

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 2 October 2018
Meeting No.	42.	Time	9:30am – 10:30am
Chair	Mr Clive Wood Deputy Chair of the CCG and Independent Lay Member	Venue / Location	Framland Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/18/107	Welcome and Introductions		Clive Wood	Verbal	9:30am
PC/18/108	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood	Verbal	9:30am
PC/18/109	Apologies for Absences: •	To receive	Clive Wood	Verbal	9:35am
PC/18/110	Notification of Any Other Business	To receive	Clive Wood	Verbal	9:35am
PC/18/111	Declarations of Interest on Agenda items	To receive	Clive Wood	Verbal	9:40am
PC/18/112	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 4 September 2018	To approve	Clive Wood	A	9:45am
PC/18/113	To Receive Actions and Matters Arising following the meeting held on 4 September 2018	To receive	Clive Wood	B	9:50am
PRIMARY CARE FINANCE REPORT					
PC/18/114	Primary Care Finance Report 2018/19 (Month 5, August 2018)	To receive	Donna Enoux	C	9:55am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
OPERATIONAL ISSUES					
PC/18/115	Sustainability and Transformational Partnership (STP): GP Programme Update	To receive	Tim Sacks	D	10:05am
PC/18/116	Frailty Pathway - Update	To receive	Tim Sacks	E To follow	10:15am
ANY OTHER BUSINESS					
PC/18/117		To receive	Clive Wood	Verbal	10:25am
DATE OF NEXT MEETING					
PC/18/118	<p>Tuesday 6 November 2018 at 9:30am – 11:00am, Guthlaxton Committee Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.</p> <p>Please note, the time of the meeting has changed.</p>		Clive Wood	Verbal	10:30am

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**Minutes of the Primary Care Commissioning Committee held on
Tuesday 4 September 2018 at 9:30am in the Gartree Committee Room,
ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB**

Present:

Mr Clive Wood	Deputy Chair of the CCG and Independent Lay Member (Chair)
Mr Alan Smith	Independent Lay Member
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Ms Amanda Bland	Interim Deputy Chief Nurse (on behalf of Interim Chief Nurse and Quality Officer)
Dr Katherine Packham	Consultant in Public Health

In attendance:

Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Mrs Seema Gaj	Primary Care Contracts Manager
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (from item PC/18/102 onwards)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/18/94	<p>Welcome and Introductions</p> <p>Mr Clive Wood welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, in particular, Dr Katherine Packham.</p> <p>Dr Packham informed the Committee that as a newly appointed Consultant to Public Health, attendance at the PCCC and the Governing Body meeting will be shared between her and Dr Daniel. This was followed by a series of introductions by all members present.</p>	
PC/18/95	<p>To receive questions from the Public in relation to items on the agenda</p> <p>There were no members of the public present at the meeting.</p>	
PC/18/96	<p>Apologies for absence:</p> <ul style="list-style-type: none"> • Dr Girish Purohit, GP Locality Lead for Melton, Rutland and Harborough • Dr Vivek Varakantam, GP Locality Lead, Oadby and Wigston • Mrs Tracy Burton, Interim Chief Nurse and Quality Officer • Mr Jamie Barrett, Head of Primary Care • Ms Kate Holt, Healthwatch Rutland 	

ITEM		LEAD RESPONSIBLE
PC/18/97	<p>Notification of Any Other Business</p> <p>Mr Wood had not received notification of any other business.</p>	
PC/18/98	<p>Declarations of Interest</p> <p>GPs present declared an interest in items relating to commissioning of primary care where a potential conflict may arise, including the following specific declarations in relation to the following agenda items:</p> <ul style="list-style-type: none"> • PC/18/103: Overview of Primary Care Contracting Policies: Update September 2018 Dr Glover declared a conflict of interest in relation to this agenda item as the policies covered contractual arrangements in place between the CCG and the Practices. It was agreed for Dr Glover to remain within the meeting when this report is presented. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the conflicts of interest declared and note the actions taken. 	
PC/18/99	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 7 August 2018 (Paper A)</p> <p>The minutes of the meeting held in August 2018 were accepted as an accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 1 - In attendance Mrs Hayley Moore and Mr James Watkins to be included within the attendance section. • Page 2 – Declarations of Interest <i>Mr</i> Glover to be amended to “Dr” Glover. • Page 13 – Primary Care Finance Report 2018-19 (Month 3, June 2018) It was noted the pound sign (£) was missing from the annual budget for 2018-19 for primary care services listed under the first bullet. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting, subject to the above amendments. 	

