NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	**Primary Care Commissioning Committee – Public meeting**	**Date**	**Tuesday 2 May 2017**
Meeting No.	**27.**	**Time**	**9:30am – 10:30am**
Chair	**Mr Clive Wood Chair of the Committee and Lay Member**	**Venue / Location**	**Guthlaxton Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.**

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/39	Welcome and Introductions		Clive Wood	**Verbal**	9:30am
PC/17/40	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/17/41	Apologies for Absences: • Mr Alan Smith	To receive	Clive Wood		
PC/17/42	Declarations of Interest on Agenda items	To receive	Clive Wood		9:35am
PC/17/43	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 4 April 2017	To approve	Clive Wood	**A**	9:40am
PC/17/44	To Receive Actions and Matters Arising following the meeting held on 4 April 2017	To receive	Clive Wood	**B**	
PC/17/45	Notification of Any Other Business	To receive	Clive Wood	**Verbal**	9:45am
QUALITY AND PATIENT SAFETY					
PC/17/46	Care Quality Commission (CQC) Inspections – Two Shires Medical Practice	To receive	Khatija Hajat	**C**	9:50am
OPERATIONAL ISSUES					
PC/17/47	Asylum Dispersal in South Wigston: Update May 2017	To receive	Jon Holliday / Salim Issak	**D**	10:00am

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ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PRIMARY CARE FINANCE REPORT					
PC/17/48	Primary Care Co-Commissioning Finance Report 2016-17: Month 12 (March 2017)	To receive	Donna Enoux	**E**	10:10am
SUB-GROUP REPORTING					
PC/17/49	Primary Care Delivery Group: April 2017	To receive	Jon Holliday	**F**	10:20am
ANY OTHER BUSINESS					
PC/17/50		To receive	Clive Wood	**Verbal**	10:25am
DATE OF NEXT MEETING					
PC/17/51	**Date of next meeting:** Tuesday 6 June 2017 at 9:30am, **Guthlaxton Committee Room**, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	**Verbal**	10:30am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 4 April 2017 at 9.30am, G52 Meeting Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Deputy Chair and Lay Member (Chair of Committee)
Mr Alan Smith	Independent Lay Member
Dr Vivek Varakantam	GP Locality Lead for Oadby and Wigston
Mr Tim Sacks	Chief Operating Officer
Ms Carmel O'Brian	Chief Nurse and Quality Officer
Mrs Donna Enoux	Chief Finance Officer
Ms Jane Bethea	Public Health Consultant, Public Health
Mr Tim Sacks	Chief Operating Officer

In attendance:

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mr John Holliday	Interim Head of Primary Care
Mrs Caroline Goulding	Senior Contract Manager, NHS England/ELR CCG
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee
Mr Salim Issak	Primary Care Support Manager
Mrs Julie Cockcroft	Commissioning Collaborative Support Officer (Minutes)

ITEM		LEAD RESPONSIBLE
PC/17/26	**Welcome and Introductions** Mr Wood welcomed Mr Smith and Mr Holiday to their first meeting of the Primary Care Commissioning Committee (PCCC). Mr Wood expressed his thanks on behalf of the Primary Care Commissioning Committee to Mr Jamie Barrett for all his support to the Committee, noting that he was on a career break and would be returning in six months.	
PC/17/27	**To receive questions from the Public in relation to items on the agenda** There were no questions from the members of the public.	
PC/17/28	**Apologies received:** • Dr Tabitha Randell Secondary Care Clinician; • Dr Nick Glover, GP Locality Lead, Blaby and Lutterworth • Dr Girish Purohit, GP Locality Lead for Melton, Rutland and Harborough • Ms Sue Staples, Healthwatch, Leicestershire • Mrs Jennifer Fenelon, Healthwatch, Rutland	
PC/17/29	**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 specific reference to Paper D the Dispersal Policy where they	

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ITEM		LEAD RESPONSIBLE
	would have a direct financial conflict. The Chair advised if a decision is to be made following the review of the report Dr Varakantam and Dr Chotai will be asked to leave the room so that the Committee members can debate and make a decision.	
PC/17/30	**To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 7 March 2017** The minutes of the meeting held in March 2017 were accepted as an accurate record of the meeting, subject to the following amendments: • Mr Jamie Barrett was not in attendance on behalf of the Chief Operating Officer – the reference to this in the list of attendees to be removed. • **Page 2, PC/17/10 – Primary Care Co-Commissioning Finance Report 2016-17 (Month 9, December 2016) –** Mrs Enoux advised of a few amendments and agreed to provide the amendments. • **Page 3, third paragraph** – should read, **"**Dr Varakantam appreciated the comments made, however, stated it is difficult for Practices to make the claims within a timely manner and felt "*the correct information was needed moving forward*." • **PC/17/21, Page 4, penultimate paragraph relating to discussion on voting rights and conflicts –** Mrs Bains advised that this paragraph does not capture and articulate the discussion that took place. Committee members agreed and Mrs Bains to amend accordingly. • **Page 6, point 9. QIPP, last paragraph –** Mrs Enoux advised this needed to be reviewed as was not sure what this was trying to explain. Ms Enoux would forward amendments for inclusion in the minutes. Mrs Bains advised the Chair that there were a few other areas within the minutes that required review and amending. Mr Wood advised that Mrs Bains would review the minutes and he had noted that the proposed changes did not change the decisions made but rather re-phrased a few areas to ensure they are articulated clearly. Committee members agreed. It was **RESOLVED** to: • **APPROVE** the minutes of the previous meeting, subject to the above amendments.	

