

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 1 October 2019
Meeting No.	51.	Time	9:30am – 10:10am
Chair	Ms Fiona Barber 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/19/83	Welcome and Introductions		Fiona Barber	Verbal	9:30am
PC/19/84	To receive questions from the Public in relation to items on the agenda	To receive	Fiona Barber	Verbal	9:30am
PC/19/85	Apologies for Absences: •	To receive	Fiona Barber	Verbal	9:30am
PC/19/86	Notification of Any Other Business	To receive	Fiona Barber	Verbal	9:35am
PC/19/87	Declarations of Interest on Agenda items	To receive	Fiona Barber	Verbal	9:35am
PC/19/88	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 2 September 2019	To approve	Fiona Barber	A	9:40am
PC/19/89	To Receive Actions and Matters Arising following the meeting held on 2 September 2019	To receive	Fiona Barber	B	9:40am
PRIMARY CARE FINANCE REPORT					
PC/19/90	Primary Care Finance Report 2019/20 (Month 5, August 2019)	To receive	Colin Groom	C	9:45am
OPERATIONAL ISSUES					
PC/19/91	Sustainability and Transformation Partnership (STP) update	To approve	Tim Sacks	D	9:55am
ANY OTHER BUSINESS					
PC/19/92		To receive	Fiona Barber	Verbal	10:05am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
DATE OF NEXT MEETING					
PC/19/93	Tuesday 5 November 2019 at 9:30am – 12:30pm, Framland Committee Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Fiona Barber	Verbal	10:10am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 3 September 2019 at 9:30am in the Guthlaxton Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mrs Fiona Barber	Deputy Chair of the CCG and Independent Lay Member (Chair)
Mr Clive Wood	Independent Lay Member
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Tim Sacks	Chief Operating Officer
Mr Richard George	Senior Primary Care and Non-Acute Commissioning Accountant (on behalf of the Chief Finance Officer)
Mrs Amanda Bland	Interim Deputy Chief Nurse (on behalf of the Interim Chief Nursing and Quality Officer)
Dr Tim Daniel	Public Health Consultant

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Seema Gaj	Senior Primary Care Contract Manager
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

Public Gallery

Mr James Mchale	Healthcare Partnership Manager, Advanced Wound Care – North East, Molnlycke
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ITEM		LEAD RESPONSIBLE
PC/19/70	<p>Welcome and Introductions</p> <p>Mrs Barber welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, in particular Mr McHale, which was followed by a series of introductions.</p>	
PC/19/71	<p>To receive questions from the Public in relation to items on the agenda</p> <p>Mr McHale did not have any questions on the agenda items and no questions had been received from the public.</p>	
PC/19/72	<p>Apologies for absence:</p> <ul style="list-style-type: none"> • Dr Nick Glover, GP Locality Lead, South Blaby and Lutterworth • Ms Donna Enoux, Chief Finance Officer • Mrs Tracy Burton, Interim Chief Nurse and Quality Officer • Mrs Daljit Bains, Head of Corporate Governance and Legal Affairs • Dr Fahreen Dhanji, Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) Representative 	
PC/19/73	<p>Notification of Any Other Business</p> <p>Mrs Barber had not received notification of any other business.</p>	

ITEM		LEAD RESPONSIBLE
PC/19/74	<p>Declarations of Interest</p> <p>Dr Varakantam 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. No other declarations were identified from other members present.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the conflicts of interest declared. 	
PC/19/75	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 6 August 2019 (Paper A)</p> <p>The minutes of the meeting held in August 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 meeting. 	
PC/19/76	<p>To Receive Matters Arising following the meeting held on 9 July 2019 (Paper B)</p> <p>The matters arising following the previous meeting held in August 2019 were received with the following update provided:</p> <ul style="list-style-type: none"> • PC/19/66 – LLR GP Information Management and Technology (IM&T) Work Programme Mrs Barber noted this report is listed on the agenda and requested an update to be provided at this stage. Action ongoing. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising. 	
PC/19/77	<p>Primary Care Finance Report 2019-20 (Month 3, June 2019) (Paper C)</p> <p>In the absence of Ms Enoux, Mr George presented this report, which was taken as 'read,' and summarised as follows:</p> <ul style="list-style-type: none"> • The annual budget for Primary Care Services totals £102.2m; • At Month 4, a year to date overspend of £318k and the forecast outturn overspend of £735k is being forecast. This 	

