NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	**Primary Care Commissioning Committee – Public meeting**	**Date**	**Tuesday 6 June 2017**
Meeting No.	**28.**	**Time**	**9:30am – 10:45am**
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/17/52	Welcome and Introductions		Clive Wood	**Verbal**	9:30am
PC/17/53	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/17/54	Apologies for Absences: • Carmel O'Brien	To receive	Clive Wood		
PC/17/55	Declarations of Interest on Agenda items	To receive	Clive Wood		9:35am
PC/17/56	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 2 May 2017	To approve	Clive Wood	**A**	9:40am
PC/17/57	To Receive Actions and Matters Arising following the meeting held on 2 May 2017	To receive	Clive Wood	**B**	
PC/17/58	Notification of Any Other Business	To receive	Clive Wood	**Verbal**	9:45am
OPERATIONAL ISSUES					
PC/17/59	Ear Irrigation Pathway	To receive	Dr Hilary Fox / Deborah Cakmak	**C**	9:50am
PC/17/60	Practice Based Pharmacist – data review and feedback 2016 - 18	To receive	Tim Sacks	**D To follow**	10:00am
QUALITY AND PATIENT SAFETY					

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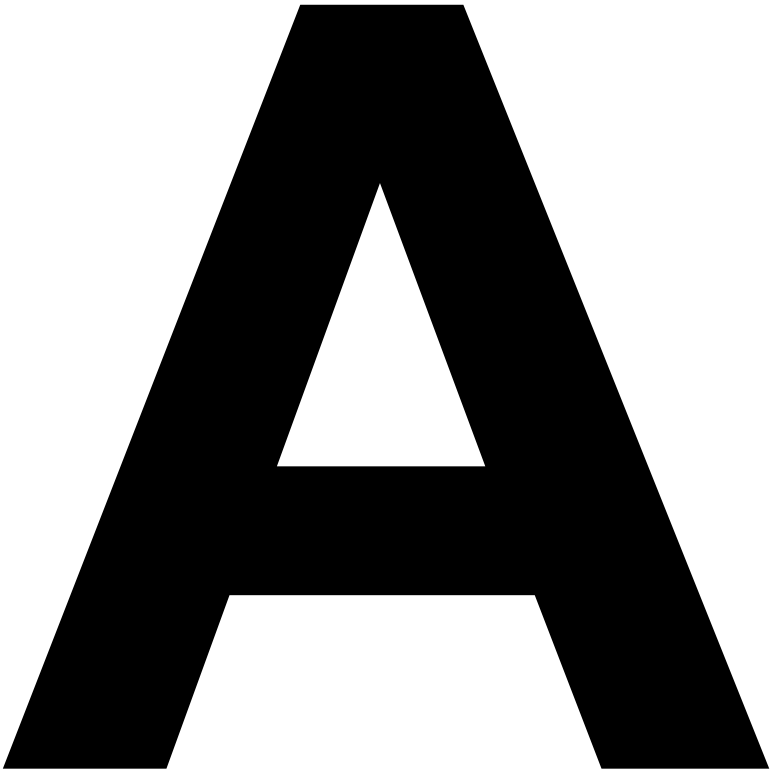
ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/61	Oversight of Quality of Primary Care Medical Services within ELR CCG	To receive	Dr Nick Glover / Chris Bufton	**E**	10:10am
PC/17/62	Care Quality Commission (CQC) Inspections – Meeting with Senior Inspectors	To receive	Dr Nick Glover	**F**	10:20am
PRIMARY CARE FINANCE REPORT					
PC/17/63	Primary Care Co-Commissioning Finance Report 2017-18: Month 1 (April 2017)	To receive	Donna Enoux	**G**	10:30am
ANY OTHER BUSINESS					
PC/17/64		To receive	Clive Wood	**Verbal**	10:40am
DATE OF NEXT MEETING					
PC/17/65	**Date of next meeting:** Tuesday 4 July 2017 at 9:30am, **Guthlaxton Committee Room**, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	**Verbal**	10:45am



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Minutes of the Primary Care Commissioning Committee held on Tuesday 2 May 2017 at 9.30am in the Guthlaxton Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Deputy Chair and Lay Member (Chair of Committee)
Dr Girish Purohit	GP Locality Lead for Melton, Rutland and Harborough
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
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth

In attendance:

