



**East Leicestershire
and Rutland**
Clinical Commissioning Group

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 4 June 2019
Meeting No.	47.	Time	9:30am – 11:05am
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/19/25	Welcome and Introductions		Clive Wood	Verbal	9:30am
PC/19/26	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood	Verbal	9:30am
PC/19/27	Apologies for Absences: <ul style="list-style-type: none">• Donna Enoux	To receive	Clive Wood	Verbal	9:30am
PC/19/28	Notification of Any Other Business	To receive	Clive Wood	Verbal	9:35am
PC/19/29	Declarations of Interest on Agenda items	To receive	Clive Wood	Verbal	9:35am
PC/19/30	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 March 2019	To approve	Clive Wood	A	9:40am
PC/19/31	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 7 May 2019	To approve	Clive Wood	B	9:40am
PC/19/32	To Receive Actions and Matters Arising following the meeting held on 7 May 2019	To receive	Clive Wood	C	9:40am
GOVERNANCE ARRANGEMENTS					
PC/19/33	Primary Care Commissioning Committee: Terms of Reference	To agree	Daljit Bains	D	9:45am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/19/34	Primary Care Commissioning Committee: Conflicts of Interest Register 2018 - Public	To receive	Daljit Bains	E	9:50am
PRIMARY CARE FINANCE REPORT					
PC/19/35	Primary Care Finance Report Month 12 (2018/19) Updates and 2019/20 Opening Budget Position	To receive	Donna Enoux	F	10:00am
OPERATIONAL ISSUES					
PC/19/36	Primary Care Networks (PCN): Update	To receive	Tim Sacks	Verbal	10:10am
PC/19/37	Policy Guidance Manual (PGM): Update	To approve	Jamie Barrett	G	10:20am
PC/19/38	Uppingham Surgery – Final Update on Ketton Branch Surgery Closure	To receive	Jamie Barrett	H	10:30am
PC/19/39	General Practice Quality and Outcomes Framework (QOF) 2019 / 2020	To receive	Tracy Burton	I	10:40am
PC/19/40	Sustainability and Transformational Plan (STP): GP Programme Update	To receive	Tim Sacks	J	10:50am
PC/19/41	Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T) Work Programme update	To receive	Tim Sacks	K	10:55am
ANY OTHER BUSINESS					
PC/19/42		To receive	Clive Wood	Verbal	11:00am
DATE OF NEXT MEETING					
PC/19/43	Tuesday 9 July 2019 at 9:30am – 12:30pm, Sparkenhoe Committee Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB. Please note change of date.		Clive Wood	Verbal	11:05am

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**Minutes of the Primary Care Commissioning Committee held on
Tuesday 5 March 2019 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)
Dr Nick Glover	GP Locality Lead, South Blaby and Lutterworth
Dr Girish Purohit	GP Locality Lead, Syston, Long Clawson and Melton
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston (from item PC/18/142 onwards)
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Dr Tim Daniel	Public Health Consultant (from item PC/18/136 onwards)

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Mrs Seema Gaj	Primary Care Contracts Manager
Mr Tom Bailey	Senior Primary Care Contracts Manager, NHS England – from item PC/19/10 onwards
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) – from item PC/19/10 onwards
Ms Lola Adewumi	GP Trainee, Public Health (from item PC/18/136 onwards)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/19/01	<p>Welcome and Introductions</p> <p>Mr Wood welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, in particular, Ms Adewumi, which was followed by a series of introductions.</p>	
PC/19/02	<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 and no questions had been received.</p>	
PC/19/03	<p>Apologies for absence:</p> <ul style="list-style-type: none"> Mr Alan Smith, Independent Lay Member 	
PC/19/04	<p>Notification of Any Other Business</p> <p>Mr Wood had not received notification of any other business.</p>	
PC/19/05	<p>Declarations of Interest</p> <p>GPs present declared an interest in items relating to</p>	

ITEM		LEAD RESPONSIBLE
	<p>commissioning of primary care where a potential conflict may arise, which did not include any specific declarations on this occasion.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the conflicts of interest declared. 	
PC/19/06	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 February 2019 (Paper A)</p> <p>The minutes of the meeting held in February 2019 were accepted as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting. 	
PC/19/07	<p>To Receive Matters Arising following the meeting held on 5 February 2019 (Paper B)</p> <p>The matters arising following the meeting held in February 2019 were received, with the following update provided:</p> <ul style="list-style-type: none"> • PC/18/86 – Uppingham Surgery: Ketton Closure Update Mr Barrett confirmed work continues with the Practice and an update will be provided in June 2019. Action ongoing. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising. 	
PC/19/08	<p>Primary Care Finance Report 2018-19 (Month 10, January 2019 (Paper C)</p> <p>Ms Enoux presented this report, which was taken as 'read,' as there were was not much movement since the previous report to the Committee. However, it was reported that the annual budget for Primary Care service totals £95.6m for 2018-19 and at Month 10, a year to date overspend of £3.3m and an outturn overspend of £4.2m is being forecast. In comparison to Month 9, there has been a £32k improvement in the primary care position in relation to following areas:</p> <ul style="list-style-type: none"> • Prescribing • Community Based Services (CBS) • Co-Commissioning • GP Support Framework • Other Primary Care 	

ITEM		LEAD RESPONSIBLE
	<p>Appendices 1 and 2 of the report provided further analysis of all service areas.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/19/09</p>	<p>Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T): Work Programme Update (Paper D)</p> <p>Mr Sacks presented this report, which provided an update on the IM&T programme across LLR that supports the delivery of the Local Digital Roadmap (LDR) and implementation of the GP Five Year Forward View (FYFV) requirements.</p> <p>In the absence of a progress update against the IM&T agenda being presented within the CCG, Mr Sacks felt it was useful to present an update at Committee level. Mrs Bains confirmed all IT related work is (and should be) presented to the CCG's Integrated Governance Committee (IGC).</p> <p>Mr Sacks informed the Committee that the IM&T programme consists of the following 7 key initiatives, which are being delivered in response to national NHS England GP IT framework mandates, GP5FV or those locally defined strategic objectives of the LDR:</p> <ol style="list-style-type: none"> 1. Online Consultations 2. GP Clinical System Migration 3. Electronic Record Sharing 4. Flagging and notifications 5. Clinical System Optimisation 6. Patient WIFI 7. Self-care and mobile apps <p>In addition, Mr Sacks confirmed an IM&T Strategy is in the process of being developed to support with the above, which will also include input from GPs and link with colleagues across LLR.</p> <p>Mr Sacks confirmed items for information from the LLR GP IM&T Steering Group in February 2019 are detailed within sections 4 – 12 within the report, and drew the Committee's attention to the following:</p> <ul style="list-style-type: none"> • eConsultations - Contract award approved by ELR CCG; to be approved by LC CCG and WL CCG in March 2019; • NHS NOW App - two workshops held in January 2019, 	

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	<p>which were attended by PPG representatives, healthcare professionals and external partners; feedback to be incorporated into the development of the App;</p> <ul style="list-style-type: none"> • Skype – Following approval by NHS England for the LLR bid for Skype implementation in General Practice, work is underway to move this forward. <p>With regards to the Primary Care Enabling Service (PCES), Mr Sacks confirmed an update was presented to the LLR CCG Joint Management Team advising them of the work required to ensure contracts are in place by 1 April 2019 for the following, which was supported:</p> <ul style="list-style-type: none"> • Delivering email • Registration authority • Information governance support for Practices <p>The Primary Care Team is working closely with Mrs Bains to ensure all governance elements have been incorporated.</p> <p>Mr Wood thanked Mr Sacks for the update, which was useful to have been received at the Committee as well as updates presented to the IGC too.</p> <p>Dr Glover noted progress to date and suggested it would also be helpful to ensure future updates include progress from a quality and financial perspective too.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/19/10</p>	<p>Investment and Evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan 31 January 2019 (Paper E)</p> <p>Mr Barrett presented this report, which provided a brief overview of the key considerations required for the CCG following the publication of the ‘Investment and Evolution: A five year framework for GP contract reform’ by NHS England in January 2019 that was taken as read.</p> <p><i>Mr Tom Bailey joined the meeting.</i></p> <p>It was noted that under the CCGs delegated responsibility of Primary Care Contract, national guidance and implementations are to be considered as part of the co-commissioning agenda. The key ambitions of the framework were detailed in sections 5 – 14 of the report, which:</p>	

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • Seeks to address workload issues resulting from workforce shortfall. • Brings a permanent solution to indemnity costs and coverage. • Improves the Quality and Outcomes Framework (QOF). • Introduces automatic entitlement to a new Primary Care Network Contract. • Helps join-up urgent care services. • Enables practices and patients to benefit from digital technologies. • Delivers new services to achieve NHS Long Term Plan commitments. • Gives five-year funding clarity and certainty for practices. • Tests future contract changes prior to introduction. <p>Mr Wood welcomed Mr Bailey to the meeting, which was followed a series of introductions.</p> <p>Mr Sacks informed the Committee that the CCG is in the process of redesigning the role of the Primary Care Resilience Board to ensure the work required to implement the above ambitions has been taken into consideration.</p> <p><i>Dr Nainesh Chotai joined the meeting.</i></p> <p>In addition, Mr Sacks noted the vast amount of work required will be aligned across LLR to maximize functionality as the framework and Plan are very prescriptive.</p> <p>Mr Wood welcomed Dr Chotai to the meeting and thanked Mr Barrett for the update.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
PC/19/11	<p>Development of Primary Care Networks (PCNs) in Leicester, Leicestershire and Rutland (LLR) (Paper F)</p> <p>Following the previous report presented, Mr Sacks presented this report, which set out the development of PCNs for the entire population of LLR that will form the neighbourhood structure of LLR Integrated Care Systems (ICS). As such, it was crucial to have a robust infrastructure in place for the three CCGs to agree a set of aligned principles that meet the rules stipulated by NHS England.</p> <p>The report was taken as read and Mr Sacks confirmed an update will be presented to the NHS England Regional PCN meeting on</p>	

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<p>11 March 2019 in conjunction with Dr Glover and Dr Varakantam. It was noted that the function of a PCN is to support groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services, delivering greater provision of proactive, personalised, coordinated and more integrated health and social care. The core characteristics of a PCN were detailed in section 13 of the report and further guidance is expected from NHS England in the next few months. In the meantime, the national direction for PCN development specifically includes:</p> <ul style="list-style-type: none"> • Network contracts • Neighbourhood teams • Clinical leadership • Shared savings scheme • Population health management • Quality and Outcomes Framework (QOF) <p>Since the publication of the new contract guidance, the view across LLR is that there needs to be significant engagement with practices across the 3 CCGs to develop a clear set of guidance that offers support so the PCNs within LLR are built using a system wide set of rules that deliver against the guidance. It was reported that the timescales for PCNs to be formed and agreed locally and each CCG and LLR level is 15 May 2019 for which a breakdown of timescales was provided in section 18 of the report.</p> <p>Following engagement with the LMC executive, the Clinical chairs of the LLR CCGs, the LLR CCG Joint Management Team, and discussions held at Member practice locality meetings and listening events, a set of five principles have been compiled and presented at Appendix 1 (PCNs – Potential Options and Actions to deliver a Framework by 15 May 2019) for consideration.</p> <p>In response to Mr Wood’s query whether the Committee was required to receive or approve the report as documented on the agenda and within the report respectively, Mr Sacks confirmed the Committee were required to receive the report and approve the approach in developing the PCNs across LLR (i.e. proposed direction of travel and actions – columns 3 and 4 of appendix 1), which was reviewed as follows:</p> <p>1. PCN Structures Each PCN is required to complete a registration form by 15 May 2019 detailing the names of its member practices. Further guidance is to be provided to LLR Practices in order for PCN structures to be in place by 1 April 2019.</p> <p>Dr Varakantam requested clarification in relation to whether</p>	

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	<p>the PCNs were required to cover geographical areas as opposed to a number of member practices and how this impacts Practices across boundaries, for example. Mr Sacks confirmed a Practice can only form part of one PCN, which is an area for both LC CCG and ELR CCG to consider who have patients and Practices across localities.</p> <p>Dr Glover confirmed the services provided by District Nurses within the City varies to the services provided by the same professionals within the County and queried whether all services will be delivered by each PCN. Mr Sacks confirmed the elements of delivery and scale remain under review and will be confirmed in due course. However, the aim of the PCN is to implement delivery methods across the ICS.</p> <p>Dr Purohit confirmed Practices seem to be working well across many areas, and as raised at his Locality meeting, concerns were raised in relation to how conflicts of interest will be managed within PCNs and whether a Practice of sufficient size could be a PCN in its own right. Mr Sacks confirmed that based on current guidance issues, it may not be practically possible for a Practice to become a PCN in its own right.</p> <p>2. Nominated Practice or Provider Each PCN to define a nominated Practice or Provider to receive funding on their behalf by 15 May 2019. This could be the ELR GP Federation or an alternative provider, for example, as long as they are registered with the Care Quality Commission (CQC). Further guidance is to be provided to LLR Practices.</p> <p>In response to Mr Wood's query whether this section related to the next section (Accountable Clinical Director (ACD)), Mr Sacks confirmed both sections were independent as these are asking for a nominated Practice / Provider and an ACD, which both differ.</p> <p>3. Accountable Clinical Director (ACD) Each PCN to agree and appoint an ACD by 15 May 2019, which will be funded at £0.69p per patient and details of the formal process are to be published by NHS England.</p> <p>It was noted the timescale to appoint an individual was very short, which also posed a significant conflict of interest if GP members of the Governing Body were being appointed to this role. It was anticipated 2019-20 was a transitional year; however, work is underway with HR representatives to fully</p>	

