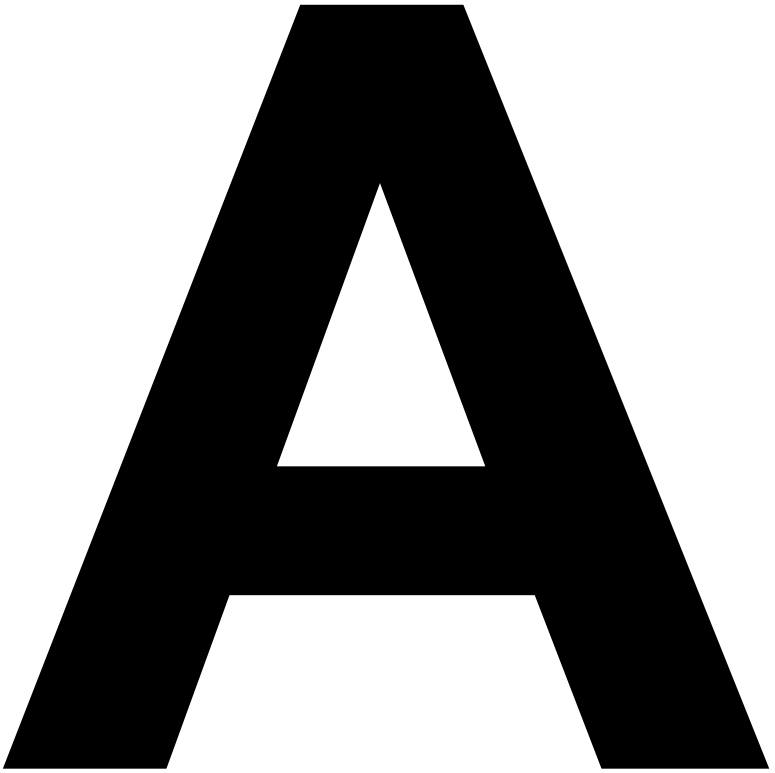
Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

| | | | |
|---|---|---|---|
| **Meeting Title** | **Primary Care Commissioning Committees meetings (meetings in common) – held in Public** | **Date** | **Tuesday 1 March 2022** |
| **Meeting no.** | **16.** | **Time** | **9.30am – 10.45am** |
| **Chair** | **Ms Gillian Adams**<br>Independent Lay Member (WL CCG) | **Venue / Location** | **Via MS Teams** |

| REF | AGENDA ITEM | ACTION | PRESENTER | PAPER | TIMING |
|---|---|---|---|---|---|
| PCCCs/22/23 | Welcome and Introductions | | Gillian Adams | | 9.30am |
| PCCCs/22/24 | Apologies for Absence:<br>**LLR CCGs:**<br>• Dr Caroline Trevithick<br>**East Leicestershire and Rutland CCG:**<br>• Clive Wood<br>• Dr Nick Glover<br>**West Leicestershire CCG:**<br>• Dr Nil Sanganee<br>**Leicester City CCG:**<br>• Professor Azhar Farooqi<br>• Dr Sulaxni Nainani | To receive | Gillian Adams | **verbal** | 9.30am |
| PCCCs/22/25 | Notification of Any Other Business | To receive | Gillian Adams | **verbal** | |
| PCCCs/22/26 | Declarations of Interest on Agenda Topics | To receive | Gillian Adams | **verbal** | |
| PCCCs/22/27 | To receive questions from the Public in relation to items on the agenda only | To receive | Gillian Adams | **verbal** | |
| PCCCs/22/28 | Minutes of the meetings held in common on 1 February 2022 | To approve | Gillian Adams | **A** | 9.35am |
| PCCCs/22/29 | Actions for the meetings held on 1 February 2022 | To receive | Gillian Adams | **B** | |
| **ITEMS FOR DECISION, ACTION AND ESCALATION** | | | | | |
| PCCCs/22/30 | Primary Care Co-Commissioning Budget Report Month 10 | To receive | Nicci Briggs | **C** | 9.40am |
| PCCCs/22/31 | General Practice Quality - High level report | To receive | Wendy Hope | **D** | 9.45am |
| PCCCs/22/32 | GP Quality Assurance self-assessment | To approve | Amy Walker | **E** | 9.55am |
| PCCCs/22/33 | Proposed Primary Care Premises and Estates Review Group and Terms of Reference | To approve | Sarah Prema | **F** | 10.10am |
| PCCCs/22/34 | GP Appointment Baseline Proposal | To support | Sarah Smith | **G** | 10.20am |
| **FOR INFORMATION ONLY** | | | | | |

| REF | AGENDA ITEM | ACTION | PRESENTER | PAPER | TIMING |
|---|---|---|---|---|---|
| PCCCs/22/ 35 | Items for escalation / information for the Governing Bodies. | | Gillian Adams | | 10.35am |
| **ANY OTHER BUSINESS** | | | | | |
| PCCCs/21/ 36 | Items of any other business. | To receive | Gillian Adams | **verbal** | 10.40am |
| The next meeting of the LLR CCGs' Primary Care Commissioning Committee meetings in common will take place on **Tuesday, 5 April 2022, via MSTeams, Fiona Barber to Chair.** | | | | | |



# Minutes of the LLR CCGs' Primary Care Commissioning Committees held in common on Tuesday 1 February 2022 at 9.30am
# Via MS Teams

**Present:**

**Leicester, Leicestershire and Rutland CCGs**

| | |
|---|---|
| Ms Nicci Briggs | Executive Director of Finance, Contracts and Corporate Governance |
| Ms Wendy Hope | Head of Quality and Safety (on behalf of Dr Caroline Trevithick) |
| Ms Sarah Prema | Executive Director of Strategy and Planning |
| Ms Yasmin Sidyot | Deputy Director of Integration and Transformation (on behalf of Rachna Vyas) |

**East Leicestershire and Rutland CCG:**

| | |
|---|---|
| Ms Fiona Barber | Deputy Chair and Independent Lay member |
| Dr Nick Glover | Member Practice Representative |
| Dr Nikhil Mahatma | Member Practice Representative |
| Dr Girish Purohit | Member Practice Representative |
| Mr Clive Wood | Independent Lay Member |

**West Leicestershire CCG:**

| | |
|---|---|
| Ms Gillian Adams | Independent Lay Member (Chair of the meeting) |
| Dr Nil Sanganee | Locality Lead North West Leicestershire |

**Leicester City CCG:**

| | |
|---|---|
| Dr Tony Bentley | North and East Health Need Neighbourhood Chair |
| Dr Gopi Boora | North and West Health Need Neighbourhood Lead |
| Mr Nick Carter | Independent Lay Member |
| Professor Azhar Farooqi | Clinical Chair |
| Dr Sulaxni Nainani | South Health Need Neighbourhood Chair |
| Dr Avi Prasad | Assistant Clinical Chair |

**In attendance:**

| | |
|---|---|
| Dr Fahreen Dhanji | Local Medical Committee |
| Dr Sumit Virmani | Local Medical Committee |
| Dr Rajiv Wadhwa | Local Medical Committee |
| Mr Jamie Barrett | Senior Contracts Manager |
| Mr Stuart Fletcher | Contracts Manager |
| Ms Laura Norton | Head of Transformation |
| Ms Priya Pandya | Contracts Manager |
| Ms Sarah Shuttlewood | Assistant Director of Contracts and Procurement |
| Ms Sarah Smith | Head of Transformation |
| Mrs Clare Mair | Corporate Affairs Officer (Minutes) |

**Public Gallery**

One member of the public was present.

| ITEM | | LEAD RESPONSIBLE |
|---|---|---|
| PCCCs/22/ 11 | **Welcome and Introductions**<br><br>Ms Gillian Adams welcomed all attendees to the 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.<br><br>Ms Adams congratulated Dr Nil Sanganee on his ICB appointment as Director of Medicine. | |
| PCCCs/22/ 12 | **Apologies for absence:**<br><br>**LLR CCGs**<br>• Dr Caroline Trevithick, Executive Director of Nursing, Quality and Performance<br>• Ms Rachna Vyas, Executive Director of Integration and Transformation<br>**East Leicestershire and Rutland CCG**<br>• Dr Ash Kothari, Locality Lead<br>**Leicester City CCG**<br>• Mr Zuffar Haq, Independent Lay Member<br>• Dr Raj Than, Left Shift/Integration Lead<br>**West Leicestershire CCG**<br>• Dr Geoff Hanlon, Locality Lead<br>**In attendance**<br>• Daljit Bains, Head of Corporate Governance<br><br>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). | |
| PCCCs/22/ 13 | **Notification of Any Other Business**<br><br>Ms Adams confirmed there were no items of other business. | |
| PCCCs/22/ 14 | **Declarations of Interest**<br><br>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.<br><br>Ms Adams noted the following specific declarations: | |

| | | |
|---|---|---|
| | **Paper A – minutes**<br>• 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.<br><br>**Paper C – Primary Care Co-Commissioning Budget report - month 9**<br>• GP members would be directly conflicted, with the exception of Dr Tony Bentley, as the report related to primary care finance.<br>• It was agreed no further action was required as the report is for information only.<br><br>**Paper D - General Practice Quality - High level report**<br>• It was noted GP members could be conflicted if their Practice was identified within the report.<br>• Dr Ash Kothari's practice (Maples Family Medical Practice) is a shareholding practice of the Hinckley & Bosworth Medical Alliance which the Centre Surgery is part of. Dr Kothari would refrain from commenting on this section and if a detailed discussion took place Dr Kothari would be asked to leave the meeting for this item.<br><br>**Proposed Primary Care Premises and Estates Review Group and Terms of Reference (Paper E)**<br>• Dr Tony Bentley made a declaration of interest regarding an ICS clinical lead role that he might be interested in applying for. The proposed terms of reference included a clinical lead member on the group.<br>• It was agreed no further action was required.<br><br>It was **RESOLVED** to:<br><br>• **NOTE** the conflicts of interest declared and the actions to be taken. | |
| **PCCCs/22/ 15** | **To receive questions from the Public in relation to items on the agenda**<br><br>No questions were received from members of the public at the meeting or in advance of the meeting. | |
| **PCCCs/22/ 16** | **Minutes of the previous meeting held on 11 January 2022 (Paper A)**<br><br>Minutes of the LLR CCGs PCCCs in Common meeting held on 11 January 2022 were received and approved as an accurate record subject to one minor change.<br><br><u>22/08 - PCN/Practice Allocation Policy</u><br>Page 4 – change denoted with strikethrough and replacement text in italics: Ms Shuttlewood hoped early work with practices and PCNs would remove or diminish the need for allocation. ~~Hard~~ *A triangulation* | |