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ITEM		LEAD RESPONSIBLE
PC/17/31	**To Receive Matters Arising following the meeting held in 7 March 2017 (Paper B)** The matters arising following the meeting held in March 2017 were received, with the following updates noted: • **PC/17/08 – Asylum Dispersal in South Wigston – Update February 2017 and Future Commissioning** It was noted that a meeting was scheduled with Public Health for Wednesday 5 April 2017. **Action Complete.** It was **RESOLVED** to: • **RECEIVE** the matters arising and note the progress to date.	
PC/17/32	**Notification of Any Other Business** Mrs O'Brien wished to make PCCC aware of the article that had been published in the Health Service Journal today relating to Care Quality Commission (CQC) ratings for GP Practices. She informed that Dr Palin (CCG Chairman) was interviewed by the Leicester Mercury regarding the concerns raised in the article. Mrs O'Brien informed that there is disconnect between CQC ratings for practices in East Leicestershire and Rutland (ELR CCG) versus detailed data we hold which tells us that General Practices in ELR CCG provide good quality clinical care. Mrs O'Brien stated that ELR CCG was considered an outlier in terms of CQC ratings for general practice and that CQC findings did not correlate with information received from general practices and NHS England. Mrs O'Brien reported that an internal review has been conducted in November 2016 to compare the CCG's performance in key areas including CQC compliance, GP survey outcomes and NHS England indicators against other local CCGs. This internal review found that ELR CCG was broadly in line with the performance of local CCGs and yet the CQC ratings did not reflect this. We raised our concerns with NHS England and they undertook a separate review, the findings of which supported the apparent discrepancies. It was noted that a meeting had been held with the CQC to understand the rationale for their ratings which do not fit with what we know about quality of primary care in ELR CCG and have shared practices' feedback views on how inspections were conducted. Mrs O'Brien informed that the CQC were undertaking an internal peer review and that a meeting would be scheduled with CQC to review the findings. It was felt that the Governing Body would need to consider next steps and that feedback from localities on the issues raised would be useful.	

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ITEM		LEAD RESPONSIBLE
PC/17/33	**Primary Care Delivery Group (PCDG): Update Terms of Reference (Paper C)** Mr Sacks presented the report, the purpose of which was to set out the revised terms of reference for the Primary Care Delivery Group which the PCCC were asked to receive. It was clarified that Integrated Governance Committee (IGC) would approve the final terms of reference for PCDG. Mr Sacks outlined that the PCDG terms of reference had been reviewed and reporting arrangements aligned to the Integrated Governance Committee. Mrs Bains informed that the changes were minimal, in the main the changes related to the reporting arrangements and consideration of quality and safety issues in primary care. In addition, it was noted that the PCDG was not a decision making group; the Group would make recommendations to the PCCC for primary care matters and IGC for any commissioning or quality issues. Ms O'Brien asked that the Head of Nursing to be included within the membership and quoracy of the Group given the oversight on quality issues. **Mr Sacks agreed to include the Head of Nursing within the membership and quoracy of the Group**. It was **RESOLVED** to: • **RECEIVE** the Terms of Reference for the Primary Care Delivery Group.	**Tim Sacks / Daljit Bains**
PC/17/34	**Agreed Financial Assistance Policy – for practices experiencing the impact of Dispersed List (Paper D)** Mr Salim Issak joined the meeting and presented this report, the purpose of which was to inform PCCC of the changes made by Leicester City CCG to their policy providing financial assistance to GP practices following list dispersal. The Committee were asked to consider adopting the changes made by Leicester City CCG with the recommendation to approve Option 2 outlined within the report. Table 1 outlined the changes made by Leicester City CCG with approval agreed by West Leicestershire CCG was noted within the table. Mr Issak outlined the key changes made by Leicester City CCG including: • Removal of the arbitrary percentage threshold with payments made on the number of patients registered from the closing practice. • Remove the request for business cases to be completed as these can be lengthy and time consuming processes. • The flat rate fee per patient registered to be increased from	