ITEM		LEAD RESPONSIBLE
	<p>was a worsening position that was largely attributable to cost pressures within GP Prescribing following the recent announcement of increases in Category M drug prices, which remain outside of the CCG's control. However, the increase in overspend is partially offset by additional income from rebates and other underspending areas of prescribing.</p> <ul style="list-style-type: none"> • A forecast overspend of £368k is anticipated for the delegated co-commissioning budget despite removing £1m out of this budget for the Oadby Urgent Care Centre. This is largely due to a cost pressure relating to the reimbursement of locum staff employed by Practices to cover sick leave, maternity / paternity leave and premises costs. <p>Mr Sacks informed the Committee that the GP Retention Scheme was set up to assist GPs returning to work for which CCGs are required to fund 2 sessions per week for a period of 5 years at a rate of £15k per year; £75k in total. The CCG had 5 GPs on this scheme with a further additional application being received. Following liaison with NHS England, the CCG has been advised to approve the application thus creating an additional cost pressure to the CCG.</p> <ul style="list-style-type: none"> • A small underspend was noted within the Community Based Services (CBS) due to over claimed activity identified within the Post-Payment Verification (PPV) process; and an overspend of £23k noted within the Urgent Care Centre due to a reduction in income from the ongoing recharge of Leicester City patients attending the ELR CCG's Urgent Care Centres. • Appendices 1 and 2 provided further analysis of all service areas. <p>In response to Dr Varakantam's query at the previous meeting NHS England indemnity costs to be included, Mr George confirmed this has been listed within Appendix 2 as 'Co-commissioning spend.' In relation to funding the Care Quality Commission registration fee, Mr George confirmed this previously formed part of the global sum.</p> <p>Dr Varakantam also noted ear syringing has been discussed at various committees in the past, and queried how the CCG could support this as part of the QIPP schemes, which would be helpful to include within the finance reporting too. Mr Sacks agreed with comments made and confirmed ear syringing relates to two areas of investment, which in effect accounts to activity, minor injury, INR, for example; and additional finances provide support to</p>	

ITEM	LEAD RESPONSIBLE
<p>enhance primary care services. However, agreed, these could be reviewed in order to determine cost savings, which was attempted in the past, but useful to track with added scrutiny going forward.</p> <p>Mr Barrett stated some levels of activity is undertaken via the CBS scheme and services such as blood pressure monitoring are available for patients via alternative routes.</p> <p>Mrs Barber queried the level of risk and plan of action for the issues identified in relation to the cost pressure and the increase of the Category M drug prices. Mr George confirmed the issues are noted however, as the price of drugs is determined by negotiations between the Department for Health and Social care and manufacturers it is difficult to predict the level of fluctuation and the impact cannot be determined, but is being monitored. Mr Sacks noted the difficulties within prescribing, however, in the absence of minimum pricing, this was outside of the CCG's control, which was unfortunate.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and the update provided. 	
<p>PC/19/78</p> <p>Local Primary Care Contracting Policies – Update September 2019 (Paper D)</p> <p>Mrs Gaj presented this report, which provided an update on the NHS England policies and local guidelines that the CCG approved at its previous meeting in September 2018 that were due for review in September 2019.</p> <p>Mrs Gaj informed the Committee that following a review of the following local policies and procedures, no amendments have been identified:</p> <ul style="list-style-type: none"> • Agreed Financial Assistance for Practices Experiencing the Impact of Dispersed List; • Applications for Proposed Practice Managers Guidance for Practices; • Boundary Change Principles. <p>The Committee were requested to approve the above policies, with a further review in September 2020, and sooner, if required.</p> <p>Mr Wood noted the cover report refers to the documents to be revisited should a Leicester, Leicestershire and Rutland (LLR) wide CCG reorganisation occur. Mr Wood informed the Committee this</p>	

ITEM	LEAD RESPONSIBLE
<p>would primarily relate to the 'Agreed Financial Assistance for Practices Experiencing the Impact of Dispersed List' policy as ELR CCG pays Practices £4.50 per dispersed patient, which differs to the amount paid by both Leicester City CCG and West Leicestershire CCG.</p> <p>Dr Varakantam queried how the policies are being policed due to the difference in payment, which could impact Practices who are very close to the CCG boundaries within the LLR CCGs. Therefore, a consistent policy should be applied across the LLR CCGs.</p> <p>Ms Sacks agreed to the comments made, however, stated the policy presented is open to interpretation depending on the individual receiving the dispersed patient who needs to determine the amount of support required. Mr Barrett added that despite the difference in payment across the LLR CCGs, the process is applied consistently, which is positive going forward and the policy is a little outdated. However, each patient is reviewed on an individual basis as one size does not fit all.</p> <p>In response to Mrs Barber's query as to any learning that could be incorporated from dispersed patients reviewed to date, Mr Barrett confirmed this would have been included if the landscape had remained the same and given the direction of travel, this will be undertaken in the future. Mrs Barber noted the comments made, which were positive in terms of robust governance structures in place.</p> <p>It was agreed to approve the policies presented for ELR CCG, subject to any changes required prior to the next review date.</p> <p>Mrs Bland queried why the CCG was approving policies and procedures across LLR if these differed slightly; and suggested these are personalised for the CCG at this stage. Mr Sacks confirmed the policies and procedures presented have been adapted from NHS England, which the CCG is required to incorporate as part of its delegated responsibility. As the CCG is currently a legal organisation in its own right, it is required to approve LLR policies for its own use. Should the LLR CCGs decide to form one joint organisation, the policies and procedures will be reviewed and updated accordingly.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	

