

|                      |   |                         |   |
|----------------------|---|-------------------------|---|
| <b>Meeting Title</b> | <b>Primary Care Commissioning Committee</b>   | <b>Date</b>             | Tuesday 5 April 2016  |
| <b>Meeting No.</b>   | 15  | <b>Time</b>             | <b>Change of start time:</b><br>2:30pm – 3:30pm   |
| <b>Chair</b>         | <b>Mr Tim Sacks<br/>Chief Operating Officer (and<br/>Deputy Chair of the Committee)</b> | <b>Venue / Location</b> | <b>Change of venue:</b><br>Framland meeting room Leicestershire<br>County Council, County Hall, Glenfield,<br>Leicester,<br>LE3 8TB |

| ITEM                                     | AGENDA ITEM   | ACTION     | PRESENTER     | PAPER    | TIMING |
|--|---|------------|---------------|----------|--------|
| PC/16/28                                 | Welcome and Introductions   |            | Tim Sacks     |          |        |
| PC/16/29                                 | To receive questions from the Public in relation to items on the agenda   | To receive | Tim Sacks     |          | 2:30pm |
| PC/16/30                                 | Apologies for Absences: <ul style="list-style-type: none"> <li>• Clive Wood</li> </ul>                              | To receive | Tim Sacks     |          |        |
| PC/16/31                                 | Declarations of Interest on Agenda items  | To receive | Tim Sacks     |          | 2:35pm |
| PC/16/32                                 | To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 1 March 2016 | To approve | Tim Sacks     | <b>A</b> | 2:40pm |
| PC/16/33                                 | To Receive Actions and Matters Arising following the meeting held on 1 March 2016                                   | To receive | Tim Sacks     | <b>B</b> |        |
| <b>COMMITTEE GOVERNANCE ARRANGEMENTS</b> |   |            |               |          |        |
| PC/16/34                                 | Primary Care Delivery Group: Terms of Reference   | To approve | Daljit Bains  | <b>C</b> | 2:45pm |
| <b>OPERATIONAL ISSUES</b>                |   |            |               |          |        |
| PC/16/35                                 | 7 Day Services in Primary Care: Pilot Update (including Acute Visiting Service) – April 2016                        | To receive | Jamie Barrett | <b>D</b> | 2:55pm |
| PC/16/36                                 | Oadby and Wigston: Asylum Centre  | To receive | Jamie Barrett | <b>E</b> | 3:05pm |

| ITEM                        | AGENDA ITEM   | ACTION     | PRESENTER     | PAPER         | TIMING |
|-----------------------------|---|------------|---------------|---------------|--------|
| <b>SUB-GROUP REPORTING</b>  |   |            |               |               |        |
| PC/16/37                    | Primary Care Delivery Group (PCDG): Summary Report – March 2016                   | To receive | Jamie Barrett | <b>F</b>      | 3:15pm |
| <b>ANY OTHER BUSINESS</b>   |   |            |               |               |        |
| PC/16/38                    |   | To receive | Tim Sacks     | <b>Verbal</b> | 3:25pm |
| <b>DATE OF NEXT MEETING</b> |   |            |               |               |        |
| PC/16/39                    | <b>Date of next meeting:</b><br>Tuesday 3 May 2016, 2:00pm – 5:00pm,<br>Room TBC. |            | Tim Sacks     |               |        |

**A**

**Blank Page**

## EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

### Minutes of the Primary Care Commissioning Committee held on Tuesday 1 March 2016 at 2:30pm in Boardroom, ELR CCG, Units 2 & 3, Bridge Business Park, 674 Melton Road, Thurmaston, Leicester, LE4 8BL

#### Present:

|                     |   |
|---------------------|---|
| Mr Clive Wood       | Lay Chair (Chair of the Committee)                                |
| Mr Tim Sacks        | Chief Operating Officer (Deputy Chair of the Committee, ELR CCG)  |
| Mrs Donna Enoux     | Chief Finance Officer   |
| Dr Anne Scott       | Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer) |
| Dr Andy Ker         | Clinical Vice Chair   |
| Dr Nick Glover      | GP, Blaby and Lutterworth Locality Lead                           |
| Dr Vivek Varakantam | GP, Oadby and Wigston Locality Lead                               |