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ITEM		LEAD RESPONSIBLE
	£4.50 to £10. This fee to be increased to £15 in situations where one or more of the following additional circumstances applied: • Where there was more than one closure at the same time, in the same area • Where there were GP IT system compatibility issues • Where there were known performance issues. • It was noted that West Leicestershire CCG had agreed to increase the flat rate from £4.50 to £5.00 and pay the additional £5 within the circumstances listed but to add 'where there were known quality and performance issues'. Mr Issak reported that discussions had been held with Leicester City CCG regarding their proposal to increase the flat rate fee per patient from £4.50 to £10. It was noted that Leicester City CCG had approved this proposal. In addition, Mr Issak drew the Committee's attention to paragraph 5 of the revised Leicester City CCG policy which stated that "should dispersed patients register with a practice outside of Leicester City CCG area then the neighbouring CCG would pick up the dispersal payments to be made under the policy". Mr Sacks expressed concern that this was unacceptable and that Leicester City CCG could not force this decision upon neighbouring CCGs. Ms Enoux too expressed her concern and stated that if the policy changes were not agreed by ELR CCG and West Leicestershire CCG then Leicester City CCG would be unable to enact their revised policy. Ms Enoux also stated that more clarity was required in relation to the reference "additional circumstances" where Leicester City CCG would apply an extra £5 payment, increasing the flat rate fee per patient to £15. The Committee agreed that in order to establish a consistent approach across all three CCGs this term and circumstances needed defining and agreeing. Mrs O'Brien suggested that this may require a discussion at Managing Directors' level in order to understand the unintended consequences of applying the policy changes. PCCC were asked to receive and note the contents of the report and consider the approval of option 2, which was to approve the recommended changes highlighted in table 1. Mr Issak advised that this would be in line with the decision made by West Leicestershire CCG. However the Committee members did not feel assured and agreed that option 2 could not be agreed without further discussion at Managing Directors' level regarding dispersal payments and without having reviewed the criteria underpinning	

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ITEM		LEAD RESPONSIBLE
	"additional circumstances" as discussed. **Mr Issak was asked to have further discussions with Leicester City CCG and West Leicestershire CCG regarding the concerns raised by the Committee; and to bring back a revised policy. An update on progress to be provided at the next meeting.** It was **RESOLVED** to: • **RECEIVE** the report and note the contents • **AGREED** to escalate the matter to Managing Directors for further discussion regarding dispersal payments. • **AGREED** that an update would be provided to PCCC at its meeting in May 2017 and a revised Policy to be presented at a future meeting.	**Salim Issak**
PC/17/35	**Primary Care Co-Commissioning Finance Report 2016-17: Month 11 – February 2017 (Paper E)** Mrs Enoux presented this report, which provided a summary of the financial position to Month 11 (February 2017) and outturn forecast of the Primary Care budgets based in reporting information available. Ms Enoux took the report as read, noting that the year to date underspend of £246k and forecast outturn underspend of £325k being reported for Primary Care. Dr Varakantam made reference to the Community Based Services forecast outturn underspends and asked why the figures were so high. Mr Sacks responded that the INR anticoagulation forecast underspend was linked to DOAC and that there was £100,000 notional amount for Kingsway Surgery. It was confirmed that these were Quarter 3 figures that would be revised during Quarter 4. Making reference to section 6. Urgent Care Centres, Mr Sacks reported that conversations were taking place with the Director of Finance at Vocare regarding contract activity. Mr Sacks confirmed that all invoices and data would go through a full reconciliation process during Quarter 4. It was **RESOLVED** to: • **RECEIVE** the Report.	
PC/17/36	**Primary Care Delivery Group (PCDG): March 2017 Themes (Paper F)** Ms Goulding presented this report, which provided an update on the following key themes from the PCDG meeting in March 2017: • **Practice Based Pharmacists** – Ms Goulding provided an update on practice based pharmacists stating that whilst	

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ITEM		LEAD RESPONSIBLE
	practices saw the benefits of practice based pharmacists there were issues with regards to how they were employed. It was noted that there had been a strong push back from practices regarding direct employment with the majority of practices appointing through agencies. Ms Enoux commented that employment through agencies was not value for money. Dr Varakantam stated that a lot of pharmacists were self-employed which allowed for IR35 rules to be applied. Mr Sacks reported on the concerns regarding the anti-competitive nature of the current process for appointing practice based pharmacists stating that the CCG would need to consider commissioning practice based pharmacists on behalf of practices to ensure adherence to competition procurement laws. Dr Varakantam stated that the issues raised at locality meetings focused around practices needing to retain accountability with regards to the choice of pharmacist and work undertaken for the practice. Mr Sacks confirmed that independence within practices would be considered as part of the formal procurement process. Dr Varakantam stated that practices were also concerned regarding the availability of future funding once pharmacists were directly employed within practices beyond the initial 5 year funding period. In response to a question from Ms Enoux, Mr Sacks agreed to conduct a final reconciliation to provide updated underspend forecasts. **Mr Sacks confirmed that a detailed report would be presented to PCCC in May 2017.** • **Pathology Collection** – Ms Goulding reported that this was slow work in progress for this long piece of work noting that the following actions would be taken: • Obtain data of how many bloods were ordered by practice per 1,000 • Send EMPATH information of how many urgent and how many routine requests were made • Obtain a cost from EMPATH to provide a 2nd collection for the 20 practices who have asked for it Dr Varakantam stated that patients really wanted a 2nd collection and expressed the hope that EMPATH could progress this with an affordable solution given that it was a key element of delivering left shift. Ms Enoux asked if a 2nd collection would create a cost pressure for the CCG to which Ms Goulding responded it would but that no figures were available at present.	**Tim Sacks**