ITEM	LEAD RESPONSIBLE
<p>PC/18/100 To Receive Matters Arising following the meeting held on 7 August 2018 (Paper B)</p> <p>The matters arising following the meeting held in August 2018 were received, and the following updates noted:</p> <ul style="list-style-type: none"> <p>PC/18/62 – Primary Care Finance Report Month 12, 2017-18 and 2018-19 Budget Position</p> <p>It was noted that the prescribing activity data at Practice level has been reviewed and was due to be presented to the Financial Turnaround Committee (FTC) in August 2018. As the FTC meeting was cancelled, it was agreed to extend the deadline until October 2018. Action ongoing.</p> <p>PC/18/86 - Uppingham Surgery: Option on the future of the Ketton Branch Surgery</p> <p>Mr Sacks requested whether a brief update could be provided in relation to the Uppingham Surgery following a recent meeting with the Chair of Health and Overview and Scrutiny Committee. As this was granted by Mr Wood, Mr Sacks informed the Committee that he has been informed that Councillor Conde and Councillor Brown have written to the Secretary of State for Health challenging the decision made by the Committee at its last meeting to proceed with the closure of the Ketton branch surgery; and not the process applied.</p> <p>Mr Sacks assured the Committee that due process had been followed in line with NHS England’s guidelines. However, it was noted that there is always a risk of challenge.</p> <p>Mr Wood thanked Mr Sacks for the update and felt it was disingenuous for the Councillors to contact the Secretary of State for Health in the absence of not attending the PCCC meeting in August 2018 to raise their concerns, or inform the CCG of their intentions. Mr Sacks confirmed the Councillors have been asked why they did not attend the PCCC meeting last month, but a response has not been received to date.</p> <p>PC/18/92 - Any other business: Dr Tabitha Randell – Role within the PCCC</p> <p>Progress against the options to have a clinical member on the Committee continued to be explored. Action ongoing.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> <p>RECEIVE the matters arising and NOTE the progress to date.</p> 	

ITEM		LEAD RESPONSIBLE
PC/18/101	<p>Committee Work Programme 2018-19 (Paper C)</p> <p>Mrs Bains presented this report, which was taken as read.</p> <p>It was noted that the Committee's work programme for 2018-19 was appended to the report, which has been aligned to the Committee's Terms of Reference that were approved by the Governing Body in May 2018. It was also reported that the draft programme has been reviewed by Mr Barrett and the Primary Care Team and will evolve during the year, however, aims to provide a proactive approach to the running of the Committee.</p> <p>Ms Enoux queried whether the Committee had agreed to receive quarterly / six monthly financial reports in relation to areas of activity not routinely reported to the Committee (e.g. ETTF, GP IT etc). Mr Sacks stated Committees requires various reports that are provided by the Primary Care Team and noted a Summary of GP Support and Investment Plan (GP SIP) and Primary Care QIPP will be presented to the CCG's Integrated Governance Committee in September 2018, which may be required at the PCCC meeting too. It was suggested Mr Sacks liaises with Ms Enoux and Mrs Bains to review the reports required and determine the appropriate forum.</p> <p>Dr Glover acknowledged the receipt of inspection reports from the Care Quality Commission (CQC) and queried whether the 'Quality and Patient Safety' section on the programme could be expanded to include other areas of primary care quality and performance. For example, Dr Glover had previously worked closely with the Quality and Nursing team in relation to primary care quality related issues, visits to Practices and the primary care dashboard, which appear to have stopped and it would be helpful for these areas of activity to be reinstated and captured within the proposed programme. Mrs Bains agreed to expand the 'Quality and Patient Safety' section to include wider primary care quality areas that fall within the remit of the Committee.</p> <p>Mr Sacks agreed with comments made by Dr Glover and confirmed a meeting has been arranged with Mrs Burton, Ms Bland and Mr Barrett in order to scope out the primary care requirements from a quality perspective, which would be extended to include Dr Glover. In addition, Mrs Gaj informed the Committee that in line with the Primary Medical Care Policy and Guidance Manual (PGM), the CCG is required to undertake Practice visits and the process to be followed has been shared with a few Practices for their input.</p> <p>Dr Glover thanked members of the Committee for providing an overview of the proposed way forward, which was positive in terms of primary care quality and safety; and welcomed the opportunity to be involved with discussions, subject to availability.</p>	<p>Daljit Bains</p>

ITEM		LEAD RESPONSIBLE
	<p>In addition, Mr Smith felt the prescribing costs reports that are presented to the Financial Turnaround Committee (FTC) should also be presented to the Committee. Ms Enoux reiterated to the Committee that prescribing level data is not presented to the Committee, as in line with the Terms of Reference agreed, this Committee is required to receive financial information in relation to the co-commissioning primary care budget, which does not include prescribing. Mrs Bains noted the comments made and confirmed the Committee is required to operate in line with legislation and its delegated authority.</p> <p>Mr Wood thanked members of the Committee for their comments and contributions, and agreed to approve the proposed Work Programme for 2018-19, subject to the inclusion of wider primary care quality and safety areas as highlighted by Dr Glover.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Work Programme for 2018-19, subject to the inclusion of wider primary care quality and safety areas. 	
<p>PC/18/102</p>	<p>Primary Care Finance Report 2018-19 (Month 4, July 2018 (Paper D))</p> <p>Ms Enoux presented this report, which provided the outturn position for Primary Care services for 2018-19; and was taken as read.</p> <p>Ms Enoux drew the Committee's attention to the following:</p> <ul style="list-style-type: none"> • Annual budget for 2018-19 for primary care services totalled £95.9m; • a year to date overspend of £1.1m and an outturn overspend of £3.8m is being forecast. <p>Ms Enoux informed the Committee that a forecast outturn overspend of £1.1m is being reported within primary care prescribing and noted as a cost pressure, as previously reported. While the forecast is only based on two months' worth of actual Prescription Pricing Authority (PPA) data, the cost pressure is mainly associated with the ongoing costs of NCSO drugs, which have not reduced from the 2017-18 levels as anticipated, and a number of which are returning back to the drugs tariff at a higher price.</p> <p>With regards to the Primary Care QIPP stretch, Ms Enoux informed the Committee that the majority of options that are being progressed link to contracts, and as only partial delivery is anticipated within the current financial year, a £1.7m overspend</p>	

