

Primary Care Commissioning Committee reports

Format: via email for information on 1 July 2021

Chair: Mr Peter Ramrayka Lay Member - Primary Care & Commissioning

Schedule of papers provided for information

No	Item	Paper
1.	Report of decisions made by Officers under SOP	A
2.	Primary Care Delegated Finance Report month 2	B
3.	Date of the next meeting – 08 September 2021 2-4pm tbc Venue MS Teams	-

South East London Primary Care Commissioning Committee

DATE: 07 July 2021

Title	SEL CCG Officers' Decision Summary
This paper is for information	
Recommended action for the Committee	Committee members are asked to note the decisions that officers' have taken in line with the Standard Operating Procedure (SOP) and/or the Primary Medical Care Policy Guidance Manual, which outlines the process for making decisions in a consistent way outside of the committee.
Summary	<p>The below table summarises the decisions which have been taken for the period 26 May 2021 to 1 July 2021. These decisions were made in line with the relevant standard operating procedures and where there has been engagement with the local primary care working group or other agencies, it is indicated below.</p> <p>Officers' have also made non-discretionary decisions (e.g., locum reimbursement and transactional contract variations), in accordance with the relevant SOP which are not reported below but are available on request. These will also be collectively reported within the Contractual Performance and Information report to the PCCC and at local borough Primary Care Groups, as appropriate, in September 2021¹.</p> <p>Where transactional contractual changes which do not require a decision and therefore commissioners have no influence e.g., Single-handed GMS 24-hour retirements/additional partners, these are normally discussed verbally with the local primary care group.</p>
Bexley	<p>Lyndhurst Medical Practice (G83049) – Completion of outstanding Infection Prevention Control actions.</p> <p>The practice was rated Requires Improvement following the CQC inspection on 8 March 2019. Subsequently the former Bexley PCCC had approved issuing an action plan to the contractor at its meeting on 25 July 2019. The contractor had addressed all but one of the required actions during 2019 and officers issued a letter of compliance which was subject to the outstanding Infection Prevention Control actions being undertaken within 12 months of receipt of the letter. The compliance letter was issued on 27 January 2020 and whilst the contractor had intended to ensure that the work was carried out within 12 months, it was delayed due to covid. Officers can now confirm that the outstanding Infection Prevention Control actions have now been completed.</p>

¹ The Contract and Information Report has been delayed until after the end of the financial year due to the pandemic and covid vaccine response.

Bromley	N/A
Greenwich	<p>Thamesmead Health Centre (Y02974) Contractual Improvement Plan</p> <p>The former Greenwich PCCC had agreed to extend the APMS contract for five years from 01 April 2020 at its meeting on 09 January 2019. The contract extension was subject to a performance improvement plan to address concerns with the 2019-20 achievement level of a small number of indicators. One of the improvement areas was reducing an above-average use of urgent care services by the practice's patients. Local commissioners have reviewed the latest dataset and confirmed that there was no significant over-use of Urgent Care Centre (UCC) by the patients of the practice therefore recommended that this improvement plan indicator is now closed. This was agreed by the local primary care working group on 24 June 2021. The usage of UCC across Greenwich will continued to be monitored on a regular basis.</p> <p>Greenwich Peninsula Practice (Y03755) - APMS contract procurement</p> <p>The Greenwich CCG PCCC agreed at its March 2020 meeting that this contract should be re-procured with a new contract effective date of 1st October 2021. In light of the COVID 19 pandemic this effective date was extended to 1 January 2022 by the February meeting of the SEL CCG PCCC. The procurement is underway and a total of 12 bids have been received. All bids have now been evaluated and a score moderation exercise is underway. A recommendation on contract award will be brought to the September Committee</p>
Lambeth	N/A
Lewisham	N/A
Southwark	<p>Dulwich Medical Centre (DMC) Crystal Palace Road – CQC unrated report published 14 May 2021.</p> <p>In June 2021, committee members were advised that the CQC had carried out an announced review of Dulwich Medical Centre on 30 March 2021 & 14 April 2021.</p> <p>This was an unrated review to consider whether the provider had taken sufficient action to address the breaches of regulation 17 outlined in the warning notice issued following the previous inspection undertaken on 28 August 2020. The inspection highlights that the practice had undertaken some quality improvement activity in the form of one two cycle audit, which had resulted in some changes to patient care but limited quality improvement.</p> <p>The report also highlights that there were still some areas where the provider needed to strengthen systems and processes around the management of patients prescribed medicines, including high risk medicines, and the sharing of information between other health services.</p>



	<p>At that time, DMC confirmed that it had submitted evidence to the CQC which indicated that action had been taken in response to these specific concerns raised.</p> <p>DMC Chadwick Road – CQC unrated report published 4 June 2021.</p> <p>The CQC carried out an unannounced focussed follow-up inspection of DMC Chadwick Road between 30 March 2021 – 15 April 2021 (site visit on 8 April). The purpose of this inspection was to consider whether the practice had met the legal requirements in relation to the breaches in regulations that the CQC identified in their previous inspection on 4 December 2020.</p> <p>The CQC found that the practice had made some improvement and had mostly met the requirements of the Regulation 17 (good governance) warning notice, however, they had not sufficiently met the requirements of the Regulation 12 (safe care and treatment) warning notice.</p> <p>The report highlights that there were still some areas where the practice needed to take action in relation to infection prevention and control, assessment, monitoring and management of risks, medicines management and effective governance.</p> <p>Officers met with the DMC Senior Management Team (SMT) on 18 June 2021 in relation to both of the above reports, where the DMC SMT provided assurances that it already has, and continues to take actions to address the concerns in both of the CQC reports.</p> <p>A full review of both CQC reports for DMC Crystal Palace Road and DMC Chadwick Road has now taken place in line with the CQC monitoring process endorsed by SEL PCCC at its 16 April and 10 September 2020 meeting, and the associated report is attached for information as Appendix 1 and Appendix 2.</p> <p>New Mill Street Partnership Update</p> <p>In February 2019, the then Southwark PCCC was asked to approve the practice’s application to add a new partner to the New Mill Street Surgery PMS contract and that a practice improvement plan will be appended to the PMS contract in the form of a contract variation. Since that time, the partnership has been put on hold while the practice finalised its internal governance arrangements. In July 2020, the practice raised that it was now considering including 2 non-clinical partners to the contract in a stepped approach.</p> <p>In May 2021, the practice confirmed that after careful consideration, and taking into account several aspects, including changes in personal circumstances, the practice had come to the conclusion that it was no longer going to pursue the contract variation for the New Mill Street as has been planned, and previously agreed by the Southwark PCCC.</p> <p>This means that Dr Campion continues to be the sole contract holder for the New Mill Street practice.</p> <p>Officers have updated the local Southwark Primary Care Group of the latest position and will report back to the committee if required at the appropriate time.</p>
<p>SEL Update</p>	<p>PMS Reviews 2021_22:</p>

	<p>SEL Boroughs have reviewed their premium service offer for 2021_22 in line with the Premium Service Principles endorsed by the PCCC at its meeting on 7 April 2021. Boroughs have confirmed that any changes made:</p> <ul style="list-style-type: none"> - have been agreed locally with stakeholder engagement including LMC. - are non-material. - are cost neutral to the commissioner. - have been or will be communicated to all providers. <p>Brief summaries of the changes in each borough are attached as appendices 3 to 8 to this summary.</p>
Author:	Nóra Simon and Nick Langford
Job Title:	Assistant Head of Primary Care
Directorate:	Planning and Commissioning
Clinical Lead:	Dr Jonty Heaversedge
Responsible Director:	Holly Eden
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	Name of document
Appendix 1	Dulwich Medical Centre (DMC) Crystal Palace Road – CQC unrated report published 14 May 2021.
Appendix 2	DMC Chadwick Road – CQC unrated report published 4 June 2021.
Appendix 3	SEL CCG PMS Reviews - Bexley
Appendix 4	SEL CCG PMS Reviews - Bromley
Appendix 5	SEL CCG PMS Reviews - Greenwich
Appendix 6	SEL CCG PMS Reviews - Lambeth
Appendix 7	SEL CCG PMS Reviews - Lewisham
Appendix 8	SEL CCG PMS Reviews - Southwark

