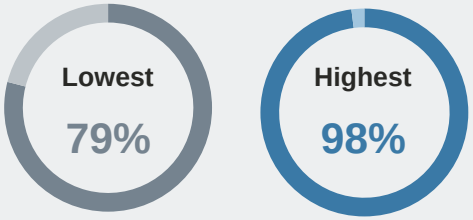
CCG's results



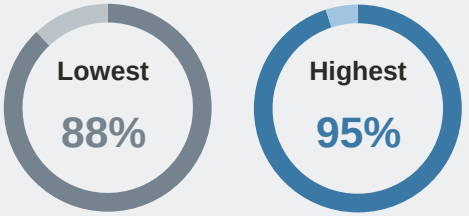
Comparison of results

	CCG	National
	90%	91%
	Yes	Yes
	10%	9%
	No	No

Practice range within CCG – % Yes



CCG range within region – % Yes



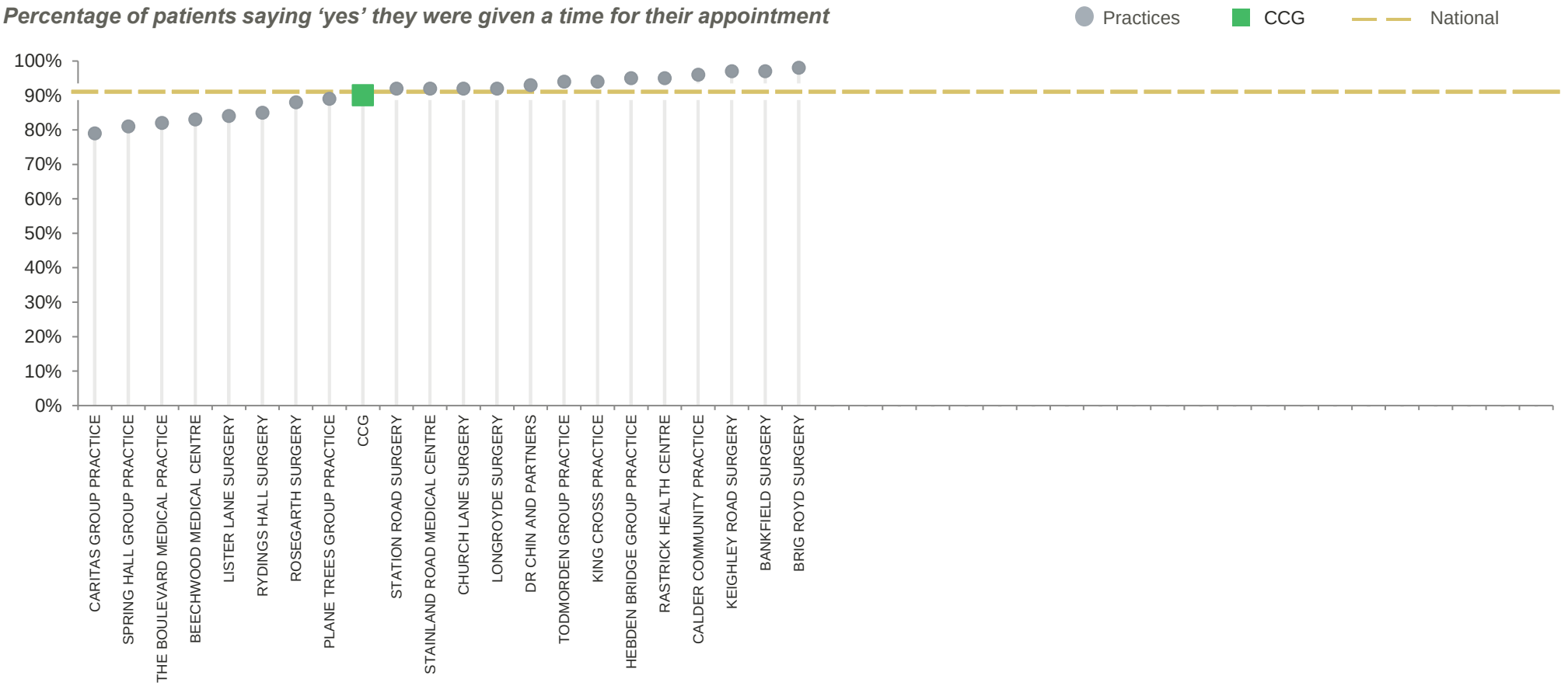
Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (2,454); Practice bases range from 88 to 144; CCG bases range from 1,125 to 10,188

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

Given a time for appointment: how the CCG's practices compare

Q23. Were you given a time for the appointment?

Percentage of patients saying 'yes' they were given a time for their appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (2,454); Practice bases range from 88 to 144

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

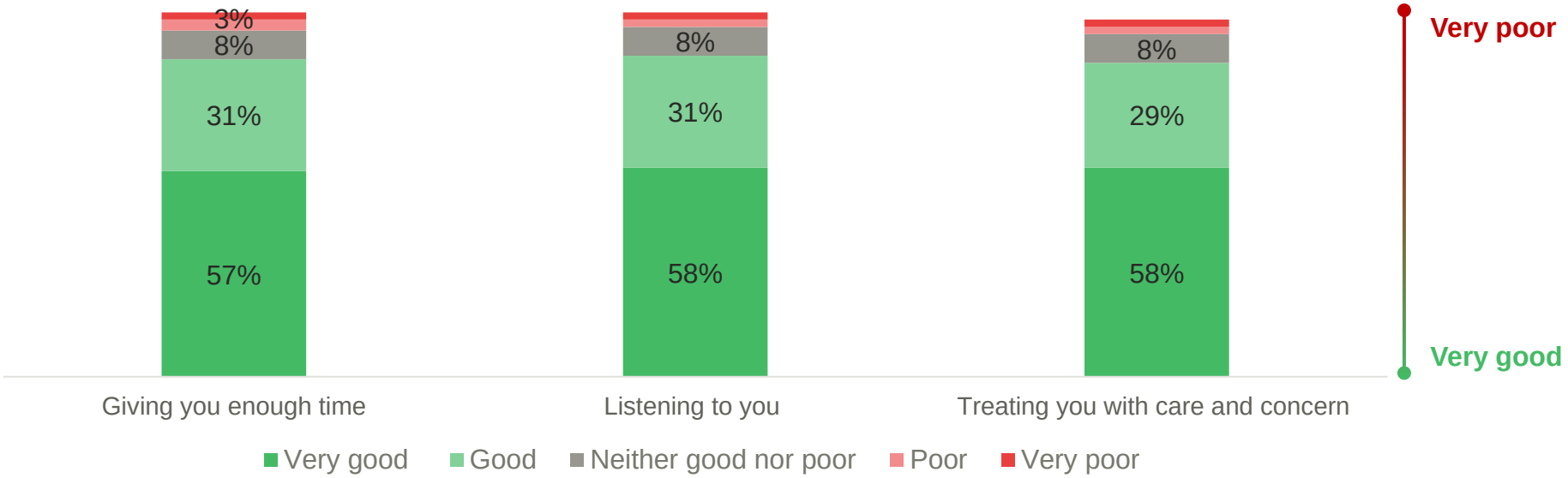
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q25. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

	Giving you enough time	Listening to you	Treating you with care and concern
National results % 'Poor' (total)	3%	3%	4%
CCG results % 'Poor' (total)	4%	4%	4%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (772,283; 756,619; 764,243); CCG 2021 (2,550; 2,513; 2,541)

%Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q27-29. During your last general practice appointment…

CCG's results

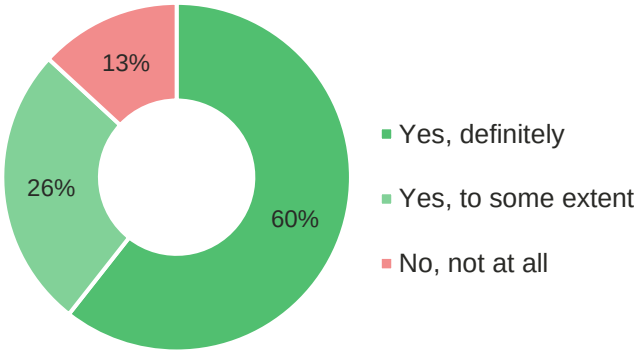
	Felt involved in decisions about care and treatment	Had confidence and trust in the healthcare professional	Felt their needs were met
National results % 'No, not at all'	7%	4%	6%
CCG results % 'No, not at all'	7%	4%	6%

Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (681,926; 759,144; 760,663); CCG 2021 (2,250; 2,511; 2,518)

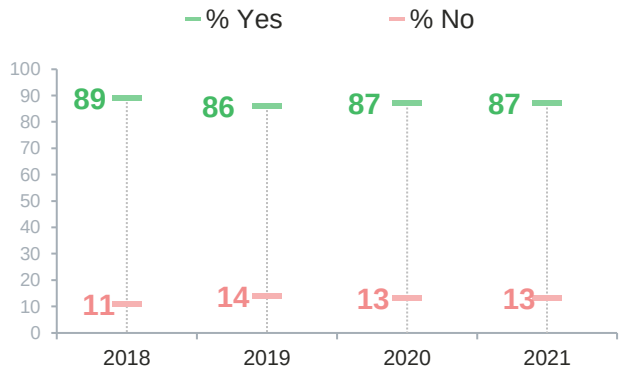
Mental health needs recognised and understood

Q26. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

CCG's results



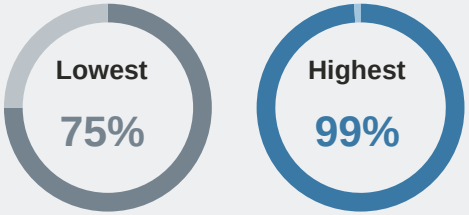
CCG's results over time



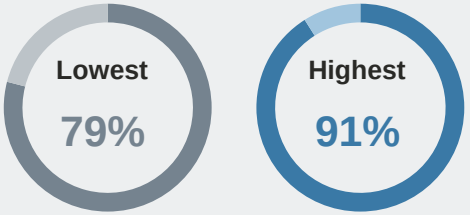
Comparison of results

	CCG	National
	87%	86%
	Yes	Yes
	13%	14%
	No	No

Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (344,371); CCG 2021 (1,111); CCG 2020 (995); CCG 2019 (1,006); CCG 2018 (1,043); Practice bases range from 40 to 67; CCG bases range from 499 to 4,658

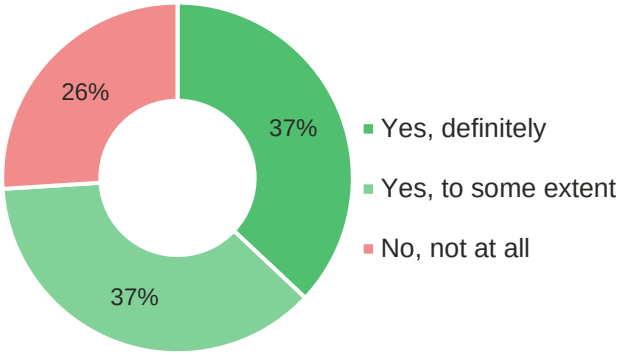
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

