

Meeting Title	Primary Care Commissioning Committee –meeting	Date	Tuesday 1 November 2016
Meeting No.	22.	Time	9:30am – 10:30am
Chair	Mr Clive Wood Chair of the Committee and Lay Member	Venue / Location	Framland Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/16/117	Welcome and Introductions		Clive Wood	Verbal	9:30am
PC/16/118	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/16/119	Apologies for Absences: <ul style="list-style-type: none"> • Dr Tabitha Randell • Dr Nick Glover 	To receive	Clive Wood		
PC/16/120	Declarations of Interest on Agenda items	To receive	Clive Wood		9:35am
PC/16/121	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 4 October 2016	To approve	Clive Wood	A	9:40am
PC/16/122	To Approve minutes of the previous meeting of the ELR CCG Extraordinary Primary Care Commissioning Committee held on 11 October 2016	To approve	Clive Wood	B	
PC/16/123	To Receive Actions and Matters Arising following the meetings held in October 2016	To receive	Clive Wood	C	
PC/16/124	Notification of Any Other Business	To receive	Clive Wood	Verbal	9:45am
OPERATIONAL ISSUES					
PC/16/125	Community Based Services Quality Report - 2015-16	To receive	Khatija Hajat	D	9:50am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
QUALITY AND PATIENT SAFETY					
PC/16/126	Care Quality Commission (CQC) Inspections: <ul style="list-style-type: none"> Long Clawson Medical Centre Enderby Medical Centre 	To receive	Khatija Hajat	E	10:00am
PRIMARY CARE FINANCE REPORT					
PC/16/127	Primary Care Co-Commissioning Finance Report 2016-17: Month 6 (September 2016)	To receive	Donna Enoux	F	10:10am
SUB-GROUP REPORTING					
PC/16/128	Primary Care Delivery Group: Summary Reports (October 2016)	To receive	Jamie Barrett	G	10:20am
ANY OTHER BUSINESS					
PC/16/129		To receive	Clive Wood	Verbal	10:25am
DATE OF NEXT MEETING					
PC/16/130	Date of next meeting: Tuesday 6 December 2016 at 9:30am, Room TBC , ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood		10:30am

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Commissioning Committee held on Tuesday 4 October 2016 at 9:30pm, Gartree Meeting Room, ELR CCG, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Lay Member (Chair of the Committee)
Dr Tabitha Randell	Secondary Care Clinician
Dr Girish Purohit	GP, Locality Lead for Melton, Rutland and Harborough
Mr Tim Sacks	Chief Operating Officer
Mrs Donna Enoux	Chief Finance Officer
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)

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
Dr Tim Daniel	Public Health Consultant, Public Health
Ms Karla Booth	Public Health
Ms Claire Deare	Development Manager, Leicester, Leicestershire and Rutland Local Medical Committee
Ms Sue Staples	Healthwatch Leicestershire
Mr Peter Forrester	Business Manager, Empingham Practice (Practice Manager Representative)
Mrs Khatija Hajat	Primary Care Contracts Manager (for Items PC/16/104 and 106 only)
Mr Salim Issak	Primary Care Support Manager (for Items PC/16/104 and 106 only)
Mrs Kerry Olley	Primary Care Contract Support
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/96	Welcome and Introductions Mr Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC), in particular, Ms Booth, Mrs Hajat, Mr Issak and Mrs Olley. This was followed by introductions by all present.	
PC/16/97	To receive questions from the Public in relation to items on the agenda There were no questions from the members of the public present.	
PC/16/98	Apologies for Absence: <ul style="list-style-type: none"> Mrs Carmel O'Brien Chief Nurse and Quality Officer ; Dr Nick Glover GP, Blaby and Lutterworth Locality 	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>Lead;</p> <ul style="list-style-type: none"> • Dr Vivek Varakantam GP, Oadby and Wigston Locality Lead. 	
<p>PC/16/99</p>	<p>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:</p> <ul style="list-style-type: none"> • PC/16/106 – Care Quality Commission (CQC) Assurance Reports Ms Staples declared a conflict of interest as she is a patient at the Masharani Practice, which is detailed within this report. • Ms Deare declared an interest in relation to all GP Practices as the Local Medical Committee (LMC) provides general support to all Practices. 	
<p>PC/16/100</p>	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 2 August 2016 (Paper A) The minutes of the meeting held on Tuesday 2 August 2016 were approved as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the last meeting. 	
<p>PC/16/101</p>	<p>To Receive Matters Arising following the meeting held on 2 August 2016 (Paper B) The revised matters arising following the meeting held on Tuesday 2 August 2016 were received, with the following updates noted:</p> <ul style="list-style-type: none"> • PC/15/79 – Latham House Medical Practice: Proposed Service Changes - Update Following a conversation with the Practice in relation to service delivery for the next 5 years, Mr Sacks confirmed the Practice have confirmed a 5 year plan is no longer required. Action completed. <p>With regards to the action following receipt of correspondence from the Member of Parliament, Sir Alan Duncan, Mr Sacks clarified that the Practice had received correspondence from the MP which had been shared with the CCG; and a response has been</p>	

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	<p>sent from the Practice to the MP. As the CCG had not received the correspondence directly from the MP, the CCG were not responsible for sending the response back to the MP, as stated within the action.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising and the progress to date. 	
PC/16/102	<p>Notification of Any other Business Mr Wood had not received notification of any additional items of business.</p>	
PC/16/104	<p>GP Practice Cover Arrangements: Christmas and New Year 2016-17 (Paper D) Mr Issak presented this report, which provided a set of principles to be applied in the provision of Primary Medical Services during the Christmas and New Year period across LLR CCGs.</p> <p>It was noted that the set of principles (as detailed in sections 4 and 5 of the report) were the same as those agreed in October 2015 across the three LLR CCGs, and continued to apply this year.</p> <p>In response to Dr Purohit's query whether there were any Practices that closed earlier during this period, Mr Issak confirmed that some Practices do close for half a day on Thursday afternoons, however are being encouraged to remain open as normal; and all Practices to offer additional appointments during the busy period, where possible. For ELR CCG, the Rosemead Drive and the Narborough Health Centre close for half a day on Thursday afternoons and conversations are taking place in order to encourage extending opening times.</p> <p>Mr Sacks confirmed that all four urgent care centres across LLR will be open seven days a week, including the bank holidays, where patients can access GP services too. However, these centres have varying opening hours between 8am and 8pm.</p> <p>Mr Issak drew the Committee's attention to the table on pages, which detailed how the proposed set of principles will be applied across the LLR CCGs.</p>	

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	<p>It was agreed that:</p> <ul style="list-style-type: none"> • Practices to remain open as normal, with the exception of the 2 Practices who close half day on Thursdays that will be requested to remain open longer during the busy period; • All GP Practices will be closed on the bank holidays (i.e. Monday 26 and Tuesday 27 December 2016; Monday 2 January 2016); and • Practices that provide extended opening hours on weekdays / the weekend can continue to do so; or choose to rearrange these sessions two weeks before or after in order to maintain GP access to services during the busy period. <p>It was also agreed that Mr Issak to ensure information is communicated consistently to all Practices and patients (including Healthwatch and the mobile app, 'NHS Now'), in conjunction with the Communications Team.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the set of principles for the provision of primary medical services during Christmas and New Year for 2016-17 for LLR CCGs. 	<p>Salim Issak</p>
<p>PC/16/106</p>	<p>Care Quality Commission (CQC) Assurance Reports (Paper F): Mrs Hajat presented this report, which provided a progress update on the following Practices since their CQC inspections earlier in 2016.</p> <ul style="list-style-type: none"> • Husbands Bosworth Surgery ("Inadequate," January 2016); • Severn Surgery ("Requires Improvement," February 2016); • Market Harborough Medical Centre ("Requires Improvement," March 2016); • Masharani Practice ("Requires Improvement," March 2016). <p>The CCG's Primary Care team have triangulated areas of improvement and noted that many of the actions identified by the CQC were also linked to the Practice's GMS Contract with NHS England and the CCG; as well as the NHS Standard Contract. The CCG has supported each Practice and undertaken assurance visits, following which action plans have been developed and shared with the Practice. Appendices A – D provide each action plan.</p>	

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	<p>In response to Ms Staples’s query whether this process is applied to all Practices, and in particular the Wycliffe Practice, Mrs Goulding confirmed the CQC have a programme of visits and all Practices will be visited. All reports are published on the CQC’s website and a report for the Wycliffe Practice was presented to an earlier meeting of the PCCC.</p> <p>Mr Wood requested the Primary Care Team to review the content and the format of the reports presented, including the action plans. It was suggested a RAG rating column is inserted to obtain a view from the Primary Care Team, which can be easily compared to the CQC’s overall rating and aid understanding of the issues. The progress column could also include the level of engagement from the Practice. It was agreed Mrs Goulding to review the content and the format of future reports and CQC action plans presented to the Committee.</p> <p>Mr Forrester stated the level of support provided by the CCG was absolutely right and fully appreciated by Practices.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. <p><i>[Mr Issak and Mrs Hajat left the meeting].</i></p>	<p>Caroline Goulding</p>
<p>PC/16/103</p>	<p>Conflicts of Interest (Col) Guidance and Primary Care Commissioning Committee Terms of Reference (Paper C)</p> <p>Mrs Bains presented this report, which provided an overview of the key areas of the Conflicts of Interest (Col) guidance published by NHS England in June 2016.</p> <p>At its meeting in September 2016, the Audit Committee received and approved the CCG’s Col Policy, which had been reviewed and updated in line with the newly published guidance by NHS England, subject to further discussions at the PCCC due to specific requirements within the new guidance that have an impact on the terms of reference of the PCCC. The areas for consideration by the Committee were discussed as follows:</p> <ul style="list-style-type: none"> • Section 6 of the report outlined NHS England’s mandatory guidance which the Committee needs to adhere to – 	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>a) The Committee should have a lay chair as well as a lay vice-chair;</p> <p>b) The GPs on the Committee should no longer have voting rights;</p> <p>c) The Committee may wish to establish sub-groups to assist with its functions, however such groups cannot make decisions, decision-making rests with the Committee; and</p> <p>d) Consideration to be given to appointing a lay chair to chair the sub-groups of the Committee.</p> <p>It was noted these areas have been incorporated into the approved Col Policy.</p> <p>It was felt that conflicts (and declarations) of interest are appropriately managed within the CCG and in order to maintain the CCG as a clinically-led organisation, it was requested a GP member of the Committee to form part of the quoracy of the membership as this was a core responsibility of the Committee. It was acknowledged that although GP members on the Committee would no longer have voting rights as stipulated by NHS England, it was also noted that continued involvement from the clinicians at ELR CCG and regular attendance at the meetings was absolutely critical.</p> <p>With regards to the sub-groups, it was noted that the Primary Care Delivery Group (PCDG) does not have any decision making powers as it is an operational group which reports to the Committee. However, the consideration of appointing a lay member to Chair this Group may incur additional costs for the CCG as this may not be the best use of financial resources.</p> <ul style="list-style-type: none"> • The NHS England guidance “encourages” that all 3 lay members of the CCG be members of the Primary Care Commissioning Committee. Although it is not mandatory, it is considered to be good practice. <p>This was reviewed in detail at the meeting of the Audit Committee in September 2016 and it was agreed that should all Lay Members be members of the PCCC, the Chair of Audit Committee would be conflicted as he has a scrutiny role in respect of primary care commissioning and also provides quarterly assurance to NHS England in relation to progress with primary care commissioning. However,</p>	