ITEM		LEAD RESPONSIBLE
	<p>has been identified. In response to Mr Sacks query as to why QIPP is reported to the Committee and not to the FTC, Ms Enoux confirmed the primary care Co-commissioning budget is reported to the PCCC and the entire primary care budget is reported to the FTC.</p> <p>Mr Smith queried whether the report needed to include an overview of the extent of the overspend, implications for the CCG and whether further actions / mitigations are in place in order to reduce the level of risk. Ms Enoux informed the Committee that the CCG may not be able to recover the financial position, however, conversations are being held in relation to the NSCO drugs and Category M drugs, for example.</p> <p><i>Dr Nainesh Chotai joined the meeting.</i></p> <p>In addition to the above, it was noted that cost pressure has increased within this financial year due to a transfer of activity from NHS England to the CCG without additional financial resource.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and NOTE the update. 	
PC/18/103	<p>Overview of Primary Care Contracting Policies: Update September 2018 (Paper E)</p> <p>Mrs Gaj presented this report, which provided an update in relation to all NHS England Policies and local guidelines for the Committee to review and approve.</p> <p>Mrs Gaj reminded the Committee that at its meeting in June 2015, it was presented with a summary of national policies as provided by NHS England, which were subsequently adopted by the CCG. This also included a number of local policies and procedures that were developed for Leicestershire and Lincolnshire that were to be used in conjunction with the national policies. Table 1 of the report listed the national policies that were adopted by the CCG at the time with a progress update in line with the Primary Medical Care Policy and Guidance Manual (PGM) provided at Appendix 1 (https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/)</p> <p>The Committee were informed that:</p> <p>a) the Primary Medical Care PGM incorporates the following existing national policies:</p> <ul style="list-style-type: none"> • Managing Contract Breaches, Sanctions and Terminations 	

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • Managing Regulatory and Contract Variations • Branch Closures for Primary Medical Services (PMS) • Managed Closed Lists • Death of a Contractor in PMS • Policy for managing Patient Assignments • Managing Disputes for PMS <p>b) the following existing national policies will need to be continued to be adhered to as they had not been integrated into the Primary Medical Care PGM:</p> <ul style="list-style-type: none"> • Managing the end of time limited contracts • Patient Registration: Standard Operating Principles for Primary Medical Care (General Practice) • Framework for patient and public participation in primary care commissioning <p>c) the Violent Patient Scheme (VPS) / Policy that had been developed by the LLR CCGs is currently under review and will be presented to the Committee for approval in due course.</p> <p>Appendix 2 provided the 'Application for Proposed Practice Mergers' that was approved by the Committee in July 2015, which Practices use as a guideline to ensure key areas of considerations are adhered to. As the Primary Medical Care PGM includes guidance for commissioners on the formal process for practice and/or contractual mergers, Mrs Gaj recommended that all practice merger applications received are considered in light of both documents stated above; and the review date is revised to September 2019.</p> <p>Appendix 3 provided the 'Agreed Financial Assistance Policy – for Practices Experiencing the Impact of Dispersed List' that was presented to the Committee in October and December 2015 in conjunction with neighbouring CCGs. It was noted that following a dispersed list, ELR CCG offer £4.50 per patient and West Leicestershire CCG offer £5.00 per patient; however, Leicester City CCG offer £10 per patient. As there were no changes to this local policy, it was recommended to revise the review date to September 2019.</p> <p>In summary, Mrs Gaj requested the Committee to:</p> <ul style="list-style-type: none"> • note the contents of the report and the CCG's commitment to adhere to the Primary Medical Care PGM; • agree and approve: <ul style="list-style-type: none"> - the continued use of policies not included within the 	

ITEM		LEAD RESPONSIBLE
	<p>Primary Medical Care PGM until further updates are published;</p> <ul style="list-style-type: none"> - the reference to use both the Primary Medical Care PGM and the 'Application for Proposed Practice Mergers' provided in Appendix 2, with a revised review date of September 2019; • approve the revised review date of the 'Agreed Financial Assistance Policy – for Practices Experiencing the Impact of Dispersed List' also to September 2019, which has not changed. <p>Dr Glover thanked Mrs Gaj for a detailed report, which had been clearly articulated and queried whether the two Practices within ELR CCG who are currently undergoing a merger process, have been informed of the need to satisfy the requirements of the two documents above. Mrs Gaj confirmed both Practices have been provided with both documents and informed of the processes required as well as the level of adherence required.</p> <p>In addition, Dr Glover stated he was not conflicted with the policy on dispersal lists as provided in Appendix 3, however, felt the lack of consistency between the Leicester, Leicestershire and Rutland (LLR) CCGs regarding the financial provision should be aligned to avoid the impact, especially for patients and Practices across CCG boundaries. Mrs Gaj confirmed this had been disputed however, not resolved, hence the inconsistency.</p> <p>In response to Ms Enoux's query as to the purpose of the financial payment for Practices experiencing the impact of a dispersed list, Mr Sacks confirmed this payment contributes towards the administration costs of registering the patient with the receiving Practice. Dr Glover stated the impact on Practices depends on the number of patients dispersed and the state of the medical records transferred, as these may not be fully up to date due to the circumstances of the previous Practice, which makes it more difficult to review and identify any clinical risk to patients and/or the receiving Practice. It was noted that the CCG offers the minimum amount in line with national policy and procedures.</p> <p>Dr Packham stated it was important to strike a balance in terms of patient safety and would be keen to review the document in terms of inequalities from a Public Health perspective; this was welcomed by the Committee.</p> <p>Ms Bland referred to Table 1 of the report and noted a number of national policies that had not been included within the Primary Medical Care PGM with review dates of June 2014 and queried</p>	

