

**East Leicestershire and Rutland  
Clinical Commissioning Group**

<b>Meeting Title</b>	<b>Primary Care Commissioning Committee – Public meeting</b>	<b>Date</b>	<b>Tuesday 7 March 2017</b>
<b>Meeting No.</b>	<b>25.</b>	<b>Time</b>	<b>9:30am – 10:25am</b>
<b>Chair</b>	<b>Mr Clive Wood Chair of the Committee and Lay Member</b>	<b>Venue / Location</b>	<b>Gartree Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.</b>

<b>ITEM</b>	<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>PRESENTER</b>	<b>PAPER</b>	<b>TIMING</b>
PC/17/14	Welcome and Introductions		Clive Wood	<b>Verbal</b>	9:30am
PC/17/15	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/17/16	Apologies for Absences: <ul style="list-style-type: none"> <li>• Dr Girish Purohit</li> <li>• Dr Tabitha Randell</li> <li>• Mrs Carmel O'Brien</li> </ul>	To receive	Clive Wood		
PC/17/17	Declarations of Interest on Agenda items	To receive	Clive Wood		9:35am
PC/17/18	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 7 February 2017	To approve	Clive Wood	<b>A</b>	9:40am
PC/17/19	To Receive Actions and Matters Arising following the meetings held on 7 February 2017	To receive	Clive Wood	<b>B</b>	
PC/17/20	Notification of Any Other Business	To receive	Clive Wood	<b>Verbal</b>	9:45am
<b>GOVERNANCE ARRANGMENTS</b>					
PC/17/21	Primary Care Delivery Group – governance arrangements	To approve	Daljit Bains	<b>C</b>	9:50am
<b>PRIMARY CARE FINANCE REPORT</b>					

*East Leicestershire and Rutland  
Clinical Commissioning Group*

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/22	Primary Care Co-Commissioning Finance Report 2016-17: Month 10 (January 2017)	To receive	Donna Enoux	<b>D</b>	10:00am
<b>SUB-GROUP REPORTING</b>					
PC/17/23	Primary Care Delivery Group: March 2017	To receive	Jamie Barrett	<b>E</b>	10:10am
<b>ANY OTHER BUSINESS</b>					
PC/17/24		To receive	Clive Wood	<b>Verbal</b>	10:15am
<b>DATE OF NEXT MEETING</b>					
PC/17/25	<b>Date of next meeting:</b> Tuesday 4 April 2017 at 9:30am, <b>Room G52</b> , ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	<b>F</b>	10:20am

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**Minutes of the Primary Care Commissioning Committee held on 7 February at 9.30a.m., Framland Meeting Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB**

**Present:**

Mr Clive Wood	Lay Member (Chair of Committee)
Dr Nick Glover	GP Locality Lead, Blaby & Lutterworth
Dr Girish Purohit	GP Locality Lead for Melton, Rutland and Harborough
Mr Tim Sacks	Chief Operating Officer
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)
Mrs Donna Enoux	Chief Finance Officer
Dr Tim Daniel	Public Health Consultant, Public Health England

**In attendance:**

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mr Jamie Barrett	Head of Primary Care (on behalf of Chief Operating Officer)
Mrs Caroline Goulding	Senior Contract Manager, NHS England/ELR CCG
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC)
Ms Sue Staples	Healthwatch, Leicestershire
Mrs Jennifer Fenelon	Healthwatch, Rutland
Mrs Amardip Lealh	Corporate Governance Manager (minutes)

ITEM		LEAD RESPONSIBLE
PC/17/01	<b>Welcome and Introductions</b> Mr Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC).	
PC/17/02	<b>To receive questions from the Public in relation to items on the agenda</b> There were no questions from the members of the public present.	
PC/17/03	<b>Apologies received:</b> <ul style="list-style-type: none"> <li>• Dr Tabitha Randell Secondary Care Clinician;</li> <li>• Dr Vivek Varakantam, GP Locality Lead for Oadby and Wigston</li> <li>• Mrs Carmel O'Brien, Chief Nurse and Quality Officer;</li> <li>• Mr Peter Forrester, Practice Manager Representative;</li> <li>• Leicester, Leicestershire and Rutland Local Medical Committee.</li> </ul>	
PC/17/04	<b>Declarations of Interest</b> All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	
PC/17/05	<b>To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 6 December 2016</b> The minutes of the meeting held in December 2016 were accepted	