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	<p>NHS England's guidance allows the Chair of the Audit Committee to be a member of the PCCC, although not the chair.</p> <ul style="list-style-type: none"> The Committee will recall that the terms of reference for the PCCC were reviewed and amended recently to include the Secondary Care Clinician as the vice chair of the Committee in order to strengthen the governance arrangements and ensure sufficient clinical engagement and to be able to manage the conflicts inherent in the membership of the Committee. However, on behalf of the Audit Committee, Mrs Bains has requested further guidance / clarification from NHS England in respect of having the Secondary Care Clinician as the vice chair of the Committee as opposed to having a lay member as vice chair. A response has not been received from NHS England to date. <p>It was noted that the attendance and support of Dr Randell at the PCCC was valued; and having all 3 lay members on the Committee may not be possible given the wider responsibilities and current commitment of the lay members.</p> <p>Appendix 1 of the report included an updated version of the Terms of Reference for the Committee, with changes highlighted in red text to reflect the mandatory requirements from NHS England. However, does not include best practice in relation to have all 3 lay members of the CCG on the Committee. The role of the Secondary Care Clinician has not been amended, subject to a response from NHS England.</p> <p>It was noted that it was unusual for such guidance to be so explicit with its mandatory requirements. Mrs Bains confirmed where the CCG does not comply with these areas, it will be required to explain the reasons for non-compliance.</p> <p>It was agreed to:</p> <ol style="list-style-type: none"> accept the proposals to the amended Terms of Reference, and areas of non-compliance to be fully justified (with cost implications and limited lay member availability); note the comments and concerns raised by the Committee; liaise with NHS England to obtain clarification of the 	<p>Daljit Bains</p>

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>role of the Secondary Care Clinician as the Vice Chair of the Committee; and</p> <p>d) present updated terms of reference to the Governing Body in October 2016 for approval.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and AGREE the amendments to the updated Terms of Reference for the PCCC (subject to the role of the Secondary Care Clinician), prior to approval at the next Governing Body meeting. 	
<p>PC/16/105</p>	<p>Asylum Dispersal in South Wigston: Update October 2016 (Paper E)</p> <p>Mr Barrett presented this report, which provided an update on the current arrangements for primary care provision for residents of the asylum dispersal centre, Kennedy House, South Wigston.</p> <p>The Committee may recall that in May 2016, it approved the commissioning of Inclusion Healthcare, service providers of the Assist Service in Leicester City CCG, to provide primary care services to the residents of Kennedy House. This service has been commissioned through an APMS contract directly with Inclusion healthcare until 31st March 2017 for services to be provided from the Assist Practice site within Leicester City CCG. It was noted that LC CCG have not objected to this arrangement.</p> <p>Between May and June 2016, G4S (the largest government contracted accommodation provider) began dispersal to Kennedy House, which has registered 50 patients aged between 18-46 years of old; and 167 appointments utilised so far. However, they have also noted a number of patients that 'Did not attend' (DNA's), which is under investigation; and 1 patient has moved out. Appendix A includes the full report from Inclusion healthcare.</p> <p>It was noted that the CCG had initially funded £33,000 for the registration of 100 patients and as the asylum process has proven to be quite slow; it was noted that the CCG will be reimbursed part of the funding, which was positive given the CCG's financial situation.</p> <p>A multi-agency asylum forum has been set up, which meets on a bi-monthly basis and includes representatives from the CCG, Inclusion Healthcare and key voluntary sector organisations with a focus on Asylum wellbeing. A number</p>	

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	<p>of initiatives have been identified, such as the provision of basketball nets and balls / footballs and bikes; as well as a welcome barbeque. The local police have offered support with Bike maintenance and Road Safety.</p> <p>With regards to next steps, it was noted that:</p> <ul style="list-style-type: none"> • As LC CCG are about to undertake a procurement of their Asylum and Homeless healthcare service, ELR CCG will liaise with LC CCG in relation to commissioning asylum services beyond March 2017; and continue to be an active stakeholder in the multi-agency asylum forum. • Regular contract review meetings will continue to take place between the CCG and Inclusion Healthcare to monitor progress and performance to date. <p>In response to Mr Sacks's query requesting clarification in relation to the current position of the procurement process, Mr Barret confirmed this is currently under review with LC CCG.</p> <p>Dr Daniel queried whether local Public Health services had been involved or engaged with this service as these individuals could be an increased risk to the general population. Mr Barrett believed public health had been considered by the Assist Service within LC CCG and could obtain clarification in relation to Public Health involvement in ELR CCG. It was agreed Mr Barrett to review the level of local public health involvement and engagement with the asylum service at Kennedy House.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	<p>Jamie Barrett</p>
<p>PC/16/107</p>	<p>Primary Care Co-Commissioning Finance Report 2016-17: Month 5, August 2016 (Paper G)</p> <p>Mrs Enoux presented this report, which provided a summary of the financial position of the primary care budgets for Month 5, August 2016.</p> <p>It was noted that a number of areas were reporting a breakeven position at this stage due to the unavailability of in-year reporting information, which will be available and detailed in Month 6.</p> <p>Appendix 1 of the report provided the year to date (YTD)</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>and forecast position for the total primary care expenditure areas – Month 5 shows a YTD underspend of £240k and an annual forecast underspend of £345k, which are summarised as follows:</p> <ul style="list-style-type: none"> • Budgets overspent: Community Based Services; Co-Commissioning; and Northern Doctors; • Budgets underspent: Prescribing; and GP IT; • Budgets that breakeven: GP Support Framework (7 Day working); and Primary Care Licences and Other. <p>Appendix 2 of the report provided the reported positions for the primary care co-commissioning expenditure areas - Month 5 shows a YTD overspend of £153k and a forecast overspend of £404k. The main areas of forecasted over and under spend were detailed on page 3 of the report.</p> <p>Mr Sacks noted the amounts quoted for the over and under spends on page 3 of the report may not be fully accurate as these were forecasted figures against the original budget and need to be reviewed in line with current budget reporting figures due to activity undertaken and progress made. It was agreed Mrs Enoux to review the detail with Mr Sacks and Mr Barrett to clarify and confirm actual spend as this is a standalone budget.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	<p>Donna Enoux</p>
<p>PC/16/108</p>	<p>Primary Care Delivery Group (PCDG): Summary Report August and September 2016 (Paper H)</p> <p>Mr Barrett presented this report, which provided an update on the key themes from the PCDG meeting held in September 2016:</p> <ol style="list-style-type: none"> 1. National Diabetes Prevention Programme – There has been a poor uptake to the programme from ELR CCG with only 20 referrals since the programme has started, despite promotion at locality level and weekly updates from NHS England. <p>It was noted that as individual Practices will be targeted following a review of the data; it was suggested Practice Managers are contacted in the first instance.</p> <p>Dr Randell stated that obesity is not a medical</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>condition and patients are informed of the associated risks; and it is their choice whether they attend the referral appointment, or not. In addition, Dr Daniel stated it would be helpful to review the data in order to identify areas of improvement, and for Public Health to support the CCG to improve the number of referrals.</p> <p>2. Avoiding Unplanned Admissions (AUA) Direct Enhanced Service (DES) / Dispensing Services Quality Scheme (DSQS) Visits – Following receipt of guidance from NHS England to recover monies from Practices who have over claimed in components of the AUA DES payments for 2015-16; the CCG is required to reconcile these costs, which equate to approximately £20k. It was noted the recovered costs will form part of the finances for 2016-17.</p> <p>With regards to the DSQS, visits will be taking place to the 5 ELR CCG Practices who have a dispensing pharmacy in conjunction with NHS England's Pharmacy Team and the CCGs Medicines Quality Team. Mrs Goulding confirmed Practices are supported during this process and given time to submit evidence, which Mr Forrester confirmed was welcomed by Practices; and thanked the Primary Care Team for their continued support.</p> <p>3. Primary Care Priorities and Future Planning – The PCDG queried where CCG specific initiatives fell into the Sustainability and Transformational Plans and the Commissioning Intentions across LLR.</p> <p>It was noted that QIPP schemes are in place, which are being considered and ideas being generated. It was agreed Mr Sacks attends the next meeting of the PCDG.</p> <p>Mr Sacks queried whether the role of the PCDG could be reviewed as this Group has a broad role to review and work through a number of primary care issues in line with the long term strategic direction of primary care. It was suggested whether a more formal programme could be developed to deliver the work required; and for information to be provided to the Group in a timely manner.</p> <p>It was RESOLVED to:</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<ul style="list-style-type: none">• RECEIVE the report.	
PC/16/109	Any other Business There was no other business to discuss.	
PC/16/110	Date of next meeting: The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 1 November 2016 at 9:30am in the Framland Committee room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB. Apologies received from Dr Randell.	