APPENDIX 1



South East London
Clinical Commissioning Group

Officers Decision Paper

DATE: 7 July 2021

Title	G85651 Dulwich Medical Centre (DMC) Crystal Palace Road – CQC unrated report published 14 May 2021.	
Borough	Southwark	
Practice Details	Practice Name	Dulwich Medical Centre, Crystal Palace
	Contract Type	PMS
	Site Address(s) inc. branch sites	163-169 Crystal Palace Road, London, SE22 9EP
	List Size	8675 (raw list size 1 April 2021)
	No. of Partners	Two
	Current CQC Rating	Requires Improvement
	PCN Details	South Southwark PCN, 18 member practices
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
	CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>
Summary	<p>The CQC carried out an announced review of DMC (Dulwich Medical Centre) Crystal Palace Road on 30 March 2021 and 14 April 2021. This was an unrated review to investigate whether the provider had taken sufficient action to address the breaches of regulation 17 outlined in the warning notice issued following their previous inspection undertaken on 28 August 2020.</p> <p>The report issued following the focussed inspection was published on 14 May 2021, which can be located at: https://api.cqc.org.uk/public/v1/reports/84e00755-6726-40fc-98c3-d40233d6f928?20210514070038</p> <p>It should be noted that in parallel to the events at DMC Crystal Palace Road, DMC Chadwick Road was also issued with an unrated report on 4 June 2021. The DMC operation is a primary care at-scale provider with many of its senior staff and partners working across the portfolio of services. A separate report on</p>	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 10th September 2021 meeting

	<p>DMC Chadwick Road is being presented to the PCCC at the same time as this report.</p> <p>Committee members should also note that the current practice rating of overall 'requires improvement' reflects the outcome of the July 2019 inspection. Overall practice ratings are not currently being updated on the CQC website, given the CQC are focussing on the domains for 'Are services Safe', 'Effective' and 'Well-led'.</p> <p>Chronology of CQC inspection dates and following reports and warning notices:</p> <p>The CQC inspected DMC Crystal Palace Road on the following dates:</p> <ul style="list-style-type: none"> • 31 July 2019 - announced comprehensive inspection which resulted in: <ul style="list-style-type: none"> ○ Report published on 3 October 2019. The contractor was rated as 'Requires Improvement' for 'Safe', 'Effective', 'Responsive' and 'Well Led' and 'Good' for 'Caring' with an overall rating of 'Requires Improvement'. • 28 August 2020 – focused inspection which resulted in: <ul style="list-style-type: none"> ○ Warning notice issued on 7 September 2020. ○ Unrated report issued on 14 October 2020. • 30 March and 14 April 2021 – unannounced review which resulted in: <ul style="list-style-type: none"> ○ Unrated report issued 14 May 2021 with the domain of concern being regulation 17 (good governance). <p>A chronology of CQC Inspections and Warning Notices for DMC Crystal Palace Road and DMC Chadwick Road, including the actions taken by officers in response to the CQC's publication of reports and warning notices for the DMC practices is appended to this paper for information.</p> <p>DMC Crystal Palace Road – unrated CQC report published 14 May 2021</p> <p>The three domains which were inspected, but not rated, were for 'are services safe', 'are services effective' and 'are services well-led'. The published report indicated that some issues were continuing or repeated from previous reports which include:</p> <ul style="list-style-type: none"> • Not ensuring that effective systems and processes were in place to ensure good governance in accordance with fundamental standards of care, particularly in relation to monitoring patients on high-risk medicines and clinical pharmacy governance. The CQC highlighted this issue in their October 2020 reports. • Not establishing effective systems to mitigate all risks arising from the prescribing of certain high-risk medicines. The CQC noticed issues around monitoring patients on high-risk medications in their October 2020 and July 2019 reports. • Having undertaken limited activity to improve the quality of the service they provided as they had only completed one two-cycle audit and a single-cycle audit since the CQC's last inspection. The CQC had highlighted this issue in their October 2020 report. <p>The report highlighted the following issues:</p> <ul style="list-style-type: none"> ○ High-risk medication (HRM) – The CQC checked 35 patient records and noticed some issues related to shared care agreements, dosage, processing actions requested by secondary care, coding, and the amount
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	<p>of prescriptions issued. These were corrected post-visit, but similar issues on high-risk medications were highlighted in Crystal Palace's October CQC report and also flagged up at Chadwick Road's June 2021 CQC report.</p> <ul style="list-style-type: none"> ○ Governance – In April, CQC highlighted that the practice needs more robust clinical pharmacy governance and accurate recording of shared care agreements with other healthcare providers. Clinical governance concerns were flagged up following the August inspection, and whilst some improvements have been made, there was room for further improvement. ○ Quality improvement audits – In April, the CQC highlighted that whilst the practice had made some efforts to address quality improvement, actual improvements to services were limited. The same issue was highlighted in December when the CQC identified limited quality improvement work and single-cycle, rather than two-cycle audits. <p>Meeting with DMC senior management team 18 June 2021 Officers from the Borough Team and the South East London Primary Care Team and members of the Quality and Nursing Directorate, met with the DMC management team to discuss the patient safety, governance, and clinical leadership issues highlighted in the CQC's reports for DMC Chadwick Road and DMC Crystal Palace. Officers were provided with assurances the practices' senior management team was taking actions to address patient safety, governance, and staffing issues.</p> <p>The DMC management team confirmed it had been working with the CCG's infection prevention and control (IPC) team to address IPC concerns raised by the CQC. The DMC management team also stated they were open to working with the CCG's medicines management team on issues such as high-risk medications and that a senior clinical pharmacist had been recruited to address clinical pharmacy concerns. An LMC representative attended the meeting and confirmed that the LMC was supporting the practice with its plans.</p> <p>Officer's Decision The contractor has been proactive in addressing some of the concerns identified in the CQC report and has shown willingness and engaged to make the necessary improvements.</p> <p>In line with the amended protocol, officers will write to the contractors stating that:</p> <ul style="list-style-type: none"> • no formal contractual action (issue of breach or remedial notice) will be pursued at this time; • the contractor is required to implement a timed action plan in respect of contractual matters linked to specified elements of the CQC inspection report that are linked to the patient safety and well-led domains; and • the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC. <p>Rationale for Officer Decision The PCCC at its meeting on 16 April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual</p>
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	<p>action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>The PCCC reconsidered the position in September 2020 and, in light of the continuing COVID situation, the PCCC again agreed that no formal contractual action would be taken as a result of CQC reports but extended the requirement for timed action plans to address contractual breaches identified as a result of CQC ratings of 'requires improvement' in either the safety or the well led domains or of 'inadequate' in any domain. In March 2021, the PCCC agreed to further extend this to include contractual issues identified as a result of unrated focussed inspection reports and/or warning notices.</p> <p>In this case, there has been a focussed inspection for the 'safe', 'effective', and 'well-led' domains only, where the domains have not been rated.</p> <p>Next Steps Officers will regularly liaise with, and review progress made by the contractor to meet the requirements of the action plan and continue to provide support until all the patient safety issues are addressed adequately.</p> <p>Officers will be making regular reports to the Southwark Primary Care Working Group as the borough teams have devolved responsibility for assuring primary medical services quality and support quality improvement.</p> <p>This matter will only be brought back to the PCCC as a decision item if formal contractual action needs to be considered.</p>	
<p>Potential Conflicts of Interest and mitigations</p>	<p>Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 April 2020, as amended in September 2020 and March 2021.</p>	
<p>Impacts of this proposal</p>	<p>Financial impact</p>	<p>Not applicable in this case.</p>
	<p>Impact on patients / service users</p>	<p>Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.</p>
	<p>Impact on providers, including PCN's</p>	<p>Due to the patient safety actions that the GP contract holder needs to address, advice and support has been provided by borough officers, quality team and medicines optimisation team to the contractor. There has been no impact on the contractor's ability to perform PCN work.</p>
<p>Confirmation of relevant engagement</p>	<p>The published CQC report was initially discussed at the Southwark Primary Care Group meeting on 25 June 2021, where it was confirmed that a meeting with the provider would be arranged.</p>	

	<p>Members of the Southwark Primary Care Group confirmed their support of this officer decision at the meeting on 22 July 2021.</p> <p>The Southwark Primary Care Group will receive updates by officers and agreed to keep this case under review and will be updated on the progress of the action plans until the concerns are either resolved or if the Primary Care Group needs to make a further formal recommendation to the PCCC.</p> <p>The contractor has engaged with the LMC with regard to offering support to the practice in developing and implementing action plans and resolving the matters of concern identified by the CQC which are linked to contractual requirements.</p>
Author:	Christine Lancaster, Jonny Hudson
Job Title:	Senior Commissioning Manager, Commissioning Manager
Directorate:	Planning and Commissioning Directorate
Officers' Approving this decision:	Nick Langford
Job Title:	Assistant Head of Primary Care
Directorate:	Planning & Commissioning
Clinical Lead:	Kate Moriarty-Baker, Chief Nurse, SE London CCG
Responsible Director:	Holly Eden, Director of Commissioning Improvement
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	
Appendix 1	The published CQC report can be accessed at: https://api.cqc.org.uk/public/v1/reports/84e00755-6726-40fc-98c3-d40233d6f928?20210514070038
Appendix 2	Chronology of events