| | | |
|---|---|---|
| | *of* information would be used at the expression of interest stage to decide where the practice would be best placed to meet the needs of the patient group.<br><br>It was **RESOLVED** to:<br><br>• **APPROVE** the minutes of the LLR CCGs PCCC meeting held on 11 January 2022. | |
| **PCCCs/22/ 17** | **To Receive Matters Arising and actions for the meeting held on 11 January 2022 (Paper B)**<br><br>The matters arising following the LLR CCGs meetings in common held on 11 January were received and updates received:<br><br>**21/104 Primary Care Report of Findings from Local and National Surveys**<br>The original action was for an ILM with a patient representation portfolio to join the primary care communications task and finish group. Mr Morris had confirmed he was regularly meeting with ILMs and this now included engagement. Mr Carter confirmed monthly ILM meetings were in the diary, but not with Mr Morris. Other ILMs confirmed they also had nothing diarised with Mr Morris. Ms Sidyot advised there had been a time-limited informal task and finish group to pick up specific elements of primary care communications over the winter period but that had now ended. **Clarification and final resolution on this action was needed.**<br><br>**Matters Arising;**<br><br>**21/104 Primary Care Report of Findings from Local and National Surveys**<br>Ms Sidyot provided a verbal update on the Winter Access Fund (WAF). The PCN level plans and system plans had been submitted to NHSE region and were going to NHSE national team next week. Implementation of these plans had commenced from December 2021 but due to Omicron and winter access surge some elements had been halted and would now be implemented from February 2022. As the WAF was not co-commissioned funded and therefore out of PCCC scope, Ms Sidyot questioned whether PCCC would want to receive the reports being submitted to NHSE. Reporting is taken through the System Executive and System Flow Board. Additional appointments are being delivered. The WAF plan and funding is supporting primary care with recovery such as care planning and long-term conditions backlog work and on-the-day primary care access and ensuring equity of access. **Ms Adams asked for the report to be shared, once submitted to NHSE.**<br><br>It was **RESOLVED** to:<br><br>• **RECEIVE** the matters arising and the update provided. | **R Morris**<br><br>**Y Sidyot** |

| | | |
|---|---|---|
| **PCCCs/22/ 18** | **Primary Care Co-Commissioning Budget Report Month 9 (Paper C)**<br><br>Ms Nicci Briggs presented the financial position of the three LLR CCGs with regards to the 2021/22 Primary Care budgets as at month 9 (December 2021) including an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing.<br><br>Ms Briggs explained the reason for variance between ELR, WL and LC co-commissioning spend. £900k related to the primary care harmonisation of basket of services which sits within the co-commissioning fund for LC only. ELR and WL underspends sat in non-co-commissioning funding lines and were not reported here. If the £900k underspend was removed from LC co-commissioning the amount would be smaller and more in line with previous years.<br><br>Dr Bentley referenced on page 2 the weighted list size per patient payments made to practices. Leicester City CCG received the highest payment per patient. He noted the weighted figure system did not accurately represent the inequalities and taking the raw figures Leicester City and West Leicestershire would reverse positions. Dr Bentley felt the reality was somewhere between the two scenarios.<br><br>**I**t was **RESOLVED** to:<br><br>• **NOTE** the Month 9 LLR CCG Primary Care finance position as at 31st December 2021. | |
| **PCCCs/22/ 19** | **General Practice Quality – High-level report (Paper D)**<br><br>Ms Wendy Hope provided a high-level overview report. It was noted the CQC had newly published one report since the last meeting:<br>The Centre Surgery (Hinckley & Bosworth Medical Alliance) was previously rated as overall Good and is now rated as overall Inadequate. This had been discussed by the Risk Sharing Group on 6 January 2022. The practice was found to be Inadequate in the areas of safe and effective and was Good in the areas of caring and responsive. A site visit will happen to assess progress and look at documentation.<br><br>The Risk Sharing Group added one new practice to the risk log and did not remove any practices.<br><br>It was RESOLVED to:<br><br>• **RECEIVE** and note the information contained in the report. | |

| | | |
|---|---|---|
| **PCCCs/22/ 20** | **Proposed Primary Care Premises and Estates Review Group and Terms of Reference (Paper E)**<br><br>Ms Sarah Prema presented draft terms of reference for a proposed Primary Care Premises and Estates Review group. As part of the development of the Primary Care Estates Strategy and new strategic and operational estates management arrangements it was proposed to establish this group to oversee, on behalf of the PCCC, the delegated estates functions including primary care estates planning, reviewing potential premises improvement, ensuring schemes meet the business case requirements, fit with the Primary Care Estates Strategy (PCES) and that schemes offer value for money.<br><br>Ms Barber supported the establishment of this group but questioned how primary care estates would be considered in a broader strategy with other local NHS organisations and public sectors. Ms Barber gave the example of working at system level with LPT to better utilise community assets and with the local authorities who had access to strategy and planning. Ms Adams felt it was important to consider estates as part of the NHS's role as an anchor institution.<br><br>Ms Prema reported an LLR estates group was in place. The CCGs' group was about ensuring business cases for primary care were robust ahead of PCCC consideration. Ms Prema understood there needed to be a link to system opportunities.<br><br>Dr Bentley noted a lack of reference to the future ICS and was unsure whether the clinical lead on the group would be a CCG or ICS role. Ms Prema would ensure a CCG clinical member joined the group until the ICB was established.<br><br>Dr Mahatma asked if there would be primary care representation on the group and whether there should be both county and city representation, recognising the different places. Dr Glover agreed place-based representation would be useful. Dr Wadhwa noted no PCN input was proposed. Ms Prema advised a number of clinical lead roles would be out for advert later today. The clinical lead for Finance, Procurement and Estates would be a member of this group. The group would have a small core membership.<br><br>Dr Sanganee, Dr Glover and Ms Hope wanted premises to be fit for purpose for training with sufficient capacity to develop our own future workforce and to meet specialist requirements such as infection prevention and control.<br><br>Professor Farooqi noted the impact that premises had on health inequalities in terms of service delivery, recruitment, teaching and training and asked for some reference to be made to that in the PCES, aligned to the ICS health and inequalities strategy. | |

| | | |
|---|---|---|
| | Ms Adams summarised the points raised: representation from PCN CDs, health inequalities, infection prevention and control, training provision, broader strategic estates engagement with LPT and local authorities for example.<br><br>Ms Adams asked Ms Prema if there was an issue in not approving the paper today. Ms Prema referenced the clinical lead roles which were going out to advert today. If the group's clinical membership was widened, the time commitment to the estates group would have to come from another place-based session. Ms Prema favoured a small core membership of this group and Ms Adams suggested some peripheral membership to be called upon as needed. **Ms Prema undertook to reflect on the comments and bring a paper back to the PCCC in March.**<br><br>It was RESOLVED to:<br><br>• **DEFER** the confirmation of support for the establishment of the Primary Care Premises and Estates Review Group and approval of the Draft terms of Reference and the supporting Scheme Development Process included in Appendix A and B whilst Ms Prema considered the comments made and returned to PCCC on 1 March with a further paper. | **S Prema** |
| **PCCCs/22/ 21** | **Items for escalation / information for the Governing Bodies**<br><br>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. | |
| **PCCCs/22/ 22** | **Any other business**<br><br>There were no other items of business. | |
| | **Date of next meeting**<br><br>The date of the next LLR Primary Care Commissioning Committee meetings will be held on **Tuesday 1 March 2022 at 9:30am, via MS Teams.** Meeting to be chaired by Gillian Adams.<br><br>The meeting ended at 10.10am. | |

# B

# LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS
# PRIMARY CARE COMMISSIONING COMMITTE MEETING

## ACTION NOTES

**Key**

| Completed | On-Track | No progress made |
|---|---|---|

| Minute No. | Meeting | Item | Responsible Officer | Action Required | To be completed by | Progress as at 1 March 2021 | Status |
|---|---|---|---|---|---|---|---|
| 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 | Item on the agenda for February 2022. | **AMBER** |
| 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 | 11.02.22 - Several ILMs advised they were not available for the monthly Friday meetings and asked for other dates to be explored. ILMs are waiting on diary dates to be agreed. The meeting minutes noted regular meetings had taken place, that was not the case. | **AMBER** |

| Minute No. | Meeting | Item | Responsible Officer | Action Required | To be completed by | Progress as at 1 March 2021 | Status |
|---|---|---|---|---|---|---|---|
| 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~~ April 2022 | A caretaking process was recently put in place for a city practice. The contract and I&T teams will review the learning from this before finalising the policy and bringing it back to PCCC in April 2022. | **AMBER** |
| C/PCCC/ 22/17 | February 2022 | Matters Arising | Yasmin Sidyot | Request to circulate the monthly submission to NHSE on the winter access plan performance/implementation | March 2022 | Information circulated on 10.02.22. **ACTION COMPLETE** | **GREEN** |
| C/PCCC/ 22/20 | February 2022 | Proposed Primary Care Premises and Estates Review Group and ToR | Sarah Prema | Comments received on the paper. Ms Prema to bring the proposal and terms of reference back to PCCC in March 2022. | March 2022 | Revised paper on the agenda. **ACTION COMPLETE** | **GREEN** |

C

| | | | | | | |
|---|---|---|---|---|---|---|
| **Name of meeting:** | LLR CCGs' Primary Care Commissioning Committee meetings in common | | **Date:** | 1 March 2022 | **Paper:** | **C** |
| | Public ✓ | Confidential | | | | |
| **Report title:** | **M10 Primary Care Commissioning Finance Report** | | | | | |
| **Presented by:** | Nicci Briggs, Exec Director for Finance, Contracting & Governance | | | | | |
| **Report author:** | Mohamed Sidyot, Finance Manager – Primary Care | | | | | |
| **Executive lead:** | Nicci Briggs, Exec Director for Finance, Contracting & Governance | | | | | |
| **Action required:** | **Receive for information only:** | ✓ | **Progress update:** | | | |
| | **For assurance:** | | **For approval / decision:** | | | |
| **Executive summary:** | This report sets out the financial position of the three LLR CCGs with regards to the 2021/22 Primary Care budgets as at month 10 (January 2022).<br><br>The report provides an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing. | | | | | |
| **Appendices:** | • Appendix 1 – Finance Report (LLR Summary)<br>• Appendix 2 – Finance Report (CCG Detail) | | | | | |
| **Recommendations:** | The LLR CCGs' Primary Care Commissioning Committees are asked to:<br><br>• **NOTE and REVIEW** the M10 LLR CCG Primary Care finance position as at 31st January 2022. | | | | | |
| **Report history and prior review:** | | | | | | |

| **Aligned to Strategic Objectives** | | |
|---|---|---|
| **Leicester City CCG** | **West Leicestershire CCG** | **East Leicestershire and Rutland CCG** |
| ✓ | ✓ | ✓ |

| **Implications** | |
|---|---|
| **a) Conflicts of interest:** | None Identified |
| **b) Alignment to Board Assurance Framework** | Reporting of financial position |
| **c) Resource and financial implications** | Planned financial position to be absorbed into CCG bottom line after reimbursement of covid vaccination costs |
| **d) Quality and patient safety implications** | Not Applicable |
| **e) Patient and public involvement** | Not Applicable |
| **f) Equality analysis and due regard** | Not Applicable |

**Primary Care Commissioning Finance Report**
**For the period to 31st January 2022 (Month 10)**

## Introduction

This report sets out the financial position of the three LLR CCGs with regards to the 2020/21 Primary Care budgets as at month 10 (January 2022). The forecast position covers the full 12-month period from 1st April 2021 to 31st March 2022.