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Khatija Hajat	Primary Care Contracts Manager
Mr Salim Issak	Primary Care Support Manager
Ms Sue Staples	Healthwatch, Leicestershire
Mrs Jennifer Fenelon	Healthwatch, Rutland
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/17/39	**Welcome and Introductions** Mr Wood welcomed all members to the Public meeting of the Primary Care Commissioning Committee (PCCC).	
PC/17/40	**To receive questions from the Public in relation to items on the agenda** There were no questions from the members of the public.	
PC/17/41	**Apologies received:** • Mr Alan Smith, Independent Lay Member; • Dr Vivek Varakantam, GP Locality Lead for Oadby and Wigston • Mr Peter Forrester, Practice Manager Representative Mr Sacks informed the Committee that the Interim Head of Primary Care, Mr Jon Holliday has been admitted to hospital and not likely to be returning to the CCG. Mr Sacks formally thanked Mr Holliday for his work to date; and sent best wishes on behalf of the CCG.	
PC/17/42	**Declarations of Interest** All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise.	
PC/17/43	**To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 4 April 2017** The minutes of the meeting held in April 2017 were accepted as an accurate record of the meeting, subject to the following amendments:	

ITEM		LEAD RESPONSIBLE
	• **Page 8, PC/17/37 – Any other Business** Mrs Enoux confirmed the reduction in the co-commissioning overspend to £161k *related to the Category M budget* and to be agreed at the Financial Turnaround Committee (FTC) in *April* and not May 2017 as stated. It was agreed for the sentence to be amended to accurately accordingly. Mr Sacks stated the section relating to the Category Budget incentives and the increased spend on DOAC was not clear. It was agreed for **Mr Sacks to review and update the section accordingly.** It was **RESOLVED** to: • **APPROVE** the minutes of the previous meeting, subject to the above amendments.	
PC/17/44	**To Receive Matters Arising following the meeting held on 4 April 2017 (Paper B)** The matters arising following the meeting held in April 2017 were received, with the following updates noted: • **PC/17/37 – Any other Business** Following the amendments to the minutes of the last meeting, Mrs Enoux stated the action has not accurate. Mrs Enoux informed the Committee that the Category M reduction was agreed at the FTC meeting in April 2017, and has subsequently been adjusted. **Action complete.** In response to Dr Glover's query whether the Category M adjustment has been applied across all Practices, Mrs Enoux confirmed this was correct and deemed appropriate for implementation at the beginning of 2017-18. • **PC/17/36 – Primary Care Delivery Group (PCDG): March 2017 Themes** Mrs Enoux queried whether the reconciliation of Practice Based Pharmacists has been undertaken with the Team. Mr Sacks confirmed the information for 2016 – 17 has been reviewed, however, not available to hand. It was agreed for **Mr Sacks to provide an update at the next meeting.** It was **RESOLVED** to: • **RECEIVE** the matters arising and note the progress to date.	
PC/17/45	**Notification of Any Other Business** Mr Wood had not received notification of any additional items of business.	

ITEM		LEAD RESPONSIBLE
PC/17/46	**Care Quality Commission (CQC) Inspections: Two Shires Medical Practice (Paper C)** Ms Hajat presented this report, which provided an update in relation to progress against the Two Shires Medical Practice following their CQC inspection in July 2016, which resulted in an overall rating of 'Requiring Improvement.' It was noted that the Practice challenged the CQC and the Primary Care Contracts Manager, the Head of Nursing from the CCG and a member of NHS England's Prescribing Team met with the practice in early April 2017 to seek assurance on the areas identified and to offer support. Appendix A identified the issues raised and a remedial action plan has been agreed. It was reported that the Practice have made progress in the majority of areas identified within the report. The CCG will await outcome of the CQC re-inspection and arrange a follow-up visit with the practice, if necessary. Mr Wood noted the comments documented in relation to the level of engagement and progress to date from both the Practice and the CCG, which was helpful. Dr Purohit stated the Market Harborough Locality does not currently have a Lead GP and queried whether additional support is also offered to the Practice. Mrs Hajat confirmed Practices in 'special measures' can be supported through the Royal College of General Practitioners (RCGP). With regards to the vacant role of the Locality Lead for Market Harborough, Mr Sacks confirmed a replacement is being sought. In response to Mrs O'Brien's query whether the Practice has been offered nursing support and advice from the CCG, Mrs Hajat confirmed this has not been the case, but would be helpful. Mrs O'Brien to liaise with Nursing colleagues within the CCG. In addition, Mrs O'Brien felt the CCG should request (and review) all CQC actions plans from Practices to identify themes / trends and learning / outputs that can be shared at Protected Learning Times, Practice Manager's Forum, and via Practice Newsletters / Locality Meetings as part of the support mechanism provided by the CCG. Dr Glover agreed with Mrs O'Brien however, requested the CCG to consider how to request CQC action plans from Practices as the preparation of these inspections are seen as quite intrusive for some Practices. Going forward, it was agreed for **Primary Care Contracts Team to obtain and review the CQC action plans from Practices and to collate themes / trends and learning / outputs that can be shared with Practices.** It was **RESOLVED** to:	