#### 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   |
| Ms Kiran Loi         | Public Health Specialty Registrar (on behalf of Mike Sandys representative from Health and Wellbeing Boards Leicestershire and Rutland). |
| Ms Sue Staples       | Healthwatch Leicestershire   |
| Ms Jenifer Fenelon   | Healthwatch Rutland  |
| Ms Claire Deare      | Development Manager, Leicester, Leicestershire and Rutland Local Medical Committee   |
| Ms Annette Tudor     | Deputy Director, 360° Assurance (Observer)   |
| Mrs Amardip Lealh    | Corporate Governance Manager (minutes)   |

| ITEM      | DISCUSSION   | LEAD RESPONSIBLE |
|-----------|--|------------------|
| PC/16/017 | <p><b>Welcome and Introductions</b></p> <p>Mr Clive Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC), in particular, Ms Annette Tudor, Deputy Director of the CCG's Internal Auditors, 360° Assurance. This was followed by a series of introductions from all members present.</p> <p>Ms Tudor informed the Committee that she will be attending the CCGs Committees in order to assess the governance arrangements and processes in place as part of their audit processes and the CCG's audit plan.</p> |                  |
| PC/16/18  | <p><b>To receive questions from the Public in relation to items on the agenda</b></p> <p>No questions received as there were no members of public present.</p>   |                  |

| ITEM     | DISCUSSION  | LEAD RESPONSIBLE |
|----------|---|------------------|
| PC/16/19 | <p><b>Apologies for Absence:</b></p> <ul style="list-style-type: none"> <li>• Mrs Carmel O'Brien, Chief Nurse and Quality Officer;</li> <li>• Dr Saqib Anwar, Leicestershire and Rutland Local Medical Committee;</li> <li>• Ms Amanda Anderson, Medical and Pharmacy Contract Manager, NHS England – Central Midlands</li> </ul>   |                  |
| PC/16/20 | <p><b>Declarations of Interest</b></p> <p>All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.</p>   |                  |
| PC/16/21 | <p><b>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 2 February 2016 (Paper A)</b></p> <p>The minutes of the meeting held on Tuesday 2 February 2016 were approved, subject to a typed amendment provided by Ms Jennifer Fenelon.</p> <p><b>Post meeting note:</b> The amendment provided by Ms Fenelon related to the Confidential section of the PCCC meeting (Item: CPC/15/95).</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the last meeting as an accurate record.</li> </ul>  |                  |
| PC/16/22 | <p><b>To Receive Matters Arising following the meeting held on 2 February 2016 (Paper B)</b></p> <p>The revised matters arising following the meeting held on Tuesday 2 February 2016 were received, with the following updates noted:</p> <ul style="list-style-type: none"> <li>• <b>PC/15/14: Strategic Planner / Work Programme 2015/16 – Medicines Optimisation and Dispensing Strategy</b></li> </ul> <p>Mr Tim Sacks confirmed the strategic planner / work programme will be presented to the Committee in April 2016. <b>Action ongoing.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising.</li> </ul> |                  |

| ITEM     | DISCUSSION   | LEAD RESPONSIBLE   |
|----------|--|--|
| PC/16/24 | <p><b>Primary Care Delivery Group (PCDG): Terms of Reference (Paper D)</b><br/>Mr Sacks presented the draft Terms of Reference for the proposed Primary Care Delivery Group (PCDG), following the discussions held at the last meeting (Appendix 1).</p> <p>The role of the Group will be to design, plan, develop and deliver business cases, process and systems of primary care services; as delegated by the PCCC. As the Group is not a formal decision-making Group; it will also be required to make recommendations to the PCCC and escalate areas of risks / issues.</p> <p>In response to Mr Wood's request for any further additions specifically from Mrs Daljit Bains and Mr Jamie Barrett, Mrs Bains requested the Committee to note the disestablishment of the current Group and the establishment of the Primary Care Delivery Group as a sub-group of the PCCC.</p> <p>Ms Kiran Loi requested clarification in relation to the membership of the proposed Group, which includes a 'Consultant in Public Health;' and queried whether she (or a representative) was required to attend the PCDG. It was noted that a Public Health representative is required to attend the PCCC; however, attendance at the PCDG would be reviewed by Mr Sacks and Mrs Bains. <b>Mr Sacks, Mrs Bains and Ms Loi to review the constitutional arrangements for Public Health to attend the PCCC and the proposed PCDG.</b></p> <p>Mrs Donna Enoux queried whether GPs on the Governing Body have the capacity to attend the proposed PCDG as stated within the membership of the Group. It was noted that GPs attend the PCCC; the Strategy and Planning Commissioning Committee; which may incur duplication of efforts. Mr Sacks confirmed this is currently under review with the Head of Organisational Development and would be offered to all GPs on the Governing Body to attend. Following feedback from GPs, Dr Ker and Dr Glover stated the membership needs to be appropriate and GPs would welcome the opportunity to be cordially invited.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>DISESTABLISH</b> the Primary Care Development Group;</li> <li>• <b>APPROVE</b> the establishment of the Primary Care Delivery Group;</li> </ul> | <p><b>Tim Sacks /<br/>Daljit Bains /<br/>Kiran Loi</b></p> |

