NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	**Primary Care Commissioning Committee – Public meeting**	**Date**	**Tuesday 7 February 2017**
Meeting No.	**24.**	**Time**	**9:30am – 10:15am**
Chair	**Mr Clive Wood Chair of the Committee and Lay Member**	**Venue / Location**	**Framland Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.**

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/01	Welcome and Introductions		Clive Wood	**Verbal**	9:30am
PC/17/02	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/17/03	Apologies for Absences: • Dr Tabitha Randell • Dr Girish Purohit • Dr Vivek Varakantam	To receive	Clive Wood		
PC/17/04	Declarations of Interest on Agenda items	To receive	Clive Wood		9:35am
PC/17/05	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 6 December 2016	To approve	Clive Wood	**A**	9:40am
PC/17/06	To Receive Actions and Matters Arising following the meetings held on 6 December 2016	To receive	Clive Wood	**B**	
PC/17/07	Notification of Any Other Business	To receive	Clive Wood	**Verbal**	9:45am
OPERATIONAL ISSUES					
PC/17/08	Asylum Dispersal in South Wigston – Update February 2017	To approve	Jamie Barrett	**C**	9:50am
QUALITY AND PATIENT SAFETY					
PC/17/09	Care Quality Commission (CQC): Uppingham Surgery	To receive	Caroline Goulding	**D**	9:55am

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ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PRIMARY CARE FINANCE REPORT					
PC/17/10	Primary Care Co-Commissioning Finance Report 2016-17: Month 9 (December 2016)	To receive	Donna Enoux	**E**	10:00am
SUB-GROUP REPORTING					
PC/17/11	Primary Care Delivery Group: November 2016 – January 2017	To receive	Jamie Barrett	**F**	10:05am
ANY OTHER BUSINESS					
PC/17/12		To receive	Clive Wood	**Verbal**	10:10am
DATE OF NEXT MEETING					
PC/17/13	**Date of next meeting:** Tuesday 7 March 2017 at 9:30am, **Gartree Committee Room**, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	**Verbal**	10:15am

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Minutes of the Primary Care Commissioning Committee held on 6 December 2016 at 9.30 a.m., Framland Meeting Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Lay Member (Chair of Committee)
Dr Tabitha Randell	Secondary Care Clinician
Dr Nick Glover	GP Locality Lead, Blaby & Lutterworth
Dr Vivek Varakantam	GP Locality Lead for Oadby and Wigston
Mr Jamie Barrett	Head of Primary Care (on behalf of Chief Operating Officer)
Mrs Carmel O'Brien	Chief Nurse and Quality Officer
Mrs Donna Enoux	Chief Finance Officer
Dr Jane Bethea	Public Health Consultant, Public Health England

In attendance:

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Caroline Goulding	Senior Contract Manager, NHS England/ELR CCG
Ms Sue Staples	Healthwatch, Leicestershire
Mr Salim Issak	Primary Care Support Manager (until Item CPC/16/126)
Ms Fiona Fretter	Quality Lead (from Item CPC/16/129 onwards)
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

ITEM		LEAD RESPONSIBLE
PC/16/131	**Welcome and Introductions** Mr Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC). This was followed by introductions by all present.	
PC/16/132	**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/16/132	**Apologies received:** • Dr Girish Purohit, GP Locality Lead for Melton, Rutland and Harborough; • Mr Tim Sacks, Chief Operating Officer; • Mr Peter Forrester, Practice Manager Representative; • Dr Tim Daniel, Public Health Consultant, Public Health; • Leicester, Leicestershire and Rutland Local Medical Committee.	
PC/16/133	**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: • **PC/16/137 – Care Quality Commission (CQC) Inspections** Dr Glover and Dr Varakantam declared a conflict of	

ITEM		LEAD RESPONSIBLE
	interest in relation to this item. • **PC/16/137 – Primary Care Co-Commissioning Finance Report 2016-17: Month 7 – October 2016** Dr Glover and Dr Varakantam declared a conflict of interest in relation to this item.	
PC/16/134	**To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 1 November 2016** The minutes of the meeting held in November 2016 were accepted as an accurate record of the meeting. It was **RESOLVED** to: • **APPROVE** the minutes of the previous meeting.	
PC/16/135	**To Receive Matters Arising following the meetings held in 1 November 2016 (Paper C)** The matters arising following the meetings held in November 2016 were received, with the following updates noted: • **PC/16/103 – Conflicts of Interest Guidance and Primary Care Commissioning Committee Terms of Reference** Mr Wood stated that although the action to obtain clarification from NHS England in relation to the PCCC to have a lay vice-chair has been completed, it was requested that Mrs Bains provides the background information for members of the Committee. Mrs Bains reminded the Committee that following the amendment to the terms of reference for the PCCC in line with the new conflicts of interest guidance which requires the PCCC to have a lay vice-chair, which had also been reported to the Governing Body, Mrs Bains reported that clarification has been received from the local NHS England team following discussion with the national team – it has been confirmed that the CCG should comply with the guidance to have a lay vice-chair. Following a discussion with the CCG's Chairman, Dr Richard Palin, Mr Wood and Mr Warwick Kendrick, Chair of the Audit Committee, it has been agreed that a Lay Vice-Chair will be appointed to the PCCC. However, Mr Wood has requested the current Vice Chair of the Committee, Dr Randell to continue to form part of the membership of the Committee. Dr Glover felt the CCG will struggle for clinical input at PCCC level in the absence of Dr Randell as this leaves 2-3 GP clinicians on the membership, which could also prove problematic when conflicts are declared.	