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Extraordinary Primary Care Commissioning Committee held on Tuesday 11 October 2016 at 9:00am, Gartree Meeting Room, ELR CCG, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Dr Tabitha Randell	Secondary Care Clinician (Chair)
Dr Nick Glover	GP, Blaby and Lutterworth Locality Lead
Dr Girish Purohit	GP, Locality Lead for Melton, Rutland and Harborough
Mr Tim Sacks	Chief Operating Officer
Mrs Donna Enoux	Chief Finance Officer
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications and Engagement
Mrs Jennifer Fenelon	Healthwatch Rutland
Ms Sue Staples	Healthwatch Leicestershire
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/111	<p>Welcome and Introductions</p> <p>Dr Randell welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC).</p> <p>It was noted that, in the absence of Mrs Donna Enoux, Chief Finance Officer, the meeting was not quorate. It was decided to begin the meeting and refrain from making any decisions until the meeting is quorate.</p>	
PC/16/112	<p>To receive questions from the Public in relation to items on the agenda</p> <p>There were no questions from the members of the public present.</p>	
PC/16/113	<p>Apologies for Absence:</p> <ul style="list-style-type: none"> • Mr Clive Wood, Lay Member and Chair of the Committee • Dr Vivek Varakantam GP, Oadby and Wigston Locality Lead Mrs Carmel O'Brien Chief Nurse and Quality Officer; • Dr Tim Daniel, Public Health Registrar; • Ms Claire Deare, Development Manager, Leicester, Leicestershire and Rutland Local Medical Committee; • Mr Peter Forrester, Business Manager, Empingham 	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Practice (Practice Manager Representative).	
PC/16/114	<p>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:</p> <ul style="list-style-type: none"> • CPC/16/77: Long Street Surgery: Future Commissioning Options Dr Varakantam declared a conflict of interest as the Practice falls within his locality. 	
PC/16/115	<p>Long Street Surgery: Future Commissioning Options (Paper A) Mr Barrett presented this report, which provided the outcome of the public and patient consultation and engagement exercise.</p> <p>Mr Barrett summarised activity for the Long Street Surgery as follows:</p> <ul style="list-style-type: none"> • December 2015 – Care Quality Commission (CQC) removed the registration, which was appealed; • December 2015 – June 2016 - Caretaking arrangements implemented by the CCG and provided by the Wigston Central Surgery; • June 2016 – CCG terminated the PMS contract and issued an APMS contract with the Caretaking Services until 30 September 2016 (that was extended until 30 November 2016); • August 2016 – legal process concluded; Partners applied to cancel their CQC registration following an agreement to a consent order with the CQC. CCG sought advice from NHS England and its Solicitors; • September 2016 – public consultation undertaken; • Total costs to ELR CCG incurred to date - £617k. <p>During the consultation process, patients of the Long Street Surgery were requested to provide their indication of the following two options:</p> <ul style="list-style-type: none"> • Option One: All patients to register with a Practice of their choice Current patients being offered a choice of Primary Care providers dependent on the location of their residential address – range of Providers within a proximity of the area; majority of care would be 	

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	<p>provided from within the same building; minimal redundancy to existing staff; dispersal rate of £4.50 per patient (total additional cost £22,084).</p> <ul style="list-style-type: none"> • Option Two: Procure an alternative provider for Long Street Patients ELR CCG would be required to extend / source a caretaking provider to provide primary care services for the time whilst the procurement took place and a new provider found; this could be anything from 6-9 months and cost of £57k per month (£513k additional cost pressure). <p>Appendix A of the report provided the detailed consultation report by Arden and GEM CSU, as an independent party. During the 4 week consultation process, the following activity was undertaken:</p> <ul style="list-style-type: none"> • A total of 364 survey responses were received with additional information coming into the CCG via verbal, face-to-face and written communication; • Approximately 75 members of the public attended the 2 drop-in sessions held in September 2016. <p>Of the 364 responses received, the results were declared as follows:</p> <ul style="list-style-type: none"> • Option 1: 194 (55%) people in favour; • Option 2: 161 (45%) people in favour; • 9 survey responses received did not indicate a preferred option. <p>It was noted that the consultation process has received a very good response rate, due to the work by the Primary Care and Communications Teams.</p> <p>From the feedback received, the CCG needs to consider the following key elements:</p> <ul style="list-style-type: none"> • continuity of care was important to patients; • to avoid a long tendering process; • patients value being part of a smaller practice; many had been there for a number of years; want minimal change; • felt the situation has been mismanaged by the CQC and CCG; • Patients want quick appointments and need reassurance; • information sharing needs to be timely and honest. 	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p><i>[Mrs Enoux joined the meeting].</i></p> <p>Appendix B of the consultation report provided verbatim comments made during the consultation in relation to any other details they wished the CCG to consider – it was noted that patients were content with the care provided at the Surgery; and Dr Dayah was commended highly within the comments received. Appendix C of the consultation report provided a breakdown of equality data collated.</p> <p>Comments received from stakeholder in response to the proposed options were summarised as follows:</p> <ul style="list-style-type: none"> • LLR LMC - understand the difficulties of procurement exercise; unable to procure a GMS contract and oppose replacing this with APMS contract. Prefer Option one, provided the list dispersal policy reflects the workload on the receiving practices; • Healthwatch Representatives - the matter should be resolved efficiently and communicated effectively, including the establishment of a patient hotline to assist in registering with another practice; • NHS England – procurement process can be less than the 6-9 months; however, would have to disperse the GMS Contract and issue an APMS contract. <p>It was noted that a GMS contract was limited in terms of its service provision, but there was no clear evidence that this contract was a better than an APMS contract; and a procurement exercise may not increase the choice of Providers.</p> <p>In response to Dr Scott’s query regarding the length of the contract should an alternative provider be procured, Mr Barrett confirmed a contract would have to be agreed for a 5 year period, followed by a re-procurement exercise.</p> <p>Mrs Fenelon raised an issue in relation to whether the dispersal of the patient list size (2,500 as of October 2016) at the Long Street Surgery would have an impact on capacity issues at neighbouring Practices. Mr Barrett confirmed a modelling exercise has been undertaken with the neighbouring Practices who have confirmed the following capacity based on current list sizes and capacity limits:</p> <ul style="list-style-type: none"> • Wigston Central – 1,220 patients; 	

ITEM	DISCUSSION	LEAD RESPONSIBLE						
	<ul style="list-style-type: none"> • Bushloe End Surgery – 1,900 patients; • South Wigston Medical Practice – 777. <p>Mr Barrett drew the Committee’s attention to section 14 of the report, which provided a breakdown of the advantages and disadvantages associated with each proposed option; including financial implications, which require approving by the Governing Body. It was noted that Mr Barrett will be meeting staff at the Long Street Surgery, and are being supported with sourcing alternative employment following the outcome of this meeting. Dr Varakantam informed the Committee that the Croft Medical Centre have recruited a Receptionist from the Long Street Surgery.</p> <p>In summary, Mr Barrett concluded the legal process has concluded and in order to maintain continuity of care and stability of services within the Wigston area, it was imperative that the future of the Long Street Surgery is concluded promptly. Taking into consideration of the results of the public consultation and stakeholder engagement exercise, the Committee was requested to agree a preferred option for the future commissioning of Long Street Surgery.</p> <p>In light of the above, the following voting members declared their preference in relation to the options presented:</p> <table border="1" data-bbox="338 1312 1177 1574"> <thead> <tr> <th data-bbox="338 1312 959 1350">Option:</th> <th data-bbox="963 1312 1177 1350">For:</th> </tr> </thead> <tbody> <tr> <td data-bbox="338 1357 959 1496">One: All patients to register with a Practice of their choice</td> <td data-bbox="963 1357 1177 1496">Dr Randell Dr Scott Mr Sacks Mrs Enoux</td> </tr> <tr> <td data-bbox="338 1503 959 1574">Two: Procure an alternative provider for Long Street Patients</td> <td data-bbox="963 1503 1177 1574">None</td> </tr> </tbody> </table> <p>It was agreed for Dr Randell to present a verbal summary to the next Public meeting of the Governing Body and obtain approval of the total costs associated with Option one (£22,084).</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report; and AGREE to disperse the patient list size, subject to approval of the associated costs by the Governing Body. 	Option:	For:	One: All patients to register with a Practice of their choice	Dr Randell Dr Scott Mr Sacks Mrs Enoux	Two: Procure an alternative provider for Long Street Patients	None	
Option:	For:							
One: All patients to register with a Practice of their choice	Dr Randell Dr Scott Mr Sacks Mrs Enoux							
Two: Procure an alternative provider for Long Street Patients	None							

ITEM	DISCUSSION	LEAD RESPONSIBLE
PC/16/116	<p>Date of next meeting: The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 1 November 2016 at 9:30am in the Framland Committee room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB.</p> <p>Apologies received from Dr Randell.</p>	

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

ACTION NOTES

Key

Completed

On-Track

No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 26 October 2016	Status
PC/16/104	October 2016	GP Practice Cover Arrangements: Christmas and New Year 2016-17	Salim Issak	To ensure information regarding the Christmas / New Year opening times is communicated consistently to all Practices and patients (including Healthwatch and the mobile app, 'NHS Now'), in conjunction with the Communications Team.	October 2016	Practices are in the process of returning their activity returns to the CCG. Action ongoing.	AMBER
PC/16/106	October 2016	Care Quality Commission (CQC) Assurance Reports	Caroline Goulding	to review the content and the format of future reports and CQC action plans presented to the Committee.	October – November 2016	Work in progress. Action ongoing.	AMBER
PC/16/103	October 2016	Conflicts of Interest (Col) Guidance and Primary Care Commissioning Committee Terms of Reference	Daljit Bains / Chair of the PCCC	To: a) Obtain clarification from NHS England in relation to the role of the Secondary Care Clinician as the Vice Chair of the Committee; and	October 2016	A response has been received from the National NHS England Team, which is currently under review by the local NHS England Team. Verbal update to be provided at the meeting. Action ongoing.	AMBER

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 26 October 2016	Status
				b) present an update to the Governing Body in October 2016 for approval.	October – November 2016	Dr Randell presented an update to the Governing Body in October 2016 as part of the PCCC Summary Report (see Paper J). The amended terms of reference were approved, subject to clarification from NHS England; and an update to be provided to the PCCC meeting. Action complete.	GREEN
PC/16/105	October 2016	Asylum Dispersal in South Wigston: Update October 2016	Jamie Barrett	To review the level of local public health involvement and engagement with the asylum service at Kennedy House.	October 2016	Public Health Speciality Registrar link between the CCG and Public Health and informed of progress to date. Action complete.	GREEN
PC/16/107	October 2016	Primary Care Co-Commissioning Finance Report 2016-17: Month 5, August 2016	Donna Enoux / Tim Sacks / Jamie Barrett	To review the reported areas within the Primary Care Co-Commissioning budget with Mr Sacks and Mr Barrett and clarify / confirm actual over and underspend based on activity to date.	October 2016	Work in progress – verbal update to be provided at the meeting. Action ongoing.	AMBER

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 26 October 2016	Status
PC/16/108	October 2016	Primary Care Delivery Group (PCDG): Summary Report August and September 2016	Tim Sacks	To attend the next meeting of the PCDG to review and consider primary care priorities / future planning of services.	October – November 2016	Mr Sacks to attend the next meeting of the PCDG in November 2016. Action ongoing.	AMBER

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

Front Sheet

REPORT TITLE:	2015-16 Community Based Services Quality Report
MEETING DATE:	1 November 2016
REPORT BY:	Khatija Hajat Primary Care Contracts Manager
SPONSORED BY:	Jamie Barrett Head of Primary Care
PRESENTER:	Khatija Hajat Primary Care Contracts Manager

PURPOSE OF THE REPORT
<p>To update the Primary Care Commissioning Committee on 2015-16 Community Based Services (CBS) quality reporting. Key points will cover themes from:</p> <ol style="list-style-type: none">1. CBS reports submitted by GP practices providing secondary care bloods, minor injuries, Gonadorelin, INR, NPT and Minor Surgery L5-7 services.2. Self-assessment templates submitted by Optometry providers of IOP service.3. Self-assessment templates submitted by pharmacists providing palliative care drugs service.
RECOMMENDATIONS:
<p>The East Leicestershire and Rutland CCG Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none">• RECEIVE contents of report