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	<p>support PCNs. In response to Dr Wood’s query whether the PCNs could look to the GP Federations for support, Mr Sacks confirmed this would not be the case for HR expertise.</p> <p>Dr Glover felt all forms of support and guidance should be offered to the PCNs in order for them to take forward accordingly, however, the ACD appointed should be confident in the role undertaken in order to develop services that meet both the needs of the patient and the Practice.</p> <p>Mr Wood queried whether any further support / guidance could be offered by the LMC. Dr Chotai confirmed the LMC is available to provide support / guidance; however, this is for the PCNs to take up, if required. It was also worth noting that each PCN will have a different view and the main challenge will be from the smaller Practices. In addition, Mr Sacks confirmed it was also the role of the CCG to provide support / guidance in conjunction with the LMC.</p> <p>It was noted this was a key area for further review in terms of managing conflicts of interest and moving forward with a range of options to consider at this stage, however, useful to know the Primary Care Team are ensuring robust processes are in place to mitigate room for challenge. In addition, the proposal of a transitional year was favoured by GPs present.</p> <p>Mr Wood queried when further guidance was to be received. Mr Sacks confirmed further guidance is expected to be released in March 2019. In response to Mr Barrett’s query whether NHS England had issued a further update; Mr Bailey acknowledged the concerns raised regarding the lack of further guidance, however, no further updates at this stage.</p> <p>Dr Purohit queried whether it was possible for posts within the PCNs could be appointed on a ‘job share’ basis, for example; and whether it was appropriate for GP members on the Governing Body to be appointed within PCNs. Mrs Bains confirmed the CCG has an updated Conflicts of Interest policy in place, which is currently being reviewed in line with guidance issues to date around the development of PCNs. In addition, it was noted that GPs on the Governing Body have a clear conflict of interest, as does the ELR GP Federation. Therefore, these will be closely monitored and managed effectively going forward.</p> <p>4. Network Financial Entitlement PCNs guaranteed cash payment of £1.50 per registered</p>	

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	<p>patient, which is funded by general CCG allocations and not primary care allocations. Further guidance is to be provided to LLR Practices.</p> <p>It was noted that the CCG was unable to dictate how this allocation is spent as this would need to be determined by each PCN, however, baseline positions can be obtained from NHS England.</p> <p>5. CCG Support in Kind CCGs to consider the current and future role of its Primary Care Team and how this crosses over to PCNs in terms of support and guidance. However, this did not include the transfer of staff to PCNs, only support, advice and guidance from the CCG's perspective.</p> <p>Dr Varakantam queried whether sections 4 and 5 above could be linked in order to provide a more efficient method of delivery and use of management time. Mr Sacks confirmed the areas presented were proposed for discussion and comments will be taken into consideration going forward.</p> <p>Mr Wood thanked Mr Sacks for the report and members of the Committee for their comments and suggestions.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report; • APPROVE the proposed direction of travel in the development of PCNs. <p>Post-meeting note: 7 May 2019 <i>Dr Purohit confirmed guidance for PCNs had subsequently been issued, which provided clarification in relation to the issues raised around 'job share.'</i></p>	
PC/19/12	<p>Any other business</p> <p>There was no other business to discuss.</p>	
PC/19/13	<p>Date of next meeting</p> <p>The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 2 April 2019 at 9:30am – 12:30pm, Room 173, County Hall, Glenfield, Leicester, LE3 8TB.</p>	

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Minutes of the Primary Care Commissioning Committee held on Tuesday 7 May 2019 at 9:30am in the Framland Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Warwick Kendrick	Independent Lay Member (Chair)
Dr Nick Glover	GP Locality Lead, South Blaby and Lutterworth
Dr Girish Purohit	GP Locality Lead, Syston, Long Clawson and Melton
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston (from item PC/18/142 onwards)
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Dr Tim Daniel	Public Health Consultant (from item PC/18/136 onwards)

In attendance:

Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Mrs Seema Gaj	Primary Care Contracts Manager
Ms Amy Linnett	Quality Lead
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/19/14	<p>Welcome and Introductions</p> <p>Mr Kendrick welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, and confirmed that in the absence of the Chief Nurse and Quality Officer (and/or a representative), the meeting was not quorate. Therefore, all reports presented will be taken 'as read' and it would not be possible to make any decisions on this occasion. However, these items could be forwarded to the Governing Body for approval in May 2019, if required.</p> <p>Dr Glover queried whether the lack of attendance by Committee members was due to the fact that absences are not being reported in a timely manner. Mrs Bains confirmed absences are reported to the CCG, however, quoracy has been affected due to unforeseen sickness absence.</p>	
PC/19/15	<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 and no questions had been received.</p>	
PC/19/16	<p>Apologies for absence:</p> <ul style="list-style-type: none"> • Mr Clive Wood, Deputy Chair of the CCG and Independent Lay Member • Mr Alan Smith, Independent Lay Member • Mrs Tracy Burton, Chief Nursing and Quality Officer 	

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> Mr Jamie Barrett, Head of Primary Care Dr Nainesh Chotai, Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) 	
PC/19/17	<p>Notification of Any Other Business</p> <p>In response to Mr Kendrick's request for any other business, Mr Sacks requested an update to be provided on the process for the Primary Care Networks (PCNs).</p>	
PC/19/18	<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, which did not include any specific declarations on this occasion.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the conflicts of interest declared. 	
PC/19/19	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 March 2019 (Paper A)</p> <p>The minutes of the meeting held in March 2019 were accepted as an accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> PC/19/11 – Development of PCNs and in Leicester, Leicestershire and Rutland (LLR): page 7, second paragraph Dr Purohit suggested the word 'would' in the last sentence of this paragraph to be changed as it <i>might</i> not be practically possible for a Practice to become a PCN in its own right. It was agreed for the word 'would' to be changed to '<i>...may not be...</i>' in this sentence. <p>Dr Purohit noted the updated guidance for PCNs was not available at the time of the PCCC meeting held in March 2019, where he queried whether it was possible for posts within PCNs to be appointed on a 'job share' basis. As this has been subsequently clarified within the latest PCN guidance issued, Dr Purohit queried how this could now be captured within the minutes. Mr Kendrick confirmed the minutes of meetings capture the conversation held at a point in time, to which amendments can be made when these are to be approved. In light of the issue raised by Dr Purohit, Mrs Bains confirmed a post-meeting note can be added to the minutes of the PCCC meeting held in March 2019 stating the PCN guidance had subsequently been issued.</p>	

ITEM		LEAD RESPONSIBLE
	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the minutes of the previous meeting and the amendments, subject to the approval of these at the next meeting due to lack of quoracy. 	
<p>PC/19/20</p>	<p>To Receive Matters Arising following the meeting held on 5 March 2019 (Paper B)</p> <p>The matters arising following the meeting held in March 2019 were received.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising. 	
<p>PC/19/21</p>	<p>Primary Care Finance Report 2018-19 (Month 12, March 2019 (Paper C)</p> <p>Ms Enoux presented this report, which provided the year end position for Primary Care services within the CCG, which was summarised as follows:</p> <ul style="list-style-type: none"> • annual budget totals £96m; • £3.97m overspend; • Main variances include: <ul style="list-style-type: none"> - £2.2m prescribing overspend for the NCSO and Category M drug pressure - £0.4m underspend against community based services - £1.4m co-commissioning overspend where year on year expenditure increases exceed the CCG's funding allocation - £1.7m under delivery of primary care QIPP - net £0.9m underspend against GPIT and other primary care commissioning budgets • In comparison to month 11, there is a £506k improvement in the primary care position in relation to the following areas: <ul style="list-style-type: none"> • Prescribing • Community Based Services (CBS) • Co-Commissioning • GP Support Framework • Other Primary Care <p>Appendices 1 and 2 of the report provided further analysis of all service areas.</p> <p>Members of the Committee raised the following queries in relation to the report:</p>	

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	<ul style="list-style-type: none"> <p>Section 2 of the report (Delegated Commissioning) Dr Glover requested clarification in relation to the £(506k) underspend against the PMS Reinvestment as the report states these funds have been used to support Acute Access payments; and are not carried forward to 2019-20. Ms Enoux confirmed this was correct as PMS Reinvestment is not funded as part of co-commissioning and are funds spent on Acute Access. Furthermore, Mr Sacks confirmed the budget for Acute Access has been agreed in total and is the first point of call for funding PMS Reinvestment.</p> <p>Mr Sacks requested that as the budget holder for primary care services, it should be noted that all Practices, the Primary Care team and the Medicines Quality Team achieved all areas, despite cost pressures identified against NCSO and Category M drugs, which was outside of the CCG's control. In addition, Mr Sacks felt the £1.7m under delivery of primary care QIPP had not been adequately quantified as a £2m QIPP was more realistic. Ms Enoux agreed with comments made and confirmed more realistic QIPP figures had been allocated within the budgets for 2019-20.</p> <p>Section 8 of the report (Primary Care Licenses and Other) Dr Glover also referred to the -£30k slippage in spending plans against Active Signposting (GPFV Reception Training) and queried whether this amount could also have been spent in year. Ms Enoux confirmed this allocation has been ring fenced and will be carried forward to 2019-20.</p> <p>Section 2 of the report (Delegated Commissioning) Dr Purohit referred to the third paragraph under this section, which stated the main reason for the adverse movement of £97k during March 2019 that contributed to the final outturn overspend of £1.4m was due to reimbursing Practices for locum expenditure covering leave (i.e. sickness, maternity and paternity). Whilst it was helpful to receive a breakdown of the cost pressure against this budget, it was queried whether the CCG had undertaken a benchmarking exercise with other CCGs and compare. Mr Sacks confirmed a benchmarking exercise for sickness levels within Practices had not been undertaken to date, and thanked Dr Purohit for the suggestion, which would be reviewed with neighbouring CCGs within LLR.</p> <p>In response to Dr Purohit's query whether the planning process for 2019-20 would include the same level of funding or an uplift, Ms Enoux confirmed that as the forecast for 2019-20 is based on current assumptions, the same amounts will be carried forward.</p> 	

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • Dr Varakantam agreed with the points raised by GPs present, and noted Community Based Services underspent £381k in 2018-19, due to a continued reduction in INR / Anticoagulation testing, which was positive. <p>In response to Mr Kendrick's query whether GP Prescribing and Category M drugs are included within the allocation for 2019-20, Ms Enoux confirmed this has been included based on 2018-19 due to limited funding within the CCG going forward as a realistic plan to ensure achievement across the board.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
PC/19/22	<p>Kibworth Medical Centre and Two Shires Surgery: Practice Merger Update (Verbal)</p> <p>Mrs Gaj informed the Committee that following the Practice's request to merge back in June 2018, which was approved by the Committee at its meeting in November 2018, the two Practices have now merged. As of 1 April 2019 the merged Practices are known as the South Lincolnshire Medical Group and have also undergone a successful system migration on 8 April 2019. It was noted the CCG will meet with the Group on a monthly basis and a formal update will be presented to the Committee in July 2019.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	
PC/19/23	<p>Any other business</p> <p>Primary Care Networks (PCN) process</p> <p>Mr Sacks reminded the Committee that following a request from the CCG for Practices to review and resolve geographical differences in the formation of a PCN, it was noted this has been completed in April 2019 and an Advisory Panel set up to review the bids received, which involved members of the primary care team, Mrs Bains, Dr Chotai (the Chair of the LLR LMC) and himself.</p> <p>Mr Sacks confirmed a total of 7 PCN bids have been received; a number of which fully met all elements of the criteria set by NHS England (i.e. South Blaby, Lutterworth and Rutland) and bids for Oadby and Wigston; and Market Harborough are being reviewed.</p> <p>Mrs Bains alerted members of the Committee that the GP present were conflicted with this item as their respective Practices had submitted bids that were reviewed by the advisory panel. Dr Glover, Dr Purohit and Dr Varakantam declared a conflict of</p>	

ITEM		LEAD RESPONSIBLE
	<p>interest. The conflict was noted, and it was agreed for the GPs present to remain in the meeting as an update was being presented and the Committee was not being asked to make a decision. Furthermore, Mrs Bains clarified that the advisory panel had not made any decision in relation to the bids submitted; the panel had commented on the bids and provided advice to the proposed PCNs.</p> <p>Mr Sacks also confirmed the areas covered by Kibworth and Billesdon, Long Clawson and the Latham House Practices are in the process of being reviewed. For example, the Long Clawson Practice has a branch surgery in Stack Yard, which is part of Lincolnshire CCG. The Stack Yard practice who would like to join the Melton Vale PCN. It was noted that Mr Sacks is discussing this further with Lincolnshire CCG to ensure due process is followed in terms of the Stack Yard practice joining ELR CCG to enable it to join the PCN it has expressed an interest in.</p> <p>In addition, it was noted that Melton Vale has not included 2 Practices within the Syston area who had previously worked together. In order to undertake an options appraisal as to the most suitable solution for Melton Vale, a meeting has been arranged with the Practice on 7 May 2019.</p> <p>Dr Glover noted the time and effort applied in the development of PCNs and thanked the Primary Care team and the Locality Managers for their ongoing support given the level of detail and tight timescales, which was also noted by the Committee. However, Dr Glover raised some concerns in relation to the tone of some of the correspondence between Practice staff and the CCG. It was noted and agreed that two-way communication between Practices and the CCG should remain professional in tone and approach at all times, and both CCG staff and localities will be reminded of this. It was agreed that this would be taken forward as appropriate by the locality leads, and Mr Sacks noted this in respect of the CCG staff.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	
<p>PC/19/24</p>	<p>Date of next meeting</p> <p>The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 4 June 2019 at 9:30am – 12:30pm, 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**

ACTION NOTES

Key

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 4 June 2019	Status
PC/18/86	December 2018	Uppingham Surgery: Ketton Closure Update	Jamie Barrett / Seema Gaj	To provide a light touch progress update to the Committee regarding the Uppingham Surgery in due course as part of the assurance process.	June 2019	On agenda; 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 Commissioning Committee: Terms of Reference
MEETING DATE:	4 June 2019
REPORT BY:	Daljit K. Bains, Head of Corporate Governance and Legal Affairs
SPONSORED BY:	Clive Wood, Chair of the Primary Care Commissioning Committee
PRESENTER:	Daljit K. Bains, Head of Corporate Governance and Legal Affairs

EXECUTIVE SUMMARY:
<p>The terms of reference for the Primary Care Commissioning Committee have been reviewed to ensure they remain fit for purpose and in line with the authority delegated to the Committee by NHS England. Following the review it is noted that there are no changes to be made.</p> <p>A copy of the terms of reference (version 1, draft 5) is as at Appendix 1. The Committee is asked to note that this version of the terms of reference is also appended to the CCG's Constitution which was approved by NHS England in January 2019. In approving the CCG Constitution, NHS England also confirmed that the content of the PCCC terms of reference were in line with the delegated authority.</p>

RECOMMENDATIONS:
<p>The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:</p> <ul style="list-style-type: none"> • AGREE the Terms of Reference for the PCCC (version 1, draft 5), prior to approval by the Governing Body.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020:			
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 proportionate on the basis that the equality analysis will be undertaken separately in respect of the work undertaken by the Committee or policies approved by Committee.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:	
The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	BAF 3: QUALITY – PRIMARY CARE: The quality of care provided by <u>primary care</u> providers does not match commissioner’s expectation with respect to quality and safety. (The Primary Care Commissioning Committee is one of the key controls in relation to this corporate risk, and also forms part of the overall governance framework for the CCG).