ITEM		LEAD RESPONSIBLE
	It was noted that as this was a 'requirement' as stipulated by NHS England and if the CCG did not comply; this would be picked up and NHS England level and the CCG did not want to damage its relationship with NHS England given the 'good' rating received in relation to the delegated functions of primary care from NHS England and the work undertaken by the Primary Care Team. Mr Wood informed the Committee that Mr Kendrick would be excluded from the role of the Lay Vice Chair as he is the Chair of the Audit Committee to whom the Conflicts Register of Interest is presented and scrutinised. This results in Mr Alan Smith, the remaining Lay Member who is the Chair of the Finance Turnaround Committee. In light of this, it was agreed the membership of the PCCC is discussed with Dr Palin and Mrs Karen English, Managing Director, ELR CCG. It was agreed **Mrs Bains to review the Terms of Reference for the PCCC and present to the next Governing Body**; as it noted the next CCG quarterly self-assessment to NHS England is due in January 2016. • **PC/16/108 – Primary Care Delivery Group (PCDG): Summary Report for August to September 2016** In the absence of Mr Sacks, Mr Barrett confirmed that the next meeting of the PCDG is due to take place on 6 December 2016. Given Mr Sack's involvement in other areas of work more recently, it was agreed the action is closed and for Mr Barrett to pick up with Mr Sacks. **Action closed.** Mrs Bains also informed the Committee that should the CCG wish to continue with the PCDG, which is a sub-group of the PCCC; this Group will also need to be Chaired by a Lay Member as per the Conflicts of Interest guidance. As this is in the process of being reviewed, it was noted that the remit of the PCDG could be refocused as a Task and Finish Group for example, to avoid the Group requiring a Lay Chair. It was noted that the PCDG has met in the past to review and discuss areas in order to progress work, however regular meetings are required. • **PC/16/125 – Community Based Services (CBS): Quality Report** Mrs O'Brien requested clarification in relation to the action following work completed by the Quality Team and the Primary Care Team and for the CBS contracts to be considered. As this has not been addressed by the Quality	

ITEM		LEAD RESPONSIBLE
	Team, Mrs Bains signposted the Committee to pages 6-7 of the minutes of the last meeting. Mrs Goulding confirmed this is being reviewed within the Primary Care Team in conjunction with Ms Fiona Fretter, Quality Lead, ELR CCG as the action came from the CBS report presented at the last meeting. **Action ongoing.** It was **RESOLVED** to: • **RECEIVE** the matters arising and note the progress to date.	
PC/16/136	**Notification of Any Other Business** Mr Wood had not received notification of any additional items of business.	
PC/16/137	**Care Quality Commission (CQC) Inspections: The Glenfield Surgery (Paper C)** Mr Issak presented this report which provided an update in relation to the progress against the Glenfield Surgery following their CQC inspection in May 2016, which resulted in a 'Requiring Improvement' rating. It was noted that since the report had been published, the Practice has a number of actions (see Appendix A) and is progressing well to ensure these are completed by December 2016. A follow-up visit by the CQC will take place on 18 January 2017. Mr Wood thanked Mr Issak for the update; as well as the updated report and action plan. It was **RESOLVED** to: • **RECEIVE** the report and the progress to date.	
PC/16/138	**Primary Care Co-Commissioning Finance Report 2016-17: Month 7 – October 2016 (Paper D)** Mrs Enoux presented this report, which provided a summary of the financial position to Month 7 (October 2016) of the Primary Care budgets based in reporting information available. Appendix 1 of the report contained the year to date and forecast position for the total primary care expenditure areas. Month 7 shows a year to date underspend of -£148kk and an annual forecast underspend of -£344k. Dr Glover raised concern relation to the information presented in Appendix B (primary care delegated budget analysis), and queried why co-commissioning figures are presented in isolation to the primary care budget. Mrs Enoux confirmed that the two	

ITEM		LEAD RESPONSIBLE
	budgets are shown separately, as they are separate budgets with separate allocations. A full reconciliation between Month 6 and Month 7 were shown in the table on page 3 of the report, to which Dr Glover queried why the caretaking costs at the Long Street Surgery were listed as part of the co-commissioning as this is part of the primary care budget. It was noted that the additional costs at the Long Street Surgery did not contribute to the overspend presented as the primary care budget has remained within its means. However, Mrs Enoux will ask the Finance team to ensure a narrative is included within the next report and to highlight that the Long Street Surgery is not a cost pressure to the CCG. In addition to Appendix B, Mrs O'Brien noted an overspend in relation to Wound Clinics and confirmed the Head of Nursing at the CCG is working with Mr Barrett in order to reviewed the FP10's and prescribing activity, which has identified further work to be undertaken. It was noted that clinical spend is likely to increase due to the number of complex wound care patients, an increase in primary care activity for these patients and additional costs incurred. It was **RESOLVED** to: • **RECEIVE** the Report.	
PC/16/139	**Any other Business** There was no other business to discuss.	

Date of next meeting:
The date of the next Primary Care Commissioning Committee meeting will be held on **Tuesday 3 January 2016 at 9:30am, Framland Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.**
It was noted that this meeting may be cancelled due to annual leave at this time of year; and an extraordinary meeting will be held on Tuesday 10 January 2017, if required.

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

ACTION NOTES

Key

Completed	On-Track	No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 1 February 2017	Status
PC/16/125	November 2016	**Community Based Services (CBS): Quality Report**	**Anne Scott / Jamie Barrett / Khatija Hajat**	It was agreed that a similar "light touch" approach be applied for managing the 2016-17 CBS contracts whilst the work on the review of CQC reports is being undertaken. Once the work has been completed by the Quality and Primary Care Team, then a further review of the approach will be considered.	January / February 2017	Verbal update to be provided at the meeting. **Action ongoing.**	**AMBER**
PC/16/135	December 2016	**To Receive Matters Arising following the meetings held in 1 November 2016 (Paper C):** • **PC/16/103 –** Conflicts of Interest Guidance and Primary Care Commissioning Committee Terms of Reference	**Daljit Bains**	To review the Terms of Reference for the PCCC and present to the next Governing Body.	December 2016	Terms of Reference for the PCCC reviewed and presented to the Public meeting of the Governing Body in December 2016. **Action complete.**	**GREEN**

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMISSIONING COMMITTEE

Front Sheet

REPORT TITLE:	**Asylum Dispersal in South Wigston – Update February 2017 and Future Commissioning**
MEETING DATE:	**7 February 2017**
REPORT BY:	**Sharon Rose, Locality Lead Manager**
SPONSORED BY:	**Jamie Barrett, Head of Primary Care**
PRESENTER:	**Jamie Barrett, Head of Primary Care**

PURPOSE OF THE REPORT:
To inform the Primary Care Commissioning Committee of an update on the current arrangements for Primary care provision for residents of the asylum dispersal centre – Kennedy House in South Wigston and to continue to provide funding through a contract extension. This is pending the outcome of the procurement lead by LCCCG.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to: • **APPROVE** the contract extension till October 2017.