ITEM	LEAD RESPONSIBLE
<p>whether these have been (or are likely to be) reviewed. Mrs Gaj confirmed no further updates had been received from NHS England and current versions will be adhered to until updated versions are published by NHS England. Mrs Bains enquired where the CCG continues to use a local policy alongside the national policy, such as in the case of the Practice Merger Policy, would this result in a conflict between the policies, or would the national policy take precedence. It was noted that the local policy would complement that national policy and if it were to be a conflict, the national policy will take precedence.</p> <p>Mr Wood thanked members of the Committee for their input.</p> <p>The Committee noted the:</p> <ul style="list-style-type: none"> • implementation of the Primary Medical Care Policy and Guidance Manual; • VPS Policy for the LLR CCGs is currently under review and will be presented to the Committee in due course. <p>The Committee approved:</p> <ul style="list-style-type: none"> • the continuation of documents not incorporated within the Primary Medical Care PGM and to refer to current versions until revised documents have been issued; • that for all reference to merger applications, the CCG will make reference to both the Application for Proposed Practice Mergers (local procedure) and the national policy under the Primary Care PGM; • the revised review dates for the following local policies as September 2019 due to no changes to the existing policies: <ul style="list-style-type: none"> - Agreed Financial Assistance for Practices Experiencing the Impact of Dispersed Lists - Application for Proposed Practice Mergers. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report; • APPROVE the continuation of documents not incorporated within the Primary Medical Care PGM and to refer to current versions until revised documents have been issued; • the CCG will make reference to both the Application for 	

ITEM		LEAD RESPONSIBLE
	<p>Proposed Practice Mergers (local procedure) and the national policy under the Primary Care PGM, for all reference to merger applications;</p> <ul style="list-style-type: none"> • revise the review dates for local policies as September 2019 due to no changes. 	
<p>PC/18/104</p>	<p>Sustainability and Transformational Partnership (STP): GP Programme Update (Paper F)</p> <p>Mr Sacks presented this report, which provided an update on the Work Programme for the STP General Practice Programme Board (GPPB) that included the following appendices:</p> <ul style="list-style-type: none"> • GP Retention Plan at appendix A; • GPPB Tracker at appendix B. <p>Mr Sacks provided the Committee with a high level background to the GP Workforce Plan, which was originally published in 2017 and specific targets set, especially for International Recruitment of GPs, which is not proving as successful in terms of targets set. In light of this, NHS England have focused their attention on the retention of GPs currently within the field.</p> <p>As reported to the Committee last month, the GP Retention Scheme supports both the Retained GP and the employing Practice as it offers financial and educational support as well as greater flexibility for a doctor to remain in clinical practice for a maximum of four clinical sessions per week or 208 sessions per year; and can claim around £15k. It was reported that this Scheme was proving very successful and the CCG has been requested by NHS England to continue to push this Scheme forward, however, this is to be funded by the CCG and not NHS England as according to NHS England, it has been included within the CCGs baseline. Mr Sacks confirmed there were around 7 Retained GPs within the CCG, which equates to around £105k per year. There is however no budget for this, and therefore a cost pressure.</p> <p>Mr Wood thanked Mr Sacks for the update and queried whether any progress had been made in relation to the current Retained GPs within the CCG. Mr Sacks confirmed this is currently under review by Mr Barrett and a report to be presented to the Committee in October 2018.</p> <p>Mr Sacks informed the Committee that the NHS England funded part for GP Recruitment will commence in September 2018; and formally thanked Ms Sharon Rose, Locality Lead Manager and STP GP Programme Lea for her work to date on the GP Five Year Forward View and added that the increase team capacity will benefit every Practice.</p>	

ITEM		LEAD RESPONSIBLE
	<p>In response to Mr Wood's query as to the departure of the STP Lead (Mr Toby Sanders, Managing Director at West Leicestershire CCG) and whether appropriate cover has been sought, Mr Sacks confirmed the work of the STP GP Programme Board will continue as Lead Officers are in place. The decision in relation to the STP Lead is for wider discussion across the system.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
PC/18/105	<p>Any other business</p> <p>There was no other business to discuss.</p>	
PC/18/106	<p>Date of next meeting</p> <p>The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 2 October 2018 at 9:30am, Framland Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</p>	

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**NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

