

Meeting: Governing Body			
Meeting Date	26 January 2022	Action	Receive
Item No.	8	Confidential	No
Title	Winter Access Fund 1 st October 2021 to 31 st March 2022		
Presented By			
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Clinical Lead	Dr Catherine Fines, Chair and Primary Care Clinical Lead		

Executive Summary
The following paper has been written to provide Governing Body with an overview of the Winter Access Fund (WAF) and progress towards Bury’s utilisation of this funding with the aim of increasing the resilience of general practice whilst also increasing the number of urgent face to face appointment available for patients by 31 March 2022.
Recommendations
We ask that the Governing Body: <ul style="list-style-type: none"> Note the contents of the paper Note the request for additional support to implement the safety and security support project for general practice

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
patient experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Primary Care Commissioning Committee	24/11/2021	Earlier version of this paper was presented at PCCC and supported. A further update is due in February 2022

Winter Access Fund 1st October 2021 – 31st March 2022

1 Introduction

- 1.1 On the 14th October 2021 NHS England published its proposal to support General Practice and improve access for patients¹. The paper set out steps to increase and optimise capacity, address variation, encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

2 Background

- 2.1 To do this, a £250m national Winter Access Fund (WAF) has been made available and Bury Clinical Commissioning Group (CCG) has been allocated a proportionate amount of this fund totaling £876, 385 to spend between now and 31st March 2022.
- 2.2 There are a set of conditions around the use of the WAF which address variation, increasing access and represents value for money. The funding can be spent on increasing capacity for same day appointments at practice or Primary Care Network (PCN) level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111.
- 2.3 In order to address variation and encourage good practice, an additional national requirement of the funding was for the CCG to identify 20% of our practices where we can take immediate steps to support improved access. This initial list of practices to receive enhanced support, considered the need to address healthcare inequalities whilst also concentrating on those practices who could improve appointment numbers now and pre-pandemic, face to face vs remote consultations, significant levels of 111 calls during GP hours, significant rates of A&E attendances and CQC status (where applicable).
- 2.4 Despite this national directive, it is worth noting that we feel that all Bury practices should be able to access support should they need it and therefore all proposed schemes being taken forward are guided by this principle.
- 2.5 The following paper has been written to provide Governing Body with an overview of Bury's WAF proposal and to highlight progress to date.

3 Bury Winter Access Fund Proposal

- 3.1 The WAF contains several deliverables against which CCG's could create corresponding programmes of work (Table 1) and, considering the tight timeframe for submissions, the CCG, the GP Federation (the GP Fed) and the Local Medical Committee (LMC) worked together to determine that the likely mode of delivery, and

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

evidenced increase in access, was through our existing Extended Working Hours (EWH) service and practices themselves. Several assumptions were then made and funding requests mapped accordingly to the relevant deliverables as per the below table.

Table 1: Draft Funding Allocations

Winter Access Deliverables	Total Investment
a. Funding additional sessions from existing staff	£208, 024
b. Locum banks/digital booking	£258, 024
c. Expanding extended hours capacity	£228, 024
d. Funding additional administrative staff	£104, 102
e. Employing other physicians in surgeries	£0
f. Increasing the resilience of the urgent care system	£78, 301
g. Using / developing primary care hubs	£0
h. Other actions to support the creation of additional appointments	£0
i. Other actions to support improvements to patient experience of access	£0
	£876, 385

3.2 It should be noted that, given the short turnaround for this return, the proposals were not discussed widely and therefore were kept high-level to be flexible in our interpretation in future iterations as required conversations took place.

3.3 Following those high-level assumptions, expressions of interest (EOI) were invited from all Practices in Bury asking for their proposals to increase face to face access. We stated that their EOI must articulate the cost of the proposal and provide both baseline and additional capacity activity created because of the investment noting that, if successful in their bid, practices and/or PCNs must also be able to provide a robust audit trail including invoices to aid reimbursement.