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

Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).	

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

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSING COMMITTEE

Asylum Dispersal in Oadby and Wigston

Background

1. In August 2015 UK Visas and immigration wrote to all local authorities across the east midlands who do not currently participate in the asylum dispersal scheme.G4S had identified Kennedy House in South Wigston as a site for an asylum centre and had put the proposal forward to the home office.

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

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

4. ELR CCG met with South Wigston Health Centre to discuss Kennedy house and the potential implications. The outcome of the discussion with the practice to be the provider of primary care services for these patients was that they did not feel they had the capacity, expertise, training and awareness to be able to effectively provide care for this population. The practice is already receiving support from ELR CCG and this would further destabilise the practice situation. SWHC did offer to assist the CCG in lobbying the Home Office for extra funding and assist ELR CCG where they could. Outcomes from this meeting highlighted that capacity was of huge concern and that each patient from Kennedy house would need 30 min appointments which would reduce appointments that could be offered to an already demanding population.

5. To ensure primary care provision and due to the immediacy of the timescales there was only one realistic options for service provision put forward to PCCC, these were:

    a. Commission directly with Inclusion HealthCare (who run ASSIST) for primary care to be run from their practice in the city if contracting terms cannot be obtained from LCCCG.

6. In May 2016, following approval from PCCC and the impending populating of Kennedy House, East Leicestershire and Rutland CCG commissioned Inclusion Healthcare, providers of the Assist service in Leicester City CCG, to provide primary care services to the residents of Kennedy House.

7. This service 'The South Wigston Asylum Service' has been commissioned through as an APMS contract directly with Inclusion healthcare until 31st March 2017 for services to be provided from the Assist Practice site.

Progress to date

8. Dispersal to Kennedy House commenced on 16th May 2016 and since this date the South Wigston Asylum Service has seen 62 patients with ages ranging from 18-46 years old register with them with a total of 261 appointments utilised (see report in appendix a). The practice currently has a register total of 57 patients which is 1 above the capacity of Kennedy House and this is due to delays in the practices receiving notifications of residents' departures.

   G4S have reported their resident flow as:

Month	Residents	Movement in	Movement Out
May-16	54	1	1
Jun-16	54	1	0
Jul-16	54	0	0
Aug-16	53	4	3
Sep-16	56	6	4
Oct-16	54	2	1
Nov-16	54	5	5
Dec-16	55	4	3

9. This indicates that there have been a percentage of residents who had not registered with the practice and a possibility for this could be down to the residents moving on. This is recognised by the practice and ELR CCG will work with G4S to look at improvements in communications

10. There is strong community support in Oadby and wigston and a multi-agency asylum forum continues to meet bi monthly of which both the CCG and Inclusion Healthcare are active partners along with key voluntary sector organisations with a focus on Asylum wellbeing. These meetings bring the local voluntary service community together along with statutory organisations to look at ways in which they can help the population of Kennedy House and report any issues.

11. Initiatives to date include:
    - English Classes
    - Cooking project
    - Gardening projects

Where are we currently – February 2017

12. The current APMS contract is due for renew on 1st April 2017. This time frame had originally been set to fit with Leicester City CCG's (LC CCG) expected procurement time lines for their Asylum and homeless health care services.

13. In Jan 2017, ELR CCG attended a procurement workshop ran by LC CCG and updated their board and lay members on the South Wigston Asylum Service. Following this workshop it has been agreed that the ELR CCG service will be incorporated into the LC CCG procurement.

14. ELR CCG have met with Inclusion HealthCare and discussed extending the current contract until the end of June 2017, with the possibly that this may be extended until the October 2017 due to the slippage in LC CCG procurement timelines.

15. Inclusion healthcare have confirmed they are happy to continue and will provide the service until the end of June 2017 indicating the current contract value paid to the practice during 2016/17 will be sufficient until this time.

The funding model for the service

16. The original funding model for the service was based on the anticipated turnover of the 56 patient population approximately 3 times per year (turnover based on asylum status being made), which equates to a total patient cohort of around 168.

17. The service was funded for 100 pts initially to allow for turnover of new patients coming through the service, with review quarterly and any additional patient payments made at this point. By paying upfront for the 100 patients afforded the practice the ability to employ and maintain staffing to meet the needs of this patient population. The current turnover to date has been 79 residents.

April 2017 – October 2017

18. Continuing to fund the service at current levels would provide stability for the practice and enable the CCG to effectively plan funding as this continues the funding methodology for the APMS contract of turnover potential of 100pts. This option remains in line with the current APMS contract and provides the CCG and the practice the ability to plan finances effectively.

Model	Per Pt Cost (Annual)	Core Population Cost (Annual)	Quarterly Cost	Additional Costs
100 pts	£325.00	£32,500.00	£8,125.00	No

Next Steps

- ELR CCG will extend the current APMS (subject to procurement advice) contract to run until Oct 2017 in line with LC CCG procurement timelines.

- ELR CCG will also continue the regular contract review meetings between the CCG and inclusion healthcare and will monitor the patient flows both in Kennedy House and those registrations with the South Wigston Asylum Service.

- ELR CCG will continue to engage with LC CCG regarding the procurement process and financial modelling. The current ELR CCG service was based on previous LC CCG financial model.

- ELR CCG will continue to be an active stakeholder in the multi-agency asylum forum.

Recommendations:

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

    - **APPROVE** the current funding model for the contract extension till October 2017.

Appendix A

INCLUSION HEALTHCARE SOCIAL ENTERPRISE CIC
REPORT ON ELCCG PATIENTS RESIDING AT KENNEDY HOUSE

This is the second report on patient activity covering the four months from 1st September to 31st December 2016. Cumulative information from the start of the contract can be found at the end of the report.

