

<b>Meeting Title</b>	<b>Primary Care Commissioning Committees meetings (meetings in common) – held in Public</b>	<b>Date</b>	<b>Tuesday 11 January 2022</b>
<b>Meeting no.</b>	<b>14.</b>	<b>Time</b>	<b>9.30am – 10.00am</b>
<b>Chair</b>	<b>Ms Fiona Barber</b> Independent Lay Member (ELR CCG)	<b>Venue / Location</b>	<b>Via MS Teams</b>

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PCCCs/22/01	Welcome and Introductions		Fiona Barber		9.30am
PCCCs/22/02	Apologies for Absence: <b>LLR CCGs:</b> <ul style="list-style-type: none"> <li>• Dr Caroline Trevithick</li> <li>• Rachna Vyas (Yasmin Sidyot deputising)</li> <li>• Jamie Barrett</li> </ul> <b>East Leicestershire and Rutland CCG:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>West Leicestershire CCG:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Leicester City CCG:</b> <ul style="list-style-type: none"> <li>• Zuffar Haq</li> </ul>	To receive	Fiona Barber	<b>verbal</b>	9.30am
PCCCs/22/03	Notification of Any Other Business	To receive	Fiona Barber	<b>verbal</b>	
PCCCs/22/04	Declarations of Interest on Agenda Topics	To receive	Fiona Barber	<b>verbal</b>	
PCCCs/22/05	To receive questions from the Public in relation to items on the agenda only	To receive	Fiona Barber	<b>verbal</b>	
PCCCs/22/06	Minutes of the meetings held in common on 7 December 2021	To approve	Fiona Barber	<b>A</b>	9.35am
PCCCs/22/07	Matters arising and actions for the meetings held on 7 December 2021	To receive	Fiona Barber	<b>B</b>	
<b>ITEMS FOR DECISION, ACTION AND ESCALATION</b>					
PCCCs/22/08	PCN/Practice Allocation Policy for Approval	To approve	Sarah Shuttlewood	<b>C</b>	9.40am
<b>FOR INFORMATION ONLY</b>					
PCCCs/22/09	Items for escalation / information for the Governing Bodies.		Fiona Barber		9.55am
<b>ANY OTHER BUSINESS</b>					
PCCCs/22/10	Items of any other business.	To receive	Fiona Barber	<b>verbal</b>	10.00am

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
	The next meeting of the LLR CCGs' Primary Care Commissioning Committee meetings in common will take place on <b>Tuesday, 1 February 2022, via MStTeams, Gillian Adams to Chair.</b>				

**A**

**Minutes of the LLR CCGs' Primary Care Commissioning Committees held in  
common on Tuesday 7 December 2021 at 9.30am  
Via MS Teams**

**Present:**

**Leicester, Leicestershire and Rutland CCGs**

Ms Wendy Hope	Head of Quality and Safety (on behalf of Ms Caroline Trevithick)
Ms Rachna Vyas	Executive Director of Integration and Transformation
Ms Michelle Iliffe	Deputy Director of Finance (on behalf of Ms Nicci Briggs)
Ms Sarah Prema	Executive Director of Strategy and Planning

**East Leicestershire and Rutland CCG:**

Ms Fiona Barber	Deputy Chair and Independent Lay member (Chair of the meeting)
Mr Clive Wood	Independent Lay Member
Dr Nikhil Mahatma	Member Practice Representative
Dr Girish Purohit	Member Practice Representative
Dr Nick Glover	Member Practice Representative

**West Leicestershire CCG:**

Ms Gillian Adams	Independent Lay Member
Dr Nil Sanganee	Locality Lead North West Leicestershire

**Leicester City CCG:**

Mr Nick Carter	Independent Lay Member
Dr Tony Bentley	North and East Health Need Neighbourhood Chair
Dr Avi Prasad	Assistant Clinical Chair
Dr Raj Than	Left Shift/Integration Lead
Dr Sulaxni Nainani	South Health Need Neighbourhood Chair
Dr Gopi Boora	North and West Health Need Neighbourhood Lead

**In attendance:**

Ms Harsha Kotecha	Chair, Healthwatch Leicester and Leicestershire
Dr Janet Underwood	Chair, Healthwatch Rutland
Dr Fahreen Dhanji	Local Medical Committee
Dr Sumit Virmani	Local Medical Committee
Dr Rajiv Wadhwa	Local Medical Committee
Ms Sarah Shuttlewood	Assistant Director of Contracts and Procurement
Mr Jamie Barrett	Senior Contracts Manager
Ms Amardip Lealh	Senior Contracts Officer, Primary Care
Ms Laura Norton	Head of Transformation
Ms Sarah Smith	Head of Transformation
Mrs Daljit Bains	Head of Corporate Governance
Mrs Clare Mair	Corporate Affairs Officer (Minutes)

**Public Gallery**

There were no members of the public present.