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016: (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 (Respond by inserting /completing one of the three statements below, delete the ones that does not apply)
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 is not required at this point.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risks:</p> <ul style="list-style-type: none"> • BAF3 – Primary Care

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

**2015-16 COMMUNITY BASED SERVICES QUALITY REPORT
01 NOVEMBER 2016**

Background

1. From April 2014, CCGs were required to commission Community Based Services (CBS) (previously known as Local Enhanced Services commissioned by NHS England) using the NHS Standard Contract.
2. The NHS Standard Contract requires the CCG to apply national terms and conditions and monitor quality performance based on national and local quality standards.
3. A Quality Schedule was developed by the quality team with a list of indicators and measurements for GPs, Opticians and Pharmacists (See Appendix A, B and C. In consultation with GP providers a reporting template was developed and practices were required to complete the template providing evidence to demonstrate compliance against each indicator. Optometrists and Pharmacists were issued with a self-assessment template for declaring compliance against each of the indicators. This approach was used in 2014-15 and 2015-16.
4. The Quality Schedule for GP providers was updated with additional indicators for 2015-16. The Optometry and Pharmacy Quality schedules remained unchanged from previous year.
5. All CBS reports submitted by practices were reviewed by both the Primary Care and Quality directorates.
6. The purpose of this report is to update the PCCC on the outcome of 2015-16 quality reporting of community based services provided by GPs, Optometrists and Pharmacists.

GP Practices Providing Community Based Services

7. In 2015-16 GP practices in the CCG provided the following community based services:
 - Secondary care bloods
 - Minor injuries
 - Gonadorelin
 - INR

- Near Patient Testing
- Minor Surgery L5-7 – provided by Uppingham surgery and South Wigston surgeries only

8. The table below provides the number of practices rated red, amber or green against each of the 2015-16 quality schedule indicators. Long Street Surgery has been excluded as the contract has now been terminated.

Indicator	Description	No. of practices rated Red	No. of practices rated Amber	No. of practices rated Green
1	Infection Control	0	6	25
2	Infection Control	2	6	23
3	Infection Control	13	7	11
4	Patient Safety Alerts	0	2	29
5	Serious Incident Reporting	0	0	31
6	Incident reporting	0	2	29
7a	Safeguarding Adults and Children	0	0	31
7b	Safeguarding Adults and Children	9	1	21
8	Complaints Monitoring	0	2	29
9	NICE Guidance	3	0	28
10	Clinical Audit	8	5	18
11	Patient Experience	0	0	31
12	Compliance with Oral Anticoagulation Operational Guidance	0	0	31
13	INR Schedule Return	0	0	31
14	INR – non-attendance	0	0	31
15	Minor Surgery L5-7 Histology Audit	1	0	2
16	Minor Surgery L5-7 – Education	1	0	1
17	Omitted for 2015-16	N/A	N/A	N/A
18	Minor Injuries	21	2	8

9. The majority of practices were rated green for the majority of indicators. However indicators where the majority of practices were red include:

- Indicator 3 – infection control
- Indicator 18 – minor injuries audit

Optometrists providing Intra Ocular Pressure Service

10. The Intra-Ocular Pressure (IOP) Service is provided by a number of accredited providers in the CCG. The service was developed with the aim of reducing referrals into secondary care and providing a cost-effective solution in the community.

11. All but two providers of the service (out of a total of 18) reported compliance against all the quality schedule indicators. This is shown in the table below:

Indicator	Description	No. of practices rated Red	No. of practices rated Amber	No. of practices rated Green
1	Infection Control	0	0	19
2	Infection Control	0	0	19
3	Infection Control	0	0	19
4	Patient Safety Alerts	1	1	17
5	Serious Incident Reporting	0	0	19
6	Incident reporting	0	0	19
C1a	Risk Register	0	0	19
7a	Safeguarding Adults and Children	0	0	19
7b	Safeguarding Adults and Children	0	1	18
8	Complaints Monitoring	0	0	19
9	NICE Guidance	0	0	19
10	Clinical Audit	1	0	18
11	Patient Experience	0	1	18
12	Quality in Optometry	0	0	19

Pharmacists Providing Palliative Care Drugs Service

12. The Palliative Care Drugs service is provided by 7 pharmacies in the CCG. The aim of this service is to improve the accessibility of palliative care and specialist drugs for patients in the community. All but 1 pharmacy reported compliance against all the quality schedule indicators.

This is shown in the table below:

Indicator	Description	No. of practices rated Red	No. of practices rated Amber	No. of practices rated Green
1	Infection Control	0	0	8
2	Infection Control	0	0	8
3	Infection Control	0	0	8
4	Patient Safety Alerts	0	0	8
5	Serious Incident Reporting	0	0	8
6	Incident reporting	0	0	8
7a	Safeguarding Adults and Children	0	0	8
7b	Safeguarding Adults and Children	0	0	8
8	Complaints Monitoring	0	0	8
9	NICE Guidance	0	1	7
10	Clinical Audit	0	0	8
11	Patient Experience	0	0	8
12	Stock Availability	0	0	8
13	Controlled Drugs	0	0	8

Quality Outcomes

13. Feedback reports were issued to providers of community based services i.e. GPs, Pharmacies and Opticians. These detailed actions required with a deadline for returning signed Declaration of Compliance statement confirming all required actions completed or in the process of being completed.
14. At the time of writing the CCG has received signed Declaration of Compliance from all providers of CBS services apart from 3 GP providers. Efforts are continuing in various forms including through discussion at PM forums, PCDG meetings, individual reminder emails and follow-up telephone calls for the outstanding Declaration of Compliance reports.

RECOMMENDATIONS

15. Members of the Primary Care Commissioning Committee are asked to:

- **RECEIVE** contents of report
- **CONSIDER** process to be applied for managing the 2016-17 Community Based Services. Options are:
 - Continue to adopt a “light touch” approach and adopt the 2015-16 process for all provider groups i.e. self-assessment templates for Pharmacists and Optometrists and annual practice reports to be submitted by GP providers
 - Adopt 2015-16 process applied to GP practices requesting annual reports from all 3 provider groups
 - Adopt process of contract monitoring and reviewing provider performance that is used by the CCG contracting team for other providers of NHS services commissioned using the NHS Standard Contract

APPENDIX A – 2015-16 GP COMMUNITY BASED SERVICES QUALITY SCHEDULE

Applicable to CBS		Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency	Data Collection Responsibility
ALL	1	<p>Infection Prevention and Control The Provider will take all reasonable measures to minimise the risk and spread of infection between patients and staff. This includes having appropriate arrangements for infection control and decontamination and to provide the services in accordance with relevant national guidance/best practice e.g.</p> <ul style="list-style-type: none"> - National Institute of Health and Clinical Excellence (NICE) clinical guidelines 139 	The provider will have a robust infection prevention and control policy/s relevant to this service in full use and implementation demonstrated	Current infection control policy relevant to service in place	<p>Red - no policy/s is place Amber policy/s is place but is not in date Green – policy/s is place and in date</p>	Annually	Practice
ALL	2	<p>Ensure the environment and equipment used for patient care is fit for purpose and decontaminated in line with national guidelines</p>	Ensure the environment and equipment used for patient care is fit for purpose and decontaminated in line with national guidelines	Audit of compliance with best practice in relation to the environment and decontamination. Outcome and recommendations for improvements to be shared with commissioners on request	<p>Red - no decontamination processes are in place Amber process in development or inappropriate Green – appropriate process in place being implemented</p>	Annually	Practice

ALL	3	<p><i>Prevention and control of healthcare-associated (March 2012)</i></p> <ul style="list-style-type: none"> • Hygiene Code • Health and Social care Act 2008 • Health Building notes 	All staff involved in the service will receive a review of training needs and appropriate and sufficient infection prevention training relevant to service	Training records	<p>Red ≤90% of staff receive infection prevention and control training relevant to service</p> <p>Amber 91% - 99% of staff receive infection prevention and control training relevant to service</p> <p>Green 100% of all new staff receive infection prevention and control training as part of their induction to the service</p> <p>OR Training needs analysis demonstrates infection prevention and control training is not relevant to service</p>	Quarterly	Practice
ALL	4	<p>Patient Safety Alerts All Central Alerting System :- Patient Safety Alerts; Rapid Response Reports, MHRA (NPSA PSA and RRR) relevant to the service are responded to and actioned within the allotted timeframe within the alert</p>	All CAS alerts received related to the service are actioned in the allotted timeframe	<p>Number of CAS alerts received relating to service actioned within allotted timescales / Total number of CAS alerts relating to service received</p> <p>Data source is the CAS alerts website.</p>	<p>Red - <100% CAS alerts received relating to service actioned within allotted timescales</p> <p>Green - 100% CAS alerts received relating to service actioned within allotted timescales</p>	Annually	Practice
ALL	5	Serious Incident reporting (including Duty of Candour)	Serious Incident reporting in line with the NHS England Serious Incident Framework. Share learning where appropriate through locality meetings.	Number of SIs related to this service reported to LLR Patient Safety Team within given timescales	<p>Red – non-compliance with framework</p> <p>Green – Compliance with framework</p>	Real-time	CCG Quality Team

ALL	6	Incident Reporting (including Duty of Candour)	<p>Record of incidents reported by the service, lessons learnt, themes and trends and actions taken to minimise future risks.</p> <p>Report all patient safety incidents or suspected patient safety incidents within the agreed timescales to the patient and any other relevant person.</p>	<p>Incident log (including near misses) relating to this service. Including:</p> <ul style="list-style-type: none"> - Date of incident - Date incident reported - Summary of investigation - Date verbally reported to the patient or other relevant person. - Evidence of Action Plan and lessons learned, including analysis of themes and trends 	<p>Red – no report received or none compliant</p> <p>Amber – Report received no analysis of incident themes and trends or lesson learnt</p> <p>Green – Report received with full analysis</p>	Annually	Practice
ALL	7	Safeguarding Adults and Children	<p>Demonstrate completion of agreed recommendations and application of learning within the organisation from actions arising from:</p> <ul style="list-style-type: none"> - Domestic Homicide Reports - Individual Management Review's - Overview Reports (Safeguarding Boards) <p>that are pertinent to the service</p>	<p>Action plan for implementation of recommendations to be produced in the event of an event or arising from national or local learning relating to service</p>	<p>Red – Report not received</p> <p>Green – report received including action plan</p>	Real-time Exception reporting	CCG Quality Team
	7b		<p>All staff involved in the service will receive a review of training needs and appropriate and sufficient Safeguarding training (Adults and Children) relevant to service</p>	<p>Training records</p>	<p>Red ≤90% of staff receive safeguarding training relevant to service</p> <p>Amber 91% - 99% of staff receive safeguarding training relevant to service</p> <p>Green 100% of all new staff receive safeguarding training relevant to the service</p>	Quarterly	Practice