ITEM	LEAD RESPONSIBLE
<p>as an accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• <b>Page 4, PC/16/138 – Primary Care Co-Commissioning Finance Report 2016-17 (Month 7, October 2017), penultimate paragraph, last sentence:</b>            Mrs Enoux informed the Committee that the Long Street Surgery is not a cost pressure to the CCG's Primary Care budget, and not the CCG as stated. It was agreed to amend the last sentence of this paragraph to make explicit reference to the primary care budget.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the previous meeting, subject to the above amendment.</li> </ul> <p><i>Dr Chotai joined the meeting.</i></p>	
<p><b>PC/17/06 To Receive Matters Arising following the meetings held in 1 November 2016 (Paper C)</b>            The matters arising following the meetings held in November 2016 were received, with the following updates noted:</p> <ul style="list-style-type: none"> <li>• <b>PC/16/125 – Community Based Services (CBS): Quality Report</b>            Mrs Goulding informed the Committee that following the completion of the CBS work for 2015-16, meetings have taken place with the CCG's Quality team to review and agree the process for the CBS for 2016-17. It was noted that a similar process is to be applied.</li> </ul> <p>In response to Dr Purohit's query whether the term "light touch" was accepted regionally and applied across all service providers, Dr Chotai stated this term is used nationally across the Quality and Outcomes Framework for GP Practices. In addition, Mr Barrett stated debates have been held in relation to the level of rigour against the standard GP contract and as each line of enquiry is not appropriate to primary care, it was decided to add the term "light touch" for ease of relevance.</p> <p>Mr Sacks also informed the Committee that lots of work has been taking place following a review of inspection reports issued by the Care Quality Commission, for example, and a benchmarking exercise which has identified the CCG as an outlier. It was noted there are problems within ELR, however, queried reviewing existing process and support mechanisms; and whether the CCG undertakes such visits to GP Practices. GPs present agreed with Mr Sacks and</p>	

ITEM		LEAD RESPONSIBLE
	<p>proposed the CCG also consider areas of best practice such as the development of safeguarding policies that were disseminated across LLR. It was suggested Practices are offered a level of support prior to the CQC visit and requested if further support is required before and after the CQC visit.</p> <p>Dr Scott assured the Committee that systems and processes are in place and the Quality Team has a programme of visits within which key lines of enquiries from the CQC reports are reviewed in line with the contractual requirements for these Practices. It was proposed the processes in place are reviewed with Dr Glover and Mr Barrett in order to be more robust.</p> <p>Dr Chotai felt that as a member of the LMC Board, it was not felt that the CCG had problems as the majority of Practices within Leicestershire received 'good ratings' from the CQC.</p> <p>Mr Barrett noted that processes could be reviewed in conjunction with Dr Chotai and Dr Scott from a LMC and Quality perspective to define the term "light touch" in order to move forward.</p> <p><b>Action complete.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising and note the progress to date.</li> </ul>	
PC/17/07	<p><b>Notification of Any Other Business</b>          Mr Wood had not received notification of any additional items of business.</p>	
PC/17/08	<p><b>Asylum Dispersal in South Wigston – Update February 2017 and Future Commissioning (Paper C)</b>          Mr Barrett presented this report, which provided a progress update in relation to the current arrangements for Primary Care services for residents of the Asylum Dispersal Centre at Kennedy House in South Wigston. The continuation of the service is currently under consideration pending the outcome of the procurement process that is being led by Leicester City CCG.</p> <p>Mr Barrett reminded the Committee that Kennedy House is a 56 bed unit, which is fully utilised by G4S and located near the South Wigston Health Centre. The PCCC approved the provision of healthcare services for these patients by Inclusion Healthcare, who are the providers of healthcare services at the Leicester City Assist Service. For Kennedy House, the service has been commissioned from May 2016 – March 2017.</p>	

