NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	Primary Care Commissioning Committee	Date	Tuesday 5 July 2016
Meeting No.	18.	Time	2:00pm – 3:00pm
Chair	Mr Clive Wood ELR CCG Deputy Chair and Chair of the Committee	Venue / Location	Guthlaxton Meeting Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/16/72	Welcome and Introductions		Clive Wood		2:00pm
PC/16/73	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/16/74	Apologies for Absences • Carmel O'Brien • Dr Andy Ker	To receive	Clive Wood		
PC/16/75	Declarations of Interest on Agenda items	To receive	Clive Wood		2:05pm
PC/16/76	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 7 June 2016	To approve	Clive Wood	**A**	2:10pm
PC/16/77	To Receive Actions and Matters Arising following the meeting held on 7 June 2016	To receive	Clive Wood	**B**	
PRIMARY CARE FINANCE REPORT					
PC/16/81	Primary Care Co-Commissioning Finance Report 2016-17: Month 2 (May 2016)	To receive	Donna Enoux	**C**	2:15pm
OPERATIONAL ISSUES					
PC/16/80	Latham House Medical Practice: Proposed Service Changes – Update	To receive	Tim Sacks	**D**	2:30pm
QUALITY AND PATIENT SAFETY					
PC/16/81	CQC Report: • Wycliffe Medical Practice	To receive	Tim Sacks	**E**	2:45pm

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
SUB-GROUP REPORTING					
PC/16/82	Primary Care Delivery Group: Summary Report - June 2016	To receive	Tim Sacks	**F**	2:50pm
ANY OTHER BUSINESS					
PC/16/83		To receive	Clive Wood	**Verbal**	2:55pm
DATE OF NEXT MEETING					
PC/16/84	**Date of next meeting:** Tuesday 2 August 2016, 2:00pm – 5:00pm, **Gartree Meeting Room**, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood		

A

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Commissioning Committee held on Tuesday 7 June 2016 at 2:00pm, Guthlaxton Meeting Room, ELR CCG, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Lay Member (Chair of the Committee)
Mr Tim Sacks	Chief Operating Officer
Mrs Donna Enoux	Chief Finance Officer (up until item PC/16/50)
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)
Dr Andy Ker	Clinical Vice Chair
Dr Tabitha Randell	Secondary Care Clinician (and Clinical Vice Chair)

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs, ELR CCG
Ms Caroline Goulding	Senior Contract Manager, NHS England / ELR CCG
Mr Colin Groom	Deputy Chief Finance Officer (from item PC/16/66 onwards)
Ms Kiran Loi	Public Health Specialty Registrar
Mrs Sapna Patel	Senior Primary Care & Non-Acute Commissioning Accountant (from item PC/16/66 onwards)
Ms Claire Deare	Development Manager, Leicester, Leicestershire and Rutland Local Medical Committee
Ms Jenifer Fenelon	Healthwatch Rutland
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

Members of the Public:

Dr Christopher David Goes	GP Trainee, Public Health
Dr Sach Hirani	GP, Latham House Medical Practice (for item PC/16/65 only)

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/55	**Welcome and Introductions** Mr Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC), in particular, Dr Goes, Dr Hirani and Dr Randell (who has been appointed as Vice Chair as of 7 June 2016) of the PCCC. This was followed by introductions by all present.	
PC/16/56	**To receive questions from the Public in relation to items on the agenda** In response to Mr Wood's request for questions from the Public in relation to items on the agenda; Dr Hirani confirmed he was attending in relation to Item PC/16/65 (Latham House Medical Practice: Proposed Service Changes) and did not have any questions for the Committee. However, in addition to this item, Dr Hirani stated the Practice had also emailed Dr	

	Richard Palin, Chair of the CCG, which has not been included with the report. Mr Wood confirmed receipt of the email and was happy with its content; however, had not shared this with the Committee in the absence of consent from the Practice. Dr Hirani appreciated the comments made and provided verbal consent for the email from the Practice to be shared with members of the Committee. **Mr Wood thanked Dr Hirani and agreed to share the email from the Practice to Dr Palin with members of the Committee.**	**Clive Wood / Tim Sacks**
PC/16/57	**Apologies for Absence:** • Mrs Carmel O'Brien Chief Nurse and Quality Officer Dr Nick Glover GP, Blaby and Lutterworth Locality Lead Ms Sue Staples, Healthwatch Leicestershire; • Dr Vivek Varakantam GP, Oadby and Wigston Locality Lead • Dr Saqib Anwar, Leicestershire and Rutland Local Medical Committee.	
PC/16/58	**Declarations of Interest** All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise, with particular reference to the following items on the agenda: Ms Deare declared an interest in relation to all GP Practices as the Local Medical Committee (LMC) generally supports all Practices; as well as the following agenda items: • **PC/16/62 - Kingsway Surgery: List Application Closure** The LMC provides pastoral support to their Practice Manager at the Kingsway Surgery. • **PC/16/65 – Latham House Medical Practice: Proposed Service Changes** Ms Deare has been involved in discussions and advised the Practice in relation to the proposed service changes at the Latham House Medical Practice.	
PC/16/59	**To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 3 May 2016 (Paper A)** The minutes of the meeting held on Tuesday 3 May 2016 were approved as an accurate reflection of the meeting, subject to the following area for clarification: • **Page 5, paragraph 1 (PC/16/47: Asylum Dispersal in South Wigston: Commissioning Options)**	

