NHS Wakefield Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 SEPTEMBER 2020
15:00 PM, VIRTUAL MEETING
Via Microsoft Team

AGENDA

No.	Agenda Item	Lead officer
	Meeting Etiquette – to help this meeting run smoothly please could I ask that members: • Mute your microphone when you are not speaking • Turn your camera off when you are not speaking • To ask a question use the 'wave hand' emoji • Ensure any confidential documents are out of view • Use headphones when sensitive or confidential information is being discussed • You will be asked to select a second Microsoft Team meeting for the Private session	
1.	Apologies for Absence Dominic Blaydon	**Richard Hindley**
2.	Declarations of Interest	**Richard Hindley**
3.	i) Minutes of the meeting held on 30 June 2020 ii) Action sheet from the meeting held on 30 June 2020	**Richard Hindley**
4.	Matters arising	**Richard Handley**
5.	**General Practice Strategy**	
	No items	
6.	**Co Commissioning Operational Issues**	
6i	Interim Provider Policy	**Chris Skelton**
6ii	Additional Roles Reimbursement Scheme – PCN Workforce Plans	**Chris Skelton & Emily Waters**
7.	**Governance**	
	No items	
8.	**Decisions made by Governing Body** *(For Information)*	

8i	Urgent Decisions by CO at Governing Body 28 August 2020	**Amrit Reyat**
9.	Matters to be referred to - (i) Governing Body – Details of any exception reporting (ii) Other Committees - Items to be included on other committee agendas	**Richard Hindley**
10.	Any Other Business The Committee is recommended to make the following resolution: *"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)".*	
11.	Date and Time of Next Meeting **Primary Care Commissioning Committee** 19 January 2021, 2pm, The Boardroom, White Rose House	

NHS Wakefield Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Meeting held on 30 June 2020

Present:	Mel Brown	Director of Commissioning Integrated Health and Care
	Dr Greg Connor	Executive Clinical Advisor
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Richard Hindley	Lay Member (Chair)
	Jonathan Webb	Chief Finance Officer/Deputy Chief Officer
In Attendance:	Hilary Craig	Practice Manager Consultant
	Dr Aly Damji	GP Partner at Church Street Surgery and Clinical Director for West Wakefield PCN (item 20/40)
	Ciara Kelly	Practice Manager at Prospect Surgery (item 20/40 only)
	Dr Mary Kemshell	GP at Prospect Surgery (item 20/40 only)
	Amrit Reyat	Governance and Board Secretary
	Chris Skelton	Head of Primary Care Co-Commissioning
	Richard Sloan, MBE	Healthwatch Representative
	Luke Swinden	Manager at Church Street Surgery (item 20/40 only)
	Pam Vaines	Minute Taker

20/35 Apologies

Apologies were received from Dominic Blaydon, Suzannah Cookson, Anna Hartley, Cllr Faith Heptinstall, Anna Ladd, Mr Hany Lotfallah, Ruth Unwin and Richard Watkinson

20/36 Declarations of Interest

Diane Hampshire declared an interest in agenda item 20/40 as she is a patient at Church Street Surgery. The Chair acknowledged the interest.

20/37 (a) Minutes of the Primary Care Commissioning Committee meeting held on 30 April 2020

The minutes from the meeting held on 30 April 2020 were agreed as an accurate record.

(b) Action sheet from the Primary Care Commissioning Committee meeting held on 30 April 2020

The action sheet was noted.

20/38 Matters Arising

There were no matters arising discussed.

20/39 Commissioning Intentions 2020/21

Chris Skelton presented the Commissioning Intentions 2020/21 for approval.

The intentions included national changes to the GP Contract, local commissioning arrangements and additional requirements and funding arrangements to support the 'stabilisation and re-set' of elective hospital care in the wake of Covid-19.

Committee members were asked to note the new national requirement for a post-natal 6-8 week check for both mother and baby as well as the specific conditions which would form part of the Quality and Outcomes Framework. The development of Primary Care Networks and the introduction of the Investment and Impact Fund (IIF) were highlighted.

Chris Skelton commented that Practices had been very proactive in light of the Covid-19 pandemic. Enhanced Health in Care Homes had continued. Practices had responded to national guidance and were currently preparing for a possible second wave whilst re-starting some routine activities. The long term implications for general practice, including financial stability, were considered as part of these intentions.. Quarter 1 arrangements have been extended to provide stability and the WPPC contract for 2020/21 will be in effect from July 2020 to March 2021.

Dr Connor presented details of the new collaborative approach to Elective Care Transformation. The approach aims to address significant risk to patient care due to Covid-19, reduce elective care delays and support secondary care preparation for a possible second spike.

Dr Connor outlined the work of the Primary Care Networks, including support to Care Homes which will form part of the national contractual arrangements from 1 August 2020.

Dr Connor confirmed the CCG had obtained funding from the national Covid-19 funding source at £1.50 per head.

The total local commissioning costs were identified as £3,762,390.25.

Chris Skelton summarised that NHS Wakefield CCG's commissioning intentions prioritise vulnerable groups and the recovery of primary and secondary care services from the first wave of Covid-19. They take into account the national arrangements to avoid duplication as well as support a transformational approach to hospital elective care to prioritise urgent cases and reduce patient waiting overall by creating a new shared and collaborative process.