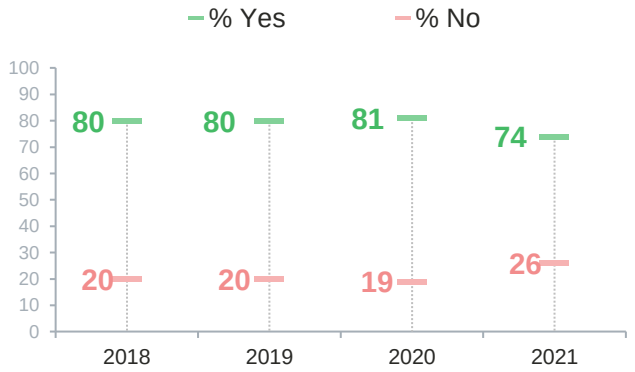
Support with managing long-term conditions, disabilities, or illnesses

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

CCG's results



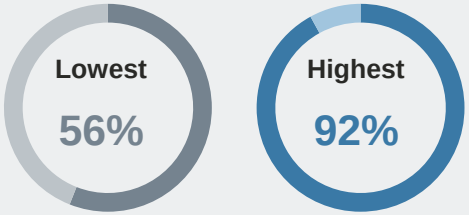
CCG's results over time



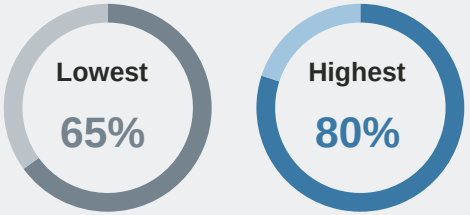
Comparison of results

	CCG	National
Yes	74%	74%
No	26%	26%

Practice range within CCG – % **Yes**



CCG range within region – % **Yes**



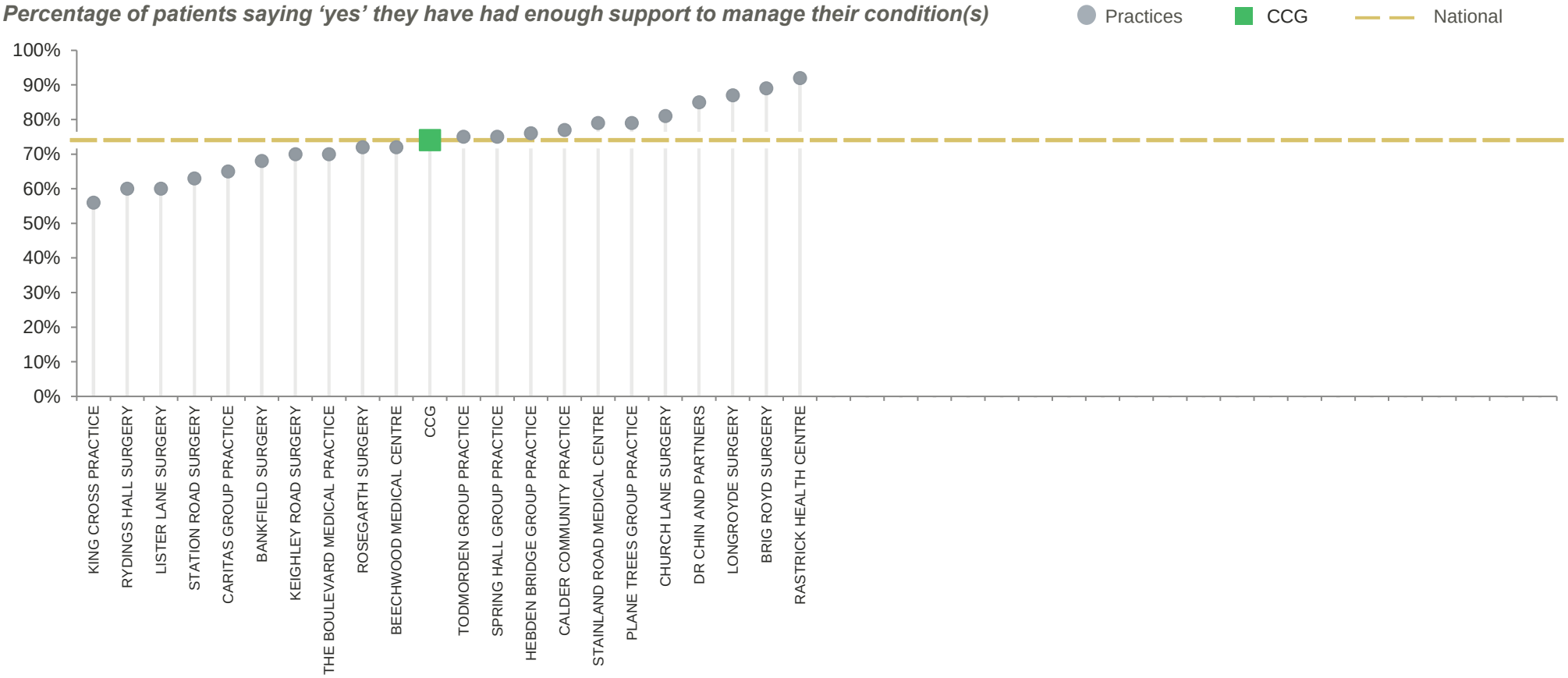
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (1,087); CCG 2020 (1,032); CCG 2019 (1,042); CCG 2018 (1,147); Practice bases range from 35 to 74; CCG bases range from 469 to 4,175

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (1,087); Practice bases range from 35 to 74

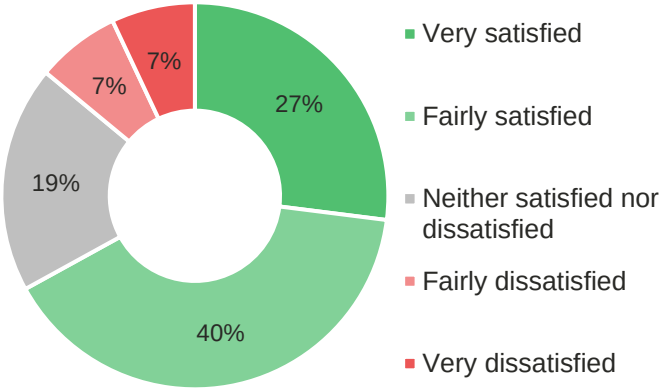
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

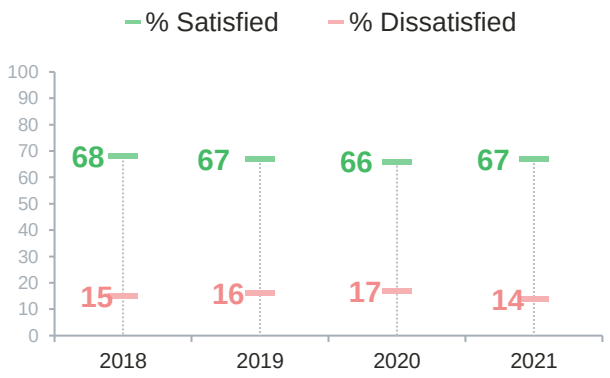
Satisfaction with appointment times

Q6. How satisfied are you with the general practice appointment times that are available to you? [1]

CCG's results



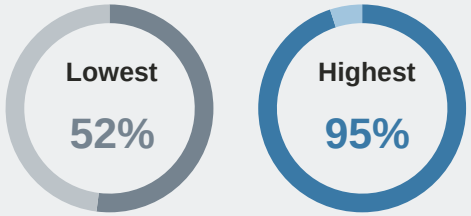
CCG's results over time



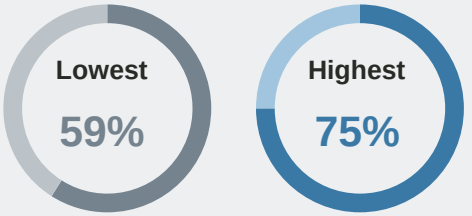
Comparison of results

	CCG	National
	67%	67%
	Satisfied	Satisfied
	14%	13%
	Dissatisfied	Dissatisfied

Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



[1] Those who say 'I'm not sure when I can get an appointment' (7%) have been excluded from these results.

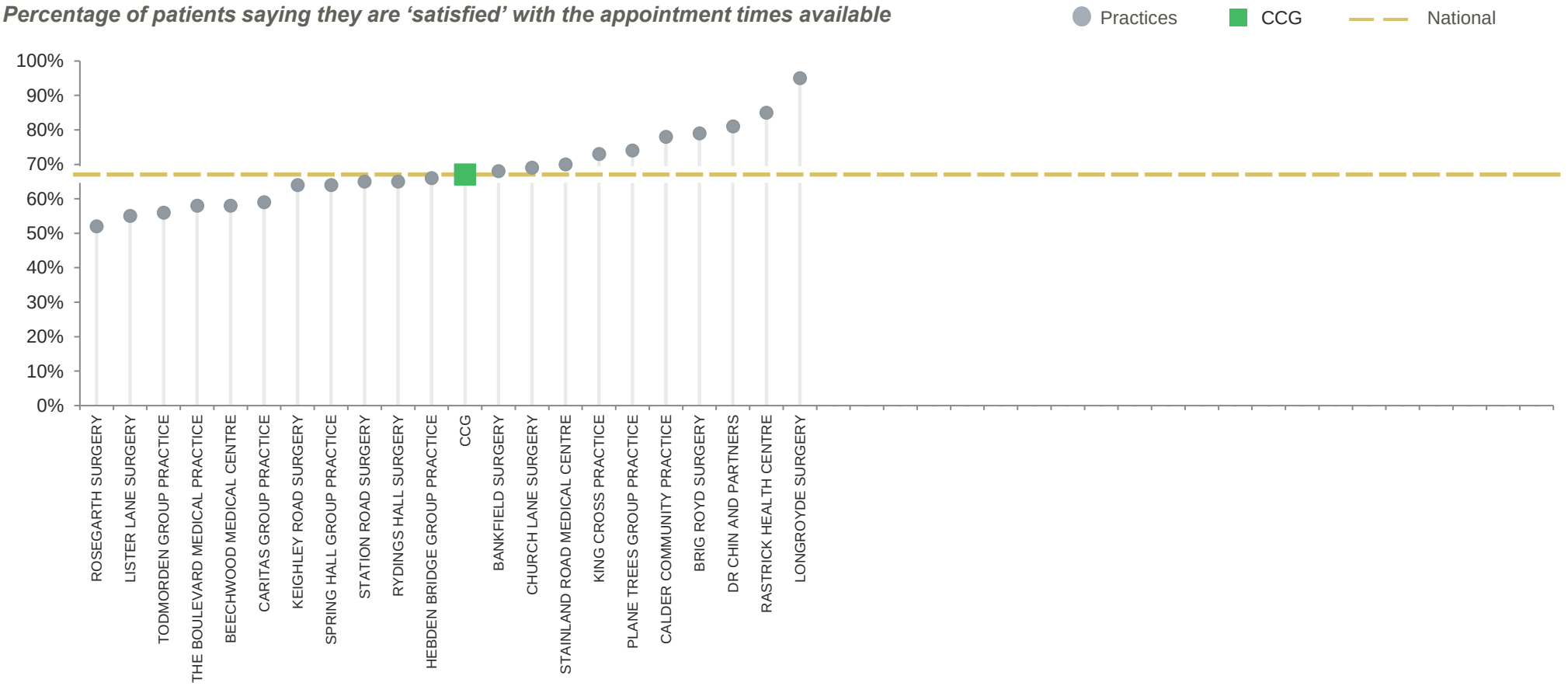
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (2,349); CCG 2020 (2,389); CCG 2019 (2,536); CCG 2018 (2,570); Practice bases range from 86 to 138; CCG bases range from 1,061 to 10,095

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (2,349); Practice bases range from 86 to 138