DRAFT

	"Mr Barrett confirmed the asylum service could be provided from Charles*berry* House…" and not Charlesbury House as stated. It was **RESOLVED** to: • **APPROVE** the minutes of the last meeting as an accurate record, subject to the above amendment.	
PC/16/60	**To Receive Matters Arising following the meeting held on 3 May 2016 (Paper B)** The revised matters arising following the meeting held on Tuesday 3 May 2016 were received, with the following updates noted: • **PC/15/35 - 7 Day Services in Primary Care: Pilot Update (including AVS), April 2016** Mr Barrett confirmed there has been a slight delay from the Practices involved with the pilot programme and information in relation to the financial values and public health data are in the process of being collated, which will form part of the broader quality evaluation of the service. It was agreed for an update to be presented to the Committee in July 2016, following completion of the pilot programme in June 2016. In addition, Dr Ker informed the Committee that for the first time, the CCG has performed above the target for avoiding admissions, linked to the BCF workstreams this was highlighted from the integration executive. • **PC/16/47: Asylum Dispersal in South Wigston: Commissioning Options** See agenda item PC/16/63 below. It was **RESOLVED** to: • **RECEIVE** the matters arising.	
PC/16/65	**Latham House Medical Practices: Proposed Service Changes (Paper G)** Mr Sacks presented this report, which provided a detailed review following correspondence received from the Latham House Medical Practice (LHMP) in relation to serving notice on proposed services following a loss of proportional Primary Medical Services funding through national circumstances. Mr Sacks felt it was important for the Committee to be informed and aware of the background to the Practice, which	

DRAFT

was summarised as follows:

- The LHMP is the CCG's largest member practice; providing medical care for over 37k patients; and more than 20 GP Partners;
- The Practice moved to a Primary Medical Service Contract in the 2000's; under which, it received 'premium monies' for reinvestment in primary care services that were over and above the core General Medical Services (GMS) contract. For LHMP, this equated to almost £1m additional funding per annum;
- In March 2015, the LHMP reverted to a GMS contract in response to a national policy change affecting all PMS contract holders; and had two options (1: submit a business case to NHS England / the CCG to illustrate why they should keep the monies; 2: to return the premium over a five year period). The LHMP chose not to bid for the monies and agreed to an incremental reduction in annual funding until April 2021.
- In February 2016, the Practice informed the CCG that the previous funding changes agreed meant certain services would either stop, or change; namely, internal referrals, complex care wound clinics and complex INR cases;
- No consultation has been undertaken with patients during the year since and since the funding changes were agreed.

The national process for PMS funding has affected 15 ELR Practices. The CCG is required to reinvest this funding across all 32 of its Practices; and that reinvestment (as outlined in section 16 of the report), will provide an equitable and enhanced service to all patients across ELR, which the LHMP will be part of over the next 5 years.

It was noted that the Practice has always been at the forefront of new initiatives, both locally and nationally, engaging and innovative. However, the CCG has considered the proposal and the impact of potential changes; and is currently in negotiation with the Practice to ensure patients are not adversely affected. As the CCG is strongly committed to ensuring care is available closer to home; the following response was provided in relation to the proposed changes (sections 20-36 of the report):

- **Internal Referral Service (referring a patient to another GP with the practice who has a specialist interest):**
  This service was decommissioned by LCR PCT in April

DRAFT

	2012 and the funding stopped at the time, however, the Practice has chosen to redirect funding to for this services to be continued, despite its formal decommissioning in 2012. The provision of internal referrals is common within ELR CCG Practices, however, not specifically commissioned or funded by the CCG. Patients do also have the choice of a specialist appointment locally (e.g. Melton or Oakham hospitals); and in an acute hospital (e.g. Leicester, Peterborough, Grantham or Nottingham). • **Complex Wound Clinics:** This service has been provided by LHMP for many years and therefore, not been a need to commission a further service for patients in Melton Mowbray and surrounding areas. In light of the Practice's decision to stop this service, the CCG has worked with the Leicestershire Partnership NHS Trust (LPT) to set up a service for patients in Melton. LPT currently provide this serviced for patients across the remaining CCG practices. • **Complex INR Service (patients who are prescribed Warfarin):** The CCG commissions this service for all 32 Practices at a cost of £1.4m per annum to support community based care; of which the LHMP receives a proportion that is separate to the 'premium monies.' This includes both stable and unstable patients; the LHMP have informed the CCG that all unstable patients will be referred to the University Hospitals of Leicester (UHL) NHS Trust, which will be a minor number of cases. The CCG is working with all 32 Practices to remodel the INR service so more patients can be looked after locally and out of a hospital setting, where appropriate. In summary, Mr Sacks informed the Committee that the CCG has considered the proposals carefully and noted it is very difficult for any organisation to have a reduction in income. However, patients will continue to have access to appropriate clinical services locally. In response to Dr Ker's query regarding the number of referrals into the INR service, Mr Sacks confirmed the number of patients was not known.	