| ITEM                   | DISCUSSION   | LEAD RESPONSIBLE |
|------------------------|--|------------------|
|                        | <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Terms of Reference for the Primary Care Delivery Group, subject to a review of the Membership at the PCDG.</li> </ul>  |                  |
| <p><b>PC/16/23</b></p> | <p><b>PCCC: Terms of Reference (Paper C)</b><br/>Mr Tim Sacks presented the revisited Terms of Reference for the PCCC, which continue to remain in line with the constitution and therefore; unchanged; noting the PCCC has the authority to delegate tasks (i.e. the PCDG).</p> <p>Mrs Enoux referred to the ‘Accountability of the Committee’ section on page 6 and requested clarification in relation to the date the CCG is required to review its Standing Financial Instructions and Standing Orders (i.e. by February 2015). Mrs Bains confirmed this relates to standard text from the model Terms of Reference for the PCCC. <b>Mrs Bains to review the date and provide clarification.</b></p> <p>In response to Dr Varakantam’s query in relation the frequency of the meetings for the PCCC (i.e. weekly basis for the first month following establishment; and monthly thereafter). Mrs Bains informed the Committee this was standard text; and the Committee did meet regularly prior to its formal establishment in March 2015.</p> <p>It was noted Schedule 1 (Delegated functions: to be added when final arrangements confirmed) had not been included. <b>Mrs Bains to review and update Schedule 1.</b></p> <p>Mr Sacks raised the importance of reviewing the financial accountability for the PCCC in line with its delegated responsibility to manage the budget for the commissioning of primary medical care services. It was agreed Mr Sacks and Mrs Enoux to review the budget management arrangements to ensure all financial elements are covered.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report.</li> </ul> |                  |
| <p><b>PC/16/25</b></p> | <p><b>Bank Holiday Opening Times – Verbal (JB)</b><br/>Mr Barrett informed the Committee the previous bank holiday arrangements implemented over the Christmas 2015 and New Year 2016 will be applied for the Easter bank holiday in March 2016.</p> <p>It was <b>RESOLVED</b> to:</p>   |                  |

| ITEM            | DISCUSSION  | LEAD RESPONSIBLE |
|-----------------|---|------------------|
|                 | <ul style="list-style-type: none"><li>• <b>RECEIVE</b> the update.</li></ul>  |                  |
| <b>PC/16/26</b> | <b>Any other Business</b><br>There was no other business to discuss.  |                  |
| <b>PC/16/27</b> | <b>Date of next meeting:</b><br>Tuesday 5 April 2016 at 2:00pm, ELR CCG ( <b>new offices</b> ):<br><b>Framland meeting room</b><br><b>Leicestershire County Council, County Hall, Glenfield,</b><br><b>Leicester, LE3 8TB</b><br><br>Apologies received from Mr Wood. |                  |

DRAFT

**B**

**Blank Page**

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

Key

**ACTION NOTES**

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

| Minute No. | Meeting         | Item   | Responsible Officer | Action Required   | To be completed by          | Progress as at 31 March 2016  | Status       |
|------------|-----------------|--|---------------------|---|-----------------------------|---|--------------|
| PC/15/14   | 14 April 2015   | <b>Strategic Planner / Work Programme 2015 - 16</b>                              | Tim Sacks           | <b>Medicines Optimisation and Dispensing Strategy</b><br>Initial plan to be developed and presented to the Committee in July 2015.  | February 2016<br>April 2016 | Strategy continues to be reviewed – final draft due April 2016.<br><b>Action ongoing.</b> | <b>AMBER</b> |
| PC/15/134  | 5 January 2016  | <b>7-Day Working in Primary Care</b>   | Jamie Barrett       | Following the implementation of the pilot from January – June 2016, monthly performance data to be presented on a quarterly basis (i.e. April and July 2016) for the Practices involved in the pilot. | April 2016                  | On agenda.<br><b>Action completed.</b>  | <b>GREEN</b> |
| PC/16/13   | 2 February 2016 | <b>Healthwatch Leicestershire (HWL) – ELR CCG Community Conversations Report</b> | Sue Staples         | To:<br>- Present the report to the Governing Body;<br>- Disseminate to stakeholders;<br>- Forward to the Local Medical Committee for inclusion within their newsletter.                               | March 2016                  | Verbal update to be provided at the meeting.  | <b>AMBER</b> |

| Minute No. | Meeting      | Item  | Responsible Officer                  | Action Required  | To be completed by | Progress as at 31 March 2016                 | Status       |
|------------|--------------|---|--------------------------------------|--|--------------------|--|--------------|
| PC/16/24   | 1 March 2016 | <b>Primary Care Delivery Group (PCDG): Terms of Reference</b> | Tim Sacks / Daljit Bains / Kiran Loi | To review the constitutional arrangements for Public Health attending the PCCC and the proposed PCDG.  | April 2016         | On agenda.<br><b>Action completed.</b>       | <b>GREEN</b> |
| PC/16/23   | 1 March 2016 | <b>PCCC: Terms of Reference (ToR)</b>                         | Daljit Bains                         | <p>To clarify the date the CCG is required to review its Standing Financial Instructions and Standing Orders (i.e. by February 2015).</p> <p>To review and update the delegated functions section (within Schedule 1 of the ToR) as these were <i>“to be added when final arrangements confirmed.”</i></p> | April 2016         | Verbal update to be provided at the meeting. | <b>AMBER</b> |