%Satisfied = %Very satisfied + %Fairly satisfied

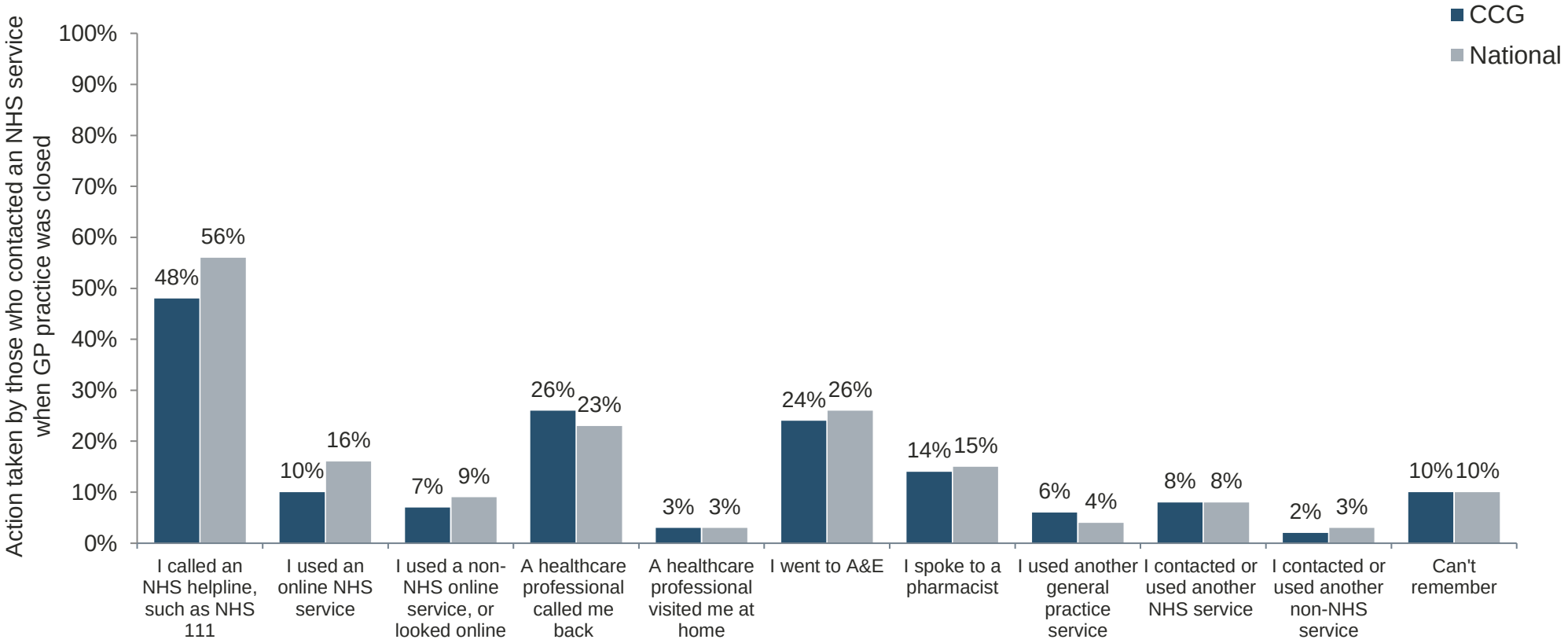
Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*

- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q41. Considering all of the services you contacted, which of the following happened on that occasion?



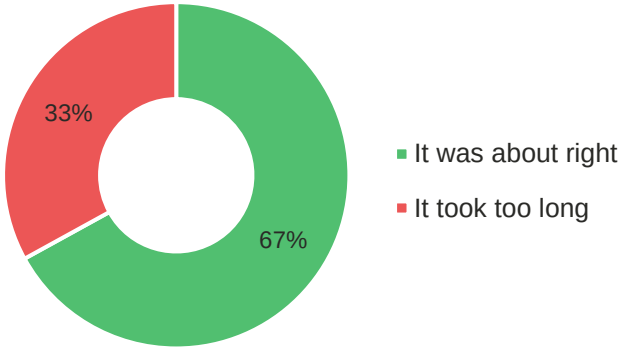
Comparisons are indicative only: differences may not be statistically significant

Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (145,830); CCG 2021 (474)

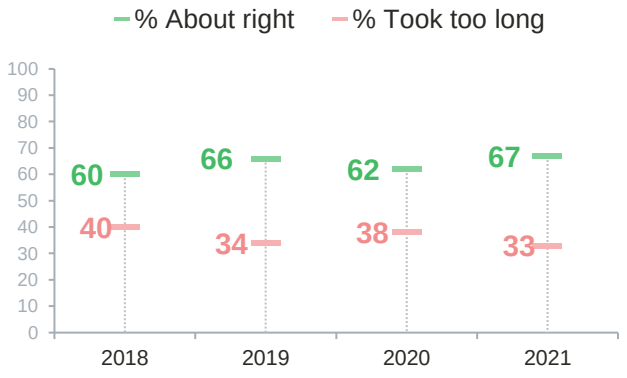
Time taken to receive care or advice when GP practice is closed

Q42. How do you feel about how quickly you received care or advice on that occasion?

CCG's results



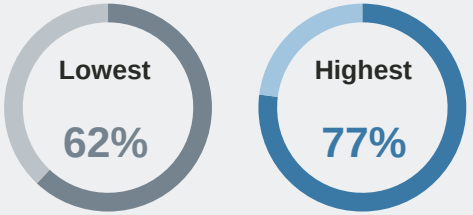
CCG's results over time



Comparison of results

CCG	National
67%	70%
About right	About right
33%	30%
Took too long	Took too long

CCG range within region – % **About right**

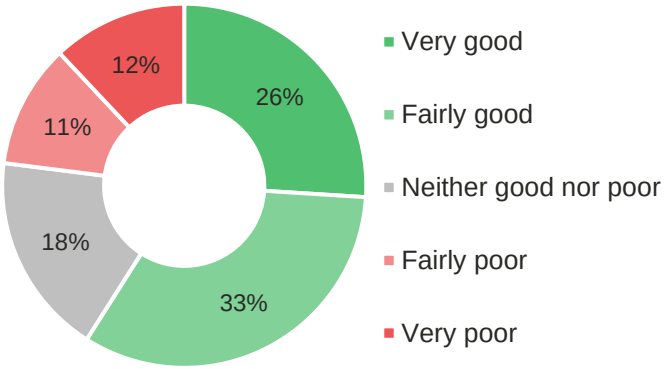


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (131,528); CCG 2021 (425); CCG 2020 (420); CCG 2019 (419); CCG 2018 (424); CCG bases range from 160 to 1,643

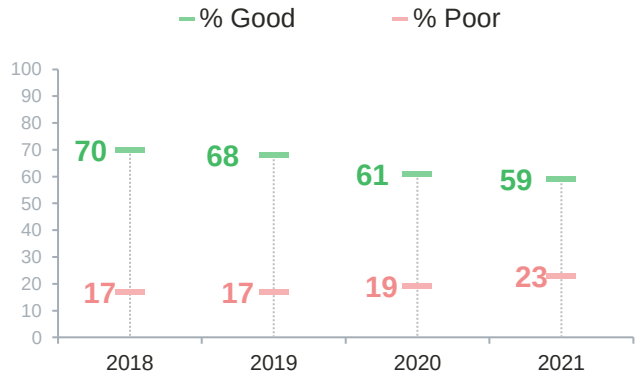
Overall experience of services when GP practice is closed

Q43. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

CCG's results



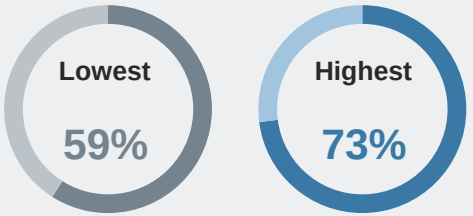
CCG's results over time



Comparison of results

	CCG	National
% Good	59%	66%
	Good	Good
% Poor	23%	17%
	Poor	Poor

CCG range within region – % **Good**



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (138,020); CCG 2021 (460); CCG 2020 (422); CCG 2019 (422); CCG 2018 (442); CCG bases range from 171 to 1,749

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part ("true values"). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the "95% confidence interval").

The table below gives examples of what the confidence intervals look like for an 'average' practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question "Overall, how would you describe your experience of your GP practice?"

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	*Level 2: 30% or 70%*	*Level 3: 50%*
		+/-	+/-	+/-
National	850,206	0.09	0.14	0.15
CCG	8,021	0.93	1.42	1.55
Practice	128	6.24	9.24	10.04

For example, taking a CCG where 8,021 people responded and where 30% answered 'Very good' in response to 'Overall, how would you describe your experience of making an appointment', there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.42 percentage points from that question's result (i.e. between 28.58% and 31.42%).

When results are compared between separate groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.4 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit https://gp-patient.co.uk/.
- The overall response rate to the survey is **35.3%**, based on **850,206** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who returned a completed questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/surveysandreports.

c.2.4m

Surveys to adults registered with an English GP practice

850,206

Completed surveys in the 2021 publication

35.3%

National response rate

Where to go to do further analysis …

- For reports which show the National results broken down by CCG and Practice, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years' results here.

- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to https://gp-patient.co.uk/analysistool/2021.

- To look at results over time, and filter on a specific participant group, go to https://gp-patient.co.uk/analysistool/trends.

- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at gppatientsurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

GP PATIENT SURVEY

NHS

Survey number:
Online password:

4 January 2021

Dear

Your chance to help the NHS

I am writing to ask you to take part in the GP Patient Survey. This survey is being carried out by Ipsos MORI on behalf of NHS England. Nearly 1 million people a year help us by taking part in the survey.

Improving GP and health services in your area

The survey asks about your experiences of your GP practice and other local NHS services, and includes questions about you and your general health. The answers we get help the NHS to improve local health services for people like you and your family. Over the last twelve months GP practices have had to make a number of changes in response to the COVID-19 pandemic. As a result, it is more important than ever that we hear about your experiences of your local NHS services even if you haven't visited your GP practice recently, or you have filled in a questionnaire before.

Please take part by filling in the enclosed questionnaire or going online. Taking part online is cheaper for the NHS.

Fill in the questionnaire and send it back in the enclosed envelope. It's free - you don't need a stamp. Or take part online. Go to **www.gpsurvey.net/login** and use the login details below:

Survey number: **Online password:**

It should take **less than 15 minutes.**

You can help us at NHS England by filling in the survey as soon as possible. That way we won't need to send you any reminders.

Your information will be kept confidential

There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, go to the main website at **www.gp-patient.co.uk.** Or you can call Ipsos MORI on **Freephone 0800 819 9135** (8am to 9pm Monday to Friday, 10am to 5pm on Saturdays).

Thank you very much for giving some of your time to help the NHS.

Yours sincerely

Neil Churchill
Director of Patient Experience
NHS England

Please turn over

Why are you carrying out this survey?

This survey will help the NHS to improve GP practices and other local NHS services so they better meet your needs. You can see all the results from previous surveys, including the results for your local GP practices, by visiting the website at **www.gp-patient.co.uk**.

How did you get my contact details?

Your name was chosen at random from the NHS list of patients registered with a GP. Under the General Data Protection Regulation and Data Protection Act 2018, we at NHS England are responsible, as a 'data controller', for the information we hold about you. Ipsos MORI is the 'data processor' acting on our behalf to carry out the survey.