ITEM		LEAD RESPONSIBLE
PC/19/79	<p>Digital-First Primary Care Policy Consultation – LLR Response (Paper E)</p> <p>Mr Barrett presented this report following the previous report presented to the Committee at its last meeting, which provided the collective response that had been compiled from across the LLR CCGs; the LLR GP IT Steering Group; the LLR Primary Care Board, Dr Glover and Public Health in relation to the following sections:</p> <ul style="list-style-type: none"> • Out of Area Registration • CCG Allocations • New Patient Registration Premium • Harnessing Digital-First Primary Care to cut Health Inequalities. <p>Appendix 1 provided the responses collated for the questions underpinning the sections above, which had been submitted in line with the deadline of 23 August 2019.</p> <p>Mr Barrett noted that although the consultation focused on GP Practices, it actually related to GP Contracting and has provided a baseline in terms of potential work that could be undertaken in terms of future commissioning arrangements with GP Practices.</p> <p>In response to Mrs Barber’s query as to which workstream this could form part of, Mr Sacks confirmed this forms part of GP IM&T and the PCCC as it impacts digital services provided by GPs. The Committee were reminded of the Babylon Health Centre which has set up digital GP services in Birmingham that expands out to the Lutterworth area and could prove attractive for our patients. Therefore, the CCGs will be required to work with the Primary Care Networks (PCNs) in order to review access of services from both a face-to-face and from a digital perspective too.</p> <p>Mrs Barber also stated that NHS England have invested heavily in terms of digitalisation, and queried whether any local or Practice based substitute has been identified. As this was not the case, it was noted the work undertaken to date was positive.</p> <p>Dr Daniel reiterated points raised in the past in relation to accessing health and social care services, which could be problematic for patients from deprived areas and pose a greater risk with the implementation of digital services too. It was noted that some patients do not regularly use healthcare services and/or may not require face to face consultations, which results in patients who have greater healthcare needs remaining registered with local GP Practices.</p> <p>Mrs Baber was aware of patients registering for digital healthcare</p>	

ITEM		LEAD RESPONSIBLE
	<p>services as they are unable to see their own GP for whatever reason; and subsequently de-register and re-register with their own GP Practice due to a different of service being offered. This shows that locally provided GP services need to include access for all, especially digital services.</p> <p>Dr Varakantam agreed with comments made, however, highlighted the issue of reduced GPs within the industry which makes it difficult to meet demand and suggested allied healthcare professionals support as the majority of patients require GP time, especially those who are house bound.</p> <p>Members of the Committee noted this was an opportunity to refocus the service provided by GP Practices locally and use additional resources.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	
<p>PC/19/80</p>	<p>Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T) Work Programme: Update (Paper F)</p> <p>Mr Sacks presented the monthly report, which provided an update on the IM&T Work Programme across LLR that supports the delivery of the Local Digital Roadmap and implementation of the GP Five Year Forward View (5YFV), which was taken as read.</p> <p>Mr Sacks drew the Committee's attention to the update provided on eConsultations, and confirmed 75% of Practices are mandated to provide online eConsultations by April 2020 for which local configuration of a minimum standard is underway. Following an engagement event in mid-August 2019, the roll-out process will follow, including a further engagement event to be held for the remaining Practices in the autumn 2019.</p> <p>The Committee were also informed that system migration has been postponed in the absence of the outcome of the revised capital funding bids for 2019-20; and interoperability between systems is being reviewed to support PCNs going forward.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/19/81</p>	<p>Any other business</p> <p>There was no other business to discuss.</p>	

ITEM		LEAD RESPONSIBLE
PC/19/82	Date of next meeting The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 1 October 2019 at 9:30am – 12:30pm, Framland Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.	