**C**

**Blank Page**

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

**Front Sheet**

|                             |  |
|-----------------------------|--|
| <b>Title of the report:</b> | <b>Primary Care Delivery Group terms of reference</b>  |
| <b>Report to:</b>           | <b>Primary Care Commissioning Committee</b>  |
| <b>Date of the meeting:</b> | <b>5 April 2016</b>  |
| <b>Report by:</b>           | <b>Jamie Barrett, Head of Primary Care<br/>Daljit K. Bains, Head of Corporate Governance and<br/>Legal Affairs</b> |
| <b>Presented by:</b>        | <b>Daljit K. Bains, Head of Corporate Governance and<br/>Legal Affairs</b>   |

**PURPOSE OF THE REPORT:**

Further to discussions at the Primary Care Commissioning Committee meeting in March 2016, the terms of reference for the establishment of the Primary Care Delivery Group (a sub-group of the Primary Care Commissioning Committee) were approved by the Committee. This was subject to the review of the public health representation on the Group. It was noted that due to capacity constraints within the public health team it may not be possible to have a public health representative attending both the Primary Care Commissioning Committee and the newly established sub-group.

The Committee agreed that public health representation was required at the Primary Care Commissioning Committee and asked the members of the sub-group to consider representation for the sub-group.

The Primary Care Delivery Group held its inaugural meeting in March 2016 and received the terms of reference as approved by the Committee. A summary report from the Group is to be received by the Committee under a separate agenda item.

In their review of the terms of reference, the Primary Care Delivery Group recommended that public health representation was important, however would not form part of the quoracy of the Group and therefore public health advice would be sought as and when required by the Group. In light of this amendments have been proposed to the terms of reference for further approval by the Committee (see amendments highlighted in red within Appendix 1).

**RECOMMENDATIONS:**

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

**APPROVE** the revised terms of reference for the Primary Care Delivery Group as at Appendix 1.

| <b>REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017:</b>  |   |   |   |
|---|---|---|---|
| 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). |   |   | ✓ |

| <b>EQUALITY ANALYSIS</b>  |
|---|
| An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in respect of this report. The Primary Care Delivery Group will ensure due regard is considered in the consideration of its responsibilities. |

## **NHS EAST LEICESTERSHIRE AND RUTLAND CCG**

### **Primary Care Delivery Group**

#### **Terms of Reference (v1, draft 2 – March 2016)**

#### **1. Purpose**

The Primary Care Delivery Group (the 'Group' hereafter) is a sub-group of the Primary Care Commissioning Committee. Its purpose is to design, plan, develop, and deliver the business cases, processes and systems of primary care services as delegated by the Primary Care Commissioning Committee. The Group is not a decision-making Group; it will make recommendations to the Primary Care Commissioning Committee.

#### **2. Membership**

The membership of the Group will consist of:

- Head of Primary Care – chair of the Group
- GP Governing Body members (the Primary Care Lead) – deputy chair
- All GP Governing Body members who do not attend the Primary Care Commissioning Committee
- ~~Consultant in Public Health~~
- Practice Manager representatives x 2
- Senior Primary Care Contracts Manager
- Primary Care Implementation and Delivery Manager
- Head of Medicines Management

Should members of the Group not be able to attend, nominated deputies may take their place.

A recommendation put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Group shall have a second and casting vote.

#### **4. Attendance**

The Group may request attendance by other personnel when focussing on particular issues, ~~for example representative from the public health team~~. Other individuals shall be in attendance as required.

#### **5. Quorum**

The quorum for the Group will be the following:

- Chair of the Group or Deputy Chair
- A GP governing body member

- A Practice Manager
- ~~A Public Health representative~~

## 6. Administration

The administration and minute taking of the Group will be carried out by the Locality Administrator.

## 7. Frequency of meetings

The Group will meet on a monthly basis and conduct its meeting ensuring adherence to the CCG's Constitution, policies and the Nolan Principles.

## 8. Duties

The Primary Care Delivery Group will:

- a) Plan the delivery and design process and systems of primary care services delegated by the Primary Care Commissioning Committee.
- b) Develop business cases on behalf of the Primary Care Commissioning Committee in line with the Primary Care Strategy and following approval of the financial allocations. Make recommendations to the Primary Care Commissioning Committee for approval of business cases and options appraisals.
- c) Act as an advisory group on primary care related matters from service design, operational queries, concerns and local intelligence and information sharing
- d) Develop and recommend service priorities for East Leicestershire and Rutland CCG based on available resources to be communicated to the Primary Care Commissioning Committee.
- e) Develop, support and improve primary care services in East Leicestershire and Rutland CCG.
- f) Oversee the process for implementing the CCG Quality Framework for primary care services and getting sign off from the appropriate forum.
- g) Maintain effective internal and external communication flows that will support development of consistent approaches to service delivery across the whole health economy
- h) To act within the groups remit and scope detailed above

## 9. Reporting responsibilities

The Group will provide a written summary report of the outcomes of the meeting; propose recommendations for approval by the Primary Care Commissioning

Committee; and detail risks and issues to be escalated to the Primary Care Commissioning Committee. The approved minutes of the meeting will be appended to the summary report.