ALL	8	<p>Complaint monitoring and reporting (including monitoring of themes and trends) All complaints reported in line with the NHS complaints policy. (2009)</p>	<p>100% of complaints must be resolved within timescales set out in local policy.</p> <p>Evidence of learning from complaints and actions for improvement undertaken.</p>	<p>Complaints log including:</p> <ul style="list-style-type: none"> - Number of complaints received related to this service / number of patient contacts for this service - Number of complaints upheld by the Ombudsman - Timescale for responding to complaints - Themes identified from complaints - Actions taken / planned to improved service as a result of complaints 	<p>Red – report not received Amber – report received but elements of complaints log missing Green – report received including all elements.</p>	Annually	Practice
ALL	9	<p>NICE Guidance and Technology Appraisals Compliance with new NICE guidance and technology appraisals relevant to service</p>	<p>Evidence of review and self-assessment of NICE Guidance and Technology appraisals.</p> <p>Compliance with applicable guidance and implementation where clinically appropriate</p>	<p>Provider report - Assurance statement to include the new NICE guidance available and whether it has been adopted</p>	<p>Red - no assurance statement in the provider report Amber completed assurance statement in the provider report but does not include new guidance and whether it has been adopted Green completed assurance statement in the provider report include the new NICE guidance available and whether it has been adopted</p>	Annually	Practice
ALL	10	<p>Clinical Audit</p>	<p>Clinical audit programme of locally prioritised and national audits relevant to service, including timescales. Topics should include elements of the Community Based Services delivered. These audits should focus on the quality and safety of the services delivered to</p>	<p>Audit plan for service. This will be captured in the annual practice visit</p>	<p>Red - audit plan is not in place and no audits are undertaken Amber - audit plan is in place however the provider is either not meeting agreed timescales of audits undertaken or not</p>	Annual	Practice

			patients		feedback results and/or action plans for remedial action to commissioner Green audit plan is in place and provider is meeting agreed timescales of audits undertaken and results and action plans for remedial action relayed to commissioner		
ALL	11	Patient Experience – Improvement in the self-reported experiences of patients accessing the service	The practice completes an annual patient survey which should include a range of patients including those who use the community based services provided by the practice. This should be a representative sample of the practice list size. The practice should identify and act upon feedback about the services and be able to evidence what has been done in year. OR Implementation of Friends and Family Test for patients accessing the services highlighting in year improvements	Survey for patients/ users to complete on experience with service including actions for improvement	Red < 75% respondents would be highly likely to refer a family or friend to the service Amber 75% - 79.99% would be highly likely to refer a family or friend to the service/actions for improvement Green 80% or more would be highly likely to refer a family or friend to the service and no actions for improvement	Annually Quarterly	CCG Quality Team
INR	12	Compliance with Oral Anticoagulation Operational Guidance for General Practice in East Leicestershire & Rutland National Patient Safety Agency – Anticoagulation	Full compliance with Guidance Completion of NPSA Audit – NRLS 0440 Actions that can make anticoagulation therapy safer.	Audit of staff competency frameworks within guidance This should be available for commissioners to view on request.	Red – audit not completed Amber – Audit completed and non-compliance identified but no actions for improvement	Annually	Practice

		Audit			Green – audit completed including actions for improvement where necessary		
INR	13	INR Schedule Return	Fully completed INR Schedule, returned to CCG within agreed timescales	INR Audit Register (held by CCG)	Red – report not received Amber – INR audit received completed, but outside of agreed timescales OR INR audit not fully completed Green – INR audit received completed, and within agreed timescales	Quarterly	Practice
INR	14	Non-attendance: percentage of appointments not completed due to patient non-attendance or late cancellation	<2% of INR appointments not completed on the same day that they are due	INR Audit Register (held by CCG).	Red - >2% INR appointments not completed due to patient non-attendance or late cancellation Green - ≤ 2% appointments not completed due to patient non-attendance or late cancellation	Quarterly	Practice
Minor Surgery Levels 5-7	15	Histology Audit	Provide quarterly feedback to the commissioner on the histology reported as required by the national skin cancer minimum dataset, including details of all proven BCCs Provide details to the commissioner of all types of skin cancer removed in their practice as described in the latest NICE guidance on skin cancer services and should not knowingly remove skin cancers other than low-risk BCCs	Audit records	Red –Audit not completed Green – Audit completed including actions for improvement.	Quarterly	Practice

Minor Surgery Levels 5-7	16	Education	<p>Attend at least annually an educational meeting (organized by the Skin Cancer Network Site Specific Group) which should:</p> <ul style="list-style-type: none"> o Present the 6-monthly BCC network audit results, including a breakdown of individual practitioner performance o Include one CPD session (a total of 4 hours) on skin lesion recognition and the diagnosis and management of low-risk BCCs o Be run at least twice a year 	Attendance records	<p>Red – No evidence of attendance Green – Record of attendance</p>		Practice
Minor Injury	18	Regular audit of a random sample of patient contacts to provide sufficient data to review the clinical performance of individuals working in the service	Clinician led audit of a statistically relevant sample of patient contacts demonstrating level of clinical performance of individuals within the service	Quarterly audit of patient records, reported to CCG annually (including number and percentage of records audited) Action plan for underperformance	<p>Red - audit plan is not in place and no audits are undertaken Amber - audit plan is in place however the provider is either not meeting agreed timescales of audits undertaken or not feedback results and/or action plans for remedial action to commissioner Green - audit plan is in place and provider is meeting agreed timescales of audits undertaken and results and action plans for remedial action relayed to commissioner</p>	Annually	Practice

APPENDIX B – 2015-16 OPTOMETRY INTRA OCULAR PRESSURE (IOP) SERVICE QUALITY SCHEDULE

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
1. (C4a)	<p>Infection Prevention and Control The Provider will take all reasonable measures to minimise the risk and spread of infection between patients and staff.</p>	The provider will have a robust infection prevention and control policy/s relevant to this service in full use and implementation demonstrated	Current infection control policy relevant to service in place	<p>Red - no policy/s is place Amber policy/s is place but is not in date Green – policy/s is place and in date</p>	Annually
2.	<p>This includes having appropriate arrangements for infection control and decontamination and to provide the services in accordance with relevant national guidance/best practice e.g.</p> <ul style="list-style-type: none"> - National Institute of Health and Clinical 	Ensure the environment and equipment used for patient care is fit for purpose and decontaminated in line with national guidelines	Audit of compliance with best practice in relation to the environment and decontamination. Outcome and recommendations for improvements to be shared with commissioners on request	<p>Red – no decontamination processes are in place Amber process in development or inappropriate Green – appropriate process in place being implemented</p>	Annually

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
3.	<p>Excellence (NICE) clinical guidelines 139 <i>Prevention and control of healthcare-associated</i> (March 2012)</p> <ul style="list-style-type: none"> Hygiene Code Health and Social care Act 2008 Health Building notes 	All staff involved in the service will receive appropriate and sufficient infection prevention relevant to service	Training records	<p>Red ≤90% of staff receive infection prevention and control training relevant to service</p> <p>Amber 91% - 99% of staff receive infection prevention and control training relevant to service</p> <p>Green 100% of all new staff receive infection prevention and control training as part of their induction to the service</p> <p>OR Training needs analysis demonstrates infection prevention and control training is not relevant to service</p>	Quarterly
4. (C1b)	<p>Patient Safety Alerts All Central Alerting System :- Patient Safety Alerts; Rapid Response Reports, MHRA (NPSA PSA and RRR) relevant to the service are responded to and actioned within the allotted timeframe within the alert</p>	All patient safety alerts received related to the service are actioned in the allotted timeframe	<p>Number of patient safety alerts received relating to service actioned within allotted timescales / Total number of patient safety alerts relating to service received</p> <p>Data source is the patient safety alerts website.</p>	<p>Red - <100% patient safety alerts received relating to service actioned within allotted timescales</p> <p>Green - 100% patient safety alerts received relating to service actioned within allotted timescales</p>	Quarterly
5.	Serious Incident reporting (including Duty	Serious Incident reporting in line with the NHS England Serious Incident	Number of SIs related to this service	Red – non-compliance with framework	Real-time

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
	of Candour)	Framework	reported to LLR Patient Safety Team within given timescales	Green – Compliance with framework	
6.	Incident Reporting (including Duty of Candour)	<p>Record of incidents reported by the service, lessons learnt, themes and trends and actions taken to minimise future risks.</p> <p>Report all patient safety incidents or suspected patient safety incidents within the agreed timescales to the patient and any other relevant person.</p>	<p>Incident log (including near misses) relating to this service. Including:</p> <ul style="list-style-type: none"> - Date of incident - Date incident reported - Summary of investigation - Date verbally reported to the patient or other relevant person. - Evidence of Action Plan and lessons learned, including analysis of themes and trends 	<p>Red – no report received or none compliant</p> <p>Amber – Report received no analysis of incident themes and trends or lesson learnt</p> <p>Green – Report received with full analysis</p>	Quarterly
7. (C1a)	Risk Register	Provider to undertake assessment of service and highlight any relevant risks and subsequent mitigating actions in place	Risk register demonstrating high level risks and mitigating actions	<p>Red – Report not received</p> <p>Amber - Report received, no mitigating actions in place</p> <p>Green – Report received with actions in place to mitigate risks</p>	Bi-annually
8.	Safeguarding Adults and	Demonstrate completion of agreed	Action plan for	Red – Report not	Real-time

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
(C2)	Children	recommendations and application of learning within the organisation from actions arising from: <ul style="list-style-type: none"> - Domestic Homicide Reports - Individual Management Review's - Overview Reports (Safeguarding Boards) - that are pertinent to the service 	implementation of recommendations to be produced in the event of an event or arising from national or local learning relating to service	received Green – report received including action plan	Exception reporting
9.	Complaint monitoring and reporting (including monitoring of themes and trends) All complaints reported in line with the NHS complaints policy. (2009)	100% of complaints must be resolved within timescales set out in local policy. Evidence of learning from complaints and actions for improvement undertaken.	Complaints log including: <ul style="list-style-type: none"> - Number of complaints received related to this service / number of patient contacts for this service - Number of complaints upheld by the Ombudsman - Timescale for responding to complaints - Themes identified from complaints - Actions taken / planned to improve service as a result of complaints 	Red – report not received Amber – report received but elements of complaints log missing Green – report received including all elements.	Quarterly
10. (C17)	Patient Experience – Improvement in the self-reported experiences of patients accessing the	Implementation of Friends and Family Test for patients accessing this service Respondents who would be highly likely to	Survey for patients/ users to complete on experience with service	Red < 75% respondents would be highly likely to refer a family or friend to the	Quarterly