Patient Numbers & Demographics

A total of 62 patients have registered with the service since commencement in May 2016. During the report period there have also been the first deregistration's as patients have moved on from Kennedy House/East Leics.

Summary of registration activity is as follows:-

Registered at 31.08.16	50
New Registrations	12
Total All Registrations	62
Deducted	(5)
Total Registered at 31.12.16	57

The average length of time that all patients have been registered with Inclusion Healthcare is 173 days (just under 6 months).

As previously reported all Kennedy House patients are male. Their age range (when first registered) is 17- 48 as follows:-

o 21 and Under	23
o 22 - 29	25
o 30 – 39	8
o Over 40	6
Total	***62***

The patients speak a total of 12 languages with Kurdish being the most prevalent – 45% of all registered patients.

Appointments

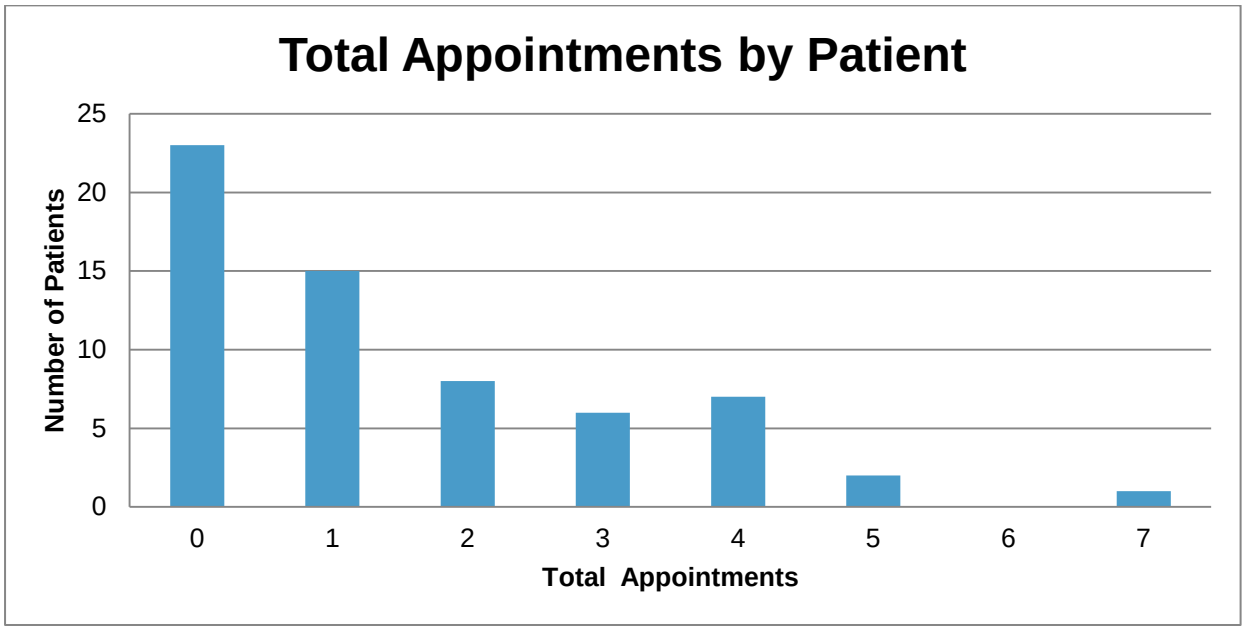
In the four month period covered by the report, Kennedy House patients have had a total of 94 appointments. This is an average of 1.5 appointments each.

The graph overleaf highlights the distribution of appointments by number of patients, ranging from

- Lowest: 23 patients had zero appointments
- Highest: 1 patient had 7 appointments

Summary of appointments by type of clinician as follows:-

New Patient Registration Check	12
GP	47
Nurse	22
Healthcare Assistant	13
Total	***94***



DNA's

In the same period we have had a total of 22 DNA's recorded by 15 patients. The majority of DNA's are nurse or HCA appointments - 14 plus GP 8 DNA's.
Five of the patients had DNA's in the first period (June to August) but have more than halved the rate of DNA activity in the second period.

Financial Summary

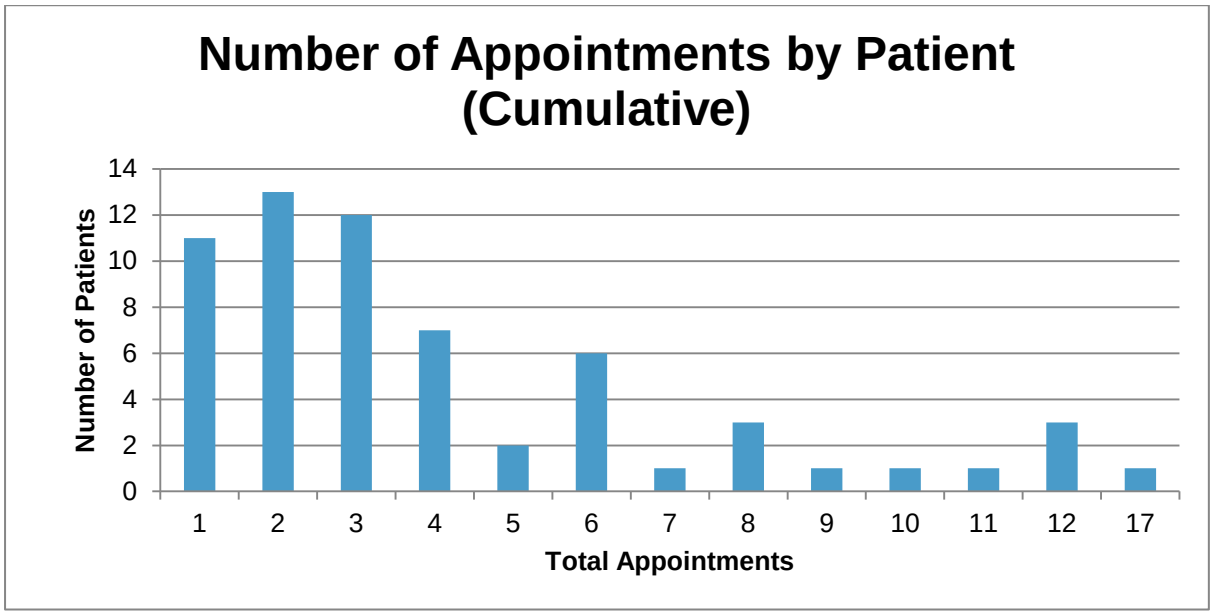
At the commencement of the contract between ELCCG and Inclusion Healthcare there was an expectation that a total of 100 patients would be registered during the year and funding was made accordingly.
However given the registration activity seen cumulatively over the last eight months the total number of registered patients is likely to fall substantially short of this target.
We estimate that registrations to 31.03.17 will probably fall within 65-75 in total which would result in a refund for approximately 25 patients.
Possible options would be for Inclusion Healthcare to hold the 'excess' on account for the year 2017-18 or to make actual refund at the end of the financial year.

