

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee (Public)	Date: 15 June 2021								
Report Title:	Primary Care Quality & Workforce Quarterly Briefing Paper	Agenda Item: 2.3								
Chief Officer:	Jessica Bawden, Director of Primary Care									
Clinical Lead:	Dr Abby Richardson									
Report Author:	Danielle Harding and Karen Key									
Document Status:	Draft									
Report Summary:	<p>The purpose of this report is to</p> <ul style="list-style-type: none"> Update the Committee on the implementation of the Quality Assurance framework Update the Committee on primary care workforce priorities and the Training Hub contract 21/22 utilising allocations received from NHSE/I Update the Committee on items related to Patient experience and Patient safety 									
Report Purpose: <i>(Please tick one box)</i>	<table border="1"> <tr> <td>For Assurance</td> <td><input checked="" type="checkbox"/></td> <td>For Decision</td> <td><input type="checkbox"/></td> <td>For Approval</td> <td><input type="checkbox"/></td> <td>For Recommendation</td> <td><input type="checkbox"/></td> </tr> </table>	For Assurance	<input checked="" type="checkbox"/>	For Decision	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Recommendation	<input type="checkbox"/>	
For Assurance	<input checked="" type="checkbox"/>	For Decision	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Recommendation	<input type="checkbox"/>			
Recommendation:	<p>Section 2.1: The Committee is asked to review the Quality Assurance Framework in the next quarterly update and proposal for relaunch with GP practices at a future membership meeting</p> <p>Section 2.2 The Committee note the 21/22 investments in the Training Hub and are assured that delivery of these investments will be monitored through CCG led contract review alongside (as a separate process to the HEE planned investment)</p>									
Link to Corporate Objectives: 2020/22 <i>(Please Tick Box)</i>	Ensure everyone has the opportunity to improve their health and well-being		X							
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities		X							
	Focus time and resources on areas where people receive most of their health and care services, the community		X							
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.		x							
	Deliver our statutory financial commitments as best as possible									
CAF (Strategic Risk) Reference <i>(Please add risk reference from the CAF)</i>	Description of Risk <i>Please add all relevant risk references from the CAF.</i>		Current Risk Score							
CAF07	There is a risk that the business models for delivering primary care services become unsustainable impacting on access to primary care services.		9 3x3							
Impact Assessments <i>(Please tick box to indicate completed / not required. Please reference and expand main report)</i>	Equality									
	Health Inequalities									
	Health Impact									
	Data Privacy									
	Sustainability									
	Quality									
Financial Impact										
Chief Officer/ SRO Sign Off:	Jessica Bawden, Director of Primary Care									
Chief Finance Officer Sign Off: (if required)										
Legal implications	The CCG has a statutory duty to improve quality in primary care.									
Conflicts of Interest										
Report history:	Quality Update reported to Committee 9 th Feb 2021									
Next steps: (if applicable)	Complete internal recruitment process for 1 wte. Band 7 post, approved by COT 17 th May 2021									

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE

AGENDA ITEM: 2.3

DATE: 15 JUNE 2021

TITLE: PRIMARY CARE QUALITY & WORKFORCE QUARTERLY BRIEFING PAPER

**FROM: KAREN KEY & DANIELLE HARDING
PRIMARY CARE QUALITY & WORKFORCE LEADS (NORTH & SOUTH)**

1 ISSUE

A sustainable primary care sector offering high quality primary care services is an essential element of the Cambridgeshire and Peterborough systemwide approach as we transform to an Integrated Care Partnership (ICP). The CCG therefore wishes to, and has a formal duty to, assist and support NHS England with quality through its delegated authority for contracting GP services. This includes monitoring the quality of primary care services commissioned and responding to concerns arising as well as fulfilling its own statutory duty to work to improve the quality of primary care services.

The purpose of this report is to

- Update the Committee of the implementation of the Quality Assurance framework
- Update the Committee on primary care workforce priorities and the Training Hub contract 21/22 utilising allocations received from NHSE/I
- Update the Committee on items related to Patient experience and Patient safety

2 KEY POINTS

2.1 Implementation of the Quality Assurance framework

Due to the impact of the COVID response, implementation of the Assurance Framework has been paused, in acknowledgement of the workload demands on GP primary care services and the need to refocus priorities to deliver responses to the pandemic.