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ITEM		LEAD RESPONSIBLE
	• **Use of the CCG Training Budget** – the PCDG confirmed use of the CCG practice training budget would be aligned to commissioned services to support delivery of these priorities. Mr Sacks outlined the need to support the training requirements resulting from the 5 Year GP Forward View and stated that this could create a capacity issue. It was noted that a task and finish group were working through the implications. Ms O'Brien stated that the CCG training administration was a hosted function within the Quality team and that the £300,000 paid for this function came with a mandate set for training of practice employed staff. It was **RESOLVED** to: • **RECEIVE** the Report.	
PC/17/37	**Any other Business** Mrs Enoux made reference to the reduction in the co-commissioning overspend to £161k and the need to gain agreement from the Finance Turnaround Committee (FTC); unfortunately as the last FTC was cancelled due to not being quorate, the agreement would be delayed until FTC met in May 2017. Mr Sacks made reference to category budget incentives and the increased spend on DOAC. In response to a question from Mr Wood, Mrs Enoux stated that the accounts could be closed on an assumption but that this was not ideal as it created potential for cost pressures for next financial year. **It was agreed that Mrs Enoux and Mr Sacks would work through the issues and solutions to present to FTC in May 2017.**	**Donna Enoux / Tim Sacks**
PC/17/38	**Date of next meeting:** The date of the next Primary Care Commissioning Committee meeting will be held on **Tuesday 2 May 2016 at 9:30am, Guthlaxton Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.**	

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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 2 May 2017	Status
PC/17/33	April 2017	**Primary Care Delivery Group (PCDG): Updated Terms of Reference**	Tim Sacks / Daljit Bains	To include the Head of Nursing within the membership and quoracy of the PCDG.	April 2017	Terms of reference amended accordingly and on the agenda for Integrated Governance Committee to approve on 2 May 2017. **Action Complete.**	**GREEN**
PC/17/34	April 2017	**Agreed Financial Assistance Policy – For Practices experiencing the Impact of a Dispersed List**	Salim Issak	To have further discussions with Leicester City CCG and West Leicestershire CCG regarding the concerns raised by the Committee; and to bring back a revised policy. An update on progress to be provided at the next meeting.	~~May 2017~~ June 2017	Discussions are being held with LC CCG and WL CCG to review this. Request for item to be deferred to June 2017.	**AMBER**
PC/17/36	April 2017	**Primary Care Delivery Group (PCDG): March 2017 Themes**	Tim Sacks	Practice Based Pharmacists – to present a detailed report at the next meeting.	May 2017	This item is to be discussed in the confidential part of the meeting. **Action complete.**	**GREEN**
PC/17/37	April 2017	**Any other Business**	Donna Enoux / Tim Sacks	To work through the issues identified around the reduction in the Co-Commissioning overspend and present solutions to the Financial Turnaround Committee.	April – May 2017	**A verbal update to be provided at the meeting.**	**AMBER**

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

Front Sheet

REPORT TITLE:	Care Quality Commission (CQC) Inspections: Two Shires Medical Practice
MEETING DATE:	2 May 2017
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager
SPONSORED BY:	Jon Holliday, Interim Head of Primary Care
PRESENTER:	Khatija Hajat, 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 Two Shires Medical Practice has made following the Care Quality Commission CQC visit.

2. The practice was inspected on 28 July 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
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) Inspections: Two Shires Medical Practice

2 May 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 Two Shires Medical Practice since practice inspection on 28th July 2016.

4. The report was published on 6th December 2016 and is available on the CQC website http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5702.pdf

Current Status

5. The Primary Care Contracts Manager and the Head of Nursing from the CCG together with a member from NHS England's prescribing team met with the practice on 03 April 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 CCG will await outcome of the CQC re-inspection and arrange a follow-up visit with the practice if necessary.