The report provides an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing. More detail of the position is provided on the accompanying two appendices. Appendix 1 provides an overview of the LLR position and appendix 2 breaks this down across the 3 CCGs.

The current overall Primary Care position is showing a forecast overspend of £1,319k across LLR for the period 1st April 2021 to 31st March 2022. This includes any reimbursement assumed from NHSEI in respect of Additional Roles Reimbursement Scheme (ARRS), Covid Vaccination Programme and Winter Access Fund.

## Primary Care Co-Commissioning

The forecast outturn is showing an overspend of £611k across LLR against the Co-Commissioning Allocation for 21/22. It should be noted that the budget that has been set for each CCG is equal to the specific national allocation received from NHSEI and this allocation cannot be amended locally. The position for each CCG is as follows:

- ELRCCG – overspend of £706k against an allocation of £49,737k
- LCCCG – underspend of £1,705k against an allocation of £61,291k
- WLCCG – overspend of £1,610k against an allocation of £55,638k

The overall position has improved by £130k since month 9. This is due to an improvement in spend relating to practice dispensing costs and revised projections for ARRS. Some of the underspend has been offset by an increase in premises costs following some recent rent reviews.

## Primary Care Services

The forecast outturn is showing an overspend of £1,388k across LLR including expected reimbursement from NHSEI for the covid 19 vaccination programme expenditure. The overspend has improved by £419k since last month and is broken down as follows:

ELRCCG is reporting an underspend of £4,074k which represents an improvement of £822k since M9 reporting. The reasons for the improvement include underspends on the GP Forward View budget (GPFV/PCT) of which ELRCCG is the lead for the

majority of the LLR GPFV schemes. The GPIT budget has also improved after it was recognised that some of the identified expenditure was in relation to GPIT Capital and reimbursed by NHSEI. This reimbursement has been reflected in the M10 position.

LCCCG is reporting an overspend of £3,480k which has increased by £789k since last month. The main reason for the increase in expenditure is the inclusion of £1,400k of headroom schemes covering areas such as interface pharmacy backlog work, MMS pharmacy backlog and long-term conditions. The increase in spend has been offset by £500k of BCF budget received in respect of GP PIC payments that were previously paid from the CCG non acute budgets. GP PIC is now included within the monthly future funding model payments to practices.

WLCCG is reporting an overspend of £1,982k resulting in a favourable movement of £387k since last month. Approximately £200k of the movement relates to GPFV schemes that are likely to underspend by the end of the financial year. The balance of the movement mainly relates to GPIT expenditure that has been identified as being reimbursable by NHSEI and not as a cost to the CCG.

**Prescribing**

The forecast outturn is showing an underspend of £679k and includes a combination of actual prescribing expenditure for the period April to November 2021 (which is the latest actual data available as at month 10 reporting - note that the actual prescribing data is always 2 months behind) modelled with historic spend incurred during 20/21. The position includes expected favourable CAT M price adjustments for the remainder of this financial year. The underspend per CCG is broken down as follows:

- ELRCCG – £9k overspend
- LCCCG – £308k underspend
- WLCCG – £381k underspend

The LLR underspend has deteriorated by £653k since last month mainly due to an increase of £471k in GP prescribing costs for November compared to what was forecasted for November during M9 reporting. The balance of the movement is due to revision of the Loughborough Urgent Care Centre income for prescriptions raised on CCG stationery.

**Recommendations**

The LLR CCGs' Primary Care Commissioning Committee is asked to

**NOTE** and **REVIEW** the Primary Care finance position as at 31st January 2022 for the three LLR CCGs.

Appendix 1

# PRIMARY CARE COMMISSIONING - FINANCE REPORT

**2021/22 Primary Care Position - Month 10**

| PRIMARY CARE CO-COMMISSIONING, PRIMARY CARE SERVICES & PRESCRIBING | Year to Date | | | Forecast Outturn | | |
|---|---|---|---|---|---|---|
| | Budget | Spend | Variance | Budget | Spend | Variance |
| | LLR | LLR | LLR | LLR | LLR | LLR |
| | £000's | £000's | £000's | £000's | £000's | £000's |
| Core Contract | 91,747 | 91,121 | -626 | 110,283 | 109,302 | -981 |
| Dispensing | 2,718 | 2,768 | 50 | 3,332 | 3,260 | -72 |
| Enhanced Services | 1,604 | 1,596 | -9 | 1,954 | 1,986 | 33 |
| Other GP Services | 3,159 | 2,615 | -544 | 3,869 | 3,268 | -601 |
| Winter Access Fund | 1,533 | 772 | -762 | 1,961 | 4,767 | 2,806 |
| Winter Access Fund Reimbursement | 0 | 0 | 0 | 0 | -2,806 | -2,806 |
| Premises | 14,545 | 14,587 | 42 | 17,495 | 17,543 | 48 |
| QOF | 13,014 | 13,014 | 0 | 15,595 | 15,595 | 0 |
| PCN | 5,287 | 6,882 | 1,595 | 6,356 | 8,262 | 1,906 |
| Additional Roles | 6,880 | 8,689 | 1,810 | 7,316 | 11,656 | 4,340 |
| Additional Roles Reimbursement | 0 | -1,095 | -1,095 | 0 | -4,062 | -4,062 |
| **TOTAL CO COMMISSIONING** | **140,487** | **140,949** | **462** | **168,160** | **168,771** | **611** |
| Community Based Services | 10,415 | 12,110 | 1,695 | 13,597 | 14,683 | 1,086 |
| GP Support Framework/ Incentives | 1,598 | 761 | -837 | 1,598 | 761 | -837 |
| GP Forward View - separate allocations | 8,689 | 7,866 | -823 | 10,355 | 9,359 | -996 |
| GP IT | 1,283 | 597 | -686 | 1,471 | 717 | -754 |
| Other Primary Care | 4,586 | 6,195 | 1,609 | 5,334 | 8,152 | 2,818 |
| Transformation Fund | 1,470 | 1,395 | -75 | 1,772 | 1,843 | 71 |
| Covid Vaccination Programme Expenditure | 1,468 | 2,414 | 946 | 1,468 | 2,891 | 1,423 |
| Covid Vaccination Programme Reimbursement | 0 | -946 | -946 | 0 | -1,423 | -1,423 |
| **TOTAL PRIMARY CARE SERVICES** | **29,509** | **30,392** | **883** | **35,594** | **36,982** | **1,388** |
| GP Prescribing | 138,352 | 140,036 | 1,684 | 165,927 | 166,417 | 490 |
| Flu Recharge & Drug Rebates | -2,853 | -3,459 | -606 | -3,118 | -3,765 | -647 |
| Other Prescribing | 8,405 | 7,940 | -465 | 9,990 | 9,467 | -523 |
| **TOTAL PRESCRIBING** | **143,904** | **144,517** | **613** | **172,799** | **172,119** | **-679** |
| **TOTAL PRIMARY CARE** | **313,900** | **315,858** | **1,958** | **376,553** | **377,872** | **1,319** |

