

Report to the Commissioning Committee for Primary Care Commissioning on 9 June 2021

Title: Primary Care Update Report	Enclosure I, li, lii
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Summary and Purpose of Paper

The purpose of the report is to provide the Somerset Primary Care Commissioning Committee with an update on Primary Care in Somerset.

Recommendations and next steps

The Somerset Primary Care Commissioning Committee is asked to note the updates provided and **approve** a recommendation to remove the four conditions attached to the Minehead Medical Centre branch closure application and fully approve the application to close the Irnham Lodge branch surgery on 30 September 2021.

Further updates will continue to be provided on a quarterly basis.

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**

9 June 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
Ryalls Park Medical Centre Integration into SHS Ltd took place on 01 April 2021

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.

Contract Procurement

- 3.3 In April 2021, the Primary Care Operation Group approved the proposal to implement a collaborative arrangement with Somerset Foundation Trust (SFT) for procuring Language, Translation and British Sign Language (BSL) services and joining the existing SFT contract with Word 360.
- 3.4 SFT have communicated their considerable satisfaction with the service they receive and are agreeable to allowing the CCG to join their contract. The process would be managed through a contract variation. The contract was awarded to Word 360 through the Health Trust Framework, an Find a Tender Service compliant (previously Official Journal of the European Union) framework, and expires October 2022, at which point the service will be retendered or extended as appropriate. The proposal was presented to the Finance and Performance Committee in May 2021 with the request to approve this contract agreement supported.
- 3.5 Word 360 also provide language, translation and BSL services to Yeovil District Hospital and Somerset County Council which might present an opportunity to extend the collaborative approach to procuring these services still further in 2022. This arrangement would support the Integrated Care System approach.
- 3.6 Word 360 offer a number of service efficiencies that actively seek to improve the patients experience. There is an additional benefit of joining this collaborative agreement, in that it supports integrated working and helps to ensure continuity of service in terms of the translators that stay with patients as they access different services across Primary and Secondary Care and Local Authority.
- 3.7 The soft launch of the service with Word 360 will commence on 1 September 2021, ahead of the contract start date of 1 October 2021. Primary Care Contracting and Commissioning teams are currently preparing the mobilisation plan to ensure a smooth transition of service, but also to drive engagement in the currently underutilised service.

ITEM 4: Temporary Practice Closures

Temporary Practice Closures

4.1 The table below details the number of applications received since the April 2021:

Practice	Date of proposed closure	Reason	Status
Buttercross Health Centre and Ilchester Surgery	19/05/2021 13:30-16:00	Staff Training	Approved
	23/06/2021 13:30-16:00		
	21/07/2021 13:30-16:00		
	18/08/2021 13:30-16:00		
	22/09/2021 13:30-16:00		
	20/10/2021 13:30-16:00		
	17/11/2021 13:30-16:00		
	15/12/2021 13:30-16:00		

Queen Camel Medical Centre	22/06/2021 13:00-17:00 14/10/2021 13:00-17:00 21/02/2022 13:00-17:00 16/06/2022 13:00-17:00 17/10/2022 13:00-17:00	Staff Training	Approved
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ITEM 5: Practice Boundary Changes

- 5.1 It has come to the attention of the CCG that Brent Area Medical Centre have, for a significant amount of time, been operating to a practice boundary which differs from the contractual boundary as defined in their GMS contract. The practice maintain that they have used the same boundary since 2012 and that the boundary advertised on their website and used operationally has always differed from the boundary defined in their contract.
- 5.2 This was initially uncovered by NHSE in 2018, prior to Somerset CCG delegation. A proposal to amend the contract boundary was supported by the CCG however, NHSE failed to approve the application as they had wanted to incorporate as part of a wider review into practice sustainability however this was not progressed further.
- 5.3 No contractual action has been taken by the CCG due to the longstanding historical arrangement – in 2018 NHSEI did not request the practice to begin using their contractual boundary. The CCG are proactively working with the practice to resolve the matter.
- 5.4 It has been agreed that Brent Area Medical Practice will submit a formal boundary change application, once they have completed the necessary patient engagement. If approved by Primary Care Operational Group (PCOG) a request will be made to the Primary Care Commissioning Committee to formally approve the contract boundary change.