The physical and psychological impact of the pandemic Practice staff was acknowledged. Primary Care Networks continued to work with Practices to support the workforce.

Stephen Hardy sought assurance that the Ardens referral tool which is specified in the proposal, will be used by Practices as pervious tools have proven to be unpopular. Dr Connor explained that practices have contributed 50% towards the cost of the tool and therefore have a vested interest in using the tool appropriately. Ardens has been installed in all Practices and the roll-out will take place over coming months. Use of the tool is highlighted in the WPPC contract and therefore NHS Wakefield CCG is confident that the tool will be integrated into practices.

Mel Brown commented on the significant investments into Primary Care Networks and into practices, both financially and via support from various teams within NHS Wakefield CCG. Members were assured that the Committee would be informed of progress throughout the year.

Chris Skelton confirmed that performance management processes would continue at an appropriate level without adding to the burden placed on practices by the Covid-19 pandemic.

Richard Hindley asked for clarity regarding the financial impact on practices and Chris Skelton explained that, in line with national guidance, payments to Practices were not aligned to activities which have been adversely affected.

Dr Connor commented that both nationally and locally, work has taken place to ensure that General Practice was protected from some of the financial impact of Covid-19.

Practices are now beginning to re-introduce face to face activity where necessary and immunisations and smear tests are now taking place.

The role and support offered by the Primary Care Networks was acknowledged, particularly regarding the handling of PPE and in clearly communicating the rapidly changing guidance from NHS England at the start of the pandemic.

It was **RESOLVED** that:

i. Primary Care Commissioning Committee approved the commissioning intentions for 2020/21 as set out in the presentation provided to the committee.

20/40 Prospect Surgery and Church Street Surgery Practice Merger Implementation Plan

Hilary Craig reminded the Committee that the practice merger had been approved to take place on 1 October 2020. Hilary provided an update of the implementation and communication plan which supports the merger.

The proposed name for the new Practice has been changed from Ossett Health Village to Ossett Surgery as it was considered that the original proposed name could cause confusion with other services provided in the same building.

Hilary Craig detailed some of the work which has already taken place to support the merger, such as the alignment of the appointment systems and sharing naming conventions for filing and recording information.

Engagement work with patients is continuing. This was via email as requested by PPG members who had declined virtual meetings.

Staff continue to be involved and supported. Teams from both practices are working together. The plan to provide social events to facilitate the merger have been put on hold due to social restrictions, although consideration is being given to providing virtual events.

Discussions are continuing with the landlords regarding changes to the premises and a soft launch of new IT systems is planned prior to 1 October 2020.

Stephen Hardy expressed his thanks to the Practices and NHS Wakefield CCG's communication team for the hard work involved in the communication and engagement process. Mel Brown thanked both Practices for the collaboration that has taken place during the pandemic.

Dr Damji confirmed that staff from both practices are working together and are collaborating at training sessions. Both clinical and clerical staff are engaged with the process. Work is currently underway to improve the patient journey particularly in relation to reducing the need to duplicate reviews for patients with multiple conditions. Patients from both Practices will be able to benefit from specialisms previously provided in only one practice.

Mel Brown sought clarity from both practices what both practices views were on the mobilisation date of 1 October 2020.Ciara Kelly confirmed that both Practices consider 1 October 2020 to be an achievable timescale for the merger with the 'new normal' providing a perfect launch for revised processes and practices for both surgeries.

It was **RESOLVED** that:

i. The Primary Care Commissioning Committee reviewed and noted the contents of this report
ii. The Primary Care Commissioning Committed confirmed the

proposal with regards to the proposed merger date of 1 October 2020. The Committee endorsed the communication and mobilisation plan

20/41 Premises refurbishment – Northgate & Riverside Practices – Briefing Note

Chris Skelton presented a briefing note to update the Primary Care Commissioning Committee of the proposed refurbishment work to be undertaken at two GP premises – Northgate and Riverside.

In May 2018, the Probity Committee agreed to delegate authority to the Chair of Probity, Chief Finance Officer and Officers of the CCG for the final submission of Capital bids. The Chief Finance Officer, Chair of Primary Care Commissioning Committee and the Head of Primary Care Co-Commissioning met on the 28 May 2020 and agreed to grant final approval to the Northgate and Riverside building scheme proposal and the new lease arrangements.

NHS England has completed the Due Diligence checks regarding funding and have confirmed that work may proceed.

Chris Skelton confirmed that the Committee would be updated regarding the refurbishment work as necessary.

It was **RESOLVED** that:

i. The Primary Care Commissioning Committee noted the contents of the briefing paper regarding Premises Refurbishment

20/42 Quality and Outcomes Framework 2019/20

Hilary Craig explained that changes to the QOF funding arrangements had been made to ensure that Practices did not suffer financially as a result of changes to their working practices imposed on them during the Covid-19 pandemic.

Practices where income was considered to be 30 points or less than 2018/19 received a one- off top-up payment to ensure income matches that received in 2018-19. 12 Practices received payments totalling £53,709.