We have continued to engage with our GP practices using a range of opportunities offering support and signposting relevant information to support delivery of quality services. Where necessary we have convened and hosted 'Safety Huddles' to address any immediate safety or quality concerns raised about a named practice to ensure we have an agreed deliverable plan to implement any changes. The huddles are tailored to include expert support from a wide range of CCG and NHSE colleagues, as required including the Medicines Optimisation Team (MOT), Infection Prevent and Control team (IP&C), IT support, Safeguarding teams and Communications team

With support from the Local Medical Committee (LMC) and the Training Hub, the Care Quality Commission (CQC) delivered a webinar on 23 March 2021, updating Practices about the new style of inspections and information about how practices could prepare for a future visit. All practices were invited. The agenda included an update re the Workforce and Quality roles (North and South), following on from the introduction in the Gateway newsletter.

In discussion with Primary Care Quality Improvement and Surveillance group we have agreed that the Quality Assurance Framework should be put into implementation using a 'light touch' approach which will commence from May 2021. Priority 'virtual' visits will be agreed with our GP practices currently assessed by CQC as *Requires Improvement* or *Inadequate*. The conversations will initially focus on a few core themes; impact of COVID on the workforce and patient experience; progress with CQC Action Plan and preparedness for a future visit; engagement with the Training Hub and awareness of other support structures (Occupational Health services, lunchtime webinars etc); Quality Outcome Framework (QOF) changes related to delivery of flu vaccine and cervical cytology recording; key headlines from Medicines Optimisation Team, Safeguarding colleagues and Infection Prevention and Control team members relevant to each named practice and an opportunity for the Practice to feedback on how we could support them going forwards and share examples of good practice. We would expect to complete conversations with the 22 practices reported in the top quartile of the dashboard by end of Quarter 1 2021/22. In addition, we will start to contact GP practices in the bottom quartile to initiate the support conversations and understand more fully how they are achieving good outcomes on the quality indicators included in the dashboard monitoring tool. These conversations will be supported by additional support secured from the primary care team to deliver quality and workforce priorities.

In addition, the Quality & Workforce team has completed the internal CCG processes and has permission to secure additional sustainable capacity by recruiting an additional Support Manager (band 7). Recruitment to this post will provide a manager and support manager in both North and South locations (4 wte posts in total). This recruitment is in progress.

The original Assurance Framework document approved by the Committee has provided a useful infrastructure to initiate the immediate implementation phase. However, there is scope to review and refresh the framework, based on feedback from discussions with practices and to reflect the opportunities we have for implementation with an expanded team.

Recommendation: The Committee is asked to review the Quality Assurance Framework in the next quarterly update and proposal for relaunch with GP practices at a future membership meeting

2.2 Primary care workforce priorities and the Training Hub contract 2021/22 utilising allocations received from NHSE/I

Appendix 1 describes the initial work on detailing workforce assumptions for primary care workforce trajectories, as part of the System Operating Workforce plan for 2021/22. Further conversations are planned with key stakeholders to review any assumptions and establish a process for reviewing primary care workforce plans year on year.

The ambitions to recruit and retain a sustainable primary care workforce will be supported through a range of initiatives predominantly delivered through the Training

Hub, working in close partnership with Health Education England (HEE), PCN Clinical leads and the NHSE/I regional team. Specific focus remains on how we can recruit, retain and support the GP workforce. This reflects the national position and is reflected in the NHSE/I allocations for 2021/22.

The Training Hub have been quick to adapt their plans for 2020/21 to reflect priorities emerging through the response to the pandemic. They have been able to revise their delivery platforms and provide access to education and learning events through the digital platform. Appendix 2 summarises the key achievements for 2020/21. We continue to monitor the full delivery of this investment through the contract monitoring process, as implementation of some of the planned activity has been delayed and will be delivered through 2021/22. In addition, some of the expected costs for delivering education and learning support have been revised, as the digital access has often been a cheaper option to booking venues and meeting rooms. This small surplus will be reinvested into delivery of a range of support which has been highlighted through the recent Training Needs Analysis.