Appendix 2 – Chronology of Events

- 29 October 2019 – CCG officers met with the contractors from DMC Crystal Palace Road to seek assurances following October's CQC report.
- 2 December 2019 – CCG officers issued an action plan to DMC Crystal Palace Road in response to October's CQC report.
- 14 May 2020 – A letter was sent to the contractors notifying DMC that the CCG did not intend to monitor all aspects of the agreed action plans, but would continue to monitor progress on any patient safety issues in the agreed action plan.
- 7 July 2020 – CCG officers met with the DMC management team to seek assurances on its Southwark contracts following the CQC's suspension of DMC services in Kent and Medway. DMC provided assurances that it had reflected on what had happened.
- 1 September 2020 – CCG officers met with DMC Crystal Palace Road practice to follow up on the 7 July meeting. The practice gave assurances that all issues were being dealt with.
- 23 September 2020 – CCG officers met with DMC Crystal Palace Road practice again to go through the CQC warning notices for officers to understand what actions the contractors would take to address the areas in the CQC's report.
- 2 December 2020 – CCG officers issued an action plan to DMC Crystal Palace Road following the meetings and the publication of the CQC's report on 3 October 2019.
- 4 December 2020 – CQC carried out an on-site unannounced inspection of DMC Chadwick Road with follow-up inspection activities carried out afterwards.
- 15 December 2020 – CQC issued a warning notice to DMC Chadwick Road in respect of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).
- 25 January 2021 – CQC published an unrated report for DMC Chadwick Road with the main areas of concern being patient safety and services being well led.
- 3 March 2021 – The DMC management team provides a response via email providing assurances on some of the patient safety issues identified in highlighted in Crystal Palace's October report and Chadwick Road's January report.
- 30 March 2021 & 14 April 2021 – CQC carried out an unannounced inspection of DMC Crystal Palace Road.
- 30 March 2021 and 15 April 2021 (site visit on 8 April) – CQC carried out an unannounced inspection of DMC Chadwick Road.
- 28 April 2021 – CQC issued a warning notice to DMC Chadwick Road in respect of Regulation 12 (safe care and treatment)
- 6 May 2021 – CCG officers issued an action plan to DMC Crystal Palace Road and Chadwick Road following up the issues highlighted in Crystal Palace's October report and Chadwick Road's January report.
- 3 June 2021 – The DMC management team provided its response to the CCG's action plan to address the issues highlighted in Crystal Palace's October report and Chadwick Road's January report
- 4 June 2021 – CQC published an unrated report for DMC Chadwick Road with the main areas of concern being patient safety and services being well led.
- 18 June 2021 – CCG officers met with the DMC management team to discuss the patient safety, governance, and clinical leadership issues highlighted in the CQC's reports for DMC Chadwick Road and Crystal Palace. CCG officers were provided with assurances the practices' senior management team was taking actions to address patient safety, governance, and staffing issues.

APPENDIX 2

Officers Decision Paper

DATE: 7 July 2021

Title	G85031 Dulwich Medical Centre (DMC) Chadwick Road – CQC unrated report published 4 June 2021.	
Borough	Southwark	
Practice Details	Practice Name	DMC Chadwick Road
	Contract Type	PMS
	Site Address(s) inc. branch sites	60 Chadwick Road, Peckham, London, SE15 4PU.
	List Size	6743 (raw list size 1 April 2021)
	No. of Partners	Two
	Current CQC Rating	Good
	PCN Details	South Southwark PCN, 18 practices.
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	<i>Boundary changes</i>	<input type="checkbox"/>
	<i>Discretionary payments¹</i>	<input type="checkbox"/>
	<i>Contractual changes (transactional)²</i>	<input type="checkbox"/>
	<i>Locum reimbursements/ other GP cover³</i>	<input type="checkbox"/>
	<i>Infection, prevention and control concerns⁴</i>	<input type="checkbox"/>
	<i>GP rent review⁵</i>	<input type="checkbox"/>
	<i>e-Dec irregularities</i>	<input type="checkbox"/>
	<i>CQC report contractual actions during COVID-19⁶</i>	<input checked="" type="checkbox"/>
Summary	<p>The CQC carried out an unannounced focussed follow-up inspection of DMC Chadwick Road from 30 March 2021 – 15 April 2021 (site visit on 8 April) to ensure the practice had met the legal requirements in relation to the breaches in regulations that the CQC identified in their previous inspection on 4 December 2020.</p> <p>Following the on-site inspection, a Warning Notice dated 28 April 2021 was issued to the practice in respect of Regulation 12 (safe care and treatment). Shortly after the inspection and Warning Notice, the CQC published an unrated report for DMC</p>	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 10th September 2021 meeting



South East London
Clinical Commissioning Group

Chadwick Road on 4 June 2021. The domains of concern were patient safety and clinical leadership. The issues mirrored the issues highlighted in the warning notice.

The report can be found at: <https://api.cqc.org.uk/public/v1/reports/b8accb36-4574-4edc-b8b9-290990075e71?20210604090038>

It should be noted that in parallel to the events at DMC Chadwick Road, DMC Crystal Palace Road was also issued with an unrated report on 14 May 2021. The DMC operation is a primary care at-scale provider with many of its senior staff and partners working across the portfolio of services. A separate report on DMC Chadwick Road is being presented to the PCCC at the same time as this report.

Committee members should also note that the current practice rating of overall 'good' reflects the outcome of the September 2016 inspection. Overall practice ratings are not currently being updated on the CQC website, given the CQC are focussing on the domains for 'Are services Safe', 'Effective' and 'Well-led'.

Chronology of CQC inspection dates and following reports and warning notices:

The CQC inspected DMC Chadwick Road on the following dates:

- **4 December 2020** – focussed inspection which resulted in:
 - A warning notice was issued on 15 December 2020 in respect of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).
 - An unrated report was issued on 25 January 2021 with the main areas of concern being patient safety and services being well-led.
- **30 March - 15 April 2021** – unannounced focussed remote follow-up inspection with a site visit on 8 April which resulted in:
 - Warning notice issued 28 April 2021 in respect of Regulation 12 (safe care and treatment).
 - Unrated report issued 4 June 2021 with the domains of concern being patient safety and clinical leadership.

A chronology of CQC Inspections and Warning Notices for DMC Chadwick Road and DMC Crystal Palace Road, including the actions taken by officers in response to the CQC's publication of reports and warning notices for the DMC practices is appended to this paper for information.

DMC Chadwick Road – unrated CQC report published 4 June 2021

The two domains which were inspected, but not rated, were for 'are services safe' and 'are services well led'. The report covered the issues identified in the Warning Notice, and identified the following areas of non-compliance:

- Appropriate standards of infection prevention and control were not met. This issue was highlighted by the CQC following December's inspection. A similar issue was also raised with DMC Crystal Palace Road following inspection in July 2019.
- The provider had made some improvements to the way risks to patients, staff, and visitors were assessed, monitored, and managed. However, some risks had been insufficiently identified or mitigated. The CQC highlighted this issue when they inspected DMC Chadwick Road in December 2020.



South East London
Clinical Commissioning Group

- The arrangements for medicines management did not always help to keep patients safe. Similar issues were also highlighted at DMC Crystal Palace Road following CQC inspections in July 2019, August 2020, and May 2021.
- The overall governance arrangements were not always effective. Governance issues were also highlighted following the CQC's inspection of Chadwick Road in December 2020.
- There were inconsistent processes for managing risks, issues, and performance. Managing risks and issues were also highlighted following the CQC's inspection of Chadwick Road in December 2020.

The report highlighted the following issues:

- **Safety checks** – The practice failed to provide records to demonstrate that safety checks and risk assessments of emergency medicines and emergency equipment were carried out between 4 January 2021 and 8 April 2021.
- **Emergency equipment and medicine** – The practice failed to keep all of the emergency equipment and medicine that is required to assess and treat patients in an emergency. The practice did not have an adult pulse oximeter or furosemide. These issues were highlighted following December's inspection.
- **Patient group directions (PGDs)** – There was insufficient authorisation and oversight of the administration/supply of medicine under the patient group directions (PGDs). Similar concerns on the authorisation of the supply of medicines under the PGD had also been flagged following December's inspection.
- **Infection prevention and control (IPC)** – The practice's IPC policy stated a requirement for each site to carry out an annual IPC audit and report back to the clinical governance group. When the CQC asked for evidence of the audit, the practice submitted a template that was not site-specific with general headings and no detail. The same document was submitted during the December inspection when the CQC asked for evidence.
- **High-risk medications** – The CQC checked patient records and saw that not all patients on high-risk medicines had an alert on their patient record.

Meeting with DMC Senior Management Team 18 June 2021

Officers from the Borough Team and the South East London Primary Care Team and members of the Quality and Nursing Directorate, met with the DMC management team to discuss the patient safety, governance, and clinical leadership issues highlighted in the CQC's reports for DMC Chadwick Road and DMC Crystal Palace Road. Officers were provided with assurances the practices' senior management team was taking actions to address patient safety, governance, and staffing issues.