Five practices had a significant fall in points (30 points or more) and they have been paid the achievement of 2019/20. NHS Wakefield CCG has begun working with these practices to identify any mitigating circumstances which could result in additional payments to match their 2018/19 income.

Hilary Craig confirmed that this was in line with NHS England guidance. It was noted that some local CCGs had made 2018/19 payments to all

their Practices without seeking evidence.

Jonathan Webb confirmed that the approach taken by NHS Wakefield CCG appeared reasonable and pragmatic.

Hilary Craig highlighted that the recommendation was to seek authority to delegate authority which would allow specified officers of NHS Wakefield CCG to make any additional payments based on evidence provided by the practices and capped at achievement level for 2018-2019.

It was **RESOLVED** that:

i. The Primary Care Commissioning Committee reviewed and noted the contents of this report
ii. The Primary Care Commissioning Committee approved a method to make an additional payment to the 5 practices that had a significant drop in points achieved when compared with 2018-2019.
iii. The Primary Care Commissioning Committee delegated authority to the Committee Chair, Director of Commissioning Integrated Health and Care, Executive Clinical Advisor and Head of Primary Care Co-Commissioning, to make any additional payments based on evidence provided by the practices and capped at achievement level for 2018-2019

20/43 Wakefield Practice Primary Contract Performance Report 2019/20

Natalie Knowles provided the WPPC performance report for Quarter 4 2019/20, providing brief explanations of the progress against each criterion.

Due to the impact of Covid-19, the delivery of primary care changed and priority was given to urgent patient care. These changes were reflected in the report. For example, the target level for Learning Disabilities Health Checks has been reduced from 75% to 67% as a result of the Covid-19 outbreak

Natalie Knowles highlighted some of the performance data including:

- 31 of 36 practices had achieved the revised target. Mel Brown highlighted the substantial increase in LD Health Checks from the 2018/19 figures and acknowledged the work carried out by Practices and CCG colleagues.
- 51% of all SMI health checks (for all six elements) have been completed across the district. NHS Wakefield CCG continues to work with the remaining practices.
- 30 of 36 practices have achieved above the 95% target for contacting patients who have failed to respond to invitations to attend the national screening programme.
- 56% of practices have achieved the 90% target for referring

patients with Non Diabetic Hyperglycaemia to the NHSE National Diabetes Prevention Programme.

Mel Brown commented that it was understandable that work on some of the KPI targets was affected by Covid-19; however, the majority of work should have been completed earlier in the year. Therefore, whilst some leeway was provided, financial implications for Practices not achieving the reduced KPIs would be reasonable.

NHS Wakefield CCG will continue to support Practices to achieve WPPC KPIs. It is expected that the Ardens template which has been put in place for 2020/21 will help Practices to achieve KPIs.

It was **RESOLVED** that:

i. The Primary Care Commissioning Committee received the final performance report against the Wakefield Practice Premium contract for the final annual overturn.
ii. The Primary Care Commissioning Committee approved the KPI payments to the practices that have met the reduced target or confirmed that they have by 30 June 2020.

20/44 Primary Care Commissioning Committee Work Plan 2020/21

Amrit Reyat presented the Committee work plan for approval. The work plan had been deferred from the April meeting due to a reduced agenda.

It was noted that the work-plan supports agenda planning for the committee and helps to ensure that all responsibilities delegated by the Governing Body are covered by the committee.

It was **RESOLVED** that:

i) The Primary Care Commissioning Committee approved the work-plan for 2020/21

20/45 For Information - Urgent Decisions by the Chief Officer

The Governing Body held on 9 June 2020 received an update of Urgent Decisions approved by the Chief Officer. As the Urgent Decisions had included temporary closures to a number of GP branch surgeries, Amrit Reyat provided the Committee with a copy of the paper for information.

Amrit Reyat informed Members that subsequent to the Governing Body meeting, all practices are now operating as open, in line with current national guidance.

It was **RESOLVED** that:

i. The Primary Care Commissioning Committee noted the update on Urgent decisions taken by the Chief Officer in relation to Site

20/46 Matters to be referred to other committees or Governing Body

The following papers are to be referred to other Committees:

i. The minutes of this meeting to be shared with the Governing Body.

20/47 Any Other Business

No other business was discussed.

20/48 Date and Time of Next Meeting

Tuesday, 29 September 2020, 3pm, The Boardroom, White Rose House

Agenda item: 3ii

NHS Wakefield Clinical Commissioning Group

ACTION POINTS FROM PRIMARY CARE COMMISSIONING COMMITTEE HELD ON 30 JUNE 2020

Minute No	Topic	Action required	Who	Date for completion	Progress
20/16	Prospect Surgery and Church Street Surgery Practice Merger Application	Provide outcome of mobilisation and communication plans and confirmation that post graduate department is aware of merger	Hilary Craig	30 June 2020	Agenda Item. Completed.
20/19	Probity Committee Effectiveness Survey	Consider options to improve outcomes	Amrit Reyat	January 2021	

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Primary Care Commissioning Committee**	**Agenda Item:**	**6i**
Date of Meeting:	**29 September 2020**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Interim Provider Policy**	N/A	
		If private, insert here reason for inclusion as a private paper	

Purpose (this paper is for):							
Decision	✓	Discussion		Assurance		Information	

Report Author and Job Title:	**Chris Skelton, Head of Primary Care**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Primary Care Commissioning Committee;

- Approve the CCG's Interim Provider Policy for a period of three years

Executive Summary:

Under delegated authority from NHS England for Primary Care Contracts, the CCG is required to have in place an Interim Provider Policy. This policy would be enacted when the CCG or provider terminated a contract at short notice and an alternative provider was required and sufficient time did not allow for a full procurement. This Policy was agreed at Probity Committee on the 25th July 2017 and on the 14th August 2018.