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
	service	refer a family or friend to the service		service Amber 75% - 79.99% would be highly likely to refer a family or friend to the service Green 80% or more would be highly likely to refer a family or friend to the service	
11. (C3)	NICE Guidance and Technology Appraisals Compliance with new NICE guidance and technology appraisals relevant to service	Evidence of review and self-assessment of NICE Guidance and Technology appraisals. Compliance with applicable guidance and dissemination of information about guidance to staff as required.	Provider report – Assurance statement to include the new NICE guidance available and whether it has been adopted	Red - no assurance statement in the provider report Amber completed assurance statement in the provider report but does not include new guidance and whether it has been adopted Green completed assurance statement in the provider report include the new NICE guidance available and whether it has been adopted	Quarterly
12.	Clinical Audit	Clinical audit programme of locally prioritised and national audits relevant to service, including timescales	Audit plan for service	Red - audit plan is not in place and no audits are undertaken Amber - audit plan is in place however the provider is either not meeting agreed timescales of audits undertaken or not feeding back results	Bi-annually

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
				and/or action plans for remedial action to commissioner Green audit plan is in place and provider is meeting agreed timescales of audits undertaken and results and action plans for remedial action relayed to commissioner	
13.	Quality in Optometry – Level 2 Contractor Checklist	Full compliance with applicable standards	Evidence of compliance with Level 2 Contractor Checklist	Red – Non compliant with checklist Green – Fully compliant with checklist, including applicable evidence to commissioners as requested	Annually

APPENDIX C – 2015-16 PHARMACY PALLIATIVE CARE DRUGS SERVICE QUALITY SCHEDULE

	Indicator title and detail	Threshold	Method of Measurement / Data Source	RAG	Reporting Frequency
1	Infection Prevention and Control The Provider will take all reasonable measures to minimise the risk and spread of infection between patients and staff. This includes having appropriate arrangements for infection control and decontamination and to provide the services in accordance with relevant national guidance/best practice e.g. <ul style="list-style-type: none"> - National Institute of Health and Clinical Excellence (NICE) clinical guidelines 139 <i>Prevention and control of healthcare-associated</i> (March 2012) • Hygiene Code • Health and Social care Act 2008 • Health Building notes 	The provider will have a robust infection prevention and control policy/s relevant to this service in full use and implementation demonstrated	Current infection control policy relevant to service in place	Red - no policy/s is place Amber policy/s is place but is not in date Green – policy/s is place and in date	Annually
2		Ensure the environment and where applicable, equipment used for patient care, is fit for purpose and decontaminated in line with national guidelines	Audit of compliance with best practice in relation to the environment and decontamination. Outcome and recommendations for improvements to be shared with commissioners on request	Red - no decontamination processes are in place Amber process in development or inappropriate Green – appropriate process in place being implemented	Annually
3		All staff involved in the service will receive a review of training needs and appropriate and sufficient infection prevention training relevant to service	Training records	Red <90% of staff receive infection prevention and control training relevant to service Amber 91% - 99% of staff receive infection prevention and control training relevant to service Green 100% of all new staff receive infection prevention and control training as part of their induction to the service OR Training needs analysis demonstrates infection prevention and control training is not relevant to service	Quarterly
4	Patient Safety Alerts All Central Alerting System :- Patient Safety Alerts; Rapid	All CAS alerts received related to the service are actioned in the allotted timeframe	Number of CAS alerts received relating to service actioned within allotted timescales /	Red - <100% CAS alerts received relating to service actioned within allotted	Annually

	Response Reports, MHRA (NPSA PSA and RRR) relevant to the service are responded to and actioned within the allotted timeframe within the alert		Total number of CAS alerts relating to service received Data source is the CAS alerts website.	timescales Green - 100% CAS alerts received relating to service actioned within allotted timescales	
5	Serious Incident reporting (including Duty of Candour)	Serious Incident reporting in line with the NHS England Serious Incident Framework. Share learning where appropriate through locality meetings.	Number of SIs related to this service reported to LLR Patient Safety Team within given timescales	Red – non-compliance with framework Green – Compliance with framework	Real-time
6	Incident Reporting (including Duty of Candour)	Record of incidents reported by the service, lessons learnt, themes and trends and actions taken to minimise future risks. Report all patient safety incidents or suspected patient safety incidents within the agreed timescales to the patient and any other relevant person.	Incident log (including near misses) relating to this service. Including: - Date of incident - Date incident reported - Summary of investigation - Date verbally reported to the patient or other relevant person. - Evidence of Action Plan and lessons learned, including analysis of themes and trends	Red – no report received or none compliant Amber – Report received no analysis of incident themes and trends or lesson learnt Green – Report received with full analysis	Annually
7	Safeguarding Adults and Children	Demonstrate completion of agreed recommendations and application of learning within the organisation from actions arising from: - Domestic Homicide Reports - Individual Management Review's - Overview Reports (Safeguarding Boards) that are pertinent to the service	Action plan for implementation of recommendations to be produced in the event of an event or arising from national or local learning relating to service	Red – Report not received Green – report received including action plan	Real-time Exception reporting
7b		All staff involved in the service will receive a review of training needs and appropriate and sufficient Safeguarding training (Adults and Children) relevant to service	Training records	Red ≤90% of staff receive safeguarding training relevant to service Amber 91% - 99% of staff receive safeguarding training relevant to service Green 100% of all new staff receive safeguarding	Quarterly

				training relevant to the service	
8	<p>Complaint monitoring and reporting (including monitoring of themes and trends) All complaints reported in line with the NHS complaints policy. (2009)</p>	<p>100% of complaints must be resolved within timescales set out in local policy.</p> <p>Evidence of learning from complaints and actions for improvement undertaken.</p>	<p>Complaints log including:</p> <ul style="list-style-type: none"> - Number of complaints received related to this service / number of patient contacts for this service - Number of complaints upheld by the Ombudsman - Timescale for responding to complaints - Themes identified from complaints - Actions taken / planned to improved service as a result of complaints 	<p>Red – report not received Amber – report received but elements of complaints log missing Green – report received including all elements.</p>	Annually
9	<p>NICE Guidance and Technology Appraisals Compliance with new NICE guidance and technology appraisals relevant to service</p>	<p>Evidence of review and self-assessment of NICE Guidance and Technology appraisals.</p> <p>Compliance with applicable guidance and implementation where clinically appropriate</p>	<p>Provider report - Assurance statement to include the new NICE guidance available and whether it has been adopted</p>	<p>Red - no assurance statement in the provider report Amber completed assurance statement in the provider report but does not include new guidance and whether it has been adopted Green completed assurance statement in the provider report include the new NICE guidance available and whether it has been adopted</p>	Annually
10	Clinical Audit	<p>Clinical audit programme of locally prioritised and national audits relevant to service, including timescales. Topics should include elements of the Community Based Services delivered. These audits should focus on the quality and safety of the services delivered to patients</p>	<p>Audit plan for service. This will be captured in the annual practice visit</p>	<p>Red - audit plan is not in place and no audits are undertaken Amber - audit plan is in place however the provider is either not meeting agreed timescales of audits undertaken or not feedback results and/or action plans for remedial</p>	Annual

				action plans for remedial action relayed to commissioner	
13	Controlled Drugs regulations	The provider will demonstrate compliance with applicable regulations and implementation as appropriate	Up to date Standard operating procedures (SOP) covering all activities around controlled drugs	Red - no SOP is place Amber SOP is place but is not in date Green – SOP is in place and in date	Annually

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

Front Sheet

REPORT TITLE:	Care Quality Commission (CQC) Inspections
MEETING DATE:	1 November 2016
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager Salim Issak, Primary Care Contracts Manager
SPONSORED BY:	Jamie Barrett, Head of Primary Care
PRESENTER:	Khatija Hajat, Primary Care Contracts Manager

PURPOSE OF THE REPORT
<ol style="list-style-type: none">1. The purpose of this report is to provide the Committee with an update on the progress the practices has made following the Care Quality Commission CQC visits.2. The following practices were inspected by the (CQC) in May 2016:<ol style="list-style-type: none">a. The Long Clawson Medical Practice;b. Enderby Medical Centre.3. All CQC reports have been published on their CQC website.
RECOMMENDATIONS:
<p>The East Leicestershire and Rutland CCG Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none">• RECEIVE the report; and note the progress to date.

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 this is a direct result of an announced CQC inspection.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risks:</p> <ul style="list-style-type: none"> • BAF3 – Primary Care

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

Care Quality Commission (CQC) Inspections

1 NOVEMBER 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. Many of the actions identified by CQC links with both the GMS/PMS contract as well as the NHS Standard contract. These are captured within a detailed action plan that sets out the CQC findings, improvements required, the relevant contractual clauses and the remedial actions required by the practice for CCG assurance.
3. Since the last report to the Committee, the following CQC reports have been published and action taken by the CCG:

a) LONG CLAWSON MEDICAL PRACTICE

The Long Clawson Medical Practice was inspected by CQC on 4 May 2016. The report was published on 28 June 2016 and is available on the CQC website http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2982.pdf. The practice was rated as 'requiring improvement.'

Current Status - Since the initial CQC report was produced, the practice has been working towards improving the situation and has made good progress.

The Primary Care Contracts Managers, the Deputy Chief Nursing Officer and a member of NHS England Prescribing team met with the practice on 28 September 2016 to offer support and to seek assurance on the areas identified. The action plan at Appendix A was shared with the practice in advance of the meeting and a remedial action plan agreed.

The CCG will await outcome of CQC re-inspection and arrange a follow-up visit with the practice if necessary.

b) Enderby Medical Centre

The Enderby Medical Centre was inspected by CQC on 11 May 2016. The report was published on 28 July 2016 and is available on the CQC

website http://www.cqc.org.uk/sites/default/files/new_reports/AAAF4325.pdf.
Overall the practice was rated as 'inadequate' and put in special measures.

Current Status - Since the initial CQC report was produced, the practice has been working towards improving the situation and has made good progress. The practice was revisited by CQC on the 23 September 2016 to review progress made against the warning letter. Copy of CQC initial feedback shared with ELRCCG highlighted the majority of actions completed against the warning letter with one area requiring further improvements.

The Primary Care Contracts Managers and the Deputy Chief Nursing Officer met with the practice on 30 September 2016 to offer support and to seek assurance on the areas identified. The action plan at Appendix B was shared with the practice in advance of the meeting and a remedial action plan was agreed.

The CCG will await outcome of CQC re-inspection against all the actions identified and will arrange a follow-up visit with the practice if necessary.

Recommendations

4. The ELR CCG Primary Care Commissioning Committee are asked to:
 - **RECEIVE** the report; and note the progress to date.