#### **10. Review of Terms of Reference**

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Primary Care Commissioning Committee for approval.

|                          |  |
|--------------------------|--|
| <b>Date of approval:</b> |  |
| <b>Review Date:</b>      |  |

**D**

**Blank Page**

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

**Front Sheet**

|  |   |   |   |
|--|---|---|---|
| <b>REPORT TITLE:</b>   | <b>7 Day Services in Primary Care Pilots – Update April 2016<br/>AVS Update</b> |   |   |
| <b>MEETING DATE:</b>   | <b>5 April 2016</b>   |   |   |
| <b>REPORT BY:</b>  | <b>Jamie Barrett, Head of Primary Care</b>                                      |   |   |
| <b>SPONSORED BY:</b>   | <b>Jamie Barrett, Head of Primary Care</b>                                      |   |   |
| <b>PRESENTER:</b>  | <b>Jamie Barrett, Head of Primary Care</b>                                      |   |   |
| <b>PURPOSE OF THE REPORT:</b>  |   |   |   |
| To update the Primary Care Commissioning Committee on the progress of ELR CCG's 7 Day Working pilot (January – April 2016) and AVS Scheme.   |   |   |   |
| <b>RECOMMENDATIONS:</b>  |   |   |   |
| The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:<br><b>NOTE</b> progress to date and commencement date of service.  |   |   |   |
| <b>REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016:</b>   |   |   |   |
| Transform services and enhance quality of life for people with long-term conditions  | Y   | Improve integration of local services between health and social care; and between acute and primary/community care. | Y |
| 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  | Y |
| Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).  |   |   |   |
| <b>EQUALITY ANALYSIS</b>   |   |   |   |
| 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. |   |   |   |

## **EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSING COMMITTEE**

### **7 Day Services in Primary Care Pilots – Update April 2016.**

#### **1 Introduction and Background**

Clinical stakeholders have told NHS England that the current service offer at weekends impacts directly and negatively on the delivery of improvements across all five domains of the NHS Outcomes Framework and particularly on the domains of Reducing Mortality, Patient Safety and Patient Experience.

The 5 day model no longer meets justifiable user expectations of a convenient, compassionate and responsive service. We now lead 24/7 lives, and one consequence is that we expect services to be available on demand. NHS England's ambition for the NHS should be that primary care GPs can meet those expectations.

7 day services have the potential to drive up clinical outcomes and improve patient experience through reducing the risk of morbidity and excess mortality following weekend admission in a range of specialties.

During November 2015 GP practices across East Leicestershire and Rutland CCG were asked to submit their expressions of interest to undertake the second wave of 7 Day Services pilot based on the original pilot undertaken by The Croft Medical Centre.

#### **Pilot Model**

4 Practices responded and have submitted their interest to take part in the second wave of the pilot, these practices are:

- The Croft Medical Centre – Approx Population 8,500
- Oadby Central Surgery – Approx Population 8,500 \*still exploring a start date with Croft MC
- Latham House Medical Practice – Approx Population 35,000
- Glenfield Surgery – Approx Population 14,000

This equates to 66,000 (21%) of the CCG Population and covers all localities.

- Weekend Saturday and Sunday service 9am – 4pm
- Coverage 17,000
- GP ran
- Run by experienced local GPs who know patients
- Remote access and visits if necessary.
- Defined cohort (2% vulnerable care homes, palliative patients, those at risk of admission).

Croft Medical Centre was the only one of the three practices who has expressed an interest to work with other practices in the surrounding area to improve the cohort range and target a higher 'At Risk Population'. Following further talks within the locality area it is hoped that The Croft Medical Centre and Central Surgery Oadby will be able to work on this pilot together. There have been issues between the practices which we are resolving.

The proposal is that this second wave of pilots runs for 6 months Jan - June 2016.

### Monitoring

Each of the pilot practices will need to monitor their activity / patient contacts over the weekends / bank holidays and submit their activity to the CCG on a monthly basis.

During the original pilot with The Croft Medical Centre an excel template was developed to capture the outcome of the patient contact.

Two of the required fields 'Category of Caller' and 'Reported outcomes' are set choice fields which will ensure consistent outcome reporting from all three pilot sites and will provide consistency throughout the pilot