ITEM	LEAD RESPONSIBLE
<p>Since May 2016, the service has seen 62 patients between the ages of 18 and 46 who utilised a total of 261 appointments. Section 8 of the report detailed the movement of patients on a monthly basis; it was noted the Practice currently has 57 registered patients, which is 1 more than maximum capacity due to delays in resident departures.</p> <p>As the current contract is due for renew on 1 April 2017 (in line with the contract renew at LC CCG), ELR CCG attended a procurement workshop led by LC CCG in January 2017. Following this, it has been agreed that ELR CCG will be incorporated into the LC CCG procurement process for the provisions of asylum services. In light of this, ELR CCG has met with Inclusion Healthcare to discuss the extension of the existing contract until the end June 2017, and possibly until October 2017. There are no social or patient issues identified to date, as patients are integrating into the community well.</p> <p>It was noted that Mr Barrett has spoken at a regional event in relation to the work undertaken to date and the proposed model for the future and commended for implementing such a service from scratch at very short notice. Mr Wood thanked Mr Barret and the Primary Care team for their time and effort with this service.</p> <p>However, it was noted that the service has seen a relative low turnout, which was disappointing, but noted this depends on the number of patients assigned to the CCG. The CCG has provided funds for 100 patients, and costs can be reimbursed if the service does not meet demand.</p> <p>Mrs Fenelon suggested the CCG capture and report patient experience and lessons learnt as part of the procurement process. Ms Staples suggested Healthwatch could support the CCG by obtaining a snapshot summary of patient feedback if required. Mr Barrett reported that Appendix A of the report includes a report from Inclusion Healthcare on patient activity from September – December 2016, to which qualitative data could also be included. Mr Wood stated the graphical information showing appointments by patients was extremely useful. It was agreed <b>Mr Barrett to liaise with Ms Staples to review how patient feedback could be incorporated.</b></p> <p>In response to Dr Daniel's query whether it was known that these patients are accessing other services such as Accident and Emergency, Mr Barrett confirmed this has not been identified to date, however, the CCG would have to review secondary care data to confirm as these patients have only been advised to contact the asylum service. Mr Wood felt as this was a timely review of the</p>	<p><b>Jamie Barrett</b></p>



ITEM		LEAD RESPONSIBLE
	<p>contract, it was not appropriate for the CCG to spend lots of time reviewing information and data, and to use Ms Staples and other data available.</p> <p>With regards to the size of the contract, GPs presented recognised the level of care required by patients within Kennedy House as extremely vulnerable who deserve good healthcare, and the impact and pressure on local GP Practices within the area. It was also noted that only 12 new patient registration checks have take place, which is significantly low, given the number of patients registered.</p> <p>Mrs Bains informed the Committee that following a discussion with Mr Barrett regarding the contract extension for a short period of time and the risk of falling foul by issuing the contract to the same service provider as identified by the Competition and Procurement Panel. Mr Wood stated it was not the Committee's remit to approve the extension of the current contract and confirmed this should be reported to the next meeting of the Governing Body. As the contract extension falls within the next financial year (i.e. 2017 - 2018), Mrs Enoux confirmed the PCCC is required to escalate all financial decisions to the Governing Body. It was agreed for Mr Sacks and Dr Chotai to review and discuss the level of GP funding for FDR and PMS from Practices at around £32k. In addition, <b>Mr Sacks to provide the Governing Body with assurance that the CCG has the appropriate level of funding, following a thorough review of the funding with Mrs Enoux and Mr Barrett.</b></p> <p>Dr Daniel was not sure whether Public Health have been involved or supported the CCG, and offered their services to reviewing whether health needs of these patients are being met, or not, if the case may be. <b>Mr Barrett to liaise with Public Health to obtain information and data to determine whether the health needs of patients are being met.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and the progress to date;</li> <li>• <b>ESCALATE</b> the approval of the extension of the current contract in place with Inclusion Healthcare to the Governing Body.</li> </ul>	<p><b>Tim Sacks</b></p> <p><b>Jamie Barrett</b></p>
<p><b>PC/17/09</b></p>	<p><b>Care Quality Commission (CQC) – Uppingham Surgery (Paper D)</b></p> <p>Mrs Goulding presented this report, which provided an update in relation to the progress against the Uppingham Surgery following their CQC inspection in September 2016, which resulted in a 'Requiring Improvement' rating.</p> <p>It was noted that the Primary Care Contracts Manager and the Head of Nursing from the CCG with NHS England's prescribing</p>	