ITEM 6: Branch Surgery Closures and Changes

Minehead Medical Centre

- 6.1 At its December 2020 meeting the Somerset Primary Care Commissioning Committee (PCCC) approved the closure of the branch surgery subject to four conditions being met, which were.
1. Engagement - Continue engagement programme identifying opportunities to engage with wider patient/public population and providing a comprehensive thematic analysis summary to the CCG.
 2. Sizing - Additional evidence demonstrating how the practice will continue to provide the same level of clinical service from a smaller consolidated site required.
 3. Parking - Evidence that the mitigations presented by the practice at addressing the reduction in parking provision had been discussed and approved by the Patient Participation Group (PPG).
 4. DDA Requirements - Written confirmation that the corridors within the new extension at Harley House are compliant with NHS standards. Commitment from the practice to undertake a retro-fit of the main reception desk area at Harley House in line with comments made within the District Valuers report.
- 6.2 An action plan was developed and agreed with the CCG to address these four conditions. Representatives from both parties have met on a regular basis following the meeting to ensure the timely discharge of these conditions. The following update is provided.

Engagement

- 6.3 The practice committed to identify additional opportunities to engage with their patient and public population following the December 2020 meeting.
- 6.4 The practice has used the following platforms to engage:
- Patient Participation Group meetings and monthly email updates
 - Local radio interviews in March 2020 and March 2021
 - Meeting with Parish Councillor in June 2020
 - Standing item at regular Primary Care Network meetings
 - Developed a new practice website launched on 13 April 2020 and added news with frequent updates regarding the planned branch closure and re-development to the home page. The practice website received 14,100 click throughs during its first year of launch
 - Regular updates on practice Facebook page which has total of 240 likes and 272 followers
 - Displayed posters with information about the practice plans together with a QR code to access the online survey on noticeboards in the waiting rooms at both surgery sites as well as outside
 - Offered opportunity for patients/public to provide verbal or written feedback
 - Added a message directing patients to the website for latest development news on telephone lines
 - Published 4 newsletters in October 2020, November 2020, January 2021 and February 2021 that were emailed to a distribution list of approximately 3,200 people
 - Targeted flu clinics for engagement handing out hard copies of the most recent newsletter making the practice manager available to discuss any points patients would like to raise. 1 patient took this opportunity and supported plans to consolidate on one site. 3,773 patients attend for their flu vaccination between October 2020 and January 2021.
- 6.5 Detailed analysis of the engagement and a 'You said, We did' practice response is attached at Appendix 1. Despite the far reaching and varied routes of engagement, the practice has so far received 20 responses to the online survey, four written responses and one verbal response. The responses have generally been asking sensible questions on some of the key concerns which have been addressed as part of the planning stages and no strong objections have been received. The practice is also committed to continue the engagement exercise during and after the re-development works have been completed. In light of the evidence received from the practice, it is our recommendation that this condition of approval has now been achieved.

Sizing

- 6.6 Following concerns raised at the December 2020 PCCC meeting, the practice has provided a room allocation plan which demonstrates that clinical capacity will not be reduced as a result of the move to a consolidated single site. The room allocation plan also evidences additional capacity for further clinical sessions if required. The practice has also revised the architectural plans to create an additional triage room by reducing the area of two oversized clinical rooms. The practice has also secured off-site provision for medical record storage. It is recommended this condition of approval has now been achieved.

Parking

- 6.7 The practice has released parking spaces allocated to staff for use by patients. The practice has also identified an opportunity to procure additional spaces at an adjoining site if required. This will be added as a standing agenda item at PPG meetings and provision reviewed if required. There is on street parking close by the surgery and a public car park within 200m. Patients with a blue badge can also park outside the surgery on the yellow lines. The practice continues to utilise digital tools for patients who want them. The practice has provided a written statement from the PPG confirming it is happy with the proposed mitigations to this concern. It is recommended that this condition has now been achieved.

Disability and Discrimination Act Compliance (DDA) Requirements

- 6.8 The practice has provided written assurance that the re-development is DDA compliant. The practice has committed to retrofitting the reception desk area at the Harley House site so that it is compliant in phase two of the re-development. It is recommended that this condition has now been achieved.

Quality Equity Equality Impact Assessment (QEEIA)

- 6.9 Following demonstration of the above requirements, the practice has updated the QEEIA, and is supported by the CCG's Primary Health Quality Improvement Facilitator.

13Q

- 6.10 NHS Commissioners have a legal duty to 'make arrangements to involve the public in commissioning'. A 13Q has been completed in respect of this closure application and is attached at Appendix 2.

Amendment to closure date

- 6.11 The practice has requested an amendment to the proposed closure date due to delays resultant of the COVID-19 pandemic. The practice has confirmed agreed occupancy of the Irnham Lodge site with the current freeholders until 30 September 2021. The practice anticipates building work at the Harley House site shall be completed by early August 2021. The South Central West Commissioning Support Unit are undertaking a site survey on 18 May 2021 to support the practice with its relocation project. A statement of work will be provided to the practice and CCG providing assurance that the extension is fit for purpose. Practice and CCG representatives have committed to meet every four weeks or by exception to review progress of the branch closure and re-development works at Harley House.