This policy is an interim step to ensure continuity of care for patients. Since the last review this policy has not been enacted but has previously following contract termination and proved fit for purpose. As a result there are no proposed changes to this policy.

It is proposed that the review period for this policy is extended from 2 years to 3 years given that the process is unlikely to change during that period.

Link to overarching principles from the strategic plan:	Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
	New Accountable Care Systems to deliver new models of care	
	Collective prevention resource across the health and social care sector and wider social determinant partners	
	Expanded Health and Wellbeing board membership to represent wider determinants	

	<table><tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Policy approval at PCCC due to potential of existing GP contractors being able to bid in these circumstances
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Primary Care Commissioning Committee - 25 July 2017 and on the 14 August 2018.
Reference document(s) / enclosures:	Not applicable.
Risk Assessment:	Not applicable.
Finance/ resource implications:	Not applicable.

Wakefield Clinical Commissioning Group

PRIMARY CARE

INTERIM PROVIDER POLICY

Version	22 09 2020 V5
Ratified by	Probity Committee
Name of originator /author	Programme Manager – Primary Care Co-commissioning
Name of Lead	Executive Clinical Advisor
Date issued	July 2018
Review date	September 2023
Target audience	Probity Committee

1. Purpose

NHS Wakefield Clinical Commissioning Group (CCG) is committed to improving Primary Care Medical Services for the benefit of patients and local communities.

The purpose of this document is to outline NHS Wakefield Clinical Commissioning Group's approach to appointing an interim provider for primary care medical services in situations where time limits do not allow for a comprehensive procurement exercise to be undertaken. This would allow for alternative options to be considered and contracted services to be secured appropriately, with no impact upon patient safety or continuity of care.

2. Background

Delegated Commissioning requirements (Co-Commissioning) from 1st April 2015 have meant that NHS Wakefield Clinical Commissioning Group is responsible for the commissioning of Primary Care Medical Services. However, NHS England remains legally responsible for GMS/PMS and APMS core contract requirements. NHS Wakefield Clinical Commissioning Group is still required to work within NHS England policies and procedures for managing core contract requirements.

Within Wakefield, situations may arise where a single handed practice has to close and emergency cover is required for a GP practice. For example, the death of a single handed GP whilst still in service. In addition, a number of other scenarios may occur which require intervening action by NHS Wakefield Clinical Commissioning Group.

3. Requirements for an interim provider

This policy outlines the approach that will be taken by NHS Wakefield Clinical Commissioning Group should a situation arise that requires the appointment of an interim provider to maintain GMS/PMS/APMS service delivery on a short term basis. This may include, but is not limited to, the following circumstances:

a) Death of a single handed GP whilst still being the named core contract holder. The contract should be terminated within 7 days of notification of the contractor's death or 28 days after the end of the seven-day period if agreed. NHS Wakefield Clinical Commissioning Group has to provide GP services until a decision is reached to either disperse the list or procurement can be completed to appoint an alternative provider.

b) Single Handed Practice informs the CCG they wish to terminate their contract,

c) Commissioners terminate the contract. Commissioner terminations can arise in the following cases (without limitation):

i. Breach of core conditions
ii. Where there is a serious risk to the safety of the contractor's patients or risk of material financial loss to NHS England or NHS Wakefield Clinical Commissioning Group
iii. For the provision of untrue information
iv. On fitness grounds
v. For unlawful sub-contracting
vi. Failure to comply with a Remedial Notice or repetition of a breach that has already been the subject of a Remedial Notice or Breach Notice
vii. Upon agreement of NHS England or NHS Wakefield Clinical Commissioning Group and the Contractor in writing
viii. On notice from the contractor
ix. If in its reasonable opinion, NHS England or NHS Wakefield Clinical Commissioning Group considers that a change in membership of the partnership is likely to have a serious adverse impact on the ability of the contractor or NHS England or NHS Wakefield Clinical Commissioning Group to perform its obligations under the contract
x. The end of time limited contract periods
xi. Failure of practices to comply with CQC requirements if they have been placed into special measures

4. Service Provision

Each emergency situation will be reviewed dependent upon the individual circumstance that present at that time.

It is essential that there is high quality, consistent Primary Medical Care services in the district therefore NHS Wakefield Clinical Commissioning Group will need to decide how best to serve the population of the practice during the interim period.