Key

ACTION NOTES

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 2 October 2018	Status
PC/18/62	5 June 2018	Primary Care Finance Report Month 12, 2017-18 and 2018-19 Budget Position	Donna Enoux / Richard George Vishal Mashru	Finance Team to review prescribing activity presented and analyse in order for the Committee gain a better understanding of the issues within each Practice that are causing the variances.	July – August 2018 September 2018 October 2018	Prescribing activity data at Practice level reviewed by the Finance / Prescribing Teams; following items presented to the Financial Turnaround Committee (FTC) in September 2018: - Prescribing Finance - GP Prescribing QIPP - Prescribing Savings Opportunities (verbal)	GREEN
PC/18/86	7 August 2018	Uppingham Surgery: Option on the future of the Ketton Branch Surgery	Jamie Barrett / Khatija Hajat / Seema Gaj	To liaise with the Practice in relation to a review of public transport; and provide an overall update to the Committee in terms of progress.	November – December 2018	CCG continues to liaise with the Practice throughout the Exit Process. The Practice in the process of asking patients who opt to visit the Ketton branch of their transport needs; update and assurance to be provided. Action ongoing.	AMBER

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 2 October 2018	Status
PC/18/92	7 August 2018	Any other business - Dr Tabitha Randell – Role within the PCCC	Daljit Bains	To explore options in relation to having a clinical member on the Committee to replace Dr Randell.	September / October 2018	Action to be kept under review; Committee requested for action to be closed.	AMBER
PC/18/101	4 September 2018	Committee Work Programme 2018-19	Daljit Bains	to expand the 'Quality and Patient Safety' section to include wider primary care quality areas such as Practice visits, Primary Care Dashboard etc.	September 2018	Action complete.	GREEN

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Front Sheet

REPORT TITLE:	Primary Care Finance Report 2018/19 (Month 5, August 2018)
MEETING DATE:	2 October 2018
REPORT BY:	Richard George, Senior Primary Care and Non-Acute Commissioning Accountant
SPONSORED BY:	Donna Enoux, Chief Finance Officer
PRESENTER:	Donna Enoux, Chief Finance Officer

PURPOSE OF THE REPORT:

The purpose of this report is to provide a 2018/19 outturn position for Primary Care services.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019: (tick all that apply)

Transform services and enhance quality of life for people with long-term conditions	Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare	Living within our means using public money effectively	✓
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).		

EQUALITY ANALYSIS

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not required at this point.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

- Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6);
- Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Primary Care Finance Report 2018/19 (Month 5, August 2018)

2 October 2018

1. Month 5 Year to Date and Forecast Outturn Position

The 2018/19 annual budget for Primary Care services totals £95.9m. At month 5 a year to date overspend of £1.7m and an outturn overspend of £3.8m is being forecast. In summary, the main variances include £2m prescribing for the NCSO and Category M drug pressures, £0.8m co-commissioning where year on year expenditure increases exceed the CCG's funding allocation, £1.7m under delivery of primary care QIPP and -£700k underspend against other primary care commissioning budgets.

In comparison to month 4, there is a £14k improvement in the forecast outturn, however there are some significant movements across services and are summarised in the table below:

Area	Month 4 Forecast Outturn Variance £'000	Month 5 Forecast Outturn Variance £'000	Movement in Position £'000	Explanation of key movements
Prescribing	1,104	1,976	872	Continued impact of cost pressures around NCSO drugs and the August CAT M price increases. Reduced delivery of flu vaccines QIPP.
Community Based Services	4	11	7	PPV Audit outcomes where practices have under claimed against actual activity.
Co-Commissioning	983	825	-158	Assumed slippage in acute access expenditure.
GP Support Framework	-33	-33	0	
Other Primary Care	1,769	1,033	-736	Underspend against other primary care commissioning budgets offsetting overspends in other areas of primary care.
Total	3,827	3,813	-14	

Appendices 1 and 2 provide further analysis of all service areas.

2. Primary Care Prescribing

A £1.976m forecast outturn overspend is being reported within the prescribing area based on PPA data received for months 1 to 3.

The main reasons for the overspend position:

- NCSO drugs continues to be a cost pressure to the budget as the number of drugs being added to the list has not reduced as anticipated. In addition to this, there are a number of NCSO drugs that have reverted back to tariff at a higher price. The total cost to the CCG is forecast to reach £1.1m of which £400k was identified as part of the 2018/19 planning process, resulting in an overspend of £700k.
- From August 2018 the prices of Category M drugs increased, and while the CCG will not fully understand the impact until October when actual activity and cost information is available, estimates suggest that the additional cost will be £671k.
- In 2017/18, the outturn position included a challenge of £525k to NHSE for recharging influenza vaccines to address inconsistencies in practice across the region which left LLR CCGs with a cost pressure. This challenge has been unsuccessful and has resulted in a prior year cost pressure. In addition to this there is also a £300k QIPP target for 2018/19 of which only £125k will be delivered. The impact of these two issues is a further cost pressure of £700k.

The £3m GP prescribing QIPP is forecast to deliver in its entirety although there is a high level of risk associated with this assumption.

3. Community Based Services

Community based services expenditure in 2018/19 is forecast to be in line with the budget. The £11k overspend relates to additional payments that will be made for practices whose under claims were identified during the ongoing PPV audit process.