Recommendations

- 6.12 The Primary Care Commissioning Committee is asked to note the achievement of the four conditions previously agreed by the committee and provide full support for the application to close the Irnham Lodge branch surgery on 30 September 2021.
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ITEM 7: Contract Breach and Remedial Notices

- 7.1 No New contract breaches or remedial notices have been issued.
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ITEM 8: Appeals

- 8.1 No new contractual appeals have been received.
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ITEM 9: Sub-Contracting/Practices Working at Scale

- 9.1 No new sub-contracting arrangements since the last report.
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ITEM 10: Premises

Rent Reviews

- 10.1 There are currently a number of on-going rent and lease reviews; recent rent reviews include the below:
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Practice	Current status
Somerset Bridge Medical Centre (with NHS E)	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
Essex House Medical Centre	On-going
Preston Grove Medical Centre	In Dispute
Highbridge Medical Centre	In Dispute

ITEM 11 : Enhanced Services

Learning Disabilities

- 11.1 During 2021/2021 there was been an increased focus on the Learning Disabilities Annual Health Check Directed Enhanced Service to further improve performance.
- 11.2 NHS England set a national target to achieve a completion rate of 67% by the end of March 2021. The importance of increasing uptake of annual health checks became particularly apparent following a review of Covid-19 and learning disability patients, with a higher percentage of deaths occurring in this patient group. Somerset has achieved approximately 55% in previous years.
- 11.3 Whilst many aspects of primary care were paused to allow additional capacity in the response to Covid-19, the learning disabilities agenda continued at pace. As a system we have driven forward service development over the past 9 months, putting support in place and enabling providers to take responsibility for ensuring an effective service for patients. A summary of the service development work is as follows:
- Introducing champion PCN practices across the county; it was quickly established that each PCN had at least one highly performing practice and therefore these practices were approached and asked if they would commit to providing assistance/learning/support to their neighbours. This was done via Primary Care Network (PCN) meetings and also on an adhoc basis whereby a designated lead was on hand to answer any questions that peers may have had. The feedback we received was that this system was highly valuable and enabled the sharing of support, particularly around administration processes and how processes were introduced in the response to Covid-19.
 - The development of support packages; Somerset CCG developed a wide range of tools and resources that were shared out amongst providers in Somerset. This included easy read documentation for patients, pre-health check questionnaires to ensure an appropriate course of action (i.e. face to face consultation or virtual), template letters and flow charts to

guide the process in light of Covid-19. These tools were again well received and utilised fully throughout Somerset.

- Introduced 'drop-in sessions' virtually and extended an invitation to every provider in Somerset whereby upon attendance there were system-wide colleagues on hand to provide support and answer any specific questions. A positive outcome from these sessions were providers were able to speak directly with each other in a safe and open space.
- Continual engagement with providers; we kept close contact with each provider in Somerset to understand any barriers to achievement (funding, capacity, process etc.). These conversations strengthened relationships between the CCG and providers and again promoted honest and open conversations on the understanding of a shared vision – the patients of Somerset. We were able to monitor progress at individual practice level in the absence of CQRS reporting (only available quarterly) and offer targeted support to any who were not progressing as expected. We received positive feedback as a result of these conversations and providers welcomed the opportunity for personalised discussion.
- Children and Young people with learning disabilities; there is a strong focus on ensuring children and young people receive an annual health check and as such a working group has been established with system-wide representation (parents, carers, commissioners, providers) to investigate the current position and improve the pathway. We are committed to ensuring young people receive the support required as early as possible to ensure it becomes an embedded element of daily life.
- Primary Care Board; this forum provided the opportunity for providers to be held accountable for reaching the 67% NHS England target. The Primary Care Board has representation from each PCN Somerset LMC and Somerset CCG and offered a forum to discuss progress, issue actions to providers and set clear commissioning priorities. This forum recognised the importance of the learning disabilities programme and held PCNs to account in an effective way. Moving forward we will maintain a close relationship with the Primary Care Board to uphold the importance of increasing both the quality and quantity of annual health checks.

11.4 Providers have achieved the following uptake of annual health checks for 2020/2021:

Q1 – 64
Q2 – 297
Q3 – 843
Q4 – 1192

11.5 This gives a total of 2,396 against a registered list of 3,071 representing a 78% achievement rate. This is 11% higher than the nationally mandated target and our highest achievement on this indicator to date in Somerset.