The DMC management team confirmed it had been working with the CCG's infection prevention and control (IPC) team to address IPC concerns raised by the CQC. The DMC management team also stated they were open to working with the CCG's medicines management team on issues such as high-risk medications and that a senior clinical pharmacist had been recruited to address clinical pharmacy concerns. An LMC representative attended the meeting and confirmed that the LMC was supporting the practice with its plans.



	<p>Officer's Decision</p> <p>The contractor has been proactive in addressing some of the concerns identified in the CQC report and has shown willingness and engaged to make the necessary improvements.</p> <p>In line with the amended protocol, officers will write to the contractors stating that:</p> <ul style="list-style-type: none"> • no formal contractual action (issue of breach or remedial notice) will be pursued at this time; • the contractor is required to implement a timed action plan in respect of contractual matters linked to specified elements of the CQC inspection report that are linked to the patient safety and well-led domains; and • the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC. <p>Rationale for Officer Decision</p> <p>The PCCC at its meeting on 16 April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>The PCCC reconsidered the position in September 2020 and, in light of the continuing COVID situation, the PCCC again agreed that no formal contractual action would be taken as a result of CQC reports but extended the requirement for timed action plans to address contractual breaches identified as a result of CQC ratings of 'requires improvement' in either the safety or the well led domains or of 'inadequate' in any domain. In March 2021, the PCCC agreed to further extend this to include contractual issues identified as a result of unrated focussed inspection reports and/or warning notices.</p> <p>In this case, there has been a focussed inspection for the 'safe', and 'well-led' domains only, where the domains have not been rated.</p> <p>Next Steps</p> <p>Officers will regularly liaise with, and review progress made by the contractor to meet the requirements of the action plan and continue to provide support until all the patient safety issues are addressed adequately.</p> <p>Officers will be making regular reports to the Southwark Primary Care Working Group as the borough teams have devolved responsibility for assuring primary medical services quality and support quality improvement.</p>
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South East London
Clinical Commissioning Group

	This matter will only be brought back to the PCCC as a decision item if formal contractual action needs to be considered.	
Potential Conflicts of Interest and mitigations	Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 April 2020, as amended in September 2020 and March 2021.	
Impacts of this proposal	Financial impact	Not applicable in this case.
	Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.
	Impact on contractors, including PCN's	Due to the patient safety actions that the GP contract holder needs to address, advice and support has been provided by borough officers, quality team and medicines optimisation team to the contractor. There has been no impact on the contractor's ability to perform PCN work.
Confirmation of relevant engagement	<p>The published CQC report was initially discussed at the Southwark Primary Care Group meeting on 25 June 2021, where it was confirmed that a meeting with the provider would be arranged.</p> <p>Members of the Southwark Primary Care Group confirmed their support of this officer decision at the meeting on 22 July 2021.</p> <p>The Southwark Primary Care Group will receive updates by officers and agreed to keep this case under review and will be updated on the progress of the action plans until the concerns are either resolved or if the Primary Care Group needs to make a further formal recommendation to the PCCC.</p> <p>The contractor has engaged with the LMC with regard to offering support to the practice in developing and implementing action plans and resolving the matters of concern identified by the CQC which are linked to contractual requirements.</p>	
Author:	Christine Lancaster, Jonny Hudson	
Job Title:	Senior Commissioning Manager, Commissioning Manager	
Directorate:	Planning and Commissioning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Planning & Commissioning	
Clinical Lead:	Kate Moriarty-Baker, Chief Nurse, SE London CCG	



South East London
Clinical Commissioning Group

Responsible Director:	Holly Eden, Director of Commissioning Improvement
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	
Appendix 1	The published CQC report can be accessed at: https://api.cqc.org.uk/public/v1/reports/b8accb36-4574-4edc-b8b9-290990075e71?20210604090038
Appendix 2	Chronology of events

Appendix 2 – Chronology of Events

- 29 October 2019 – CCG officers met with the contractors from DMC Crystal Palace Road to seek assurances following October's CQC report.
- 2 December 2019 – CCG officers issued an action plan to DMC Crystal Palace Road in response to October's CQC report.
- 14 May 2020 – A letter was sent to the contractors notifying DMC that the CCG did not intend to monitor all aspects of the agreed action plans, but would continue to monitor progress on any patient safety issues in the agreed action plan.
- 7 July 2020 – CCG officers met with the DMC management team to seek assurances on its Southwark contracts following the CQC's suspension of DMC services in Kent and Medway. DMC provided assurances that it had reflected on what had happened.
- 1 September 2020 – CCG officers met with DMC Crystal Palace Road practice to follow up on the 7 July meeting. The practice gave assurances that all issues were being dealt with.
- 23 September 2020 – CCG officers met with DMC Crystal Palace Road practice again to go through the CQC warning notices for officers to understand what actions the contractors would take to address the areas in the CQC's report.
- 2 December 2020 – CCG officers issued an action plan to DMC Crystal Palace Road following the meetings and the publication of the CQC's report on 3 October 2019.
- 4 December 2020 – CQC carried out an on-site unannounced inspection of DMC Chadwick Road with follow-up inspection activities carried out afterwards.
- 15 December 2020 – CQC issued a warning notice to DMC Chadwick Road in respect of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).
- 25 January 2021 – CQC published an unrated report for DMC Chadwick Road with the main areas of concern being patient safety and services being well led.
- 3 March 2021 – The DMC management team provides a response via email providing assurances on some of the patient safety issues identified in highlighted in Crystal Palace's October report and Chadwick Road's January report.
- 30 March 2021 & 14 April 2021 – CQC carried out an unannounced inspection of DMC Crystal Palace Road.
- 30 March 2021 and 15 April 2021 (site visit on 8 April) – CQC carried out an unannounced inspection of DMC Chadwick Road.
- 28 April 2021 – CQC issued a warning notice to DMC Chadwick Road in respect of Regulation 12 (safe care and treatment)
- 6 May 2021 – CCG officers issued an action plan to DMC Crystal Palace Road and Chadwick Road following up the issues highlighted in Crystal Palace's October report and Chadwick Road's January report.
- 3 June 2021 – The DMC management team provided its response to the CCG's action plan to address the issues highlighted in Crystal Palace's October report and Chadwick Road's January report
- 4 June 2021 – CQC published an unrated report for DMC Chadwick Road with the main areas of concern being patient safety and services being well led.
- 18 June 2021 – CCG officers met with the DMC management team to discuss the patient safety, governance, and clinical leadership issues highlighted in the CQC's reports for DMC Chadwick Road and Crystal Palace. CCG officers were provided with assurances



South East London
Clinical Commissioning Group

the practices' senior management team was taking actions to address patient safety, governance, and staffing issues.





APPENDIX 3

Officers Decision Template

DATE: 26.05.2021

Title	Re-instatement of PMS KPIs from 01/07/2021	
Borough	Bexley	
Practice Details	Practice Name	All Bexley GP practices
	Contract Type	Core GP contact
	Site Address(s) inc. branch sites	All Bexley practices
	List Size	246,467 raw, 229,103 weighted (as at 31.03.2021)
	No. of Partners	N/A
	Current CQC Rating	N/A
	PCN Details	All 4 PCNs in Bexley
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
	Local schemes	<input checked="" type="checkbox"/>
Summary	<p>Background Due to the Coronavirus pandemic, the decision was taken to suspend elements of the PMS premium specification for Quarter 1 of 2020/21 (April-June 2020), to allow Practices to focus on the immediate pandemic response. This was consistent with other SEL boroughs, and the national position adopted by NHS England on QOF and Enhanced Services. Practices continued to be paid at 100% of the value of the scheme, and were asked to continue to opportunistically ensure that patients received access to services to keep them well - particularly vulnerable patients, and for those key interventions such as immunisations. This suspension was extended by a further three months for the period July-September 2020.</p> <p>In October 2020 a decision was made to reallocate the Shared Care component into proactive flu call/recall. Transition to pre-booked phlebotomy provision was impacting on the ability for practices to achieve what is required in the shared</p>	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads



	<p>care/DMARDS specification and it was agreed that reinvesting the premium in flu call/recall for under 65 at risk was an important area to focus on. This value represented £0.99 per weighted patient was for a defined period 01/11/20-31/03/2021. The decision was endorsed by the Primary Care Working Group on 04/11/2020.</p> <p>Summary of Changes Current PMS arrangements were due to end on 31.03.2021. In view of the fact that there has been no opportunity to undertake a review, the SEL CCG proposed approach was for an extension to the existing arrangements for 2021/22. This suggestion, alongside a proposal for measurable KPIs to be re-started from 01/07/2021, with income protection, conditional on practices supporting the PCN vaccination programme, was endorsed at the PCWG on the 07/04/2021.</p> <p>Following endorsement on 07/04/2021, a meeting between the AD of Primary Care, the Clinical Lead for Cancer and the AD of Medicines Management was undertaken to consider the approach for re-implementation of KPIs for Shared Care and Bowel Screening working to the South East London CCG Premium Commissioning Summary Key Principles (appendix 2). The following was suggested:</p> <ul style="list-style-type: none"> • Shared Care; recognising the challenges with access to phlebotomy, the requirement for confirmation that “blood tests/ monitoring has been performed at appropriate intervals” have been removed. However, practices are encouraged to continue to arrange these tests when local phlebotomy provision allows. • Bowel screening; it is recognised that this is an important area to re-instate. CRUK Facilitator, Louise Edlin, has offered to support Bexley PCNs including the screening programmes. Detailed information will be shared with all practices at the Clinical Roundtable meeting on 02/06/2021 <p>Engagement with the LMC did not raise any areas of concern.</p>	
<p>Potential Conflicts of Interest and mitigations</p>	<p>Bexley GPs</p>	
<p>Impacts of this proposal</p>	<p>Financial impact</p>	<p>Cost neutral</p>
	<p>Impact on patients / service users</p>	<p>Shared Care; Patient care is not compromised. Practices are encouraged to support blood test monitoring at appropriate levels whenever possible. Bowel screening: 2nd and 3rd recall of patients</p>
	<p>Impact on providers, including PCN's</p>	<p>KPIs were developed in collaboration with LMC and clinical leads.</p>

Confirmation of relevant engagement	Primary Care Working Group 04/11/2021, 07/04/2021 LMC and Bexley GP practice engagement has been undertaken. Endorsement has been secured through these discussions.		
Author:	Lisa Luxford		
Job Title:	Primary Care Coordinator		
Directorate:	Primary Care (Bexley)		
Officers' Approving this decision:	Sukh Singh		
Job Title:	Assistant Director of Primary Care		
Directorate:	Primary Care (Bexley)		
Clinical Lead:	Dr Sid Deshmukh		
Responsible Director:	Diana Braithwaite		
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.			
List of appendices/ Supporting information			
Appendix 1	Bexley PMS KPIs 2021/22. Highlighted KPIs elements to be re-started from 01/07/2021.		
	KPI	Reporting mechanism	Funding 20/21
	Patient voice Confidence & Trust	Annual National GP Patient Survey	£0.50
	Childhood Immunisations	Outcomes manager/EMIS Enterprise	£1.00
	Bowel Screening	Outcomes Manager/EMIS Enterprise	£1.00
	Shared care	Annual template completion & submission to MMT mailbox	£0.99
	Wound Care	Activity levels are not measured	£1.50
	Dementia	Removed in 2020/21	
Appendix 2	 202122%20SEL%20CCG%20PMS%20%20% 2021/22 South East London CCG Premium Commissioning Summary Key Principles		



APPENDIX 4

BROMLEY PRIMARY CARE OPERATIONAL GROUP

DATE: Thursday 25th March 2021

Title	PMS Premium Contract and Local Enhanced Services for 2021/22	
This paper is to support an officer decision		
Executive Summary	<p>In 2020-21, income protection was applied to the PMS Premium Contract and the Local Enhanced Services (LES) scheme for Bromley practices.</p> <p>This paper (see below) outlines the proposed approach to the PMS Premium and LES for 2021-22, in line with South East London CCG principles.</p> <p>In essence, the approach proposed is:</p> <ul style="list-style-type: none"> • For practices to restart/continue providing the PMS Premium Contract from 1 April 2021 as far as is possible, noting that income protection will be applied to Quarter 1 • Retain some of the changes made to the PMS Premium Contract in 2020-21 in response to the Covid pandemic and make only minor additional amendments • To amend the LES to take account of the ongoing Covid pressures 	
Recommended action for the Committee	<p>The Group is being asked to:</p> <ul style="list-style-type: none"> • Discuss and agree the approach to the PMS Premium contract to support an officer decision at the April 2021 Primary Care Commissioning Committee • Discuss and approve the approach to the LES for implementation at borough level 	
Potential Conflicts of Interest	Bromley GP partners have a professional financial interest as they are signed up to provide PMS Premium services and also where they are signed up to provide LESs	
Impacts of this proposal	Key risks & mitigations	The PMS Premium and LES schemes are in place to improve the quality of care provided for Bromley patients. By continuing to income protect these services there is a risk that the provision of care will drop as there is not a financial incentive to meet the requirements of the scheme in full. However, this is balanced against the ongoing role of general practice in the Covid vaccination programme as a vital public health provision that is being prioritised nationally.

Accountable Officer: Andrew Bland

Bromley Borough Director: Dr Angela Bhan



		The proposal recognises these priorities and seeks to find a balanced approach.
	Equality impact	None
	Financial impact	None
Wider support for this proposal	Public Engagement	None
	Other Committee Discussion/Internal Engagement	South East London CCG Primary Care leads meeting to agree the SEL approach and principles for the PMS Premium Contract Discussion with Bromley LMC on 24 th March 2021
Author:	Alexandra Humphrey – Bromley Acting Head of Primary Care	
Clinical lead:	None	
Executive sponsor:	Mark Cheung - One Bromley Programme Director – Integrated Care	

PMS Premium Contract proposal for 2021-22

The proposals below have been drawn up in line with an agreed SEL CCG approach

Given the Covid pressures in 2020/21, which are likely to continue into 2021/22 in some shape or form, not least with the Covid vaccination programme, the CCG (Bromley) proposes the PMS Premium service requirements continue largely as is, which includes maintaining some of the changes agreed in 2020/21 in response to the pandemic. Please see below for proposals related to each service line.

		£ value	Notes
A	End of Life care planning £1	£1	As a reminder, following discussion with the LMC and clinical leads in September 2020, it was formally agreed in October 2020 to maintain the End of Life care planning service line as separate to the ICM pathway in order to maintain high quality and continuity of care for End of Life patients.
B	Post-operative wound care £1	£1	
C	Bowel screening uptake and follow up of non-responders	£1	High public health priority. Clarity added to specification wording that remuneration for activity (sending invites) is dependent on sending two invitations.
D	Breast screening uptake and follow up of non-responders	£1	High public health priority. Clarity added to specification wording that remuneration for activity (sending invites) is dependent on sending two invitations
E	Childhood immunisations uptake and follow	£1	Funding increased for this service line in 2020-21 in recognition of the additional effort and resource required to continue to provide vaccinations during the pandemic and



	up of non-responders		<p>its high public health priority. Proposed that this increase is maintained.</p> <p>The timeframes for sending reminder invitations has been amended to tie in with the refreshed QOF for 2021/22 that incentivises practices to achieve uptake as follows:</p> <ul style="list-style-type: none"> • 90-95% uptake of DTaP before the age of 8 months (VI001) • 90-95% uptake of MMR 1 between the ages of 12 and 18 months (VI002) • 87-95% uptake of MMR 2 between the ages of 1 and 5 years (VI003) <p>Clarity added to specification wording that remuneration for activity (sending invites) is dependent on sending two invitations.</p>
F	Flu immunisations uptake and follow up of non-responders	£1	<p>Funding increased for this service line in 2020-21 in recognition of the additional effort and resource required to continue to provide vaccinations during the pandemic and its high public health priority. Proposed that this increase is maintained.</p> <p>Clarity added to specification wording that remuneration for activity (sending invites) is dependent on sending two invitations.</p> <p>The deadline for sending second invitations has been extended from 1st November to 15th to 15th November. This is in recognition that for the past three years we have had to extend the second invitation deadline due to external factors such as vaccine supply. Rather than face the likelihood of needing to make a last minute change again, it is proposed that the deadline is extended now, noting that practices can still send the second invitation before the deadline.</p>
G	Integrated Case Management	£2.53	<p>It is anticipated that there will continue to be a need for an MDT approach to help practices manage individuals with complex and long term conditions, including those that have been shielding or continue to do so.</p>
H	Practice development planning and implementation	£2	<p>Funding reduced for this service line in 2020-21 in favour of additional funding for immunisations. Propose to continue with this, recognising that £2 pwp is still sufficient for practices to invest in development. E.g. £10,000 for a 5000 list size.</p> <p>Practices encouraged to focus on recovery and 'new normal' ways of working.</p>
	TOTAL:	£10.53	

See Appendix B for the full service specification with changes in red.

Gearing back up to offer PMS Premium services in full and income protection

The PMS Premium is currently income protected until 31st March 2021 in line with national guidance. An SEL approach has been proposed to extend income protection to the end of



Quarter 1 2021-22, conditional on practices signing up to the Enhanced Service specification for Covid vaccination for Cohorts 10-12.