ITEM		LEAD RESPONSIBLE
PCCCs/21/109	<p><b>Welcome and Introductions</b></p> <p>Ms Fiona Barber welcomed all attendees to the thirteenth meeting of the Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups' (CCGs) Primary Care Commissioning Committee (PCCC) meetings in common, on behalf of the three PCCC Chairs, reminding members that this meeting was taking place in public and therefore the chat function should not be used and if members wished to make a comment they should use the "raise hand" function.</p>	
PCCCs/21/110	<p><b>Apologies for absence:</b></p> <p><b>LLR CCGs</b></p> <ul style="list-style-type: none"> <li>• Dr Caroline Trevithick, Executive Director of Nursing, Quality and Performance</li> <li>• Ms Nicci Briggs, Executive Director of Finance, Contracts and Corporate Governance</li> </ul> <p><b>East Leicestershire and Rutland CCG</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Leicester City CCG</b></p> <ul style="list-style-type: none"> <li>• Mr Zuffar Haq, Independent Lay Member</li> <li>• Professor Azhar Farooqi, Clinical Chair</li> </ul> <p><b>West Leicestershire CCG</b></p> <ul style="list-style-type: none"> <li>• Dr Geoff Hanlon, Locality Lead</li> <li>• Ms Wendy Kerr, Independent Lay Member</li> <li>• Dr Ash Kothari, Locality Lead</li> </ul> <p>The meeting was confirmed to be quorate for East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Leicester City CCG (LC CCG) and West Leicestershire CCG (WL CCG).</p>	
PCCCs/21/111	<p><b>Notification of Any Other Business</b></p> <p>Ms Barber confirmed there were no items of other business.</p>	
PCCCs/21/112	<p><b>Declarations of Interest</b></p> <p>GP members present declared an interest in items relating to commissioning of primary care where a potential conflict may arise, noting the register of interest contains the current declarations and this is published on the CCGs websites. It was noted that the Local Medical Committee (LMC) representatives may also be conflicted in such matters and as such this will be noted and actioned accordingly.</p> <p>Ms Barber noted the following specific declarations:</p> <p><b>Paper A – minutes</b></p>	

	<ul style="list-style-type: none"> <li>Members conflicted with the relevant sections of the minutes were asked to refrain from commenting on the content of the minutes unless there was a point of accuracy.</li> </ul> <p><b>Paper C – Primary Care Co-Commissioning Budget report - month 7</b></p> <ul style="list-style-type: none"> <li>GP members would be directly conflicted, with the exception of Dr Tony Bentley, as the report related to primary care finance.</li> <li>It was agreed no further action was required as the report is for information only.</li> </ul> <p><b>Paper D - General Practice Quality - High level report</b></p> <ul style="list-style-type: none"> <li>GP members could be conflicted if their Practice is identified within the report, however no specific conflicts had been identified on this occasion.</li> </ul> <p><b>Paper E – GP Practice and/or Contractual Merger Policy</b></p> <ul style="list-style-type: none"> <li>The report was being received to approve the updated policy.</li> <li>All GP members, with the exception of Dr Tony Bentley, are directly conflicted in respect of this policy document which is an amalgamation of previous existing policy documents that align with NHS E processes.</li> <li>It was agreed it would be helpful to gain the views of the GP members in the discussion and for them to remain in the meeting for the decision on the basis that the policy is being reviewed to ensure a single document replaces the existing three and it is aligned with NHS E processes.</li> </ul> <p><b>Paper F – Emergency Caretaking Policy and Provider Selection Process</b></p> <ul style="list-style-type: none"> <li>The report was being received to approve the updated policy.</li> <li>All GP members, with the exception of Dr Tony Bentley, are directly conflicted in respect of this policy document which is an amalgamation of previous existing policy documents that align with NHS E processes.</li> <li>It was agreed it would be helpful to gain the views of the GP members in the discussion and for them to remain in the meeting for the decision on the basis that the policy is being reviewed to ensure a single document replaces the existing three and it is aligned with NHS E processes.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the conflicts of interest declared and the actions to be taken.</li> </ul>	
<p>PCCCs/21/113</p>	<p><b>To receive questions from the Public in relation to items on the agenda</b></p> <p>No questions were received from members of the public at the meeting or in advance of the meeting.</p>	