Appendix 2

**PRIMARY CARE COMMISSIONING - FINANCE REPORT**

**2021/22 Primary Care Position - Month 10**

| PRIMARY CARE CO-COMMISSIONING, PRIMARY CARE SERVICES & PRESCRIBING | CCG Budget | | | | Spend | | | | Variance (CCG Budget) | | | | FOT | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | CCG Budget | | | | Spend | | | | Variance (CCG Budget) | | | |
| | East | City | West | LLR | East | City | West | LLR | East | City | West | LLR | East | City | West | LLR | East | City | West | LLR | East | City | West | LLR |
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's |
| Core Contract | 26,213 | 34,570 | 30,964 | 91,747 | 26,309 | 33,842 | 30,971 | 91,121 | 96 | -729 | 7 | -626 | 31,272 | 41,898 | 37,114 | 110,283 | 31,445 | 40,637 | 37,220 | 109,302 | 173 | -1,260 | 106 | -981 |
| Dispensing | 1,354 | 151 | 1,213 | 2,718 | 1,442 | 125 | 1,201 | 2,768 | 88 | -26 | -12 | 50 | 1,627 | 227 | 1,477 | 3,332 | 1,717 | 134 | 1,409 | 3,260 | 90 | -93 | -68 | -72 |
| Enhanced Services | 525 | 514 | 565 | 1,604 | 500 | 543 | 553 | 1,596 | -26 | 29 | -12 | -9 | 651 | 624 | 679 | 1,954 | 617 | 662 | 708 | 1,986 | -34 | 38 | 29 | 33 |
| Other GP Services | 661 | 1,844 | 654 | 3,159 | 677 | 725 | 1,213 | 2,615 | 17 | -1,119 | 559 | -544 | 1,058 | 1,938 | 873 | 3,869 | 842 | 955 | 1,471 | 3,268 | -216 | -983 | 598 | -601 |
| Winter Access Fund | 1,533 | 0 | 0 | 1,533 | 214 | 295 | 263 | 772 | -1,319 | 295 | 263 | -762 | 1,961 | 0 | 0 | 1,961 | 4,767 | 0 | 0 | 4,767 | 2,806 | 0 | 0 | 2,806 |
| Winter Access Fund Reimbursement | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | -2,806 | 0 | 0 | -2,806 | -2,806 | 0 | 0 | -2,806 |
| Premises | 4,035 | 6,119 | 4,392 | 14,545 | 4,097 | 5,982 | 4,509 | 14,587 | 62 | -137 | 117 | 42 | 4,864 | 7,357 | 5,274 | 17,495 | 4,965 | 7,179 | 5,398 | 17,543 | 101 | -177 | 124 | 48 |
| QOF | 4,199 | 4,093 | 4,722 | 13,014 | 4,199 | 4,093 | 4,722 | 13,014 | 0 | 0 | 0 | 0 | 5,039 | 4,890 | 5,666 | 15,595 | 5,039 | 4,890 | 5,666 | 15,595 | 0 | 0 | 0 | 0 |
| PCN | 1,543 | 1,956 | 1,788 | 5,287 | 2,076 | 2,444 | 2,362 | 6,882 | 533 | 488 | 574 | 1,595 | 1,862 | 2,336 | 2,158 | 6,356 | 2,490 | 2,931 | 2,840 | 8,262 | 629 | 595 | 682 | 1,906 |
| Additional Roles | 2,208 | 2,417 | 2,255 | 6,880 | 2,869 | 3,032 | 2,788 | 8,689 | 662 | 615 | 533 | 1,810 | 2,265 | 2,653 | 2,398 | 7,316 | 3,712 | 4,093 | 3,850 | 11,656 | 1,447 | 1,440 | 1,453 | 4,340 |
| Additional Roles Reimbursement | 0 | 0 | 0 | 0 | -640 | -204 | -251 | -1,095 | -640 | -204 | -251 | -1,095 | 0 | 0 | 0 | 0 | -1,483 | -1,265 | -1,313 | -4,062 | -1,483 | -1,265 | -1,313 | -4,062 |
| **TOTAL CO COMMISSIONING** | **42,271** | **51,664** | **46,553** | **140,487** | **41,743** | **50,876** | **48,331** | **140,949** | **-528** | **-787** | **1,778** | **462** | **50,599** | **61,922** | **55,639** | **168,160** | **51,306** | **60,216** | **57,249** | **168,771** | **706** | **-1,705** | **1,610** | **611** |
| Community Based Services | 3,443 | 3,075 | 3,897 | 10,415 | 3,682 | 3,727 | 4,700 | 12,110 | 239 | 652 | 803 | 1,695 | 4,649 | 3,736 | 5,212 | 13,597 | 4,755 | 4,562 | 5,365 | 14,683 | 106 | 826 | 153 | 1,086 |
| GP Support Framework/ Incentives | 750 | 0 | 848 | 1,598 | 375 | 0 | 386 | 761 | -375 | 0 | -462 | -837 | 750 | 0 | 848 | 1,598 | 375 | 0 | 386 | 761 | -375 | 0 | -462 | -837 |
| GP Forward View - separate allocations | 4,601 | 1,997 | 2,092 | 8,689 | 3,627 | 2,190 | 2,049 | 7,866 | -974 | 193 | -42 | -823 | 5,283 | 2,595 | 2,477 | 10,355 | 4,754 | 2,320 | 2,285 | 9,359 | -529 | -275 | -192 | -996 |
| GP IT | 887 | 163 | 234 | 1,283 | 275 | 181 | 141 | 597 | -612 | 18 | -93 | -686 | 1,004 | 209 | 258 | 1,471 | 330 | 217 | 169 | 717 | -674 | 8 | -89 | -754 |
| Other Primary Care | 4,189 | 1,084 | -688 | 4,586 | 1,697 | 2,627 | 1,870 | 6,195 | -2,492 | 1,543 | 2,558 | 1,609 | 4,406 | 1,427 | -499 | 5,334 | 1,778 | 4,342 | 2,032 | 8,152 | -2,628 | 2,915 | 2,531 | 2,818 |
| Transformation Fund | 415 | 525 | 530 | 1,470 | 408 | 475 | 512 | 1,395 | -7 | -50 | -18 | -75 | 505 | 632 | 634 | 1,772 | 530 | 638 | 675 | 1,843 | 25 | 5 | 41 | 71 |
| Covid Vaccination Programme Expenditure | 0 | 238 | 1,230 | 1,468 | 0 | 207 | 2,206 | 2,414 | 0 | -31 | 976 | 946 | 0 | 238 | 1,230 | 1,468 | 0 | 210 | 2,681 | 2,891 | 0 | -28 | 1,451 | 1,423 |
| Covid Vaccination Programme Reimbursement | 0 | 0 | 0 | 0 | 0 | 31 | -976 | -946 | 0 | 31 | -976 | -946 | 0 | 0 | 0 | 0 | 0 | 28 | -1,451 | -1,423 | 0 | 28 | -1,451 | -1,423 |
| **TOTAL PRIMARY CARE SERVICES** | **14,285** | **7,082** | **8,142** | **29,509** | **10,064** | **9,439** | **10,889** | **30,392** | **-4,221** | **2,357** | **2,747** | **883** | **16,596** | **8,837** | **10,160** | **35,594** | **12,522** | **12,317** | **12,143** | **36,982** | **-4,074** | **3,480** | **1,982** | **1,388** |
| GP Prescribing | 43,838 | 43,990 | 50,523 | 138,352 | 44,571 | 44,377 | 51,087 | 140,036 | 733 | 387 | 564 | 1,684 | 52,622 | 52,764 | 60,541 | 165,927 | 52,950 | 52,738 | 60,729 | 166,417 | 328 | -26 | 188 | 490 |
| Flu Recharge & Drug Rebates | -1,141 | -740 | -972 | -2,853 | -1,245 | -792 | -1,423 | -3,459 | -103 | -52 | -451 | -606 | -1,162 | -950 | -1,006 | -3,118 | -1,354 | -877 | -1,534 | -3,765 | -193 | 73 | -528 | -647 |
| Other Prescribing | 2,730 | 3,037 | 2,639 | 8,405 | 2,611 | 2,711 | 2,618 | 7,940 | -119 | -325 | -21 | -465 | 3,233 | 3,570 | 3,187 | 9,990 | 3,107 | 3,215 | 3,146 | 9,467 | -126 | -355 | -41 | -523 |
| **TOTAL PRESCRIBING** | **45,427** | **46,287** | **52,189** | **143,904** | **45,938** | **46,297** | **52,282** | **144,517** | **511** | **10** | **93** | **613** | **54,693** | **55,385** | **62,721** | **172,799** | **54,702** | **55,077** | **62,341** | **172,119** | **9** | **-308** | **-381** | **-679** |
| **TOTAL PRIMARY CARE** | **101,983** | **105,032** | **106,885** | **313,900** | **97,744** | **106,612** | **111,502** | **315,858** | **-4,238** | **1,579** | **4,617** | **1,958** | **121,888** | **126,144** | **128,521** | **376,553** | **118,530** | **127,610** | **131,732** | **377,872** | **-3,358** | **1,466** | **3,211** | **1,319** |

# D

**Leicester City Clinical Commissioning Group**
**West Leicestershire Clinical Commissioning Group**
**East Leicestershire and Rutland Clinical Commissioning Group**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Name of meeting:** | Primary Care Commissioning Committee in Common | | **Date:** | 1 March 2022 | **Paper:** | **D** |
| | Public ✓ | Confidential | | | | |
| **Report title:** | **General Practice Quality - High level report** | | | | | |
| **Presented by:** | Wendy Hope, Head of Quality & Safety | | | | | |
| **Report author:** | Wendy Hope, Head of Quality & Safety<br>Amy Walker, Primary Care Quality Manager | | | | | |
| **Executive lead(s):** | Caroline Trevithick, Executive Director of Nursing, Quality and Performance | | | | | |
| **Action required:** | **Receive for information only:** | ✓ | **Progress update:** | | | |
| | **For assurance:** | | **For approval / decision:** | | | |
| **Executive summary:** | This report aims to provide the Primary Care Commissioning Committee (PCCC) with information on newly published Care Quality Commission (CQC) reports and high-level aggregated information of general practice quality concerns as discussed at the CCGs Risk Sharing Groups.<br>No CQC reports have been published since the last meeting. | | | | | |
| **Appendices:** | • None | | | | | |
| **Recommendations:** | The LLR CCGs' PCCC are asked to:<br>• **RECEIVE** and note the information contained in the report. | | | | | |
| **Report history and prior review:** | • n/a | | | | | |

| **Aligned to Strategic Objectives** | | |
|---|---|---|
| **Leicester City CCG** | **West Leicestershire CCG** | **East Leicestershire and Rutland CCG** |
| ✓ | ✓ | ✓ |

| **Implications** | |
|---|---|
| **a) Conflicts of interest:** | General Practitioners could be conflicted if their General Practice or Primary Care Network is mentioned within the report. |
| **b) Alignment to Board Assurance Framework** | Yes |

| | |
|---|---|
| **c) Resource and financial implications** | None |
| **d) Quality and patient safety implications** | As indicated within the report |
| **e) Patient and public involvement** | N/A for purpose of the report |
| **f) Equality analysis and due regard** | None |

**General Practice Quality Highlight Report**
**March 2022**

## Introduction

1. This report aims to provide the Primary Care Commissioning Committee (PCCC) with information on newly published Care Quality Commission (CQC) reports and high-level aggregated information of general practice quality concerns as discussed at the CCGs Risk Sharing Groups.

2. The report represents a point in time as there may be changes in circumstances between the writing of the report and the PCCC meeting.

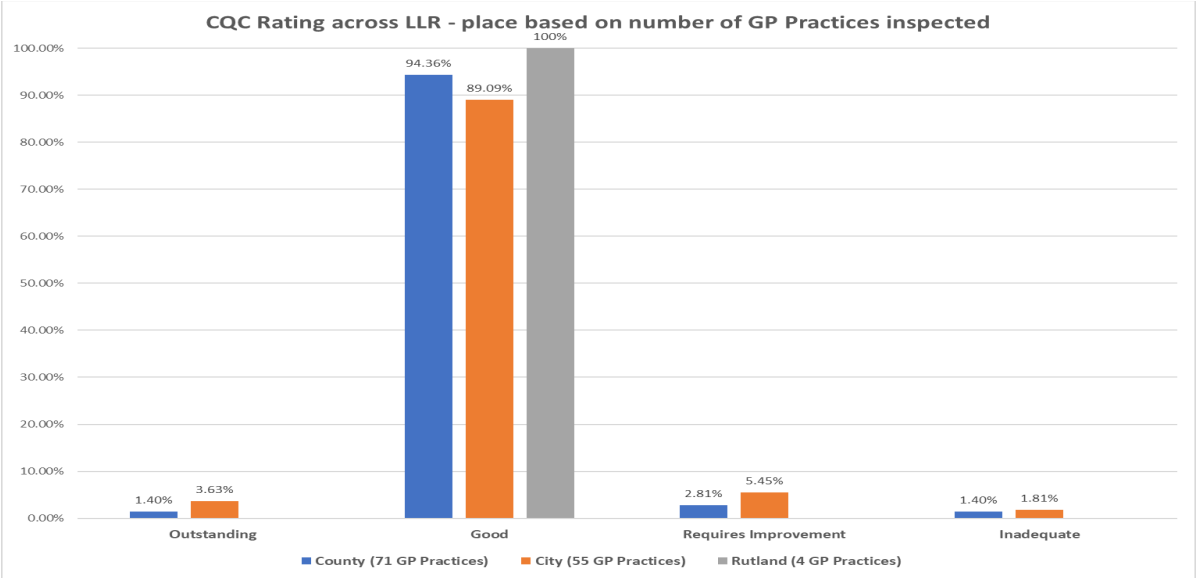
3. General practices receiving additional or enhanced support or where intelligence suggests there may be a concern, are discussed at the Risk Sharing Groups and other forums. From a quality perspective the Risk Sharing Group will monitor and follow up on agreed actions for practices it discusses.

4. Whilst this report is high level, specific practice information is discussed within confidential sections of Primary Care Commissioning Committee as required.

## Care Quality Commission

5. At the time of writing no new CQC inspection reports have been published since the last Primary Care Commissioning Committee.

6. A total of 130 LLR General Practices have received a CQC inspection. This number represents the latest reports that are available on the CQC website. The number, which includes any changes to practice locations, is not static and does fluctuate as practices are re-inspected and/or reports are archived. The overall CQC rating, at place level is indicated below.



7. The CCG teams will work with practices that require additional support to enable them to make the required improvements.

**Aggregated General Practice Information**

8. The tables below summarise the numbers of practices who are receiving additional / enhanced support and/or increased monitoring from the LLR Risk Share Group. This support can be long term as it covers a period of time to ensure any changes have been embedded into the practice.