Ipsos MORI will **keep your name, address, mobile number and NHS number confidential** and only use them to send you this survey. Ipsos MORI has not been given any information about your health. **You may also receive text message reminders from GP_Survey using your mobile number**. This will include a unique link inviting you to take part online - you won't need to enter your login details. Once the survey is over, Ipsos MORI will destroy your contact details.

The NHS England privacy notice explains how you can get in touch and your rights about how your information is used. You can see the notice at **www.england.nhs.uk/contact-us/privacy-notice**.

What happens to my answers?

Your answers are put together with the answers from other people to provide results for your GP practice and local area, and to produce national results. They are not linked to your name, address, mobile number or NHS number. Your answers will be kept confidential by Ipsos MORI, and by approved NHS England staff and researchers. **Nobody will be able to identify you in any results that are published.** For more information go to **www.gp-patient.co.uk/confidentiality**.

What is the survey number on the front of this letter used for?

Ipsos MORI use the survey number to identify who has responded to the survey (they only send reminders to people who haven't responded) and to link responses to GP practices. The survey number is not linked to your NHS number.

Taking part in the survey is voluntary. If you do not want to receive any reminders, please send us the blank questionnaire in the envelope provided or call Ipsos MORI on Freephone **0800 819 9135**.

Can someone help me fill in the questionnaire?

Yes that's fine. You can contact our team or ask a friend or relative to help, but please make sure the answers are only about your own experiences.

العربية
gppatient.co.uk/arabic
0800 819 9136

বাংলা
gp-patient.co.uk/bengali
0800 819 9137

Čeština
gp-patient.co.uk/czech
0800 819 9138

Français
gp-patient.co.uk/french
0800 819 9139

ગુજરાતી
gp-patient.co.uk/gujarati
0800 819 9140

简体中文
gp-patient.co.uk/chinese
0800 819 9141

Polski
gp-patient.co.uk/polish
0800 819 9142

Português
gp-patient.co.uk/portuguese
0800 819 9143

ਪੰਜਾਬੀ
gp-patient.co.uk/punjabi
0800 819 9144

slovenčina
gp-patient.co.uk/slovak
0800 819 9145

Soomaali
gp-patient.co.uk/somali
0800 819 9146

Español
gp-patient.co.uk/spanish
0800 819 9147

Türkçe
gp-patient.co.uk/turkish
0800 819 9148

اردو
gp-patient.co.uk/urdu
0800 819 9149

BSL
gp-patient.co.uk/bsl

If you want a copy of the questionnaire in large print or Braille, call Freephone 0800 819 9135.

Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an ✘ in **one box** for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to **fill in the survey online**, please go to **www.gp-patient.co.uk/survey**

Survey number: _____

Online password: _____ BSL

Your local GP services

Q1 **Generally, how easy is it to get through to someone at your GP practice on the phone?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q2 **How helpful do you find the receptionists at your GP practice?**

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

Q3 **Which of the following general practice online services have you used in the past 12 months?**
By 'online' we mean on a website or smartphone app.
Please put an ✘ in all the boxes that apply.

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ Had an online consultation or appointment (for example completed an online form or had a video call)
- ☐ None of these

Q4 **How easy is it to use your GP practice's website to look for information or access services?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q5 **As far as you are aware, what general practice appointment times are available to you?**
Please put an ✘ in all the boxes that apply.

- ☐ Before 8am on at least one weekday
- ☐ Weekdays between 8am and 6.30pm
- ☐ After 6.30pm on a weekday
- ☐ On a Saturday
- ☐ On a Sunday
- ☐ Don't know

Q6 **How satisfied are you with the general practice appointment times that are available to you?**

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when I can get an appointment

Q7 **Is there a particular GP you usually prefer to see or speak to?**

- ☐ Yes, for all appointments
- ☐ Yes, for some appointments but not others
- ☐ No ..... **Go to Q9**
- ☐ There is usually only one GP in my GP practice ..... **Go to Q9**

Q8 **How often do you see or speak to your preferred GP when you would like to?**

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ I have not tried

Making an appointment

Q9 **When did you last try to make a general practice appointment, either for yourself or for someone else?**

This could be in person, on the phone, by video call or online messaging, and with a GP, nurse or other healthcare professional.

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ Don't know
- ☐ I haven't tried to make an appointment since being registered with my current GP practice **.....Go to Q21**

If you tried to make more than one appointment (for yourself or someone else) please think about just one of these when answering the next questions.

Q10 **Before you tried to get this appointment, did you do any of the following?**

Please put an ✘ in all the boxes that apply.

- ☐ Used an online NHS service (including NHS 111 online)
- ☐ Used a non-NHS online service, or looked online for information
- ☐ Spoke to a pharmacist
- ☐ Tried to treat myself / the person I was making this appointment for (for example with medication)
- ☐ Called an NHS helpline, such as NHS 111
- ☐ Contacted or used another NHS service
- ☐ Asked for advice from a friend or family member
- ☐ Tried to get information or advice elsewhere (from a non-NHS service)
- ☐ I did not try to get information or advice

Q11 **When would you have liked this appointment to be?**

Please choose one option only.

- ☐ On the same day
- ☐ On the next day
- ☐ A few days later
- ☐ A week or more later
- ☐ I didn't have a specific day in mind
- ☐ Can't remember

Q12 **How did you try to book the appointment?**

Please put an ✘ in all the boxes that apply.

- ☐ In person
- ☐ By phone, through my practice
- ☐ By automated telephone booking
- ☐ Online, including on a website or through an app
- ☐ In another way

Q13 **Were you asked for any information about your reasons for making the appointment?**

Please put an ✘ in all the boxes that apply.

- ☐ Yes, during a phone call with a receptionist
- ☐ Yes, during a phone call with a healthcare professional
- ☐ Yes, in an online form
- ☐ Yes, by email
- ☐ Yes, during a phone call with someone else / not sure who I spoke to
- ☐ I was not asked for information
- ☐ Don't know / can't remember

Q14 **On this occasion, were you offered any of the following choices of appointment?**

Please put an ✘ in all the boxes that apply.

- ☐ Yes, a choice of place (for an appointment in person)
- ☐ Yes, a choice of time or day
- ☐ Yes, a choice of healthcare professional
- ☐ Yes, a choice of type of appointment (phone call, online, video call, in person)
- ☐ None of these
- ☐ Can't remember
- ☐ I did not need a choice

Q15 **Were you satisfied with the appointment (or appointments) you were offered?**

- ☐ Yes, and I accepted an appointment
- ☐ No, but I still took an appointment

Go to Q18

- ☐ No, and I did not take an appointment
- ☐ I was not offered an appointment

Go to Q16

Q16 **If you did not get an appointment, why was that?**

Please put an ✘ in all the boxes that apply.

- ☐ There weren't any appointments available for the time or day I wanted
- ☐ The appointment was at too short notice
- ☐ The appointment wasn't soon enough
- ☐ I couldn't book ahead at my GP practice
- ☐ There weren't any appointments at the place I wanted
- ☐ The appointment was too far away / too difficult to get to
- ☐ I couldn't see my preferred GP
- ☐ There weren't any appointments with the healthcare professional I wanted
- ☐ The type of appointment I wanted was not available
- ☐ I was not offered an appointment
- ☐ My practice helped in another way
- ☐ Another reason

Q17 **What did you do when you did not get an appointment?**

Please put an ✘ in all the boxes that apply.

- ☐ Got an appointment for a different day..... **Go to Q18**
- ☐ Called an NHS helpline, such as NHS 111
- ☐ Used an online NHS service (including NHS 111 online)
- ☐ Used a non-NHS online service, or looked online for information
- ☐ Went to A&E
- ☐ Spoke to a pharmacist
- ☐ Contacted or used another NHS service
- ☐ Contacted or used another non-NHS service
- ☐ Decided to contact my practice another time
- ☐ Spoke to a friend or family member
- ☐ My practice helped in another way
- ☐ Didn't see or speak to anyone

Go to Q20

Q18 **What type of appointment did you get?**
I got an appointment…

- ☐ …to speak to someone on the phone
- ☐ …to see someone at my GP practice
- ☐ …to see someone at another general practice location
- ☐ …to speak to someone online (for example on a video call)
- ☐ …for a home visit

Q19 **How long after initially trying to book the appointment did the appointment take place?**

- ☐ On the same day
- ☐ On the next day
- ☐ A few days later
- ☐ A week or more later
- ☐ Can't remember

Q20 **Overall, how would you describe your experience of making an appointment?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

Your last appointment

The next few questions are about the last time you personally had a general practice appointment.

Q21 **When was your last general practice appointment?**

Please include appointments with different healthcare professionals, at different locations, as well as telephone and online appointments.

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago

Go to Q22

- ☐ I haven't had an appointment since being registered with my current GP practice..... **Go to Q30**

Q22 **What type of appointment was your last general practice appointment?**
An appointment …
Please choose one option only.

- ☐ …to speak to someone on the phone
- ☐ …to see someone at my GP practice
- ☐ …to see someone at another general practice location
- ☐ …to speak to someone online (for example on a video call)
- ☐ …for a home visit

Q23 **Were you given a time for the appointment?**

- ☐ Yes, I was given a set time
- ☐ I was told I would be contacted between two times or during a set period such as a morning or afternoon
- ☐ No, I was not given a time
- ☐ Can't remember / don't know

Q24 **Who was your last general practice appointment with?**

Please choose one option only.

- ☐ A GP
- ☐ A nurse
- ☐ A general practice pharmacist
- ☐ A mental health professional
- ☐ Another healthcare professional
- ☐ Don't know / not sure who I saw

Q25 **Last time you had a general practice appointment, how good was the healthcare professional at each of the following?**

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Q26 **During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ I did not have any mental health needs
- ☐ Did not apply to my last appointment

Q27 **During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / doesn't apply

Q28 **During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

Q29 **Thinking about the reason for your last general practice appointment, were your needs met?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

Overall experience

Q30 **Overall, how would you describe your experience of your GP practice?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

Your health

Q31 **Have you experienced any of the following over the last 12 months?**

Please put an ✘ in all the boxes that apply.

- ☐ Problems with your physical mobility, for example, difficulty getting about your home
- ☐ Two or more falls that have needed medical attention
- ☐ Feeling isolated from others
- ☐ None of these

Q32 **Do you have any long-term physical or mental health conditions, disabilities or illnesses?**

By long term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.

- ☐ Yes
- ☐ No
- ☐ Don't know / can't say
- ☐ I would prefer not to say ..... **Go to Q40**

Q33 **Which, if any, of the following long-term conditions do you have?**

Please put an ✘ in all the boxes that apply.

- ☐ Alzheimer's disease or other cause of dementia
- ☐ Arthritis or ongoing problem with back or joints
- ☐ Autism or autism spectrum condition
- ☐ Blindness or partial sight
- ☐ A breathing condition such as asthma or COPD
- ☐ Cancer (diagnosis or treatment in the last 5 years)
- ☐ Deafness or hearing loss
- ☐ Diabetes
- ☐ A heart condition, such as angina or atrial fibrillation
- ☐ High blood pressure
- ☐ Kidney or liver disease
- ☐ A learning disability
- ☐ A mental health condition
- ☐ A neurological condition, such as epilepsy
- ☐ A stroke (which affects your day-to-day life)
- ☐ Another long-term condition or disability

Go to Q34

- ☐ I do not have any long-term conditions..... **Go to Q40**

Q34 **Do any of these conditions reduce your ability to carry out your day-to-day activities?**

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, not at all

Q35 **How confident are you that you can manage any issues arising from your condition (or conditions)?**

- ☐ Very confident
- ☐ Fairly confident
- ☐ Not very confident
- ☐ Not at all confident
- ☐ Don't know

Q36 **In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?**

Please think about all services and organisations, not just health services.