Practices will be encouraged to restart PMS Premium services from 1 April 2021 (if they have been paused) in order to be ready for the full reinstatement from 1 July 2021. To support this, the CCG will:

- Review and share relevant PMS Premium monitoring data for 2020-21 to help practices understand where they may have dropped in 'performance'
- Work with One Bromley partners on refinements to the Integrated Case Management pathway, which includes an approach to actively case manage a small defined cohort of vulnerable patients that would benefit from short term intensive intervention and support.
- Continue to work with St Christopher's hospice on availability of staff for End of Life MDT meetings, noting that practices can still meet the requirements of the specification without the presence of St Christopher's at the meetings
- Update the EMIS searches for 2021-22

Local Enhanced Services (LES) scheme

The LES was income protected for the majority of 2020-21. The below approach is proposed for each service line as pragmatic response to Covid pressures, recognising that it is anticipated that 'business as usual' will be in place for most of the year and that some of the service lines are important for the delivery of safe care.

LES Scheme	Approach for 2021/22
ADHD prescribing and monitoring	Practices to continue prescribing, administering (gonadorelin analogues) and monitoring for existing patients, in line with requirements outlined in each LES. Review of the annual clinical information report at the end of 2021/22 will take into consideration the ongoing pressures of the Covid pandemic and the roll out of the Covid vaccination programme.
DMARDS prescribing and monitoring	
Gonadorelin prescribing and monitoring	
Gender dysphoria prescribing and monitoring	
Phlebotomy	Many practices are still providing phlebotomy clinics, which are an important part of service provision. Practices are encouraged to keep providing this service from 1 April 2021. Income protection will be applied to Q1 in 2021-22. Practices should submit claims for Q1 as normal and the CCG will income protect for that quarter by paying whatever is highest out of: (i) the average of 2019/20 quarterly activity (ii) Q1 2020/21 activity or (iii) Q1 2021/22 activity.
Safeguarding	The safeguarding specification requirements cannot easily be broken down by quarter and good quality safeguarding is paramount. The requirements will stay as they are for 2021/22, noting that it is anticipated that by the end of the financial year full business as usual will be in place.

Accountable Officer: Andrew Bland

Bromley Borough Director: Dr Angela Bhan

APPENDIX 5

MEETING:	Local Medical Council
DATE	Friday 25 June 2021
BOROUGH	Greenwich
SUBJECT	PMS Premiums 2021/22
AUTHOR	Irene Grayson, Primary Care Consultant, Greenwich

BACKGROUND

1 The extract below outlines the proposal that was agreed at the Primary Care Commissioning Committee in April 2021.

“It is therefore proposed that the current premium funding and the majority of schemes and service specifications in each borough remain for 1 more year until 31 March 2022, and in the latter part of this year there will be a review of locally commissioned service priorities, in partnership with local LMCs and other key local stakeholders.

This proposal is underpinned with the following requirements of each borough:

1. Restart the premium scheme specifications and outcome measures from 1 July 2021 with income protection conditional on practices fully supporting the PCN vaccination programme with regular commitment of staff. This is based on full funding available and excludes practices that opt out of the PCN Covid vaccination specification, the latter of which is not currently an issue in SE London. This will also provide practices with time to start premium related activity.
2. If any changes need to be made to local schemes and services, this should be completed by mid-May to inform practices no later than early June for a 1 July 2021 full start. An example of a change that may need to be made is where double funding is apparent as a result of national service specification changes or requirements, which would necessitate a revision to specific service requirements and an agreement on the transition period, which links to principle 14 in Appendix 1.
3. Any changes/targets will need to consider part year delivery i.e. targets for part year rather than full year.
4. Teams should aim to simplify schemes as much as possible.
5. Arrangements for a wave 3 i.e. reduction in target will be built into the implementation of 2021/22 PMS equalisation.
6. Borough teams and LMCs will apply, as appropriate to their borough, the SEL key principles “.

PROPOSAL

2 Based on the above, it is proposed not to make any major changes to the PMS premiums that were agreed in October 2020 with the exception of some minor adjustment, highlighted in the table below.

Specification	Adjustments	Minor Adjustments	Price 21/22
Referral Review and Accessing Advice and Guidance	<p>Use of Advice and Guidance</p> <p>Utilisation in Access to advice and guidance via Consultant Connect to be increased in use via e-RS etc to reduce pressure in secondary care and to improve quality of referral and the patient pathway.</p> <p>Recognised that impact of COVID on some diagnostic services would increase workload in primary care in transferring management/additional primary care support</p>	Spec will be updated and will ensure all practices are updated on all the services that are now available on Consultant Connect. A relaunch is due by SEL so this will be timely.	Rounded up to £1.50 for 20/21 as part of review and MPIG adjustment to total premium
Shared Care Drug prescribing	Amber Drugs – as per specification. Recorded 24.01.20 meeting the significant amount of work which was much higher than expected but noted the high benefits to patients. Expected increase in level of activity with patients transferring out of secondary care into primary care as part of the management of COVID activity.	Removed antipsychotic drugs monitoring as included in QIPP 2021/22 MH indicators and updated the monitoring criteria for other medication groups in accordance to SPS and SEL shared care agreement	£3.00pwp
Shared Care Drug prescribing	<p>Red Drugs – as per specification. Expected increase in workload in supporting out of hospital care</p> <p>Red and Amber drug monitoring is a focus on CQC visits around patient safety.</p>	Unlicensed specials were included in RED category in 2017 version, Meds Management have separated unlicensed specials from RED, as not all unlicensed products are RED however the legal implications to prescriber are similar to RED drugs hence it is important to include that.	rounded up to £1.50 pwp to recognise workload done with Medicines management on this area
Childhood Imms Yr 1	Continue as per previously agreed Specification. Stepped approach	Stepped approach has been	£2.09 per weighted



	<p>has expired, Targets for payment will be Band A 90% and above, Band B 80% and above Band C 70% and above. Band D below 70% no payment.</p> <p>Important to continue in light of COVID impact on patients accessing services. Additional clinics, infection control and re-call systems to be put in place.</p>	<p>discontinued from this service spec</p>	<p>patient to increase focus on Child immunisations and the added work involved in getting anxious patients to attend the surgery during COVID period.</p>
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3 Attached to this document are the service specifications for each premium, with relevant adjustments made. The LMC are invited to review this proposal with a view to re-launching the PMS premiums specification across Greenwich.

Irene Grayson

Primary Care Consultant

23.06.21

APPENDIX 6

SEL CCG PMS Reviews – Lambeth Borough

Lambeth have made a small number of minor technical changes to its Premium for 2021/22. There has been no addition of any new or deletion of the current KPIs.

The main areas with changes are:

- At Risk of Diabetes – Aspirational referrals to Healthy You service change from 2 to 3 per 1,000 practice list size
- Diabetes 8 care Process – aspirational target change from 50% to 65% having all 8 Care Processes measured and recorded for practice patients
- Return dates for relevant Self Declaration forms change from 20th November to 31st October.

Mahroof Kazi
Senior Locality Commissioning Manager (Interim)
NHS South East London CCG (Lambeth)

APPENDIX 7

SEL CCG PMS Reviews – Lewisham Borough

In order to support the ongoing COVID-19 recovery efforts the arrangements for the Lewisham 2021/22 PMS Premium remain unchanged. This includes scheme specifications, outcome measures and funding.

During the latter part of the year we will review of our locally commissioned priorities in partnership with the local LMC and other key stakeholders.

As approved by the April 2021 PCCC the 2021/22 PMS Premium will commence on the 1st of July 2021.

Practices have been formally notified to this effect.