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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 1 October 2019	Status
PC/19/66	August 2019	LLR GP Information Management and Technology (IM&T) Work Programme	Jamie Barrett Tracy Burton	To liaise with Dr Glover and obtain guidance / clarification from the CQC Inspector in relation to the recent guidance from the CQC and the additional questions / prompts.	August 2019	Discussed at the Primary Care Delivery Group (PCDG) and information included within the GP Bulletin. Action completed.	GREEN

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

Front Sheet

REPORT TITLE:	Primary Care Finance Report 2019/20 (Month 5 August)
MEETING DATE:	01 October 2019
REPORT BY:	Richard George, Senior Primary Care and Non-Acute Commissioning Accountant
SPONSORED BY:	Donna Enoux, Chief Finance Officer
PRESENTER:	Colin Groom, Deputy Chief Finance Officer

PURPOSE OF THE REPORT:

The purpose of this report is to provide a 2019/20 forecast outturn position for Primary Care services.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **RECEIVE** the 2019/20 year to date and forecast outturn position for Primary Care services.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018: (tick all that apply)

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

EQUALITY ANALYSIS

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

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

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

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

Primary Care Finance Report 2019/20 (Month 5, August 2019)

01 October 2019

1. Month 5 Year to Date and Forecast Outturn Position

The 2019/20 annual budget for Primary Care services totals 102.3m. At Month 5, a year to date overspend of £231k and forecast outturn overspend of £1,061k is being forecast.

In comparison to the month 4 report, there is a £326k worsening in the position which is largely attributable to increased expenditure within GP Prescribing. Movements in variance across service areas are summarised in the table below:

Area	Month 04 Forecast Outturn Variance £'000	Month 05 Forecast Outturn Variance £'000	Movement in Position £'000	Explanation of key movements
Prescribing	404	873	469	Increasing pressures within the budget
Community Based Services	-11	-50	-39	Outcome of PPV audits which have highlighted a net over-claim by practices
Co-Commissioning	368	290	-78	Realignment of PCN Additional Roles funding
GP Support Framework	0	0	0	
Other Primary Care	-26	-53	-27	Reduced licences and GPIT commitments
Total	735	1,061	326	

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

2. Delegated Co-commissioning

Despite removing £1m of cost out of this budget in 2019/20 for Oadby Urgent Care Centre, a forecast outturn overspend of £290k is anticipated.

This is largely due to pressures relating to the reimbursement of locum staff employed by practices to cover sickness, paternity and maternity leave and while costs are expected to be less than that incurred in 2018/19, the forecast includes an estimate of £250k for the year.

Premises budgets are forecast to overspend by £173k as inflationary pressures exceed the 0.09% uplift allowed in the CCG's delegated co-commissioning allocation.

There has been no employment of additional roles in July or August under the new Primary Care Network DES and is forecast to result in an underspend of £126k.

3. GP Prescribing

Prescribing budgets are forecast to overspend by £873k, £645k of this is due to the price increases of Category M drugs that took effect on 01 August with the remainder being additional costs in excess of the uplifts included in the financial plan.

The CCG's financial plan includes a QIPP target of £2.6m and while there is an element of risk in the plan, it is currently forecast to be delivered in full.

4. Community Based Services

A small underspend of £50k is forecast against this budget which is due to an element of over claimed activity by practices identified in the PPV audit process and an underspend against the associated costs of undertaking audits.

5. Primary Care Corporate

A small underspend of £17k is being forecast due to slippage in recruitment for the LLR Medicines Optimisation in Care Homes project.

6. Licenses

The licences budget is forecast to underspend by £33k following the ending of fees for the MIG.

7. GP IT

A small £16k underspend is being reported as a result of lower than anticipated HSCN datalinks recharges.

8. Urgent Care Centres

This budget is forecast to overspend by £14k as a result of net reduced income recharges for non-ELR patients attending ELR Urgent Care Centres.

9. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the 2019/20 year to date and forecast outturn position for Primary Care services.