In the majority of circumstances, the CCG would look to appoint an interim provider to deliver services with regard to the scale listed below:

1. Provision of core contract services only
2. Provision of core contract plus public health initiatives e.g. vaccinations and immunisations
3. Provision of core contract, Wakefield Practice Premium Contract (WPPC) and public health initiatives
4. Provision of core contract, WPPC, public health initiatives and enhanced services

Option 4 is the preferred option as this will ensure that patients are not disadvantaged in comparison with patients who are registered with another practice.

5. Process and criteria for selection

5.1 If a situation should occur where an interim provider is required and the period of service provision will not exceed 18 months, NHS Wakefield Clinical Commissioning Group will write to all NHS Wakefield Clinical Commissioning Group member practices only and will invite expressions of interest to provide the service under emergency provision arrangements.

5.2 This will be done by taking into consideration a number of essential and desirable criteria. These are shown in more detail in Appendix 1 and will include an assessment of both the applicant and the plans for service delivery. Expressions of interest will be assessed on:

a) Capacity (the practice list must be open)
b) Contractual Compliance with the core contract
c) Service Delivery (Including GPOS and GPHLI Indicators) of their own service and plans for covering the interim service
d) Quality & Clinical Effectiveness
e) Financial viability (credible financial plan and current practice financial viability)

In addition, practices will also be asked to set out plans and timescales for mobilisation.

5.3 Capacity

The provider must be able to demonstrate that they are able to secure sufficient capacity and capability to meet the contractual requirements of the interim service. These include, but are not limited to:

- A full complement of clinical and support staff, with consideration being given to annual leave arrangements and the appropriate levels of cover, such that they would have the capacity to cope with the additional workload.
- A telephone system with the capacity to cope with the additional demand generated by the increase in patients, without any detriment to the current level of service on offer.
- There is a significant risk around TUPE to any caretaking arrangements. Therefore HR advice must be sought for each individual circumstance.

5.4 Financial Viability

The interim provider must be able to demonstrate financial viability and readiness to be responsive to the immediate requirements for service provision, and to maintain such service delivery for the duration of the anticipated timescale.

This will include, but not be limited to:

- Consideration of the management of the provider's finances where there are known areas of concern;
- Any declaration of fraudulent activity

These criteria will be applied to each expression of interest sought. However it may be necessary to tailor the requirements of the practice to the situation which has arisen.

For the avoidance of doubt, only holders of GMS/PMS or APMS contracts with the NHS Wakefield Clinical Commissioning Group will be initially entitled to be invited to submit an expression of interest in respect of such practices where required.

5.5 Service delivery considerations

It is key, under any temporary or longer term commissioning arrangement, that continuity of service is maintained at levels previously provided to patients, to ensure that any detriment to patients is minimised. In particular interim providers must consider the following pre-requisites:

- Hours – the interim provider must be able to demonstrate the ability to offer a reasonable range of hours to meet the needs of patients;
- Distance – if applicable the distance on foot, by car, and via public transport for patients to the alternative premises would be considered. Additionally, parking facilities would be taken in to consideration.
- Premises - the interim provider's premises would be assessed to determine whether an increase in patients could be accommodated, considering such factors as the reception size, number of consultation rooms, car parking etc.

5.6 Exclusions

An individual practice, partnership, consortium or other legal entity meeting this requirement within NHS Wakefield Clinical Commissioning Group will be automatically excluded from consideration if the organisation:

- has received its most recent CQC report which has been determined as "requires improvement" or "inadequate." This is regardless of whether a review of one or more of the ratings has been requested and the outcome of that review may result in a change in rating; or
- has had warning letters, a contract breach or remedial notice served at any time within the previous twelve (12) months; or
- has funding reclaimed for under performance (Network Development Framework or Wakefield Practice Premium Contract) at any time within the previous twelve (12) months;, **or** (for APMS contracts only) has had a KPI financial penalty applied in the last contract year ending 31st March.
- Is subject to any fitness to practice process
- Is subject to any investigation for fraud

For the avoidance of doubt, the 12 month period referred to above will start immediately prior to the date the CCG invites expressions of interest.

5.7 Evaluation and contract term

An evaluation panel of suitably qualified NHS Wakefield CCG staff, (inclusive of representation from NHS England) will independently score each bid submission following which a moderation meeting will be held to agree a final score in respect of each submission. The scores will then be weighted as advised in the published criteria and the highest scoring submission will be the preferred provider to deliver the interim service.

To allow the CCG's to secure an alternative contracted service, following the formal tender process, it is envisaged that the temporary contract would be for a minimum period of 9 months and extended thereafter on a month by month basis.

This recommendation will be presented to Probity Committee for approval.

5.8 Failure to Appoint an Interim Provider

If an interim provider is not appointed via the process set out above, the scope of the invitation may be extended to a wider geography. This is likely to include neighbouring CGGs. This will be achieved with assistance and facilitation from colleagues in NHS England's Primary Care Team.

If this process fails to appoint an interim provider OR where continuation of the service is not possible due to ownership and the continued use of the original premises, the following options will be explored:

a) dispersal of the registered list of patients to a practice of their choice
b) allocation of patients to neighbouring practices using performance data to inform this process, subsequently patients can exercise their choice of practice. (This option does not meet the requirements of NHS patient constitution)

This is an emergency policy and due to time constraints there will be no appeals process.