DRAFT

	Ms Deare confirmed a very tight timescale was provided at the time of the change from a PMS contract to a GMS contract in March 2015; with no clear guidance provided by NHS England. Both the Practice and the Local Medical Committee would welcome the opportunity to discuss the proposed changes in further detail; in a more informal setting. Mr Sacks noted and agreed the timescales were tight, however confirmed the Practice had not raised the issue for almost a year after the funding changes were, which makes it even more difficult to take action. In addition, Ms Deare referred to section 14 of the report, which states the Practice are in receipt of £560k of NHS funding for 2016-17 to provide services over and above the core contract terms; hence further conversations are required to review and understand the evidence. **Mr Wood welcomed further discussions between the CCG and the Practice in a more private forum.** It was **RESOLVED** to: • **RECEIVE** the report.	**Tim Sacks**
PC/16/61	**Review of Primary Care Commissioning Committee Terms of Reference - Membership (Paper C)** Mr Wood confirmed the Terms of Reference for the Committee have been under review, which was timely in relation to his appointment to the CCG. Mrs Bains informed the Committee that during the review of the Terms of Reference for the Committee, it was felt that the membership of the Committee is enhanced with the addition of the CCG's Secondary Care Clinician, Dr Tabitha Randell: • as a voting (and Executive) member, where GPs cannot vote or are conflicted; • as the Vice Chair of the Committee to support the Chief Operating Officer in his role; • to bring an independent clinical view to the decisions being considered by the Committee; • who is not directly conflicted in primary care commissioning matters. The proposed change in membership, which is highlighted in red text within Appendix 1, supports the guidance published by NHS England to ensure the lay and executive members remain in the majority for this Committee. It also strengthens the Committee's responsibility to hold the Executives to account. Mr Wood thanked Mrs Bains and the Corporate Affairs Team	

DRAFT

	for the review of the Terms of Reference. Dr Ker queried whether a Secondary Care Clinician has also been included within the membership of other CCG's Primary Care Commissioning Committees. Mrs Bains confirmed a scoping exercise had not been undertaken to that effect, and the arrangements proposed, meet the requirements of the ELR CCG. However, Mr Sacks confirmed that both Leicester City CCG and West Leicestershire CCG include all their Executive Team on their Primary Care Commissioning Committee. Mr Barrett queried whether Practice Managers were included within the membership of the Committee in a non-voting capacity. Mr Wood recalled this was discussed a few meetings ago, where it was felt that the CCG wanted to engage more with Practice Managers; and a representative could support. Mrs Bains confirmed this was an accurate reflection, however, a way forward may not have been agreed. Mr Barret confirmed this would be welcomed by the Practice Manager's Forum as this would support their engagement and involvement with the CCG. Mrs Bains confirmed a Practice Manager could attend the Committee; in Public, as a non-member. In response to Mr Wood's query in relation to additional costs for the inclusion of a Practice Manager representative, Mr Barrett confirmed two Practice Managers have been employed as part of the primary care agenda, who would be non-members in attendance. Mrs Enoux confirmed no additional costs would be incurred. **It was agreed for Mrs Bains to update the Terms of Reference to include Practice Manager representation, and forward a final version to Mr Wood.** It was **RESOLVED** to: • **APPROVE** the Terms of Reference, subject to the above inclusions.	 **Daljit Bains**
PC/16/62	**Kingsway Surgery: List Application Closure (Paper D)** Mrs Goulding presented this report, which provides information in relation to the Kingsway who have submitted an application to temporarily close their practice list for the next six months (i.e. June – November 2016). As at 1 April 2016, the Practice had a list size of 11,064 patients.	

DRAFT

	The nearest Practices to the Surgery within the ELR CCG boundary are the Narborough Health Centre (1.6 miles away); and the Enderby Medical Centre (2 miles away). All other practices fall within the Leicester City CCG boundary (see Appendix A). The CCG has contacted the above two Practices; the LC CCG and the Local Medical Committee to inform them of the application and to consider the potential impact of the list closure. A summary of the responses was provided in section 4 (and Appendix B) of the report. A Practice can close their patient list for a minimum of 3 months; or a maximum of 12 months. During this time, the Practice will not register new patients. This is the first application that the Practice has made in relation to its list size as it: • has received more than 100 registrations (section 5 of the report provided a history of registrations); • has more than 2,500 patients; • is a single handed GP Practice; • is operating with skeleton clinical staff – 1 GP Partner is currently on long-term sick leave and the other 2 GP Partners have resigned; • is struggling to meet current patient demand. It is proposed the patient list size is closed, as requested, to allow time for the Practice to work with the CCG to explore alternative service models for the long term. In the meantime, the following options were proposed: • to close the Practice on Thursday afternoon for the next 3 months as the CCG has secured alternative arrangements for Prime Care from 1pm – 6:30pm; • provide a £200 financial contribution for 3 months for alternate Tuesdays to aid clinical cover (i.e. On-call); • to explore the availability of ECP / ANP support for Tuesday sessions; • organise a half day planning session (on Thursdays to develop a long term sustainability model. The Committee was requested to support the application on a temporary basis. In response to Dr Ker's query in relation to the actual number of GPs at the Kingsway Surgery, Mrs Goulding confirmed 2 GP Partners are currently working at the Practices on a sessional basis. Mr Wood reminded the Committee to review the matter in hand and not to include additional information on	

DRAFT

<table>
<tr><td></td><td>the Kingsway Surgery.

Mrs Enoux was unclear whether the Surgery was being supported for a period of 3 months as detailed within the interim solution outlined above; or 6 months based on the application made by the Surgery. In addition, Mrs Enoux felt there could be cost implications for closing the Practice on Thursdays. Mr Sacks confirmed the CCG is proposing to support the Practice over a 6 month period. It was noted the CCG has no funding to support this application.