Appendix 1

M05 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
CCG Prescribing						
OptimiseRX	43	44	1	104	106	3
Central Prescribing	551	541	-9	1,346	1,312	-34
High Cost Drugs	397	388	-9	970	941	-30
Home Oxygen	190	186	-4	456	447	-10
GP Prescribing	18,881	19,055	174	45,151	46,095	944
Prescribing Incentive Scheme	140	140	0	335	335	0
Total Practice Prescribing	20,202	20,354	152	48,362	49,235	873
Enhanced Services						
Community Based Services	874	839	-35	2,097	2,048	-50
Total Enhanced Services	874	839	-35	2,097	2,048	-50
Co Commissioning	17,982	18,115	132	43,542	43,832	290
Total GP Support Framework	629	629	0	1,510	1,510	0
Other						
PCN Network Support	209	209	0	501	501	0
GPFV - GP Extended Access (inc Oadby UCC)	729	729	0	1,805	1,805	0
GPFV - GP Receptionist Training	77	77	0	191	191	0
GPFV - GP Online Consultation	126	126	0	311	311	0
GPFV - International GP Recruitment	0	0	0	0	0	0
GPFV - Doctors Retention	94	94	0	232	232	0
GPFV - Practice Resilience	59	59	0	146	146	0
GPFV - Primary Care Networks	323	323	0	799	799	0
GPFV - Training Hubs	41	41	0	183	183	0
GPFV - Fellowships - Core Offer	37	37	0	165	165	0
GPFV - Fellowships - Aspiring Leaders	47	47	0	210	210	0
Licences	29	15	-14	69	36	-33
Primary Care Corporate	179	162	-17	430	412	-17
Section 106	0	0	0	0	0	0
GP IT	484	491	7	1,162	1,146	-16
Urgent Care Centres (exc Oadby UCC)	400	406	6	960	974	14
Primary Care Other	-148	-148	0	-356	-356	0
Total Other	2,684	2,666	-18	6,808	6,756	-53
Total Primary Care	42,371	42,602	231	102,320	103,381	1,061

Appendix 2

Month 05 Primary Care Co-Commissioning	Year-to-Date Position			Forecast Outturn Position		
	Budget	Actual	Variance (Under)/Over	Budget	Forecast	Variance (Under)/Over
	£000's	£000's	£000's	£000's	£000's	£000's
GMS Global Sum	11,536	11,526	-11	27,795	27,820	26
MPIG Correction Factor	228	228	-1	548	546	-2
PMS Reinvestment	0	0	0	0	0	0
FDR Payment	0	0	0	0	0	0
Ear Irrigation	35	38	3	84	91	8
Wound Clinics	140	140	0	335	335	-0
Acute Access	333	333	0	799	799	0
SLA Pharmacists	247	247	-0	592	592	0
Subtotal PMS & FDR Reinvestment	754	757	3	1,810	1,818	8
Total General Practice - GMS	12,519	12,511	-8	30,153	30,184	32
Occupational Health	16	16	0	39	39	0
Locum Adoption/Paternity/Maternity	65	65	0	156	156	-0
Locum Sickness	41	81	41	97	94	-4
Locum Suspended Doctors	24	24	0	58	58	0
Seniority	88	88	0	212	212	-0
Sterile Products	9	9	0	22	22	0
GP Training	40	40	0	95	95	0
PCO Doctors Ret Scheme	35	35	-0	80	100	20
CQC Registration	88	90	1	212	216	3
Narborough HC Dispersal Costs	0	0	0	0	0	0
Total Other GP Services	406	448	42	971	991	20
QOF Achievement	472	472	0	1,134	1,134	0
QOF Aspiration	1,268	1,268	0	3,044	3,044	-0
Total QOF	1,741	1,741	0	4,177	4,177	-0
DES Extended Hours Access	230	229	-2	519	520	2
DES Learning Disability	47	44	-4	114	104	-9
DES Violent Patients	19	19	0	47	47	0
DES Minor Surgery	208	208	0	498	498	0
DES PCN- Participation	236	236	0	566	566	0
DES PCN - Clinical Director	37	37	0	168	168	0
DES - PCN Additional Roles	84	0	-84	378	252	-126
LES Translation Fees	7	8	1	18	20	3
International GP Recruitment	32	32	0	137	137	0
Leicester Asylum Service	8	8	0	19	19	0
Total Enhanced Services	909	820	-89	2,461	2,330	-131
Dispensing Quality Scheme	39	39	0	93	93	0
Prof Fees Dispensing	646	646	-0	1,551	1,551	0
Prof Fees Prescribing	96	96	0	230	230	0
Prescribing Charge Income	-126	-134	-8	-303	-322	-19
Total Dispensing/Prescribing Drs	654	646	-8	1,571	1,551	-19
Premises Actual Rent	770	835	64	1,849	1,925	76
Premises Health Centre Rent	14	14	-0	33	33	0
Premises Notional Rent	644	645	1	1,545	1,548	3
Premises Clinical Waste	126	145	18	303	348	44
Premises Health Centre Rates	3	3	-0	7	7	-0
Premises Rates	253	283	30	607	680	73
NHSE / GL Hearn Rates Rebates	0	0	0	0	0	0
Premises Water Rates	27	17	-10	65	41	-24
Other premises	6	6	0	15	15	0
Total Premises Cost Reimbursement	1,843	1,948	105	4,424	4,597	173
In Year Cost Pressure	-90	0	90	-215	0	215
GRAND TOTAL - Co-Commissioning	17,982	18,115	132	43,542	43,832	290