### Monitoring Data - February – April 2016

|                                      | 13.03.16<br>20.03.16                 | - | Data Dates from<br>28.2.16 - 13.3.16                | Data dates from<br>06.2.16 - 13.3.16                   |
|--------------------------------------|--------------------------------------|---|---|--|
|                                      | <b>C82038</b><br><b>Latham House</b> |   | <b>C82056</b><br><b>Glenfield</b><br><b>Surgery</b> | <b>C82067</b><br><b>Croft medical</b><br><b>Centre</b> |
| <b>No of weekends in operation</b>   | 2                                    |   | 5   | 3  |
| <b>No of weekends with Data</b>      | 2                                    |   | 4   | 2  |
| <b>Admission Avoided</b>             | 4                                    |   | 8   | 3  |
| <b>Admitted</b>                      | 0                                    |   | 1   | 0  |
| <b>Telephone Advice</b>              | 8                                    |   | 4   | 39   |
| <b>Telephone Contact " All Well"</b> | 6                                    |   | 1   | 29   |
| <b>Visit - no further action</b>     | 0                                    |   | 0   | 2  |
| <b>Total</b>                         | 18                                   |   | 14  | 73   |

From the data received so far it is clear that there is some dialogue to be had with both Latham House and Glenfield to their proactivity of managing their patient list particularly via telephone. This may also be inconsistency in reporting which will confirm with both practices.

### AVS – Acute Visiting Scheme

The evidence base for the AVS scheme reducing admissions continues to grow. The pilot scheme introduced in January 2016 will be continued and expanded to reduce the number of avoidable emergency admissions by:

- Enhanced primary care through a rapid response visiting service targeting patients living in their own homes or in Care Homes that are deemed by their GP to be the most in need, complex or vulnerable (linking directly with the Avoiding Unplanned Admissions DES – 2%) via the use of a 'patient passport' with direct line telephone access to the AVS team
- Expanding the provision of 7 day working support within the ELR integrated health and social care community urgent care system to reduce the number of emergency hospital admissions.

### **The AVS model**

The Acute Visiting Service (AVS) provides a rapid response within 2 hours, supporting GPs, Primary Care and Community based health and social care teams to support people/patients with urgent health needs who are vulnerable to admission. The scheme aims to reduce the number of emergency admissions and attendances at A&E and to maximise the use of other alternative care pathways.

### **Objectives of the Acute Visiting Service:**

- To improve health and wellbeing outcomes for people who need the service including the elderly frail and those with complex health and social care needs
- To deliver a rapid response visiting service targeting patients that contact their registered GP to request an urgent home visit
- To support those that have been risk stratified as requiring additional support who can call directly into the service via a 'patient passport' to stay well in the community through proactive care management
- Reduce inappropriate emergency admissions through proactive, and timely health care intervention
- Reduce inappropriate A&E attendances
- Improve sign posting to the appropriate clinical pathways (e.g. Proactive care, community nursing, social care) reducing duplication
- Provide additional capacity to primary care, community care and care homes
- Reduce spend on avoidable emergency admissions and shift resources into community urgent care providing better value for money
- Work as part of a system wide community based urgent care system.

### **The Model:**

- GP receives a call from a colleague, patient or carer requesting a home visit who then triages the call and decides to refer to the AVS team AND/OR
- The GP team have identified a cohort of individuals through risk stratification techniques and provide them with the patient passport allowing direct access to the AVS team over the weekend
- One additional weekend GP for each of the 3 localities to triage, assess and support the most complex individuals to prevent admission to hospital
- Patients are seen in the community or own home which helps diagnosis and decision-making

- The service operates 24/7/365 days a year, aiming to respond to calls/referrals within 2 hours
- The service is centrally based with calls being triaged by a working on duty ECP and then allocated to the nearest ECP to visit
- All activity and a range of measures and metrics are collected and analysed and shared with the service commissioner.

Activity Data:

Number of Weekly Referrals from GP Surgeries

| Practice                    | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | Week 9 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Bushloe Medical Centre      |        |        |        |        | 1      | 2      |        |        |        |
| Central Surgery, Oadby      | 11     | 1      |        | 3      | 1      | 4      |        |        |        |
| Countesthorpe Health Centre | 6      | 3      | 4      | 3      | 4      | 5      |        |        |        |
| Enderby Medical Centre      |        |        |        | 3      |        | 1      |        |        |        |
| Forest House Medical Centre | 1      | 1      |        |        |        |        |        |        |        |
| Glenfield Surgery           |        |        |        |        | 1      |        |        |        |        |
| Hazelmere Medical Centre    | 6      | 2      | 12     | 7      | 9      | 6      |        |        |        |
| Kingsway Surgery            |        |        |        | 1      |        | 2      |        |        |        |
| Long Street Surgery         | 1      |        |        |        |        |        |        |        |        |
| Lutterworth Health Centre   | 2      | 2      | 2      | 1      |        | 1      |        |        |        |
| Narborough Health centre    |        |        | 2      | 2      |        |        |        |        |        |
| Northfield Medical Centre   | 14     | 9      | 16     | 8      | 7      | 8      |        |        |        |
| Rosemead Drive Surgery      |        |        | 2      | 5      |        | 2      |        |        |        |
| Severn Surgery              |        |        | 4      |        | 5      | 2      |        |        |        |
| South Wigston Health Centre | 1      | 3      | 4      | 4      | 1      | 1      |        |        |        |
| The Croft Medical Centre    | 5      | 3      | 8      | 10     | 4      | 5      |        |        |        |
| The Limes Medical Practice  |        |        |        |        |        |        |        |        |        |
| Wigston Central Surgery     |        | 2      |        |        | 1      | 1      |        |        |        |
| Wycliffe Medical Practice   | 1      |        |        |        | 1      |        |        |        |        |