ITEM		LEAD RESPONSIBLE
	• **RECEIVE** the report and progress to date.	
PC/17/47	**Asylum Dispersal in South Wigston: Update May 2017 (Paper D)** Mr Issak presented this report, which provided an update on the current arrangements for the provision of primary care services for the residents of the asylum dispersal centre, Kennedy House in South Wigston. The Committee were reminded that following approval at their meeting in May 2016, the CCG commissioned Inclusion Healthcare to provide primary care services for these residents until 31 March 2017. Inclusion Healthcare also provides services at the Assist Service in Leicester City (LC) CCG. At the time of reporting, the service has seen 62 patients between the ages of 18-46; and registered a total of 57 patients. It was noted this was one more resident than the capacity limit at Kennedy House, which was due to delays in Practices received notification of residents who have left Kennedy House. It was reported that LC CCG has begun the procurement process for the asylum service for both ELR CCG and LC CCG patients, which began on 18 April 2017 and will run until 22 May 2017. In light of this, the current contract has been extended until October 2017. Further costings and milestones were provided in sections 12, 13 and 16 of the report for a total of 60 ELR CCG patients that could be in transition. It was noted that the proposed contract value was less that the current contract for both Commissioning organisations as it is proposed funding will decrease by 5% each year for the duration of the contract as the Practices will have more contact with the patient in the first year, and is thought to decrease in subsequent years. Due to the small number of ELR CCG patients at Kennedy House that may not attract bids, it is envisaged that a single contract will be in place with LC CCG as the Lead Commissioner and ELR CCG as an Associate Commissioner. Dr Glover queried whether any quality markers of the contract have been reviewed in terms of activity. Mr Issak confirmed this is in the process of being reviewed as they have been included within the contract. In addition, Ms Staples suggested a programme of working jointly with Healthwatch in relation to quality of care and patient experience Going forward, it was agreed **for a progress update to be presented to the Committee 3 months after the start of the new contract, and to include quality, contract, KPI and clinical**	

ITEM		LEAD RESPONSIBLE
	outputs too. It was **RESOLVED** to: • **RECEIVE** the report and note the progress to date.	
PC/17/48	**Primary Care Co-Commissioning Finance Report 2016-17: Month 12 – March 2017 (Paper E)** Mrs Enoux presented this report, which provided a summary of the financial position to Month 12 (March 2017) and outturn forecast of the Primary Care budgets. Ms Enoux reported the final outturn position for primary care services in 2016-17 as an underspend of £688k, which were broken down as follows: Outturn **overspend** for: • Prescribing – £403k; • GP Co-Commissioning – £73k; • GP IT – £83k; • QIPP – £138k. Outturn **underspend** for: • Community based services – £335k; • GP Support Framework, 7 Day Working – £701k; • Urgent Care Centres – £299k; • Primary Care Licenses and Other – £49k; Mr Sacks reported that the final outturn for Prescribing was very positive; and Practices have provided data for Quarter 4 in relation to dementia claims, which are currently under review and could impact the final outturn. Mrs Enoux stated that in order to provide assurance, the financial accounts are required to close at a point in time, and assumptions have to be made for prescribing activity, for example. In addition, Dr Purohit informed the Committee that an action plan is in place which proved to increase the prevention of dementia and work continues within the Primary Care Team for which the effects will be seen in 2017 – 18. Given the concerns raised, it was agreed for **Mrs Enoux to provide actual financial information for Prescribing, Incentive Schemes and Dementia services.** It was **RESOLVED** to: • **RECEIVE** the report and note the final outturn financial position for primary care budgets.	
PC/17/49	**Primary Care Delivery Group (PCDG): April 2017 Themes (Paper F)** Mr Sacks presented this report, which provided an update on the	