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I haven't needed support
- ☐ Don't know / can't say

The next few questions are about support you have had to plan and manage care relating to your long-term condition (or conditions).

Q37 **Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?**

- ☐ Yes
- ☐ No ..... **Go to Q40**
- ☐ Don't know..... **Go to Q40**

A care plan is an agreement between you and healthcare professionals to help you manage your health day-to-day. It can include information about your medicine, an eating or exercise plan, or goals you want to achieve, such as returning to work.

Q38 **Have you agreed a plan with a healthcare professional from your GP practice to manage your condition (or conditions)?**

- ☐ Yes..... **Go to Q39**
- ☐ No ..... **Go to Q40**
- ☐ Don't know..... **Go to Q40**

Q39 **How helpful have you found this plan in managing your condition (or conditions)?**

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

When your GP practice is closed

Q40 **In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?**

- ☐ Yes, for myself
- ☐ Yes, for someone else
- ☐ No ..... **Go to Q44**

Please think about the last time you contacted an NHS service (for yourself or for someone else) when you wanted to see a GP but your GP practice was closed.

Q41 **Considering all of the services you contacted, which of the following happened on that occasion?**

Please put an ✘ in all the boxes that apply.

- ☐ I called an NHS helpline, such as NHS 111
- ☐ I used an online NHS service (including NHS 111 online)
- ☐ I used a non-NHS online service, or looked online for information
- ☐ A healthcare professional called me back
- ☐ A healthcare professional visited me at home
- ☐ I went to A&E
- ☐ I spoke to a pharmacist
- ☐ I used another general practice service
- ☐ I contacted or used another NHS service
- ☐ I contacted or used another non-NHS service
- ☐ Can't remember

Q42 **How do you feel about how quickly you received care or advice on that occasion?**

- ☐ It was about right
- ☐ It took too long
- ☐ Don't know / doesn't apply

Q43 **Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor
- ☐ Don't know / can't say

NHS dentistry

Q44 **When did you last try to get an NHS dental appointment for yourself?**

- ☐ In the last 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago ..... **Go to Q48**
- ☐ I have never tried to get an NHS dental appointment .. **Go to Q48**

Q45 **Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?**

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q46 **Were you successful in getting an NHS dental appointment?**

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q47 **Overall, how would you describe your experience of NHS dental services?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

Go to Q49

Q48 **Why haven't you tried to get an NHS dental appointment in the last two years?**

If more than one of these applies to you, please put an ✘ in the box next to the main one only.

- ☐ I haven't needed to visit a dentist
- ☐ I no longer have any natural teeth
- ☐ I haven't had time to visit a dentist
- ☐ I don't like going to the dentist
- ☐ I didn't think I could get an NHS dentist
- ☐ I'm on a waiting list for an NHS dentist
- ☐ I stayed with my dentist when they changed from NHS to private
- ☐ I prefer to go to a private dentist
- ☐ NHS dental care is too expensive
- ☐ Another reason

COVID-19

Q49 **At any time over the last 12 months, have you or someone you live with shielded at home due to being vulnerable to COVID-19 because of pre-existing health issues?**

Please put an ✘ in all the boxes that apply.

- ☐ Yes, I have shielded
- ☐ Yes, someone else in my household has shielded
- ☐ No

Q50 **Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?**

Please put an ✘ in all the boxes that apply.

- ☐ Yes, because I didn't have time
- ☐ Yes, because I was worried about the risk of catching COVID-19
- ☐ Yes, because I was worried about the burden on the NHS
- ☐ Yes, because I found it too difficult
- ☐ Yes, for another reason
- ☐ No
- ☐ I haven't needed an appointment

Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential and they will not be linked to your medical records.

Q51 **Which of the following best describes you?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer to self-describe
- ☐ Prefer not to say

Q52 **Is your gender identity the same as the sex you were registered at birth?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q53 **What is your ethnic group?**

A. White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background

B. Mixed or Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic background

C. Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

D. Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, Caribbean or African background

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

Q54 **How old are you?**

- ☐ Under 16
- ☐ 16 to 17
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

Q55 **Which of these best describes what you are doing at present?**

If more than one of these applies to you, please put an ✘ in the box next to the main one only.

- ☐ In full-time paid work (30 hours or more each week)
- ☐ In part-time paid work (under 30 hours each week)
- ☐ In full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the family or home
- ☐ Doing something else

Q56 **Do you look after, or give any help or support to, family members, friends, neighbours or others because of either:**

- **long-term physical or mental ill health / disability, or**
- **problems related to old age?**

Don't count anything you do as part of your paid employment.

- ☐ No
- ☐ Yes, 1 to 9 hours a week
- ☐ Yes, 10 to 19 hours a week
- ☐ Yes, 20 to 34 hours a week
- ☐ Yes, 35 to 49 hours a week
- ☐ Yes, 50 or more hours a week

Q57 **Are you a parent or a legal guardian for any children aged under 16 living in your home?**

- ☐ Yes
- ☐ No

Q58 **Are you a deaf person who uses sign language?**

- ☐ Yes
- ☐ No

Q59 **Which of the following best describes your smoking habits?**

- ☐ Never smoked
- ☐ Former smoker
- ☐ Occasional smoker
- ☐ Regular smoker

Q60 **Which of the following best describes how you think of yourself?**

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

Q61 **Which, if any, of the following best describes your religion?**

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ I would prefer not to say

Thank you for your time.
Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked FREEPOST GP PATIENT SURVEY (you do not need a stamp).

GP Patient Survey Results 2021

At November's Commissioning Primary Medical Services Committee, members reviewed the GP patient survey results for 2021.

The committee would like to congratulate you on the results from your GP patient survey for 2021. Your results were consistently higher than the National and the CCG average.

Your continued efforts to provide high quality services to your patients are appreciated and acknowledged.

We hope you will take the opportunity to share your
GP patient survey results with your Patient Participation Group and your Primary Care Network.

Yours sincerely

Calderdale Primary Care Performance Matrix
GP Survey

Practice Code	Practice Name	Overall, how would you describe your experience of your GP practice?		Overall experience of making an appointment - (Overall how good would you describe your experience of making an appointment?)		Support with managing long-term health conditions (in the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)? % of patients saying 'yes'		Response rate (%)			
		2020	2021	2020	2021	2020	2021	2020		2021	
								Forms Sent	Response rate (%)	Forms Sent	Response rate (%)
CALDER & RYBURN PCN											
B84001	STATION ROAD SURGERY	81%	77%	77%	68%	66%	63%	328	29%	412	31%
B84007	BRIG ROYD SURGERY	98%	91%	92%	87%	85%	89%	249	42%	280	54%
B84009	STAINLAND ROAD MEDICAL CENTRE	91%	94%	79%	78%	90%	79%	258	47%	263	46%
B84016	BANKFIELD SURGERY	97%	92%	90%	82%	95%	68%	303	35%	339	38%
CENTRAL HALIFAX PCN											
B84005	ROSEGARTH SURGERY	78%	71%	66%	52%	76%	72%	290	36%	330	47%
B84012	SPRING HALL GROUP PRACTICE	86%	74%	75%	61%	75%	75%	437	22%	521	24%
B84019	THE BOULEVARD MEDICAL PRACTICE	83%	77%	63%	56%	83%	70%	311	32%	370	28%
B84021	KING CROSS PRACTICE	88%	89%	82%	78%	80%	56%	311	42%	278	48%
LOWER VALLEY PCN											
B84003	RYDINGS HALL SURGERY	81%	83%	66%	72%	78%	60%	287	40%	300	45%
B84008	DR CHIN AND PARTNERS	99%	90%	83%	88%	85%	85%	251	46%	266	53%
B84011	CHURCH LANE SURGERY	87%	93%	70%	82%	81%	81%	271	44%	269	47%
B84014	RASTRICK HEALTH CENTRE	97%	95%	91%	91%	95%	92%	255	41%	290	50%
B84623	LONGROYDE SURGERY	98%	100%	96%	99%	92%	87%	268	44%	267	43%
NORTH HALIFAX PCN											
B84010	KEIGHLEY ROAD SURGERY	73%	80%	62%	67%	80%	70%	419	32%	371	36%
B84013	PLANE TREES GROUP PRACTICE	90%	86%	79%	73%	83%	79%	280	35%	336	41%
B84612	LISTER LANE SURGERY	84%	77%	62%	61%	81%	60%	484	25%	476	22%
B84613	BEECHWOOD MEDICAL CENTRE	90%	81%	68%	67%	68%	72%	487	22%	511	28%
B84618	CARITAS GROUP PRACTICE	82%	70%	71%	60%	77%	65%	422	27%	444	31%
UPPER CALDER VALLEY PCN											
B84004	HEBDEN BRIDGE GROUP PRACTICE	74%	82%	47%	67%	81%	76%	267	41%	295	48%
B84006	TODMORDEN GROUP PRACTICE	66%	76%	42%	55%	78%	75%	347	36%	328	39%
Y02572	CALDER COMMUNITY PRACTICE	75%	82%	75%	80%	88%	77%	476	21%	497	32%
	Calderdale Average	86%	84%	73%	72%	81%	74%	326	36%	347	40%

Key:	KEY: OVERALL EXPERIENCE OF GP PRACTICE
	Practices listed as highest %
	CCG average or above
	Just below CCG average
	10% or more below the CCG average

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**Policy for discretionary financial assistance to General Practices impacted as a result of a list**	**Agenda Item No.**	7
Report Author	Debbie Robinson Head of Primary Care Quality & Improvement	**Public / Private Item**	Public
Clinical Lead	Neil Smurthwaite Chief Operating Officer	**Responsible Officer**	Debbie Robinson Head of Primary Care Quality & Improvement

Executive Summary
The purpose of this report is to seek approval for the continuation of the policy for discretionary financial assistance to General Practices impacted as a result of a list dispersal.

Previous Considerations

Name of meeting	N/A		N/A
Name of meeting			

Recommendations
It is recommended that the Commissioning Primary Medical Services Committee (CPMSC): **Approves** the continuation of the policy.

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Detailed in the report

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Detailed in the report
Resources / Financial Implications (including Staffing/Workforce considerations)	Detailed in the report
Sustainability Implications	Detailed in the policy

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Achieving the agreed strategic direction. Improving value Improving quality	**Risk (include risk number and a brief description of the risk)**	Risks are contained within the report
Legal / CCG Constitutional Implications	None identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Conflicts to be managed in line with CCG's Conflicts of Interest Policy.

Policy for Discretionary Financial Assistance to General Practices Impacted as a result of a List Dispersal

1. Introduction

1.1 NHS Calderdale Clinical Commissioning Group (CCG) has a statutory duty to follow national GP Contract Regulations which may result in a contract termination due to one of the following instances i.e:-

- Sole Practitioner death or retirement
- Mutual agreement to terminate between the provider and the commissioner
- CQC cancellation of registration
- Breach processes

1.2 In such events the CCG must follow national guidance on engagement and consultation and make the decision to either re-procure primary medical services or to disperse the patient list. If the decision is to disperse the list, this policy outlines principles to be applied to support the process for practices receiving patients from a dispersed list.

1.3 The CCG understands the impact this may have on practices. This policy will ensure a consistent and transparent process that outlines how the CCG may provide additional support to general practices following a practice list dispersal which introduces demands over and above those that the list turnover element of global sum payment are intended to fund.

