

**Report to the Commissioning Committee for Primary Care Commissioning on 4
March 2021**

Title: Primary Care Update Report	Enclosure G
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Version Number / Status:	1.0
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<p>Summary and Purpose of Paper</p> <p>The purpose of the report is to provide the Somerset Primary Care Commissioning Committee with an update on Primary Care in Somerset.</p>
<p>Recommendations and next steps</p> <p>The Somerset Primary Care Commissioning Committee is asked to note the updates provided. Further updates will continue to be provided on a quarterly basis.</p>

Impact Assessments – key issues identified				
Equality	Not Applicable			
Quality	There is no direct impact on the quality of service delivery as a result of this report. The report provides updates on programmes which will influence the quality of primary care services in Somerset.			
Privacy	Not Applicable.			
Engagement	The outcome of any engagement activities will be reported in the respective item.			
Financial / Resource	Items will contain updates on the financial and resource position, if applicable.			
Governance or Legal	Not Applicable			
Risk Description	Not Applicable as a direct result of this report.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

PRIMARY CARE UPDATE

**SOMERSET PRIMARY CARE COMMISSIONING
COMMITTEE**

4 March 2021

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ITEM 1: Current Contracts

GMS	PMS	APMS	Total
47	18	0	65

1.1 Practices with only one GP holding the contract

Practice	Code	CCG	Contract Type	Provider
West Coker Surgery	Y01163	Somerset	GMS	
Victoria Park Medical Centre	L85612	Somerset	PMS	
Brent Area Surgery	L85601	Somerset	GMS	
Lister House Surgery	L85038	Somerset	GMS	Somerset Foundation Trust
Creech Medical Centre	L85609	Somerset	GMS	Somerset Foundation Trust
Tawstock Medical Centre*	L85619	Somerset	PMS	
Exmoor Medical Centre	L85003	Somerset	GMS	Symphony Healthcare Services Ltd
Warwick House Surgery	L85052	Somerset	GMS	Somerset Foundation Trust
North Petherton Surgery	L85056	Somerset	GMS	Somerset Foundation Trust

*only one named GP on contract – practices notified that a further doctor is joining.

ITEM 2: Mergers and Integrations

2.1 The following mergers and integrations have been approved with effect from various dates from 2019 onwards:

Practices merging from 2019 onwards
Bruton Surgery integrated with Symphony Healthcare Services Ltd 1 February 2019
Harley House Surgery and Irnham Lodge Surgery (Minehead) merged 1 April 2019
Creech Medical Centre integrated with Taunton and Somerset NHS Foundation Trust on 1 April 2019
North Petherton Surgery integrated with Somerset Partnership NHS Foundation Trust on 1 October 2019
Exmoor Medical Centre integrated with Symphony Healthcare Services Ltd on 1 April 2020

ITEM 3: Contract Expiries and Procurements

Contract Expiries

3.1 There are currently none in Somerset.

Contract Terminations

3.2 There are currently none in Somerset.

ITEM 4: Temporary Practice Closures

Temporary Practice Closures

4.1 The table below details the number of applications received since the mid December 2020:

Practice	Date of proposed closure	Reason	Status
Bruton	27/01/2021 12:00-15:00	Staff Training	Approved
	25/01/2021 12:00-15:00		
	24/06/2021 12:00-15:00		
	22/04/2021 12:00-15:00		
	19/05/2021 12:00-15:00		
	24/06/2021 12:00-15:00		
	28/07/2021 12:00-15:00		
	26/08/2021 12:00-15:00		
	29/09/2021 12:00-15:00		
	28/10/2021 12:00-15:00		
24/11/2021 12:00-15:00			
Lyngford Park Surgery	05/01/2021 13:00-14:00	Staff Training	Approved
	26/01/2021 13:00-14:00		
	16/02/2021 13:00-14:00		
	09/03/2021 13:00-14:00		
	18/03/2021 12:00-16:00		
	30/03/2021 13:00-14:00		
	20/04/2021 13:00-14:00		
	11/05/2021 13:00-14:00		
	01/06/2021 13:00-14:00		
	17/06/2021 12:00-16:00		
	22/06/2021 13:00-14:00		
	13/07/2021 13:00-14:00		
	03/08/2021 13:00-14:00		
	24/08/2021 13:00-14:00		
	14/09/2021 13:00-14:00		
	16/09/2021 12:00-16:00		
	05/10/2021 13:00-14:00		
26/10/2021 13:00-14:00			
16/11/2021 13:00-14:00			
07/12/2021 13:00-14:00			
16/12/2021 12:00-16:00			
Ryalls Park Medical Centre	27/07/2021 12:00-14:00	Staff Training	Approved
	24/02/2021 12:00-14:00		
	24/03/2021 12:00-14:00		
	28/04/2021 12:00-14:00		
	26/05/2021 12:00-14:00		