Appendix 1

EAST LEICESTERSHIRE AND RUTLAND CCG

Primary Care Commissioning Committee

Terms of Reference (version 1, draft 5, October 2018)

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 of the Delegation Agreement to East Leicestershire and Rutland CCG. The delegation is set out in Annex 1 of these terms of reference.
3. The CCG has established the Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. These terms of reference shall effect as if incorporated into the CCG's Constitution.
4. It is a Committee comprising representatives from the CCG.

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreement (see Annex 1 to the terms of reference) in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);

- b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).
9. The Committee is established as a committee of the East Leicestershire and Rutland Governing Body in accordance with Schedule 1A of the “NHS Act”.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in East Leicestershire and Rutland, under delegated authority from NHS England.
12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and East Leicestershire and Rutland CCG, which will sit alongside the delegation and terms of reference.
13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
15. This includes the following:
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in East Leicestershire and Rutland;
- b) To undertake reviews of primary medical care services in East Leicestershire and Rutland;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary medical care services in East Leicestershire and Rutland.

Geographical Coverage

17. The Committee will comprise the East Leicestershire and Rutland CCG.

Membership

18. The Committee shall consist of the following members:

- CCG Deputy Chair and Independent Lay Member – Chair of Committee
- Independent Lay Member – Vice Chair of Committee
- Chief Operating Officer
- Chief Nurse and Quality Officer
- Chief Finance Officer

The following individuals will be in attendance:

- 3 x GP Governing Body members and / or clinical leads as appropriate
- Head of Corporate Governance and Legal Affairs (CCG)
- Head of Primary Care Quality (CCG)
- Head of Primary Care (CCG)
- Head of Primary Care Contracts (NHS England) – advisory role
- A representative from Health and Wellbeing Board Rutland

- A representative from Health and Wellbeing Board Leicestershire
 - A representative from Healthwatch Rutland
 - A representative from Healthwatch Leicestershire
 - A representative from the Leicester, Leicestershire and Rutland Local Medical Committee
 - A representative from Public Health (e.g. Public Health Consultant)
 - A Practice Manager from a member practice
19. The Chair of the Committee shall be the CCG Deputy Chair who is an independent lay member. The Chair of the Committee shall be a lay member of the CCG who is not the Chair of the Audit Committee as the Audit Committee will be responsible for reviewing and scrutinising the decision-making processes of this Committee.
20. The Vice Chair of the Committee shall be an independent lay member who is not the Chair of the Audit Committee.
21. Those in attendance cannot vote at meetings, this will include representatives from the local Health and Wellbeing Boards and the local HealthWatch. Representatives from these organisations will be sent a standing invite.
22. Should members of the Committee not be able to attend, nominated deputies, with appropriate delegated authority, may take their place in agreement with the Chair of the Committee.

Meetings and Voting

23. The Committee will operate in accordance with the CCG's Standing Orders. The secretarial support for the Committee will be provided by the Head of Corporate Governance and Legal Affairs. The secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be in line with the CCG Standing Orders.
24. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

25. The quorum for the Committee will be the following:
- Chair of the Committee or Vice Chair
 - Chief Operating Officer or deputy

- Chief Finance Officer or deputy
- Chief Nurse and Quality Officer or deputy
- 1 x GP member (although GP members are in attendance and cannot vote, the Committee to ensure there is representation from one of the GPs at the meeting, unless they are conflicted, in which case the meeting will proceed without a GP member).

Frequency of meetings

26. The Committee will meet on a monthly basis.

27. Meetings of the Committee shall:

- a) be held in public, subject to the application of 23(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

28. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

29. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

30. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

31. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and information governance policies.

32. The Committee will present its minutes to Central Midlands Local Team of NHS England and the Governing Body of East Leicestershire and Rutland CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 29 above.

33. The CCG will also comply with any reporting requirements set out in its Constitution.

34. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

35. Budget and resource accountability arrangements and the decision-making scope of the Committee are as delegated. In the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the CCG's Standing Orders and Prime Financial Policies, the Delegation will prevail.
36. The appropriate consultation will take place with members of the CCG and members of the public in line with the CCG Constitution.

Procurement of Agreed Services

37. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

38. The Committee will make decisions within the bounds of its remit.
39. The decisions of the Committee shall be binding on NHS England and East Leicestershire and Rutland CCG.
40. The Committee will produce an executive summary report which will be presented to Central Midlands Local Team of NHS England and the Governing Body of East Leicestershire and Rutland of the CCG each month for information.

Reviewed: at the PCCC meeting in June 2019.

Approved: XXX by the Governing Body.

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**NHS EAST LEICESTERSHIRE AND RUTLAND CCG
PRIMARY CARE COMMISSIONING MEETING**

Front Sheet

Title of the report:	Primary Care Commissioning Committee (PCCC): Register of Interests and actions taken to manage conflicts
Report to:	Primary Care Commissioning Committee meeting
Date of the meeting:	4 June 2019
Report by:	Amardip Lealh, Corporate Governance Manager Daljit K. Bains, Head of Corporate Governance and Legal Affairs
Sponsoring Director:	Donna Enoux, Chief Finance Officer and Deputy Managing Director
Presented by:	Daljit K. Bains, Head of Corporate Governance and Legal Affairs

PURPOSE OF THE REPORT:

The purpose of this report is to provide an overview of the declarations made by members of the Primary Care Commissioning Committee 2018 and the actions taken where there has been a potential and actual conflict.

RECOMMENDATIONS:

The Primary Care Commissioning Committee is requested to:

- **RECEIVE** the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020:

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:

The report supports and provides assurance of mitigations in place in respect of the risk on the Corporate Affairs Risk Register in respect of compliance with legal and statutory requirements.

**NHS EAST LEICESTERSHIRE AND RUTLAND CCG
PRIMARY CARE COMMISSIONING MEETING
4 June 2019**

**Primary Care Commissioning Committee (PCCC):
Register of Interests and actions taken to manage conflicts**

Introduction

1. NHS England fully delegated primary care commissioning functions to the CCG from 1 April 2015. The Primary Care Commissioning Committee (PCCC) was established and has delegated authority from NHS England to make decisions regarding these functions. Inherent in this is the enhanced risk of perceived and actual conflicts of interest arising for the GPs on the Governing Body and committees.
2. The CCG is required to make arrangements for managing conflicts of interest and potential conflicts of interest, to ensure they do not affect, or appear to affect, the integrity of the CCG's decision making processes. NHS England will be seeking assurance regarding these arrangements on a quarterly basis.
3. The Head of Corporate Governance and Legal Affairs maintains the CCG's register of declarations / interests for all members of the Governing Body, including members for the Primary Care Commissioning Committee, which is published. In addition, it was agreed that a separate register would be established for the PCCC detailing the declarations raised at the PCCC in relation to items on the agenda and how these were managed. This will enable the CCG and clinicians to demonstrate that they are acting fairly and transparently and in the best interest of our patients and local populations.
4. The register of declarations from the PCCC is also presented to the Audit Committee at agreed intervals to review, scrutinise and challenge. The register for 2018 was presented to the Audit Committee in March 2019. The Audit Committee noted that the PCCC had documented declarations raised and took appropriate action where conflicts of interest had been identified.
5. Appendix 1 provides the PCCC Register of Interests detailing where conflicts of interest have been raised during meetings held in public and actions taken. The register is being presented to the Committee for information.

RECOMMENDATIONS

The Primary Care Commissioning Committee is asked to:

- **REVIEW** the report.

PCCC Public meeting dates 2018	Agenda item declaration relates to and background information	Action required	Member of Committee / attendee	Details of the conflict (how is the Committee member conflicted)	Action taken regarding declaration of interest
02-Jan-18	No meeting held.				
06-Feb-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	Asylum Centre, Kennedy House in South Wigston: Update on Inclusion Healthcare's Proposal to relocate the Main Surgery	To receive	Dr Vivek Varakantam	Dr Varakantam confirmed the Practice fell within his locality (Oadby and Wigston).	No further action required as a progress update was to be provided.
06-Mar-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
03-Apr-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	ELR CCG GP Practices Access During Core Hours	To receive	Dr Nick Glover Dr Vivek Varakantam	Dr Glover and Dr Varakantam confirmed their Practices are mentioned within the report.	Dr Glover and Dr Varakantam were requested to remain within the meeting as this report provides an overview of the guidance from NHS England and the required implementation.
01-May-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	It was agreed to receive the conflicts of interest declared and it was noted that the Register of Interests is published on the CCGs website.
		To receive	Mr Warwick Kendrick	Mr Kendrick declared a specific conflict as the Chair of the Audit Committee, which is responsible for oversight and scrutiny of how the PCCC manages conflicts of interest raised at the meeting; and had been requested to Chair the PCCC on this occasion in the absence of both Mr Wood and Mr Smith as the meeting is to be Chaired by an Independent Lay Member.	The declaration was noted, and agreed no further action was to be taken in respect of the declaration.
	ELR CCG Practice Transformation Funding Scheme 2017-19: Update	To receive	Dr Girish Purohit	Dr Purohit confirmed his locality has submitted a transformation bid, which is to be reviewed by the Approvals Panel.	Dr Purohit was requested to remain in the meeting when this item was discussed as a progress update was being presented.
05-Jun-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
03-Jul-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	Rosemead Drive Surgery: Proposed Boundary Change	To approve	Dr Vivek Varakantam	Dr Varakantam declared an interest and a potential conflict in relation to this agenda item as the Rosemead Drive Surgery is a neighbouring Practice within his locality (i.e. Oadby and Wigston). It was noted that his Practice may benefit from potential s106 monies in the future if the monies are made available to the locality as opposed to assigned specifically to Rosemead Drive Surgery subject to the change to its boundary.	It was felt appropriate that Dr Varakantam remain in the meeting as the decision at present related specifically to the Practice boundary changes.
	Primary Care Financial Delegation	To receive	All	Mr Smith stated members of the Committee may have potential conflicts of interest in relation to this report.	It was agreed declarations of interest will be reviewed when the item is discussed. On presentation of the report, it was agreed to defer the item to the next meeting.
07-Aug-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	Forest House Medical Centre: Proposed Boundary Change	To approve	Dr Nick Glover	Dr Glover confirmed the Practice falls within his locality (i.e. Blaby and Lutterworth).	Dr Glover was requested to remain within the meeting when this item is presented.
	ELR CCG Primary Care Transformation Fund: Update	To receive	All GPs present	All GPs present confirmed this report relates to all GP Practices.	GPs present were requested to remain within the meeting as an update report was to be presented.

PCCC Public meeting dates 2018	Agenda item declaration relates to and background information	Action required	Member of Committee / attendee	Details of the conflict (how is the Committee member conflicted)	Action taken regarding declaration of interest
04-Sep-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	Overview of Primary Care Contracting Policies: Update September 2018	To approve	Dr Nick Glover	Dr Glover stated that as the policies covered contractual arrangements in place between the CCG and the Practices, all GPs would be conflicted with this agenda item.	Dr Glover was requested to remain within the meeting when this item is presented.
	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
02-Oct-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
06-Nov-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
04-Dec-18	Declarations of Interest	To receive	All GPs present	All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	The conflicts of interest declared were received.
	Sustainability and Transformational Partnership (STP): GP Programme Update	To receive	Dr Girish Purohit	Practice Manager's Academy – Dr Purohit declared a conflict of interest as their Practice Manager has been involved within the Practice Manager's Academy.	No further action required; Dr Purohit was requested to remain part of the meeting when this item was being discussed as an update was being provided.
	Uppingham Surgery: Ketton Closure Update	To receive	Mr Tim Sacks	Mr Sacks declared a conflict of interest in relation this agenda item as a resident within Uppingham, but not a registered patient at the Practice.	Mr Sacks was requested to remain part of the discussion when this item is presented as an update was being provided.

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

Front Sheet

REPORT TITLE:	Primary Care Finance Report Month 12 (2018/19) Updates and 2019/20 Opening Budget Position
MEETING DATE:	4 June 2019
REPORT BY:	Richard George, Senior Primary Care and Non-Acute 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 specific updates to the final outturn position of the 2018/19 Primary Care budgets and the 2019/20 opening budget position.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG PCCC is requested to:
<ul style="list-style-type: none"> • RECEIVE the reported updates to the 2018/19 financial outturn and the 2019/20 opening position for the Primary Care budget area.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020: (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:
<ul style="list-style-type: none"> • 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 Month 12 (2018/19) Updates and 2019/20 Opening Budget Position

4 June 2019

The purpose of this report is to provide specific updates to the final outturn position of the 2018/19 Primary Care budgets and the 2019/20 opening budget position.

Month 12 Final Outturn Position

The 2018/19 accounts have closed and the final position (£4.0m overspend) was reported to the Committee at the meeting held on 07 May 2019.

The reported position included a number of expenditure estimates (accruals) for which actual charges have now been received. The table below shows the difference between accrued amounts and actual charges for the main primary care budget areas and calculates a total over accrual (2019/20 benefit) to the CCG of £26k.