Dr Ker also requested clarification in relation to why the CCG is supporting this application; as identifying a shortage of GPs could set a precedence for other Practices to make similar bids and obtain funding. Dr Ker felt the Practice needs to make explicit reasons for the application.

It was noted the Practice was in a difficult situation and Mrs Goulding was thanked for providing the relevant content in the report.

It was RESOLVED to:

• RECEIVE the report; and
• SUPPORT the application to temporarily close the patient list size for 6 months.</td><td></td></tr>
<tr><td>PC/16/63</td><td>South Wigston: Asylum Centre - Update (Paper E)
Mr Barrett presented this report, which provided the Committee within an update in relation to the Asylum Centre in South Wigston following its decision at the last meeting to commission directly with the service provided, Inclusion Healthcare.

Mr Barrett defined the following abbreviations used within the report:
• S1 – System One
• NACS codes – National Administration Codes Service
• GPSoC – GP System of Choice
• DOS – Directory of Services

Since the last meeting of the Committee, Mr Barrett confirmed:
• a multi stakeholder meeting was held on 13 May 2016 - patients would be arriving at Kennedy House from 15 May 2016 on a phased basis;
• an APMS contract has been drafted and in the process of being finalised with the Inclusion Healthcare, in addition to the service specification (Appendix A);</td><td></td></tr>
</table>

DRAFT

	• the asylum service commenced on 16 May 2016 – 32 patients registered to date and the service is coping; • as S1 requires between 6-8weeks for implementation, a caseload approach has been applied on the LC CCG clinical system as Inclusion Healthcare also provide an asylum service in Leicester City, the ASSIT service. In addition, Mr Barrett confirmed an update in relation to the monitoring of the service (action PC/16/47) will be presented to the Committee in September 2016. Mr Wood felt the service is progressing in the right direction and queried whether the patients are arriving at Kennedy House, or other local GP Practices. Mr Barrett replied that as the patients are not from the area, they are presenting where advised to. In addition, Mr Barrett has contacted the nearest GP Practice (the South Wigston Health Centre) who have confirmed no asylum seekers have presented themselves at the Health Centre to date; and will inform the CCG of any changes. Mr Sacks formally thanked Mr Barrett and the team for their hard work in setting up this service for a vulnerable set of patients in a relatively short space of time; which was reiterated by Mr Wood. It was **RESOLVED** to: • **RECEIVE** the report and the progress to date.	
PC/16/64	**Primary Care Commissioning Support Process (Paper F)** Mrs Goulding presented this report, which provided the process for supporting GP Practices opportunities to work with the CCG to provide safe, clinically effective and accessible health care for our patients; as well as overcoming financial, premises and capacity issues. In conjunction with the CCG's Nursing and Quality Team, Mrs Goulding confirmed a process is in place if approached by a Practice, identified by the CCG, NHS England or the Care Quality Commission for additional support and investment (see Appendix 1 – flow chart; Appendix 2 – situation report template). Feedback from patients is recorded in the form of the Friends and Family Test, NHS Choices and the GP Outcomes Survey, which are recorded within the Quality dashboard. All Practices are documented within the Primary Care Risk Log and those resulting in a 'high (or red) risk,' are escalated to	

DRAFT

	the Leicester, Leicestershire and Rutland's Quality Surveillance Group (LLR QSG). Mr Wood thanked Mrs Goulding for a well-presented and useful report. Mr Barrett confirmed this process has been applied and supported Practices such as the Long Street Surgery, the South Wigston Health Centre, the Kingsway Surgery; and will also be applied to the Leicester Forest East Practice too. Ms Deare welcomed the proposed process which was very clear and transparent from a Practice point of view; however, requested the inclusion of the LMC, which was not included within the report, as they can support Practices too. In response to Mr Barrett's query whether the process should be disseminated to Practices as it it's the CCG's internal process; Mr Wood confirmed it has been presented at the Public meeting of the Committee and therefore, available within the public domain. Dr Ker stated the acronyms within appendix A (flow chart) need to be reviewed and consistent. Mrs Enoux agreed the process was clear and well thought out; however, it is perceived to bid against a pot of financial resource and implies a positive outcome will be made. Mr Wood agreed the level of current funding needs to be made explicit within the process. In addition, Mr Sacks felt a risk assessment of not supporting the Practice should also be included. **It was agreed Mrs Goulding update the Process to include the LMC, review the acronyms, and a risk assessment.** It was **RESOLVED** to: • **RECEIVE** the report; and • **APPROVE** the primary care support process, subject to the amendments above. *Mr Colin Groom and Mrs Sapna Patel joined the meeting.*	**Caroline Goulding**
PC/16/66	**Re-commissioning of the Zero Tolerance Scheme: Update (Paper H)** Mrs Goulding presented this report that provided an update	