Identified NHSE/I allocations focussed on workforce initiatives in primary care received in Quarter 4 2021 and confirmed allocations for 2021/22 have been included in the Training Hub Contract for 2021/22. These allocations come with mandated expectations which the Training Hub is set up to deliver. The table below describes the allocation and a summary of the contract agreed with the Training Hub for 2021/22.

Funding	Code	Source	Amount
GP Flexible Staff Pool (funds received Q4 20/21)	N4037	NHSE/I allocation	£120k
		MOU between NHSE/I and C&P STP/ICS to support the development/Implementation and running costs of local pools. Consideration should be paid to any existing provision and ensuring geographic coverage. Funding should also be utilised to deliver peer networking for GP's engaged via the pool, as well as any digital solution required (not salary costs for GPs) The ICS/STP <ul style="list-style-type: none"> • Should ensure delivery of the programme in line with national guidance • Should be prepared to repay any underspend • Accessing the fund will be conditional on full completion of national appointment and workforce data. 	
Training Hubs allocation received 21/22	N4037	NHSE/I allocation	£189k
		Allocation for investment in Training Hub infrastructure costs	
GPFV Fellowships allocation for 21/22	N4039	NHSE/I allocation	£326k
		National scheme of support (introduced 20/21) new Nurses and GPs in first 2 years post qualification. Aimed at 100% coverage of all new clinicians starting in a substantive post with 12 months of qualifying. Rolling programme – mandated outcomes but local flexibility for delivery. Programme has evaluated well to date: GPs: <ul style="list-style-type: none"> • 19 x GPs in cohort 1, Recruiting for Cohort 2 – open access (2 already recruited) • Ongoing monthly GP fellowship mornings – 100% attendance, inspirational speakers on a range of topics • First GP mentor meeting – positive feedback on value of mentoring time 	

	Nurses: <ul style="list-style-type: none"> • 10 x Nurse in cohort 1, 5 x Cohort 2 • GPN monthly fellowship education mornings initiated • Group Supervision sessions – positive feedback 		
GPFV Supporting Mentors Scheme (funds received Q4 20/21)	N4047	NHSE/I allocation	£38k
	MOU between NHSE/I and C&P STP/ICS to create a portfolio working opportunity for GPs who wish to mentor other GPs.		
Training hub bid – support Training Practices (from accrued funds received 20/21)	N4037	NHSE/I allocation	£133,003
	Local plan to incentivise PCN's to develop into multi professional learning environments and increase the number of training practices by <ul style="list-style-type: none"> • increasing the number of learner placements across all roles • support PCN's to build multi professional learning environments and • increase the number of training practices C and P ICS needs to accommodate a 30% increase in GP trainees and the move to 2-year primary care placement. Plus, service the increase in nurse placements. Training Hubs are now tasked by HEE to support PCN's to develop multi professional learning environments. This proposal intends to reward and incentivise PCN's to support their constituent practices to deliver their commitments for multi professional placements as a collective agreement.		
Training Hub Contract Value 21/22			£806,003

In addition, the Training Hub is funded by Health Education England (HEE) (£314k per year) to provide a sustainable workforce infrastructure to deliver the vision of the primary care school, recruiting both educator and support personnel. HEE have suggested roles and associated funding levels based on HEE pay scales with clear role expectations for delivery of national and regional primary care workforce initiatives. HEE have described the Training Hub 'must dos' to include:

- Development and coordination of quality clinical placements
- Workforce planning
- Support recruitment of the primary care workforce through developing a faculty of multi-professional educators delivering educational programmes
- Embed new roles within primary care
- Support the retention of primary care staff and promote primary care as the destination of choice
- Active management of clinical placement tariffs

“Our purpose is to create, facilitate and support the best possible educational experience for all learners within primary care in the East of England. Our goal is to sustain a quality primary care workforce for our region” (HEE 2021). The HEE Training hub infrastructure funding has led to a firmer foundation for our training hubs as well as the creation of a Primary Care School. The training hubs can be regarded as the 'delivery arm' of HEE and, as such, are both HEE and 'system'. Delivery of the vision will be achieved by working collaboratively with the training hubs in each of our 6 systems as well as with NHSEI.