Budget Area	Reported Outturn (M12) £'000	Accrued Expenditure £'000	Actual Expenditure £'000	Under / (Over) Accrual £'000	Updated Outturn £'000
GP Prescribing	£46,119	£7,227	£7,202	(£25)	£46,094
High Cost Drugs	£934	£153	£154	£1	£935
Central Prescribing	£1,297	£212	£212	£0	£1,297
Community Based Services	£2,194	£437	£435	(£2)	£2,192
Total	£50,544	£8,029	£8,003	(£26)	£50,518

At the time of writing this report, information is being analysed to determine practice prescribing incentive payments for 2018/19. A £597k accrual was made for the scheme, it is not anticipated that the achievement payments will materially differ to this. The same too applies to GP Support Framework where a £1.3m accrual was made as an estimate for achievement payments.

The final prescribing outturn, including a breakdown by practice is attached as appendix 1.

2019/20 Opening Budget

The budget for Primary Care in 2019/20 totals £98.5m. The methodology used to compile the budget, with the exception of co-commissioning, is as follows:

- 2018/19 reported outturn, adjusted for non-recurrent items of income and expenditure.
- Plus allowance for inflation, demographic growth and non-demographic growth
- Plus funding for cost pressures
- Less QIPP targets

A breakdown of the budget is attached to this report as appendix 2.

It should be noted that the appendix is reflective of the finance plan submitted to NHS England and while the overall budget total is correct, a small number of adjustments between areas will be required to accurately reflect the agreed specific areas of QIPP delivery. These adjustments will take place in Month 3 (June).

QIPP

The 2019/20 budget includes a £5.3m QIPP delivery target as detailed in the table below:

Area	£m	Description
Prescribing	£2.5	As in previous years, this scheme focusses on cost effective 'switches', repeat prescription ordering, reducing prescribing for over the counter medicines and medicines of low clinical value. To support practices, funding has been allocated for pharmacists / technicians. The prescribing incentive scheme also continues into 2019/20, although at a lower rate.
Prescribing Incentive	£0.3	Reduction of incentive scheme from £2 to £1 per patient
Community Based Services	£0.3	Reduced activity predominantly related to activity reductions for INR testing and minor injury services
GP Support Framework	£0.7	Revised scheme issued for 2019/20
Urgent Care Centres	£1.0	Use of Extended Access funding for Oadby Walk in Centre
Extended Access	£0.4	Maximising use of PMS reinvestment monies for Acute Access
Co-Commissioning	£0.1	Exploring opportunities to reduce costs, including reviews of Occupational Health and Translation charges.
	£5.3	Total Primary QIPP

2019/20 Risks

There are a number of risks that could impact on the 2019/20 financial position, the main ones include:

- **Prescribing.** In 2019/20, it has been assumed that the pressure around NCSO drugs will continue. While the prescribing budget includes £1.6m (2018/19 outturn) for this, there is a risk that costs could exceed the allocation. Similarly, for Category M drugs while the full year effect of the August 2018 price increase and the April 2019 increase has been built into the budget, any further in-year increases are not specifically identified in the financial plan other than the general price inflation applied
- **Co-Commissioning.** In 2018/19, the co-commissioning budget was significantly overspent. While this has been addressed through the use of GPFYV Extended Access funding being allocated to Oadby Urgent Care Centre, the CCG still remains an over funded organisation according to national formula and therefore receives minimum growth for 2019/20. Locum cover for sickness and adoption, paternity & maternity continues to be a risk with expenditure reaching £0.5m in 2018/19. Premises costs will require close monitoring as the NHSE allocation only allows for a 0.9% inflationary increase. This could easily be exceeded with rent reviews and business rates increases in excess of this small uplift.
- **Primary Care Network Funding.** The budget has been set using guidance issued by NHSE. While this should cover the cost of the new networks, close monitoring will take place during the year to identify any issues that arise through this new funding stream.

Conclusion

The 2018/19 accounts have closed, and for the major budget areas of Primary Care there has been a minimal over accrual of expenditure.

The Primary Care budget for 2019/20 totals £98.5m. The methodology used in setting the budget has been to use the M12 reported outturn and has applied various uplifts, pressures, recurrent investments and QIPP targets applicable to the individual services.

A number of risks have been identified and these will be monitored on a regular basis through the normal monthly reporting process.

Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported updates to the 2018/19 financial outturn and the 2019/20 opening position for the Primary Care budget area.

Primary Care Prescribing Analysis 2018/19 - PPA Month 12 - Reporting Month 12

Appendix 1

Total Primary Care Prescribing	2018/19 Outturn						
	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	Budget	Forecast	Variance (Under)/Over	Variance (Under)/Over
	£	£	£	£	£	£	%
Central Prescribing	1,255,357	1,202,629	1,187,017	1,240,249	1,296,797	56,548	5%
Home Oxygen	428,347	427,145	413,320	415,386	447,402	32,016	8%
High Cost Drugs	914,084	900,812	900,936	940,143	935,745	-4,398	0%
GP Prescribing - (further analysis below) *	46,868,245	46,302,209	46,184,406	44,260,341	46,034,994	1,774,653	4%
Non-GP Prescribing	143,585	75,400	35,840	444,030	281,373	-162,657	-37%
Prescribing Income	-312,289	-138,831	-172,735	-171,689	-170,458	1,231	-1%
NHS England Influenza Vaccines	0	0	-525,372	-713,000	-51,613	661,387	-
Prescribing Rebates	885	-21,573	-164,639	0	-173,908	-173,908	-
Scriptswitch / OptimiseRX	82,662	99,002	88,875	91,364	99,395	8,031	9%
Prescribing Incentive	106,358	612,079	679,773	662,067	597,067	-65,000	-10%
	49,487,233	49,458,871	48,627,421	47,168,891	49,296,795	2,127,904	5%

GP Prescribing - Practice Level Analysis	2018/19 Outturn						
	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	Budget	Forecast	Variance (Under)/Over	Variance (Under)/Over
	£	£	£	£	£	£	%
KIBWORTH HEALTH CENTRE	1,149,437	1,180,323	1,131,749	1,118,869	1,144,273	25,404	2%
LONG CLAWSON MEDICAL PRACTICE, THE SANDS	981,409	1,021,083	1,022,502	822,655	997,202	174,547	21%
THE BILLEDSON SURGERY	957,931	991,688	984,837	903,941	982,445	78,504	9%
THE OLD SCHOOL SURGERY	2,070,198	2,105,304	2,149,562	1,986,158	2,099,566	113,408	6%
COUNTY PRACTICE	1,735,577	1,712,034	1,699,968	1,622,628	1,745,010	122,382	8%
EMPINGHAM MEDICAL CENTRE	954,092	976,308	1,005,785	870,886	1,012,716	141,830	16%
SYSTON HEALTH CENTRE	1,620,531	1,630,486	1,615,821	1,582,536	1,564,671	-17,865	-1%
THE HUSBANDS BOSWORTH SURGERY	458,362	474,394	488,989	489,169	509,556	20,387	4%
THE UPPINGHAM SURGERY	1,447,408	1,494,907	1,468,703	1,442,044	1,451,549	9,505	1%
MARKET OVERTON & SOMERBY SURGERIES	488,008	586,254	626,471	605,675	646,080	40,405	7%
KINGSWAY SURGERY	1,551,640	1,500,463	1,494,330	1,380,071	1,326,221	-53,850	-4%
NARBOROUGH HEALTH CENTRE	306,787	307,913	288,913	291,587	249,270	-42,317	-15%
THE WYCLIFFE MEDICAL PRACTICE	1,583,871	1,513,962	1,490,539	1,411,975	1,473,724	61,749	4%
COUNTSETHORPE HEALTH CENTRE	1,314,974	1,304,333	1,353,977	1,310,782	1,358,477	47,695	4%
ENDERBY MEDICAL CENTRE	690,888	699,823	725,850	720,752	763,932	43,180	6%
GLENFIELD SURGERY	1,991,590	1,996,640	2,009,207	1,699,882	2,015,556	315,674	19%
FOREST HOUSE MEDICAL CTR	2,202,006	1,956,236	2,068,125	1,963,227	2,069,929	106,702	5%
THE MASHARANI PRACTICE	730,625	693,013	673,286	704,230	694,391	-9,839	-1%
THE LIMES MEDICAL CENTRE	1,952,913	1,850,218	1,865,507	1,725,430	1,892,349	166,919	10%
NORTHFIELD MEDICAL CENTRE	1,729,226	1,769,006	1,727,029	1,620,565	1,761,035	140,470	9%
HAZELMERE MEDICAL CENTRE	1,114,765	1,078,675	1,041,658	1,043,633	1,047,628	3,995	0%
MARKET HARBOROUGH MED.CTR	3,831,427	3,871,757	3,815,677	3,454,050	3,774,575	320,525	9%
OAKHAM MEDICAL PRACTICE	2,577,218	2,507,805	2,420,475	2,211,089	2,352,893	141,804	6%
LATHAM HOUSE MEDICAL PRACTICE	4,805,309	4,726,746	4,695,486	5,033,440	4,733,872	-299,568	-6%
BUSHLOE END SURGERY	1,816,503	1,654,988	1,692,612	1,683,199	1,770,137	86,938	5%
THE CROFT MEDICAL CENTRE	1,229,998	1,220,761	1,205,786	1,164,551	1,179,794	15,243	1%
ROSEMEAD DRIVE SURGERY	586,500	567,393	573,173	557,654	605,026	47,372	8%
SOUTH WIGSTON HEALTH CTR.	1,378,251	1,327,529	1,279,384	1,300,197	1,269,291	-30,906	-2%
THE CENTRAL SURGERY	1,325,432	1,338,131	1,267,310	1,227,612	1,247,380	19,768	2%
WIGSTON CENTRAL	1,693,972	1,650,082	1,771,749	1,783,571	1,756,715	-26,856	-2%
SEVERN SURGERY	591,400	593,955	530,036	528,283	539,731	11,448	2%
	46,868,245	46,302,209	46,184,406	44,260,341	46,034,994	1,774,653	4%

Primary Care Opening Budget 2019/20

	Budget £000's
<u>CCG Prescribing</u>	
GP Prescribing (Including Dressings)	45,831
Prescribing Other & UCC	376
Prescribing Income (Local Authorities and Other)	-180
Prescribing Income (NHSE Flu Vaccines)	-603
Prescribing Rebate Scheme	39
OptimiseRx	104
High Cost Drugs	970
Central Prescribing	1,346
Home Oxygen	456
Prescribing Incentive	690
Total CCG Prescribing	49,029
<u>Enhanced Services</u>	
Community Based Services	797
Total Enhanced Services	797
<u>Co Commissioning</u>	
	43,405
Total Co-Commissioning	43,405
<u>GP Support Framework</u>	
Long Term Conditions	2,178
Total GP Support Framework	2,178
<u>Other</u>	
PCN Network Support	501
Primary Care QIPP Stretch	-905
GPFYV - GP Receptionist Training	18
GPFYV - GP Online Consultation	92
Licences	111
Primary Care Corporate	-18
Section 106	37
GP IT	1,070
Urgent Care Centres	2,175
Total Other	3,082
GRAND TOTAL - Primary Care	98,491

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

Front Sheet

REPORT TITLE:	Primary Medical Care Policy and Guidance Manual (PGM) (v2) (April 2019) – Update
MEETING DATE:	4 June 2019
REPORT BY:	Seema Gaj, Senior Primary Care Contract Manager
SPONSORED BY:	Jamie Barrett, Head of Primary Care
PRESENTER:	Jamie Barrett, Head of Primary Care

PURPOSE OF THE REPORT
<p>In September 2018, the Primary Care Commissioning Committee were presented with a report detailing the regulations under NHS England Primary Medical Care Policy and Guidance Manual (PGM).</p> <p>In April 2019, NHS England published notification that the policy and guidance manual had been updated to reflect the changing landscape in primary care co-commissioning. The suites of policies outlined within the PGM are to be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties.</p> <p>The purpose of this report is to provide the Committee with an update on the revised edition of the PGM published in April 2019 to ensure ELR CCG are meeting their statutory commissioning responsibility. (https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/)</p>

RECOMMENDATIONS:
<p>East Leicestershire and Rutland CCG Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none">• NOTE the amendments outlined within the revised Primary Medical Care Policy and Guidance Manual (PGM) (2019);• AGREE and ADOPT the revised Primary Medical Care Policy and Guidance Manual (v2 2019) to be included as part of ELR CCGs suite of Primary Care polices to be used for all primary care contract regulations.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020: (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 not deemed appropriate for this report.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risks:</p> <ul style="list-style-type: none"> • BAF 3 - Quality Primary Care - The quality of care provided by primary care providers does not match commissioner’s expectation with respect to quality and safety. • BAF 6 (a) Primary Care Commissioning – ability to perform delegated duties whilst maintaining member relations and Clinical Engagement

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

Primary Care Contracting Policies – Update

4 June 2019

Introduction

1. In September 2018, a paper was presented to the Primary Care Commissioning Committee which provided a summary of the NHS England National Policies which included contract management and operational procedures in relation to the management of Primary Care Contracts.
2. The Primary Care Commissioning Committee were informed that a number of Primary Care Contracting policies had been incorporated into the NHS England Primary Care Policy and Guidance Manual (PGM) November 2017 and the CCG under its delegated responsibility were to adhere to this policy for all contracting applications/ processes.
3. In April 2019, NHS England informed CCGs that the Primary Care Policy and Guidance Manual (PGM) had been updated and renamed version 2, April 2019. (<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>). This policy and guidance manual has been updated to reflect the changing landscape in primary care co-commissioning. The suite of policies are to be followed by all commissioners of NHS Primary Medical Care, this is to ensure that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties.

Background on PGM

4. NHS England became responsible for direct commissioning of primary care services on 1 April 2013 and since then, the emergence of co-commissioning has seen upwards of 90% of CCGs taking on delegated authority. This revised policy book refers to 'The Commissioner' which includes those local teams within in NHS England that still commission Primary Medical Care and CCGs with delegated authority.
5. This policy has been reviewed and refined in light of:
 - Increased CCG delegation;
 - feedback from users;
 - engagement with stakeholders;
 - the introduction of new models of care and new business models (e.g. MCPs); and
 - contractual and regulatory changes.
6. This policy and guidance manual provides new and revised policies to support a consistent and compliant approach to primary care commissioning across England.