	23/06/2021 12:00-14:00 28/07/2021 12:00-14:00		
Crewkerne Health Centre	20/01/2021 14:00-18:30 25/02/2021 14:00-18:30 23/03/2021 14:00-18:30 28/04/2021 14:00-18:30 27/05/2021 14:00-18:30 22/06/2021 14:00-18:30 28/07/2021 14:00-18:30 26/08/2021 14:00-18:30 28/09/2021 14:00-18:30 27/10/2021 14:00-18:30 25/11/2021 14:00-18:30 15/12/2021 14:00-18:30	Staff Training	Approved
Penn Hill Surgery	19/01/2021 13:30-17:00 17/02/2021 13:30-17:00 18/03/2021 13:30-17:00	Staff Training	Approved
Highbridge Medical Centre	19/01/2021 13:30-18:30 16/02/2021 13:30-18:30 16/03/2021 13:30-18:30 20/04/2021 13:30-18:30 18/05/2021 13:30-18:30 15/06/2021 13:30-18:30 20/07/2021 13:30-18:30	Staff Training	Approved
Springmead Surgery	03/02/2021 13:30-16:00	Staff Training	Approved

- 4.2 During the first wave of Covid-19, the decision was made to suspend consideration of any routine temporary practice closure applications to assist with delivering core primary care services and ease pressure on the wider system. This position ended in June 2020 and practices have since been applying for temporary closures.
- 4.3 This position has not been reinstated and practices can continue to apply for temporary closures as necessary. The Primary Care Team continue to consider applications on a case by case basis, taking into account any previous complaints relating to access issues against a practice.
- 4.4 As part of the learning from the single cases/outbreaks within our GP practices an update has been made to the application form used by practices to request temporary closures for training, particular over lunch time. The form now asks that practices provide assurance that due consideration been given to Infection, Prevention and Control (IP&C) measures in requesting this temporary closure.

ITEM 5: Practice Boundary Changes

- 5.1 The Lyngford Park boundary change, which was approved at the December meeting, took effect from 1 February 2021.

ITEM 6: Branch Surgery Closures and Changes

- 6.1 The branch closure application for Irnham Lodge submitted by Minehead Medical Centre (MMC) was approved by the Primary Care Commissioning Committee (PCCC) in December 2020 subject to the satisfactory achievement of four conditions relating to engagement, sizing, parking and DDA requirements.
- 6.2 The CCG had a meeting with the Practice Manager at MMC on 26 January 2021 to discuss
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progress against the action plan that was set. Progress has been made against the parking and DDA compliance requirements with further actions required against the engagement and sizing requirements. Further assurance has also been requested regarding timescales, contingency planning and schedules of work for the planned extension.

- 6.3 A further meeting between the CCG, Practice Manager and Partnership representatives has been organised for Monday 22 February 2021 for further updates and review.
- 6.4 No other applications have been received.

ITEM 7: Contract Breach and Remedial Notices

- 7.1 No New contract breaches or remedial notices have been issued.

ITEM 8: Appeals

- 8.1 No new contractual appeals have been received.

ITEM 9: Sub-Contracting/Practices Working at Scale

- 9.1 No new sub-contracting arrangements since the last report.

ITEM 10: Premises

Rent Reviews

- 10.1 There is currently a number of on-going rent and lease reviews; recent rent reviews include the below:

Practice	Current status
Somerset Bridge Medical Centre	On-going
Taunton Road Medical Centre	On-going
Luson Surgery	On-going
Exmoor Medical Centre	On-going
Tawstock Medical Centre	On-going
Crewkerne Health Centre	On-going
Ryalls Park Medical Centre	On-going
Millbrook Surgery	On-going
Highbridge Medical Centre	In Dispute
Preston Grove Medical Centre	In Dispute
St James Medical Centre	In Dispute

ITEM 11: Enhanced Services

Anticoagulation initiation, stabilisation and monitoring Audit

- 11.1 Further to the last update given in December 2020, we have now written to all 62 practices, either to congratulate them or ask for a written risk assessment. This risk assessment should include detail on how the practice will review each individual non-compliant patient's care and remedial action implemented should the assessment deem it necessary. We have received 7/24 and are actively following-up to ensure their submission – whilst managing the priorities of Covid-19. We are supporting practices to complete their risk assessment and answering any queries that arise.
- 11.2 Somerset CCG has temporarily paused the requirement for auditing 2020, which would ordinarily begin at the start of the year given Covid-19 and the vaccination programme. The Primary Care Commissioning Committee will be updated once this pause ends.
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ITEM 12: GP Locum Chambers and Flexible Pool Policy

What is a Locum Chambers?