4. Delegated Co-Commissioning

As previously reported to the committee, there is a significant cost pressure against this budget area as costs will exceed the funding allocation.

Nationally, the outcome of GMS contract negotiations has resulted in a 3.4% cost increase in 2018/19. Locally however, as the CCG is deemed to be over funded, the co-commissioning allocation has only increased by 2.4% (£1.0m). Increases in Global Sum payments to practices are estimated to cost £1.1m leaving a shortfall of funding for other inflationary and demographic cost pressures

At the start of the financial year, the forecast cost pressure was £974k. As a result of the CCG's ongoing review of expenditure and commitments, while still a significant cost pressure, it has reduced and in month 5, an £825k overspend is now forecast.

Cost pressures arising in the year include:

- £1.017 per patient equating to £336k. Originally CCGs were required to set this funding aside for indemnity insurance. This has since been reallocated to fund GPFV commitments including GP Receptionist Training, On Line consultation and an element of Extended Access Funding.
- £54k for a non-recurrent payment to practices to support implementation of e-referrals.
- CQC registration fees where costs have increased by £50k (33%) following a change in the methodology by which practice charges are calculated.
- Doctor's retention scheme (£85k) where costs are exceeding the £20k included in the co-commissioning allocation.
- In year cost pressures relating to premises costs totalling £255k where rent reviews have resulted in a number of practices receiving increased payments, and a significant amount of prior year expenditure claimed by practices going back a number of years, in particular clinical waste and water rates.

5. GP Support Framework

It is forecast that the GP support framework expenditure will underspend by £33k. This is an assumption, based on previous years' schemes, that there will be a certain level of under achievement by practices.

6. Primary Care QIPP stretch

As part of the 2018/19 financial planning process, a £2m QIPP stretch target was allocated to primary care services. Work has taken place to identify a range of options to deliver against this. The majority of the options that are being progressed are linked to contracts and only partial delivery is anticipated in 2018/19 resulting in a £1.7m overspend

7. GP IT

At month 5 a £79k forecast outturn overspend is being reported. This is a presentational issue linked to a QIPP scheme for the recommissioning of primary care strategic IM&T (previously provided by Arden GEM CSU) and is offset by an underspend in the CCG's Corporate function.

8. Primary Care Licenses & Other

An underspend of £751k is being forecast against other primary care commissioning budgets and is being used to offset pressures elsewhere within the service area, for example co-commissioning. The exact amount of underspend is currently under review and a further update will be provided at the next meeting of this Committee.

9. Urgent Care Centres

The urgent care centre budget is forecast to overspend by £34k as a result of backdated inflationary payments agreed with the service provider.

10. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available and the main risks identified to delivery to date.

Appendix 1

M5 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
CCG Prescribing						
OptimiseRX	38	42	4	91	100	9
Central Prescribing	516	532	16	1,240	1,278	38
High Cost Drugs	391	387	-5	940	929	-11
Home Oxygen	173	182	9	415	437	21
GP Prescribing	18,293	19,376	1,083	43,934	45,918	1,984
Prescribing Incentive Scheme	276	254	-22	662	597	-65
Total Practice Prescribing	19,688	20,773	1,085	47,283	49,259	1,976
Enhanced Services						
Community Based Services	1,024	1,036	11	2,459	2,469	11
Total Enhanced Services	1,024	1,036	11	2,459	2,469	11
Co Commissioning	16,972	17,425	453	40,732	41,557	825
GP Support Framework						
Care Homes	204	204	0	489	489	0
End of Life	138	138	0	331	331	0
Long Term Conditions	290	290	0	695	663	-33
Demand Management	138	138	0	331	331	0
Dementia	55	55	0	132	132	0
Primary Care Transformation Fund	353	353	0	848	848	0
Total GP Support Framework	1,178	1,178		2,827	2,794	-33
Other						
Primary Care QIPP Stretch	-503	-97	406	-1,866	-194	1,672
GP IT	422	425	3	944	1,023	79
Primary Care - Licenses & Other	701	387	-314	1,793	1,042	-751
Urgent Care Centres	725	739	14	1,740	1,773	34
Total Other	1,346	1,455	108	2,611	3,644	1,033
Total Primary Care	40,208	41,866	1,658	95,910	99,724	3,813