ITEM		LEAD RESPONSIBLE
	following key themes from the PCDG meeting in April 2017: 1. Post Payment Verification (PPV); 2. Practice Pharmacist employment model; 3. Practice Manager's (PM) Forum Structure. It was reported that an update in relation to the second item listed above will be provided as part of the report to be presented to the Confidential PCCC meeting; and the updated Terms of Reference for the PCDG are to be presented at the CCG's Integrated Governance Committee in May 2017. It was **RESOLVED** to: • **RECEIVE** the report.	
PC/17/50	**Any other Business** There were no other areas of business to discuss.	
PC/17/51	**Date of next meeting:** The date of the next Primary Care Commissioning Committee meeting will be held on **Tuesday 6 June 2017 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

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 30 May 2017	Status
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~~ July 2017	Discussions are being held with LC CCG and WL CCG to review this. Request for item to be deferred to July 2017. **Action ongoing.**	**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.** **May 2017 –** Mr Sacks confirmed reconciliation data for 2016-17 has been reviewed; update at next meeting.	**GREEN**

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 30 May 2017	Status
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	Report presented to FTC in April 2017 – Paper H1. **Action complete.**	**GREEN**
PC/17/46	May 2017	**Care Quality Commission (CQC) Inspections: Two Shires Medical Centre**	Primary Care Contracts Team	To request (and review) CQC action plans from Practices and collate themes / trends and learning / outcomes that can be shared with Practices.	2017 – 18	Work in progress. **Action ongoing.**	**AMBER**
PC/17/47	May 2017	**Asylum Dispersal in South Wigston: Update May 2017**	Salim Issak / Tim Sacks	To present an update 3 months after the start of the new contract, including quality, contract monitoring, KPIs and clinical outputs.	January 2018	To be reviewed following the start of the new contract around October 2017. **Action ongoing.**	**AMBER**
PC/17/48	May 2017	**Primary Care Co-Commissioning Finance Report 2016-17: Month 12**	Donna Enoux	To provide actual financial information for Prescribing, Incentive Schemes and Dementia services.	June 2017	On agenda. **Action complete.**	**GREEN**

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

Front Sheet

REPORT TITLE:	**GP Ear Irrigation Service**
MEETING DATE:	**6 June 2017**
REPORT BY:	**Deborah Cakmak, Project Manager Project Manager, LC CCG** **Tim Sacks, Chief Operating Officer**
SPONSORED BY:	**Dr Hilary Fox, GP Locality Lead - Melton, Rutland and Harborough**
PRESENTER:	**Dr Hilary Fox, GP Locality Lead - Melton, Rutland and Harborough** **Deborah Cakmak, Planned Care Project Manager, LC CCG**

PURPOSE OF THE REPORT:

Ear Irrigation has historically been provided in primary care as a goodwill service. It does not form part of the core General Medical Service's contract. In the context of diminishing resources, some practices have withdrawn this service, leading to inequity and confusion for patients. The direct access Hearing Aid pathway includes a requirement for the patient's ears to be free of wax before assessment, and there is no provision for this, leading to patients receiving contradictory advice, and multiple unnecessary appointments. Provision of Ear Irrigation in primary care will improve the patient experience and provide better value for money.

This proposal is to change the pathway and ensure only appropriate referrals into the acute trust. This proposal bases funding on a block basis for general practice to provide the service. If fully implemented it would generate a QIPP saving as well as care closer to home. The potential gross saving from UHL contract changes could be: £108,343 with a proposed cost of £67,266. Leaving a net benefit of £41,077 PA.

RECOMMENDATIONS:

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

- **APPROVE** the Ear Syringing proposal.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and	x

		between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	x	Listening to our patients and public – acting on what patients and the public tell us.	x
Reduce inequalities in access to healthcare	x	Living within our means using public money effectively	x
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			x

EQUALITY ANALYSIS

1. 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 proportionate on the basis that this proposal does not affect any minority group

   This completes the due regard required.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

N/A

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

GP Ear Irrigation Business Case

6 June 2017

Background

The patient pathway for Ear Wax irrigation is not included in the GP Core GMS Contract and patients have to navigate a range of service providers to find an appropriate ear cleaning service. The objective of this proposal is to create a streamlined standardised Primary Care service for Ear Irrigation. The current ENT pathway is confusing for patients and GPs with patient making several journeys to different departments this significantly impacts on the RTT for ENT.