1.4 The Commissioning Primary Medical Services Committee (CPMSC) will be the place where the CCG determines whether to disperse a practice list or seek another solution.

1.5 The impact on a general practice as a result of practice list dispersal are many and varied and relate to large numbers of new patients registering simultaneously. They may include:

- Administration time to deal with registration of new patients
- Sudden increased flow of patients seeking registration, resulting in practices having to increase administration resources to register patients in volumes

- Clinical input where the quality of care or clinical coding requires review – already covered below
- Medication reviews
- Summarising patient records
- IT issues where electronic platforms have not provided a solution
- Clinical time to do new patient health checks
- Clinical time to resolve inherited issues around clinical care in particular long term condition reviews
- Clinical and administration time to resolve clinical read code issues
- Administration time to resolve significant patient registrations as it impacts upon Quality Outcomes Framework (QOF)
- Administration time to resolve significant patient registrations as it impacts upon enhanced services
- Increase in clinical workforce capacity to accommodate a sudden increase in required appointments for all clinicians
- Administration of additional telephone lines and or capacity to deal with patient queries

2. Principles to be established in supporting a dispersed list

2.1 Whilst it is recognised the new registrations will bring additional funding in terms of capitation and some benefit from a shift in the weighted list in the first year, there is an impact from a dispersed list which will vary depending on the circumstances.

2.2 The impact will be greater where one or more of the following factors are relevant:

- the dispersal is undertaken in a short period of time (1 day - 3 months)
- the dispersal follows the termination of a contract due to poor performance
- the dispersed list can only be absorbed by a small number of practice(s) and therefore there is a concentration in one practice or a small number of practices
- the clinical system used by the closing practice is different to the one used by the receiving practice
- the approval for the closure of a branch surgery could potentially impact on local practices

2.3 Practice relocations may impact on neighbouring practices, however, that impact should be considered prior to approval; patient movement following relocation is

normally attributed to patient choice.

2.4 Payment under this policy is not guaranteed and must be considered on a case-by-case basis.

3. Discretional additional financial support

3.1 The recurrent global financial support will reflect the funding mechanisms for the APMS/PMS/GMS contract which states that new patients are added at global sum, i.e., the prevailing rate or as specifically stated in the PMS/GMS/APMS contract.

3.2 The CCG may consider offering additional financial support; however, this should be in relation to the scale of the issue, i.e., based on:

- the number of dispersed patients registered in relation to current list size
- the timeframe in which the list was dispersed
- any known issues of performance with the dispersed practice

3.3 Payments to the practice would be determined as follows:

Description of potential types of costs incurred	Funding
Administration costs to cover registration Note summarisation, coding, queries and data quality issues (additional to administration costs above).	Additional Funding up to a ceiling of £10 per patient. For 1st registration in the 3 months following the list dispersal. .(e.g. 20 patients = £200 one off payment)
Clinical time/locum costs to address clinical quality issues provide additional review appointments, health checks, medication reviews. If the following issues have been identified: ▪ There is more than one list dispersal within the same area within a 3 month period* (e.g. locality) ▪ There are compatibility issues with the GP IT systems. ▪ Registration of patients at the end of the QOF year, i.e., between January to March ▪ Where there are known performance issues prior to the dispersal. The practice will have already received £10 per patient as one-off payment to support administrative and summarisation work but the CCG may consider additional payment based on clinical costs based on the issues identified above, up to a maximum overall payment of £20 per patient (including the original £10) Additional Funding up to a ceiling of £20 per patient. For 1st registration in the 3 months following the list dispersal (e.g. 20 patients = a total £400 one off payment)	The practice would be required to apply to the CCG providing evidence of the impact of the dispersed list. The Senior Management Team will use clinical advice to determine and validate the level of funding requested and to be approved.

3.4 There is no minimum threshold to trigger payment. Payments are per patient transferred as a result of list dispersal, not per patient on the registered list. Payment is only made on the first registration of an individual patient following dispersal not subsequent registration where the patient has exercised further choice.

4. Conditions for support

4.1 In order for a practice to receive support through this policy the practice must:

- Work with the CCG to ensure patients' care is the top priority and that patients are informed and engaged with appropriately.
- Practices may be required to demonstrate how they plan to provide and sustain services to patients, should the CCG require assurance as a result of concerns

raised.

- Have substantiated evidence of a significant increase in list size due to the proposed contract termination, for the immediate 3 months after the dispersal date. A separate list of NHS numbers of new registrations from the dispersed list should be kept for audit purposes.

4.2 Practices will be required to develop a system that will identify the number of new registrations from the dispersed list either with a patient flag or read code; this list should be kept for audit purposes and shared with the CCG if requested.It is recognised that each practices' needs and circumstances will be different. In this respect the offer made to each individual practice may vary, and the level of support offered by this policy is subject to the consideration of all factors and the discretion of the CCG. If it is felt that exceptional circumstances mean that the level of support should be amended, then the decision on the final level of support will be for the CCG, through the Commissioning Primary Medical services Committee, to determine.

5. Exclusions

5.1 The policy does not apply where agreement has been arranged between commissioner and provider, or provider to provider to merge a list, or whereby the registered patients are part of the planned expansion of an existing practice or patient transfer.

5.2 This policy does not apply to a practice that is providing caretaking arrangements following list dispersal.

5.3 The policy does not apply to any increases as part of business as usual change and which is planned for between parties.

5.4 The policy does not apply in relation to changes which occur due to New Models of care in localities. Separate contractual arrangements for the transfer of care will need to be in place in such an eventuality.

6. Non-financial Support

6.1 The CCGs Primary Care Team will provide advice and guidance to ensure patient safety and quality of service for the continuation of care under a dispersed list situation. This is within the remit of the devolved responsibilities of the CCG under delegated commissioning arrangements.

6.2 Non-financial support may include but is not limited to:

6.2.1 Assistance from IT ensuring IT solutions is current and efficient, such as GP2 GP note transfer

6.2.2 Assistance from Data quality to ensure processes are established to track patients through the system, in particular those who are considered vulnerable, for patient safety and practice payment purposes

6.2.3 Assistance from Communications and Engagement teams to ensure consistency of communication to practice staff, existing patients of receiving practices and transferring patients

6.3 NHS England will provide support following list dispersal. The extent of the support will be within the remit of the delegated commissioning arrangements, the memorandum of understanding for delegated commissioning and statutory requirements of NHS England as contract holder.

7. Governance

7.1 The final assessment of risk and decisions as to subsequent support levels will be final and will be shared with the CCG and Practice.

7.2 The Primary Care Team will engage with the practice to clarify any issues which may arise

7.3 The Practice may be requested to provide evidence of need.

7.4 Where a further clinical need has been identified by the practice, an independent clinician will engage with the practice to assess the level of clinical risk.

7.5 The CCG will use data sources e.g. list size to assess the level of impact

7.6 The Quality Committee will have overall responsibility for ensuring patient safety and risk is managed appropriately throughout the process.

7.7 Any proposals for support will need to be approved by the CPMSC.

8. Dissemination and Implementation

8.1 This policy will be made available to all general practices via the CCG website and will be shared with Local Medical Committee (LMC) for dissemination.

8.2 The policy will come into force following approval at the CPMSC.

9. Monitoring and Compliance

9.1 The policy will operate upon approval by the Commissioning Primary Medical Services Committee and the policy will be reviewed annually.

9.2 The CCG will audit and monitor the impact, this may involve post payment verification and the practice will be required to submit relevant data to the CCG.

9.3 The CCG will ensure that all support that it provides is in accordance with this policy but it is recognised that some support may be provided by other agencies beyond the remit of the CCG.

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**Contracting Update**	**Agenda Item No.**	8
Report Author	Suzanne Howarth, Senior Contracts Manager	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb	**Responsible Officer**	Martin Pursey, Head of Contracting & Procurement

Executive Summary
This report provides an update to the Committee in respect of a number of contractual matters where it is felt that the Committee should be apprised of.

Previous Considerations

Name of meeting	N/A		N/A
Name of meeting			

Recommendations
It is recommended that Commissioning Primary Medical Services Committee: 1. Receives and **NOTES** the content of the contracting report.

Decision ☐	**Assurance ☒**	**Discussion ☒**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The report is for information purposes and is not requiring a decision by the Committee

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	The report is for information purposes and is not requiring a decision by the Committee
Resources / Financial Implications (including Staffing/Workforce considerations)	The report is for information purposes and is not requiring a decision by the Committee
Sustainability Implications	The report is for information purposes and is not requiring a decision by the Committee

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Achieving the agreed strategic direction for Calderdale Improving Quality Improving value Improving governance	**Risk (include risk number and a brief description of the risk)**	None Identified
Legal / CCG Constitutional Implications	None Identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any interests will be managed in line with the CCG's policy for managing conflicts of Interest

1. Introduction

1.1 This report provides an update to the Committee in respect of a number of contractual matters where it is felt that the Committee should be apprised of.

2. APEX Insight

2.1 NHS England funded implementation of a capacity and demand planning tool across the north of England during 2019. The CCG extended the contract for a further 12 months in September 2020.

2.2 Due to the impact of Covid, further work is required at both practice and PCN level, to understand how the tool will support workforce capacity and demand, particularly around the PCN Additional Roles Reimbursement Scheme (ARRS) workforce.

2.3 The current contract for Apex Insight expired 31st August 2021, the CCG has agreed to fund the licence fees for a further 12 months. This includes a single Enterprise licence for the CCG, incorporating the 5 PCNs. This will be done via a Direct Award from the new Nationally procured G Cloud 12 framework contract.

2.4 The cost of the Direct Award amounts to £41,529 + VAT for 12 months.

3. Weight Management DES

3.1 NHS England have sent out a revised notional allocations to practices participating in the Weight Management Service Enhanced Service; practices that did not have an obesity register on 31 March 2020 will not be included in this list, nor will any practice that had not signed up to CQRS by Friday 17 September.

3.2 CCG allocations for this Enhanced Service will be made in March 2022, depending on the number of referrals made, up to the notional allocations.

3.3 CCGs will be able to access reports via CQRS in order to monitor the number of claims made by practices to ensure they do not exceed their allocation without prior agreement.

3.4 All Calderdale practices had signed up before the required deadline.

4. GP Online Consultation Software - AccuRx

4.1 NHS England allocated funds to the CCG via the WY ICS for the provision of GP Online Consultation. Calderdale CCG awarded a 1+1 year contract with Engage Consult which expires 31st March 2022. Nationally, NHS Digital made a direct award with AccuRx for the provision of Video Consultation to support practices during Covid-19.

4.2 NHS Digital have negotiated provision of AccuRx Video consultation until 31st December 2021 as part of a National call-off contract.

4.3 The WY ICS have since arranged a Direct Award with AccuRx for Video Consultation to enhance and extend the National provision from 31st December 2021 until 31st March 2022. CCGs can also direct award with AccuRx to the common expiry date of 31st March 2022 to extend the Patient Triage (online consultation pilot) for 3 months until March 2022.

4.4 In Calderdale, we had a number of practices who were piloting Online Consultation through Patient Triage from AccuRx, so we have taken the local approach to split provision between Engage Consult and AccuRx. Both Providers are charging the same rate (0.25ppp), so there is no financial detriment to the CCG.

4.5 The contracting team are in the process of establishing the new contracting documentation with AccuRx to Direct Award for the 3 months at a cost of circa. £5.5k.