CUMULATIVE DATA (June to Dec 16)

As stated at the top of the report we now have registered a total of 62 patients since the commencement of the contract. In total the patients have had 261 appointments – an average of 4.2 appointments each. Activity by Clinician is as follows:-

	to 31.12.16	***to 31.08.16***	**Total**
GP	47	32	79
Nurse	22	56	78
HCA	13	29	42
New Patient Check	12	50	62
Total	***94***	***167***	***261***

The graph below captures the distribution of appointments by patients.
As can be seen over half the patients (36) have only had 1-3 appointments each including their initial new patient registration check.
Conversely there are a handful of patients requiring frequent appointments the top 10 patients have had a total of 107 appointments.



DNA Summary

Both the number of patients and number of DNA's has dropped in the latter half of the year which we believe is due to better communication by us and also sharing of information amongst residents of Kennedy House.

To 31st August	20 *patients*	40 *DNA*
Sept to Dec2016	15 *patients*	22 *DNA*
Total	***30 patients***	***62 DNA appointments***

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

Front Sheet

REPORT TITLE:	Care Quality Commission (CQC) Inspection: Uppingham Surgery
MEETING DATE:	7 February 2017
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager
SPONSORED BY:	Jamie Barrett, Head of Primary Care
PRESENTER:	Caroline Goulding, Senior Primary Care Contracts Manager

PURPOSE OF THE REPORT

1. The purpose of this report is to provide the Committee with an update on the progress Uppingham Surgery has made following the Care Quality Commission CQC visit.

2. The practice was inspected on 29 September 2016.

3. The CQC report is published on the CQC website.

RECOMMENDATIONS:

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

- **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 ~~(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 this is a direct result of an announced CQC inspection.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

The report highlights the following risks:

- BAF 3 – Primary Care

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

Care Quality Commission (CQC) Inspection: Uppingham Surgery

7 February 2017

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. The purpose of this report provides an update on the progress made by Uppingham surgery since practice inspection on 29 September 2016.

4. The report was published on 6 December 2016 and is available on the CQC website http://www.cqc.org.uk/sites/default/files/new_reports/AAAE8502.pdf

Current Status

5. The Primary Care Contracts Manager and the Head of Nursing from the CCG together with 2 members from NHS England's prescribing team met with the practice on 23 January 2017 to offer support and to seek assurance on the areas identified. Appendix A was shared with the practice in advance of the meeting and a remedial action plan was agreed. The last column was updated post assurance visit indicating the level of engagement from the practice and the progress made towards actions identified.

6. The practice is in the process of appealing the CQC rating.

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

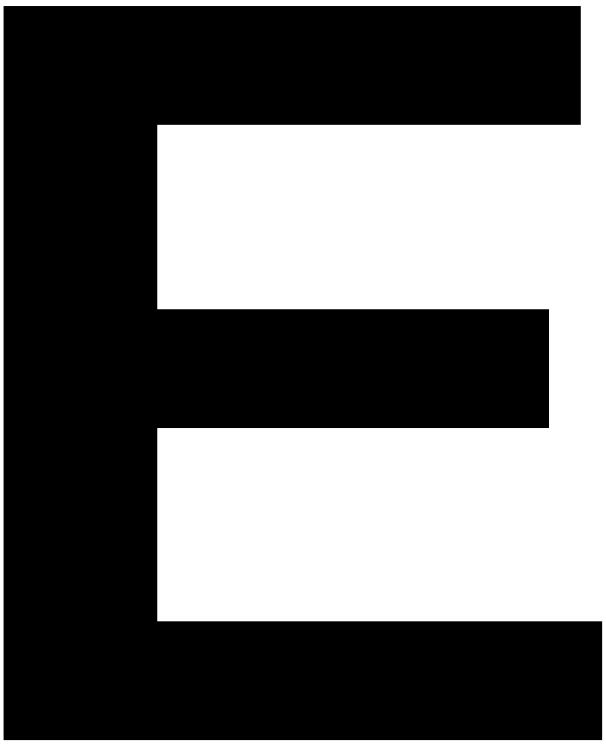
Recommendations

8. The ELR CCG Primary Care Commissioning Committee are asked to:

   - **RECEIVE** the report; and **NOTE** the progress to date.