Currently, The UHL Hearing Services do not accept referrals for any patient with Ear Wax build up, patients are sent away again to have their ears cleaned before re-attending for their hearing test. All patients are therefore referred back by hearing services directly to their GP or if patients are deemed suitable for clinical reasons they are referred to the nurse led micro-suction clinics in UHL. This service runs clinics almost every day of the week and is based in UHL all clinics provide mainly micro suction. Some ENT Clinicians also perform the procedure depending on the referrals that come in as well, as well as in the emergency clinic. The service receives on the day referrals from Hearing services.

Prism guidelines will need to be agreed with UHL to ensure only appropriate referrals are seen by the hearing service and UHL Micro-suction service A commissioned GP Ear wax irrigation service will support appropriate referral management.

1. Project Objectives / Outcomes

To commission GPs to provide an ear wax irrigation service , enabling a more streamlined service for patients and more effective use of secondary care resources.

The objectives are to:

- Provide timely, high quality simple ear irrigation in a safe, clean environment, in a location closer to home.
- Ensure that there is continuity of care for patients with ear wax
- Standardise the provision of Ear irrigation services across general practices in LLR CCG.
- To provide a cost effective service assured by the provision of regular data on service activity to the commissioner.
- Enable patients to have a better understanding of how to manage their ear wax , they will receive a service that includes oongoing assessment.
- Providing patients information on self -care

2.1 Project Scope

- To agree a Ear Wax Irrigation GP service specification
- Agree Ear wax irrigation GP Guidelines
- Agree a PRISM pathway for referring patients onto the UHL Nurse led Micro suction service as part of the appriate transfer of patients to other services e.g. where the patient is deemed to require a different pathway of treatment.
- Enable Provision of quarterly activity in the form of first and follow-up appointments to the commissioner (Quarterly CBS return).

Exclusions from Scope

- Patients not registered with a primary medical provider in East Leicestershire and Rutland CCG
- Housebound patients
- Treatment should only be given if they meet the LLR Ear Irrigation Policy Criteria

3.0 Benefits

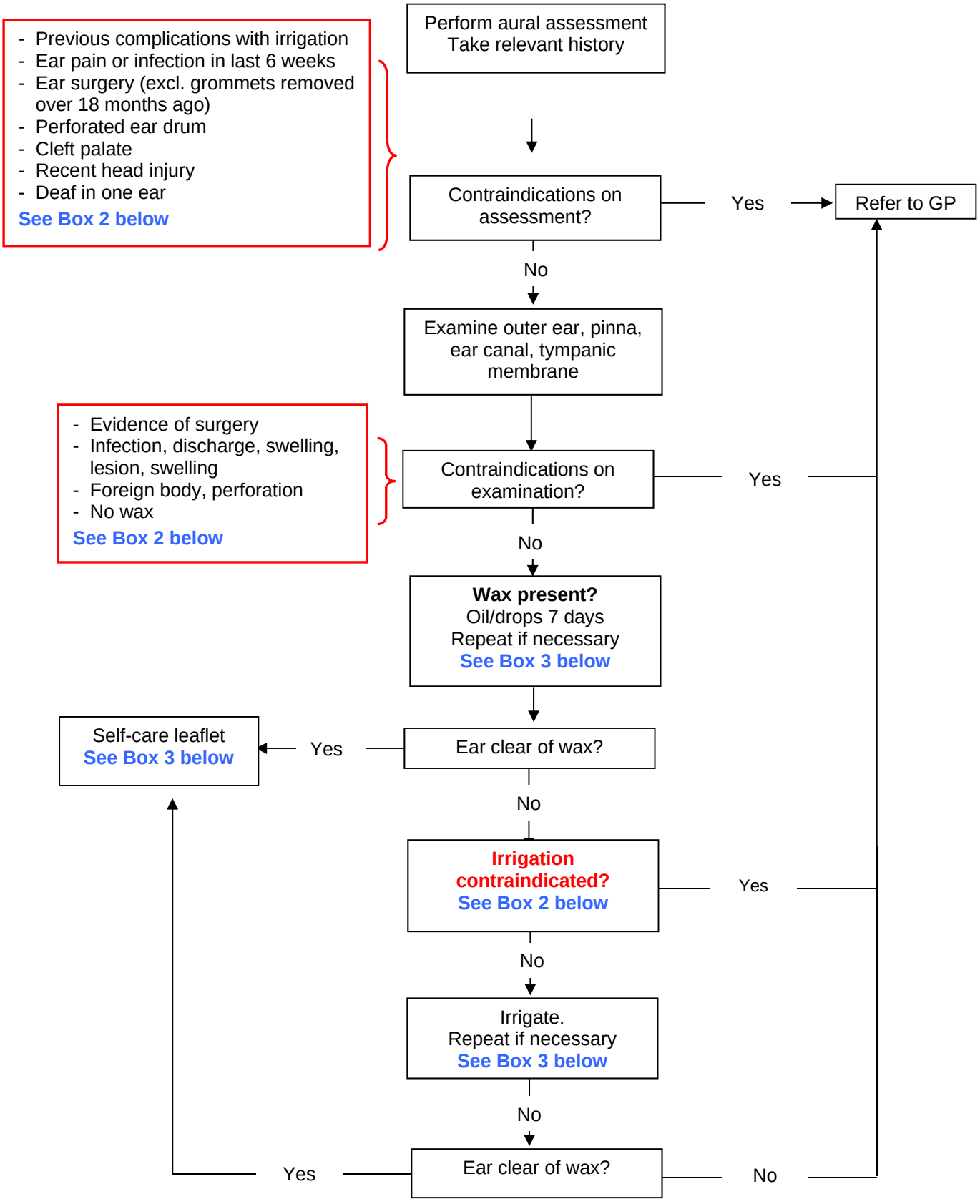
This pathway will enable patients to have a better understanding of how to manage their ear wax they will receive a GP service that includes:

- A streamlined service with ongoing assessment to assess their progress this includes advice to anyone who has had earwax removed to return if they develop earache, or significant itching of the ear, discharge from the ear (otorrhoea), or swelling of the external auditory meatus, as this may indicate infection.
- Providing patient information on self -care

➢ **Commissioners will be assured that GPs will:**

- Liaise with ENT on the transfer of patients to other services e.g. where the patient is deemed to require a different pathway of treatment.
- Enabled reduced follow ups in secondary care and in –appropriate referrals
- Obtained advice from and making referrals to Audiology or ENT as required for patients meeting the PRISM referral criteria
- Will be provided with quarterly activity in the form of first and follow-up appointments to the commissioner (Quarterly CBS return).
- Ensure patients meet the LLR Criteria for Ear wax irrigation

4 . Proposed Ear Irrigation Pathway



Data Information

Minor Ear Procedures Secondary Care Clinics (12 months data 2016-2017)

Row Labels	Count	Ave Price per Pt (£)	Total Price (£)
ENT	3,963	122	483,161
ENTNA	705	123	86,781
CZ08T - Minor Ear Procedures 18 years and under without CC	2	114	227
CZ08Y - Minor Ear Procedures 19 years and over without CC	703	123	86,553
ENTNA2	145	123	17,843
CZ08T - Minor Ear Procedures 18 years and under without CC	1	114	114
CZ08Y - Minor Ear Procedures 19 years and over without CC	144	123	17,729
ENTNP	499	123	61,390
CZ08T - Minor Ear Procedures 18 years and under without CC	5	114	569
CZ08Y - Minor Ear Procedures 19 years and over without CC	494	123	60,821
ENTNP2	78	123	9,594
CZ08T - Minor Ear Procedures 18 years and under without CC	1	114	114
CZ08Y - Minor Ear Procedures 19 years and over without CC	77	123	9,480
Other ENT Clinics	2,536	121	307,553
CZ01Y - Minor Mouth or Throat Procedures 19 years and over without CC	2	138	275
CZ02Y - Intermediate Mouth or Throat Procedures 19 years and over without CC	57	111	6,304
CZ08T - Minor Ear Procedures 18 years and under without CC	418	114	47,539
CZ08Y - Minor Ear Procedures 19 years and over without CC	2,050	123	252,396
CZ13Y - Intermediate Nose Procedures 19 years and over without CC	8	118	943
JC09Z - Patch Tests	1	95	95
Paediatric ENT	141	114	16,055
Other ENT Clinics	141	114	16,055
CZ08T - Minor Ear Procedures 18 years and under without CC	139	114	15,808
CZ08Y - Minor Ear Procedures 19 years and over without CC	2	123	246
Grand Total	**4,104**	**122**	**499,215**

Minor ear procedures seen in secondary care are currently charged at Consultant led tariff, There are plans to provide a nurse led service for micro suction which would be charged at first OP £75.13 FU £31.93. This service would not include ear syringing.