9. There are currently 7 General Practices on the LLR GP Risk Log receiving enhanced monitoring and/or support or increased monitoring:

| **2021/22** | **February 2022** |
|---|---|
| **New** this month | 1 |
| **Closed** this month | 1 |
| **Total** number of practices on LLR Risk Log | 7 |

10. Key areas in which support, and monitoring are taking place are around:
    a. Service delivery including quality
    b. Patient experience
    c. Workforce
    d. CQC improvements

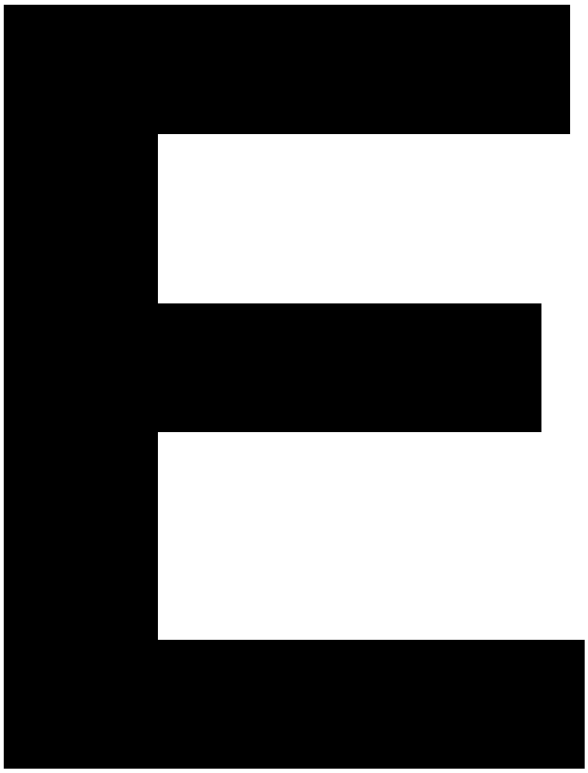
11. The CCG continues to support and monitor practices with actions arising from: CQC inspection reports and known intelligence, escalation of concerns from LLR General Practice Quality Operational Group and any other quality concerns or risks identified.

12. Any high risk concerns are reported to the LLR Risk Sharing Group and where required, are escalated to the Primary Care Commissioning Committee confidential section for discussion.

**Recommendations**

The Primary Care Commissioning Committee is asked to:

**RECEIVE** and **NOTE** the information contained in the paper.



**Leicester City Clinical Commissioning Group**
**West Leicestershire Clinical Commissioning Group**
**East Leicestershire and Rutland Clinical Commissioning Group**

| | | | | | |
|---|---|---|---|---|---|
| **Name of meeting:** | LLR CCGs' Primary Care Commissioning Committee meetings in common<br>Public ✓ \| Confidential | **Date:** | 1 March 2022 | **Paper:** | **E** |

| | | | | |
|---|---|---|---|---|
| **Report title:** | **General Practice Quality Assurance Self-Assessment Tool** | | | |
| **Presented by:** | Amy Walker, LLR Primary Care Quality Manager | | | |
| **Report author:** | Amy Walker, LLR Primary Care Quality Manager | | | |
| **Executive lead(s):** | Caroline Trevithick, Executive Director of Nursing, Quality and Performance | | | |
| **Action required:** | **Receive for information only:** | ✓ | **Progress update:** | |
| | **For assurance:** | | **For approval / decision:** | ✓ |
| **Executive summary:** | This report proposes the initiation of a General Practice Quality Assurance self-assessment tool to capture the required assurances on the quality of services delivered with primary care. | | | |
| **Appendices:** | | | | |
| **Recommendations:** | The LLR PCCC is asked to:<br>• **APPROVE** the roll out of GP Quality Assurance self-assessment tool | | | |
| **Report history and prior review:** | • Primary Care Cell<br>• LMC<br>• PM Academy<br>• N&Q SMT | | | |

| **Aligned to Strategic Objectives** | | |
|---|---|---|
| **Leicester City CCG** | **West Leicestershire CCG** | **East Leicestershire and Rutland CCG** |
| ✓ | ✓ | ✓ |

| **Implications** | |
|---|---|
| **a) Conflicts of interest:** | N/A |
| **b) Alignment to Board Assurance Framework** | Yes |
| **c) Resource and financial implications** | N/A |
| **d) Quality and patient safety implications** | As indicated within the report |
| **e) Patient and public involvement** | N/A |
| **f) Equality analysis and due regard** | None |

# General Practice Quality Assurance Self-Assessment Tool
# March 2022

## Introduction

1. From 1 April 2015 LLR CCG's assumed full responsibilities for commissioning general practice services. Therefore, NHS England require robust assurance that its statutory functions are being discharged effectively.

2. The NHS England Primary Medical Care Policy and Guidance Manual, 2021 states: (https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/)

   *'CCGs carrying out co-commissioning under delegated authority do so on behalf of NHS England. CCGs need to comply with NHS England's legal duties when doing this:*

   *4.1.13.2: The duty to act with a view to securing continuous improvement in the quality of services in health and public health services'*

3. Whilst it is recognised that most health care professionals and providers of Primary Medical Care operate to a very high standard, it is essential that commissioners have robust monitoring arrangements in place.

4. Monitoring arrangements should create a balance of support, oversight, and intervention where necessary. Furthermore, it should create a culture of openness and transparency and a vehicle to promote peer to peer improvement.

5. Whilst Practices as providers are accountable for the quality of services and are required to have their own quality monitoring processes in place, NHS England and CCGs as Commissioners have a shared responsibility for quality assurance. Through the duty of candour and the contractual relationship with Commissioners, practices are required to provide information and assurance to Commissioners and engage in system wide approaches to improving quality.

## Current Process

6. The oversight and assurance of quality within general practice is predominately managed by the Primary Care Quality Team with matrix working across I&T, Contracting and Patient Engagement teams.

7. Recently, an LLR General Practice Quality Dashboard has been developed which hosts a range of quality metrics including:

| Worksheet 1 – practice details and CCG intel | Worksheet 2 - Aligned to CQC GP Practice Inspection Indicators | Worksheet 3 - CQC outcomes |
|---|---|---|
| • Workforce details<br>• Overall QOF achievement<br>• Overall Personalised Care Adjustment (PCA) Rate<br>• Serious Incidents reported<br>• Safeguarding QMT Returns<br>• Patient complaints to NHSE & CCG<br>• Online access CQC Overall rating<br>• QOF Cervical Screening achievement points<br>• Seasonal Flu uptake – 65 and over<br>• Seasonal Flu uptake – 6 months to 65 at risk<br>• Seasonal Flu uptake – all pregnant women<br>• Summary Care Record patient sign-up % | • Management:<br>• Antibiotic Prescribing<br>• % Prescribing of Co-amoxiclav, Cephalosporins or Quinolones<br>• 3 day courses of antibiotics for uncomplicated UTI: ADQ per item<br>• % Gabapentinoid Prescribing<br>• Hypnotic Prescribing<br>• Childhood Immunisations<br>• Cervical screening<br>• Cancer detection rate<br>• QOF<br>• Patient experience survey | • CQC inspection report summary |

8. The LLR GP Quality Dashboard is used monthly to inform conversations at the LLR General Practice Quality Operational Group to understand and investigate potential quality and/or patient safety risks. The dashboard has proved extremely useful in various circumstances, for example:
    - Mapping clinical outcomes to practices with poor patient experience
    - Identifying high performing practices in service areas i.e. cytology, to enable peer to peer support within the PCN to lower performing practices managing similar population groups

9. Whilst the LLR Quality Dashboard is effective, it is limited to quantitative data and published statistics only. The Dashboard does not provide the required assurance to Commissioners, at a practice level on their self-assessed approaches to ensuring and improving the quality of services.

**Proposal**

10. It is therefore proposed to initiate an LLR General Practice Quality Assurance Self-Assessment tool. Which, upon completion will provide the practices' self-assessment on the quality of services provided and offers the opportunity for practices to ask for support or guidance in any of the quality domains.

11. Considering previous pilots in respective CCG's and feedback from PM's, GP Quality Lead and CCG Managers; an evaluation of processes has concluded the self-assessment would need to be:

    - Digitally enabled / user friendly
        - Online toolkit rather than Word Document
        - Easily accessible; no user logins
    - Concise and simplified process
        - 'QuestionPro' questionnaire to be sent out to practices annually, with potential to expand for 2022-23
        - Some questions yes/no answers – i.e. a statement of compliance
        - Some question themes/trend data
        - Opportunity to ask for CCG Specialist support in any quality domain
    - Data collated by the PCQT
        - to provide assurance to LLR GP Quality Operational Group, and/or
        - enable additional support to GP Practices
        - Data shared with CCG Specialist Leads to assist practices with required improvements, support and guidance
    - Thematic report returned to PCNs
        - for additional insight into local quality domains
        - to share peer to peer learning, best practice, policies, and processes

12. The domains of questioning, mapped to CQC Mythbusters for 21/22 would be:
    1. Incidents
    2. Complaints
    3. Infection Prevention and Control
    4. Safeguarding
    5. Staff Training and Development
    6. Quality Improvement
    7. Correspondence Management

13. Upon completion of the self-assessment, Practices can download a report of the questionnaire which can act as an internal document prompting review and continual improvement of systems. Practice can also discuss the report with their PPGs and PCNs.

14. Whilst it is recognised there are opportunities for this report to enable the sharing of good practice within PCNs, it is also acknowledged the PCN CDs are not obliged to insist practices complete the tool, nor are the PCN CDs responsible for the individual practices implementing any changes or quality improvements as a result of CCG Specialist Lead input.

15. The self-assessment tool has been developed, and shared with:
    - LLRCCG Practice Manager Representative
    - Practice Managers Academy
    - PC Cell
    - LLRCCG GP Quality Lead
    - LLRCCG CQ&P SMT

16. Feedback from relevant forums has been incorporated into the self-assessment tool. A final version was shared with PC Cell on 15.02.22 who agreed with the implementation of this tool, for approval at PCCC.

17. Although completion of this tool is not mandated within the General Practice NHS Contract, an email will be sent to all PM's and GP Partners with the expectation of completion. Practices who do not complete the tool will be contacted separately to explain the benefits and offered support in completion.

**Conclusion**

18. The initiation of an LLR General Practice Quality Assurance Self-Assessment tool would provide the required assurance to LLR CCGs on areas of quality which are not currently known. It also provides practice the opportunity to ask for support and/or guidance in any of the quality domains annually.

19. The process would enable compliance with the Quality Requirements within GMS and CBS Contracts and would bring the oversight of quality within primary care in line with other commissioned services.

20. The process will enable the sharing of General Practice intelligence internally across primary care teams i.e., GP sustainability and resilience, IPC team etc, and allows PCN themes and trends to be realised for localised improvements.

21. The process will produce a statement of compliance that practices are adhering to CQC Mythbusters in the identified domains of quality and can be shared with CQC alongside appropriate evidence.