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Recommendations

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

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

APPENDIX A - Two Shires Surgery - Announced CQC Inspection carried out on 28 July 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 - 03 April 2017** 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	Lessons learnt were recorded as a result of incidents and discussed at practice meetings. However CQC found evidence to show there was inconsistent learning and implementation of actions to improve safety in the practice.	Ensure there is a robust and consistent system in place for incident reporting (including Duty of Candour). Ensure adequate documentation, lessons are learnt and actions taken to minimise future risks.	PART 20 20.1. Clinical Governance	Indicator 5 - Incident Reporting (including Duty of Candour)	Assurance on Incident Reporting (including Duty of Candour)	The Practice Director advised that the Practice has appealed against the rating from the CQC although this was not upheld. The team felt that the 3 sites being visited in one day meant the inspection was rushed. All incidents are reported and discussed at the Clinical Staff meeting and the minutes and actions are disseminated to ensure lessons are learnt and future risk are minimised. We queried whether the wider team were given this information. It appears that the Admin team have information cascaded through their meetings. It was not clear how this is documented and it was suggested that the Practice consider having a signing sheet so that staff have to sign to say they have read the minutes of the meeting if they can not attend. The satellite practice staff do not all attend meetings regularly although invited.H4
		Arrangements to manage medicines, including emergency medicines and vaccines, were not always followed. This included checks on fridge temperatures that stored vaccines at Fleckney Surgery.	Review systems and processes to ensure adequate arrangements in place for secure storage and management of medicines including emergency medicines and vaccines.	PART 20 20.1. Clinical Governance		Assurance on safe storage and management of medicines	There was some confusion at the time of the inspection as the emergency equipment is checked monthly, however the form was a weekly form. This has now been resolved and checks are being carried out monthly as per policy. There is now an improved system with the use of a clipboard on the trolley and the trolley is now kept in a secure part of the Practice at the back of reception, this area still means that the equipment is accessible. To strengthen gaps in fridge monitoring the practice has installed an electronic monitoring system which uses WiFi and results are printed off. This system is very robust as it sends an email alert if any of the fridge temperatures drop out of the accepted range and the system monitors the temperatures every 10 minutes. The Policy has been amended to reflect this and the Practice are looking at utilising the text function for the system at present.
		The practice did not have a system of legal authorisation for healthcare assistants to administer medicines to patients.	Ensure there is a system of legal authorisation for health care assistants to administer medicines and vaccinations are maintained and monitored in line with legal requirements.	Part 23 Para 23.1 Compliance with Legislation and Guidance		Assurance on legal requirements for Health Care Assistants	The Practice has a paper system whereby a paper form is clipped to the clinic list. One reviewed had two different injections on it and it was not clear if the HCA would be expected to give both types. The process for delegation and detailing authority needs to be reviewed as it is not patient specific and the possibility of using Systm1 to record the authorisation was discussed. The Policy will need to be updated and communicated to staff when updated.
		Relevant tests were not always recorded in relation to patients on high risk medicines.	Develop and implement process for ensuring patient records are updated following receipt of relevant information from another NHS organisation.	PART 20 20.1. Clinical Governance		Assurance on accurate and relevant recording of patient's medical history	The Practice are now downloading results and recording in patient files. There is a call and recall system and three letters are sent to patients asking them to attend for a blood test. When patients do not attend the practice is considering informing them that their medication may be stopped. This is under discussion at present as there are risks to stopping medications.
		Checks on emergency equipment at Fleckney Surgery were not always carried out (defibrillator).	Review and update process to ensure checks on emergency equipment is carried out at all sites.	PART 20 20.1. Clinical Governance		Assurance on safety of practice equipment	The form is now attached to the trolley and monitoring on compliance is ongoing.
		The seating area in the waiting area at Kibworth had tares in the material which posed an infection control risk.	Carry out a risk assessment of the seating area and take appropriate action to control risk of infection.		Indicator 2 - Infection Prevention and Control	Assurance on Risk Assessment and Infection Control	Seating in the waiting area has been replaced.
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 - 03 April 2017** 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					
Are Services Well-led?	Requires Improvement	Staff at Fleckey told CQC they could contact the practice management team for support if it was required and advice and support would be provided. However, the practice management team were not actively visible at Fleckney Surgery.	Ensure adequate leadership arrangements in place at all practice sites including Fleckney.	PART 20 20.1. Clinical Governance		Assurance on practice leadership arrangements for all practice sites	There are two Consulting rooms at Fleckney and one Nurse room and a receptionist. There is a doctor, usually a Partner there daily. The Practice manager or deputy is now visiting weekly. Staff are invited to meetings but do not always attend. Staff can telephone to speak to a member of the management team at any time.
		The practice had a governance framework which supported the delivery of the strategy and quality care. However, CQC found some of the framework required strengthening to ensure policies and protocols were followed.	Review governance framework and develop system/process for auditing staff knowledge/understanding of practice policies/procedures.	PART 23 23.1 Compliance with Legislation and Guidance		Assurance on staff knowledge/understanding of practice policies/procedures	We discussed the governance structure and how the practice can improve the documentation of staff training and awareness of policies being updated. It was suggested that as the practice is trying to go paperless this could be recorded at staffs appraisals.

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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 May 2017**
MEETING DATE:	**2 May 2017**
REPORT BY:	**Sharon Rose, Locality Lead Manager and Salim Issak, Primary Care Contracts Manager**
SPONSORED BY:	**Jon Holliday, Interim Head of Primary Care**
PRESENTER:	**Jon Holliday, Interim Head of Primary Care / Salim Issak, Primary Care Contracts Manager**

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: • **NOTE** the contents of the update.

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.

Current progress

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 utilized. 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 – April 2017

12. The current APMS contract has been extended to run until October 2017. With the existing funding model.

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

13. Leicester City CCG has now commenced procurement of the Asylum service for both Leicester City and ELR patients. This procurement commenced on the 18th April 2017 and will run until 22nd May 2017, the procurement timetable is anticipated as follows:-

Milestones	**Date**
Invitation to Tender (**ITT**) published	18/4/17
Deadline for receipt of clarification questions from prospective Bidders (no later than 7 working days before the tender return closing date)	10/5/17
Response to clarification questions from prospective Bidders to be published (no later than 5 working days before the tender return closing date)	12/5/17
Deadline for receipt of ITT submissions from Bidders	**12.00 Noon on 22/5/17**
Evaluation Period for evaluating ITT submissions	22/5/17 to Mid-July 2017
Clarification meetings (if required)	16/6/17
Preferred Bidder announced and ten day standstill period commences.	12/7/17
Advise Preferred Bidder(s) of completion of standstill period	25/7/17
Contract award	From 25/7/17 onwards
Mobilisation Period	25/7/17 to 30/9/17
Service commencement	1/10/2017

14. Due to the small numbers of ELRCCG patients (56 bed unit) the procurement will be under the same bid as the Leicester City patients as it is unlikely that we will get any providers bidding for a 56 patients contract. This decision was taken In line with advice from procurement specialists at GEMCSU. This will be under one contract with Leicester City CCG as the lead commissioner and ELRCCG as an associate to the contract.