<p>PCCCs/21/114</p>	<p><b>Minutes of the previous meeting held on 2 November 2021 (Paper A)</b></p> <p>Minutes of the LLR CCGs PCCCs in Common meeting held on 2 November 2021 were received and approved as an accurate record subject to one comment.</p> <p><u>21/104 - Primary Care Report of Findings from Local and National Surveys (Paper E)</u></p> <p>Ms Adams had asked for assurance that the action plan would come back to PCCC with lead names, prioritization, categorized impacts and asked for this to be added to the action log. A separate action plan was not being produced, but would build on the work of the primary care cell. Ms Vyas however undertook to bring something back to the PCCC in January to provide assurance or to circulate something in the meantime.</p> <p>Page 8 of this minute incorrectly noted Leicester University, which would be corrected to Loughborough University Social Sciences.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the LLR CCGs PCCC meeting held on 2 November 2021.</li> </ul>	<p style="text-align: center;"><b>Rachna Vyas</b></p>
<p>PCCCs/21/115</p>	<p><b>To Receive Matters Arising and actions for the meeting held on 2 November 2021 (Paper B)</b></p> <p>The matters arising following the LLR CCGs meetings in common held on 2 November 2021 were received and updates received:</p> <p><u>21/54 - Primary Care Networks Configuration Process</u> An update on the PCCC reconfiguration process was on the confidential agenda today and would come to the public meeting in January 2022.</p> <p><u>21/104 – Primary Care Report of Findings from Local and National Surveys</u> A response was awaited from Dave Rowson regarding ILM representation on the primary care communications task and finish group. Ms Vyas undertook to follow this up.</p> <p><b>Matters Arising;</b> There were no matters arising.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising and the update provided.</li> </ul>	<p style="text-align: center;"><b>Rachna Vyas</b></p>
<p>PCCCs/21/116</p>	<p><b>Primary Care Co-Commissioning Budget Report Month 7 (Paper C)</b></p>	

	<p>Ms Michelle Iliffe presented the financial position of the three LLR CCGs with regards to the 2021/22 Primary Care budgets as at month 7 (October 2021) including an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing.</p> <p>The 2022/22 financial year was in two stages; H1 and H2. Budgets had not been uploaded to the ledger in month 7 because the plan for H2 was in draft format. Budgets have now been set for month 8.</p> <p>At month 7 the co-commissioning budget was overspent by £597k with a forecast of a slight underspend at the end of the financial year. This was being reported on the PCN line due to the treatment of ARRS (additional roles reimbursement scheme) to show the spend incurred and the forecast to break even in anticipation of NHSE funding an additional amount in excess of the budget. The CCGs had received confirmation this was an appropriate treatment. The £188k underspend forecast could change depending on the number of claims received at financial year end.</p> <p>Primary care services reported a forecast £1.7m overspend, similar to the position reported at month 6. This is due to the city hubs.</p> <p>Prescribing reported a slight under spend of £216k at year end which is based on month 5 information and a projection to the end of the financial year based on Category M savings.</p> <p>Dr Sanganee noted the underspend on GP support framework incentives. He asked if the city hubs expenditure was being met by the future primary care funding model. Ms Iliffe advised the £837k underspend remained as the forecast outturn and in relation to the future funding model, which included long term conditions complex patients and federation QIPP for West, this consumed the underspend. The future funding had been shown on the community services base line. H2 reflected all payments due in H2 so the position had not impacted the budget setting for H2.</p> <p><i>Dr Virmani joined the meeting.</i></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the M6 Finance Report for Primary Care Commissioning</li> <li>• <b>NOTE</b> due to the overspent position of the co-commissioning budget, financial decisions for the remainder of 2021/22 would be taken to the Governing Bodies for ratification.</li> </ul>	
<p>PCCCs/21/ 117</p>	<p><b>General Practice Quality – High Level report (Paper D)</b></p>	