ITEM	LEAD RESPONSIBLE
<p>team met with the practice in January 2017 to offer support and to seek assurance on the areas identified. Appendix A identified a number of actions following the CQC visit, which was shared with the practice in advance of the meeting and a remedial action plan agreed. As the practice is in the process of appealing the CQC rating, the CCG will await the outcome of the CQC re-inspection and arrange a follow-up visit with the practice if necessary.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and the progress to date.</li> </ul>	
<p><b>PC/17/10 Primary Care Co-Commissioning Finance Report 2016-17: Month 9 – December 2016 (Paper E)</b></p> <p>Mrs Enoux presented this report, which provided a summary of the financial position to Month 9 (December 2016) of the Primary Care budgets based in reporting information available.</p> <p>Appendix 1 of the report contained the year to date (YTD) and forecast position for the total primary care expenditure areas. Month 9 shows a year to date underspend of £78k and a forecast outturn underspend of £184k for Primary Care. In addition, the GP Co-Commissioning budget reported a YTD overspend of £202k; and a forecast to reach £364k by the end of the financial year. A full breakdown of the Co-commissioning budget was detailed in Appendix 2.</p> <p>Mr Sacks informed the Committee that the information presented for Dementia and Care PLanning, for example may be incorrect due to coding at Practice level and therefore not providing an accurate reflection of the position to date. This has been reviewed with the Finance Team and the information may well change in the next report. Dr Glover stated care plans are not coded within Practices and need to be recorded appropriately as these are the prime drivers to promote quality of care to the patient and their families; and the CQC will require evidence of services provided.</p> <p>Mrs Enoux stated the financial situation was a huge issue for the CCG and the costs presented are at a point in time, and currently under review to ensure an accurate reflection at the end of March 2017. Therefore, any issues or irregularities within the information should be reported to the Finance team as soon as possible. <b>Mr Sacks to review the financial information in detail with the Finance team.</b></p> <p><i>Mr Salim Issak joined the meeting.</i></p> <p>Mr Wood stated it was a shame that the Practice Manager Representative was unable to join the meeting as it would have been useful to have obtained their view.</p>	<p><b>Tim Sacks</b></p>

ITEM	LEAD RESPONSIBLE
	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Report.</li> </ul>
<p><b>PC/16/11</b></p>	<p><b>Primary Care Delivery Group: November 2016 – January 2017</b>          Mr Barrett presented this report, which provided an update on the following key themes from the PCDG meeting in January 2017:</p> <ul style="list-style-type: none"> <li>• <b>Format of the Group</b> – The Group felt that as Dr Glover and the Practice Manager Representative form part of both the PCDG and the PCCC, which was useful, they would prefer this Group is not disestablished and realigned.</li> </ul> <p>On this note, Mr Wood requested Mrs Bains to provide an update in relation to the proposed governance arrangements for the Group. Mrs Bains reminded the Committee that in line with the Conflicts of Interest guidance issued, the PCCC is required to have a Lay Member and any sub-groups reporting to the PCCC should also be chaired by a Lay Member. In light of this, the Chair of the CCG, Dr Richard Palin has spoken to Mr Alan Smith, Lay Member and Chair of the Financial Turnaround Committee who should be joining the PCCC from March 2017. Mrs Bains is in the process of undertaking a scoping exercise to determine the set up within other local CCGs.</p> <p>Both Dr Glover and Mr Barrett felt that as the PCDG works very well at an operational level and is required to have a Lay Member as a Chair, it was requested that the function of the Group remains, however, the title could change to a 'Task and Finish' Group for example as the majority of issues are channelled through the Group. Mr Wood understood the concerns raised and informed the Committee that Mrs Bains is aiming to find the most suitable arrangement given the situation.</p> <ul style="list-style-type: none"> <li>• <b>Post-Payment Verification (PPV)</b> – it was noted that there was a proposal to increase the number of PPV audits across Primary Care and that the same level of rigour and scrutiny is in place for all Providers regardless of their size. Some Providers are known to be struggling and the CCG needs to ensure it is getting value for money by reviewing each speciality / service.</li> <li>• <b>Pathology Collection</b> – Further scoping required to understand the requirement and how this links to current and planned provision.</li> </ul> <p>It was <b>RESOLVED</b> to:</p>

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Report.</li> </ul>	
PC/17/12	<b>Any other Business</b> There was no other business to discuss.	
PC/17/13	<b>Date of next meeting:</b> The date of the next Primary Care Commissioning Committee meeting will be held on <b>Tuesday 7 March 2016 at 9:30am, Gartree Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</b>	