15. As there will be one contract the financial envelopes and the service specifications need to be the same. The specification is similar to the current arrangement the difference being the financial envelope.

Cost of service

16. Leicester City CCG is paying a fixed amount based on current list size(1395) with funding decreasing by 5% from Year 2 to Year 3 in recognition of the fact that an asylum seeker will be with the practice for a period of up to three years which is the time it takes to process their application. The practice has more contact with the majority of patients in the first year and the thinking is that contact decreases in subsequent years. Based on this the cost of the service

for ELR patients based on 60 patients rather than 56 for any patients in transition will be as follows:-

City 1395 Patients

Year		Total contract value	Price per patient
Year 1	Fixed funding	£474,000	£339.78
Year 2	Fixed funding	£451,000	£323.29
Year 3	Fixed funding	£428,000	£306.81
Year 4	Fixed funding	£428,000	£306.81
Year 5	Fixed funding	£428,000	£306.81

ELR CCG 60 patients

Year		Total contract value	Price per patient
Year 1	Fixed funding	£20,386.80	£339.78
Year 2	Fixed funding	£19,397.40	£323.29
Year 3	Fixed funding	£18,408.60	£306.81
Year 4	Fixed funding	£18,408.60	£306.81
Year 5	Fixed funding	£18,408.60	£306.81

17. The new ELRCCG Contract value is less than what we are currently paying for our patients. Leicester City CCG will also pay less for their patients.

Next Steps

18. ELRCCG will form part of the procurement evaluation panel for the appointment of the chosen provider. ELRCCG PCCC will be informed of the outcome.

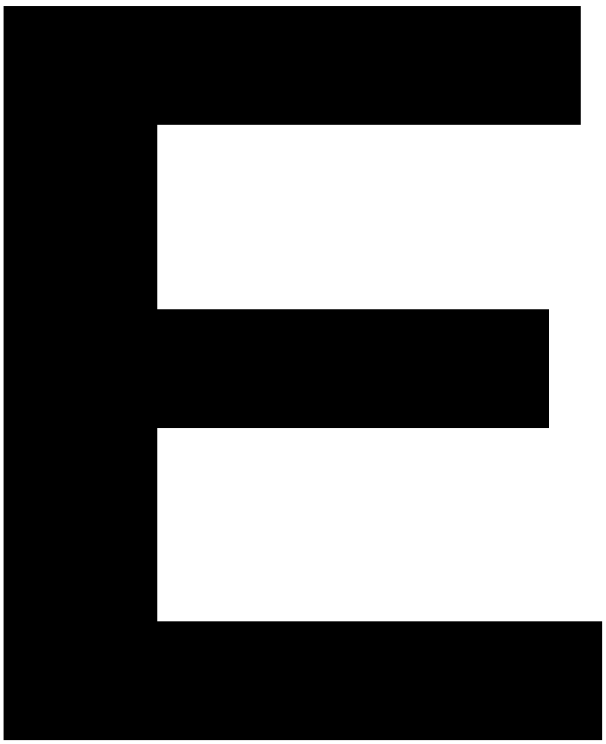
19. ELRCCG will also continue the regular contract review meetings between the CCG and inclusion healthcare and will monitor the patient flows both in Kennedy House and those registrations with the South Wigston Asylum Service.

20. ELRCCG will continue to be an active stakeholder in the multi-agency asylum forum.

Recommendations:

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

- **NOTE** the contents of the update.



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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 12 (March 2016-17)**
MEETING DATE:	**2 May 2017**
REPORT BY:	**Richard George, Senior 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 financial outturn position of the 2016/17 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.

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 Month 12 (March) 2016-17

2 May 2017

1. Month 12 Final Outturn Position

As at Month 12, the final outturn position for Primary Care services in 2016/17 was an underspend of £688k. Appendix 1 provides additional detail for all expenditure areas.

2. Prescribing

The forecast for prescribing has been based on PPA data covering months 1-10 and is showing an outturn overspend of £403k. QIPP savings overall are forecast to be delivered with slippage against QIPP2 (reducing waste and promoting self-care) being offset by additional benefits from the reduced cost of Category M drugs. There is a pressure in relation to the prescribing of DOACS where costs have increased significantly during the year in excess of growth built into the budget.

3. Community Based Services

Community based services are reporting an outturn underspend of £335k.

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

- INR Anticoagulation – forecast underspend of £254k
- Near Patient Testing – forecast overspend of £60k
- Minor injury – forecast underspend £94k
- Minor surgery – forecast overspend £29k
- PPV audit income – forecast underspend £44k

In addition to this, the CCG has received income of £44k 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 showing an outturn underspend of 701k. The majority of areas are broadly within budget with the following exceptions:

- Prescribing Incentive Scheme – Outturn underspend of £257k. This position is subject to change pending the outcome of ongoing discussions around incentive payments due to practices.
- Long Term Conditions – Outturn underspend of £102k as QIPP investment monies were not fully committed.
- Dementia – Outturn underspend of £313k based on claims made by practices in the first 9 months of the financial year. Data for quarter four has recently been received and actual costs are not materially different to forecast.