22. This process conforms with the '*light touch, high trust'* approach of the LLR ICS.

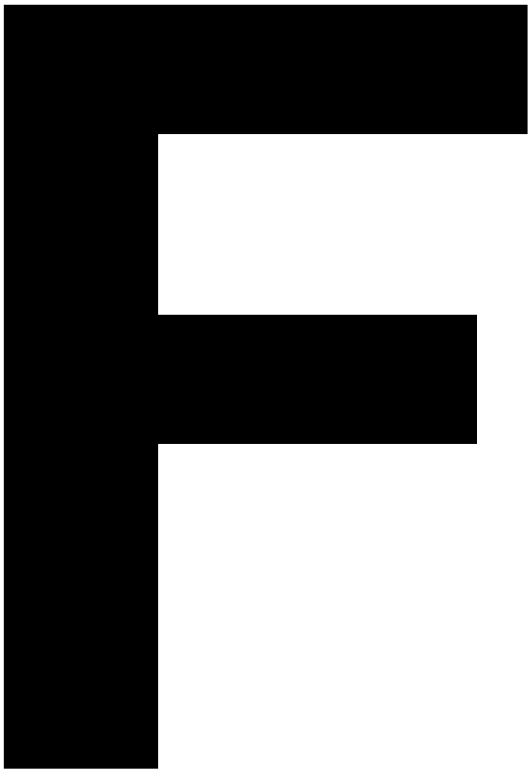
**Next Steps**

| **Plan** | **Timescale** |
|---|---|
| Comments from PC Cell | Feb 2022 |
| Work with comms team on supporting email to identify 'sell' and benefits for General Practice | Feb 2022 |
| Approval by LLR CCG PCCC | March 2022 |
| Roll-out | April 2022 |
| Reports returned to PCNs and CCG Specialist teams | June 2022 |
| Support GP Practices with quality improvement domains | June 2022 – ongoing |

**Recommendations**

The LLR Primary Care Commissioning Committee is asked to:

- **APPROVE** the roll out of GP Quality Assurance self-assessment tool



| | | | | | | |
|---|---|---|---|---|---|---|
| **Name of meeting:** | CCG Primary Care Commissioning Committee<br>Public ✓ \| Confidential | | **Date:** | 1 March 2022 | **Paper:** | **F** |
| **Report title:** | **Proposed Primary Care Premises and Estates Review Group** | | | | | |
| **Presented by:** | Sarah Prema, Executive Director Strategy and Planning, LLR CCGs | | | | | |
| **Report author:** | Jo Clinton Head of Strategy and Planning, LLR CCGs | | | | | |
| **Executive lead:** | Sarah Prema, Executive Director Strategy and Planning, LLR CCGs | | | | | |
| **Action required:** | **Receive for information only:** | | | **Progress update:** | | |
| | **For assurance:** | | | **For approval / decision:** | ✓ | |
| **Executive summary:** | 1. As part of the development of the Primary Care Estates Strategy and new strategic and operational estates management arrangements, it is proposed that a new Primary Care Premises and Estates Review Group is established.<br><br>2. Within the CCG Delegated Commissioning responsibilities, CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic primary care estates planning. The Premises and Estates Review Group, as a sub-group of the (PCCC), would oversee these responsibilities on behalf of the PCCC.<br><br>3. There is currently no formal operational group reporting to the Primary Care Commissioning Committee (PCCC) with representation from all the key directorates with responsibility for reviewing potential premises improvement/new build schemes or other related premises topics on behalf of the CCGs.<br><br>4. The review group would meet approximately three weeks prior to the PCCC and submit a regular progress report and recommendations for consideration by the PCCC.<br><br>5. The original proposal for the establishment of the Primary Care Premises and Estates Review Group was discussed at the February 2022 CCG Primary Care Committee. PCCC members made a number of comments on the Terms of Reference and this paper sets out the response to these and the final Terms of Reference approval. | | | | | |
| **Appendices:** | Appendix A; Terms of Reference<br>Appendix B: Scheme Development Process flowchart | | | | | |
| **Recommendations:** | The CCGs Primary Care Commissioning Committee is asked to:<br><br>• **APPROVE** the establishment of the Primary Care Premises and Estates Review Group.<br>• **APPROVE** the Draft terms of Reference and the supporting Scheme Development Process included in Appendix A and B. | | | | | |
| **Report history and prior review:** | • N/a | | | | | |

| Aligned to Strategic Objectives | | |
|---|---|---|
| **Leicester City CCG** | **West Leicestershire CCG** | **East Leicestershire and Rutland CCG** |
| ✓ | ✓ | ✓ |

| Implications | |
|---|---|
| **a) Conflicts of interest** | Members of the proposed group would be expected to comply with the CCGs' Conflicts of Interest Policy. The Review Group would maintain a Register of Interests. |
| **b) Alignment to Board Assurance Framework** | N/a |
| **c) Resource and financial implications** | None directly, although will support improved management of primary care revenue budgets relating to estates. |
| **d) Quality and patient safety implications** | N/a |
| **e) Patient and public involvement** | N/a |
| **f) Equality analysis and due regard** | N/a currently |

**LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs**
**PROPOSED PRIMARY CARE PREMISES AND ESTATES REVIEW GROUP**

## Introduction

1. As part of the development of the Primary Care Estates Strategy and new strategic and operational estates management arrangements, it is proposed that a new Primary Care Premises and Estates Review Group is established.

2. Within the CCG Delegated Commissioning responsibilities, CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic primary care estates planning. The Premises and Estates Review Group, as a sub-group of the (PCCC), would oversee these responsibilities on behalf of the PCCC. This would be an operational group with responsibility for making sure that Business Cases and estate proposals relating to primary care are developed sufficiently to enable the PCCC to make informed decisions on proposals.

3. There is currently no formal operational group reporting to the Primary Care Commissioning Committee (PCCC) with representation from all the key directorates and with responsibility for reviewing potential premises improvement/new build schemes or other related premises topics on behalf of the CCGs.

4. The review group would meet approximately three weeks prior to the PCCC and submit a regular progress report and recommendations for consideration by the PCCC.

5. The proposed Terms of Reference and membership are included in **Appendix A** and a supporting Scheme Development Process flowchart designed to formalise the scheme development proposal process is also included as **Appendix B**.

6. Subject to PCCC approval, the review group would be formed with immediate effect.

### Feedback from the February 2022 PCCC

7. The following sets out the comments made by the PCCC on the Terms of Reference at the February 2022 meeting and the response**.**

| **Comment** | **Response** |
|---|---|
| We should not look at Primary Care Estate in isolation and have one group looking at estates across the system. | The proposed Primary Care Premises and Estates Review Group is designed to be an operational group to ensure that proposals in relation to primary care estate are sufficiently developed and robust to enable the PCCC to make informed decisions.<br><br>System strategic estates development takes place in the LLR Estates Group which brings |

| | |
|---|---|
| | partners together to strategically plan the estate across LLR.<br><br>There is commonality in membership across the two groups with the Head of Strategic Estates and the Executive Director Strategy and Planning being on both groups to provide a read across to both agendas and workplans.<br><br>Given the groups are focused on different agendas it seems sensible to keep the two groups separate. Acknowledging that due to membership there will be the opportunity for cross working between the two groups.<br><br>In developing proposals for estate solutions, we will work with practices to consider a range of options including partner estate and void space. |
| There was little mention of the ICS in the Terms of Reference | This has now been added. |
| There could be a gap in clinical input to group | The clinical input for the group will be provided by the Clinical Lead for Finance, Contracting and Estates. It is acknowledged that this person may not be in post for the initial meetings of the Primary Care Premises and Estates Review Group. Therefore, clinical input will be drawn from the PCCC GP Board members in the interim period. |
| There should be a stronger link to HEE | This has now been reflected in the Terms of Reference |
| Terms of Reference should include the ability to bring in other professionals as and when required such as Infection and Control | This has now been reflected in the terms of Reference |
| PCNs should be represented on the group | This is an operational group which is ensuring that proposals and business cases are sufficiently developed and robust to be presented to PCCC.<br><br>The clinical input to support this operational group is being drawn from the ICS allocated clinical sessions (Clinical Lead for Finance, Contracting and Estate) for which funding is available.<br><br>As proposals are developed we will work with both practices and where appropriate PCNs to |

| | |
|---|---|
| | make sure any solutions take account of wider needs and are robust. |
| Place based representation would be useful | This is an operational group which is ensuring that proposals and business cases are sufficiently developed and robust to be presented to PCCC. The Integration and Transformation Directorate are members of the group and they have links back to place.<br><br>As proposals are developed we will consider place requirements and opportunities.<br><br>The group is not making strategic recommendations or decisions where place representation may want to have an input. This will be done as now through the PCCC. |
| Terms of Reference should make reference to Health Inequalities | This is now reflected in the Terms of Reference. |

## Recommendations

The Primary Care Commissioning Committee is asked to:

- **APPROVE** the establishment of the Primary Care Premises and Estates Review Group.
- **APPROVE** the Terms of Reference and the supporting Scheme Development Process included in Appendix A and B below.

**Jo Clinton**
**Head of Strategy and Planning**
**LLR CCGs**
**January 2022**

# Appendix A

# LEICESTER, LEICESTERSHIRE, AND RUTLAND CCGs
# PREMISES AND ESTATES REVIEW GROUP

# TERMS OF REFERENCE

**Rationale**

As part of the CCGs Delegated Commissioning responsibilities, the CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic estates planning. The Premises and Estates Review Group, as a sub-group of the Primary Care Commissioning Committee (PCCC), has been established to oversee these responsibilities.

While the group is focused on primary care estate proposals it needs to take into account the wider context of the estate in the LLR Integrated Care System and the priorities of the ICS.

**Purpose**

The CCGs Premises and Estates Review Group has been established to review potential premises improvement and new build schemes on behalf of the CCGs. The purpose of the group is to:

- Ensure that primary care estate proposals and Business Cases are sufficiently robust and developed to enable the PCCC to make an informed decision.
- To make recommendations to the Primary Care Commissioning Committee on Business Cases and primary care related proposals.
- Implement and comply with NHS England's polices and guidance in relation to recommending approval and funding of Primary Care developments.
- Ensure value for money in Primary Care premises developments and ensure revenue implications are clearly and accurately captured and reported.
- Ensure alignment with, and support to, the development of the Primary Care Strategy, in relation to services and premises developments.
- Programme manage the CCGs Primary Care Premises Development Programme with the strategic direction being set by the PCCC.
- Ensure there are strong links with Education Health England in relation to primary care premises requirements.
- Ensure any proposals or Business Cases sufficiently considers health inequalities.

**Objectives**

The CCGs Premises and Estates Review Group is expected to:

- Ensure compliance with NHS England & NHS Improvement scheme development and approval processes.
- Receive and review contractor proposals from premises developments and consider them in line with the approved process.
- Review and make recommendations to the Primary Care Commissioning Committee in

relation to all applications for funding received under 'The National Health Service (General Medical Services – Premises Costs) Directions 2013 (or successor directions once agreed and implemented).