- 12.1 A collective of independent self- employed locum GPs working together and sharing the management of the chambers. The National Association of Sessional GPs (NASGP) supports the setting up of chambers and provides tools for running the day to day business for chambers who are members of the Association. The benefits of a chambers approach for Locums include:
- **Professional standards** - Chambers maintain and develop quality and standards for GP locums.
 - **Admin service** - Bookings, all pension forms and admin are managed on behalf of locums.
 - **Better communication** - Benefit from facilitated feedback and communication with practices all via your chambers manager.
 - **Peer support** – Provides built-in peer support, mentorship and meet-ups.
 - **As a member of NASGP's Chambers have access to the LocumDeck platform** – This is used to match bookings with locums. Practices can review the locum's pre-set terms and credentials. Then book instantly.
 - **Locum Chambers** - Act as the conduit to inform locums of any relevant, training, pathway changes, meds management changes etc.
 - **Bespoke website** - landing page for the locum chambers.
 - **Dedicated Locum Chambers Manager from NASGP** - available monday-friday 9-5pm to support with all areas.
- 12.2 NASGP provided a draft outline for developing a locum chambers which was presented to Primary Care Operational Group in November 2020. This proposed an initial 12 month 'pilot' chambers project funded by Somerset CCG to test viability and evaluate impact. If successful the chambers would move onto a self-funding and sustainable model whereby fees come from the locums themselves phased in over two years to ensure longevity and sustainability and Somerset CCG would remain actively involved.
- 12.3 A need for further work to establish how this would work with other local services was identified. It was also recognised that the national policy context in relation to employment of locum GPs was changing rapidly.

GP Flexible Pools

- 12.4 NHS England and Improvement (NHSE/I) has allocated up to £120k per ICS to establish GP Pool arrangements, engaging and deploying GPs to increase capacity and support General Practice with Covid-19 and vaccination programme delivery. The model should include a digital framework

to support matching and deployment of GPs. The funding can be used to create and administer a GP pool or to provide a matching service and there is the scope to enhance and build on an existing GP pool arrangement as long as full geographical coverage is achieved. CCGs should develop their own model for delivery and develop a local offer for practices and PCNs with schemes expected to be implemented at pace. The implementation and running costs support the initiative up to 31st March 2021 but consideration should be given to sustainability beyond this.

- 12.5 The principle objective is to increase the number of GP sessions available in the system through the offer of a temporary contract to 31st March 2021. This may be of interest to existing salaried GPs available for extra sessions, locums looking for additional work, GP returners including those returning after having a family and GP partners looking to retire but wanting to continue practising. These are not locum GPs who are generally self-employed but sessional GPs on a contract.
- 12.6 GP flexible pools provide a matching service connecting GPs to PCNs and practices with vacant shifts whilst providing flexible working for GPs. The offer of Flexible working should be as wide as possible to accommodate the maximum numbers of recruits and could include:
- A set number of sessions per week/month,
 - Sessions during specified periods only e.g. term time only, annual leave and sick cover only, over Winter only,
 - Sessions in specialist areas,
 - Specific types of work e.g. home visiting.
- 12.7 The model must include access to peer support and networking sessions which can build on existing arrangements e.g. via the Training Hub.
- 12.8 An initial plan has been agreed by NHS England & NHS Improvement, which has released development funding. A formal agreement must be in place by 10th March 2021.

Current position

- 12.9 The system benefits from a well-established locum agency, Somerset Locum Agency, which has approximately 60 locums registered. This is the main source of GP cover for our practices. During busy periods the agency can only fulfil around 50% of requests. In addition:
- Some practices have arrangements with locums who are not part of Somerset locum agency,
 - Some PCNs are thinking about or have already employed directly their own sessional GPs,
 - During Covid-19 there have been a small number of returning GPs who have either joined the locum agency or are acting as sessional GPs in direct arrangements with individual practices,
 - Symphony Healthcare Services (SHS) has in place its own GP Bank which SHS practices can draw upon to book GP cover, they have created a digital platform that supports HR functions, matching and rostering.
- 12.10 There is still a shortage of GPs and a need to increase GP capacity through further recruitment of sessional GPs.