Uppingham Surgery - Announced CQC Inspection carried out on 29 September 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**	**Engagement and Progress to date - 23rd January 2016** Completion of actions to be determined by CQC **ELR CCG Key:** GREEN - Action completed subject to CQC review / approval AMBER - Practice engaged and progress made RED - Practice engaged and progress yet to be made
Are services safe?	**Requires Improvement**	The system in place for reporting and recording of significant events was not clear or consistent. The practice did not review significant events for themes and trends to maximise learning and mitigate further errors. The policy for significant events and incidents required clarification to determine when an incident became a significant event and who the main person was for escalation with the practice. Evidence reviewed by CQC demonstrated that this was not clear and found two examples of near misses which fitted the criteria as per the practice significant event policy which had not been reported and investigated as significant events. For example, delay in two week referral and an abnormal histology result.	Ensure there is a robust and consistent system in place for recording, acting on and monitoring significant events, incidents and near misses. Review themes and trends from significant events and complaints to ensure actions are taken in a timely manner.	PART 20 20.1. Clinical Governance	Indicator 6 - Incident Reporting (including Duty of Candour)	Assurance on Incident Reporting (including Duty of Candour)	Uppingham have decided to appeal the CQC rating. There is a system for reporting incidents and there is a form which is completed by the person who becomes aware of the incident. All incidents are discussed at Clinical Quality Review Meetings in the practice and clinical incidents are escalated to nominated partner for review. Serious incidents would be reported to the ELR CCG Patient Safety Team. Incidents are also discussed at interdepartmental meetings and also at PLTs. This includes the Dispensary and Pharmacy services and near misses. The practice is planning to implement an 'intranet' within the next 3-4 months which will allow more effective monitoring of all incidents, learning and actions. These are currently monitored manually. Quarterly there is a review of themes from incidents reported.
		On the day of the inspection , CQC found that the practice could not evidence how they acted upon and followed up on alerts that may affect patient safety.	Review systems and processes to ensure all safety alerts are acted upon and followed up in a timely manner and discussed at clinical meetings.	PART 20 20.1. Clinical Governance	Indicator 4 - Patient Safety Alerts	Assurance on Patient Safety Alerts	Safety alerts are all recorded in a table which includes who they have been allocated to and also any further actions required. A read receipt is requested from staff and the new system will be improved when the intranet is implemented later this year. All alerts are discussed at the Practice Clinical Quality review meetings.
		CQC did not see any documentation to confirm that spot checks took place. Infection control audits had been undertaken and actions identified. No action plan had been put in place but CQC saw evidence that action had been taken to address some of the improvements identified as a result.	Complete an infection control action plan to ensure all actions are completed and document cleaning spot checks carried out on a regular basis.	PART 20 20.1. Clinical Governance	Indicators 1, 2 and 3 - Infection Prevention and Control	Assurance on Infection Prevention and Control	Spot checks are now being undertaken as are regular audits. Chris Bufton to liaise with Karen Smith Head of Infection Prevention and Control for LLR to ask how often spot checks should take place. The practice is using an iPAD for ease of documenting the regular audits undertaken.
		There was no procedure in place to record the prescriptions received or track them through the practice in accordance with national guidance.	Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance.	PART 20 20.1. Clinical Governance		Assurance on Prescriptions	The Practice currently have a system in place whereby they log blank prescriptions into the practice in a book in the Dispensary. The prescriptions are logged to a room for which there is a robust allocation documented. All doors have a keypad to secure them. Practice advised to ensure the CD prescription receipt signature logs are fully completed and signed by the person accepting receipt of the prescriptions, and that they are filed in a folder separated by tabs and indexed to the room or doctor they have been assigned to.
		Where medicines were being prescribed by secondary care CQC saw evidence that the health care professionals in the practice were not always alerted to this. CQC found that there were Standard Operating Procedures (SOPs) in place but were not specific to practice. CQC also found stock level checks for CDs were not as frequent as specified in the SOP.	Ensure there is a proper and safe system for medicines management (including those prescribed in secondary care). SOPs need to be updated and personalised to processes specific to the practice.	PART 20 20.1. Clinical Governance		Assurance on Medicines Management	Meds management discussed the SPOs in use for medication and provided some templates for the practice in relation to prescriptions. A template of a CD standard operating procedure has been provided by the medicines management team which may be amended to meet practice requirements. Practice to ensure CD standard operating signature log is updated. CD checking was discussed in relation to frequency depending on usage.
		CQC found that some actions identified through practice risk assessments were not implemented e.g.. in relation to emergency lighting, requirement for staff wardens to undertake training and regular water temperature monitoring, legionella awareness training and maintaining water heaters.	Ensure all actions identified through risk assessments for fire, legionella etc are completed.	Part 23 Para 23.1 Compliance with Legislation and Guidance		Assurance on Actions identified through Risk Assessments	The practice commissioned an external review in relation to Legionella and this gave an extremely detailed report. The Practice are unsure whether all the recommendations are mandatory and it was suggested that Chris Bufton liaise with Karen Smith to ask for her to support the Practice in identifying the mandatory requirements. Fire wardens are now increased to 8 and they have received training. These Fire Wardens cover the branch sites too. There is a fire door at Barrowden which requires a bar opener to be attached and the practice is arranging this and lighting has been installed at the branch surgeries as per external review requirements. Asbestos assessments are due to be reviewed and the Practice is arranging this for all sites.
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					

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	Engagement and Progress to date - 23rd January 2016 Completion of actions to be determined by CQC **ELR CCG Key:** GREEN - Action completed subject to CQC review / approval AMBER - Practice engaged and progress made RED - Practice engaged and progress yet to be made
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 has a governance framework in place but some systems and processes in place were not effective. CQC found on the day of the inspection that the practice had a backlog of 300 sets of records for new patients that registered with the practice. 172 sets of patient records had been received in September following registration of pupils at Uppingham School.	Improve governance arrangements systems for assessing and monitoring risk and ensure identified actions are addressed e.g.. fire, legionella and summarisation of patient notes.	PART 20 20.1. Clinical Governance		Assurance on Governance/Risk Management Arrangements	Risk assessments undertaken. Summary of school records is best practice and therefore the Practice felt that this needs to be continued. This is an annual occurrence and it was suggested that there is a risk assessment and actions planned to mitigate the risk which are currently not documented.
		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		Assurance on HR Processes for Staff Recruitment	Policy in the process of being updated to reflect more robust documentation and review of HR requirements. This includes DBS checks, pre-employment checks, risk assessing longstanding members of staff. All paperwork is being collated and this will all be monitored and stored on the intranet when it is up and running. This will allow the practice to monitor mandatory training appraisals and revalidation of staff. Chris Bufton explained that the CCG has PN facilitators now and the Nursing and Quality Team can also offer support for Nurse Revalidation.