Appendix 2						
Month 5 Primary Care Co-Commissioning	Year-to-Date Position			Forecast Outturn Position		
	Budget	Actual	Variance	Budget	Forecast	Variance (Under)/Over
	£000's	£000's	£000's	£000's	£000's	£000's
GMS Global Sum	11,183	11,183	0	26,838	26,838	0
MPIG Correction Factor	457	457	0	1,096	1,096	0
PMS Reinvestment	0	0	0	0	0	0
FDR Payment	31	31	0	75	75	0
Ear Irrigation	34	34	-0	83	83	0
Wound Clinics	138	138	-0	331	331	0
Acute Access	172	172	0	414	159	-254
SLA Pharmacists	276	276	0	662	662	0
Subtotal PMS & FDR Reinvestment	652	652	-0	1,564	1,310	-254
Total General Practice - GMS	12,291	12,291	0	29,498	29,244	-254
Occupational Health	19	19	-1	46	45	-1
Locum Adoption/Paternity/Maternity	45	65	21	107	156	49
Locum Sickness	63	44	-19	150	105	-45
Locum Suspended Doctors	0	0	0	0	0	0
Seniority	167	117	-50	400	280	-120
Sterile Products	0	0	0	0	0	0
GP Training	40	40	0	95	95	0
PCO Doctors Ret Scheme	29	35	6	70	85	15
CQC Registration	85	85	0	204	204	0
Electronic Referral System	0	0	0	0	0	0
Narborough HC Dispersal Costs	0	1	1	0	1	1
Total Other GP Services	447	405	-42	1,072	971	-101
QOF Achievement	521	477	-45	1,251	1,144	-107
QOF Aspiration	1,216	1,261	45	2,919	3,026	107
Total QOF	1,737	1,737	0	4,170	4,170	-0
DES Extended Hours Access	244	247	3	586	592	6
DES Learning Disability	36	36	0	87	87	0
DES Violent Patients	19	19	0	47	47	0
DES Minor Surgery	213	213	0	510	510	0
LES Translation Fees	24	24	0	58	58	0
Leicester Asylum Service	8	8	0	20	20	0
Total Enhanced Services	545	548	3	1,307	1,314	6
Dispensing Quality Scheme	38	38	0	92	92	0
Prof Fees Dispensing	631	631	0	1,514	1,514	0
Prof Fees Prescribing	79	79	0	189	189	0
Prescribing Charge Income	-121	-121	-0	-291	-291	0
Total Dispensing/Prescribing Drs	627	627	0	1,504	1,504	0
Premises Actual Rent	638	751	113	1,530	1,802	271
Premises Health Centre Rent	53	17	-36	128	41	-87
Premises Notional Rent	675	635	-40	1,620	1,524	-96
Premises Clinical Waste	68	122	53	164	292	128
Premises Health Centre Rates	4	4	-0	10	10	-0
Premises Rates	250	250	-0	600	600	0
NHSE / GL Hearn Rates Rebates	0	0	0	0	0	0
Premises Water Rates	13	29	16	31	70	39
Other premises	6	9	3	15	15	0
Total Premises Cost Reimbursement	1,708	1,817	109	4,098	4,354	255
In Year Cost Pressure	-383	0	383	-919	0	919
GRAND TOTAL - Co-Commissioning	16,972	17,425	453	40,732	41,557	825

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Front Sheet

REPORT TITLE:	Sustainability and Transformational Plan (STP): GP Programme Update
MEETING DATE:	2 October 2018
REPORT BY:	Tim Sacks, Chief Operating Officer Sharon Rose, Locality Lead Manager & STP GP Programme Lead Sue Price, Operations Team Support Officer
SPONSORED BY:	Tim Sacks, Chief Operating Officer
PRESENTER:	Tim Sacks, Chief Operating Officer

EXECUTIVE SUMMARY:
This Paper provides an update on the Work Programme for the STP General Practice Programme Board. The tracker for the GP Programme Board (GPPB) is attached at Appendix A.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to: <ul style="list-style-type: none"> • RECEIVE the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019:			
Transform services and enhance quality of life for people with long-term conditions	*	Improve integration of local services between health and social care; and between acute and primary/community care.	*
Improve the quality of care – clinical effectiveness, safety and patient experience	*	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare	*	Living within our means using public money effectively	
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING

General Practice Five Year Forward View (GPFYFV)

Introduction

1. The Aim of the programme is to deliver the GP Five Year Forward View strategy that was published in April 2016. The 5 priority areas for 18-19 for GP resilience are:
 - Workforce
 - Models of Care
 - IMT and estates
 - Funding and contracts and,
 - Workload / demand

Update

2. **Retention plan** – The STP submitted a high level workforce plan at the end of June to access the additional funding to support retention work. The funding has now been announced which is lower than first anticipated with an allocation of £142,393.
3. Initial feedback was positive but STPs were required to provide a further plan to highlight the priority areas for the STP. This plan was submitted at the end of July and confirmation has now been received that the plan is satisfactory
4. To support Workforce, NHS England have funded a Project Support Officer for a fixed term until the March 2020. Ms Tine Juhlert has been appointed to the role and commenced her duties on the 10 September 2018. Tine is undertaking an extensive Induction programme and will be focussing initially on progressing the LLR Retention Plan and also International GP recruitment for LLR.