- GP Federation – Outturn underspend of £25k based on actual expenditure incurred during the financial year.

5. **GP Co-Commissioning**
   The year end outturn position for GP co-commissioning was an overspend of £73k

   The main reason for the overspend is linked to costs associated with the reprovision of Long Street Surgery which totalled £544k, representing an overspend of £284k.

   The underspends against FDR Payment and PMS Reinvestment are being used to fund Wound Clinics (£323k), Leicester Asylum Service (£34k), additional support to South Wigston Health Centre (£50k) and Practice Pharmacists (£356k).

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

6. **Urgent Care Centres**
   As a result of anticipated underactivity against the urgent care centre contract and income from a neighbouring CCG for their share of activity delivered, an underspend of £299k is predicted.

7. **GP IT**
   An outturn overspend of £83k was due to the unfunded costs of PRISM software and SMS messaging in practices.

8. **Primary Care Licenses & Other**
   An underspend of £49k has been reported, mainly as a result of the receipt of additional income to support GP system migrations.

9. **QIPP**
   The £333k QIPP target has been partially met by additional income from post payment verification (PPV) audits. The final variance against this budget line is an overspend of £138k.

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

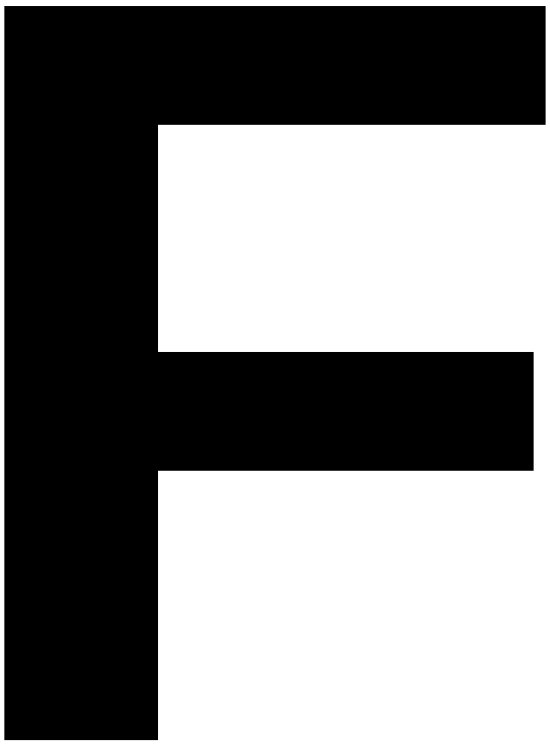
- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

Appendix 1

M12 Primary Care Commissioning Report	Final Outturn Position		
	Annual Budget	Annual Forecast	Annual Variance Over/(Under)
Area	**(£'000s)**	**(£'000s)**	**(£'000s)**
CCG Prescribing			
Scriptswitch	121	99	-22
Central Prescribing	1,306	1,200	-107
High Cost Drugs	966	900	-66
GP Prescribing	45,544	46,143	598
Total Practice Prescribing	**47,938**	**48,341**	**403**
Enhanced Services			
Community Based Services	2,687	2,352	-335
Total Enhanced Services	**2,687**	**2,352**	**-335**
GP Support Framework			
Care Homes	457	457	
End of Life	325	323	-3
Prescribing Incentive Scheme	641	384	-257
Long Term Conditions	103	1	-102
Joint Working	325	323	-3
7 Day Working Better Care Fund	497	497	-
Dementia	651	338	-313
Heart Failure	163	163	
GP Federation	135	110	-25
Total GP Support Framework	**3,296**	**2,595**	**-701**
Other			
Co Commissioning	39,664	39,737	73
Urgent Care Centres	1,593	1,294	-299
GP IT	650	733	83
Primary Care - Licenses & Other	113	64	-49
QIPP	-333	-195	138
Total Other	**41,687**	**41,632**	**-54**
Total Primary Care	**95,609**	**94,921**	**-688**