	on the re-commissioning of the zero tolerance scheme, which provides access to primary medical care for patients who have been removed from their GP Practice due to violent, aggressive or threatening behaviour. The Scheme was introduced as a Direct Enhanced Service (DES) by the Department of Health in 2000 for patients (as outlined above) as well as to protect NHS staff too. The Limes Medical Centre has been commissioned on an annual basis to provide the Scheme for patients from across LLR, from the Westcotes Health Centre in Leicester City. However, Practices within West Leicestershire CCG and LC CCG had expressed an interest in providing this service; hence the proposed re-commissioning of the Zero Tolerance Scheme. A report was presented to the LLR Competition and Procurement Panel in April 2016 who approved a procurement process to be undertaken. In light of this, the current contract with the Limes Medical Centre has been extended for 6 months (i.e. April – September 2016). The procurement process will be undertaken by NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU); and LC CCG will be coordinating a patient and stakeolder engagement exercise in June 2016. The procurement process will be open to all Practices within LLR and awarded to one service provider at a cost of £46k. Ms Deare stated the timeline from the patient and stakeholder engagement to the end of the extended contract (i.e. June – September 2016) is extremely tight for GP Practices wishing to compile their views and submit a suitable bid / expression of interest. It was **RESOLVED** to: • **RECEIVE** the report and the progress to date.	
PC/16/67	**NHS England (Central Midlands) LLR CCGs Concordat for the sharing of information and the management of concerns relating to the professional and contractual performance of Primary Medical Practitioners (Paper I)** Dr Scott presented this report, which provided the Concordat that had been developed by representatives of the three CCGs within LLR in conjunction with NHS England; following the original Concordat that was developed by LLR in September 2014. The aim of the refreshed Concordat (Appendix A) is to	

	document an agreed pathway for the sharing of information based upon guidance and principles outlined in guidance issued by NHS Employers, July 2013 in relation to the sharing of information. In addition, the Concordat agrees a process for determining and managing the level of risk associated with the sharing and retention of information. The Concordat has been considered by the CCGs Risk Sharing Group; and was presented to the Committee for approval. It was **RESOLVED** to: • **APPROVE** the refreshed Concordat.	
PC/16/68	**Care Quality Commission (CQC) Inspections / Reports (Paper J)** Mrs Goulding presented this report, which provided a progress update on the Rosemead Drive Surgery, following their Care Quality Inspection in July 2015 (report issued in January 2016). The CCG's Primary Care team have triangulated areas of improvement and identified that the actions highlighted by the CQC were also linked to non-compliance of their Practice's GMS Contract with NHS England and the CCG. The CCG has supported the Practice and undertaken an assurance visit in April 2016, following which an action plan has been developed to incorporate the above (see Appendix A). The Practice has since assured the CCG that the actions have been implemented, which are being monitored by the CCG. In response to Mrs Enoux's query in relation to whether the CCG have completed their actions, Mrs Goulding confirmed the CCG is awaiting further guidance from NHS England. It was **RESOLVED** to: • **RECEIVE** the report and the progress to date.	
PC/16/69	**Primary Care Delivery Group (PCDG): Summary Report May 2016 (Paper K)** Mr Barrett presented this report, which provided an update on the key themes from the PCDG meeting held in May 2016: 1. **GP Forward View** – The recent publication was mentioned and discussed; the group were keen that this is discussed at the PCCC and therefore have chosen to escalate this for a committee view.	

	2. **Primary Care Premises and S106/Community Infrastructure Levy (CIL)** – A discussion was had around the use of S106 monies and how practices could access this within their particular area. Also how restrictive the S106 process is and what monies can be spent on. It was highlighted the Rutland CC have adopted a 'CIL' (Community Infrastructure Levy) which was mentioned and it was agreed that others would approach Local Authorities to enquire as to whether they had considered adopting this approach. **3. Patient Online/ERS –** To highlight that these now have 'targets' associated with them, one a quality premium and one a more stretched target. GEM CSU are supporting practices on these targets through IM&T support. As it was agreed in item PC/16/16 (PCCC Terms of Reference) for a Practice Manager to attend the Committee, Mr Barrett confirmed their input, representation and time commitment would need to be reviewed as they also attend the PCDG and the Healthier Communities Group too. Following a review, feedback will be provided to the Committee. It was **RESOLVED** to: • **RECEIVE** the report.	
PC/16/70	**Any other Business** **Change in Clinical Vice Chair** Dr Ker informed the Committee that due to his involvement with the Leicestershire Integration executive, he will no longer be able to attend the PCCC from August 2016 onwards due to the timings of both meetings. However, Dr Randell will be supporting the Committee as the CCG's Clinical Vice Chair; and Dr Girish Purohit will also attend the Committee as the GP Locality Lead for Melton, Rutland and Harborough. Mr Wood thanked Dr Ker for his time, support and valuable contributions to the Committee; and looked forward to working with Dr Randell and Dr Purohit.	
PC/16/71	**Date of next meeting:** Tuesday 7 June 2016 at 2:00pm, Guthlaxton meeting room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB.	

DRAFT

B

NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTE MEETING

DRAFT

ACTION NOTES

Key

Completed	On-Track	No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 30 June 2016	Status
PC/16/35	5 April 2016	**7 Day Services in Primary Care: Pilot Update (including AVS) – April 2016**	Jamie Barrett	To: • review and update the information and data presented; • develop a plan for the next steps of the scheme.	~~June 2016~~ July 2016	Verbal update to be provided at the meeting.	**AMBER**
PC/16/47	3 May 2016	**Asylum Dispersal in South Wigston: Commissioning Options**	Jamie Barrett	To continually review and monitor progress with the service provider (Inclusion Healthcare) and present an update to the Committee in 3 months' time.	August – September 2016	**Action ongoing.**	**AMBER**
PC/16/48	3 May 2016	**Narborough Health Centre**	Caroline Goulding	To: a) investigate Option 4 in further detail, followed by Option 2; b) write to Dr Kapur to confirm the CCG is exploring all routes to ensure the best outcome for patients.	May – June 2016	a) Options under review; b) Feedback provided to Mr Kapur; meeting being arranged to review in further detail. **Actions completed.**	**GREEN**