Recommendation: The Committee is asked to note the 2021/22 investments in the Training Hub and are assured that delivery of these investments will be monitored through CCG led contract review alongside (as a separate process to the HEE planned investment)

2.3 Other Workforce Programme's – CCG & NHSE/I led

GP Retainer Scheme: The CCG remains responsible for the funding of GP retainers, working in partnership with HEE & NHSE/I. There are currently 30 GP Retainers with Cambridgeshire and Peterborough. In 2021/22, within this total number, we have accepted 3 new GP Retainers and are expecting 5 to complete their tenure on the programme. Based on the GPs that we are currently reimbursing, the total annual budget for 2021/22 is £514,984.

International GP Recruitment programme (IGPR): The CCG works with the Regional Team to deliver the International GP Recruitment programme. Cambridgeshire and Peterborough currently host five International GPs (IGPs), two have successfully been registered on the national performers list (with conditions), the other 3 remain at the observational stage and are currently on track to move through the programme. Regionally we are working to secure placements for 8 more IGPs to the UK who have either passed their OET English exams or are studying to sit their exams in the next couple of months. Locally we have 1 practice who have registered an interest. Further work is required to ensure the practices are accredited as a training practice and are registered as Tier 2 sponsors.

Tier 2 Visa sponsorship: Due to the UK leaving the EU all International Medical Graduates will need certificates of sponsorship from a Tier 2 Visa sponsor practice once they complete their training in order to remain and work in the UK. A need to help these international medical graduates find sponsor employers has been identified in the East of England and the IGPR team are currently working with the National team and St Helens and Knowsley to identify these graduates and ST3s. Previously NHSE/I has reimbursed the practice costs of becoming a Tier 2 Sponsor employer with the Home Office, this agreement ended 31 March 2020. Practices are now asked to self-fund costs (The cost is currently £536 for a smaller practice (employing under 50 employees) and £1476 for larger practices). We have accrued a small reserve through the IGPR programme which we can use to help with the above costs, but these monies will not cover all practices. Conversations continue at regional and national level to explore more sustainable solutions.

3. PATIENT EFFECTIVENES

3.1 Quality Monitoring Processes during the recovery phase of Covid-19

Representatives from the LMC continue to attend the monthly Primary Care Quality Improvement group and, alongside the CQC and Healthwatch attend the quarterly Primary Care Quality Surveillance group. Local intelligence is added to the Quality Dashboard and forms part of the priority scoring process, so we can direct appropriate and proportionate support accordingly, to our member practices. We will continue to work with both the LMC, CQC and Healthwatch colleagues to understand how we can best respond to local intelligence by triangulating these details with other sources of local information and agree any actions.

3.2 CQC Inspection Update

CQC completed an unannounced inspection at Thistle Moor Medical Centre on 11 February 2021 following concerns they had received. The focus of the inspection was on three of the five domains; Safe, Effective and Well-led services (Caring & Responsiveness of services were not inspected at this visit; the ratings from the last inspection have been carried forward). The full report is now published on the CQC website. Their overall rating has been reduced from Outstanding to Good overall. Safety of services has been rated as 'requires improvement'. Learning from this inspection has led to system discussions re practice list cleansing processes (ghost pts) and an opportunity to consider how we can offer

support to GP practices to review their terms and conditions of employment to support recruitment and retention of staff.

The CQC has confirmed local plans for the revised inspection regime planned for GP practices across our system. Two practices have been advised of their inspection dates planned for early June 2021. In preparation the Training Hub hosted a joint webinar with the CQC and LMC to inform our member practices of the revised approach and signpost colleagues to useful resources which will help them to prepare fully for any future inspection. Prioritisation has been focussed on reassessing any practices who are currently rated as 'Requires Improvement' or 'Inadequate'. Appendix 3 lists the CQC Ratings report for GP Practices as of 1 March 2021. Cambridgeshire and Peterborough currently have 10 practices who remain as requiring improvement and 1 practice rated as Inadequate

4. PATIENT SAFETY

4.1 Serious Incidents There are currently no 'open' Serious Events from Primary Care.

5. PATIENT EXPERIENCE

5.1 Friends and Family Test Data This data set is not currently being monitored. We have been given no estimated date for this to recommence.