11.6 As we move into 2021/22 we will look to maintain and improve this position. The Primary Care Board will be pivotal in ensuring providers are accountable for delivering health checks to their own registered list and we will continue to support providers where appropriate whilst continually developing our tools to remain up-to-date with the latest position.

11.7 In addition to this, the Quality Outcomes Framework for 2020/2021 includes elements for providers to work together as a PCN to improve the quality of their registered list. This means identifying those patients who should be on the register and actively seeking to improve the quality of an annual health check – particularly looking forward health action plans being implemented. This feeds into CQRS reporting, which from 1 April 2021 has changed to monthly, rather than quarterly; this will enable more accurate reporting and provide the opportunity for targeted intervention at an earlier stage.

ITEM 12: Primary Care Appointment Data

- 12.1 The CCG primary care team continues to focus on patient access to GP services. Recent national guidance has been issued which prioritises patient preference alongside clinical need as a decision-making factor in choosing appointment mode. This has been reflected in CCG guidance to providers.
- 12.2 The key message is that we are now experiencing very high numbers of patients trying to contact practices. From January to March 2020 approximately 779,000 appointments took place, an average of 260,000 per month. In the same period for 2021, approximately 837,000 appointments were provided across Somerset Practices. This is an average of 279,000 per month. 47% of these were carried out as face-to-face appointments. This means that we have already provided an additional 7.5 % increase in appointments in the latest three month period.
- 12.3 We continue to support our providers to meet patient demand as effectively as possible, and to support patients in accessing care. The CCG has written an open letter to patients from the Chair of this Committee, explaining why there may be delays in accessing GP services and providing advice about other services available. It also confirms that the NHS in Somerset take a zero tolerance approach to abuse of staff, which sadly practices report has increased significantly in recent months.
- 12.4 The data below outlines the breakdown of consultations between the months from March 2020 to March 2021 across Somerset.
- 12.5 In the period from March 2020 to March 2021 a total of 3,226,208 appointments were carried out across the 65 practices in Somerset. Of these, approximately 47% were recorded as face to face consultations, 1% Home visits and 38% by telephone. NHS Digital is confident that the unknown data of 14% can be attributed to Video/Online but we are unable to say for certain.
- 12.6 The latest three month position (January 2021 to March 2021) shows a total of 837,357 appointments carried out across the Somerset system. 47% of which were carried out as face to face appointments, 35% by telephone and approximately 16% unknown, as above, this can be attributed to video/online consultations.

Month	Count of Included GP Practices	Count of Appointments	Count of Appointments by Appointment Mode				
			Face-to-Face	Home Visit	Telephone	Video/Online	Unknown
		Total					
Mar-21	65	296,668	134,035	3,266	109,897	162	49,308
Feb-21	65	262,521	124,480	2,767	93,165	147	41,962
Jan-21	65	278,168	139,089	2,671	93,725	148	42,535
Dec-20	65	266,761	133,184	2,800	90,767	120	39,890
Nov-20	65	277,346	132,979	3,126	97,407	72	43,762
Oct-20	65	327,695	176,402	3,423	97,409	75	50,386
Sep-20	65	288,382	141,775	3,108	99,066	60	44,373
Aug-20	65	215,912	93,998	2,473	84,898	16	34,527
Jul-20	65	239,881	101,026	2,867	96,975	6	39,007
Jun-20	65	221,340	85,562	2,278	99,082	0	34,418
May-20	65	180,486	65,403	1,892	84,443	1	28,747
Apr-20	60	146,015	60,417	1,740	83,850	8	0

Mar-20	60	225,033	142,022	3,811	79,191	9	0
Totals		3,226,208	1,530,372	36,222	1,209,875	824	448,915
% of appointments			47%	1%	38%	0.03%	14%

- 12.7 There are a number of caveats pertaining to data quality; these have been set out in previous updates. The CCG expects to receive the dataset above split by practice in the near future.

ITEM 13: Patient Survey

- 13.1 During Quarter 2 the results of the 2021 patient survey will be available. We will begin to incorporate these updated results into the analysis already carried out with previous annual publications (2019 & 2020); this gives a total of three years analysis. Having a rich dataset across multiple years will provide useful insight into how Covid-19 affected patient experience and will allow our teams to work collaboratively to begin engagement with providers. This engagement will be with highly and poorly performing to offer targeted support and share learning across the county.

ITEM 14: Contract Position and Update

Core Contract

- 14.1 The October National Core Contract Variation Notices were published in January 2021 and have now been issued to primary care for signature.