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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:	1 October 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:
<p>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.</p> <ul style="list-style-type: none"> • IM&T Draft September Newsletter (appendix a) • IM&T Tracker (appendix b)

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

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:			
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

Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T) Work Programme update

Introduction

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

1. 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
2. Progress updates and current position are given for each project on 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 12th September 2019

Key Update for Information

3. **eConsultations.** The engagement event for the 13 early adopter practices was held in 15th August 2019 and implementation to these practices is underway.
4. Development of the full implementation plan is ongoing; suggestions have been communicated to the ACD's and based on the responses the plan will be finalised imminently. A further engagement event for the remaining practices will be held in the autumn.

5. **System Migration.** The position remains the same previously reported as are still awaiting the outcome of the revised capital funding bids for 2019/20 funding. Practices who have expressed interest will be kept informed and we will progress with migrations as and when we are able based on funding.

6. **Electronic Record Sharing.** Following a review of the initial feedback from the Adult Social Care teams involved in the SCR pilot, it was agreed that this will be extended to other staff that will benefit from SCR access. Training for these teams will begin later in the year.

RECOMMENDATIONS

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

- **RECEIVE** the report for information.

IM&T		Aug-19									
No.	Project Areas	Lead	Project Summary	Current Position August	Key Actions and Outputs for next month	Key Actions and outputs for next quarter	Risks and key issues including mitigation plans	Items for Escalation to LLR GP IM&T Group	Action required from LLR GP IM&T Group	Previous month rag status	Current month rag status
1	Online Consultations	Kirsty Tite	<p>As part of the General Practice Forward View, NHS England has allocated £45 million to support the implementation of online consultation systems, with the aim of improving access, improving patient experience, whilst reducing workload and freeing up GP time.</p> <p>This is a one-off transformation fund being provided and overseen as part of the General Practice Forward View, and does not constitute a commitment to ongoing funding after the three year period. Ongoing allocation of funding after year 1 will depend on evidence of uptake by practices and focused actions to realise the benefits of this approach for patients. Participation is optional for practices, but it is hoped that the majority of practices will benefit from the fund over the three year period and it is expected that all CCGs submit coordinated plans for this funding.</p> <p>The fund is to be used towards the costs of providing patients with the facility to conduct a clinical consultation with their GP practice online. The CCGs will purchase licences on behalf of their practices for a hosted service on a per-patient basis. The funding may be used towards the cost of services or software for online systems and to support the introduction of the new way of working, for example through backfill of staff time, engagement with patients or provision of project management support.</p> <p>•Where systems are already in place, this funding may be used to increase take-up by patients or used in other ways to derive benefits from online consultations. In the event that the CCGs anticipate an underspend of this fund, NHSE recommend that practices are offered support for implementing new ways of working that make best use of their online consultation system.</p> <p>2017/18 Funding WEST CCG £95,715.69 CITY CCG £97,434.64 ELR CCG £81,703.53 Total for LLR £274,853.86</p> <p>2018/19 Funding WEST CCG £130,000 CITY CCG £135,000 ELR CCG £110,000 Total for LLR £375,000</p> <p>Project spend to date Project Manager costs £24,375.00</p> <p>Remaining funds for the project £625,478.86</p>	<ul style="list-style-type: none"> EIA stage one approved and no further action required DPIA submitted for Skype for business for training and MDT use. Locally agreed minor illness customisation for LLR has been completed Urgent Care are reviewing the standard flagging and wording to ensure consistency with current local LLR policy 13 Early adopter practices attended a launch event in mid August. The supplier is now liaising with practices to implement the system. Webinars have been booked for early adopter sites Skype for business is being implemented to Practice Managers at early adopter sites to allow for training and meetings to be held between the practice and the supplier 	<ul style="list-style-type: none"> Confirm roll out plan for LLR Confirm local requirements for the flagging within the system and supplier to amend Begin engagement with PPG and HealthWatch Continue engagement with practice for rollout Plan launch event for remaining practices for mid October 	<ul style="list-style-type: none"> Continue engagement with practice for rollout Continue engagement with PPG and HealthWatch 	<ul style="list-style-type: none"> Practices implement non approved IT solutions. No evidence of non-approved solutions in use across LLR. Risks of using non-approved systems to be outlined Lack of engagement by practices. Good engagement so far, key benefits to be identified from early adopter practices Change in the way the funding for Online Consultations is allocated for 19/20. Carry out financial modelling to identify committed spend Delays to contract sign off by CCG's 			amber	amber