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

Key

**ACTION NOTES**

Completed

On-Track

No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 2 March 2017	Status
PC/17/08	February 2017	Asylum Dispersal in South Wigston – Update February 2017 and Future Commissioning	Jamie Barrett	To liaise with Ms Staples to review how patient feedback could be incorporated to identify lessons learnt as part of this service.	February – March 2017	Work in progress – meeting in the process of being arranged. <b>Action ongoing.</b>	AMBER
			Tim Sacks	to provide the Governing Body with assurance that the CCG has the appropriate level of funding, following a thorough review of the funding with Mrs Enoux and Mr Barrett.	February 2017	Assurance provided to the Governing Body as part of the PCCC Summary Report (Paper M) in February 2017. <b>Action complete.</b>	GREEN
			Jamie Barrett	Mr Barrett to liaise with Public Health to obtain information and data to determine whether the health needs of patients are being met.	February – March 2017	Work in progress – meeting arranged to take place on 15 March 2017. <b>Action ongoing.</b>	AMBER
PC/17/10		Primary Care Co-Commissioning Finance Report 2016-17: Month 9 – December 2016	Tim Sacks	To review the financial information in detail with the Finance team to ensure accuracy.	February 2017	Work in progress. <b>Action ongoing.</b>	AMBER

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

**Front Sheet**

<b>REPORT TITLE:</b>	<b>Primary Care Delivery Group - governance arrangements</b>
<b>MEETING DATE:</b>	<b>7 March 2017</b>
<b>REPORT BY:</b>	<b>Daljit K. Bains, Head of Corporate Governance and Legal Affairs</b>
<b>SPONSORED BY:</b>	<b>Clive Wood, Independent Lay Member and Chair PCCC</b>
<b>PRESENTER:</b>	<b>Daljit K. Bains, Head of Corporate Governance and Legal Affairs</b>

<b>EXECUTIVE SUMMARY:</b>
<p>The Primary Care Commissioning Committee (PCCC) will recall that following the review of the terms of reference for PCCC, there was a discussion in the February 2017 meeting, and at the Governing Body meeting, to review the remit of the Primary Care Delivery Group (PCDG).</p> <p>It was agreed that a review of options would be considered and discussed with key individuals.</p> <p>A review of options has been undertaken at a meeting (in February 2017) between Clive Wood (Chair PCCC); Daljit Bains (Head of Corporate Governance and Legal Affairs); Dr Nick Glover (GP Locality Lead and primary care lead); and Jamie Barrett (Head of Primary Care and Chair PCDG). It was noted that the PCDG provides critical support in the operational matters concerning the PCCC and primary care quality and safety.</p> <p>The following are proposed next steps:</p> <ul style="list-style-type: none"> <li>• The terms of reference for the PCDG to be reviewed and strengthened to reflect the range of responsibilities of the group;</li> <li>• PCDG be formally constituted as a sub-group of the Integrated Governance Committee, subject to discussion with the Integrated Governance Committee chair;</li> <li>• If the PCDG is established with a line of accountability to the Integrated Governance Committee then escalation of quality and safety issues relating to primary care will be considered by the Integrated Governance Committee;</li> <li>• The PCDG will be responsible for escalating primary care related risks and issues to the PCCC, these issues will be pertinent to the remit of the PCCC;</li> <li>• The PCCC will continue to be able to delegate functions that require more detail review and work to the PCDG, and then PCDG would report back to the PCCC;</li> <li>• Updated terms of reference for the PCDG to be received by the Integrated Governance Committee and PCCC in April 2017 for approval and support respectively.</li> </ul>

<b>RECOMMENDATIONS:</b>
<p>The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:</p> <p><b>APPROVE</b> the proposal outlined to strengthen the PCDG remit and seek agreement from the Chair of the Integrated Governance Committee to amend line of accountability for this group.</p>

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

<b>EQUALITY ANALYSIS</b>
An equality analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report.

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

### Front Sheet

<b>REPORT TITLE:</b>	<b>Primary Care Finance Report Month 10 (January 2016-17)</b>
<b>MEETING DATE:</b>	<b>7 March 2017</b>
<b>REPORT BY:</b>	<b>Richard George, Senior Primary Care and Non-Acute Accountant</b>
<b>SPONSORED BY:</b>	<b>Donna Enoux, Chief Finance Officer</b>
<b>PRESENTER:</b>	<b>Donna Enoux, Chief Finance Officer</b>

<b>PURPOSE OF THE REPORT:</b>
The purpose of this report is to provide a summary of the financial position to Month 10 (January) and outturn forecast of the Primary Care budgets.