4 Implementation of WAF Schemes

4.1 As at November 2021 the CCG had received a total of 16 EOI's, 2 from the GP Fed and 14 from practices, totaling £888,040, which exceeded Bury's WAF allocation of £876,385. All the EOI's were reviewed by the CCG Primary Care Team and Primary Care Finance Lead to ensure the WAF criteria was met and that schemes would deliver both increased staffing levels and increased face to face activity. Despite the value of the EOI's exceeding the WAF budget all were agreed as it was felt that given the timescales for delivery it was highly likely that not all the EOI's would come to fruition.

4.2 During December 2021 the government mandated a step up of the COVID 19 booster programme which meant that focus shifted from delivery of the WAF programme across general practices and the GP Fed to delivery of the vaccination programme. The impact of this can be seen in **Table 2**, which displays the total value of the EOI's submitted, against the funds that have been claimed by providers as of January 2022.

The table also shows the value of those schemes which we know have commenced but have not been claimed:

Table 2: EOI's total value and claims made

Winter Access Deliverables	Total Investment	EOI's Total Value	Claimed as of January '22	Schemes Implemented Unclaimed spend
a. Funding additional sessions from existing staff	£208, 024	£323,472	£16, 136	
b. Locum banks/digital booking	£258, 024	£174,200		
c. Expanding extended hours capacity	£228, 024	£363,377		£363,377
d. Funding additional administrative staff	£104, 102	£6,992		
e. Employing other physicians in surgeries	£0	£0		
f. Increasing the resilience of the urgent care system	£78, 301	£0		
g. Using / developing primary care hubs	£0	£0		
h. Other actions to support the creation of additional appointments	£0	£0		
i. Other actions to support improvements to patient experience of access	£0	£0		
Totals	£876, 385	£888,040	£16, 136	£363,377
		Total		£379,513

5 WAF Monitoring

- 5.1 In January 2022 given the challenges faced by providers across Q3 of 2021-2022 the Primary Care Team introduced a robust monitoring process for the WAF schemes to ensure schemes are being implemented and to provide an opportunity for providers to inform us of any difficulty in delivering on their intentions across the final quarter of the year.
- 5.2 The monitoring process involves practices providing us with assurance that the schemes have been implemented, that the requested extra WTE workforce have been employed to accommodate the increase in face-to-face appointments and provide assurance that there has been an increase in face-to-face appointments against the baseline provided.
- 5.3 The monitoring process to date has provided assurance that some schemes have been implemented and are progressing at pace. These include:

- The Acute Visiting Service (AVS) which provides a home visiting service to clinically appropriate patients registered with a Bury GP freeing up that patients own GP to deliver additional appointments within the surgery.
- Additional extended hours clinics running Monday to Friday 4pm-8pm and Saturday and Sunday 5 hours per day to deliver face to face appointments including those patients with long term conditions who may not have been seen due to the COVID 19 pandemic.
- Individual Practices that have either taken on additional staff or increased existing staff hours, enabling them to offer additional face to face appointments at clinics including:
 - Additional GP hours to offer increased numbers of regular face to face GP appointments
 - Additional GP hours to offer increased numbers of face to face GP appointments for complex care delivery to learning disability, mental health, and dementia patients
 - Additional Nursing hours to deliver face to face reviews and cervical smears
 - Additional Practice Pharmacist hours to clinically triage AskMyGP requests
 - Additional Health Care Assistant hours to deliver face to face health checks supporting diabetes, other reviews, vaccinations and phlebotomy

5.4 As anticipated, higher staff absences due to COVID 19 and the requirement for General Practice to support delivery of the booster programme at the vaccine sites has been given as the main reason many of the schemes have not yet had been implemented though we are aware that the claims portal does not reflect the level of work that has been undertaken. Providers are being reminded as part of the monitoring process that claims should be submitted in a timely manner and, whilst we still anticipate an underspend against the total WAF budget, we expect the overall value claimed will be greater than the spend at this point.

6 Wider WAF Investment

6.1 In addition to the WAF, a further £5m has been made available nationally to support immediate security issues in General Practice. Greater Manchester Health & Social Care Partnership (GMHSCP) sought confirmation of the security arrangements currently in place at each practice to coordinate a GM response and 7 out of 31 practice sites across Bury responded.