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2	System Migrations	Kirsty Tite	<p>This project will support our aspiration to move to one single platform (one clinical system) across LLR and contribute towards key deliverables within the STP, LDR, Integrated Locality Teams, further progress sharing of electronic records and interoperability.</p> <p>The CCGs were successful and received £470K from Estates and Technology Transformation Funding to financially support practices in ELR and WL CCG during 2017/18 who are interested in migrating clinical systems from EMIS Web to SystmOne. ELR and WL CCG have both bid for funds to migrate 4 practices each during 19/20.</p>	<ul style="list-style-type: none"> All 18/19 migrations are now complete and 88.6% of LLR patients are registered at a SystmOne GP practice. <p>Current EMIS WEB position remains the same:</p> <p>ELR CCG - 3 Practices have had demonstrations but not committed to migrations 8 Practices in total with no migration booked (Including the 3 who have had demos)</p> <p>WL CCG - 1 practice requested a demo 3 practices requested migration 8 Practices in total with no migration booked (Including the 3 who have requested migrations)</p> <p>LC CCG - 1 Practice in total with no migration booked</p>	<ul style="list-style-type: none"> The ability to progress with these migrations are based the outcome of the 19/20 capital funding, we await NHS E on this. 	<ul style="list-style-type: none"> Dependent on securing funds from the revised bid submission 	<ul style="list-style-type: none"> EMIS are promoting interoperability which promises to bridge an important gap for EMIS practices with TPP, however this is not a fully functioning or interoperability solution. EMIS have been demonstrating this with practices so they can see what it will/won't offer. Still in pilot at one site and no date for roll out Unable to book migrations for practices who have confirmed that they would like to migrate as we are awaiting the outcome of the revised submission GP Connect has been approved for roll out 	Unable to book migrations for practices who have confirmed that they would like to migrate due to awaiting the outcome of the revised bid submission	For information	red	red
3	Electronic Record Sharing & Flagging and Notifications	Kirsty Tite	<p>In 2016/17 the three Leicester, Leicestershire and Rutland (LLR) CCGs successfully bid for funding from the Estates and Technology Transformation Fund (ETTF) to enable the implementation and delivery of interoperable record sharing across LLR with Health and Social Care Colleagues. It was agreed that Summary Care Records v2.1 will be the record sharing tool of choice.</p> <p>The project will be split into 3 phases: <ul style="list-style-type: none"> Phase 1 relates to the Primary Care roll out of Summary Care Records v2.1 plus the locally developed Integrated Care Planning (ICP) clinical template, which enables the feed from GP systems to SCR for care plan patients Phase 2 will look at streamlining and improvement of the Special Patient Note process, and the challenge of encouraging Provider organisations to use SCR more readily Phase 3 will facilitate the introduction of SCR across Adult Social Care in LLR. </p> <p>Running in parallel is the task of promoting and gaining patients explicit consent to sharing their enhanced Summary Care Record (SCR v2.1), which will enable health care professionals access SCR v2.1 and deliver the most appropriate care to patients.</p>	<p>SCR into Adult Social Care -</p> <ul style="list-style-type: none"> The three Local Authorities PoC teams have access to SCR. Data on viewing is being received from NHS D and Privacy Officers are reviewing alerts Meeting with Lightbulb Team to discuss possibility of SCR use <p>Record Flagging -</p> <ul style="list-style-type: none"> LHIS are currently looking at flagging for records for patients who are difficult to intubate and those who are steroid dependent. Steroid dependency alerts are being finalised with secondary care and will be launched in the autumn. Tirath Singh is the lead for this 	<ul style="list-style-type: none"> Outstanding ISAs to continue be chased by all CCGs for Search and Reports Investigate the possibility of increasing Leicester City PoC to include the Emergency Out of Hours team that covers LLR and Rutland Council keen to expand the pilot in the area NHS D to provide further training and support to privacy officers as required 	<ul style="list-style-type: none"> PoC teams to collect benefits data post go live Provide a report to NHS D SCR Expert Committee to obtain authority to proceed with full roll out Leicestershire County Council continue to review the options available for a longer term solution for the VDI issue 	<ul style="list-style-type: none"> Provider low usage of SCR, until a large proportion of the patient population has consented to SCR v2.1. Obtaining up to date figures for the number of SCR consents captured, still not possible for some practices due to not signing the revised Search and Reports ISA NHS Digital would like us to go through their advisory committee with a proof of concept for SCR and Social Care. Approval to proceed following the PoC could present delays in the roll out to remaining LA teams 	None	None	amber	amber