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 30 June 2016	Status
PC/16/65	7 June 2016	**Latham House Medical Practice: Proposed Service Changes**	Tim Sacks	To review the issues raised by the Practice in relation to the proposed services changes in a more private forum.	June 2016	On agenda. **Action complete.**	**GREEN**
PC/16/61	7 June 2016	**Review of PCCC: Terms of Reference (ToR) – Membership**	Daljit Bains	To update the ToR to include the representation of a Practice Manager; and a final version to be forwarded to Mr Wood.	June 2016	**Action complete.**	**GREEN**
PC/16/64	7 June 2016	**Primary Care Commissioning Support Process**	Caroline Goulding	To review and update the PC Commissioning Support Process to include support from the Local Medical Committee; consistent use of acronyms; and a risk assessment where Practices cannot be supported.	June 2016	The PC Commissioning Support Process is currently under review – to be completed in July 2016. **Action ongoing.**	**AMBER**

DRAFT

C

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

Front Sheet

REPORT TITLE:	**Primary Care Co-Commissioning Finance Report Month 2 (May) 2016-17**
MEETING DATE:	**5 July 2016**
REPORT BY:	**Colin Groom, Deputy Chief Finance Officer**
SPONSORED BY:	**Donna Enoux, Chief Finance Officer**
PRESENTER:	**Donna Enoux, Chief Finance Officer**

PURPOSE OF THE REPORT:
The purpose of this report is to provide a summary of the financial position to Month 2 (May) of the Primary Care Co-Commissioning budget.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **RECEIVE** the reported break-even position against the Primary Care Co-Commissioning budget as a result of unavailability of in year reporting information for most areas at this stage of the year. Detailed variance reporting will be available for the following meeting.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017: (tick all that apply)			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience		Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare		Living within our means using public money effectively	✓
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			

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

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
• Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6); • Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

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

Primary Care Co-Commissioning Finance Report Month 2 (May) 2016-17

5 July 2016

1. Month 2 Year to date and Forecast Position

Appendix 1 contains the year to date and forecast position for Primary Care Co-Commissioning expenditure areas. For month 2 these have all been reported as breakeven due to the availability of robust in year data but detailed variance analysis will be included in the reports from month 3 onwards.

2. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported break-even position against the Primary Care Co-Commissioning budget as a result of unavailability of in year reporting information for most areas at this stage of the year.

  Detailed variance reporting will be available for the following meeting.

Appendix 1

Month 2 Primary Care Co-Commissioning Report	Annual Budget	Year to Date Budget	Year to date spend	Year to date Variance	Annual Forecast	Annual Variance (Under)/over
	£000's	£000's	£000's	£000's	£000's	£000's
Activity Type						
GMS Global Sum	23,620	3,937	3,937	0	23,620	0
MPIG Correction Factor & PMS reinvestment	2,860	477	477	0	2,860	0
FDR Payment	165	28	28	0	165	0
Total General Practice - GMS	**26,644**	**4,441**	**4,441**	**0**	**26,644**	**0**
PMS Baseline	260	43	43	0	260	0
Total General Practice - PMS	**260**	**43**	**43**	**0**	**260**	**0**
Occupational health	46	8	8	0	46	0
Travel	1	0	0	0	1	0
Locum Adoption/Paternity/Maternity	101	17	17	0	101	0
Locum Sickness	35	6	6	0	35	0
Locum suspended doctors	54	9	9	0	54	0
Seniority	525	88	88	0	525	0
Sterile Products	21	3	3	0	21	0
GP Training	92	15	15	0	92	0
Total Other GP Services	**875**	**146**	**146**	**0**	**875**	**0**
QOF Achievement	1,090	182	182	0	1,090	0
QOF Aspiration	2,727	455	455	0	2,727	0
Total QOF	**3,818**	**636**	**636**	**0**	**3,818**	**0**
DES Extended Hours Access	410	68	67	-1	410	0
DES Learning Disability	75	13	13	0	75	0
DES Minor Surgery	676	113	112	-0	676	0
DES Unplanned Admissions	901	150	150	0	901	0
DES Violent Patients	46	8	8	0	46	0
LES Extended Hours Access - PMS	0	0	1	1	0	0
LES Translation Fees	30	5	5	0	30	0
Total Enhanced Services	**2,138**	**356**	**356**	**-0**	**2,138**	**0**
Dispensing Quality Scheme	110	18	18	0	110	0
Prof Fees Dispensing	1,394	232	232	0	1,394	0
Prof Fees Prescribing	210	35	35	0	210	0
Total Dispensing/Prescribing Drs	**1,713**	**286**	**286**	**0**	**1,713**	**0**
Prescribing charge income	0	0	0	0	0	0
Total Prescribing charge income	**0**	**0**	**0**	**0**	**0**	**0**
Premises Actual Rent	1,478	246	246	0	1,478	0
Premises Clinical Waste	115	19	19	0	115	0
Premises Cost Rent	270	45	45	0	270	0
Premises Health centre Rates	16	3	3	0	16	0
Premises Health centre Rent	71	12	12	0	71	0
Premises Notional Rent	1,285	214	214	0	1,285	0
Premises Rates	764	127	127	0	764	0
Premises Water Rates	61	10	10	0	61	0
Total Premises Cost Reimbursement	**4,062**	**677**	**677**	**0**	**4,062**	**0**
Rent	33	6	6	0	33	0
Other premises	3	0	0	0	3	0
Total Other premises	**36**	**6**	**6**	**0**	**36**	**0**
GP Pensions	0	0	0	0	0	0
Total Pensions	**0**	**0**	**0**	**0**	**0**	**0**
Grand Total Primary Care Budgets	**39,546**	**6,591**	**6,591**	**0**	**39,546**	**0**
Urgent Care Centre	988	165	165	0	988	0
Total co-commissioning budget	**40,534**	**6,756**	**6,756**	**0**	**40,534**	**0**