6. Communications

Once the preferred interim provider has been chosen and has accepted, the CCG will inform all unsuccessful applicants of its decision in writing.

6.2 All patients on the registered list will be informed of the interim arrangements by first class post, and all relevant departments and teams within the CCG will be notified in order to deal with any patient enquiries.

6.3 Communications will be sent advising of the interim arrangements to:

- All GP practices
- NHS England
- CCG Staff
- LMC
- Local Council
- Scrutiny Committee
- MYHT
- Local Pharmacy

This process will be led by the Head of Primary Care Co-Commissioning with support from the Primary Care Performance Group and Executive Clinical Advisor.

References

NHS England Guidance

http://www.england.nhs.uk/wp-content/uploads/2013/07/death-con-pms.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/07/con-brea-sanc-term-pms.pdf

Credits

Cheryl Mould, Head of Primary Care and Quality, NHS Liverpool CCG

Karen Stothers, Head of Commissioning (Primary Care) Bradford City and Bradford Districts CCGs

Appendix 1 – Framework for review of Quality and Clinical Effectiveness (Interim Provider)

	Fully Compliant	Partially Compliant	Not Compliant
Quality and Clinical Effectiveness			
Financial Viability	**Provide up to date accounts (previous 3 years) that demonstrate their viability and profitability**		
QOF	**more than 95% of available points achieved and 0 patients added back to cohorts due to exception reporting**	**more than 95% of points and >1 patients added back into cohorts or less than 95% of points achieved and 0 patients added back in**	**less than 95% of available points achieved and 1 or more patients added back to cohorts due to exception reporting**
Contractual Compliance	**no warning letters or breach notices issued and no remedial action plans in place/achieving**	**Some warning letters or breach notices issued or action plans in place/approaching review**	**warning letters and breach notices issued and remedial action plans in place/ under review**
Prescribing	**Below Total National Average for antibiotics per STAR PU**	**same as national average**	**above national average**
CQC Compliance (if not visit use NHSE indicators	**Outstanding**	**Good**	**requires improvement/inadequate**
Childhood Imms	**=>90%**	**-**	**<90%**
Seasonal Flu	**=>75%**	**-**	**<75%**
Cytology	**=>80%**	**-**	**<80%**
No of GP's/ANP ratio to 1000 pts	**.55 wte (based on 1800 pts per wte)**		
Access and Patient Satisfaction	**Using GP National survey data - above the CCG average**	**equal to or within 5% of CCG average**	**below 5% of CCG average**

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Primary Care Commissioning Committee**	**Agenda Item:**	**6ii**
Date of Meeting:	**29 September 2020**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Additional Roles Reimbursement Scheme – PCN Workforce Plans 2020/21**	N/A	
		If private, insert here reason for inclusion as a private paper	

Purpose (this paper is for):							
Decision	✓	Discussion	✓	Assurance		Information	✓

Report Author and Job Title:	**Emily Waters, Graduate Management Trainee – Primary Care** **Chris Skelton, Head of Primary Care Co-Commissioning**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Mel Brown, Director for Integrated Care**

Recommendation (s):

It is recommended that Primary Care Commissioning Committee;

- Considers the position in regards to the Additional Roles Reimbursement Scheme PCN workforce plans.
- Supports the intentions to maximise the funding available as described in the presentation, but not undertake a bidding process between PCNs.

Executive Summary:

This presentation sets out the PCN Workforce Plans for 2020/21. It discussed the current position of PCNs and the level of underspend against the scheme. Furthermore, the report discusses the approaches to further increase the spend against these plans alongside the support requested from PCNs in doing so.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	

	<table><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Not applicable.
Reference document(s) / enclosures:	Not applicable.
Risk Assessment:	Not applicable.
Finance/ resource implications:	Financial Implications attributed to ARRS scheme. Total in allocation budget of c£3m.

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Wakefield CCG ARRS Workforce Plan 2020-21

Locally Valued

Additional Roles Reimbursement Scheme – PCN DES

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- Expanding the workforce is the top priority for primary care, and commissioners must support their PCNs to undertake recruitment under the Additional Roles Reimbursement Scheme to deliver this priority.
- PCNs are required to plan their future workforce requirements in order to support claims under their Additional Roles Reimbursement Sum each year.
- Each PCN was required to complete and return to the commissioner by 31 August 2020 the workforce planning template, providing details of its recruitment plans for 2020/21 and by 31 October 2020 indicative intentions through to 2023/24.
- The commissioner will confirm the plan with each PCN's Clinical Director and, once each plan is agreed, will share with NHS England and NHS Improvement Regional Teams by 30 September 2020 for 2020/21 plans, and by 30 November 2020 for indicative future plans.
- Following the introduction of two new roles – trainee nursing associate and nursing associate – in the Additional Roles Reimbursement Scheme from October 2020, PCNs and commissioners may need to consider revising the workforce plans to take into account a PCN's decision to employ or engage either or both of these roles for the remainder of 2020/21 and as part of their indicative intentions until 2023/24.