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4	System Optimisation	Kirsty Tite	<p>This Project will allow practices to work more efficiently, reduce workload, the ability to work at scale across practices, localities, Integrated Team and Federations. It will be delivered through additional training and support to all practices across LLR. This will be via a number of routes such as at individual practices, groups of practices/locality training sessions, or LHM workshops.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> • Reduction in practice workload and pressures • Enable practices to work at scale • Support whole systems efficiency <p>The content of the training that is offered from LHM through LMS was reviewed and the 3 CCG IM&T Leads agreed that the content was still current and should remain the same. One half day practice based training on system optimisation will be offered to all LLR practices.</p>	<ul style="list-style-type: none"> • LHM continue to provide a half day site based training per practice as well as the class based training that is available through the LMS website 	<ul style="list-style-type: none"> • Carry out a review of the numbers of staff booking onto the LMS training and practices who have booked the practice based training following the newsletter reminder. Review any trends or patterns and feedback. 			None	None	green	green
5	Self care and Mobile Apps		<p>East Leicestershire and Rutland CCG (acting as STP lead for all 3 Leicester Leicestershire and Rutland CCGs) has submitted a bid for Technology Enabled Patient Self-Management Scheme under the Estates and Technology Transformation Funding to financially support implementation across General Practice in Leicester, Leicestershire and Rutland.</p> <p>This project align to the 3 CCGs vision as outlined in the Local Digital Roadmap (LDR) for IM&T and Sustainability and Transformation Partnership which is to enable a consistent approach across Leicester, Leicestershire and Rutland (LLR) of using remote device technology, to empower our patients with long term conditions to self-manage, improving their experiences and outcomes. The solution will look at a range of devices to capture the relevant clinical information which will be shared electronically with the GP directly into their clinical system.</p> <p>Self-Care devices and Mobile Apps project is one of the priorities in LLR Sustainability and Transformation Partnership (STP) over the next two financial years. This project is about investment in self-care devices for patients to monitor their vital statistics to help aid decision support for the patient and clinical staff.</p> <p>Integrated mobile apps will help with well-being, self-care, transactional services, and access to the patient records, and management of medication, communication to and from healthcare organisations, patient information, and health service navigation.</p>	<ul style="list-style-type: none"> • Work stream not commenced 			None	None	None		

IM&T		Apr-19								
Project Area	Lead	Project Summary	Current Position April	Key Actions and Outputs for next month	Key Actions and outputs for next quarter	Risks and key issues including mitigation plans	Items for Escalation to LLR GP IM&T Group	Action required from LLR GP M&T Group	Previous month rag status	Current month rag status
6	Patient Wifi Phil Hodson	<p>As part of the GP Five Year Forward View, the CCGs now have commissioning responsibility for the provision of WiFi services that meet the needs of general practice.</p> <p>Three types of WiFi have to be provided, which are Corporate use, Guest Wi-Fi, Patient WiFi and medical devices. The first two WiFi services are already in existence after a Capital Investment in 2013 between the CCGs and LPT. This was further enhanced in 2014 by adding the larger care homes to the network.</p> <p>There is now requirement to provide only the Patient WiFi and medical devices access which is a commitment in the General Practice Forward View and is backed up as a "core and mandated" requirement in the GP Operating Model 2016-18.</p> <p>NHS England has committed to providing revenue funding to CCGs to support delivery in years 1 and 2.</p> <p>WiFi to be made available to patients in all GP surgeries by 31/12/2017.</p> <p>The project must be delivered as part of a National Directive and with the guidance issued must meet the following project outcomes:</p> <ul style="list-style-type: none"> All sites where GPs provide a service from must offer patients free Wi-Fi access. Bandwidth to offer a good end user experience scaled to likely concurrent connections. Patient Wi-Fi must be up and running by 31st December 2017. It must use 802.11 and WPA2 compliant. Publish a SSID of "NHS Wi-Fi" at all sites with a strong signal in patient waiting areas. Offer a landing page which can be tailored for local messages by the Practice, CCG and as a service by LHS staff. Collect authentication user information via the landing page. Offer assistance to patients on common trouble shooting problems. Do not allow patient WiFi traffic to degrade GP WiFi traffic and N3 access. 	<ul style="list-style-type: none"> Centre Surgery in Hinckley are now live due as part of the secondary care roll out. All practices in LLR are now live with patient WiFi. 	<ul style="list-style-type: none"> None project complete 	<ul style="list-style-type: none"> Project complete 	None	None	None	green	green