6.2 Using this information, GMHSCP met with the GM Police Head of Crime Prevention to discuss possible works to GP practice premises that would primarily improve the safety of staff in order to try to prevent staff experiencing violent or aggressive behaviour towards them. The suggestions discussed were:

- to install access control at the entrance to the building or within the premises if they are multi-occupied with separate demised areas
- the installation of CCTV behind reception or in a location on the journey to reception
- the installation of permanent fixed screens
- consideration was had with regard to the installation of personal safety alarm systems including those that are installed on the computer along with those that

are in the form of a button installed in various locations throughout the practice premises (mainly at reception and in patient accessed rooms)

- 6.3 Following those discussions, it was decided by GMHSCP that the funding allocated for the purpose of improving safety of staff within the GP practices throughout GM should be forwarded to the CCGs and it will be for each of those CCGs to then consider each of the GP practice requests for work to be undertaken and decide, with regard to the fact that there are limited funds, as to which of the practices is awarded funding.
- 6.4 It was further agreed with the Head of Crime Prevention that, where a CCG cannot make such a decision due to the complexity of the works and as to whether they should all be necessary, she will be able to deploy members of her team in the knowledge that there is limited capacity to undertake an inspection of the subject premises.
- 6.5 The funding for this project is limited with GM receiving £260,000 translating to a Bury allocation of £16,467 however, a request for additional funding of c£2m has been submitted by GMHSCP to support all Primary care providers however this has not yet been approved nor details regarding Bury's allocation released.
- 6.6 Given the size and scope of this project and the robust audit procedure around it whereby practices will be required to bid against this allocation with the CCG needing to provide assurance that the funds have been spent appropriately, recording individual bids from practices and sharing a reconciliation with GMHSCP team, it is advised that additional resource will be required to implement this across Bury either from the Head of Crime Prevention and her team or, locally via the Estates team. As such it should be noted that work on this project has not yet commenced.
- 6.7 The guidance received in October 2021 also laid out further details in terms of the expectations of the WAF to increase and optimise capacity. Progress towards this work is outlined in **Table 3**:

Table 3 - Increase and Optimise Capacity

The National Ask	CCG Response
Move to cloud-based telephony – a rapid and full adoption by practices including a possible short-term solution	MS Teams has been upgraded across General Practice to provide the facility to allow outgoing calls which keeps landlines free for incoming patients calls. This is funded centrally until 2023.
Sign up to the GP Community Pharmacy Consultation Service, participation is a condition of access to the Winter Access Fund (by December 2021)	Seeking clarity that all Bury Practices have signed up to the GP Community Pharmacy Service
Secondary care providers to assess and address certain processes that generate avoidable administrative burdens on GPs	Support of the wider system will be needed to address this, possibly through the Primary/Secondary Care Interface Group

The National Ask	CCG Response
Extend current CCG commissioned extended access services until October 2022	A contract variation will be issued to the GP Fed to extend current provision
A new National Advisory Group to be established to support GP recruitment and retention	Further details awaited
Ensure systems meet their share of the National ARRS recruitment targets	The GP Fed are working with the PCNs to ensure the allocation is utilised, further rigor will be put around this process.
Review of requirements for GPs to provide medical evidence, e.g. fit notes/DVLA	This has been done locally in the past and we have had feedback from practice that a reduction in this type of activity would reduce the burden on primary care. The CCG will feed this in at a GM level for review
GP Appraisals continue to take a simplified approach	The CCG is not involved in this area
To support practice stability and recovery, QOF 2021/22 is based on the indicator set agreed for 2020/21, with very limited changes only. Most QOF indicators have now been suspended until April 2022	To be eligible for income protection, practices will need to agree with their commissioner a plan that will set out how QOF care will be delivered wherever possible, but with priority according to clinical risk and accounting for inequalities.
Localities to work with their LMCs and PCNs in development of their plans	This is being encouraged and followed.

7 Recommendations

7.1 We ask that the Governing Body:

- Note the contents of the paper
- Note the request for additional support to implement the safety and security support project for general practice

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January 2022