| Week   | Total Pt Contacts | Admissions avoided | Percentage of Adms Avoided |
|--------|-------------------|--------------------|----------------------------|
| Week 1 | 48                | 42                 | 88%                        |
| Week 2 | 26                | 24                 | 92%                        |
| Week 3 | 54                | 48                 | 89%                        |
| Week 4 | 47                | 44                 | 94%                        |
| Week 5 | 35                | 33                 | 94%                        |
| Week 6 | 40                | 39                 | 98%                        |
| Total  | 250               | 230                | 92.0%                      |

**Recommendation:**

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

**NOTE** progress to date for both schemes.

**E**

**Blank Page**

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

**Front Sheet**

|                      |  |
|----------------------|--|
| <b>REPORT TITLE:</b> | <b>Oadby and Wigston: Asylum Dispersal</b> |
| <b>MEETING DATE:</b> | <b>5<sup>th</sup> April 2016</b>           |
| <b>REPORT BY:</b>    | <b>Sharon Rose, Locality Lead Manager</b>  |
| <b>SPONSORED BY:</b> | <b>Jamie Barrett, Head of Primary Care</b> |
| <b>PRESENTER:</b>    | <b>Jamie Barrett, Head of Primary Care</b> |

**PURPOSE OF THE REPORT:**

To inform the Primary Care Commissioning Committee on the home office approval for an asylum centre at Kennedy House in Wigston

**RECOMMENDATIONS:**

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

**Note and Comment** on the proposed asulym centre.

**REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016:**

|   |   |  |
|---|---|--|
| 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.

## **EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSING COMMITTEE**

### **Asylum Dispersal in Oadby and Wigston**

#### **1 Introduction and Background**

In August 2015 UK Visas and immigration wrote to all local authorities across the east midlands who do not currently participate in the asylum dispersal scheme.

G4S had identified Kennedy House in South Wigston as a site for an asylum centre and had put the proposal forward to the home office.

Oadby and Wigston Council, Strategic Migration Partnership for the East Midlands, Adult and Community Services, Oadby and Wigston Police, The Red Cross and East Leicestershire and Rutland CCG have met to discuss this proposal and put forward concerns over the centre location to be taken to the home office. Despite concerns approval has been granted.

#### **What do we know**

Kennedy House in South Wigston is a 56 bed unit. G4S will be fully utilising this unit for asylum seekers who are waiting on their decision. South Wigston Health Centre is the nearest GP practice to this centre and is also our highest deprived practice within the CCG.

- The home office will only accept concerns that could impact on the opening of this centre from the Police, health concerns will not be accepted.
- There is no funding available for health care.
- The centre will be manned by G4S 9am -5pm Mon – Fri but not weekends or evenings. A phone line should be made available.
- The intention is for the centre to be for single males predominately aged between 18-35 .
- Nationalities are not known but every effort will be made to ensure nationalities within the centre are culturally matched.
- The go live date is not yet known but when go ahead is given the centre could be up and running within 3 weeks and up to full capacity in 2 weeks from opening.
- Decisions on whether asylum has been approved could take anywhere from 6 weeks to 6 months. If approval is granted the individual will be issued with their national insurance number and will have 28 days in which to leave the centre, this will be where the local authority will be approached to provide housing.
- If the outcome of application is negative, the individual will have 21 days to leave the centre but they could be relocated to another centre.

### **The Next Steps**

- G4S have been asked to provide a detailed implementation plan over the next few weeks.
- ELR CCG will meet with South Wigston Health Centre to discuss Kennedy house and the potential implications.
- A meeting with G4S to discuss health provision on 23<sup>rd</sup> March 2016 at Kennedy House.
- East Midlands Migration Partnership to explore with other areas potential health impacts.

### **Conclusion**

Further information is needed to fully inform the potential impact on Oadby and Wigston practices and other practices in the surrounding area. A detailed implementation plan is expected from G4S, but further discussions regarding health provision are yet to take place.

### **Recommendation:**

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

**Note and Comment** on the proposed asylum centre.



## UK Visas & Immigration

**Sean Palmer**  
Deputy Director – Asylum  
Operations  
UK Visas and Immigration  
*1st floor Seacole  
2 Marsham Street  
London, SW1P 4DF*

T: 07741 235037

E: [sean.palmer4@homeoffice.gsi.gov.uk](mailto:sean.palmer4@homeoffice.gsi.gov.uk)

Jamie Barrett, Head of Primary Care

[Jamie.barrett@eastleicestershireandrutlandccg.nhs.uk](mailto:Jamie.barrett@eastleicestershireandrutlandccg.nhs.uk)

15 March 2016

Dear Mr Barrett,

### **Asylum Dispersal in Oadby and Wigston**

As you may be aware asylum seekers are accommodated across the United Kingdom while their application for asylum is considered. These arrangements were introduced by the Asylum and Immigration Act 1999 with the intention of ensuring that asylum seekers are dispersed across the UK so that no one local authority area is relied upon to accommodate people seeking support through the asylum system at unsustainable levels. To make sure that this intention is achieved UK Visas and Immigration (UKVI) (part of the Home Office) is working with Local Authorities across the UK to put in place further agreements to disperse asylum seekers. On 24 August 2015 Sarah Rapson, Director General of UKVI, wrote to all the Local Authorities in the East Midlands that do not currently participate in the asylum dispersal scheme.