5. Extended Access PGPA to 30/9/2022

5.1 To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs has now been postponed until October 2022.

5.2 A letter of intent was sent to the Clinical Director for PGPA to propose the direct award of a new 6 months' contract to extend the current service to the end of September 2022.

5.3 PGPA have confirmed they are acceptable to this proposal and the contracting team will be preparing the new contract documentation shortly.

5.4 Due to the value of the contract being over £500K this proposal will require Governing Body approval. It has been suggested an urgent decision meeting is scheduled to receive the paper and pending the outcome, tender waiver documents will be required before any new contract can be issued.

6. Incorporation Requests

6.1 The CCG have received Incorporation expressions of interest from Station Road Surgery and the Caritas Group Practice. The contracting team have contacted the practices, but they are still in the process of completing the paperwork, at present there is no further update.

7. E-Dec Update

7.1 The annual electronic practice self-declaration (e-DEC) was first introduced to practices in April 2013 and is an annual mandatory data collection.

7.2 Information collected in the e-DEC is covered in 8 categories, these include: 1. Practice Details, 2. Practice Staff, 3. Practice Premises and equipment, 4. Practice services, 5. Information about the practice and its procedures, 6. Governance, 7. Compliance with CQC. 8 GP I.T.

7.3 To meet the Care Quality Commission (CQC) registration requirements, all services regulated by CQC must comply with the law, but in particular, they must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended).

7.4 The data provided via E-Dec is produced by NHS Digital, but it is the CCG who analyse the results to ensure contractual requirements are being met.

7.5 In category 4 practices declare their opening hours for reception and telephone systems. Under their core GMS/PMS contracts their contracted hours are from 8am until 6.30pm

and, where anomalies have been identified, practices are being contacted by the Contracting team to seek clarification.

7.6 Further details within the e-DEC will also be reviewed and any anomalies will be discussed with the Primary Care team in the first instance to decide on the best course of action.

8. Friends & Family Test

8.1 The suspension of the requirement that practices report to commissioners about the Friends and Family Test under the pandemic regulations has been further suspended until the end of December 2021.

9. Recommendation

It is recommended that Commissioning Primary Medical Services Committee:

1. Receives and NOTES the content of the contracting report.

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**Finance Report**	**Agenda Item No.**	9
Report Author	Lesley Stokey - Director of Finance	**Public / Private**	Public
GB / Clinical Lead	Neil Smurthwaite, Chief Operating Officer	**Responsible Officer**	Neil Smurthwaite, Chief Operating Officer

Executive Summary							
Please include a brief summary of the purpose of the report	Key messages for the committee: ▪ The CCG has developed a financial plan for the period April 2021 to September 2021 and a draft financial plan for the period October 2021 to March 2022 in line with NHS England guidance. ▪ The CCG is expecting to breakeven and that additional allocations will be received in relation to additional roles expenditure.						
Previous consideration	**Name of meeting**	N/A	**Meeting Date**	N/A			
	Name of meeting	N/A	**Meeting Date**	N/A			
Recommendation (s)	It is recommended that the Committee: 1) **NOTES** the 2021/22 financial position on Primary Medical Services delegated budgets.						
Decision	☐	**Assurance**	☒	**Discussion**	☐	**Other**	Click here to enter text.

Implications			
Quality & Safety implications (including Equality & Diversity considerations e.g. EqIA)	N/A		
Public / Patient / Other Engagement	N/A		
Resources / Finance implications (including Staffing/Workforce considerations)	N/A		
Strategic Objectives (which of the CCG objectives does this relate to – delete as applicable)	▪ Improving value	**Risk** (include link to risks)	N/A
Legal / CCG Constitution Implications	N/A	**Conflicts of Interest** (include detail of any identified/potential conflicts)	N/A

1.0 Key Messages

The purpose of this report is to update the Commissioning Primary Medical Services Committee on the financial position of primary care co-commissioned delegated budgets for the financial year 2021/22 and to update the Committee on the latest position in relation to financial guidance following Covid-19.

NHS England published planning guidance and allocations for the period April to September 2021 and the CCG has developed a draft financial plan which was submitted to the ICS in April.

The delegated primary care co-commissioned financial plan for the period April 2021 to September 2021 was approved by the Committee on 25th May 2021.

The CCG has submitted a draft financial plan for the period October 2021 to March 2022 to the ICS and the consolidated ICS plan is due for submission to NHS England by the 16th November 2021.

2.0 Financial Performance for 2021/22

Calderdale CCG Delegated Primary Medical Services Summary at 31st October 2021

PRIMARY CARE SERVICES:	Annual	In month			Year To Date			Forecast	
Name	Budget	Budget	Actual	Variance	Budget	Actual	Variance	Outturn	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
GMS	18,882	1,454	1,499	45	11,039	11,039	0	18,882	0
PMS	2,467	204	205	1	1,441	1,441	(0)	2,467	0
APMS	762	63	63	0	444	444	(0)	762	0
QOF	3,081	257	257	0	1,797	1,797	(0)	3,081	0
Enhanced Services	495	67	32	(35)	261	261	0	495	0
Premises - Reimbursed Costs	3,322	307	252	(55)	1,938	1,938	(0)	3,322	0
Premises - Other	80	7	6	(0)	47	47	0	80	0
Prof Fees Prescribing & Dispensing	164	7	27	20	97	97	(0)	164	0
Other GP Services (inc. PCO)	390	102	34	(67)	263	263	(0)	390	0
Other Non GP Services	919	157	94	(63)	638	638	0	918	(0)
PCN	2,954	258	328	70	1,657	1,656	(0)	2,954	0
Reserves - Contingency (91811060)	168	(84)	0	84	0	0	0	168	0
Total Primary Care Medical	**33,684**	**2,798**	**2,798**	**(0)**	**19,621**	**19,621**	**(0)**	**33,684**	**0**

The summary above shows the budget and forecast expenditure for the period April 2021 to March 2022.

The CCG is currently forecasting to breakeven against the expected allocation. As the financial plan for October to March has not been formally approved the guidance for Month 7 financial monitoring is that budget is matched to expenditure until the plan has been approved.

Whilst no variances are currently shown in the position it should be noted that:

- Plans have been developed to spend the reserves and the reserves budget has been moved to “Other Non GP Services” to reflect the investment plan.
- The contingency budget of £168k is currently available to mitigate future variances.
- It is expected that additional allocation will be received to cover any additional roles expenditure over and above the amount included in the CCG baseline. Further information on additional roles is shown in section 3 below. The CCG is not showing an overspend at this point as it is awaiting further guidance from NHS England.

3.0 Additional Roles Update

As part of the GP Forward View, funding has been made available to PCNs to expand workforce capacity including investment in new roles such as physician associates.
As reported at the last Committee, the expected level of funding available in 2021/22 is approximately £2.8m rising to £5.3m in 2023/24 (figures subject to updates for changes in national guidance and list sizes). A summary is shown below:

Calderdale CCG PCN Additional Roles	2020/21 Budget	2021/22 Budget	2022/23 Budget	2023/24 Budget
Calder & Ryburn	298,864	524,415	721,949	992,593
Central Halifax	378,845	664,758	915,156	1,258,228
Lower Valley	318,128	558,218	768,486	1,056,574
North Halifax	334,034	586,128	806,908	1,109,401
Upper Calder Valley	270,343	474,370	653,054	897,870
Total	1,600,214	2,807,890	3,865,553	5,314,666

The CCG is working with PCNs to understand the plans for 2021/22 and the latest forecast based on current and planned recruitment is shown in the table below:

Summary of positions as at October 2021:	Maximum Reimbursable Amount 21/22	Forecast Total costs for 21/22	Forecast remaining amount
Calder & Ryburn	£527,151	£449,434	-£77,716
Central Halifax	£656,451	£664,574	£8,123
North Halifax	£586,227	£486,053	-£100,174
Upper Calder Valley	£471,235	£442,415	-£28,820
Lower Valley	£555,859	£485,933	-£69,926
Total	**£2,796,923**	**£2,528,409**	**-£268,514**

The CCG has had individual PCN discussion to go through the additional roles forecasts with a view to exploring options to spend the budget in full. Options that are being explored include utilising roles to assist with the vaccination programme and exploring whether any planned roles for 2022/23 can be brought forward and recruited to in this financial year.

4.0 Financial Plan Update for 2021/22

NHS England issued planning guidance and allocation for the second half of the financial year at the end of September 2021. The CCG has submitted a draft financial plan to the ICS and the ICS level plans are due for submission to NHS England by the 16th November. At the time of writing this report the financial plan has not been formally approved. The CCG has submitted a balanced financial plan in relation to delegated primary medical services.

5.0 Investment

At the last Committee, approval was given to develop plans to spend the uncommitted reserves within the financial plan. Plans have now been developed by the CCG and these have been approved in an additional virtual meeting of non-conflicted members of the Committee.

6.0 Risk/Opportunities

- **Risk -** The CCG is not able to make discretionary investments in a timely manner.
- **Risk** – The CCG does not fully spend additional roles allocations and funds may be redistributed.
- **Opportunities –** the CCG has funding in reserves available for investment.

7.0 Recommendations

It is recommended that the Committee:

1) **NOTES** the 2021/22 financial position on Primary Medical Services delegated budgets.

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	25 November 2021
Title of Report	**Risk Register Position Statement Risk Cycle 3 2021-22 (16 Aug – 1 Sept 2021)**	**Agenda Item No.**	10
Report Author	Rob Gibson Corporate Systems Manager	**Public / Private Item**	Public
Clinical Lead	Dr Steven Cleasby	**Responsible Officer**	Neil Smurthwaite Chief Operating Officer

Executive Summary
At the end of risk cycle 3 2021-22 the CCG Risk Register contained a total of 40 risks. There were 7 risks marked for closure this risk cycle meaning that 33 risks were open. Of the total CCG risks: - 36 (90%) were categorised as quality, finance & performance risks - 4 (10%) were categorised as commissioning of primary medical services (CPMS) risks

Previous Considerations

Name of meeting	Governing Body	**Meeting Date**	28 October 2021
Name of meeting	Quality, Finance & Performance Committee	**Meeting Date**	23 September 2021
Name of meeting	SMT	**Meeting Date**	7 September 2021

Recommendations
It is recommended that the Committee: 1. Reviews the Risk Register and the management of Commissioning of Primary Medical Services risks 2. Approves the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 4

Decision ☐	Assurance ☒	Discussion ☐	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	There are no quality and safety implications
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	No engagement has been undertaken
Resources / Financial Implications (including Staffing/Workforce considerations)	There are no resources / finance implications
Sustainability Implications	There are no sustainability implications

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Improving quality	**Risk (include risk number and a brief description of the risk)**	Risk is managed in line with the CCG's Integrated Risk Management Framework. Risks are captured on the Corporate Risk Register or the Governing Body's Assurance Framework (GBAF) as appropriate.
Legal / CCG Constitutional Implications	There are no legal / CCG Constitutional implications	**Conflicts of Interest (include detail of any identified / potential conflicts)**	There are no conflicts of interest.

1. Introduction

1.1 This report sets out the current risks captured on the CCG's Corporate Risk Register for the Committee's review and approval *(*Appendix 1*)* and

1.2 Provides assurance those risks with a risk rating that has been static for a number of cycles are being reviewed formally at each cycle.

2. Detail

2.1 The review period for risk cycle 3 of 2021-22 commenced on 16 August 2021 and was completed on 1 September with risks being reviewed by their respective risk owners and senior managers. The risk register was discussed by the Senior Management Team at their meeting on 7 September. There are 4 risks in total for review by the Commissioning of Primary Medical Services Committee.