APPENDIX A - Long Clawson Medical Practice - Announced CQC Inspection carried out on 04 May 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	Progress to Date - 28th September 2016
Are services safe?	Requires Improvement	The practice gave affected people reasonable support, truthful information and a verbal and written apology. However, we did not see any evidence that the practice kept written records of verbal interactions as well as written correspondence.	Ensure there is a robust and consistent system in place for incident reporting (including Duty of Candour). Ensure adequately documented, lessons are learnt and actions taken to minimise future risks.	PART 20 20.1. Clinical Governance	Indicator 6 - Incident Reporting (including Duty of Candour)	Assurance on Incident Reporting (including Duty of Candour)	The Practice have a Significant Event reporting Policy in place which now includes the dispensary. The Practice Manager has implemented a paper system for the monitoring of incidents reported across all three Practices in the Group. It was noted that it would be more easily managed and the information more easily reported if an electronic system such as a spread sheet i.e. Excel was used to record this data. There was a discussion in relation to the difference between Significant Events and Serious Incidents and it was suggested that the Practice Policy reference the NHSE Serious Incident Framework and the LLR CCG Serious Incident Policy to support staff in reporting incidents. It was suggested that the learning be added to the summary sheet to clearly document when sharing with staff. The reporting of dispensary incidents / near miss were also included, in place and adequate.
		Serial numbers of blank prescription forms given to GPs for use in their consulting rooms were not recorded. CQC also observed that blank prescription forms were kept in unlocked printers in the GP consulting rooms.	Review systems and processes to ensure adequate security arrangements in place for safe storage of prescription forms.	PART 23 23.1 Compliance with Legislation and Guidance		Assurance on security of Prescription Forms	The Practice now has locked printers for all prescriptions and the serial numbers are recorded. Two members of staff record and the GP signs scripts out and in.-The log for private CD prescription forms was to be created.

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	Progress to Date - 28th September 2016
		The legionella risk assessment carried out by the practice did not include a responsible person, name of competent person carrying out the risk assessment, description of any practice system, potential sources of risk, any controls in place to control risks, monitoring, inspection and maintenance procedures, records of the monitoring results, inspections and checks carried out and arrangements to review the risk assessment regularly. The policy was not robust and did not provide sufficient guidance for staff in relation to legionella.	Develop and implement a robust risk assessment process including a risk log.	Part 23 Para 23.1 Compliance with Legislation and Guidance		Assurance on Risk Assessment	The Practice have implemented a risk log for monitoring and managing risks to patients. The collection service from local shops has been stopped and patients have been offered an alternative delivery service. An external company have been appointed to complete the annual testing for Legionella and will also monitor this. A book system is used for recording that staff are running taps and this is monitored by the Practice Manager.
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					
		The practice had a number of policies and procedures to govern activity, but some of these were overdue. For example, home visits to include the recent safety alert information.	Develop and implement process for reviewing and updating practice policies and procedures.	PART 20 20.1. Clinical Governance		Updated Policies and Procedures	There is a system in place now whereby Policies are allocated to a month to be reviewed to ensure that all policies are reviewed annually. Policies viewed had been allocated a month for allocation however it was noted that it would be best practice for the year the policy was due to be reviewed to be added to the front sheet.
		Not all staff CQC spoke with had had a recent appraisal	Ensure all members of staff have an annual appraisal.	PART 20 20.1. Clinical Governance		Assurance on Staff Appraisals	There are two members of staff who still require their annual appraisal and they are booked in .

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	Progress to Date - 28th September 2016
Are services well led?		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	HR policies have been updated to ensure that all checks are completed according to the risk assessment for the individual posts. All currently employed staff have been reviewed against this and DBS checks are up to date. Following discussion in relation to revalidation it was noted that the Practice is required to have a system in place to alert them to when staff are due to complete their revalidation. The Practice have a duty to ensure that staff employed by them are registered to practice. Re-registration can take 2-8 weeks. The Practice Manager agreed to set up a system to monitor this.

Enderby Medical Centre- Announced CQC Inspection carried out on 11 May 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	Progress to Date - 30th September 2016
Are services safe?	Inadequate	Staff did not always understand their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were not consistent or thorough enough and lessons learned were not communicated widely enough to support improvement.	Ensure all staff are aware of the responsibilities to raise concerns, report incidents and near misses. Ensure there is a robust and consistent system in place for reviewing and investigating concerns, incidents and near misses including a process of dissemination of learning from this.	PART 20 20.1. Clinical Governance	Indicator 6 - Incident Reporting (including Duty of Candour)	Assurance on staff responsibilities to raise concerns, report incidents and near misses. Assurance there is a process in place for reviewing and investigating concerns, incidents and near misses including a process of dissemination of learning.	Process and system in place which outlines responsibilities for staff to raise concerns, report incidents and near misses. Weekly clinical governance meeting and monthly meeting involving all staff taking place with standing agenda including concerns, incidents and near misses are discussed. Minutes of meeting which includes actions identified with timelines and rag rated are emailed to all staff and available on shared drive, this process ensures dissemination of learning.
		Patients were at risk of harm because systems and processes were not in place or were not implemented in a way to keep them safe. For example in relation to safeguarding, recruitment and anticipating events.	System and process in place relating to safeguarding, recruitment and anticipating events.	PART 20 20.1. Clinical Governance	Indicator 7 - Safeguarding Adults and Children	Assurance of system and process in place relating to safeguarding, recruitment and anticipating events.	Practice has put in place a process and system relating to safeguarding, recruitment and anticipating events. All staff are aware of what to do with regards to safe guarding. Safeguarding is a standing agenda item on the practices monthly and weekly meetings.
		There was insufficient attention to safeguarding children and vulnerable adults. There was a lack of documented meetings relating to safeguarding and there was no register of vulnerable adults.	Robust and consistent system in place for safeguarding children and vulnerable adults including documented safeguarding meeting and register of vulnerable adults.	PART 20 20.1. Clinical Governance	Indicator 7 - Safeguarding Adults and Children	Assurance on system in place for safeguarding children and vulnerable adults including minutes of meeting relating to safeguarding meeting. Assurance of register of vulnerable adults in place.	As above. Register in place.
Are services effective?	Requires improvement	Staff assessed needs and delivered care in line with current evidence based guidance. However the practice did not have a robust system in place to keep all clinical staff up to date with national guidance.	Process of keeping all clinical staff up to date with national guidance.	Part 15 - Persons Who Perform Services		Assurance of process in place of keeping all clinical staff up to date with national guidance.	Process in place, NICE Guidance discussed at weekly clinical governance meetings.
		Most staff had the skills, knowledge and experience to deliver effective care and treatment but we found gaps in training and in the case of one staff member a lack of qualifications to carry out their role.	Practice to ensure all staff have the appropriate qualification and training to undertake their role.	Part 15 - Persons Who Perform Services		Assurance on practice's process to ensure all staff have the appropriate qualification and training to undertake their role.	Personal development plan (PDPs) in place for all staff. Training identified for all staff through the training matrix following PDPs. Nurse now trained to carry out triage and minor illness. Nursing and Midwifery Council have reviewed referrals and found no case to answer.
		The practice did not recognise the benefit of an appraisal process for staff although the new practice manager told us appraisals would be carried out for all staff.	Process for appraisals for all staff in place.	Part 15 - Persons Who Perform Services		Assurance of a process in place for undertaking appraisals for all staff.	Appraisal for all administration staff undertaken by senior management staff. Appraisal for Nurse in progress being completed by GPs. Senior management staff appraisal undertaken by GPs.
		The following areas highlighted no issues: 1) Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. 2) Clinical audits demonstrated quality improvement. 3) Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.	N/A	N/A	N/A	N/A	N/A
		The practice had a clear vision but there was not an overarching governance framework in place to support the delivery of their strategy.	Governance framework to support the delivery of the practices strategy.	PART 20 20.1. Clinical Governance		Assurance of governance framework in place to support the delivery of the practices strategy.	Structured governance framework in place supported by weekly clinical governance and monthly practice meetings.

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	Progress to Date - 30th September 2016
Are service well-led?	Inadequate	A leadership structure had not been established.	Leadership structure in place.	PART 20 20.1. Clinical Governance		Assurance of leadership structure in place.	Structure of leadership in place. Admin staff managed by Senior management staff who in turn are managed by GPs.
		The practice did not have a full range of policies and procedures in place to govern activity.	Range of policies in place to govern activity.	PART 20 20.1. Clinical Governance		Assurance the practice has a range of policies in place to govern activity.	Cold chain and COSHH policy now in place. Other policies reviewed and updated.
		The practice did not hold regular governance meetings and not all risks were identified.	Regular meetings taking place covering governance. Risk assessment undertaken to identify all risks.	PART 23 23.1 Compliance with Legislation and Guidance		List of meetings taking place with minutes of the meeting. Assurance on Risk Assessment undertaken.	Weekly and monthly meetings taking place. Minutes shared with staff with action points identified and rag rated when actions are completed. Risk assessment undertaken.
		Staff had not received regular performance reviews.	All staff receiving performance reviews. Could be part of the annual appraisals.	Part 15 - Persons Who Perform Services		Assurance of performance reviews being undertaken.	Performance reviewed through appraisals and Person Development Plans in place.
		The following areas highlighted no issues: 1) The practice was a training practice for Foundation Year Doctors and we saw evidence that they were well supported. 2) The practice had proactively sought feedback from patients and had a patient participation group.	N/A	N/A	N/A	N/A	N/A
Are services caring? Are services responsive to people's needs?	Good	The practice was rated GOOD in these areas with example of good systems and process as outlined in the CQC report					N/A
Additional Information	The practice was revisited by CQC on the 23rd September 2016 to review progress made against the warning letter. Copy of CQC initial feedback summary highlighted a number of actions completed (Effective system for safety alerts, PGDS now signed, Policies updated, Excellent COSHH Folder, NICE guidance discussed at clinical governance meetings) One action requiring further improvements, Significant events, good system in place however more detailed required on review and action undertaken.						

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

Front Sheet

REPORT TITLE:	Primary Care Finance Report Month 6 (September 2016-17)
MEETING DATE:	1 November 2016
REPORT BY:	Preeya Parmar, Primary Care and Non-Acute Accountant
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 6 (September) of the Primary Care budgets.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG PCCC is requested to: <ul style="list-style-type: none"> • RECEIVE the reported variance position against the Primary Care budgets based on reporting information available. Detailed variance reporting for these areas will be available in Month 7.

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:
<ul style="list-style-type: none"> • Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6); • Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

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

Primary Care Finance Report Month 6 (September) 2016-17

1 November 2016

1. Month 6 Year to date and Forecast Position

Appendix 1 contains the year to date and forecast position for the total primary care expenditure areas. Month 6 reporting shows an YTD underspend of -£257k and an annual forecast underspend of -£430k.