D

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

Front Sheet

REPORT TITLE:	**Actions following LHMC Debate**
MEETING DATE:	**5 JULY 2016**
REPORT BY:	**Tim Sacks**
SPONSORED BY:	**Tim Sacks**
PRESENTER:	**Tim Sacks**

PURPOSE OF THE REPORT:
Update PCC on the actions taken with LHMP following paper and decisions at June Committee.

RECOMMENDATIONS:
The ELR CCG Primary Care Commissioning Committee is requested to: • **RECEIVE FOR INFORMATION**

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017: (tick all that apply)			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience		Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare		Living within our means using public money effectively	
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			

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

ACTIONS FOLLOWING LHMP DEBATE 5 JULY 2016

BACKGROUND

1. Following an analysis if the impact of the LHMP changing services following the national process to remove the PMS premium funding a paper was brought to the June PCCC detailing the outcomes.

ACTIONS

2. Complex wound dressing clinics being commissioned by LPT. These will take place from Melton Hospital and specification and costs to CCG being finalised. Patients will not be disadvantaged and no gap in service

3. Meeting held with Nigel Jackson LHMP Business Manager and Tim Sacks, COO. Follow up meeting set with Tim Sacks, Nigel Jackson and Dr Richard Pemberton on 15 July 2016 to work through a five year plan for service delivery and potential impacts.

Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE FOR INFORMATION**

E

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

Front Sheet

REPORT TITLE:	**CQC Inspection – The Wycliffe Medical Practice**
MEETING DATE:	**5 July 2016**
REPORT BY:	**Khatija Hajat, Primary Care Contracts Manager**
SPONSORED BY:	**Jamie Barrett, Head of Primary Care**
PRESENTER:	**Tim Sacks, Chief Operating Officer**

PURPOSE OF THE REPORT:

The purpose of the report is to provide the PCCC with an update on the progress the Wycliffe Medical Practice has made following the inspection by the Care Quality Commission CQC on 15 March 2016; and the published report on 10th May 2016.

RECOMMENDATIONS:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017:			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	✓	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare		Living within our means using public money effectively	
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			✓

EQUALITY ANALYSIS

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as this is a direct result of an announced CQC inspection.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

The report aligns to the following risk within the ELR CCG's Board Assurance Framework (BAF):

- BAF 3 – Primary Care

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

CQC Inspection – The Wycliffe Medical Practice

5 July 2016

Background

1. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. They have the power to take appropriate action if care providers fail to meet required standards.

2. The Wycliffe Medical Practice was inspected by CQC on 15th March 2016. The report was published on 10th May 2016 and is available on the CQC website http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2136.pdf. The practice was rated as 'Requires improvement.'

3. Many of the actions identified by the CQC links with both the GMS/PMS contract; as well as the NHS Standard contract. Appendix A sets out the CQC findings, improvements required, the relevant contractual clauses and the remedial actions required by the practice for CCG assurance.

Current Status

4. The Primary Care Contracts Managers and the Deputy Chief Nursing Officer met with the practice on 22nd June 2016 to offer support and to seek assurance on the areas identified. Appendix A was shared with the practice in advance of the meeting and a remedial action plan was agreed.

5. Since the initial CQC report was produced the practice has been working towards improving the situation and has made good progress. Further work is continuing and a follow-up visit is taking place to monitor progress and contractual compliance.

Recommendations

6. The ELR CCG Primary Care Commissioning Committee is requested to:

   - **RECEIVE** the report.

The Wycliffe Medical Practice - Announced CQC Inspection carried out on 15 March 2016