Chima Olugh
Primary Care Commissioning Manager
NHS South East London CCG (Lewisham)

APPENDIX 8

Southwark Borough Premium Discussion document from 1 July 2021 to 31 March 2022

Appendix 2 Payments and Thresholds of Key Performance Indicators

PYE 9 months from 1 July 2021 to 31 March 2022

Key Performance Indicator	Target/ Notes	No change, Update or Suspend	Target/ Notes	Practice Incentive	Collective Incentive (Band b)
1 Supporting practices with general practice access	Each practice to do an access Quality Improvement project . This can be identified using the London access guide when launched or another Quality Improvement project identified by the practice that is agreed with the borough team by 15 July 2021. Any project to include patient/PPG engagement and focus on improving access and recording of access.	Updated	This will support practices with the focus on access and improving the data. Apex tool supports practices	£ 1.00	£ -
2 Post-operative wound and suture removal in general practice	No target	Keep with update	CCG to review template and activity reporting	£ 0.79	£ -
3a Percentage of patients aged 65 or over who received a seasonal influenza vaccination between 1 September and 31 March	Linked to Investment and Impact Fund (IIF) target to support practice delivery Upper threshold Band A 86% Lower Threshold Band B 80%	Update	Link to the IIF targets to support practices to work to the IIF requirements. The target will mirror the IIF searches (see below) and requirements as this is a national target. Personalised care adjustments allowed - Patients who have declined a flu vaccine, Situations in which it is not clinically appropriate to provide a flu vaccine. Patient did not reply to two separately coded invites using their (patients) preferred method of communication	£ 0.50	£ -
3b Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September and 31 March	Linked to Investment and Impact Fund target - Upper threshold 90% Band A, Lower Threshold Band B 57%	Update		£ 0.50	£ -
3c The percentage of staff who have received the influenza vaccination	Submission of staff vaccination plan outlining how practices will offer and record all staff vaccinations maximising staff uptake	No change	No target but practices to provide uptake numbers/percentage as well as plan.	£ 1.00	£ -
4 The percentage of eligible children who received two doses of MMR at any time by their 2 nd birthday.	Band B 70% Band A 75%	Review	Keep as complements QoF which is first dose	£ 0.50	£ -
5 The percentage of patients (aged 18 – 64 years old) on the severe mental health register who have received an annual health check.	Band B 25% Band A 38%	No change	Operating plan priority - delivery of physical health checks for people with Serious Mental Illness (SMI), noting that GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators. Pulse check requirement reinstated in line with the national SMI HC Ardens template.	£ 1.50	£ -
6a Percentage of patients (exclude ≥ 80 years) with CHD in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	Band B 52.56% Band A 62.56%	Review	Reviewed, exclude ≥ 80 years with consistent with NICE guidance	£ 1.00	£ 0.50
6b Percentage of patients (exclude ≥ 80 years) with a stroke or history of TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	Band B 51.03% Band A 61.03%	Review	Reviewed, exclude ≥ 80 years with consistent with NICE guidance	£ 1.00	£ 0.50
6c Percentage of patients (exclude ≥ 80 years) with hypertension under 80 years old in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	Band B 40.93% Band A 45.93%	Review	Reviewed, funding increased by £1.00 due to large population cover and exclude ≥ 80 years with consistent with NICE guidance	£ 2.00	£ 0.50
7a Diabetes patients that have achieved all the NICE recommended treatment targets as detailed in the preceding 12 months. (HbA1c is 58 mmol / mol or less, Cholesterol less than 5.0, Blood pressure 140/80 or less)	Band A target - 46.68% Band B target - 40.36%	Reinstate	Southwark TT: All patients 17 or over on the diabetic register who achieve the combination of the following: BP ≤ 140/80 HbA1c ≤ 58 mmol/mol Receiving statin treatment in Diabetes including and combination of the 2 groups below Secondary prevention: with a history of cardiovascular disease at any age Primary prevention: over 40 years, excluding those with a Qrisk <10% and those with moderate or severe frailty NB - target is set in recognition that older patients and those with frailty will not be expected to be included in this target. If this has adverse impact on your target please contact the Borough team	£ 1.50	£ 0.50
7b Diabetes patients that have achieved all 8 NICE recommended processes	Band A 46.34% Band B 29.61%	Keep		£ 1.00	£ 0.50
8 Delivery of the care coordination specification to patients with 3+ long term conditions.	Percentage of patients on the 'Green' care coordination register should not be less than 0.5% of the registered population. Patients should receive care coordination pathway C2 – C5. C2 – Care overseen by a named professional C3 – Holistic Care Planning (Not a HA) C4 – Access to self-management C5 – MDT approach Practices to actively participate in a review of the coordinated care approach (practice expectations will be discussed with PCNs and LMC)	Review	CCG updated EMIS template to include relevant clinician lead (not restricted to GP) . CCG will arrange training event refresher The cohort proposal for 2019/20 to be repeated for 2020/21, is that the methodology as agreed with the local care networks for patients with 3+ long term conditions is applied. If practices do not have a register large enough to meet 0.5% of their registered population target it is proposed 2+ LTC patients are added to the cohort and the practice reviews which of these patients think would benefit most from care coordination. If practices continue not to have a register large enough to meet 0.5% of their registered population target it is proposed 1+ LTC patients are added to the cohort and the practice reviews which of these patients think would benefit most from care coordination. Practices should include people who have not sought medical care in the last 12 months.	£ 2.50	£ -
				£ 14.79	£ 2.50
TOTAL				£ 17.29	

ENCLOSURE:
AGENDA ITEM:

Committee Title: Primary Care Commissioning (Part 1)

DATE: tbc

Title	Delegated Primary Care Finance Report	
This paper is for information		
Borough	All	
Practice Details	Practice Name	All practices
	Contract Type	All types GMS/PMS/APMS
	Site Address(s) inc. branch sites	All premises
	List Size	2,018,501 as at 1 st April 2021
	No. of Partners	n/a
	Current CQC Rating	n/a
	PCN Details	n/a
Recommended action for the Committee	To note the month 2, June 2021 position for the delegated primary care budget	
Summary	<p>Month 2 represents the first reporting month of the new financial year. The position has been reported as breakeven. The CCG has received funding covering the first 6 months of 2021/22. This includes growth funding of £9.95m, which is expected to cover the following main changes;</p> <ul style="list-style-type: none"> • Global sum payment per weighted patient increases from £93.46 to £96.78 • GMS OOH deduction changes from 4.77% in 2020/21 to £4.75% in 21/22. • Value of a Quality and Outcomes Framework (QOF) point increases from £194.83 in 20/21 to £201.16 in 21/22. • Network DES changes to the PCN Additional Roles Reimbursement Scheme and the Investment and Impact Fund. <p>These changes are reflected in the CCG’s budgets and the payments being made.</p> <p>Table 1, below highlights the performance by area. Further detail is provided in the SEL CCG Delegated Finance report, Appendix 1.</p>	

ENCLOSURE:
AGENDA ITEM:

Table 1: Financial Summary by Payment type																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">South East London PRIMARY CARE DELEGATED</th> <th colspan="4" style="background-color: #0056b3; color: white;">Month 2 Reporting</th> </tr> <tr> <th style="background-color: #e6e6e6;">Summary</th> <th style="background-color: #e6e6e6;">H1 Budget</th> <th style="background-color: #e6e6e6;">YTD Budget</th> <th style="background-color: #e6e6e6;">Total YTD Actuals</th> <th style="background-color: #e6e6e6;">YTD Variance (over)/under</th> </tr> <tr> <th></th> <th style="background-color: #e6e6e6;">£000</th> <th style="background-color: #e6e6e6;">£000</th> <th style="background-color: #e6e6e6;">£000</th> <th style="background-color: #e6e6e6;">£000</th> </tr> </thead> <tbody> <tr> <td>Core contract</td> <td style="text-align: right;">109,193</td> <td style="text-align: right;">36,398</td> <td style="text-align: right;">36,398</td> <td style="text-align: right;">0</td> </tr> <tr> <td>QOF</td> <td style="text-align: right;">11,151</td> <td style="text-align: right;">3,717</td> <td style="text-align: right;">3,717</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Enhanced Services</td> <td style="text-align: right;">2,300</td> <td style="text-align: right;">767</td> <td style="text-align: right;">767</td> <td style="text-align: right;">0</td> </tr> <tr> <td>PCN DES payments</td> <td style="text-align: right;">7,541</td> <td style="text-align: right;">2,514</td> <td style="text-align: right;">2,514</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Premises and other reimbursements</td> <td style="text-align: right;">16,511</td> <td style="text-align: right;">5,504</td> <td style="text-align: right;">5,504</td> <td style="text-align: right;">0</td> </tr> <tr> <td>PCO administered</td> <td style="text-align: right;">2,328</td> <td style="text-align: right;">776</td> <td style="text-align: right;">776</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Covid-19</td> <td style="text-align: right;">3,958</td> <td style="text-align: right;">446</td> <td style="text-align: right;">446</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Ledger Total</td> <td style="text-align: right;">152,982</td> <td style="text-align: right;">50,121</td> <td style="text-align: right;">50,121</td> <td style="text-align: right;">0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e6e6e6;"></th> <th style="background-color: #e6e6e6;">£000</th> </tr> </thead> <tbody> <tr> <td>Allocation H1</td> <td style="text-align: right;">139,073</td> </tr> <tr> <td>Growth H1</td> <td style="text-align: right;">9,951</td> </tr> <tr> <td>Q1 GP Covid CEF</td> <td style="text-align: right;">2,639</td> </tr> <tr> <td>Q2 GP Covid CEF</td> <td style="text-align: right;">1,319</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">152,983</td> </tr> </tbody> </table>		South East London PRIMARY CARE DELEGATED	Month 2 Reporting				Summary	H1 Budget	YTD Budget	Total YTD Actuals	YTD Variance (over)/under		£000	£000	£000	£000	Core contract	109,193	36,398	36,398	0	QOF	11,151	3,717	3,717	0	Enhanced Services	2,300	767	767	0	PCN DES payments	7,541	2,514	2,514	0	Premises and other reimbursements	16,511	5,504	5,504	0	PCO administered	2,328	776	776	0	Covid-19	3,958	446	446	0	Ledger Total	152,982	50,121	50,121	0		£000	Allocation H1	139,073	Growth H1	9,951	Q1 GP Covid CEF	2,639	Q2 GP Covid CEF	1,319	Total	152,983
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Potential Conflicts of Interest and mitigations	n/a																																																																			
Impacts of this paper	Key risks & mitigations (and/or BAF reference)	n/a																																																																		
	Equalities legislation impact	n/a																																																																		
	Financial impact	Reports for information only																																																																		
	Impact on patients / service users	n/a																																																																		
	Impact on other practices, including PCNs	None, this is a financial report and doesn't impact on payments and claims under contracts																																																																		
	Estates impact	n/a																																																																		
	Workforce impact	n/a																																																																		
	Improve quality / safety	n/a																																																																		
	Support integration	n/a																																																																		
	How does the recommendation align with the Boroughs primary care strategy, and if not, please explain the rationale for this.	South East London requirement is to break-even on the delegated primary care budget																																																																		
Wider support for this paper	Patient Engagement	n/a																																																																		
	Other Committee Discussion/ Borough Engagement	Each PCC during 19/20 received regular financial reports for SEL and respective boroughs																																																																		
	Stakeholder engagement, including LMC, Health Watch, Scrutiny committee, MP's, Councillors,	As above																																																																		