<b>RECOMMENDATIONS:</b>
The East Leicestershire and Rutland CCG PCCC is requested to: <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the reported variance position against the Primary Care budgets based on reporting information available.</li> </ul>

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

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

<b>RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:</b>
<ul style="list-style-type: none"> <li>• Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6);</li> <li>• Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).</li> </ul>

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

### **Primary Care Finance Report Month 10 (January) 2016-17**

#### **1. Month 10 Year to Date and Forecast Position**

As at Month 10, a year to date underspend of £554k and forecast outturn underspend of £439k 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 1-8 and is showing a year to date overspend of £185k. Profiling this forward the forecast outturn overspend reduces to £86k as further QIPP savings are delivered in the final quarter of the year. 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 took 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 underspend of £266k and a forecast outturn underspend of £241k.

Claims made by practices for Quarter 3 have now been processed. The value of these claims is less than anticipated and a piece of work will be undertaken to ascertain if there are any potential claims still outstanding that would affect this forecast.

Based on the current available information, the main variances to note under this area are:

- INR Anticoagulation – forecast underspend of £191k
- Near Patient Testing – forecast overspend of £60k
- Minor injury – forecast underspend £42k
- PPV audit income – forecast underspend £51k

In addition to this, the CCG has received income of £26k from the Home Office to support the healthcare costs of patients coming to the County under the Syrian Resettlement Programme.

#### **4. GP Support Framework, 7 Day Working**

These services are currently showing a year to date underspend of £471k and an outturn forecast underspend of £577k. The majority of areas are forecast to be within budget with the following exceptions:

- **Prescribing Incentive Scheme** – Forecast outturn underspend of £146k 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 £102k as QIPP investment monies have not been fully committed.
- **Dementia** – Forecast outturn underspend of £314k based on claims made by practices in the first 9 months of the financial year. This underspend may be at risk if practices have not been submitting claims but are planning to submit all claims in the last quarter. Practices have been contacted to confirm.

#### 5. **GP Co-Commissioning**

A year to date overspend of £140k is being reported and forecast to reach £337k 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 £631k, representing an overspend of £371k.

The forecast underspends against FDR Payment and PMS Reinvestment total £605k and are being used to fund Wound Clinics (£323k), Leicester Asylum Service (£34k), additional support to South Wigston Health Centre (£50k) and Practice Pharmacists (£271k).

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 £118k and a forecast outturn underspend of £154k due to activity underperformance.

#### 7. **GP IT**

At month 10, a year to date overspend of £61k is being reported against this budget area with a forecast outturn overspend of £82k. 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 £32k 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.

#### 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

M10 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/(Un
Area	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
<b>CCG Prescribing</b>						
Scriptswitch	101	72	-29	121	89	-32
Central Prescribing	1,089	1,004	-85	1,306	1,191	-115
High Cost Drugs	805	757	-48	966	898	-68
GP Prescribing	38,417	38,764	347	45,544	45,846	301
<b>Total Practice Prescribing</b>	<b>40,412</b>	<b>40,597</b>	<b>185</b>	<b>47,938</b>	<b>48,024</b>	<b>86</b>
<b>Enhanced Services</b>						
Community Based Services	2,239	1,974	-266	2,687	2,447	-241
<b>Total Enhanced Services</b>	<b>2,239</b>	<b>1,974</b>	<b>-266</b>	<b>2,687</b>	<b>2,447</b>	<b>-241</b>
<b>GP Support Framework</b>						
Care Homes	380	380	0	457	456	0
End of Life	271	269	-2	325	323	-3
Prescribing Incentive Scheme	534	379	-155	641	495	-146
Long Term Conditions	68	1	-68	103	1	-102
Joint Working	271	269	-2	325	323	-3
7 Day Working Better Care Fund	425	443	18	483	483	0
Dementia	542	281	-261	651	337	-314
Heart Failure	136	136	0	163	163	0
GP Federation	119	119	0	135	125	-10
<b>Total GP Support Framework</b>	<b>2,747</b>	<b>2,276</b>	<b>-471</b>	<b>3,282</b>	<b>2,705</b>	<b>-577</b>
<b>Other</b>						
GP Co-Commissioning	32,930	33,069	140	39,526	39,863	337
Urgent Care Centres	1,228	1,111	-118	1,474	1,320	-154
GP IT	550	611	61	650	732	82
Primary Care - Licenses & Other	94	137	43	113	144	32
QIPP	-278	-406	-129	-333	-338	-5
<b>Total Other</b>	<b>34,524</b>	<b>34,522</b>	<b>-2</b>	<b>41,430</b>	<b>41,721</b>	<b>292</b>
<b>Total Primary Care</b>	<b>79,923</b>	<b>79,369</b>	<b>-554</b>	<b>95,336</b>	<b>94,897</b>	<b>-439</b>