7. The manual will aim to identify sections which describe mandatory functions (i.e. those absolutely defined in legislation and law) versus those which are provided as guidance or best practice.
8. This Policy and Guidance Manual (PGM) replaces all previous versions. In addition, we have embedded as chapters some other related policy / guidance that have been published by NHS England as standalone documents since the original 'Policy Book' was published in July 2016. The processes and procedures set out in this PGM must be followed where a matter arises after the date of publication of this PGM.
9. Where a matter arose prior to the publication of this policy book (and the parties are therefore following a previous policy) the parties should continue to follow that previous policy as this would have been the expectation of the parties.
10. Within the update, NHS England state that they are committed to reviewing the PGM, its use, application and the feedback received each year. The amendments and additions of this refresh are summarised within the 4 parts (A-D) below:

PART OF PGM		AMENDMENTS SUMMARISED
Part A – Excellent Commissioning and Partnership Working		
1.	Introduction	Minor factual accuracy amendments
2.	Abbreviations and Acronyms –	Minor Amendments
3.	Commissioning Described	Minor amendments reflecting current commissioning landscape and emergence of PCNs.
4.	General Duties of NHS England (including addressing health inequalities)	No Amendments
5.	Working Together – Commissioning and Regulating	No Amendments
Part B – General Contract Management		
1.	Contracts Described	No Amendments
2.	Assurance Framework Contract Review	Minor amended reflecting latest data and emerging data sources
3.	Managing Patient Lists Amendments	No
4.	GP Patient Registration Standard Operating Principles for Primary Medical Care –	Minor factual accuracy amendments
5.	Temporary suspension to patient registration	Minor factual accuracy amendments
6.	Special Allocation Scheme (SAS)	Additions to strengthen appeals guidance and updates / additions to template letters
7.	Contract Variations (templates available)	Incorporation section strengthened - Minor addition on branch surgeries - Reference to pharmacy manual re dispensing doctors

PART OF PGM		AMENDMENTS SUMMARISED
8.	Managing a PMS Contractor's Right to a GMS Contract	No Amendments
9.	Practice Closedown (Planned / Scheduled)	Minor Amendments
10.	Discretionary Payments (made under Section 96)	Updates to strengthen section 'Process for Financial Assistance for individual Provider'
11.	National Procurement Support Contract	New short chapter
12.	Premises Running Costs and Service Charges	<p>New Chapter – this section covers policy for consideration of applications from GP contractors for financial assistance towards premises running costs & service charges</p> <p>The purpose of the policy: to provide a consistent methodology that is fair, transparent and equitable, for primary care commissioners to consider formal applications for financial assistance towards premises running costs and service charges in line with the NHS (GMS –Premises Costs Directions 2013, part 5 directions 46 and 47.)</p>
Part C – When things go wrong		
1.	Contract Breaches, Sanctions and Terminations	General amendments to strengthen chapter and an additional short section dealing with CQC issues
2.	Unplanned / Unscheduled and Unavoidable Practice Closedown	General updates and factual accuracy amendments
3.	Death of a Contractor (excluding single handers – see adverse events)	No Amendments
4.	Managing Disputes	Minor amendments to reflect FHSAU to NHS Resolution (NHRSR)
5.	Adverse Events (e.g. flood fire)	No Amendments
Part D – General		
1.	GP IT Operating Model: Data and Cyber Security Arrangements	General updates and links to operating model
2.	Protocol in respect of locum cover or GP performer payments for parental and sickness leave	Updated to reflect latest SFEs
3.	Guidance Note: GP Practices serving Atypical Populations	No Amendments

11. Based on the summary of amendments made to the PGM version 2 outlined within Table 1, ELR CCG under its delegated responsibility are required to adhere to the revised version of the guidance.

Recommendations

12. The Primary Care Commissioning Committee are requested to:

- **NOTE** the amendments outlined within the revised Primary Medical Care Policy and Guidance Manual (PGM) (v2 2019)
- **AGREE** and **ADOPT** the revised Primary Medical Care Policy and Guidance Manual (v2 2019) to be included as part of ELR CCGs suite of Primary Care polices to be used for all primary care contract regulations.

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

Front Sheet

REPORT TITLE:	Uppingham Surgery – Final Update on Ketton Branch Surgery Closure
MEETING DATE:	4 June 2019
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager
SPONSORED BY:	Jamie Barrett, Head of Primary Care
PRESENTER:	Jamie Barrett, Head of Primary Care

EXECUTIVE SUMMARY:

In May 2018 Uppingham Surgery applied to East Leicestershire and Rutland CCG to close their branch surgery in Ketton. A number of papers relating to the closure were presented to PCCC as follows:

- July 2017 – initial proposal was presented setting out case for change. Recommendation from the Committee was for practice to submit a detailed options appraisal including plans for Practice sustainability.
- November 2017 – detailed options appraisal paper was presented with 6 options. Approval was given by the PCCC to progress option to close Ketton branch surgery as the preferred option and commence a 90 day consultation with patients.
- August 2018 – outcome of consultation with patients was presented. Approval was given by the PCCC to close Ketton branch surgery.
- December 2018 – progress update on exit plan and status of mitigating actions identified during consultation was provided. This was noted by the Committee with a recommendation for a further update in June 2019.

The purpose of this report is to provide the Committee with final assurance on how the practice has managed impact of closure on patients that previously accessed Ketton branch surgery.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the update on Uppingham Surgery’s Ketton branch closure and status of mitigating actions practice has taken to address concerns raised during the patient/stakeholder consultation.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020:			
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 was undertaken by both the practice and the CCG as part of the consultation undertaken with patients and stakeholders. These were attached to the report presented to the Committee in August 2018.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risks:</p> <ul style="list-style-type: none"> • BAF 3 - Quality Primary Care - The quality of care provided by primary care providers does not match commissioner's expectation with respect to quality and safety. • BAF 6 (a) Primary Care Commissioning – ability to perform delegated duties whilst maintaining member relations and Clinical Engagement

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

UPPINGHAM SURGERY – UPDATE ON KETTON BRANCH CLOSURE

4 JUNE 2019

Background and Context

1. In May 2018 Uppingham Surgery applied to East Leicestershire and Rutland CCG to close their branch surgery in Ketton. A number of papers relating to the closure were presented to PCCC between July 2017 and December 2018. They were as follows:
 - July 2017 – initial proposal was presented setting out case for change. Recommendation from the Committee was for practice to submit a detailed options appraisal including plans for Practice sustainability.
 - November 2017 – detailed options appraisal paper was presented with 6 options. Approval was given by the PCCC to progress option to close Ketton branch surgery as the preferred option and commence a 90 day consultation with patients.
 - August 2018 – outcome of consultation with patients was presented. Approval was given by the PCCC to close Ketton branch surgery.
 - December 2018 – progress update on exit plan and status of mitigating actions identified during consultation was provided. This was noted by the Committee with a recommendation for a further update in June 2019
2. The purpose of this report is to provide the PCCC with further assurance on how the practice has managed impact of closure on patients that previously accessed Ketton branch closure.

Status of Exit Plan as at June 2019

3. The CCG has continued to work with the practice on an exit plan post closure to ensure there was a smooth transition with minimal impact on patients. Key actions to cover operational elements of the exit plan are now complete. Ketton branch surgery closed on 16th November 2018. There have been no reports of any serious incidents.
4. Appendix 1 lists the concerns raised during the consultation and the actions practice has taken to address them. The practice has also provided an update report for further assurance – see Appendix 2.

Recommendation:

The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the update on Uppingham Surgery's Ketton branch closure and status of mitigating actions practice has taken to address concerns raised during the patient/stakeholder consultation.

Concern		How addressed	Supporting Data/Evidence
1	Transport including public transport	<ul style="list-style-type: none"> Practice will offer flexible appointments 	<p>RCC launched a 12 week consultation on Rutland’s fourth local transport. This has been reviewed by the CCG and further discussion with the practice has highlighted the following:</p> <ul style="list-style-type: none"> The plans proposed by RCC aims to enable all villages in Rutland to access a town at least once a week Ketton is located 2 miles away from the town of Stamford Ketton has bus No. 12 that currently runs every two hours on a daily basis The practice serves a number of villages surrounding Uppingham, some of which have no public transport <p>For the reasons above it was felt bus transport in Ketton is good compared to other villages in the rural area of Rutland. There is a need for equitable access to services for all of Uppingham surgery patients.</p> <p>The practice added “reminders” on the patient records to alert staff and ensure patients were offered a flexible appointment.</p>
2	Parking	<ul style="list-style-type: none"> Review practice rotas Reduce number of “peak” appointment times <p>Free “hopper” bus</p>	<p>Hopper bus – The free hopper bus provides a regular service (on the hour and 25 past the hour). This service is advertised at the Practice.</p> <p>Parking has not been a problem apart from when scheduled meetings occur on a regular basis. These include:</p> <ul style="list-style-type: none"> PM Forums – usually held quarterly between 1-4pm on a Thursday afternoon Rutland Locality Meetings – usually held at monthly intervals

Concern	How addressed	Supporting Data/Evidence												
		<p>between 1-4pm on a Thursday afternoon</p> <p>These meetings do not coincide with specialist clinics that require longer appointments.</p> <p>The GP afternoon sessions start at 3pm and so most affected time is between 3pm and 4pm.</p> <p>The practice rota is reviewed regularly to ensure there are appointments available for routine and acute appointments, both face to face and by telephone with GPs, Pharmacists, Nurses, and Advanced Nurse Practitioners.</p> <p>One of the salaried GPs has amended her working hours to provide a more even allocation of GP appointments throughout the week.</p>												
3	Other branch surgeries may be at risk	<p>Utilisation of appointments at branches will continue to be reviewed to measure impact of closure of Ketton</p> <p>The appointment utilisation audit has been continuously updated since July 18 and the practice has continued to monitor the use of the other sites to see if there has been an increase, or decrease in demand.</p> <p><i>Appointment Utilisation Jul – Sept 18</i></p> <table border="1" data-bbox="976 1018 1727 1273"> <thead> <tr> <th data-bbox="976 1018 1211 1158">Branch Site</th> <th data-bbox="1211 1018 1480 1158">% GP Appointment slots unused</th> <th data-bbox="1480 1018 1727 1158">% Nursing appt slots unused</th> </tr> </thead> <tbody> <tr> <td data-bbox="976 1158 1211 1193">Barrowden</td> <td data-bbox="1211 1158 1480 1193">13.7%</td> <td data-bbox="1480 1158 1727 1193">3%</td> </tr> <tr> <td data-bbox="976 1193 1211 1228">Gretton</td> <td data-bbox="1211 1193 1480 1228">11.4%</td> <td data-bbox="1480 1193 1727 1228">3.4%</td> </tr> <tr> <td data-bbox="976 1228 1211 1273">Ketton</td> <td data-bbox="1211 1228 1480 1273">46.1%</td> <td data-bbox="1480 1228 1727 1273">32.5%</td> </tr> </tbody> </table>	Branch Site	% GP Appointment slots unused	% Nursing appt slots unused	Barrowden	13.7%	3%	Gretton	11.4%	3.4%	Ketton	46.1%	32.5%
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4	Distance to Uppingham Patient choice of registering with another practice in the area. Practice will offer patients the option of using Barrowden branch surgery	A form (see attached) was created for patients to be able to nominate another branch site as their preferred site for dispensing and appointments. Patients also had the opportunity on this form to inform the practice of any other access issues they may have. Information from the forms was used to update patient records with alerts to indicate which patients previously elected to use Ketton. As a result staff have been able to offer flexible appointments where required. Movement of patients is shown in table																								

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5. Growing population of Ketton	Only 17% of residents of Ketton were registered with the practice of Ketton	<p>In October 17, when the initial business case was completed, 285 patients elected to use Ketton Surgery. This fell to 266 in June 2018 and 254 in October 2018. No increase in number of Ketton residents registering (at any site) static from 328 residents in Oct 17 to 327 in Oct 18. The Practice has continued to monitor patient numbers at all sites and the number of Ketton residents opting to register with them.</p> <p>A total of 28 Ketton patients have left the Practice since the announcement of the closure. 21 of those have moved to another local practice whilst remaining at the same address. 2 people are now deceased and 7 patients moved out of the area and so would have registered elsewhere anyway.</p> <p>8 new Ketton residents have registered at Uppingham since 1st October 2018.</p>																																								

Concern	How addressed	Supporting Data/Evidence
		<p>As at 1st April 2019 the number of Ketton residents registered at the Practice is 319.</p>
6	<p>Home visits</p> <p>Practice acknowledges that there may be an increase in home visit request from people in Ketton – the practice able to manage as overall demand is low. Practice nurse already does home visits for the area for flu vaccinations and chronic disease management, so would coordinate visits for annual reviews by area</p>	<p>The practice carried out 2 audits to review demand for home visits. The first audit was carried out between Monday 19th November and Friday 18th January. During this period 8 home visits were requested for Ketton residents compared with 6 visits in the same period of the previous year.</p> <p>The second audit was carried out between 1st March and 31st March. During this period there were 5 home visits requested for Ketton residents compared with 6 in the same period of the previous year.</p> <p>One patient who would usually attend Ketton surgery for a flu vaccination requested a home visit.</p>
7	<p>Dispensing Services</p> <p>Options for patients to order/collect prescriptions:</p> <ul style="list-style-type: none"> • Uppingham surgery • Barrowden Surgery • Nominating pharmacy of their choice to dispense medication • Good neighbour scheme 	<p>Those patients who nominated another branch or pharmacy to collect their prescriptions have been transferred – 4 people completed a nomination form to elect a local pharmacy. 8 patients have elected to have their medication dispensed at Barrowden surgery.</p> <p>There are 18 Ketton residents in total who do not have their medication dispensed by the Practice.</p>
8	<p>Impact</p> <ul style="list-style-type: none"> • Age – older people with 	<p>The Practice identified the most vulnerable patients (contacted during</p>