PCN intentions

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	Recruitment intentions for 2020/21						
	Recruited during 2019/20	Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	Additional FTE as at March 2021	Indicative spend per role 2020/21
Clinical pharmacists	3.00	3.50	6.00	17.00	3.00	32.50	£1,127,318
Social prescribing link workers	7.00	0.00	0.00	0.00	0.00	7.00	£247,723
First contact physiotherapists		0.00	1.00	7.10	1.90	10.00	£265,824
Physician associates		0.00	0.00	0.00	0.00	0.00	£0
Pharmacy technicians		0.00	3.00	7.00	0.00	10.00	£203,487
Occupational therapists		0.00	0.00	0.00	0.00	0.00	£0
Dietitians		0.00	0.00	3.00	0.00	3.00	£80,586
Podiatrists		0.00	0.00	1.00	0.00	1.00	£26,862
Health and wellbeing coaches		0.00	1.00	16.00	2.00	19.00	£327,348
Care co-ordinators		0.00	2.00	6.00	1.00	9.00	£138,391
					TOTAL:	91.50	£2,417,539
					Amount lost to PCN:		£561,350

Rationale

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- Recruitment delayed for Q1 and for most PCNs, Q2 as well, leaving considerable underspend
- PCNs have discussed intentions for next year to spend the full allocation for 2021-22
- Budget next financial year increases significantly
- Despite this, recruiting more roles this year to spend the underspend would not fit with plans for next year (i.e unable to afford mental health practitioner and/or paramedics in 2021)

Considerations for unclaimed funding

NHS Wakefield Clinical Commissioning Group

- CCG and PCNs to agree underspend as ‘unclaimed funding’
- Unclaimed funding available through a bidding process within CCG area as described in the DES. Including, priority given to PCNs that previously indicated an underspend, but now in the position to spend or reallocation on a one-off basis for the remainder of the financial year.

These workforce plans and arrangements were discussed with Primary Care Networks on the 17th September. The following outcomes were noted;

- There was no appetite to undertake a bidder process between PCNs, it was felt that this would lead to an iniquitous division of funding between PCNs and create further complexity. Furthermore, this would only be on a short term basis.
- PCNs would further look to identify short term staffing resources in line with the DES requirements to maximise the funding available.
- Asked that the CCG support PCNs in the introduction of Paramedics and Mental Health Practitioners as reimbursed roles prior to the 1st April 2021 in conjunction with NHS England.

Next steps

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- Accelerate recruitment of the intended roles for the remainder of this financial year
- Workforce plans maybe reviewed by PCNs in light of additional roles including Nurse Associates
- Early recruitment starting January to ensure 100% spending of 2021-22 budget
- Work with fellow CCGs, ICS and NHSE/I in regards to the introduction of Paramedics and Mental Health Practitioners in 2020/21.

Primary Care Commissioning Committee - Recommendations

NHS Wakefield Clinical Commissioning Group

It is recommended that the Primary Care Commissioning Committee;

- Considers the position in regards to the Additional Roles Reimbursement Scheme PCN workforce plans.
- Supports the intentions to maximise the funding available as described, but not undertake a bidding process between PCNs.

NHS Wakefield Clinical Commissioning Group

Title of meeting:	**Governing Body**	**Agenda Item:**	**8**
Date of Meeting:	**8 September 2020**	**Public/Private Section:**	
		Public	✓
Paper Title:	**Record of urgent decisions - Update.**	Private	
		N/A	

Purpose (this paper is for):							
Decision		Discussion		Assurance		Information	✓

Report Author and Job Title:	**Amrit Reyat, Governance and Board Secretary**
Responsible Clinical Lead:	**Dr Adam Sheppard, Chair and Clinical Leader**
Responsible Governing Board Executive Lead:	**Jo Webster, Chief Officer**

Recommendation:

It is recommended that the Governing Body:

- Note the update on Urgent decisions taken by the Chief Officer in relation to Site Closures

Executive Summary:

The attached log provides an update on the urgent decisions approved by the Chief Officer. These decisions relate to the temporary closure of GP practice sites in line with the site closure approval process.

In line with the Standing Orders exercise of such powers are being reported to this meeting of the Governing Body for noting.

As at the 28 August 2020 all of the six practices which requested closure have all now re-opened.

The attached log also provides details of an urgent decision in relation to the Mental Health Investment Standards (MHIS) Statement of Compliance. Full details can be found in Agenda item 11a.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	

	<table><tr><td>Expanded Health and Wellbeing board membership to represent wider determinants</td><td></td></tr><tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td></td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Not applicable	Not applicable
Management of Conflicts of Interest:	The approval of decisions is based on the daily Situation Report received from practices in line with Opel escalation levels
Assurance departments/ organisations who will be affected have been consulted:	Senior Leadership Team Chief Finance Officer/Deputy Chief Officer Director of Corporate Affairs Director of Integrated health and Care Head of Primary Care
Previously presented at committee / governing body:	NHS Wakefield CCG Board Paper 9 June 2020
Reference document(s) / enclosures:	Table of urgent decisions – approval of temporary site closures
Risk Assessment:	Not applicable
Finance/ resource implications:	None