CQC Area	CQC Overall Rating	CQC Findings - Examples. Please refer to the full CQC report	Improvements Required	Link to GMS Contract	Link to NHS Standard Contract	Assurance required by CCG
Are services safe?	Requires Improvement	The practice did not have a robust and consistent system in regard to significant events. Significant events varied in terms of documentation, investigations, actions and learning. There was evidence that the practice had not learnt from some significant events and findings were not shared with all relevant staff.	Ensure there is a robust and consistent system in place for dealing with significant events including reporting and the dissemination of learning from recorded events.	PART 20 20.1. Clinical Governance	Indicator 6 - Incident Reporting (including Duty of Candour)	Assurance on Significant event reporting and learning from significant events
		There was no system in place to log alerts received or how they had been actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they need to take action	To have a robust system for receiving and responding to safety alerts in a timely manner.		Indicator 4 - Patient Safety Alerts	Assurance on Safety Alerts
		Not all staff were aware of who the safeguarding lead was and not all staff had training relevant to their role as not all nurses were trained to level 2.	Ensure appropriate systems and processes are in place relating to safeguard adults and children	PART 20 20.1. Clinical Governance	Indicator 7 - Safeguarding Adults and Children	Assurance on Safeguarding Adults and Children
		A practice nurse was the infection control clinical lead. She had not undertaken further training relating to this role. Staff were given the task of testing patient's urine without any training and they had not been given the opportunity to have a Hepatitis B test.	Ensure all staff involved in the service will receive a review of training needs and appropriate and sufficient infection prevention training relevant to service	PART 20 20.1. Clinical Governance	Indicators 1, 2 and 3 - Infection Prevention and Control	Assurance on Infection Prevention and Control
		There was no schedule or record of cleaning specifically relating to minor surgery. There were no formal records that management team carried out any spot checks of the cleaning within the practice	Ensure practice provides minor surgery to the highest possible standards complying with European Legislation on decontamination and national decontamination strategy.	Minor Surgery Directed Enhanced Service (DES)	Indicators 1, 2 and 3 - Infection Prevention and Control	Assurance on Minor Surgery DES Service Quality requirements
		One of the three fridges in use in the practice did not have a secondary independent thermometer in order to cross check the accuracy of the temperature. No evidence that fridges had been serviced on a regular basis.	Develop a system for ensuring all appliances used in the practice are fit for purpose.	PART 23 23.1 Compliance with Legislation and Guidance		Assurance on Storage of Medicines/Servicing of Appliances
		The practice did not have a risk log. Notes seen of the fire drill on 13 November 2015 identified actions for future fire drills but no action plan had been put in place, person responsible or timeframe for completion of actions.	Develop a risk log and robust process for implementing actions identified	PART 23 23.1 Compliance with Legislation and Guidance		Assurance on Risk Assessment

CQC Area	CQC Overall Rating	CQC Findings - Examples. Please refer to the full CQC report	Improvements Required	Link to GMS Contract	Link to NHS Standard Contract	Assurance required by CCG
Are services effective?	Good	The Practice was rated as Good in these areas with examples of good system and process as outlined in the CQC report				
Are services caring?	Good	The Practice was rated as Good in these areas with examples of good system and process as outlined in the CQC report				
Are services responsive to people's needs?	Good	The Practice was rated as Good in these areas with examples of good system and process as outlined in the CQC report				
Are services well-led?	Requires Improvement	The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice	Ensure a robust system in place to manage risks to patients, staff and visitors	PART 23 23.1 Compliance with Legislation and Guidance		Assurance on Risk Assessment
		The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008	Develop and/or update HR policies and procedures to include appropriate employment checks as part of the recruitment process	PART 23 23.1 Compliance with Legislation and Guidance		Updated Policies and Procedures
		Complaints were not tracked through the practice and there was no evidence of learning from complaints or findings shared with staff members in order to improve the quality of care provided	Develop a system of tracking and learning from complaints, sharing findings with staff to deliver quality improvement	PART 20 20.1. Clinical Governance		Action Plan for Tracking and Learning from Complaints
		The practice did not have a training matrix in place to identify when training was due therefore CQC could not be assured that the learning needs of all staff had been identified	Produce a training and development plan for the practice.	PART 20 20.1. Clinical Governance		Training and Development Plan

F

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

Front Sheet

REPORT TITLE:	**Primary Care Delivery Group (PCDG): Summary Report June 2016**
MEETING DATE:	**5 July 2016**
REPORT BY:	**Sharon Rose, Locality Lead Manager**
SPONSORED BY:	**Tim Sacks, Chief Operating Officer**
PRESENTER:	**Tim Sacks, Chief Operating Officer**

PURPOSE OF THE REPORT:

To update the Primary Care Commissioning Committee (PCCC) on the key themes from the Primary Care Delivery Group (PCDG), following its meeting on 28 June 2016:

1. **Estates and Technology Transformation Fund** – A discussion was had around the estates and technology bids that the CCG will put forward to the ETTF submission. System migration was highlighted as the only IM&T bid that ELR CCG would be submitting and this would be on behalf of the three CCGs. The discussions around the premises bids were unable to be concluded and a ranking of each bid in priority order made due to a conflict of interest for the chair of the meeting, the insufficient clinical information available relating to each bid and lack of clarity around the criteria for ranking.

2. **E-Referral Service** – The NHS quality premium has a CCG target of 80%. Currently ELR CCG is performing at 67% which is higher than the other two CCGs. Meetings with HSCIC have determined a number of issues that need to be resolved with providers relating to the management of ASI's (appointment slot issues). It has also been recognised that we need to identify what specialities are not currently on the ERS system and to work with providers to move these forward. ELR CCG are keen to understand the missing 33% of referrals from ERS. It was noted that there is currently no reporting available at practice level to understand if there are outliers in primary care.

3. **PPV Selection 15/16 –** A draw took place to select the three GP Practices that would receive the 360 PPV Audit for 2015/16 financial year. Practices who had been audited in the previous year were not included in the draw. The practices who have been selected are:-
   - C82611 – The Masharini Practice
   - C82056 – The Glenfield Surgery
   - C82067 – The Croft Medical Centre

   These practices will be contacted in due course by 360 assurance.

RECOMMENDATIONS:
The ELR CCG Primary Care Commissioning Committee is requested to: • **RECEIVE** the report.