Concern	How addressed	Supporting Data/Evidence
<p>monitoring on 9 protected groups</p>	<p>mobility issues and/or LTC, exploring new technology such as virtual consultations, self-management apps? Positive impact on working age populations?</p> <ul style="list-style-type: none"> • Disability – patients with LTC • Gender reassignment – need to ensure smooth continuation of care • Marriage and civil partnership – no impact • Pregnancy and maternity – no adverse impact • Race – multi-lingual staff • Religion and belief – as above, choice of male/female GPs • Sex (gender) – no adverse impact • Sexual orientation – no adverse impact • Carers • Deprived communities – second least deprived decile • Vulnerable groups e.g. asylum seekers, homeless, sex workers, military veterans, rural communities 	<p>consultation process) and the nomination form was used to pick up any additional information.</p> <p>The small numbers of patients that have been identified within these groups have been monitored closely to ensure patients continue to receive the care they need.</p> <p>Actions taken by the practice include:</p> <ul style="list-style-type: none"> • Ensuring patients have access to the same GP in Uppingham as the one they registered with in Ketton • Two patients that previously occasionally attended Ketton surgery requiring home visits have now been included on the “housebound” register. One of these patients is now being seen at Barrowden surgery • The practice has been trialling a free service since November 2018 to deliver medication to 6 patients who have medication dispensed into dossette boxes who live in Ketton • The roll out of VitruCare, a RCC initiative to support self-management of LTC has been cancelled due to technical problems with the software. However the practice is working with Rutland County Council on alternative options for patients to access self-care via the internet. • The practice has held an “on line” access day for patients whereby training is provided enabling patients to access services on-line. <p>The practice has made the following observations:</p> <ul style="list-style-type: none"> • Frequent attenders at Ketton have attended Uppingham surgery

Concern	How addressed	Supporting Data/Evidence
		<ul style="list-style-type: none"> • 15 patients over 75 have registered with another practice in the area • Those families with identified needs, or on the safeguarding register have continued to attend at an expected frequency • One patient requiring regular INR tests has attended the Uppingham surgery frequently for this service • Those patients that usually attend the chronic disease annual reviews have attended the main surgery at Uppingham <p>The Practice has not had any negative feedback from this group of patients following the closure of Ketton surgery. However, there has been positive feedback from patients to Health Care Assistants complimenting the service and facilities at Uppingham.</p>



Uppingham Surgery
North Gate, Uppingham

01572 823531

Closure of Ketton Surgery

Ketton Surgery will be closing on **Friday 16th November**.

We would like to make sure that you can continue to access our services at our other sites. To help us assist you we would be grateful if you could answer the following questions. Your record can be updated to alert staff of any special requirements.

Name.....Date of Birth.....

Please tick those that apply

Medication/Prescriptions

How do you wish to collect your medication when Ketton closes?

(If no preference is stated medication will automatically be dispensed from Uppingham)

I will collect/arrange for someone to collect from Uppingham Surgery

I will collect/arrange for someone to collect from Barrowden Surgery

I will collect/arrange for someone to collect from Gretton Surgery

I will be nominating a pharmacy to dispense my medication

Would you be interested in information about Dossette boxes (blister packs) for medication?

Pharmacies in Oakham and Stamford may be able to deliver medication

Appointments

How will you travel to the surgery to attend appointments?

I will be using my own transport

I will be arranging for friends/neighbours/relative or volunteer

I will be using public transport (bus services)

Are you a carer? Yes

Do you need information in a different format?

Do you need support?

Please let us know



Easy read



Large print



BSL



Braille



**Email or
SMS text**



**Other
communication
support**

Is there any other information you would like us to be aware of?

.....
.....
.....

Thank you for taking the time to complete this form. Please hand this back to the receptionist once completed.

Appendix 2 - Ketton Closure - Update April 2019

Following the closure of Ketton Branch Surgery the Practice has continued to monitor the impact on those who previously elected to use Ketton Surgery, or live in Ketton.

The Practice has retained a list of Ketton patients and has added 'reminders' to the home screen to make staff aware that the patient used to go to Ketton Surgery and therefore may need more support in accessing services elsewhere.

– !! Reminders

Pt was registered at KETTON. PIs be aware may wish to nominate another branch, or need flexible appts. [Cancel](#) [More](#)

Please offer Mr xxxxxx flexible appointments as he will be travelling by friends/neighbours/relative/volunteer [Cancel](#) [More](#)

Transport (including public transport)

Staff are aware that a significant number of patients (including those who elected to use Ketton) live in rural area and may rely on friends/relatives/neighbours or public transport. The reminder acts as an alert to staff that there may be a need to offer a flexible appointment.

6 patients indicated on the Nomination form that they did not have their own transport. None of the patients have indicated that they will be using public transport.

Parking

The free hopper bus provides a regular service (on the hour and 25 past the hour). This service is advertised at the Practice.

There have been a few occasions where the car park has been very busy during normal opening times. These have been when the Practice has hosted PM forum and locality meetings on a Thursday afternoon. These do not coincide with any special clinics such as antenatal, minor surgery or immunisation clinics.

25/10/18	Rutland Locality meeting	1-4pm
29/11/18	Rutland Locality meeting	1-4pm
17/01/19	PM forum	12.30pm-3.00pm
24/01/19	Rutland Locality meeting	1-4pm
28/02/19	Rutland Locality meeting	1-4pm
28/03/19	Rutland Locality meeting	1-4pm
18/04/19	PM Forum	12.30pm-3.00pm
25/03/19	Rutland locality meeting	1-4pm

GP afternoon appointments start around 3pm, so the most affected times is between 3-4pm.

The car park has also been very busy during the Saturday flu clinics, but the Practice held two flu clinics at Ketton, as usual, so patients electing to use Ketton were not affected.

The rota is reviewed regularly to ensure that there are appointments available for routine and acute appointments, both face to face and by telephone, with GPs, Pharmacists, Nurses, Advanced Nurse Practitioners and additional services.

The Practice's Acute Access showed that they were not offering enough pre-bookable appointments for planned care with the patient's own GP. There were too many "book on the day" appointments. Therefore the practice is now offering patients more routine appointments in advance with their GP. This will help patients to make transport arrangements and make an appointment on a day that suits them.

The Advanced Nurse Practitioners, who see many of our patients with acute problems (on the day, or unplanned appts) have appointments available between 8.30am and 5.00pm each day.

One of our salaried GPs has also amended her working hours to provide a more even allocation of GP appointments throughout the week.

Other branch surgeries may be at risk

Appointment audits show that the other two branch sites are well attended.
Appointment utilisation JUL-SEP 18

Branch Site	% GP Appointment slots unused	% Nursing appt slots unused
Barrowden	13.7%	3%
Gretton	11.4%	3.4%
Ketton	46.1%	32.5%

Appointment utilisation OCT-DEC 18

Branch Site	% GP Appointment slots unused	% Nursing appt slots unused
Barrowden	22%	3.8%
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Ketton	41.5%	16.8%

Appointment utilisation JAN-MAR 19

Branch Site	% GP Appointment slots unused	% Nursing appt slots unused
Barrowden	27.6%	4%
Gretton	21.4%	6.8%

The number of unused appointments at the branches has remained fairly constant since the closure of the surgery was announced. The nursing appointments in particular are very well utilised and the closure of Ketton has not placed an additional demand on appointments at Barrowden (The majority of patients electing to use Ketton were registered with Dr Kalra, who is the GP attending Barrowden surgery).

Distance to Uppingham

A nomination form was created to allow patients to nominate another site to collect their prescriptions from, or attend appointments. This information was then transferred to the patient record. The dispensary have monitored the collection of prescriptions and transferred dispensed items to the patient's nominated branch. Some patients have elected to have their medication dispensed by a Pharmacy. The Practice continues to actively promote online access as a means of booking appointments and requesting repeat medication. This, along with the telephone triage service, reduces the need for patients to make the journey to Uppingham to be seen.

Growing population

21 patients have registered with another Practice covering Ketton since the closure was announced in August, with only two patients moving Practice in 2019.

8 new Ketton residents have registered at Uppingham since 01/10/18.

The total number of patients who are resident at Ketton, registered at any site, has remained fairly constant since the announcement of the closure –

October 2017 – 328

October 2018 – 327

January 2019 – 325

April 2019 - 319

Month Left Practice	Moved to another local Practice	Moved out of area (address change)	RIP
Aug 18	6	0	1
Sep 18	2	1	0
Oct 18	3	2	0
Nov 18	2	1	0
Dec 18	6	1	0
Jan 19	1	2	1
Feb 19	1	0	0
Mar 19	0	0	0
Total	21	7	2

Home visits

Between Monday 19th November and Friday 18th January there were 8 home visits requested for Ketton residents compared with 6 visits in the same period of the previous year.

Update – A further audit of home visits in March 19 showed that there were 5 visits made to Ketton residents compared with 6 for the same month in 2018. The closure has not placed an increased demand on home visits, so any visits that are requested are manageable.

Flu vaccinations – Additional home visits

There was one patient who would have usually attended Ketton Surgery who requested a flu vaccination at home. The Practice held two walk-in flu clinics at Ketton as in previous years.

Dispensing Services

Those who have nominated another branch or pharmacy to collect their prescriptions have been transferred – 4 people completed a nomination form to elect a local Pharmacy.

8 patients have elected to have their medication dispensed at Barrowden.

There are 18 Ketton residents in total who do not have their medication dispensed by the Practice.

The Practice offers a delivery service once a month to patients who have dosette system dispensing and who would find it difficult to get to a Pharmacy. There are currently six patients who use this service.

Impact Monitoring

The small number of patients identified during the consultation process are continuing to be monitored to ensure that they have been able to access services. 21 patients completed a nomination form to give us information about where they would like to collect their medication from, alert us to any transport restrictions, or inform us of any other conditions or issues that we need to be aware of.

The information from these forms was transferred to the patient record as an alert, as previously mentioned.

Those patients who have enquired about Pharmacy nomination and delivery services have been contacted by our dispensary staff, offering advice.

The Practice is promoting online services to those that are able to use them, which frees up the telephone lines for those who need more assistance.

Continuity of care

Ketton Surgery was staffed by the nurses and GPs from Uppingham, so there has been no change to the clinicians that the patients see. Patients who were registered at Ketton with Dr Kalra still have Dr Kalra as their named GP. This has provided continuity of care as the staff and patients are familiar with each other. Dr Kalra also attends Barrowden, giving patients the flexibility of seeing their named GP at two other sites.

Attendance at other sites

Patients that have been identified as vulnerable, or with a protected characteristic have continued to access services at the other sites. Two patients who previously occasionally attended Ketton Surgery, as well as having home visits have now been transferred to the 'housebound' register.

One of these patients has been seen at Barrowden Surgery.

Frequent attenders, who would have been expected to attend Ketton Surgery within this period have attended Uppingham Surgery.

Over 75

15 patients aged over 75 have registered with another Practice in the area.

Families

Those families with identified needs, or on the safeguarding register, have continued to attend at an expected frequency.

Chronic Disease Management

One patient was identified as requiring regular INR tests. This patient has attended Uppingham frequently for this service.

Those who would usually attend for chronic disease annual reviews have attended Uppingham.

Delivery of Dosettes

There are 6 patients that have been identified as vulnerable who have medication dispensed into dosette boxes that live in Ketton. The Practice has been trialling a free service since November to deliver medication to these patients.

VitruCare – Problems with the software outside of the control of the Practice has meant that the roll-out of VitruCare was slower than anticipated and this project has now ceased due to technical difficulties. The Practice and local organisations such as the local council are working towards looking at alternatives to the VitruCare System so that we may have 'skype' type consultations and self-care solutions in the near future.

The Practice is also planning an online access event to invite patients to discover what they can do via our website and how to register for online services. This is expected to take place in June.

Feedback from Patients

The Practice has not received any written feedback from patients following the closure of Ketton Surgery either negative or positive and there have been no complaints relating to incidents caused by the closure of the surgery. There has been positive verbal feedback from two patients to one of our Healthcare assistants complimenting us on the service and facilities at Uppingham.

There have been no reported adverse events or incidents relating to the closure of Ketton Surgery.

Impact on the Practice

The Practice has relocated equipment from the site to the three other sites. IT equipment from Ketton has been moved to a renovated room at Uppingham Surgery which has become a new dispensary 'hub', where dosette boxes can be prepared away from the main dispensary.

The label printer is being moved to the reception area, so that reception staff can print off labels for blood samples brought in by the community nursing team. This saves time for both the community nurses and clinical staff at the Practice.

Medical equipment has been stored at the main site so that if any equipment is found to be faulty it can be replaced without needing to cancel appointments.

Closing the site has enabled the Practice to manage stock levels of medication and medical consumables more effectively. As Ketton was underutilised stock rotation monitoring was required more frequently. The dispensary stock level has been reduced by c. £5k, as medication for Ketton residents is now predominantly dispensed from Uppingham stock.

The Practice is able to manage staffing levels and unexpected absences more easily, as the work that would have been carried out at Ketton is absorbed by the team at Uppingham. Patients are being seen by the most appropriate person to their need rather than the person attending that site.



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

Front Sheet

REPORT TITLE:	General Practice Quality and Outcomes Framework (QOF) 2019 / 2020
MEETING DATE:	4 June 2019
REPORT BY:	Amy Linnett, Quality Lead
SPONSORED BY:	Tracy Burton, Interim Chief Nurse and Quality Officer
PRESENTER:	Tracy Burton, Interim Chief Nurse and Quality Officer

EXECUTIVE SUMMARY:
This report is to update the committee on the changes to General Practice QOF for 2019/20 and ELRCCG's proposal to facilitate support for practices to achieve QOF points.

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

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2019 – 2020:			
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 proportionate.

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

General Practice Quality and Outcomes Framework (QOF) 2019 / 2020

4 June 2019

Background

1. The Quality and Outcomes Framework (QOF) is a system for the performance management and payment of general practitioners (GPs) in the National Health Service (NHS) in England, Wales, Scotland and Northern Ireland
2. The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary.
3. Changes to QOF are agreed as part of wider changes to the General Medical Services (GMS) contract. Changes to the GMS contract are negotiated annually by NHS Employers (on behalf of NHS England) and the British Medical Association's (BMA) General Practitioners Committee (GPC).