Issue	Site	New arrangements	Contact with practice	Decision by Chief Officer	Date	Update
Staff issues request to close branch to decrease transmission	Southmoor and Church View	Staff moved to South Kirby (Park Green)	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	**15/04/20** Park Green/Southmoor The staff have been split into two teams and alternate one week working in the practice and one week working from home. The practice manager thinks this is working really well to maintain capacity and resilience through the avoidance of cross site working. **13/05/20** Still closed. Considering options to re-open, no specific date agreed. Will want to re-open as a 'super green' site. **28/05/20** Still closed. Planning to re-open as a 'green' site on 15 June 2020 but the car-park is closed due to construction of new housing development. Will review safety prior to re-opening, may need input from CCG. **Update -** Surgery Open
Staff issues request to close branch	South Hiendley	Staff moved to Rycroft	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	**11/06/20 S**poken with Rycroft, and they plan to re-open South Hiendley on Monday, 15 June as a Green site. They will offer morning appointments only for a while but move to full days asap. **Update -** South Hiendley open
Received a request from Sharlston branch part of Crofton surgery to close during the pandemic. 	Sharlston	All services provided at the branch are also provided at Crofton main site. Branch surgery is 2 miles away from Crofton. Branch closed its doors to patients on Monday and are seeing walk-ins at main site. Communications updated on website and social media.	Amrit discussed with Practice Manager and established they are requesting closure so they can manage staffing capacity at Crofton Surgery, part of the Trinity Assessment Hub.	Arrangement approved	02/04/2020	**15/04/20** The branch closure is maintaining resilience. There is a member of staff on reception at Sharlston each day and patients can be seen there if necessary on a case by case basis. Phones have gone to the main site for years. They have created a facebook page for patients and have received nothing but praise for the way they are managing the practice including from Sharlston patients. They are intending to re-open when usual work practice resumes so we agreed to review in three weeks time. **12/05/20** Plans to re-open as a 'green' site from 18 May 2020. **21/05/20** Patients who need to see a nurse can go to Sharlston but patients wanting to see a doctor will need to go to Crofton **28/05/20** Reopened as a 'green' site on 18 May 2020.
Closure of practice Good Friday and Bank Holiday Monday	Castleford Health Centre	Resources to be diverted to their other sites including: Pinfold Surgery, Ferrybridge, Elizabeth Court Surgery Queen Street & Park View Surgery The closure is to stabilise the other practices (above) during this time.	Amrit emails with Sarah Ramsden and CO to seek approval	Arrangement approved	07/04/2020	**13/05/20** Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. **28/05/20** Castleford Health Centre is open to see patients. **Update -** Surgery Open
We would like to request permission for the closure of our Branch Surgery at Sandal Castel Medical Centre on 8 May. We are confident that all our patients urgent needs can be dealt with by opening TMC only. Our phone lines will be open as required, we have access to our clinical assessment unit and we have facilities to see patients face to face if required. Our patients are aware that should they need to be seen for urgent care they may have to attend TMC site, this is made clear to them at the point of registration. We would ensure patients were made aware of this prior to 8 May. We believe closing Sandal will (whilst still providing urgent care to our patients) enable us to give more of our clinicians and staff the opportunity to take much needed rest.	Sandal Castle Branch Surgery	Patients will be made aware that should they need to be seen for urgent care they may have to attend Trinity Medical Centre on 8 May 2020 Bank Holiday Friday (one day only)	Chris Skelton, Head of Primary Care Co-Commissioning	Approved	30/04/2020	**13/05/20** Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. **28/05/20** Closed Bank Holiday, 8 May. Now re-opened. No negative comments received from patients.
Issue	**Site**	**New arrangements**	**Contact with practice**	**Decision by Chief Officer**	**Date**	**Update**

Consider the proposal from WHA PCN to reduce opening hours at both Elizabeth Court and Queen Street surgeries- it looks like a very pragmatic solution- both sites with rota support from all practices are splitting the morning and afternoon sessions. Queen Street will be available every morning and Elizabeth Court will be open every afternoon.	Queen Street and Elizabeth Court	Queen Street will be available every morning and Elizabeth Court will be open every afternoon	Mel Brown received email request from Christine Sanderson and emailed the request to Jo Webster	Approved	06/05/2020	The current arrangements for registered patients with Healthcare First practice call a central call centre. They are then triaged by clinicians at any site including video/telephone appointments. If they require an appointment they will be offered any site with a free appointment slot. Healthcare First will try to accommodate any requests for a particular location if this is possible.
For 2018/19 CCGs were required to appoint an independent reporting accountant to carry out a reasonable assurance engagement on their Mental Health Investment Standard (MHIS) Statement of Compliance. NHSE/I withdrew the original publishing date and auditors were required to await confirmation from NHSE/I prior to issuing their opinions.		On 25 June 2020, NHSE/I requested that all CCG's publish their MHIS results on 9 July 2020. KPMG required a MHIS Management Representation Letter to be signed on behalf of the Governing Body prior to providing their opinion.	Not applicable	Approved	08/07/2020	In line with the Standing Orders, the powers reserved for an urgent decision were exercised on the 8 July 2020 to recommend the signing of the MHIS Management Representation Letter (appendix 1) on behalf of the Governing Body and it is brought to this meeting for noting the action taken. Please refer to Agenda item 11a for full details.