Standard Contract

- 14.2 The 2019-21 NHS Standard Contract commissioned from 65 GP practices expired on 31 March 2021.
- 14.3 Following agreement at Finance and Performance Committee, new contracts will be issued to all providers over the coming weeks for the period of 1 April 2021 to 31 March 2024, reflecting the national templates and existing contractual agreements. It has been agreed that local contract negotiations will commence in Q1 with the Local Medical Committee and any agreements made will then be varied into contract documentation.
- 14.4 In the meantime, practices have been written to advise that the 2019-21 contract terms and requirements apply.

Local Contract Negotiations

- 14.5 Due to the prioritisation of workload it was agreed with the LMC that the annual local GP practice contract negotiations for the 2021/22 contract will take place during quarter 1 of 2021/22. The first meeting between the CCG and LMC took place on Thursday 27th May 2021 and led to agreement for the principles and priority areas for negotiation.
- 14.6 Members of the Primary Care Commissioning Committee and commissioning colleagues within the CCG have been given the opportunity to share any items for consideration to inform the negotiation process.
- 14.7 The PCCC will receive an update at a future meeting on the progress and outcomes from the negotiation process.

ITEM 15: Covid-19

- 15.1 Primary Care Networks (PCNs) continue to be integral to the Covid mass vaccination programme. All PCNs are currently focused on delivering second dose vaccinations to cohorts 1-9, recognising the recent change in interval from 12 weeks to 8 weeks. 5 PCNs are continuing with the programme to deliver to cohorts 10-12. The biggest risk to delivery relates to the additional workforce requirements, as NHS services return to BAU and lockdown eases.
- 15.2 A further £1.18m in national support funding will be distributed to primary care in 2021/2022 to help with additional costs of recovery in the first two quarters of this year and support to the mass vaccination programme. The detail of the allocation is still being discussed with the Primary Care Board and the LMC but it is expected that the funding will be split between direct practice funding, direct PCN funding, CCG/Primary Care Board initiatives as well as infrastructure support to the mass vaccination programme.
- 15.3 The seven priorities related to the Covid-19 General Practice Expansion and Support Fund continue to apply, and practices must support them as far as possible within the capacity available. These are:
- For practices to remain open, and to encourage patients to seek medical care when needed but also encouraging the use of 111, and local pharmacies, where appropriate,
 - To implement a simple pulse oximetry intervention for Covid-19 positive patients in their own homes,
 - To refer appropriate patients to the new Long Covid service,
 - To continue to support shielded patients as safely as possible and to maintain the Clinically Extremely Vulnerable list,
 - Chronic disease management, although this should be undertaken remotely as far as possible,
 - Routine immunisations and vaccinations,
 - Supporting patients most at risk of health inequalities, specifically people with learning disabilities, who should continue to receive annual health checks. It is also vital that ethnicity recording is completed for all patients. Ethnicity recording should also continue.
- 15.4 The CCG has also written to general practice to thank them for their continued efforts in helping the Covid response as well as dealing with increasing demand and addressing the backlog caused by the pandemic. It has also set out priorities and contractual arrangements for 2021/2022 linked to national guidance, as well as confirming the current position for face-to-face appointments in primary care.

ITEM 16: QOF

- 16.1 The 2020/21 Quality and Outcomes Framework was amended in 2020 to reflect the national focus on the COVID response. This included protecting the points achievement for the majority of areas within the scheme. To be eligible for this protection, practices were required to sign up to a Population Stratification Agreement. Its main focus was the prioritisation of care to the most at risk groups during the pandemic. Non-protected areas included yearly vaccinations and accurate maintenance of population disease registers.
- 16.2 The Calculating Quality Reporting Service (CQRS) which uses the extracted clinical practice data was amended to use historical practice QOF achievement to inform the 2020/21 achievement points for the protected domains. As the 2019/20 data was also affected by the pandemic 2018/19 data was preferred.

- 16.3 During 2018/19 the majority (42) of Somerset's practices were still participating in the Somerset Practice Quality Scheme. This was one of four national vanguards looking at improving the recognised QOF scheme. Therefore the historical data performance held in CQRS for those practices was very low. This has resulted in a significant knock on effect to Somerset's achievement in 2020/21 and practice income.
- 16.4 We have identified all of the practices affected and will be calculating local top ups to ensure practice income is not reduced as a result. All will sit within the boundaries of the original allocated QOF budget.
- 16.5 Due to further data errors sitting within CQRS a number of re-extractions have taken place, but we have now been assured that the data we collected on 18 May 2021 is now accurate and can be used to base our local adjustments. We have prioritised this work and aim to make local payments in-line with the national Statement of Financial Entitlements(SFE).