	<p>Ms Wendy Hope provided a high-level report on newly published CQC reports for LLR general practices.</p> <p>One new CQC report had been published since the last meeting:</p> <p>The reported stated the number of practices who are receiving increased support and monitoring and/or additional monitoring and oversight from CCG teams is five. Ms Hope provided a verbal, latest position; since the Risk Sharing Group met one practice had been closed on the risk log and two practices had been added due to issues of service delivery. The number of practices now receiving enhanced support was six.</p> <p>130 LLR practices have received a CQC inspection which are available on the CQC website, the majority of which had been rated as Good. The CCG continues to provide support to practices where needed.</p> <p>Ms Shuttlewood confirmed the CQC has reviewed their rating for Spectrum Health and it remained unchanged with an overall rating of Requires Improvement. The CCG would continue to support Spectrum Health with their improvement plan.</p> <p>Dr Than raised a query regarding Spectrum Health’s advertising and whether they had or would revise this to reflect their current CQC rating. It was also queried whether the practice’s successful advertising had increased their patient list size to a point where they were unable to deliver services as they intended. Ms Shuttlewood said the practice had increased its patient population but a correlation had not been made between that and their recent CQC report. The practice had met with the CCG and were happy to take on board the CQC findings and had a plan to address the requires improvement elements.</p> <p>Healthwatch Leicester and Leicestershire had recommenced their Enter and View programme. They had postponed a planned visit to Spectrum Health due to the practice having a Covid case. Healthwatch Leicester and Leicestershire would rearrange that visit for the new year and report on patient findings.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and note the information contained in the report.</li> </ul>	
<p>PCCCs/21/ 118</p>	<p><b>GP Practice and/or Contractual Merger Policy (Paper E)</b></p> <p>Ms Amardip Lealh advised in response to an audit of primary medical care services and contract oversight and management functions, the CCGs have reviewed a number of primary care policy and procedures. A revised Practice and/or Contractual GP Merger Policy has been developed to ensure a consistent process is available to practices. Best practice, former learning and existing documents were used and consulted on.</p>	

	<p>Feedback has been received from the LLR CCG Clinical Leads and the Integration and Transformation Team. The LLR LMC had no comments to make at the time of consultation.</p> <p>The process for merging practices and/or GP contracts is complex and the LLR CCGs PCCC's in common give final approval on practice merger. The CCGs will have considered a robust business case from the practices that ensures patient access, an outline of benefit/cost analysis, short-medium term plans, funding / resource implications and premises considerations. The process takes between 38 to 50 weeks to complete and is supported by a detailed action plan and checklist, covering a 7-step process which would be presented to the PCCC as part of the assurance process.</p> <p>Ms Hope raised one minor detail, that the nursing and quality team had recently changed its name to the clinical quality and performance directorate. Ms Lealh would reflect that in the policy.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>APPROVE</b> the GP Practice and/or Contractual Merger Policy (Appendix A).</li> </ul>	
<p>PCCCs/21/ 119</p>	<p><b>Emergency Caretaking Policy and Provider Selection Process (Paper F)</b></p> <p>Ms Amardip Lealh advised in response to an audit of primary medical care services and contract oversight and management functions, the CCGs have reviewed a number of primary care policy and procedures.</p> <p>A revised Emergency Caretaking Policy and Provider Selection Process has been developed to ensure a robust process is readily available and can be implemented as a matter of urgency. Best practice, former learning and existing documents were used and consulted on.</p> <p>Feedback has been received from the LLR CCG Clinical Leads and the Integration and Transformation Team. The LLR LMC had no comments to make at the time of consultation.</p> <p>Due to time constraints an emergency caretaking situation can often fall outside of the usual procurement and governance processes. NHSEI currently have 29 accredited bidders though a national system who could provide emergency caretaking services. Only one provider, Spirit Health is within Leicester City. However, as this national system is due to expire in December 2023 an LLR process has been developed to build a database of LLR CCG Approved Contractors by January 2022 with a review in June 2022.</p>	