Emerging picture of development options

- 12.11 A number of conversations have taken place, including with the LMC and Primary Care Board to gauge the appetite for this initiative and gather a sense of preferences regarding the model. The consensus has been to ensure that PCNs are able to recruit their own sessional GPs and develop their own local 'pools' whilst also having access to a wider pool. In addition has been a desire to include the Somerset Locum Agency as part of any offer.
- 12.12 The implementation of a digital platform matching and rostering service which can also provide

back office HR functions and accommodate together all the existing GPs working already as sessional GPs, including locums is a key element of supporting this initiative in Somerset. This will pull together a 'virtual' common pool and co-ordinate availability for work all in one place for PCNs and practices to access.

- 12.13 Symphony Healthcare Services Ltd manage a digital platform for their GP Bank and there is potential to expand and extend this to accommodate all the existing sessional GPs in Somerset and provide access to all Somerset practices.
- 12.14 There are other suppliers of digital solutions and a meeting and demonstration of one of these systems provided by Lantum will have been undertaken before the Committee meeting. NHSE/I has set up a framework to assist with the procurement and contracting of a digital system.
- 12.15 In addition to a digital platform is the need to recruit and employ further sessional GPs on temporary contracts to add to the pool and increase the capacity. This will require the identification of a host employer to hold contracts and other employment liabilities with the GPs. This could be PCNs or a group of PCNs working in collaboration, or another NHS provider.
- 12.16 There is still a substantial amount of work to complete before deciding whether or not to pursue this initiative and developing a full proposal not least the question of sustainability beyond March 31st and how this could be funded. We will continue to work on the details of how the functions will work and the type of arrangements that would need to be in place between the stakeholders.

ITEM 13: ACES (Acute Community Eyecare Scheme) Provision

- 13.1 Following approval from the Primary Care Operational Group plus procurement advice and given the current delays in accrediting new optometrists to provide enhanced Ophthalmology services, we have awarded an ACES contract to Crown Eyecare; the Committee is asked to note this. They had expressed an interest in delivering the service and already have an accredited Optometrist in employment. The practice signed a temporary contract from December 2020 to 31 March 2021, with a view to aligning with other CCG enhanced Optometrist contracts in the next contractual year. They are now delivering ACES services and the directory of services and CCG website have been updated accordingly. We continue to monitor ACES provision to ensure patients are able to access services across the county.

ITEM 14: CQRS Local

- 14.1 Practices are already well versed in using the national Calculating Quality Reporting Service (CQRS) to log their activity which in turn generates the appropriate payment for Quality of Outcomes Framework(QOF), Learning Disability Health Checks and Primary Care Network funding (PCN) amongst others. However, the CSU are now developing CQRS Local which will provide a flexible, web based, payment claim system to support colleagues in primary care, PCNs, CCGs and NHS England to streamline the management and payment processes associated with the local services for example Anticoagulation, Initiation, Monitoring and Stabilisation payments.
- 14.2 The current returns and payments process is quite extensive for the Primary Care Contracting Team, with the team required to pull a spreadsheet for all 65 practices each quarter and recirculate to all. Then once these have been returned, all practice submissions need to be input onto a separate spreadsheet which feeds into a larger spreadsheet which is designed to monitor spend. Some services, such as Diabetes Insulin Initiation, require an additional spreadsheet for backing data. This spreadsheet then needs to be compared to the data that was submitted on the quarterly return and there have been occasions where the data has been incorrectly copied onto the spreadsheet due to human error. This however is usually noticed during the spot checking processes in place.