- Review all GP premises rent reviews and lease requirements.
- Make recommendations to and advise the Primary Care Commissioning Committee on all primary care premises matters.
- Consult effectively with other groups and professionals to support robust decision making.
- Ensure digital and telephony infrastructure requirements are captured and shared with relevant stakeholders where additional or new investment is required.
- Ensure primary care facilities are considered in the planning of major housing developments and to engage and liaise in a coordinated way to input into these planning processes.
- Communicate effectively and be responsive to stakeholders in relation to premises developments.
- Consider all applications in the context of strategic fit to the CCGs' Primary Care Estates Strategy.

**Membership of the Group**

Membership is as follows:

| **Role** | **Organisation** |
|---|---|
| Executive Director Strategy and Planning (Chair) | LLR CCGs |
| Strategic Head of Estates (Vice Chair) | LLR CCGs |
| Heads of Strategy and Planning x 2 | LLR CCG |
| Clinical Lead for Finance, Procurement and Estates | LLR CCGs |
| Assistant Director of Contracts and Procurement | LLR CCGs |
| Senior Contracts Manager – Primary Care | LLR CCGs |
| Heads of Integration and Transformation x 2 | LLR CCGs |
| Senior Estates Strategy Manager – Primary Care | NHSEI |
| Primary Care Business Partner - Finance | LLR CCGs |

Depending on the agenda other individuals from NHSEI, NHS Property Services, CHP, the CCGs, the LMC, Health Education England and other public sector organisations may be invited to attend to provide their professional input and expertise.

**Quorum**

A Quorum shall be representation of the Chair [or Vice Chair] and a member or deputy from each of the Strategy and Planning, Contracts and Procurement, Integration and Transformation and Finance directorates. Attendance can be through either physical presence or via teleconference facilities.

**Attendance**

Representatives must strive to attend all meetings. If members cannot attend, they must designate an appropriate deputy in their absence.

**Frequency**

The Review Group will meet monthly as a minimum, three weeks prior to the Primary Care Commissioning Committee meetings, or more frequently where the business of the group dictates this.

**Standing Agenda**

1. Apologies for absence
2. Declarations of Interest
3. Overview of Pipeline Schemes/Action Log
4. Schemes for review:

   Stage 0: Proposed schemes for early determination
   Stage 1a: Project Initiation Documents
   Stage 2b: Strategic Outline Cases
   Stage 3: Outline Business Cases
   Stage 4: Full Business Case

5. Rent Reviews
6. Section 106/CIL management systems
7. Any Other Business
8. Date of next meeting.

**Authority**

The CCGs Premises and Estates Review Group is authorised by the CCGs Primary Care Commissioning Committee to investigate any activity within its Terms of Reference.

**Reporting**

The Review Group will prepare an overview report summarising the work of the Group and any recommendations required for presentation to the Primary Care Commissioning Committee.

The minutes of the CCGs Premises and Estates Review Group will be formally recorded by the administrative support for the Group and be available to the Primary Care Commissioning Committee.

**Confidential / Sensitive Items**

Confidentiality should be maintained at all times. If there is a need to hold confidential discussions which are commercially sensitive, a Part 2 Agenda will be prepared, and minuted

separately.

**Administration and Other issues**

The Strategy and Planning Directorate will administratively support the CCGs Premises and Estates Review Group.

Agendas and papers for meetings will be circulated up to 5 days in advance of the meeting. All agenda items must be submitted to the meeting administrator one week in advance of the meeting.

Letters informing the applicants of the decision of the group will be produced by the Admin Support based on agreed letter templates.

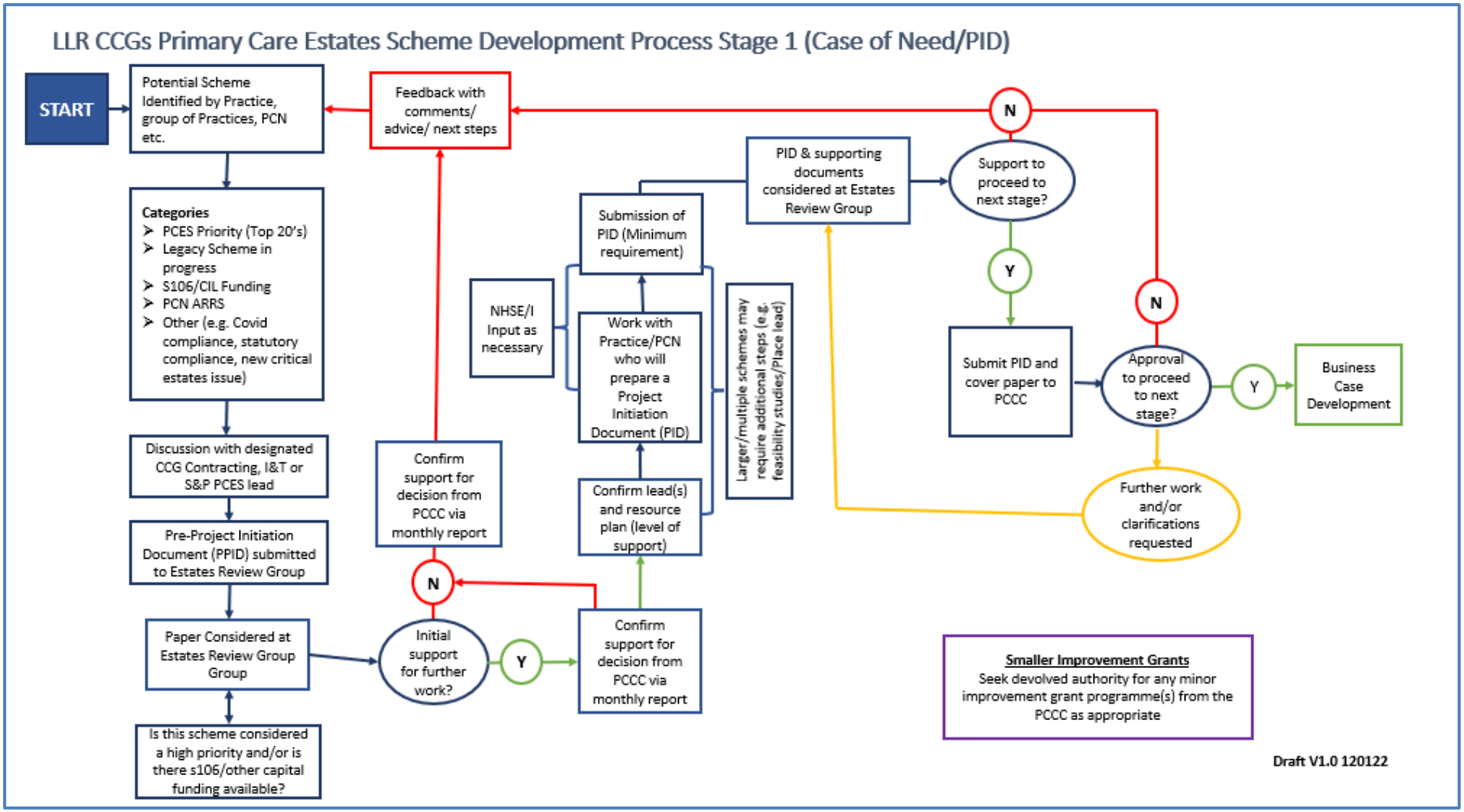
**Conflicts of Interests**

Members of the Premises and Estates Review Group will comply with the CCGs' Conflicts of Interest Policy. The Review Group will maintain a Register of Interests.

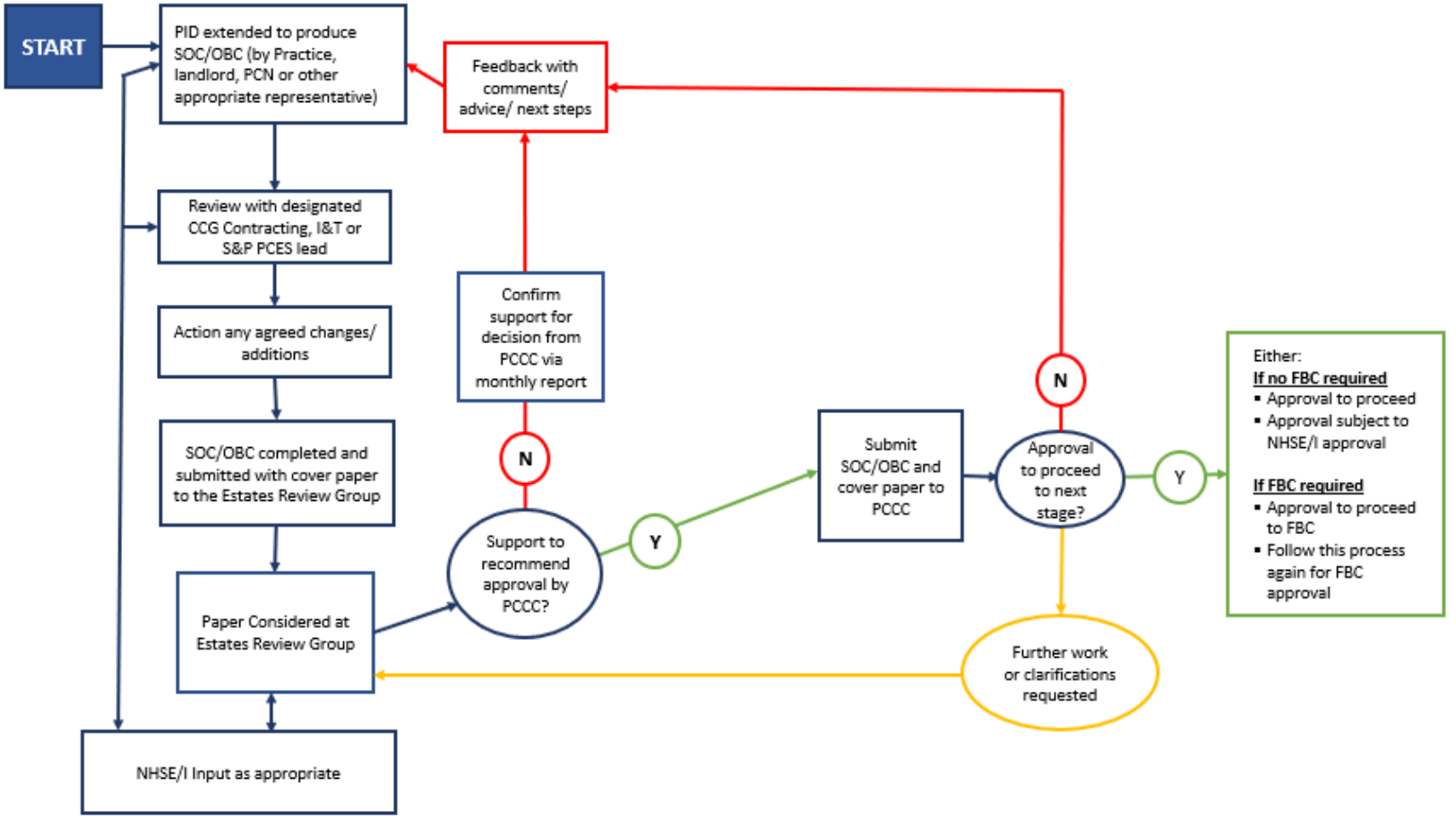
**Evaluation and Review**

The outcomes of the CCGs Premises and Estates Review Group will be evaluated regularly and will inform an annual review of the Terms of Reference.