5.2 Complaints and Concerns

During 2020/21 NHS England received 64 complaints regarding GP practices in the Cambridgeshire and Peterborough area. 18% were upheld by NHS England complaints department and 8% are still under investigation. So far in Quarter 1 of 2021/22, NHS England have received an additional 9 complaints. 78% are still under investigation and none have been upheld so far. Please see Appendix 4 for further details.

The current CCG complaint and concern processes about Primary Care are being reviewed to ensure that all of the information gathered via these routes are collated in a reportable format. This is part of a wider organisation policy review. The aim is for all Primary Care related cases to be aligned to this policy with the ability to enable data to be accurately extracted and reported to this committee.

6 RECOMMENDATION

Section 2.1:

The Committee is asked to review the Quality Assurance Framework in the next quarterly update and proposal for relaunch with GP practices at a future Membership meeting.

Section 2.2

The Committee note the 2021/22 investments in the Training Hub and are assured that delivery of these investments will be monitored through CCG led contract review alongside (as a separate process to the HEE planned investment)

7 BACKGROUND INFORMATION

Whilst GP Practices are accountable for the quality of services they are contracted to provide and are required to have their own quality monitoring processes in place, the CCG as commissioner still has a shared responsibility for quality assurance by supporting GP Practices to deliver primary care services that are consistently of high quality for the benefit of patients and to a standard that the local population should expect to receive.

It is also important that primary care's impact on the wider local system supports its overall sustainability. In recognition of this the assurance framework places an importance on understanding and addressing inappropriate variation in the overall use of system resources by practices' registered patients. Various quality indicators have been included as part of the Primary Care Quality Dashboard to allow the CCG to identify and address variations in performance across our member practices.

Through a duty of candour, and the contractual relationship between the CCG and GP Practices, it is expected that Practices (and PCNs) will engage in system wide approaches to improving quality, reduce variation and the implementation of this Framework.

The Quality Assurance Framework therefore also sets out how:

- primary care services are monitored locally to identify, assess, and address any risks to patients and assess any risks to the quality of services due to practice vulnerability and support practices in maintaining quality
- areas identified as requiring improvement are addressed
- avoidable variations in quality are reduced
- learning and best practice is shared to encourage continual improvement and innovation

The Framework also makes a commitment that the CCG will offer support to practices who find themselves struggling in the face of the many challenges currently facing primary care providers.

8 CONCLUSION

The building of trust and relationships is vitally important for two way open and honest conversations with all our member practices and as the CCG Primary Care Quality team increase in capacity our ambition is that this will develop further so that we can support our member practices to deliver safe, effective services which will provide good health experiences and outcomes for our local population

Author *Karen Key & Danielle Harding*
Quality & Workforce Leads (North & South)
27th May 2021

Appendices

Appendix 1: System Operating Plan Workforce plan for 21/22 and an overview of workforce data reported by GP practices in the NWRS tool.