NHS England Guidance on QOF 2019/20

4. In January 2019, NHS England agreed a new five-year framework for GP contract reform to implement The NHS Long Term Plan. This included a number of improvements to QOF in line with the recommendations of the QOF Review (published in July 2018).
5. A number of changes have been made to the 2019/20 QOF allocation including:
 - The retirement of 28 indicators (worth 175 points) which are either no longer in line with NICE guidance, have known measurement issues (usually because of low numbers at a practice level) or where the care described is now viewed as a core professional responsibility.
 - The introduction of 15 new indicators (worth 101 points) to bring QOF into closer alignment with NICE guidance and Screening Committee recommendations, mainly on diabetes, blood pressure control and cervical screening.
 - Exception reporting has been replaced with a Personalised Care Adjustment which will better reflect individual clinical situations and patients' wishes.
 - The size of QOF remains unchanged at 559 points. The value of a QOF point in 2019/20 will be £187.74. There are no changes to payment thresholds for indicators carried forward from 2018/19.

- The introduction of a new QOF Quality Improvement (QI) domain (worth 74 points). The first two modules will be prescribing safety and end-of-life care (EoLC). These topics are anticipated to change on annual basis.

Prescribing

6. The overarching aim of these QI indicators is to lead to improvements in the following aspects of prescribing safety:
 - a) Reduce the rate of potentially hazardous prescribing, with a focus upon the safer use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients at significant risk of complications such as gastro-intestinal bleeding.
 - b) Better monitoring of potentially toxic medications and the creation of safe systems to support drug monitoring through a focus upon lithium prescribing (or another agreed medication if no patients on the registered list are currently being prescribed lithium).
 - c) Better engagement of patients with their medication through a focus upon valproate and pregnancy prevention.
 - d) Improve collaboration between practices, networks and community pharmacists to share learning and improve systems to reduce harm and improve safety.
7. Practices will need to:
 - a) Evaluate the current quality of their prescribing safety and identify areas for improvement – this would usually include a baseline assessment of current prescribing
 - b) Identify quality improvement activities and set improvement goals to improve performance in the three identified areas – (6 a, b and c above).
 - c) implement the improvement plan
 - d) Participate in a minimum of 2 network peer review meetings
 - e) Complete the QI monitoring template in relation to this module

End of Life

8. The overarching aim of these QI indicators is to lead to improvements in relation to the following aspects of care:
 - a. Early identification and support for people with advanced progressive illness who might die within the next twelve months.
 - b. Well-planned and coordinated care that is responsive to the patient's changing needs with the aim of improving the experience of care.

- c. Identification and support for family / informal care-givers, both as part of the core care team around the patient and as individuals facing impending bereavement.

9. Practices will need to:

- a) Evaluate the current quality of their end of life care and identify areas for improvement – this would usually include a retrospective death audit
- b) Identify quality improvement activities and set improvement goals to improve performance
- c) Implement the improvement plan
- d) Participate in a minimum of 2 GP network peer review meetings
- e) Complete the QI monitoring template in relation to this module

Proposal

10. ELRCCG Quality Lead met with the GP Locality and Prescribing Leads to discuss the NHSE guidance in relation to 2019/20 changes to QOF, in particular the QI Domain; which requires two practice based audits, facilitated peer review discussions and shared learning via Localities/PCN meetings.

11. The timeline below has been proposed, and supported by Practice Manager Representatives and GP Quality Lead. The proposal was also discussed at Primary Care Delivery Group (PCDG) on 21 May 2019:

June PCN meeting	<ul style="list-style-type: none"> • Introduce End of Life and prescribing audits including audit requirements, template tools and subsequent dates for review
June – September	<ul style="list-style-type: none"> • Practices to audit the current quality of their prescribing safety and end of life care and identify areas for improvement: <ul style="list-style-type: none"> ○ Prescribing – audits to be provided (Meds Team) ○ EoL – individual practice system based audits (locality lead)
September PCN meeting 1 st Peer Review discussion	<ul style="list-style-type: none"> • Identify quality improvement activities and set improvement goals to improve performance in prescribing safety and end of life care.
September 19 – January 20	<ul style="list-style-type: none"> • Implement improvement plans • Continuous measurements to be recommended to demonstrate the impact of the changes being tested

	<ul style="list-style-type: none"> • Complete audit cycle by repeating initial audit and clarify the outcomes achieved.
January 2020 PCN meeting 2 nd Peer Review discussion	<ul style="list-style-type: none"> • Share learning and quality improvements across PCNs • Discussion to be facilitated by Accountable Clinical Director (ACD)
March 2020	<ul style="list-style-type: none"> • Practices to complete and submit QI monitoring template and self-declare they have completed the activity and attended a minimum of 2 peer review meetings.

12. It is envisaged that most PCN's will want to use their PCN pharmacist to look at these audits across all the practices in a PCN, this will ensure consistency for the peer reviews. PCN Pharmacists are likely to start in July (at the earliest) so this is in keeping with the above timeframes.

13. The audits designed by the Prescribing team will not be mandatory; however they will again enable greater consistency of peer review discussion at PCN meetings.

Next steps

14. ELRCCG Quality Lead will attend the PM forum in June to update PM's on the proposal. At the PCN meetings in June, the Head of Prescribing and Locality Leads will introduce the audits and requirements including available resources, tools and templates.

Recommendation:

The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** for information.

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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): Primary Care Board update
MEETING DATE:	4 June 2019
REPORT BY:	Tim Sacks, Chief Operating Officer Sharon Rose, Locality Lead Manager & STP GP Programme Lead
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 Primary Care Board.
The documents included are:
<ul style="list-style-type: none"> • Primary Care Board Terms of Reference (appendix A) • Structure chart (appendix B)

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) 2019 – 2020:			
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

Sustainability and Transformational Plan (STP): Primary Care Board update

4 June 2019

Introduction

1. The Primary Care Board is responsible for design of a 5 year strategy of sustainable transformational change in General Practice that meets local needs and delivers the GP 5 year forward view (GPFV) and the Primary Care aspects of the NHS Long Term Plan and PCN agenda.

Update

2. The GP Resilience Programme Board has transitioned to form the Primary Care Board. To reflect this development, membership and terms of reference (ToR) of the board have been reviewed to ensure appropriate representation across the STP. The current Draft ToR is in appendix a.
3. The role and function of the PCB along with the four key sub groups are included within appendix b. This details the expectation from each of the groups and the reporting structures for governance.

RECOMMENDATIONS

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



East Leicestershire and Rutland CCG
Leicester City CCG
West Leicestershire CCG
University Hospitals Leicester

Primary Care Board

Terms of Reference 2019

Author: Mr T Sacks

Version	Date	Amendment
1.1	16 June 16	Updated with comments from working group
1.2	18 August 16	Updated with comments from working group
1.3	22 Nov 16	Updated to align with STP programme
1.4	24 Jan 2017	Updated with Comments from Programme Board
1.5	March 2019	Updated in line with PCN Guidance – draft for revised Primary Care Board
1.6	16 April 2019	Update from PCB 16.4.19

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DRAFT

1. Purpose

1.1 Primary Care is the bedrock of NHS care and therefore its resilience and ability to understand and meet patient need is vital to the delivery of quality healthcare across LLR. A Primary Care Board has been established as the leadership group responsible for design and delivery of the Primary Care aspects of the NHS Long Term Plan (including Primary Care Networks) the LLR GP resilience programme and the formation of Primary Care Networks (PCNs) as described in the NHSE Investment and Evolution Document (Jan 2019)

1.2 As part of LLR's Strategic Direction, Primary Care must continue to transform as a key aspect of the local Health and Social care offer for patients. To build on the transformational change which has already taken place as part of the GPFV, the Primary Care Board will support the implementation of primary care networks as the Neighbourhood for the delivery of services through integrated neighbourhood teams in a co-ordinated and complementary way. The Board will focus on the following key areas:

- Development of the PCN model across LLR to enable the delivery of a resilient Primary Care sector that is aligned to the development and delivery of wrap around community and social care services.
- Development and delivery of a refreshed primary care strategy in line with the GP5YFV to ensure every Practice and PCN is able to fulfil the new contract as well as ensuring a resilient primary care in LLR
- In line with the new contract ensure that each PCN is supported to co-design and, where agreed, deliver a spectrum of services for their population.

1.3 The Primary Care Board is responsible for design of a 5 year strategy of sustainable transformational change in General Practice that meets local needs and delivers the GP 5 year forward view and the Primary Care aspects of the NHS Long Term Plan and PCN agenda

1.4 The Board will provide leadership in the design, development, planning, commissioning and delivery of new models of General Practice, in partnership with and in accordance with the respective partner organisations governance arrangements.

1.6 These terms of reference set out the Board's roles, responsibilities and reporting arrangements. Any changes to these terms of reference must be agreed with the respective membership organisations.

1.7 Additional members may be co-opted onto the group as and when required, and under the direction of the Chair.

2 Accountability

2.1 The Primary Care Board is a collaboration of representation from the stated organisations and of the local community and the health & social care economy. All partners will, in turn, report through their respective governance and management channels.

2.2 The Board will report directly into the SLT Board, to the three Primary Care Commissioning Committees and/or Governing bodies and the Collaborative Commissioning Board (CCB)

2.3 The Board will ensure the programme aligns with the Better Care Together and the NHS Long Term Plan to support and develop high quality General Practice

3 Remit & Objectives

3.1 Research, design and set the direction via a refreshed Primary Care strategy to provide a steer for each PCN to deliver the following:

- Population Health Management- identifying and delivering care with the Integrated Neighbourhood teams
- Long Term Conditions management and pathway design
- Prevention in primary care
- PCN level estates strategy
- Workforce, both within General Practice and the community
- IM&T solutions for PCN and neighbourhood teams interoperability

3.2 Continue to deliver the GP5YFV

3.3 Align contracting and performance/ quality monitoring functions to ensure improved delivery of Core General Practice function

3.4 Deliver on the PCN contract including

- Formal formation of the PCN contracts across LLR and the OD/ Leadership implications

- Delivery of the 7 Clinical specifications including; EOL, Care Homes, Population health management etc.
- Workforce development

3.5 Work with the ICB to ensure that integrated neighbourhood teams are built on the PCN model in LLR to support primary Working with ICB to ensure that the care coordination model, prevention and population health management are embedded within the commissioning framework

3.6 Work with the ICB to ensure that the commissioning framework for wider community services and acute care is aligned to the needs of PCNs

3.7 Support the organisational development of PCNs to enable them to hold contracts for extended services, including extended community services

3.8 Prevention delivery model for primary care networks ensuring every contact counts

3.9 The Board will take into account the outcomes and measures that other STP workstreams are monitoring, to avoid duplication and overlap, but will not monitor itself directly against wider STP measures of population health improvement such as the impact of Long Term Condition service improvements.

3.10 Within 2019/20, success criteria will include:

- Delivery of the Primary Care NHSE MoU
- Delivery of an LLR Primary Care Strategic document aligned to delivery of the wider Integrated Community Service offer
- Delivery of appropriate health care in the primary care setting which deliver the best possible patient outcomes
- A raised profile of PCNs with clear communication mechanism allowing stakeholders to engage and influence with PCNs

4 Authority

4.1 The Board is authorised to:

4.1.1 Set appropriate frameworks, policies and procedures to support the delivery of the programme making reference to national published guidance

4.1.2 Establish Task & Finish groups to deliver the programme's key workstreams and priorities across LLR

4.1.3 Link to other key Programmes namely 'Better Care Together' and STP

4.1.4 Review its terms of reference on an annual basis.

4.1.5 Final authority sits with individual organisations Governing Bodies or Primary Care commissioning Committees

4.1.6 The Primary Care Board will report into the LLR System Leadership Team. Reporting will be via reports, but the workstream will also provide more detailed reports to SLT or take issues to SLT for resolution, when required. A diagram showing the proposed governance structure is attached as Appendix 1.

5 Board Sub-Structure

5.1 There are four direct groups that will feed into and will be held to account by the Primary Care Board

- Primary Care Contracting and Quality group
- Primary Care Network group
- Primary Care Workforce group
- Primary Care IM&T group

Other Task and finish groups will be set up when necessary

5.2 The key responsibility of the Primary Care Contracting group is to coordinate and manage the joint General Practice contract function including:

- QoF
- DES (old contracts)
- New Primary Care Network (PCN) DES
- CBS joint contracts
- Service Specifications for PCNs
- Estates review and strategy

- Quality monitoring

5.3 The key responsibility of the Primary Care Network (PCN) group is to coordinate the mobilisation of PCNs across LLR including:

- Development of PCNs
- Commissioning of GP services from PCNs
- Service design and commissioning from PCNs
- Develop a Population Health Management approach to understanding need, demand and capacity modelling
- Prevention
- Performance management of PCNs

5.4 The key responsibility of the Primary Care Workforce group is to coordinate and manage the PC workforce sustainability plan including:

- Workforce planning
- Recruitment and retention
- International recruitment

5.5 The key responsibility of the IM&T group is to coordinate and mobilise the PC IM&T strategy.

6 Membership

6.1 The Primary Care Board will comprise of the following members:

6.1.1 CCG Clinical Chair or Clinical Vice Chair rotated on a 2 year fixed term (minimum one CCG Chair in attendance at each meeting)

6.1.2 The SRO for Primary Care will be the Deputy Chair

6.1.3 Clinical Lead from LC, ELR and WL CCG

6.1.4 Senior Manager from LC, ELR and WL CCG

6.1.5 Primary Care Board leads for each of the 4 subgroups

6.1.6 CCG finance lead

6.1.7 CCG quality lead

6.1.8 A representative from UHL

6.1.9 GP Provider perspective from PCNs or Federations (1 member per CCG representing the Federations)

6.1.10 A representative from the Communications and engagement Team

6.1.11 A representative from Public Health (one from each Authority)

6.1.12 A representative from LPT

6.1.13 A representative from each HealthWatch (Leicester and Leicestershire, and Rutland)

6.1.14 Lay representation from a single CCG

6.2 The position of Chair shall rotate as follows; LCCCG, ELRCCG, WLCCG.

6.3 The Deputy Chair of the Committee shall be the SRO for Primary Care

6.4 Should members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place in agreement with the Chair of the Committee

Note - Local Authority links to be maintained via Integrated Care Board

7 Responsibility of Members

Members of the Board have a responsibility to:

7.1.1 Attend meetings, having read all papers beforehand.

7.1.2 Act as 'champions', leading the changes within the programme, disseminating plans, communications and information as appropriate.