RECOMMENDATIONS

5. The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:
 - **RECEIVE** the report.

GPFV

No.	Project Area	Managerial Lead	Clinical Lead	Project Lead	Delivery Group	Funding £	Funding Source (GP5FV / CCG)	Other Funding Considerations	PID	Current HL report	Summary of Current Position	Previous Rag status	Current RAG status	Decisions required/items for escalation to GPRPB
1	IGPR	Sharon Rose	Nil Sanganeer		GP WG	£National release	GPFV	NHSE funded Project Officer (to Mar 2020)			IGPR is on hold due to delays in national process. LLR application agreed and signed off by DCO and awaiting further progress. NHSE funded IGPR Project Manager Interviews held on the 29th June. Offer made and accepted. Start date of the 10th September confirmed and comprehensive induction programme agreed.	amber	amber	
2	GP Retention +R	Sharon Rose	Bevis Heap (HEE)		GP WG	£300K	NHSE/HEE/CCG				Submission of GP retention plan to NHSE to release funding for 18-19 and resubmission with supplementary information IGPR project lead start work on the appreciative enquiry element of the GP Retention Plan as an immediate work priority	Amber	amber	
3	Clinical Pharmacists	HOP LPC Tim Sacks	Anuj Chahal		GP WG	60% yr 1 40% yr2 20% yr 3 NHSE	GPFV	NHSE will claw back funding where Practices have failed to recruit			LCCCG Scheme approved in 16-17 ELRCCG Scheme approved in 17-18. Updates below relates to East Implementation Discussions regarding provider have taken place and agreed with CCG. Revised implementation plan developed. A number of practices have withdrawn from the scheme and these have been replaced with other practices. TS organising a working group to see how LLR can support Clinical Pharmacists in terms of training and expectations.	amber	amber	
4		Practice Managers Academy	Ian Potter	Wendy Hope	PM reps	GP WG	17-18 £46K 18-19 £TBC	GPFV	Held centrally by ELR		Funding for 18-19 has been confirmed for the DCO with a specific remit. This must support developing advance skills to manage change and new models of care; Primary care networks and links in to a wider primary care strategy.	green	green	
5	Care Navigation	Ian Potter			GP WG	17-18 £190K 18-19 £TBC	GPFV	held by respective CCGs			Active Signposting 3 of 6 Time for Care workshops (cohort 2) completed, with the 4th planned to take place on 11th September. Dates now confirmed for final workshops in October and November 2018. Correspondence Management Contact has been made with the five pilot sites to take stock of the current position, to aid planning of the next workshop facilitated by Healthskills and to use learning to shape the next pilot phase/scheme roll-out.	amber	amber	
6	Online Consultations	Sharon Rose	Tony Bentley	Alan Oliver	GPIT	18-19 LCCCG £134K ELRCCG £109K WLCCG £130K	GPFV				<ul style="list-style-type: none"> Worked with the DPS and LLR procurement to draft questions to accompany the specification for the procurement. Draft circulated to the team for comments and approval. A conference call booked in with the DPS and the project team to review all documentation before submission of the spec. Suggested dates for the evaluations of the tenders and supplier presentations circulated to the project team to ensure availability. The possibility of joint working with Birmingham and Solihull CCG's investigated but they were unable to commit at this stage. The possibility of joint working with other areas being investigated. 	green	green	
7	System Migrations	Sharon Rose	Tony Bentley	Jennie Caukwell	GPIT	17-18 £480K 18-19 £480K	ETTF				18-19 12 Migrations are planned Latham House Medical Practice will take 6 months to migrate due to size Year end forecast position - 85.5% of LLR Population will be on SystmOne 2 Steeples Health Centre have requested a demonstration	amber	amber	
8	LCCCG Extended Access	Julia Cory			GPRPB	18-19 £2.4M	GPFV				Compliant with core requirements	amber	green	
	ELRCCG Extended Access	Paula Vaughan			GPRPB	18-19 £999K 19-20 £2M recurrent	GPFV			<ul style="list-style-type: none"> Assessment against GP5FV key standards and compliance action plan completed and shared with NHSE -actions are in progress to ensure compliance before deadline Benchmarking data for Acute Access has been received and shared back to practices by locality - improvement plans being received AA improvement panel set up for first week in Sep GP5FV direct booking SOP finalised - roll out for 1 Oct 2018 Extended Primary Care options agreed by June GB - results of public engagement finalised and papered at Sep IGC and then Sep GB Market engagement event 16 Aug 2018 - complete Clinical reference group have finalised specification, KPI suit and Quality Schedule ITT questions complete 	amber	amber		
	WLCCG Extended Access	David Muir			GPRPB	18-19 £1.18M	GPFV			Mobilisation underway	amber	amber		
9	LCCCG Transformation	Julia Cory			GPRPB	17-19 £3pp	GPFV				Update on Transformation plans presented to NHSE steering group at the beginning of August by SR on behalf of the 3 CCGs. A number of questions were raised and these have been directed to the respective CCG	amber	amber	
	ELRCCG Transformation	Tim Sacks		Jamie Barrett	GPRPB	17-19 £3pp	GPFV					amber	amber	
	WLCCG Transformation	Ian Potter		David Muir	GPRPB	17-19 £3pp	GPFV					amber	amber	
10	LCCCG Premises			Amanda Anderson		18-19 £2.35M	ETTF				Repriorities confirmed through LLR Estates Strategy and Final Business case for 19-20 schemes to be programmed	amber	Amber	
	ELRCCG Premises			Amanda Anderson		18-19 £758K	ETTF					amber	Amber	
	WLCCG Premises			Amanda Anderson		18-19 £1.89M	ETTF					amber	Amber	

Red
No Plans in place
No mitigation
Insufficient/no plans in place

Amber
plans in place and project progressing but delays to programme or Finances off track

Green
Project plan in place
actions on track
Finance on track

Blue
Project waiting
plans yet to be developed pending National Guidance

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TO FOLLOW

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