Primary Care Delegated Budgets analysis **Appendix 2**

M12 Primary Care Co-commissioning Report	Final Outturn Position			Contract Type
	Annual Budget	Annual Forecast	Annual Variance Over/(Under)	
Activity Type	(£'000s)	(£'000s)	(£'000s)	
GMS Global Sum	23,620	23,782	163	Block with quarterly list size adjustments
MPIG Correction Factor	2,201	2,192	-9	Block
PMS reinvestment	659	50	-609	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	165	0	-165	
Leicester Asylum Service + South Wigston Support	0	34	34	
Wound Clinics	0	323	323	
Practice Pharmacists	0	356	356	
	824	763	-61	
Total General Practice - GMS	**26,644**	**26,737**	**93**	
PMS	260	19	-241	Block with quarterly list size adjustments
Wigston Central Care taking/Sanctions on LS	0	131	131	N/A
APMS Baseline	0	331	331	N/A
APMS Prof Fees Prescribing	0	2	2	N/A
Redundancy	0	13	13	N/A
Staff Cost APMS Contract	0	48	48	N/A
Total General Practice - PMS Long Street Reprovision	**260**	**544**	**284**	
Occupational health	46	46	0	Block - fair share
Travel	1	0	-1	CPC
Locum Adoption/Paternity/Maternity	101	138	37	CPC
Locum Sickness	35	18	-16	CPC
Locum suspended doctors	0	0	-0	CPC - fair share
Seniority	525	526	0	Block
Sterile Products	-0	0	0	CPC - fair share
Statutory Levy	0	0	0	Net nil
Voluntary Levy	0	0	0	Net nil
GP Training	92	94	2	CPC
PCO Doctors Ret Scheme	0	4	4	N/A
Long Street Dispersal	0	4	4	PMS
Kingsw ay Management Plan	0	-127	-127	
Total Other GP Services	**800**	**703**	**-97**	
QOF Achievement	1,090	941	-150	CPC
QOF Aspiration	2,727	2,834	107	Block
Total QOF	**3,818**	**3,775**	**-43**	
DES Extended Hours Access	477	584	107	Block
DES Learning Disability	75	64	-11	CPC
DES Minor Surgery	676	486	-190	CPC
DES Unplanned Admissions	901	926	25	Block
AUA Old Year 15/16	0	-14	-14	N/A
DES Violent Patients	46	47	1	Block
DES Minor Surgery - PMS	0	0	0	N/A
LES Extended Hours Access - PMS	0	0	0	N/A
LES Translation Fees	30	50	20	CPC - fair share
Total Enhanced Services	**2,205**	**2,143**	**-62**	
Dispensing Quality Scheme	110	90	-19	Block
Prof Fees Dispensing	1,394	1,488	94	CPC
Prof Fees Prescribing	210	219	9	CPC
Total Dispensing/Prescribing Drs	**1,713**	**1,797**	**84**	
Prescribing charge income	-292	-300	-8	CPC
	-292	**-300**	**-8**	
Prem Actual Rent	1,478	1,640	161	Block
Prem Clinical Waste	115	147	31	CPC - fair share
Prem Cost Rent	270	28	-242	Block
Prem Health centre Rates	16	21	4	Block
Prem Health centre Rent	71	90	19	Block
Prem Notional Rent	1,285	1,465	179	Block
Prem Rates	764	704	-60	Block
Prem Water Rates	61	62	0	CPC
Total Premises Cost Reimbursement	**4,062**	**4,155**	**94**	
Rent	33	0	-33	CPC
Other premises	3	17	14	CPC
Total Other premises	**36**	**17**	**-20**	
GP Pensions	0	0	0	Net nil
Total Pensions	**0**	**0**	**0**	
Transformation reserves	252	0	-252	Committed to expenditure
Primary Care Transformational Funding	166	166	0	Committed to expenditure
Grand Total	**39,664**	**39,737**	**73**	



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

Front Sheet

REPORT TITLE:	Primary Care Delivery group Top Three Priorities
MEETING DATE:	2 May 2017
REPORT BY:	Caroline Goulding, Senior Primary Care Contracts Manager
SPONSORED BY:	Jon Holliday, Interim Head of Primary Care
PRESENTER:	Jon Holliday, Interim Head of Primary Care

PURPOSE OF THE REPORT
The purpose of the paper is to provide the Primary Care Commissioning Committee (PCCC) with an update on the current priorities from the Primary Care Delivery Group.
RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee are asked to: • **RECEIVE** and **NOTE** contents of the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2015 – 2016: (tick all that apply)			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	✓	Listening to our patients and public – acting on what patients and the public tell us.	✓
Reduce inequalities in access to healthcare	✓	Living within our means using public money effectively	✓
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			✓

EQUALITY ANALYSIS (Respond by inserting /completing one of the three statements below, delete the ones that does not apply)
An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is not deemed appropriate for this report.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

The report highlights the following risks:

- BAF 3 - Quality Primary Care - The quality of care provided by primary care providers does not match commissioner's expectation with respect to quality and safety.
- BAF 6 (a) Primary Care Commissioning – ability to perform delegated duties whilst maintaining member relations and Clinical Engagement

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

Primary Care Delivery Group (PCDG): Top Three Priorities

2 May 2017

Primary Care Delivery Group Themes

The below highlights the themes from the March 2017 Meeting:

1. **Post Payment Verification (PPV)** - an update on the process was provided noting that 10 practices would be reviewed per year. PCDG was informed that feedback from practices would be welcomed in relation to the PPV. Discussion took place with the auditors who carry out the PPV process.

2. **Practice Pharmacist employment model**- Feedback that practices have strong thoughts on this with many not wishing to employ directly at this stage and feeling the CCG should not be dictating how they should be running their business.

3. **Practice Manager's (PM) Forum Structure** - Suggestion that the PM Forum may change in regularity with quarterly full meetings and monthly more locality based meetings for PMs in between. The discussion will take place at the PM Forum in April.

Recommendations

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

- **RECEIVE** and **NOTE** contents of the report.