	<p>Decisions on appointing a caretaking provider sits with the PCCC and due to rapidity of decision, extra-ordinary meetings may be required. The PCCC will be supported by an Emergency Caretaking Panel who will be responsible for reviewing all applications received and evaluating these in line with a set criteria and process.</p> <p>All LLR GP practices would be contacted to seek an Expression of Interest to deliver caretaking in an emergency situation. These would be added to the LLR database and when an emergency caretaking situation arose, a search would be done alongside the national database to see if there was interest. If a caretaking situation arose and no practice on the LLR database was in a position to positively respond, the CCGs would approach all LLR practices.</p> <p>The following comments and points were noted;</p> <p>It was felt a local provider would be preferable as emergency caretaking situations can develop into subsequent merger.</p> <p>The process would take 8 to 12 weeks in total. It was agreed to add some indicative time scales to each part of the process, whilst ensuring the process retained flexibility.</p> <p>PCN resilience to avoid practices reaching a point of emergency caretaking was the preferable course of action as these situations are costly and disruptive to patients.</p> <p>Practices would absolutely have the right to decline a request to caretake. The database would simply hold the expressions of interest and practices could opt in and out of opportunities as they arose. The language in the policy would be amended to ensure that flexibility came across.</p> <p>Ms Barber summarised the process was necessary to provide continuation of services. The process was well written and well considered but some minor points would be taken account of. The final version would be brought back to the PCCC in January 2022, or soon after.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>DEFER</b> approval of the Emergency Caretaking Policy and Provider Selection Process (Appendix A) subject to some minor revisions prior to the PCCC receiving a final version for sign off in January 2022, or soon after.</li> </ul>	
<p>PCCCs/21/ 120</p>	<p><b>Items for escalation / information for the Governing Bodies</b></p> <p>There were no specific items for the Governing Bodies to be made aware of, but they would as usual, be provided with a brief summary of the business.</p>	

<b>PCCCs/21/ 121</b>	<b>Any other business</b>  There were no other items of business.	
	<b>Date of next meeting</b>  The date of the next LLR Primary Care Commissioning Committee meetings will be held on <b>Tuesday 11 January 2022 at 9:30am, via MS Teams</b> . Meeting to be chaired by Fiona Barber.  The meeting concluded at 10.14am.	

DRAFT

**B**

**LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS  
 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 11 January 2021	Status
PCCCs/ 21/54	July 2021	Primary Care Networks Configuration Process	Sarah Shuttlewood	Sarah Shuttlewood to provide a draft Allocation Process	<del>September 2021</del> <del>November 2021</del> <del>December 2021</del> January 2022	PCN/Practice allocation process policy is on the January 2022 agenda. <b>ACTION COMPLETE</b>	<b>GREEN</b>
PCCCs/ 21/102	November 2021	Primary Care Co-Commissioning Budget Report Month 6	Rachna Vyas	Primary Care Extended Access – options appraisal on reprovision of services across LLR to come to the PCCC.	January 2022 February 2022	The January PCCC is only considering essential items of business. This item has been deferred to the February 2022 agenda.	<b>AMBER</b>

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 11 January 2021	Status
PCCCs/ 21/104	November 2021	Primary Care Report of Findings from Local and National Surveys	Rachna Vyas	An ILM with a patient representation portfolio to join the primary care communications task and finish group.	December 2021	ILM engagement group has been reformed and now includes comms. This group will be used to engage with ILMs on a range of issues, including the primary care survey and action implementation, and engender their support where we can. Attendance is a standing open invite to all ILMs. <b>ACTION COMPLETE</b>	<b>GREEN</b>
PCCCs/ 21/104	November 2021	Primary Care Reports of Findings from Local and National Surveys	Rachna Vyas	Ms Vyas to bring back an assurance report on progress achieved through the Primary Care Cell	January February 2022	Yasmin Sidyot providing a paper to the PCCC February 2022 meeting.	<b>AMBER</b>
PCCCs/ 21/119	December 2021	Emergency Caretaking Policy and Provider Selection Process	Amardip Lealh/Sarah Shuttlewood	Minor amendments being made to the policy which would come back to PCCC for final approval.	January 2022 February 2022	The January PCCC is only considering essential items of business. This item has been deferred to the February 2022 agenda.	<b>AMBER</b>