We have recently met with the Strategic Migration Partnership for the East Midlands and Mark Hall, the Chief Executive of Oadby and Wigston Borough Council to discuss how the area can support the asylum dispersal scheme. Mr Hall has also facilitated meetings with Adult and Community Services, the Police, East Leicestershire and Rutland Clinical Commissioning Group and the Red Cross. Following these productive meetings Oadby and Wigston will become a dispersal area and the Home Office and G4S (its accommodation provider in the area) will start the process of accommodating asylum seekers in Oadby and Wigston. Kennedy House, in Oadby, has already been identified as a potential unit of accommodation that could be used for asylum dispersal and this has been discussed at some length during these meetings. I have asked G4S to draw up a detailed implementation plan that will be shared with partners within the next few days – I would welcome your involvement in implementing the plan. The implementation plan will include details around how G4S intend to operate in the area and what engagement and support you can expect. In addition we would be happy to provide some advice around media handling; I am aware this was a specific point raised by the police and other stakeholders.

We are committed to ensuring your experience of being part of the dispersal scheme remains positive, including through the appropriate placement of asylum seekers in your area. To that end the East Midlands Strategic Migration Partnership will continue to provide any support that is required, drawing upon its experience from and the processes in place in the other areas in the

region that they support. UKVI and G4S would also be happy to discuss this with you; contact details for all three organisations are set out below:

**UKVI** Kirstie Greenwood - Service Delivery Manager [kirstie.greenwood@homeoffice.gsi.gov.uk](mailto:kirstie.greenwood@homeoffice.gsi.gov.uk) ,  
07900 491193

**East Midlands Strategic Migration Partnership**, Sarah Short - Lead Officer,  
[Sarah.Short@emcouncils.gov.uk](mailto:Sarah.Short@emcouncils.gov.uk) , 01664 502635 Mob 07917 558568

**G4S**, Juliet Halstead – Head of Housing, [Juliet.halstead@uk.g4s.com](mailto:Juliet.halstead@uk.g4s.com), 07712 032881

I am writing in similar terms to Chief Constable Simon Cole and John Sinnott, Chief Executive, Leicestershire County Council and copying this to Kirstie, Sarah and Juliet.

Yours sincerely

*Sean Palmer*

Sean Palmer

**F**

**Blank Page**

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

**Front Sheet**

|                             |   |
|-----------------------------|---|
| <b>Title of the report:</b> | <b>Primary Care Delivery Group: Summary Report - March 2016</b> |
| <b>Report to:</b>           | <b>Primary Care Commissioning Committee</b>                     |
| <b>Date of the meeting:</b> | <b>5 April 2016</b>   |
| <b>Report by:</b>           | <b>Jamie Barrett, Head of Primary Care</b>                      |
| <b>Presented by:</b>        | <b>Jamie Barrett, Head of Primary Care</b>                      |

**PURPOSE OF THE REPORT:**

To update the Primary Care Commissioning Committee (PCCC) on the key themes from the newly constituted Primary Care Delivery Group (PCDG)

The below highlights the themes from the March 2016 Meeting.

1. **Public Health Input** – Discussion around PH input to this group reflected in the TOR and also a wider discussion of being involved in service change citing the NHS Health Checks contract change where the CCG/PCDG were not consulted and should have been part of this review. Action was to communicate the group's disappointment at not being involved and clarify PH Input.
2. **PPV 360 Assurance** – For the 2016/17 there were concerns over the sampling size and methodology and we are confirming a revised methodology to ensure that the process is both valid and reliable.
3. **Primary Care Investment.** – The delay of the GP SIP due to the organisational QIPP challenge whereby there needs to be further QIPP delivery on the investment into general practice. So the PCDG have considered which areas can be 'stretched' to evidence impact.
4. **Risk Share** – To ask the PCCC what level of the risk share process can be shared at this group being mindful of conflicts of interest.
5. **TOR** – was agreed but PH input queried

**RECOMMENDATIONS:**

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

**NOTE** the contents of the Primary Care Delivery Group for March 2016.

| <b>REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016:</b>  |   |   |   |
|---|---|---|---|
| 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). |   |   | ✓ |

| <b>EQUALITY ANALYSIS</b>  |
|---|
| An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in respect of this report. The Primary Care Delivery Group will ensure due regard is considered in the consideration of its responsibilities. |