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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 9 (December 2016-17)**
MEETING DATE:	**7 February 2017**
REPORT BY:	**Richard George, 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 9 (December) of the Primary Care budgets.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **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 8.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017: (tick all that apply)

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

EQUALITY ANALYSIS

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

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

- Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6);
- Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

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

Primary Care Finance Report 2016-17: Month 9 (December 2016)

7 February 2017

1. Month 9 Year to Date and Forecast Position

As at Month 9, a year to date underspend of £78k and forecast outturn underspend of £184k has been reported for Primary Care. Appendix 1 provides additional detail for all expenditure areas.

2. Prescribing

The forecast for prescribing has been based on PPA data covering months 1-7 and is showing a year to date underspend of £34k. Profiling this forward and making adjustments for QIPP savings, the forecast outturn for the year is an overspend of £17k. As this is a volatile area, this budget is closely monitored, in particular taking account of future QIPP delivery. Additional reductions in cat M drugs pricing that take effect from January 2017 will see an anticipated £90k benefit in 2016/17.

3. Community Based Services

Community based services are showing a year to date overspend of £19k and is forecast to reach £43k by the end of the financial year. The main variances to note under this area are:

- INR Anticoagulation – forecast overspend of £40k
- Near Patient Testing – forecast overspend of £44k
- Minor injury – forecast overspend £8k
- PPV audit income – forecast underspend £51k

4. GP Support Framework, 7 Day Working

These services are currently showing a year to date underspend of £377k and an outturn forecast underspend of £547k. The majority of areas are forecast to be within budget with the following exceptions:

- Prescribing Incentive Scheme – Forecast outturn underspend of £140k based on 65% of practices underspending by the end of the financial year and practices retaining 25% of their underspend.
- Long Term Conditions – Forecast outturn underspend of £75k as QIPP investment monies have not been fully committed.
- Dementia – Forecast outturn underspend of £317k based on claims made by practices made in the first 6 months of the financial year.

5. **GP Co-Commissioning**

A year to date overspend of £202k is being reported and forecast to reach £364k by the end of the financial year.

The main reason for this overspend is linked to the costs associated with the reprovision of Long Street which are forecast to reach £640k, representing an overspend of £380k.

The forecast underspends against FDR Payment and PMS Reinvestment total £605k and are being used to fund Wound Clinics (323k), Leicester Asylum Service and additional support to South Wigston Health Centre (59k) and Practice Pharmacists £250k.

A full breakdown of co-commissioning is attached as appendix 2.

6. **Urgent Care Centres**

The Northern Doctors contract is reporting a year to date underspend of £104k and a forecast outturn underspend of £138k due to activity underperformance.

7. **GP IT**

At month 9, a year to date overspend of £67k is being reported against this budget area with a forecast outturn overspend of £78k. This is due to the unfunded costs of PRISM software and SMS messaging in practices.

8. **Primary Care Licenses & Other**

A forecast outturn overspend of £30k is being forecast as a result of unfunded MIG licencing costs.

9. **QIPP**

It is forecast that the £333k QIPP target will now be achieved mainly as a result of undertaking additional PPV audits. This is outlined in another paper elsewhere on the agenda.

10. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

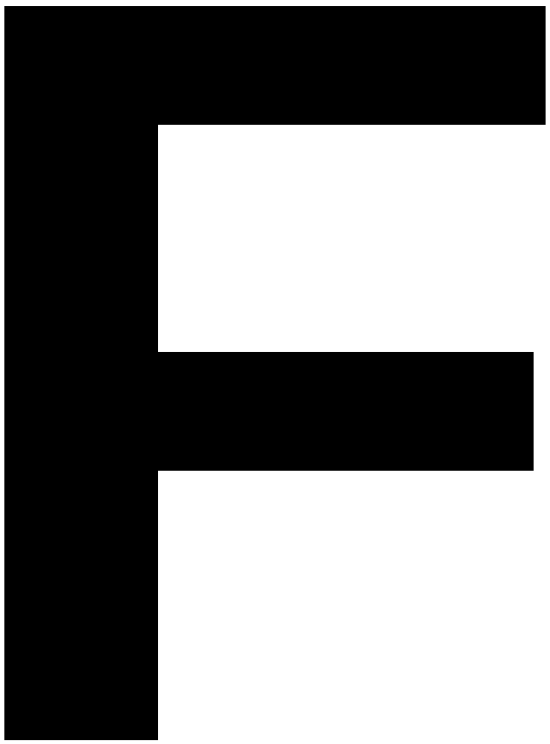
- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

Appendix 1

	YTD Position			Forecast Outturn Position		
M9 Primary Care Commissioning Report	**YTD Budget**	**YTD Actuals**	**YTD Variance**	**Annual Budget**	**Annual Forecast**	**Annual Variance Over/(Un**
Area	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**
CCG Prescribing						
Scriptswitch	91	61	-30	121	89	-32
Central Prescribing	980	892	-88	1,306	1,170	-136
High Cost Drugs	725	684	-41	966	897	-69
GP Prescribing	34,773	34,898	125	45,494	45,749	255
Total Practice Prescribing	**36,568**	**36,534**	**-34**	**47,888**	**47,905**	**17**
Enhanced Services						
Community Based Services	2,015	2,035	19	2,687	2,730	43
Total Enhanced Services	**2,015**	**2,035**	**19**	**2,687**	**2,730**	**43**
GP Support Framework						
Care Homes	342	342	0	457	457	0
End of Life	244	242	-2	325	323	-3
Prescribing Incentive Scheme	481	325	-155	641	501	-140
Long Term Conditions	51	51	0	103	28	-75
Joint Working	244	242	-2	325	323	-3
7 Day Working Better Care Fund	397	417	20	483	483	0
Dementia	488	251	-237	651	334	-317
Heart Failure	122	122	0	163	163	0
GP Federation	111	111	0	135	125	-10
Total GP Support Framework	**2,480**	**2,104**	**-377**	**3,282**	**2,735**	**-547**
Other						
GP Co-Commissioning	29,611	29,813	202	39,498	39,862	364
Urgent Care Centres	1,105	1,002	-104	1,474	1,336	-138
GP IT	500	567	67	650	728	78
Primary Care - Licenses & Other	84	124	39	113	143	30
QIPP	-250	-140	110	-333	-365	-32
Total Other	**31,051**	**31,365**	**314**	**41,402**	**41,704**	**303**
Total Primary Care	**72,115**	**72,037**	**-78**	**95,258**	**95,074**	**-184**