Primary Care Delegated Budgets analysis

Appendix 2

M8 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	19,683	19,788	105	23,620	23,805	185	Block with quarterly list size adjustments
MPG Correction Factor	1,834	1,812	-22	2,201	2,171	-30	Block
PMS reinvestment	549	163	-386	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	138	0	-138	165	0	-165	
Leicester Asylum Service + South Wigston Support	0	34	34	0	84	84	
Wound Clinics	0	269	269	0	323	323	
Practice Pharmacists	0	204	204	0	271	271	
	686	669	-18	824	897	73	
<b>Total General Practice - GMS</b>	<b>22,204</b>	<b>22,269</b>	<b>65</b>	<b>26,644</b>	<b>26,872</b>	<b>228</b>	
PMS	216	26	-191	260	122	-137	Block with quarterly list size adjustments
Wigston Central Care taking/Sanctions on LS	0	128	128	0	128	128	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
<b>Total General Practice - PMS Long Street Reprvision</b>	<b>216</b>	<b>535</b>	<b>318</b>	<b>260</b>	<b>631</b>	<b>371</b>	
Occupational health	38	39	0	46	46	0	Block - fair share
Travel	1	1	-0	1	1	0	CPC
Locum Adoption/Paternity/Maternity	84	84	0	101	101	0	CPC
Locum Sickness	29	29	0	35	35	0	CPC
Locum suspended doctors	0	0	-0	0	0	-0	CPC - fair share
Seniority	438	390	-48	525	467	-58	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	77	77	0	92	92	0	CPC
PCO Doctors Ret Scheme	0	4	4	0	4	4	N/A
Long Street Dispersal	0	1	1	0	1	1	PMS
Kingsway Management Plan	0	-9	-9	0	-11	-11	Pressure badged against Global Sum
<b>Total Other GP Services</b>	<b>667</b>	<b>615</b>	<b>-52</b>	<b>800</b>	<b>736</b>	<b>-64</b>	
QOF Achievement	909	971	63	1,090	1,166	75	CPC
QOF Aspiration	2,273	2,362	89	2,727	2,834	107	Block
<b>Total QOF</b>	<b>3,181</b>	<b>3,334</b>	<b>152</b>	<b>3,818</b>	<b>4,000</b>	<b>182</b>	
DES Extended Hours Access	386	489	103	477	587	110	Block
DES Learning Disability	63	55	-8	75	65	-10	CPC
DES Minor Surgery	563	407	-156	676	488	-187	CPC
DES Unplanned Admissions	751	771	20	901	926	25	Block
AUA Old Year 15/16	0	-14	-14	0	-14	-14	
DES Violent Patients	38	39	1	46	47	1	Block
DES Minor Surgery - PMS	0	0	0	0	0	0	N/A
LES Extended Hours Access - PMS	0	0	0	0	0	0	N/A
LES Translation Fees	25	48	23	30	58	28	CPC - fair share
<b>Total Enhanced Services</b>	<b>1,826</b>	<b>1,795</b>	<b>-31</b>	<b>2,205</b>	<b>2,157</b>	<b>-48</b>	
Dispensing Quality Scheme	91	75	-16	110	90	-19	Block
Prof Fees Dispensing	1,162	1,237	75	1,394	1,484	90	CPC
Prof Fees Prescribing	175	197	22	210	236	26	CPC
<b>Total Dispensing/Prescribing Drs</b>	<b>1,428</b>	<b>1,509</b>	<b>81</b>	<b>1,713</b>	<b>1,811</b>	<b>97</b>	
Prescribing charge income	-243	-251	-8	-292	-301	-9	CPC
	-243	-251	-8	-292	-301	-9	
Prem Actual Rent	1,232	1,232	0	1,478	1,478	0	Block
Prem Clinical Waste	96	96	0	115	115	0	CPC - fair share
Prem Cost Rent	225	-75	-300	270	-28	-298	Block
Prem Health centre Rates	14	18	4	16	22	5	Block
Prem Health centre Rent	59	75	16	71	90	19	Block
Prem Notional Rent	1,071	1,293	222	1,285	1,552	266	Block
Prem Rates	636	538	-98	764	646	-118	Block
Prem Water Rates	51	33	-18	61	39	-22	CPC
<b>Total Premises Cost Reimbursement</b>	<b>3,385</b>	<b>3,211</b>	<b>-174</b>	<b>4,062</b>	<b>3,915</b>	<b>-147</b>	
Rent	28	28	0	33	33	0	CPC
Other premises	2	2	0	3	-18	-21	CPC
<b>Total Other premises</b>	<b>30</b>	<b>30</b>	<b>0</b>	<b>36</b>	<b>15</b>	<b>-21</b>	
GP Pensions	0	0	0	0	0	0	Net nil
<b>Total Pensions</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Transformation reserves	213	0	-213	252	0	-252	Committed to expenditure
Primary Care Transformational Funding	23	23	0	28	28	0	
<b>Grand Total</b>	<b>32,930</b>	<b>33,069</b>	<b>140</b>	<b>39,526</b>	<b>39,863</b>	<b>337</b>	