7.1.3 Conduct themselves in an open and transparent manner.

7.1.4 Working in a collaborative way with partners to maximise programme success.

7.1.5 Identify agenda items to the secretary seven working days before the meeting.

7.1.6 Submit papers for distribution at least seven working days before.

Specific roles: The Chair is responsible for leading the board and its agenda, promoting a culture of openness & debate and ensuring an effective working group.

7.1.7 All members have a responsibility to ensure that the Board fosters the desired behaviours and priorities in order to be at its most effective in delivering change and best quality care. All members will therefore commit to (NHS Leadership Academy, The Healthy Board, 2013):

- Prioritise quality and patient safety
- Model an open approach to learning
- Invest time to develop constructive relationships around the board table
- Reflect a drive to challenge discrimination, promote equality, diversity, equity of access and quality of services. They respect and protect human rights in the treatment of staff, patients, their families and carers, and the wider community
- Ensure that their approach to strategy, accountability and engagement are consistent with the values they seek to promote for their organisation(s)

8 In Attendance

8.1 A representative from the Leicester, Leicestershire and Rutland Local Medical Committee

8.2 A representative from NHS England and NHS Improvement

8.3 A representative from the leadership of the LLR Long Term Conditions subgroup

8.4 The Chair may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to advance programme delivery.

9 Quoracy

9.1 A meeting will be quorate if, at a minimum, 50% of the members are present, with at least one representative from each named organisation. Those 'in attendance' will not count towards the quorum.

10 Frequency of Meetings

The Primary Care Board will meet on a monthly basis. The meeting duration will be 2.5 hours, with the proviso that the Chair may call additional meetings as required

The Senior Responsible Officer (SRO) is the individual responsible for ensuring that the programme meets its objectives and delivers the projected benefits

11 Administrative Arrangements

11.1 The designated support officer will ensure:

11.1.1 Correct minutes are taken, and once agreed by the chair distributing minutes to all board members;

11.1.2 A record of matters arising is produced with issues to be carried forward

11.1.3 An action log is produced following each meeting and ensuring any outstanding action is carried forward on the action log until complete;

11.1.4 Provide appropriate support to the chair and members;

11.1.5 The agenda is agreed with the chair prior to sending papers to members no later than 5 working days before the meeting;

11.1.6 A conflicts of interest register will be created and maintained for the Primary Care Board. All potential conflicts of interest must be declared and dealt with in line with the CCGs' policies/procedures for handling conflicts of interest. All declarations of interest will be minuted.

12 Approval and Signature

On Behalf of the STP General Practice Resilience Programme Board	
Name	
Title	Chair of Primary Care Board
Signature	
Date	
On Behalf of the LLR STP	
Name	Mr T Sacks
Title	Deputy Chair of Primary Care Board and SRO GP Forward View Chief Operating Officer ELRCCG
Signature	
Date	
On Behalf of the LLR STP	
Name	
Title	
Signature	
Date	

On Behalf of ELRCCG PCCC	
Name	Clive Wood
Title	Chair of ELRCCG Primary Care Commissioning Committee
Signature	
Date	
On Behalf of LCCCG PCCC	
Name	Nick Carter
Title	Chair of LCCCG Primary Care Commissioning Committee
Signature	
Date	
On Behalf of WLCCG PCCC	
Name	Gillian Adams
Title	Chair of WLCCG Primary Care Commissioning Committee
Signature	
Date	

PCB Role and Function in the LLR system

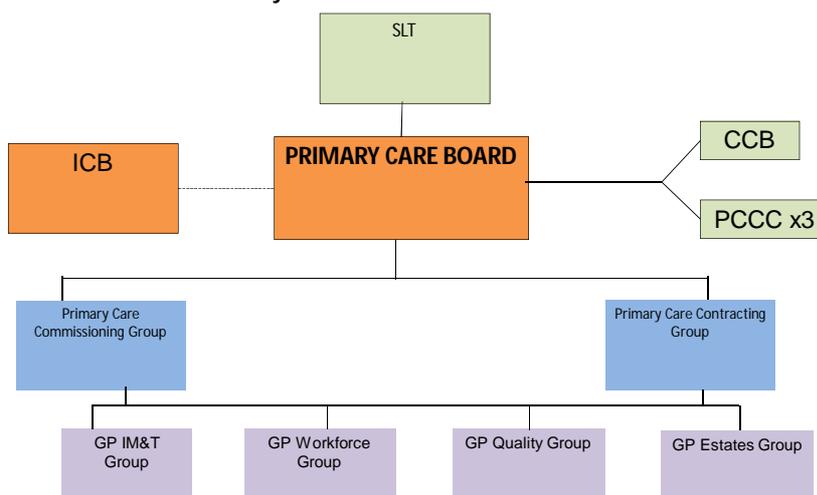
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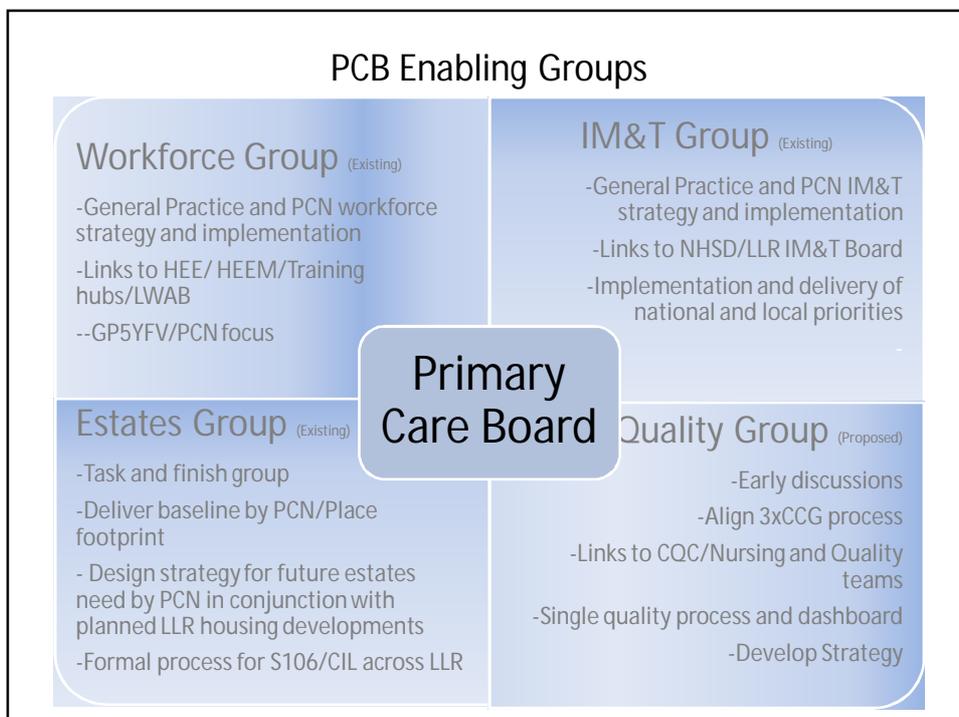
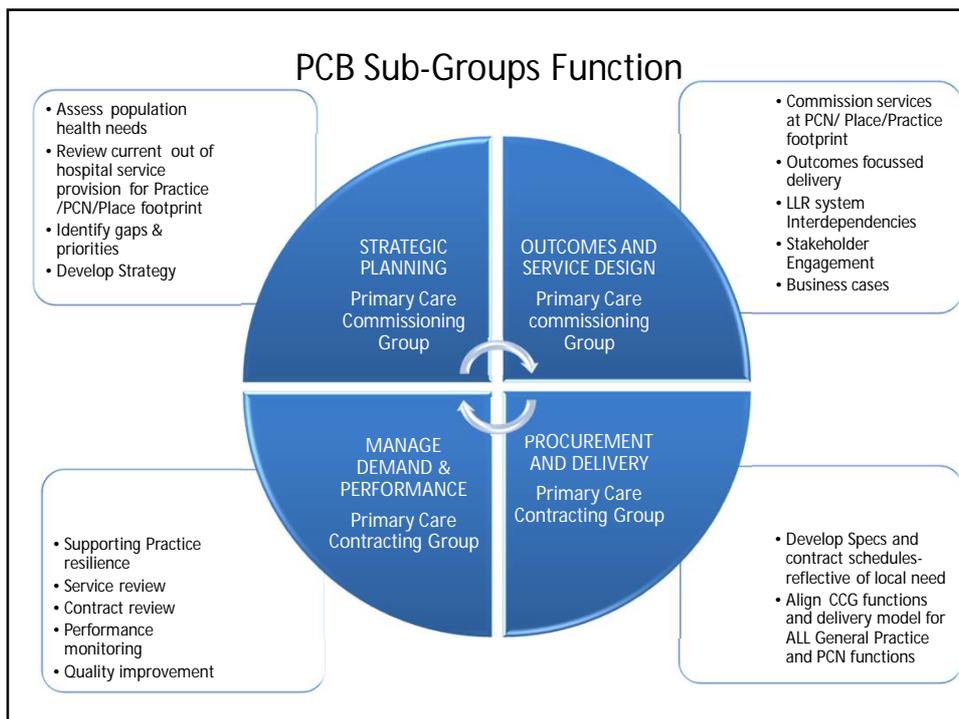
- Design and Deliver a Primary Care/ PCN strategy to ensure primary care is a strong and capable ICS partner.
- Design and deliver services at General Practice PCN and Place level to deliver Population health improvement and reduce inequalities, in line with strategic commissioning intentions
- Align and form a joint LLR wide commissioning and contracting function for primary care service design and delivery
- Ensure primary care services contracting, quality and performance are aligned and improved
- Ensure commissioning and contracting sub groups are enabling a joined up approach and continuous improvement through the commissioning cycle process
- Enable the sub groups of Workforce, IM&T, Estates and Quality to drive forward the strategic direction in line with the GP5YFV and NHS Long Term Plan
- Ensure outcome based, patient centred services are commissioned from Primary care

Function:

- Directly link with Prevention/ Planned Care/ Community Services , Local Authority, 3rd Sector and Patient groups to ensure that General Practice services support and are supported by the system to deliver resilient General Practice and PCN delivery for the LLR population
- Align the 3 CCG teams, processes , policies and teams to enable delivery of primary care services at an LLR footprint.
- Develop shared governance process, such as a PCCC in common, to drive the joint working and shared purpose for General Practice within the ICS
- Direct link and influence across all STP work streams to ensure primary care has the capacity and skills to deliver new pathways of care that cuts across primary, secondary and social care domains

Primary Care Board Governance Structure





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

REPORT TITLE:	Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T) Work Programme update
MEETING DATE:	4 June 2019
REPORT BY:	Kirsty Tite, IM&T Work Stream Manager for LLR
SPONSORED BY:	Tim Sacks, Chief Operating Officer
PRESENTER:	Tim Sacks, Chief Operating Officer

EXECUTIVE SUMMARY:
This paper provides an update on the IM&T Work Programme across LLR which supports the delivery of the Local Digital Roadmap and implementation of GP 5YFV requirements.

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) 2019 – 2020:			
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

LLR GP IM&T Work Programme update

4 June 2019

Introduction

1. The aim of the GP IM&T work programme is to deliver the IM&T initiatives which support the GP Five Year Forward View (GP5FV) and the Leicester, Leicestershire and Rutland Local Digital Road Map, overseen by the GP IM&T Steering Group. The Steering Group are also the forum to discuss any emerging initiative or development that will impact on GP IT.

IM&T Work Programme

2. Within the programme there are 7 key initiatives which are being delivered in response to national NHS E GP IT framework mandates, GP5FV or those locally defined strategic objectives of the LDR (Record sharing, Supporting pathways, Digital self-care and BI& research).
 - a. Online Consultations
 - b. GP Clinical System Migration
 - c. Electronic Record Sharing
 - d. Flagging and notifications
 - e. Clinical System Optimisation
 - f. Patient WIFI
 - g. Self-care and mobile apps
3. Progress updates and current position are given for each project in the IM&T tracker and key points for information covered in the items for escalation to PCCC section of this paper.

Items for escalation from the LLR GP IM&T Steering Group 9 May 2019

Work Stream Update

4. **eConsultations.** We continue to carry out due diligence and contract negotiations with the aim of formal sign off of the contract as soon as possible. Engage Health Systems have provided us with DPIA and software approval forms which are currently being reviewed and following internal approval we will be able to proceed.
5. **System Migration.** 3 practices within ELR CCG and 3 practices in WL CCG have expressed interest in migrating system. A further practice has requested a demo. Practice migrations have been forced to slow, as we are still awaiting the outcome of capital funding bids for 2019/20 funding.

6. **Electronic Record Sharing.** The Summary Care Record into Adult Social Care in LLR Proof of Concept has been launched in Leicester City and expected to be in Rutland by mid to late May 2019. Leicestershire County Council is in the process of issuing RA cards to staff and finalising IT functions. We are working to have them live by mid-June 2019.

Following approval to proceed to full rollout the remaining teams within adult social care will be live with SCR in the autumn.

National Projects

7. **NHS App.** The NHS App is publically available on the app store and LLR went live with the App on the 22 April 2019. This is a soft launch and there will be a national campaign in September 2019.

Further to email communications sent to LLR practices before the go live, individual dates for the webinars were included in the April 2019 IM&T Newsletter.

RECOMMENDATIONS

The East Leicestershire and Rutland CCG Primary Care Commissioning Committee are requested to:

- **RECEIVE** the report for information.