- 14.3 The new CQRS System will streamline the process for the CCG in that data will be uploaded straight onto the system by practices and will in turn generate payment. It will reduce the human error element and will allow the CCG to pull reports and evaluate the data with greater ease. The system will also benefit practices in that they will receive automatic reminders to submit the data, they will not run the risk of using an old spreadsheet to submit their data, and they should be able to easily track their submitted data. Training will be provided to both the CCG and practices on how to utilise the new system.
- 14.4 There is uncertainty around whether the level of detail provided on the backing data reports will be able to be uploaded but consideration will be given to what can be done to ensure this information is still received whilst streamlining the process as much as possible for practices.
- 14.5 There are additional benefits to utilising this system, and as early adopters, the CCG will benefit from additional training and the CSU uploading our services onto the system. There is no financial cost to the system as it is fully funded by NHS England and Improvement.
- 14.6 Approval was sought and given from the Primary Care Operational Group to approve the use of the CQRS Local system to collate primary care activity data and process returns. It was also asked that, should the backing data elements be unable to be fully done via the system, that support is given to the Primary Care Team to consider the option to develop the backing data templates to further streamline the process.
- 14.7 The system was planned to go live on the 1 April 2021 however on 10 February 2021 we received confirmation that, due to the ongoing pandemic and pressures, the roll out was being paused. The Primary Care Contracting Team remain in contact with the CSU to understand when the planned roll out will be and whether there are any actions we can progress in the meantime. The CSU Collaborative has tentatively highlighted the beginning of Q2 2021/22 as an aspirational date for the early adopters phase to recommence, as this could allow submission of Q1 achievement for quarterly schemes.

ITEM 15: Flu Vaccination Update

- 15.1 Flu Vaccinations continue to be delivered, with the below table showing the percentage of each cohort having been vaccinated:

<u>65 and over</u>	<u>At risk - (6 months to under 65 years)</u>	<u>Children aged 2 (Born: 01/09/2017 - 31/08/2018)</u>	<u>Children Aged 3 (Born: 01/09/2016 - 31/08/2017)</u>	<u>Pregnant Women - All</u>
82.9	58.6	66.8	67.5	45.4

- 15.2 Healthcare staff have also been offered the vaccine, with 69% of CCG staff, 82% of YDH staff and 70% of Somerset FT staff having been vaccinated.

ITEM 16: Special Allocation Scheme – Contract Extension

- 16.1 Somerset CCG took delegated responsibility for the Special Allocation Scheme contract from NHS England who commissioned the service from Access Health Care Ltd through a contract covering Somerset, Cornwall and Devon. The service provides patients who have either been violent or threatening in a primary care setting with managed access to primary medical services. The service is provided from 3 Somerset practices; Taunton Road Medical Centre, Warwick House Medical Centre and Yeovil Health Centre.

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- 16.2 The contract is due to end on the 30 June 2021 but there is an option in the contract to extend for a maximum of 2 years. The current contract is the Standard NHS APMS Contract which commenced on 4 July 2016, using the Standard APMS Contract for 2015/16; with no variations issued since. The contract is now outdated and contains information which would no longer be relevant. As such, if we were to extend the contract we would look to update the contract and use the latest Standard APMS Contract.
- 16.3 The CCG has been liaising with both Kernow and Devon CCGs to understand whether they wish to extend; with Devon also indicating they are likely to extend. An options appraisal was conducted to consider whether or not procurement would be suitable, with the Primary Care Contracting Team reviewing and exploring the market options as well as evaluating the provision currently delivered by the provider.
- 16.4 Discussions have also taken place with the provider, Access Health Care Ltd, to understand whether they would be interested in extending the contract for just Somerset, with the provider indicating they would be interested in doing so. Conversations have also taken place with the NHS South, Central and West Procurement Team about extending the contract in this way, with the team confirming that the extension of the contract for just Somerset is not breaking any regulation rules and that, as long as the provider agrees, a new type of contract can be used. We would also look to make minor amendments to the service specification which would see improvements in the service, for example, obtaining information from other healthcare settings and proactive ways to support patients to leave the scheme.
- 16.5 Given the ongoing pandemic, we have undertaken a desktop exercise of the provider market for this service and concluded that the extension was the preferred option as it will allow for the CCG to ensure continuity of service for the patients. We will, during the 2 year extension, undertake further market evaluations and undertake a full procurement exercise towards the end of the 2 years.
- 16.6 Given the above, a paper was presented to the Finance and Performance Committee recommending that they approve the proposal to extend the contract for a further 2 years. The Finance and Performance Committee has approved the recommendation and the Primary Care Commissioning Committee is asked to endorse this decision.
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ITEM 17: Clinical Waste Contract