2.2 The risks include:

- 3 open risks with a score of 8 (see 2.6)

2.3 <u>New Risks</u>

There were no new risks added to the risk register during the current risk cycle.

2.4 <u>Risks for Closure</u>

There was 1 risk marked for closure during this risk cycle:

Risk No	Risk summary	Risk score
1734	There is a risk of harm to patients given the backlog of work post COVID-19 due to pauses on Quality Outcomes Framework (QOF), screening and elective referrals, in addition to patients not presenting with symptoms and challenges faced with "reset" resulting in increased morbidity and mortality and widening of health inequalities. This risk may be increased by PCN involvement in Covid-19 vaccine deployment which puts further pressure on clinical capacity.	16

This risk was closed and redefined to reflect the pressure in the system of same day access and management of long-term conditions/frailty. It has been replaced by 1941 and 1942 which will focus on the management of long-term conditions and frailty and urgent and on the day access.

2.5 High Level Risks

There are no open risks classed as a Serious Risk (with a score of 16) on the CPMS risk register.

2.6 3 open CPMS risks currently have a score of 8. 2 of these risks had a risk score of 12 during risk cycle 2:

Risk No	**Risk Summary**	**Risk Movement**
1629	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	Risk score decreased from 12 to 8
1628	There is a risk that the full amount of Funding for the Additional Roles Reimbursement Scheme available to General Practice in Calderdale is not able to be claimed resulting in Calderdale losing investment into General Practice and directly impacting on patient outcomes and pressure on the healthcare system across Calderdale	Risk score decreased from 12 to 8
1434	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles	Static for 5 risk cycles

3. CPMS risk register update since the end of risk cycle 3

Since the last CPMSC meeting on 26 August risk 1734 has now been closed and replaced with two separate risks (see 2.4). These will be monitored through Quality, Performance and Finance Committee, with potential for CPMSC to be sighted on them. Both risks were received for assurance as part of the corporate risk register report for risk cycle 3 by the Governing Body at its meeting on 28 October 2021 with no amendments.

4. Next Steps

4.1 The CCG's corporate risk register will be updated accordingly as part of the current risk review (risk cycle 4 2021-22) and the risk register will be reported to the next Governing Body meeting on 27 January 2022 in line with the CCG's governance process.

5. Recommendations

5.1 It is recommended that the Committee:

- Reviews the CCG Risk Register and the management of commissioning of primary medical services risks
- Approves the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 4

6. Appendices

Appendix 1 - Risk register of CPMS risks for risk cycle 3 2021-22

Please note that this is not currently an accessibly compliant document, but the CCG is working towards making this document more accessible. The information can be supplied in accessible format on request.

Risk cycle 3 - all risks as at 28.10.21

Risk ID	Date Created	Risk Type	Risk Rating	Risk Score	Target Risk	Target Score	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
1734	03/03/2021	Commissioning Primary Medical Services Committee	16	(I4xL4)	8	(I4xL2)	Debbie Robinson	There is a risk of harm to patients given the backlog of work post COVID-19 due to pauses on QOF, screening and elective referrals, in addition to patients not presenting with symptoms and challenges faced with "reset" resulting in increased morbidity and mortality and widening of health inequalities. This risk may be increased by PCN involvement in Covid-19 vaccine deployment which puts further pressure on clinical capacity.	• Amendments to national GP contract to re-prioritise work including a re-focus of the Quality and Outcomes National Framework • Commitment to reduce unnecessary bureaucracy to focus on clinical care • Additional CCG investments made to PCNs to support local winter resilience and increase in demand • Investment of the Calderdale share of the £150million Covid-19 resource to support further increase in capacity and focus on 7 identified goals Additional investment of Calderdale share of the £120 million Covid-19 resource announced from April 2021 to support further increase in capacity and focus on 7 identified goals 2021/22 Planning Guidance has been issued 20/5/2021 Update SOP for General Practice has been issued	Final national contract for 2021/22 to include details of how to manage the backlog Backlog unquantified at Practice, PCN or Calderdale level	•Continue to use soft-intelligence e.g. complaints or stakeholder feedback to monitor and address issues. • Continued engagement of CDs, PMs and LMC to respond to feedback and address any concerns • Recent guidance to focus on clinical prioritisation to support clinical capacity at practice level and focus on the 7 priority goals detailed in the General Practice Covid Capacity Expansion Fund • Continued use of datix and serious incident process to identify where this has resulted in harm and ensure cases are reviewed and identified learning implemented	CPMSC Head of Primary Care Report - Quarterly	• Reconfirm the Quality Indicators that will be monitored in the absence of the new national dashboard including impact on different communities. • Systematic monitoring of the 7 key goals listed in the General Practice Covid Capacity Expansion Fund letter • Once quantified, system needs to be in place to monitor progress against the backlog.	Closed - This risk has been redefined to reflect the pressure in the system of same day access and management of long term conditions/frailty. It has been replaced by 1941 and 1942 The risk relating to workforce availability due to covid vaccine delivery is reflected in the covid vaccine programme risks - each PCN has provided assurance that delivery of general practice will not be affected through submission of workforce plans, however this will continue to be monitored.
1629	20/08/2020	Commissioning Primary Medical Services Committee	8	(I4xL2)	4	(I4xL1)	Debbie Robinson	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	Employment models for some of the new roles that include professional leadership and clinical governance for the individuals from an established provider of those roles GP mentorship in place for the new professionally qualified roles Registered Professionals must work within their code of conduct Supervisory structure in place for First Contact Practitioners, Clinical Pharmacists (4/5 PCNs), Social Prescribing Link Workers and Care Co-ordinators - mix of employing orgainsations from larger trusts and through PGPA	No overall PCN Additional Roles governance framework in place for adoption locally - being discussed through Primary Care School at West Yorkshire ICS level	Working within the governance systems already in place and compliant with the CQC in General Practice Where employed by a host organisation strong professional and clinical leadership and training exists PCN nursing leadership role in place in 5/5 PCNs Through reporting into the CD/LMC/CCG meeting	For First Contact Practitioners and Mental Health Workers the employment model builds in professional supervision Creation of the personalised care team that includes social prescribing link workers and care co-ordinators, with supervision clearly provided, professional development and clear line management. This has improved retention	Governance Framework	Decreasing
1628	20/08/2020	Commissioning Primary Medical Services Committee	8	(I4xL2)	4	(I4xL1)	Debbie Robinson	There is a risk that the full amount of Funding for the Additional Roles Reimbursement Scheme available to General Practice in Calderdale for 2021/22 is not able to be claimed resulting in Calderdale losing investment into General Practice and directly impacting on patient outcomes and pressure on the healthcare system across Calderdale	Reporting deadlines in place as outlined in the PCN Contract Directly Enhanced Scheme Reporting of position agreed into the monthly LMC/CD/CCG meeting in order to understand the current position, any slippage to plan and agree other plans to ensure spend. (CCG Finance and Primary Care Colleagues are sighted on this) Some flexibility in utilisation of funding available to support the Covid Vaccination programme.	Absence of Timely submissions of actual position from PCNs	Approach agreed with PCNs via PGPA regarding monthly reporting of forecast position and actuals including clarity regarding who is responsible for which part of the process	Initial plans for 2021/22 have been received from each PCN and progress made to date on recruitment Finance and Primary Care have met with the Clinical Directors individually to discuss and understand plans for spend for 21/22 and opportunities to bring this forward to ensure full allocation used 20/21	Recruitment timeframes	Decreasing
1434	25/11/2019	Commissioning Primary Medical Services Committee	8	(I4xL2)	4	(I4xL1)	Debbie Robinson	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	1. Calderdale is part of the international GP recruitment programme 2. LWAB funding has been secured to commission the development of a Calderdale workforce strategy, including stocktake of current available workforce and forecasted requirement for the future. 3. Primary care and Community workforce group is established at West Yorkshire and Harrogate Level 4. Primary Care network contract supporting development of workforce plans 5. Additional roles funding available through PCNs at 100% reimbursement from April 2020 6. Role out of Apex Insight tool to practices to understand capacity and demand 7. New national contractual requirements on workforce from April 2020 8. Investment to support local delivery of GP career plus, ACP Career Plus made for 2020/21 and support from national PCN DES relating to GP and GPN Fellowship 9. Training Needs Analysis completed for non medical roles within General Practice through West Yorks and available at Calderdale and GP level	1.Gaps exist in relation to current workforce data 2.Calderdale People Plan (in development) 3. Additional Roles Funding however longer term strategy needs addressing at PCN level 4. Absence of clinical and workforce strategies at PCN level	1. Central reporting requirements including progress against additional roles 2.Quarterly Dashboard reports to Quality Committee & Commissioning Primary Medical Services Committee 3. CQC programme for assurance	1.CQC Inspection reports. 2.CPMSC minutes	CQC routine inspections have been suspended during covid-19 Pandemic	Static - 5 Archive(s)

CPMSC WORK PLAN - 2021-22								
	Lead	**Purpose**	**Frequency**	**May**	**August**	**October - Si**	**November**	**February**
Contracting								
Contracting Report including ongoing management and performance of GMS, PMS and APMS contracts	MP	For Assurance	Quarterly	√	√		√	√
Finance								
Finance Report	LS	For Assurance	Quarterly	√	√		√	√
Draft Finance Plan	LS	For Assurance	As required	√				
Delegated Budget	LS	For Decision	**Annually** (date tbc)					
PMS Premium Investment Plan 2021-22	LS	For Decision	**Annually** (date tbc)					
Assurance Reports								
Director of Improvement - Community and Primary Care Report.	DR	For Assurance	Quarterly	√	√		√	√
Local Dashboard	DR	For Decision/ Assurance	Quarterly		√		√	√
GP Patient Survey Results	NS	For Assurance	As required				√	
Risk Management								
CPMS Risk Review	RG	For Assurance	Quarterly	√	√		√	√
GBAF Review	RG	For Assurance	tbc					
Annual Risk Report	RG	For Assurance	**Annually** (date tbc)	√				
Policies & Procedures								
Review Policy for discretionary financial assistance as a result of a list dispersal **(September 2021)**	MP	For Decision	As required				√	
Quality Assurance & monitoring process for primary care		For Decision	As required	√				
Additional items in year relating to areas of potential high risk or priority								
delegate the approval of the detail of the PCN development plan and its associated investment to the CCG's Senior Management Team	DR	For Decision	As required	√				
Contracts								
Interim Community Phlebotomy Service						√		
Contract Variations								
Conduct of Committee & Development								
Review work plan	DR	For assurance	Quarterly	√	√		√	√
Agree CPMSC Draft Annual Report to include a review of terms of reference and output from self-assessment	DR/JM	For assurance	**Annually**					√
Internal Audit Report	DR	For assurance	As required					
Follow up development session to review PCN Support and to progress recommendations and further establish/plan requirements in relation to the wider integration agendas. Establish the areas of contractual governance that fall solely within the responsibility of the committee	DR	For assurance	tbc					
ICS Arrangements for the commissioning of Primary Care in Calderdale			tbc - scheduled around updates & decision / notice points					

C= cancelled

Additional Meetings / Rapid Decision Making Panel:

01/10/21 - Single Item Committee - Interim Community Phlebotomy Service

05/11/21 - Rapid Decision Making Panel - Winter Schemes 2021/22 and Quality Resilience and Recovery Scheme