Primary Care Delegated Budgets analysis **Appendix 2**

	YTD Position			Forecast Outturn Position			
M8 Primary Care Co-commissioning Report	**YTD Budget**	**YTD Actuals**	**YTD Variance**	**Annual Budget**	**Annual Forecast**	**Annual Variance Over/(Under)**	**Contract Type**
Activity Type	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	
GMS Global Sum	17,715	17,786	71	23,620	23,719	100	Block with quarterly list size adjustments
MPIG Correction Factor	1,651	1,618	-33	2,201	2,192	-9	Block
PMS reinvestment	494	163	-332	659	218	-440	PMS reinvestment and FDR payment underspend committed to fund wound clinics, additional support at South Wigston Health Centre, Leicester Asylum Service and practice pharmacists.
FDR Payment	124	0	-124	165	0	-165	
Wound Clinics	0	242	242	0	323	323	
Leicester Asylum Service + South Wigston Support	0	34	34	0	59	59	
Practice Pharmacists	0	121	121	0	250	250	
	618	559	-59	824	850	27	
Total General Practice - GMS	**19,983**	**19,963**	**-20**	**26,644**	**26,762**	**117**	
PMS	195	26	-169	260	133	-126	Block with quarterly list size adjustments
Wigston Central Care taking/Sanctions on LS	0	126	126	0	126	126	N/A
APMS Baseline	0	331	331	0	331	331	N/A
APMS Prof Fees Prescribing	0	2	2	0	2	2	N/A
Staff Cost APMS Contract	0	48	48	0	48	48	N/A
Total General Practice - PMS Long Street Reprovision	**195**	**532**	**337**	**260**	**640**	**380**	
Occupational health	35	35	0	46	46	0	Block - fair share
Travel	1	1	0	1	1	0	CPC
Locum Adoption/Paternity/Maternity	76	76	0	101	101	0	CPC
Locum Sickness	26	26	0	35	35	0	CPC
Locum suspended doctors	0	0	-0	0	0	-0	CPC - fair share
Seniority	394	357	-37	525	476	-49	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	69	69	0	92	92	0	CPC
PCO Doctors Ret Scheme	0	4	4	0	4	4	N/A
Long Street Dispersal	0	1	1	0	0	0	PMS
Kingsway Management Plan	0	-9	-9	0	0	0	Pressure badged against Global Sum
Total Other GP Services	**600**	**560**	**-40**	**800**	**755**	**-45**	
QOF Achievement	818	874	57	1,090	1,166	75	CPC
QOF Aspiration	2,046	2,126	80	2,727	2,834	107	Block
Total QOF	**2,863**	**3,000**	**137**	**3,818**	**4,000**	**182**	
DES Extended Hours Access	341	440	99	477	587	110	Block
DES Learning Disability	57	49	-7	75	65	-10	CPC
DES Minor Surgery	507	359	-148	676	479	-197	CPC
DES Unplanned Admissions	676	694	18	901	926	25	Block
AUA Old Year 15/16	0	-14	-14	0	-14	-14	
DES Violent Patients	34	35	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	23	44	21	30	58	28	CPC - fair share
Total Enhanced Services	**1,637**	**1,609**	**-28**	**2,205**	**2,149**	**-56**	
Dispensing Quality Scheme	82	68	-14	110	90	-19	Block
Prof Fees Dispensing	1,046	1,106	61	1,394	1,475	81	CPC
Prof Fees Prescribing	157	166	9	210	222	12	CPC
Total Dispensing/Prescribing Drs	**1,285**	**1,340**	**55**	**1,713**	**1,787**	**74**	
Prescribing charge income	-219	-229	-10	-292	-305	-13	CPC
	-219	**-229**	**-10**	**-292**	**-305**	**-13**	
Prem Actual Rent	1,109	1,109	0	1,478	1,478	0	Block
Prem Clinical Waste	86	86	0	115	115	-0	CPC - fair share
Prem Cost Rent	203	-70	-273	270	-28	-298	Block
Prem Health centre Rates	12	16	4	16	21	5	Block
Prem Health centre Rent	53	71	18	71	95	24	Block
Prem Notional Rent	964	1,210	246	1,285	1,594	309	Block
Prem Rates	573	560	-13	764	746	-17	Block
Prem Water Rates	46	28	-18	61	37	-24	CPC
Total Premises Cost Reimbursement	**3,046**	**3,010**	**-36**	**4,062**	**4,060**	**-2**	
Rent	25	25	0	33	33	0	CPC
Other premises	2	2	0	3	-18	-21	CPC
Total Other premises	**27**	**27**	**0**	**36**	**15**	**-21**	
GP Pensions	0	0	0	0	0	0	Net nil
Total Pensions	**0**	**0**	**0**	**0**	**0**	**0**	
Transformation reserves	193	0	-193	252	0	-252	Committed to expenditure
Grand Total	**29,611**	**29,813**	**202**	**39,498**	**39,862**	**365**	



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

Front Sheet

REPORT TITLE:	**Primary Care Delivery Group: January 2017 Themes**
MEETING DATE:	**7 February 2017**
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 January 2017.

RECOMMENDATIONS:

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

- **NOTE** the contents of the Primary Care Delivery Group for January 2017.

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 January 2017 Themes

7 February 2017

Primary Care Delivery Group Themes

1. The below highlights the themes from the January 2017 Meeting:

   a) **Format of the group** with reference to STP and LLR direction and overall governance to PCCC. It was felt by all members of the group that this adds value and is the key meeting where the Practice Manager representatives feel that they are engaged and can feedback to their colleagues. This needs to be reflective in future discussions.

   b) **PPV** – The level of scrutiny for all providers should be the same, regardless if they are large or small. The point was raised around the proposal to increase the number of PPV audits across primary care.

   c) **Pathology Collection** – Further scoping is required to understand the requirement and how this links into current and planned provision. However dialogue has started with EMPATH.

Recommendation:

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

   - **NOTE** the contents of the Primary Care Delivery Group for January 2017.