Prescribing

For month 6, Prescribing is reporting a YTD underspend of -£449k utilising month 1 to 4 data. Profiling this forward through the year including the current level of projected QIPP, the Prescribing forecast shows an underspend of -£886k. As this remains a volatile area, the information from the PPA will be monitored on a monthly basis against QIPP targets to ensure the provision of a robust position in the future. The potential impact of QIPP slippage on third party ordering is being evaluated and mitigations are being sought to ensure this position is maintained.

Community Based Services

Community based services are showing a YTD overspend of £13k with £12k relating to Travelling Families where a QIPP had been planned as a result of decommissioning the service early in the year but notice has been served at the end of October. A further £12k overspend relating to Near Patient Testing and £3k relating to INR Anticoagulation is shown at month 6, based on Quarter 1 claims received. This is offset against a YTD underspend of -£11k for Minor Injury and -£2k for Minor Surgery. As at M6, the forecast is reporting an overspend of £52k with the majority relating to INR Anticoagulation of £60k and Near Patient Testing of £25k offset against an underspend -£23k against Minor Injury and -£10k against Minor Surgery. Q2 claims are due in October and will be used for a more detailed variance analysis to provide a more accurate position in M7.

GP Support framework, 7 Day working

The majority have been reported as breakeven due to the availability of robust in year data except Joint Working and End of Life, showing a £1k YTD underspend and £3k annual underspend. 7 Day working is reporting a YTD overspend of £26k due to the continuation of the AVS scheme.

Co-commissioning

Appendix 2 contains the reported positions for the primary care co-commissioning expenditure areas. As at month 6, this shows a YTD overspend of £160k and a forecast overspend of £330k.

Expenditure against pharmacists in GP practices (£466k), wound clinics (£325k) and Leicester Asylum Service (£32.5k) will be funded from the FDR (£165k) and PMS monies (£659k).

Funding for the additional support provided to South Wigston Health Centre of £25k has been accounted for in the M6 position.

Additional pressures of £22k for Long Street support, Premises review of £950 and £8k for Enderby and Limes Medical Centres respectively and additional £3k support against the Kingsway Long Term Management plan has been noted and will be accounted for in the M7 position.

Urgent Care Centres

Northern Doctors contract is reporting a forecast overspend of £51k as at M6 due to a reduction in anticipated cross-charging income by £70k offset against increased expected underperformance against the Northern Doctors contract of -£19k.

GP IT

As at month 6, this area is reporting a breakeven forecast with a YTD underspend of £5k.

Primary Care Licences & Other

For month 6 this area is reported as forecasting an annual underspend of -£4k due to payment for DSN nurses covering Q1-3. The YTD underspend is reported as -£1k.

2. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

Appendix 1

M6 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/(Under)
Area	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
CCG Prescribing						
Scriptsw itch	61	48	(13)	121	89	(32)
Central Prescribing	653	591	(62)	1,306	1,199	(107)
High Cost Drugs	483	463	(20)	966	920	(46)
GP Prescribing	23,596	23,241	(354)	45,494	44,793	(701)
Total Practice Prescribing	24,792	24,344	(449)	47,888	47,002	(886)
Enhanced Services						
Community Based Services	1,177	1,190	13	2,354	2,407	52
Total Enhanced Services	1,177	1,190	13	2,354	2,407	52
GP Support Framework						
Care Homes	228	228	0	457	457	0
End of Life	163	161	(1)	325	323	(3)
Prescribing Incentive Scheme	320	320	0	641	717	76
Long Term Conditions	0	0	0	103	20	(83)
Joint Working	163	161	(1)	325	323	(3)
Planned Care	0	0	0	0	0	0
GP Federation	87	87	0	135	175	40
7 Day Working Better Care Fund	311	337	26	483	483	0
Dementia	325	325	0	651	651	0
Heart Failure	81	81	0	163	163	0
Total GP Support Framework	1,679	1,703	23	3,282	3,309	27
Other						
GP Co-Commissioning	19,723	19,883	160	39,498	39,828	330
Urgent Care Centres	737	737	0	1,474	1,525	51
GP IT	350	345	(5)	650	650	0
Primary Care - Licenses & Other	56	56	(1)	113	108	(4)
Total Other	20,867	21,022	155	41,735	42,111	377
	0	0	0	0	0	0
Total Primary Care	48,516	48,258	(257)	95,258	94,829	(430)

Primary Care Delegated Budgets analysis

Appendix B9

M6 Primary Care Co-commissioning Report	YTD Position			Forecast Outturn Position			Contract Type
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/(Under)	
Activity Type	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	
GMS Global Sum	11,810	11,830	20	23,620	23,688	68	Block with quarterly list size adjustments
MPiG Correction Factor	1,210	1,051	-160	2,201	2,192	-9	Block
PMS reinvestment	220	163	-57	659	469	-190	Committed to expenditure - to fund wound clinics, Leicester Asylum Service and Practice Pharmacists
FDR Payment	83	0	-83	165	0	-165	Committed to expenditure - to fund wound clinics, Leicester Asylum Service and Practice Pharmacists
Total General Practice - GMS	13,322	13,043	-279	26,644	26,348	-296	
PMS	130	26	-104	260	152	-108	Block with quarterly list size adjustments
Wigston Central Care taking/Sanctions on LS	0	126	126	0	126	126	N/A
Total General Practice - PMS	130	151	22	260	277	18	
APMS Baseline	0	217	217	0	303	303	N/A
APMS Prof Fees Prescribing	0	1	1	0	1	1	N/A
Staff Cost APMS Contract	0	26	26	0	36	36	N/A
Total General Practice - APMS	0	244	244	0	340	340	
Occupational health	23	19	-4	46	46	0	Block - fair share
Travel	0	0	-0	1	1	0	CPC
Locum Adoption/Paternity/Maternity	50	51	0	101	101	0	CPC
Locum Sickness	17	17	0	35	35	0	CPC
Locum suspended doctors	0	0	-0	0	0	-0	CPC - fair share
Seniority	263	233	-30	525	465	-60	Block
Sterile Products	-0	0	0	-0	0	0	CPC - fair share
Statutory Levy	0	0	0	0	0	0	Net nil
Voluntary Levy	0	0	0	0	0	0	Net nil
GP Training	46	46	0	92	92	0	CPC
POO Doctors Ret Scheme	0	4	4	0	4	4	N/A
Leicester Asylum Service + South Wigston Support	0	29	29	0	58	58	Part funded from PMS/FDR monies
Wound Clinics	0	161	161	0	323	323	Funded from PMS/FDR monies
Total Other GP Services	400	560	160	800	1,124	324	
QOF Achievement	545	607	62	1,090	1,215	124	CPC
QOF Aspiration	1,364	1,418	54	2,727	2,834	107	Block
Total QOF	1,909	2,025	116	3,818	4,049	231	
DES Extended Hours Access	205	293	88	477	587	110	Block
DES Learning Disability	38	33	-5	75	65	-10	CPC
DES Minor Surgery	338	240	-98	676	479	-196	CPC
DES Unplanned Admissions	451	463	12	901	926	25	Block
DES Violent Patients	23	23	1	46	47	1	Block
DES Minor Surgery - PMS	0	0	0	0	0	0	N/A
LES Extended Hours Access - PMS	0	1	1	0	1	1	N/A
LES Translation Fees	15	29	14	30	59	28	CPC - fair share
Total Enhanced Services	1,069	1,083	14	2,205	2,164	-40	
Dispensing Quality Scheme	55	45	-10	110	90	-19	Block
Prof Fees Dispensing	697	711	14	1,394	1,394	-0	CPC
Prof Fees Prescribing	105	44	-61	210	224	15	CPC
Total Dispensing/Prescribing Drs	857	801	-56	1,713	1,708	-5	
Prescribing charge income	-146	-157	-11	-292	-314	-22	CPC
	-146	-157	-11	-292	-314	-22	
Prem Actual Rent	739	739	0	1,478	1,478	0	Block
Prem Clinical Waste	58	58	0	115	115	0	CPC - fair share
Prem Cost Rent	135	89	-46	270	102	-168	Block
Prem Health centre Rates	8	11	3	16	22	5	Block
Prem Health centre Rent	36	48	13	71	97	26	Block
Prem Notional Rent	643	774	131	1,285	1,490	205	Block
Prem Rates	382	373	-9	764	746	-18	Block
Prem Water Rates	31	21	-10	61	42	-19	CPC
Total Premises Cost Reimbursement	2,031	2,114	83	4,062	4,092	30	
Rent	17	17	0	33	33	0	CPC
Other premises	1	1	0	3	3	0	CPC
Total Other premises	18	18	0	36	36	0	
GP Pensions	0	0	0	0	0	0	Net nil
Total Pensions	0	0	0	0	0	0	
Transformation reserves	134	0	-134	252	0	-252	Committed to expenditure
Grand Total	19,723	19,882	159	39,498	39,827	329	

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

Front Sheet

REPORT TITLE:	Primary Care Delivery Group September 2016 Themes
MEETING DATE:	1st November 2016
REPORT BY:	Jamie Barrett, Head of Primary Care
SPONSORED BY:	Tim Sacks, Chief Operating Officer
PRESENTER:	Jamie Barrett, Head of Primary Care

EXECUTIVE SUMMARY:
To update the Primary Care Commissioning Committee (PCCC) on the key themes from the Primary Care Delivery Group (PCDG).
The report contains themes from the October 2016 Meeting:

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:
<ul style="list-style-type: none"> • NOTE the contents of the Primary Care Delivery Group for October 2016.

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 respect of this report. The Primary Care Delivery Group will ensure due regard is considered in the consideration of its responsibilities.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:	
The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	BAF 10 Capacity of Primary Care

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

Primary Care Delivery Group September 2016 Themes 1st November 2016

Primary Care Delivery Group Themes

The below highlights the themes from the October 2016 Meeting:

1. **GP SIP 2016/17** – reviewing Q2 submissions there are some positive trends in practices for areas in the GP SIP. Areas of improvement are Dementia recording and prevalence and also reported avoided admissions in care homes. However the QIPP savings linked to this programme are not delivering in some of the clinical areas. Review and reconciliation is required and to approach practices on a targeted basis to ensure continued delivery.
2. **INR** – There has been significant movements to re commission the INR service for 2017/18. There are currently 3 clinical models operated by the CCGs. UHL have indicated that this is not sustainable and that a single model is being considered. ELR CCG are behind in the commissioning cycle and therefore need to consider and agree a model to allow for de-commissioning and a new service being in place.
3. **Primary Care STP** – The PCDG will need to be re arranged from its current date in the month as the Primary Care lead GP is now part of the STP planning. Therefore consideration will need to be given to the update that is provided to the PCCC.

Recommendation:

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

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