Appendix 2: Summary of Training Hub Achievements 2020/21

Appendix 3: CQC Ratings report for GP Practices as of 1st March 2021

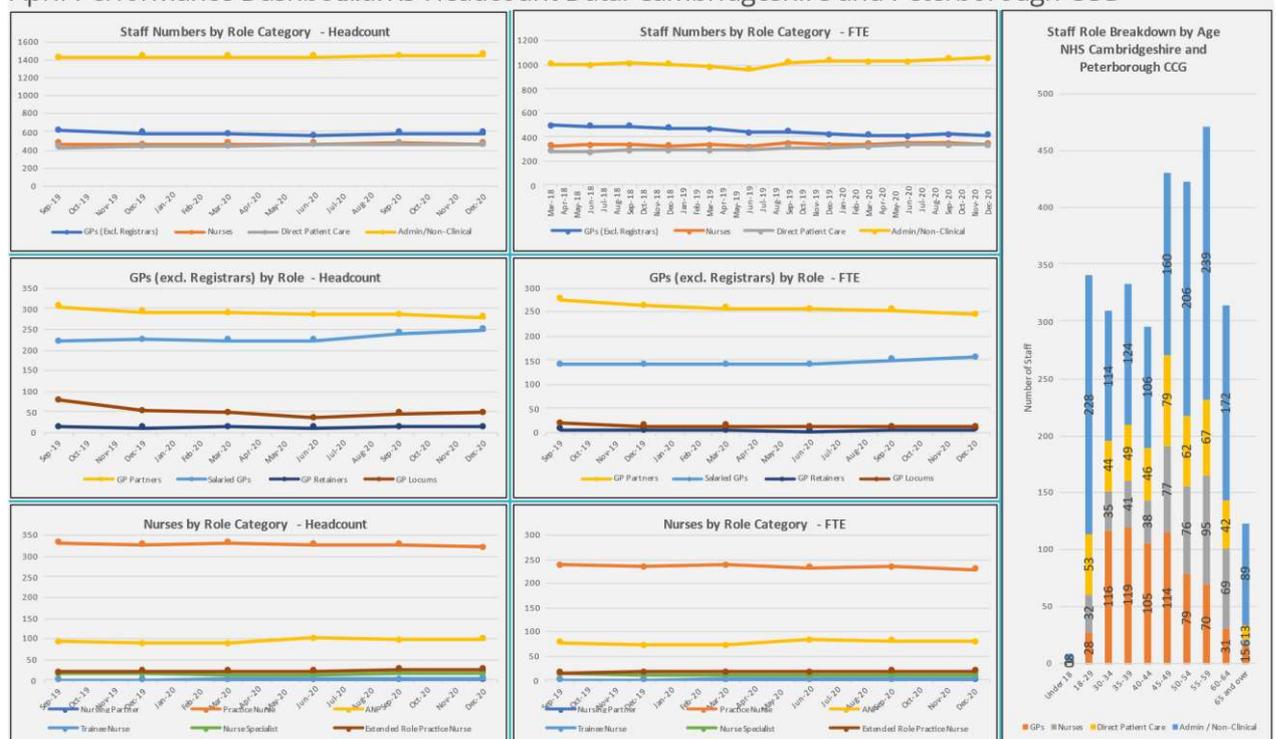
Appendix 4: Summary of NHSE Complaints 2020/21

Appendix 1: System Operating Plan Workforce plan for 21/22 and an overview of workforce data reported by GP practices in the NWRs tool

Updated post meeting:

	Establishment	Baseline	Plan	Plan	Plan	Plan	Establishment
	2020/2021	Staff in post outturn	As at the end of June 2021	As at the end of September 2021	As at the end of December 2021	As at the end of March 2022	2021/2022
NHS Cambridgeshire and Peterborough CCG	Year End 31.03.20	Year End (31st March 2021)	Q1	Q2	Q3	Q4	Whole Year
Workforce (WTE)	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Total by staff group							
GPs excluding registrars	508.2	508.2	508.2	508.2	514.9	519.9	519.9
Nurses	355.6	355.6	356.7	357.8	358.8	359.8	359.8
Direct Patient Care roles (ARRS funded)	114	114	140.25	166.5	192.75	219	219
Direct Patient Care roles (not ARRS funded)	346.1	346.1	346.1	346.1	346.1	346.1	346.1
Other – admin and non-clinical	1070.8	1070.8	1077	1083.1	1089.3	1095.4	1095.4
Total Provider Workforce (WTE)	2394.7	2394.7	2428.25	2461.7	2501.85	2540.2	2540.2

April Performance Dashboard - NWRs Headcount Data: Cambridgeshire and Peterborough CCG



Appendix 2: Summary of Training Hub Achievements 2020/21

Recruitment and Retention

- Support 14 (21) GP returners to come back into primary care as ERP
- Recruited 17 GPs and 12 nurses on the first year of a dynamic and responsive fellowship programme. Already have 3 GPs and 5 nurses on Cohort 2
- Supporting STP 'Building capacity to care project' to encourage recruitment and retention of those moving into or in the Primary Care
- Over 3000 people registered on the website – evidenced by internet traffic and engagement in all pages as a one stop shop for all information