# Appendix B


LLR CCGs Primary Care Estates Scheme Development Process Stage 1 (Case of Need/PID)
START
Potential Scheme Identified by Practice, group of Practices, PCN etc.
Feedback with comments/ advice/ next steps
Categories
PCES Priority (Top 20's)
Legacy Scheme in progress
S106/CIL Funding
PCN ARRS
Other (e.g. Covid compliance, statutory compliance, new critical estates issue)
Discussion with designated CCG Contracting, I&T or S&P PCES lead
Pre-Project Initiation Document (PPID) submitted to Estates Review Group
Paper Considered at Estates Review Group Group
Is this scheme considered a high priority and/or is there s106/other capital funding available?
Initial support for further work?
N
Y
Confirm support for decision from PCCC via monthly report
Confirm support for decision from PCCC via monthly report
Confirm lead(s) and resource plan (level of support)
Work with Practice/PCN who will prepare a Project Initiation Document (PID)
Submission of PID (Minimum requirement)
NHSE/I Input as necessary
Larger/multiple schemes may require additional steps (e.g. feasibility studies/Place lead)
PID & supporting documents considered at Estates Review Group
Support to proceed to next stage?
N
Y
Submit PID and cover paper to PCCC
Approval to proceed to next stage?
N
Y
Business Case Development
Further work and/or clarifications requested
Smaller Improvement Grants
Seek devolved authority for any minor improvement grant programme(s) from the PCCC as appropriate
Draft V1.0 120122

## LLR CCGs Primary Care Estates Scheme Development Process Stage 2 (Business Case Development & Approvals)



| | | | | | |
|---|---|---|---|---|---|
| **Name of meeting:** | Primary Care Commissioning Committee<br>Public ✓ \| Confidential | **Date:** | 1 March 2022 | **Paper:** | **G** |
| **Report title:** | **GP Appointment Baseline Proposal** | | | | |
| **Presented by:** | Sarah Smith – Head of Transformation (Access) | | | | |
| **Report author:** | Seema Gaj – Integration & Transformation Manager<br>Sarah Smith – Head of Transformation | | | | |
| **Executive lead:** | Rachna Vyas – Executive Director of Integration & Transformation | | | | |
| **Action required:** | **Receive for information only:** | - | **Progress update:** | - | |
| | **For assurance:** | - | **For approval / decision:** | X | |
| **Executive summary:** | The LLR GP Access Task and Finish Group was established to understand the wider ask of general practice and design a way forward to describe and promote safe and quality care. Primary Care providers need to be able to articulate their overall activity demand in the same way that all other LLR providers already have established processes for. This work is the first stage of a phased approach to articulating capacity and demand across the different clinical aspects of the wider primary care offer. | | | | |
| **Appendices:** | Appendix A – References | | | | |
| **Recommendations:** | The Primary Care Commissioning Committee is asked to:<br>• **NOTE** the proposal submitted and the engagement undertaken<br>• **SUPPORT** the proposal for recommendation to all LLR GP practices | | | | |
| **Report history and prior review:** | Below is the full engagement and support for the final recommendation:<br>10/02/2022 PC Cell meeting (supported)<br>16/02/2022 Deputies meeting (supported)<br>17/02/2022 Primary Care Transformation Board (supported)<br>21/02/2022 Executive Management Team meeting (supported)<br>22/02/2022 Clinical Reference Group meeting (supported)<br>23/02/2022 Clinical Directors meeting (supported)<br>01/02/2022 Primary Care Commissioning Committee meeting<br>03/03/2022 LMC meeting | | | | |

| **Aligned to Strategic Objectives** | | |
|---|---|---|
| **Leicester City CCG** | **West Leicestershire CCG** | **East Leicestershire and Rutland CCG** |
| ✓ | ✓ | ✓ |

| **Implications** | |
|---|---|
| **a) Conflicts of interest:** | The task & finish group membership as included 4-5 regular GP attendees, all of whom are conflicted as are active GP practice providers.<br>The group has undertaken its duty as a sub-group of the System Primary Care Cell, and now reports to the Primary Care Transformation Board. |

| | |
|---|---|
| **b) Alignment to Board Assurance Framework** | LLR BAF 05 - Quality of care provided by primary care<br>LLR BAF 12 - Impact on Primary Care Resilience – workforce, estates, IT and PPE |
| **c) Resource and financial implications** | Not applicable – GMS Core Contract funding |
| **d) Quality and patient safety implications** | Increasing parity of access for all LLR patients will have a positive impact on the overall quality of primary care delivery across the System. |
| **e) Patient and public involvement** | Not applicable – no changes to delivery of GMS Core Contract requirements. |
| **f) Equality analysis and due regard** | Not applicable – no changes to delivery of GMS Core Contract requirements. |

## 1. Purpose

1.1. The LLR GP Access Task and Finish Group was established to understand the wider ask of general practice and design a way forward to describe and promote safe and quality care. Primary Care providers need to be able to articulate their overall activity demand in the same way that all other LLR providers already have established processes for. This work is the first stage of a phased approach to articulating capacity and demand across the different clinical aspects of the wider primary care offer. Membership has comprised Strategic Clinical Directors, Practice Managers, CCG Integration & Transformation Team managers, and MLCSU analyst support.

1.2. Phase One of the task and finish group, as a sub-group of the Primary Care Cell, was asked to;

- Articulate safe workload levels to deliver high quality care and access within general practice.
- Describe a set of metrics to regularly capture real time data in general practice aimed to reflect workload.
- Provide recommendations to effectively communicate demand and capacity to the wider system.

## 2. Background

### National Context

2.1. A variety of research has been identified and discussed at length. However, it should be noted that all of this is pre-pandemic and therefore does not address the impact of more recent support from initiatives such as the Additional Roles Reimbursement Scheme and the Impact & Investment Fund.

2.2. Kings Fund research describes the challenge for general practice as workload has increased in recent years but has not been matched by growth in workforce. This is compounded by the work becoming more complex, contributed to by an ageing population, increasing numbers of patients with complex co-morbidities, initiatives to move care from hospitals to the community, and rising public expectations. GP practices are finding it increasingly difficult to recruit and retain clinical staff to match the growing demand and remain responsible to deliver a safe service.

2.3. Research has noted that patient consultations generate increasing administrative work that may have to be done outside of the scheduled appointment time. This includes enhanced data entry, diagnostics requests and record-keeping; data for QOF and other initiatives; referrals to community and secondary care, and the subsequent document management related to those referrals.

2.4. The definition of ‘safe’ working practices will vary according to the structure of each GP practice, recognising its practice population, staffing and suitability of practice estate.

**LLR Position**

2.5. Due to the impact of the pandemic, general practices in Leicester, Leicestershire and Rutland have seen an increase in the volume of patients requiring an appointment, managing the backlog of planned/unplanned appointments and on-going shortage and difficulty in recruitment of clinical staff. This discrepancy between demand and capacity has created a significant knock-on effect for patients and it also impacts on partners in the health and social care system.

2.6. The table below illustrates the total number of Same Day appointments and Total appointments for all Leicester Leicestershire and Rutland GP Practices during 2019 to 2021. For same day appointments the average appointments a day are 1,676 and for Total appointments the average is 4,054. The data suggests that during the pandemic, appointments were maintained however, these included more telephone triage compared to face to face. By November 2021, the average number of appointments for both Same Day and Total appointments increased to over 120%.

| | Total Same Day | Average | Total Appts | Average |
|---|---|---|---|---|
| **Jan-19** | 232,356 | 1,721 | 558,42 | 4,136 |
| **Dec-19** | 220,771 | 1,672 | 497,589 | 3,769 |
| **Jan-20** | 473,117 | 1,792 | 1,088,776 | 4,108 |
| **Dec-20** | 220,130 | 1,667 | 482,583 | 3,655 |
| **Jan-21** | 220,185 | 1,655 | 485,950 | 3,653 |
| **Nov-21** | 277,472 | 2,102 | 660,827 | 5,006 |

## 3. Task and Finish Group Recommendations

3.1. Establishment of a baseline at individual GP practice level at a minimum of 75 patient clinical contacts per week per '000 registered population per week. Calculations will exclude patient contacts provided by:

- Phlebotomist
- Health Care Assistant (basic duties only)
- Health Visitor
- Midwife
- staff employed by other providers

3.2. GP practices already offering over and above this minimum standard should continue to maintain their service offer. GP practices who struggle to achieve this minimum standard may seek support from CCG colleagues.

3.3. The recommendation of a minimum standard supports benchmarking where struggling practices may look to colleagues' practices of comparable size and demographic profile to understand how they structure their access offer.

3.4. Evolution of the methods of assessing capacity and demand. We will take consideration of other variables such as population health management, prevalence of use of other services such as ED, approach to managing health inequalities, results

of patient surveys, triangulation with Quality and Contracts colleagues. This information will be combined to develop a Quality Improvement & Assurance Dashboard for review at the Primary Care Transformation Board monthly.

3.5. Use of GPAD data to inform discussions with partners in health and social care on the level of demand and capacity experienced to remain clinically safe and sustainable providing quality care. This will form a part of the PCN Development Group agenda.

## 4. Recommendations

The Primary Care Commissioning Committee is asked to

- **NOTE** the proposal submitted and the engagement undertaken.
- **SUPPORT** the proposal for recommendation to all LLR GP practices.

**Appendix A – References**

Hobbs F, Bankhead C, Mukhtar T, Stevens S, Perera-Salazar R, Holt T, Salisbury C (2016). 'Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14'. The Lancet, 5 April online. Available at: www.thelancet.com/journals/lancet/article/ PIIS0140-6736(16)00620-6/abstract

2021 saw an unprecedented number of GP appointments, reveals latest data
Publication date: 27 January 2022 https://www.rcgp.org.uk/about-us/news/2022/january/gp-appointments.aspx

Controlling workload in general practice strategy https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/controlling-workload-in-general-practice-strategy

Appointments to patients ratio: A complicated matter, November 16, 2017 by Practice Index in GP Practice Management, Patient ratio https://practiceindex.co.uk/gp/blog/appointments-patients-ratio-complicated-matter/

https://www.pulsetoday.co.uk/news/workload/number-of-registered-patients-per-gp-rises-to-almost-2100/

https://www.gponline.com/map-parts-england-patients-per-gp/article/1667316
https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf

https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-1.pdf
https://www1.racgp.org.au/newsgp/clinical/doctors-and-the-effects-of-decision-fatigue
https://bjgplife.com/2020/06/02/decision-fatigue-why-less-is-more-when-making-choices-with-patients/

https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-1.pdf
Workload Control in General Practice quantifies safe in relation to the number and complexity of contacts.