

Agenda Item: 15c

Report to: NEL CCG Governing Body

Date of meeting: 11/03/2021

Date paper distributed: Click or tap to enter a date.

Subject: NEL CCG PCCC Minutes from October 2020

Presented by: Mark Webb

Previously distributed to: PCCC members and made available as draft on NELCCG website

STATUS OF THE REPORT (auto check relevant box)					
Decision required					
For Discussion to give Assurance		\square (Only if requested by Committee member prior to meeting)			
For Information					
Report Exempt from Public Disclosure		oxtimes No $oxtimes$	Yes		
PURPOSE OF REPORT:	Provide minutes of PCCC committee 16/10/2020				
Recommendations:	Note issues highlighted in item No 8 raised regarding workforce resilience at in Primary Care				
_ Clinical	Discussed at PCC with clinical members and included in papers to COM				
Engagement	Luberra appropriate have been the NEL Commitment been incolored.				
Patient/Public Engagement	(where appropriate – how has the <u>NEL Commitment</u> been implemented)				
Committee					
Process and Assurance:					
Assurance.					
Link to CCG's	 Sustainable 	services	\boxtimes	Supporting communities	
Priorities	 Empowering 	people		Fit for purpose organisation	\boxtimes
Are there any	Legal				
specific and/or	 Finance 				\boxtimes
overt risks relating	 Quality 			Other	
to one or more of the following	 Equality ana 	•			
areas?	Due Regard	Duty)			

Provide a summary of the identified risk

Covid 19 has increased the risk of impact of our aging GP population, Mental health of Clinicians and support staff in Primary care, and the decline in availability of Locum cover. There is a risk that in a few short years our capacity to deliver GP services required for our population will be inadequate.

Executive Summary Extract from PCCC Minutes

• Whilst not only relating to Primary Care, the 3rd Phase Letter highlights support for staff with reference to risk assessments being carried out for all staff to identify their level of risk of COVID19 and where appropriate for mitigating actions to be in place. Risk assessments for all primary care staff have been completed. Where needed, staff are supported to enable them to work remotely, thereby maintaining capacity. Where the CCG has identified potential risk due to numbers of high risk members of staff, we are working with the PCNs to identify any action/support. Each practice completes a daily report identifying any capacity issues within primary care and this is monitored by the CCG to enable any action required to maintain patient care to be identified.

Feedback and discussion from members:

- The need to work more closely and increased pace around digitalisation due to COVID19 will result in a more effective service
- The paper notes risk for staff but need to acknowledge risk for population. It was also highlighted it will be a challenge to combine the risks; the committee would like to see this once completed to have a better insight into the risks.
- Mental health for staff is not mentioned but need to acknowledge e.g. NAVIG are providing support to primary care and care homes.
- This committee has previously raised the risk of our aging workforce, it was discussed how this could be impacted further by COVID19.
- It has been noticed that there are less locum doctors willing to take shifts, this is causing extra pressure on the doctors who are taking on the shifts.