- 17.1 Following delegation of Primary Medical Services, responsibility for the collection of clinical waste was also devolved. As a legacy agreement, no contract was provided to the CCG therefore a Service Level Agreement (SLA) was put in place by Stericycle and signed by the CCG.
- 17.2 At the August 2020 meeting the Finance and Performance Committee approved a recommendation to issue an 18 month contract from 01 Sept 2020 – 31 March 2022 to the incumbent Provider, Stericycle. This would coincide with the availability of the NHS E national framework for primary care waste management and allow opportunity for a full procurement exercise.
- 17.3 Since this date we have been unable to finalise terms and have been in dispute with the Provider. We continue to operate under the SLA. However, discussions have now concluded and an agreement between both parties has been reached.
- 17.4 In supporting the sustainability agenda and to reduce incineration waste, an increase in pricing tariff has been agreed using a rationalised pricing structure to encourage the use of maximum capacity vs cost effective units. This will also support frequency reduction cost savings initiatives.
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- 17.5 We have consulted with the NHS South Central West Commissioning Support Unit (CSW CSU) Procurement team again regarding tendering the contract. The advice remains that we can formalise the SLA into a contract that aligns with the SLA terms and conditions for an interim period. Extending interim arrangements beyond this risks non-compliance with Public Procurement Regulations 2016, and Public Contracts Regulations 2015 (PCR 2015).
- 17.6 Additionally we have identified an alternative national framework which can be used by the CCG to call off terms. Whilst it is not specifically a Primary Care framework, it is a compliant route to market and is suitable for all public sector bodies. Before services can be procured, we are advised to undertake a capability assessment to understand how each provider would address the specific requirements for Primary Care Clinical Waste Management and to obtain indicative pricing. This would also be used to inform the tendering of the service at a later date. To mitigate risk of potentially jeopardising the existing SLA the capability assessment would be scheduled after the start of the 2021/22 financial year. We would also wish to undertake an engagement exercise with general practice.
- 17.7 At the February 2021 meeting, the Finance and Performance Committee were asked to endorse the change from the current SLA with Stericycle to the NHS Terms and Conditions for the Provision of Services for a 12 month period, starting 01 April 2021 and ending 31 March 2022 under a Single Tender Waiver.
- 17.8 At the February 2021 meeting, the Finance and Performance Committee were also asked to endorse the initiation of the capability assessment in June 2021 to inform a full procurement exercise ahead of the end of the initial 12 month contract term.
- 17.9 The Finance and Performance Committee endorsed both recommended actions.
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ITEM 18: Communications

- 18.1 The communications team have continued to work closely with the primary care team, supporting communications to patients and the wider public. This has been particularly important on the communications for the COVID-19 vaccination programme in Somerset, where information has changed and rapidly evolved since December and in supporting the additional pressures of winter.
- 18.2 NHS COVID-19 vaccination programme update:
- Communications resources have been shared and adapted from NHSE resources for use by practices, these have included tool kits with standardised messages for practice websites, phone scripts and social media content.
 - A specific section on the Somerset CCG website has been set up to provide the latest information for patients and also includes FAQs with the most commonly asked questions. This content is regularly updated and is also influenced by feedback from practices and enquiries and questions raised by members of the public.
 - We have worked closely with primary care networks as part of the roll out of the vaccination programme, issuing regular press releases and including interviews and PR opportunities at PCN locations where appropriate.
 - Supporting practices with newsletter content and local PR.
 - Regular updates to the PPG Chairs Group.
 - Regular communications updates through our engagement bulletin.
 - Video content helping people to understand what to expect at vaccination centres.
- 18.3 Winter messaging and flu update:
- We have continued to promote winter messages, Think 111 campaign and encouraging people to have their flu vaccination. This has been through regular social media content, local advertising on Heart Radio and digital channels, local publications and regular press releases and interviews where appropriate.
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- 18.4 Communications support is continuously evolving in response to the changing demands and challenges that primary care face. We are committed to supporting our primary care colleagues to help share consistent and regular communications to local residents about the healthcare services and support available to people in Somerset, and the roll out of the NHS vaccination programme.
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ITEM 19: Ryalls Park Medical Centre

- 19.1 The CCG has been in dialogue with the current partners of Ryalls Park Medical Centre since October 2020 in an attempt to understand and secure the future of the contract partnership. Formal notification from the current partners at Ryalls Park Medical Centre has confirmed their intention to integrate with Symphony Healthcare Services Ltd with effect from 1 April 2021.
- 19.2 The practice has started to engage with patients, staff and other key stakeholders in February, with an expectation that it continues throughout March and after the integration from April onwards. The change in contract partnership secures the continuity of patient access and services will continue to be delivered from the Ryalls Park Medical Centre site for the foreseeable future.
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