Education

- Responding to the training needs analysis, 197 training events attended by 5308 primary care staff
- Responsive to urgent training needs – e.g. Covid, mass vaccs and ensuring training and education needed happens at pace including online BLS free sessions
- CPD opportunities for all roles – from admin and HCA staff to GPs
- Over 80 nurse placements in primary care (highest number in primary care in the region)
- Supporting practices by leading the pilot on 5-week nurse digital placements for 18 student nurses.
- Set up the first cross-system partnership for rotational apprenticeship for pre-registered trainee pharmacy technicians (10)
- Providing monthly 2-day induction into primary care programme
- Provide coaching and mentoring training and support for all staff including group supervision opportunities. Including ILM5 mentoring qualification offered.

Development

- Peer support for all roles – F5 GPs, GPs, nurses, paramedics, physios, pharmacists, personalised care workers, ACPs
- Information and advice to PCNs for all new roles
- ACP – support, education, and ongoing development opportunities to ensure that staff meet the minimum requirements for first contact and Advanced Practitioner roles
- Implement innovative projects to support practices and PCNs – such as the MSK pilot

Leadership

- Recently appointed GP Retention Lead to facilitate Keeping in Touch days
- Appointed ambassadors supporting ARRS roles – Paramedic, FCP, Pharmacist's - plus pilot of 2 personalised care ambassadors
- Supporting pipeline of staff into primary care – engagement with VTS and HEIs for all roles
- Provide further opportunities by engaging in partnerships and projects across the system e.g. East of England Ambulance Service Trust (EEAST)

Appendix 3: CQC Ratings report for GP Practices as at 1st March 2021



Primary Care

The CCG continue to monitor those practices which are rated IA or RI, through action plans submitted to the CQC/CCG.

A Quality and Patient Safety Report is submitted quarterly to Primary Care Commissioning Committee.

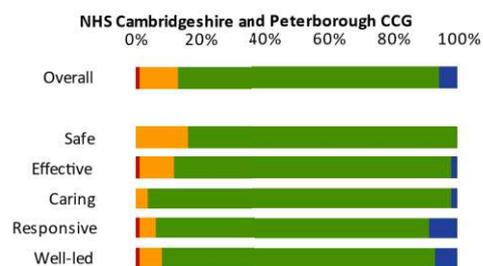
Current CQC Ratings for Cambridgeshire and Peterborough – GP Practices (As of 1 March 2021)



GP Practices rated Inadequate or Requires Improvement:

ODS Code	GP Name	Location	O	S	E	C	R	W
D81042	Waterbeach Surgery	Cambridge	Red	Orange	Green	Green	Red	Red
D81062	Haddenham Surgery	East Cambs	Orange	Orange	Green	Green	Orange	Green
D81630	Hampton Health	Peterborough	Orange	Orange	Green	Green	Green	Green
D81002	Huntingdon Road Surgery	Cambridge	Orange	Orange	Green	Green	Green	Green
D81065	Nightingale Medical Centre	Peterborough	Orange	Green	Green	Orange	Green	Green
D81044	Nuffield Road Medical Centre	Cambridge	Orange	Orange	Green	Green	Green	Orange
D81022	Octagon Medical Practice	Peterborough	Orange	Orange	Green	Green	Green	Green
D81049	Spinney Surgery	Huntingdon	Orange	Orange	Green	Green	Green	Orange
Y02769	St Neots Health Centre	Huntingdon	Orange	Orange	Green	Green	Green	Orange
D81629	The Willow Tree Surgery	Peterborough	Orange	Orange	Green	Green	Orange	Green
D81073	Westwood Clinic	Peterborough	Orange	Orange	Green	Green	Green	Green

	IA	RI	GO	OU	NR	Total
National	27	312	5,824	319	216	6,698
	0.4%	4.8%	89.8%	4.9%	3.2%	
East of England	9	45	573	25	26	678
	1.4%	6.9%	87.9%	3.8%	3.8%	
C&P CCG	1	10	70	5	1	87
	1.2%	11.6%	81.4%	5.8%	1.1%	



Appendix 4: Summary of NHSE Complaints 2020/21