ENCLOSURE:
AGENDA ITEM:

	Public Engagement	These financial reports are presented in meetings in public
Author:	Sian Clapton	
Job Title:	Head of Finance, Primary Care	
Directorate:	Finance	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Usman Niazi	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information	Name of document	
Appendix 1	Month 2 Primary Care Finance Report	

SEL CCG Delegated Finance Report

Month 2 2021/22

Supporting thriving communities

V4.07112018

Contents

- 1. Overall Financial Position**
- 2. Key Financial Changes 2021/22**
- 3. Key Risks to the Position**
- 4. Delegated Financial Position**

1. Overview of the Position

- Month 2 represents the first reporting month of the new financial year. The position has been reported as breakeven. The CCG has received funding covering the first 6 months of 2021/22. This includes growth funding of £9.95m, which has been allocated in line with the key funding changes set out in section 2, slide 4 of this pack.
- The CCG has also received £3.94m of Covid Expansion fund funding.

South East London PRIMARY CARE DELEGATED		Month 2 Reporting		
Summary	H1 Budget	YTD Budget	Total YTD Actuals	YTD Variance (over)/under
	£000	£000	£000	£000
Core contract	109,193	36,398	36,398	0
QOF	11,151	3,717	3,717	0
Enhanced Services	2,300	767	767	0
PCN DES payments	7,541	2,514	2,514	0
Premises and other reimbursements	16,511	5,504	5,504	0
PCO administered	2,328	776	776	0
Covid-19	3,958	446	446	0
Ledger Total	152,982	50,121	50,121	0

	£000
Allocation H1	139,073
Growth H1	9,951
Q1 GP Covid CEF	2,639
Q2 GP Covid CEF	1,319
Total	152,983

2. Key Financial Changes 2021/22

The key changes within the 21/22 position are as follows;

- Global sum payment per weighted patient increases from £93.46 to £96.78
- GMS OOH deduction changes from 4.77% in 2020/21 to £4.75% in 21/22.
- Value of a Quality and Outcomes Framework (QOF) point increases from £194.83 in 20/21 to £201.16 in 21/22, resulting from the updated Contractor Population Index (CPI) of 9085. The size of QOF has increased from 567 to 635 points in 21/22. The key change is the introduction of a new vaccination and immunisation domain which does not generate new workload and is a transfer of remuneration from the Childhood Immunisation DES into QOF.
- Network DES
 - PCN Additional Roles Reimbursement Scheme (ARRS) – the increase in funding has been confirmed but the additional four services will not be introduced from April 21 given reprioritisation necessitated by the pandemic
 - Investment and Impact Fund (IIF) – there will be a phased approach to the introduction of new IIF indicators for 21/22

These changes are reflected in the CCG's budgets and the payments being made.

3. Key Risks to the Position (1/2)

Within reporting the position the key risks to the CCG are as follows;

- Population/List Growth:** The change in weighted list has the most impact on contract payment and therefore expenditure against budget. Table 2 below shows the list size figures for April for the last two financial years showing % changes year on year. 2020/21, unlike recent previous years, saw an overall reduction in the total registered list for South East London CCG. Budgets have been based on April 21 list sizes and this will be reviewed once July list sizes are available to assess likely impact of list size changes for 21/22.

CCG	Apr-19		Apr-20		Apr-21		% Apr 2019 - Apr 2020		% Apr 2020 - Apr 2021	
	Raw Practice List size	Normalised Weighted List size	Raw Practice List size	Normalised Weighted List size	Raw Practice List size	Normalised Weighted List size	% change in raw list	% change in weighted list	% change in raw list	% change in weighted list
Bexley	243,684	228,466	246,688	230,655	246,899	229,516	1.23%	0.96%	0.09%	(0.49%)
Bromley	351,942	329,252	354,937	335,419	353,378	331,729	0.85%	1.87%	(0.44%)	(1.10%)
Greenwich	301,292	293,017	306,455	297,333	306,642	296,459	1.71%	1.47%	0.06%	(0.29%)
Lambeth	423,158	404,256	431,552	411,714	427,267	409,850	1.98%	1.84%	(0.99%)	(0.45%)
Lewisham	337,097	323,533	342,809	327,777	343,997	327,023	1.69%	1.31%	0.35%	(0.23%)
Southwark	337,099	333,077	341,961	337,137	340,146	334,690	1.44%	1.22%	(0.53%)	(0.73%)
SEL Special Allocations Practice	0	0	2	2	172	185				
SEL Total	1,994,272	1,911,601	2,024,404	1,940,037	2,018,501	1,929,451	1.51%	1.49%	(0.29%)	(0.55%)

- Caretaking contract arrangements:** Caretaking contract arrangements usually increase the cost of a contract by £25pwp if the terminating contract was PMS or by £20pwp if the terminating contract was APMS. There are currently no caretaking arrangements in place.

3. Key Risks to the Position (2/2)

- **QOF:** Final QOF expenditure is not known until after the end of the financial year when data is extracted from practice systems and uploaded to the CQRS system. For 21/22 QOF achievement will be finalised and paid in June 2022 and the budgets have been calculated based on early achievement figures for 20/21 adjusted for the estimated impact of the increase to the total available points and the new £ per point.
- **Premises:** Rent reviews continue to present a financial risk to the CCG. An accrual was made at year end for estimated back dated rent increases, the calculation of this accrual is based on outstanding rent reviews, the dates of those reviews and the current level of rent being reimbursed. In 21/22, there is a budget held to meet the in year cost of these rent reviews.
- **QIPP:** The CCG continues to review opportunities to deliver QIPP schemes in delegated primary care, however the opportunities to do this are restricted, as the Global Sum and DES contract values are nationally determined and as such must continue to be funded. The CCG will continue its work with the local authorities to identify business rates rebates refunds for the first six months of 21/22.

4. Detailed Financial Position (Delegated Budgets)

South East London PRIMARY CARE DELEGATED		Month 2 Reporting		
Services / Schemes	H1 Budget	YTD Budget	Total YTD Actuals	YTD Variance (over)/under
	£000	£000	£000	£000
APMS Core Contract	8,705	2,902	2,902	0
PMS Core Contract	84,940	28,313	28,313	0
GMS Core Contract	11,497	3,832	3,832	0
Caretaking Contract	0	0	0	0
Special Allocations Service	108	36	36	0
Population/List Growth ear-marked fun	3,944	1,315	1,315	0
QOF aspiration	7,806	2,602	2,602	0
QOF achievement	3,345	1,115	1,115	0
Practice DES	2,300	767	767	0
PCN Extended Hours Access DES	1,451	484	484	0
PCN Clinical Director	737	246	246	0
PCN Additional Roles Reimbursement S	4,276	1,425	1,425	0
PCN Support/Investment and Impact Fu	676	225	225	0
PCN Care Homes Premium	401	134	134	0
Rent	12,084	4,028	4,028	0
Business Rates	2,819	940	940	0
In-year revaluation budget	645	215	215	0
CHP Primary Care Void Charges	656	219	219	0
Other Premises	307	102	102	0
Locum reimbursements	1,129	376	376	0
Retainer Scheme	96	32	32	0
PADM Prescribing Fees Admin	458	153	153	0
CQC Fees reimbursement	625	208	208	0
Other	20	7	7	0
Covid-19	3,958	446	446	0
	152,982	50,121	50,121	0