**C**

<b>Name of meeting:</b>	LLR CCGs' Primary Care Commissioning Committee meetings in common		<b>Date:</b>	11 <sup>th</sup> January 2022	<b>Paper:</b>	<b>C</b>
	Public <input checked="" type="checkbox"/>	Confidential				
<b>Report title:</b>	<b>PCN/Practice Allocation Policy for Approval</b>					
<b>Presented by:</b>	Sarah Shuttlewood Assistant Director of Contracts and Procurement					
<b>Report author:</b>	Sarah Shuttlewood Assistant Director of Contracts and Procurement					
<b>Executive lead:</b>	Nicci Briggs Executive Director for Finance, Contracts and Governance					
<b>Action required:</b>	<b>Receive for information only:</b>		<b>Progress update:</b>			
	<b>For assurance:</b>		<b>For approval / decision:</b>		<input checked="" type="checkbox"/>	
<b>Executive summary:</b>	<ol style="list-style-type: none"> <li>1. The Network Contract DES states that every GP practice has a right to join a PCN and participate in the Network Contract DES. However, there are rare occasions when practices are no longer a member of a PCN.</li> <li>2. Where a practice wishes to participate in the Network Contract DES but is unable to find a PCN to join or chooses to leave a PCN without another PCN to go to, commissioners have the ability as a last resort to allocate a practice to a PCN as a Core Network Practice.</li> <li>3. The CCGs would expect that mediation would be undertaken to resolve any issues prior to initiating a process of moving to another PCN.</li> <li>4. As a result of a practice being allocated to a PCN during 2021/22 it was agreed that a LLR CCGs policy was needed to ensure a consistent and transparent approach to Allocation would be applied if this was needed in the future.</li> <li>5. The purpose of this report is to share the final Practice/PCN Allocation process for approval. The development of the policy has been undertaken with engagement from a range of stakeholders including Local Medical Committee (LMC) and clinical input.</li> <li>6. The expectation is that the policy is reviewed on an annual basis to ensure it can be amended in line with any national changes and to incorporate learning if forced allocations have taken place.</li> </ol>					
<b>Appendices:</b>	<ul style="list-style-type: none"> <li>• Appendix 1 – Practice/PCN Allocation Policy</li> </ul>					
<b>Recommendations:</b>	<p>The LLR CCGs' Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Practice/PCN Allocation Policy</li> </ul>					
<b>Report history and prior review:</b>	<ul style="list-style-type: none"> <li>• Allocation process discussed with PCCC in August/September 2021</li> </ul>					

**Aligned to Strategic Objectives**

Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

**Implications**

<b>a) Conflicts of interest:</b>	All GPs - based on practice / PCN involvement
<b>b) Alignment to Board Assurance Framework</b>	LLR BAF – 08 Implementation of GP Forward View and Primary Care Network (PCN) development
<b>c) Resource and financial implications</b>	The process results in significant management resource to support the process. No specific financial impact.
<b>d) Quality and patient safety implications</b>	The policy has been developed to ensure that the Allocation policy supports high quality services and promotes patient safety
<b>e) Patient and public involvement</b>	None
<b>f) Equality analysis and due regard</b>	The policy provides a documented approach to ensure all practices and PCNs are treated fairly and transparently

# Practice / PCN Allocation Policy

<b>Reference number:</b>	LLR CORPORATE 000
<b>Title:</b>	Practice/PCN Allocation Policy
<b>Version number:</b>	Version 1, draft 4.
<b>Policy Approved by:</b>	
<b>Date of Approval:</b>	
<b>Date Issued:</b>	
<b>Review Date:</b>	Yearly Review – January 2023
<b>Document Author:</b>	Sarah Shuttlewood Assistant Director of Contracts and Procurements
<b>Executive Lead:</b>	Nicci Briggs, Executive Director of Finance, Contracting and Corporate Governance

## Version Control

Version number	Approval / Amendments made	Date
v.1 draft 4	Link to Network Contract DES inserted. Document formatting changes.	29/12/2021.

### **DOCUMENT STATUS:**

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

### **RELATED DOCUMENTS:**

This document will reference additional policies and procedures which will provide additional information.

**All policies can be provided in large print or Braille formats upon request. An interpreting service, including sign language, is also available.**

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## Introduction

The Network Contract Directed Enhanced Service (the “Network Contract DES”) was first introduced in the Directed Enhanced Services Directions 2019. It placed obligations on practices and commissioners and granted various entitlements to practices with effect from 1 July 2019. An objective of the Network Contract DES in 2019 was for primary medical services contractors to establish and develop Primary Care Networks (“PCNs”) and forms part of a long-term, larger package of general practice contract reform.

The intention is that there will be a Network Contract DES each financial year until at least 31 March 2024 with the requirements of the Network Contract DES evolving over time.

### **Network Contract Directed Enhanced Service – Contract Specification 2021/22**

<https://www.england.nhs.uk/wp-content/uploads/2021/12/B1218-network-contract-directed-enhanced-service-contract-specification-2021-22-dec-21.pdf>

This policy will be kept under review and amended when appropriate in line with the transition of CCGs to an Integrated Care Board (ICB) (expected July 2022).