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

### Front Sheet

<b>REPORT TITLE:</b>	<b>Primary Care Delivery Group February 2017 Themes</b>
<b>MEETING DATE:</b>	<b>7 March 2017</b>
<b>REPORT BY:</b>	<b>Jamie Barrett, Head of Primary Care</b>
<b>SPONSORED BY:</b>	<b>Tim Sacks, Chief Operating Officer</b>
<b>PRESENTER:</b>	<b>Jamie Barrett, Head of Primary Care</b>

<b>EXECUTIVE SUMMARY:</b>
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 February 2017.

<b>RECOMMENDATIONS:</b>
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:
<ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the Primary Care Delivery Group for February 2017.</li> </ul>

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

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

<b>RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:</b>	
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 February 2017 Themes  
7 March 2017**

**Primary Care Delivery Group Themes**

The below highlights the themes from the February 2017 Meeting:

1. **Practice Based Pharmacists** – Clarity is required for the future with reference to Practice Pharmacists and employment status. Subsequent discussion have clarified that current arrangements can remain in place until the end of June 2017 when we will revisit in preparation for the annual update of the SLA (October 2017).
2. **Complex Wounds Service LPT** – Poor quality of care concerns over the waiting times of patient access to complex wound clinics. These are all practices that changed over to doing simple wounds over a year ago with the rationale that by doing the simple wounds in house it would release capacity for the complex wound service. LPT have been contacted.
3. **Pathology Collection** – Dialogue has started with EMPATH but the progress is slow. This has been now escalated to the UHL contract leads to gain some further traction.

**Recommendation:**

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

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

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## ELR CCG PRIMARY CARE COMMISSIONING COMMITTEE

### MEETING DATES FOR 2017

Month	Date and time	Location
<b>January 2017</b>	Tuesday 3 January 2017 9:30am – 12:30pm (Cancelled)	ELR CCG Office County Hall – Framland Committee Room
	Tuesday 10 January 2017 (Extraordinary Confidential) 1:30pm – 2:45pm	ELR CCG Office County Hall – Guthlaxton Committee Room
<b>February 2017</b>	Tuesday 7 February 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room G52
<b>March 2017</b>	Tuesday 7 March 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Gartree Committee Room
<b>April 2017</b>	Tuesday 4 April 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room G52
<b>May 2017</b>	Tuesday 2 May 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Guthlaxton Committee Room
<b>June 2017</b>	Tuesday 6 June 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>July 2017</b>	Tuesday 4 July 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>August 2017</b>	Tuesday 1 August 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>September 2017</b>	Tuesday 5 September 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>October 2017</b>	Tuesday 3 October 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>November 2017</b>	Tuesday 7 November 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC
<b>December 2017</b>	Tuesday 5 December 2017 9:30am – 12:30pm	ELR CCG Office County Hall – Room TBC