## Allocation Process

The Network Contract DES states that every GP practice has a right to join a PCN and participate in the Network Contract DES. However, there are rare occasions when practices are no longer a member of a PCN.

Where a practice wishes to participate in the Network Contract DES but is unable to find a PCN to join or chooses to leave a PCN without another PCN to go to, commissioners will have the ability as a last resort to allocate a practice to a PCN as a Core Network Practice. It is not anticipated that this will happen on a regular basis as it is expected that disagreements over joining or being part of a PCN would be managed through mediation, supported by the commissioner and the Local Medical Committee (LMC). The CCGs would expect that mediation would be undertaken to resolve any issues prior to initiating a process of moving to another PCN.

The purpose of this policy is to set out the approach that will be adopted if a practice leaves their current PCN e.g., expulsion or resignation, and is unable to identify a new PCN, triggering the practice/PCN Allocation process.

## Stage One – Permissible Practice Movement Between PCNs

*Timeline – any change needs to be implemented by the next 1st April.*

There is an annual window (1st April each year) for practices to move PCNs if this is something they wish to do. The expectation is that movement between PCNs is not possible at any other time in the year. In exceptional circumstances and only where there is evidence that patients are being adversely affected would consideration be given to allow PCN movement outside of the 1st April window.

Any practice that does not have a PCN (due to expulsion or resignation) it is expected that they identify another PCN to join. The timing of an expulsion or resignation will need to be managed to meet the 1st April time period and a mediation process will need to be undertaken to ensure all options to remain with the current PCN has taken place.

The recommendation to a practice who is considering resigning from their PCN would be to identify a PCN to join prior to resigning. When considering which PCN to join a practice needs to consider the following Network Contract DES requirements –

- PCN size is not compromised (30,000 – 50,000 population size)
- Geographic Contiguity
- Demographic alignment and that patient services are not compromised

It is recognised by the CCGs (ICB) that positive relationships are also important when selecting a PCN to move to however the above criteria is the nationally set priority criteria that practices need to align with.

The expectation is that the practice successfully identifies an alternative PCN to become a member of and this will be reviewed by the CCGs and approval given to enact this to be implemented from the following 1st April. To emphasise that it continues to be the responsibility of the practice to identify a new PCN to join.

## **Stage Two – Expressions of Interest (Eoi)**

*Timeline – up to 4 weeks.*

Stage two is triggered when mediation has not been successful to enable the practice to remain as a core network practice in their original PCN and the practice has been unable to identify an alternative PCN.

The practice and PCN are required to jointly inform the CCG that the practice intends to leave or has been expelled from their current PCN and that the practice has been unable to find an alternative PCN.

The CCGs will undertake a review of the reasons for the current position to assess if other interventions could help keep the practice with their original PCN. If this is not successful, the CCGs will form a panel comprising of the following members –

- Assistant Director of Contracts and Procurement (lead for the process)
- Executive Director / Deputy Director (usually from either Integration & Transformation (I&T) or Finance, Contracts and Governance directorates (or equivalent once transitioned to ICB))
- Head of Transformation (I&T)
- Non conflicted GP
- Independent lay member (ILM) / Non-executive Director (NED) (CCGs or ICB)
- Local Medical Committee (LMC) clinical representation

The panel will initiate an expression of interest (EOI) process across selected PCNs to ask for volunteer PCNs that would be happy to accept the practice.

Selection of PCNs to be included in the EOI will broadly align with PCN guidance (as set out above). If a PCN comes back to accept the practice the CCGs will facilitate the exit and entry to the relevant PCNs. This will take place on the relevant 1st April.

## **Stage Three – Formal Allocation**

*Timeline – up to 2 weeks.*

If a PCN doesn't come forward to accept the practice through the EOI process, the CCG will reconvene the same panel as in stage two with the purpose of allocating the practice to a PCN.

The allocation process will include all PCNs that fit the National Network DES criteria. The panel could allocate the practice to their original PCN if this is the most appropriate fit to the NHSE criteria.

The chair of the panel will write to the practice and the receiving PCN within two days of the panel having met and a decision made to notify both parties of the decision.

The CCGs decision on allocation will be final and a right of appeal will not be available.

The CCGs will support the development needs of the receiving PCN and practice to support the integration of the practice into the PCN. This will be led by the I&T directorate.