In 2015 there were 673 inappropriate referrals to Audiology that did not comply with BAA/TTSA guidelines, which based on a 'local pricing' contract model, would cost commissioners £49 for the assessment + £112 for an ENT OP appointment = £161 per patient (Total = £108,343) *(*Asymmetric hearing loss; conductive hearing loss; tinnitus; balance problems; perforations/discharging ears; impacted wax).*

5. Key Performance Indicators and Milestones

Prism pathway for a nurse led micro suction and GP Ear Irrigation guidelines will ensure a reduction in in-appropriate referrals to hearing services and ENT, this will be monitored via the SLA.

6. Risks and Issues Management

The CCG will ensure monitoring is complied with via the Specification and SLA
The GP will need to provide suitable equipment in the community to support this.

7. Project Finance

The CCG does not have access to GP read code data; however Practices that have previously provided Ear Irrigation have audited their waiting lists using:

- **System One**

  Codes used 7NB31 Right ear
  7NB32 Left ear
  73050 Remove ear wax code

- **EMIS** 73050-1

  East Practice Population is 269,066 for patients 15 years and over
  On average 500 patients per 10,000 patients listed had ear wax; therefore a possible 5% of patients = 13,454

If East CCG pay 25p per registered patient this initiative would cost the CCG £67,266.50. The practices would be paid under a block payment

This proposal is to change the pathway and ensure only appropriate referrals into the acute trust. This proposal bases funding on a block basis for general practice to provide the service. If fully implemented, it would generate a QIPP saving as well as care closer to home. The potential gross saving from UHL contract changes could be: £108,343 with a proposed cost of £67,266. Leaving a net benefit of £41,077 PA

8. Recommendation:

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

- **RECEIVE** the Business Case and **APPROVE** the Ear Syringing proposal.

Service Specification No.	
Service	Ear Irrigation Community Based Service
Commissioner Lead	NHS East Leicestershire and Rutland CCG
Provider Lead	Dr Hilary Fox
Period	TBA
Date of Review	

1. Population Needs

1.1 Local context–CCG

- Ear Irrigation has historically been provided in primary care as a goodwill service. It does not form part of the core General Medical Service's contract. In the context of diminishing resources, some practices have withdrawn this service, leading to inequity and confusion for patients. The direct access Hearing Aid pathway includes a requirement for the patient's ears to be free of wax before assessment, and there is no provision for this, leading to patients receiving contradictory advice, and multiple unnecessary appointments. Provision of Ear Irrigation in primary care will improve the patient experience and provided better value for money.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

- Provide holistic, high quality, Ear Irrigation, in line with best practice.
- Streamline and regulate the standards of care offered to all patients, so that all patients receive individualised high quality care, with no variations in referral or treatment practices
- Support practices in managing as much care as possible in a primary care

3. Scope

3.1 Aims and objectives of service

The aim of the Ear Irrigation service (The Service) delivered by general practice is to ensure that registered patients have access to services within primary care, enabling continuity of care and consistent review at a location close to home.

The Service will ensure that patients are not attending secondary care outpatient clinics in-appropriately in order to have their ear wax managed unless there is an acute need for micro suction or other hearing conditions.

The objectives are to:

- Provide timely, high quality simple ear irrigation in a safe, clean environment, in a location closer to home.
- Ensure that there is continuity of care for patients with ear wax
- Standardise the provision of Ear Irrigation services across general practices in ELR CCG.
- Standardise the provision and use of Ear irrigation services.
- To provide a cost effective service assured by the provision of regular data on service activity to the commissioner.

3.2 Service description/care pathway

The Practice will provide a comprehensive, competent Ear Irrigation service in a clinical environment to patients on their registered list who are able to get to surgery.

The Service will include:

- Ensuring patients meet the LLR Criteria for Ear Wax Irrigation
- Ongoing assessment of Patients to assess their progress. This includes advice to anyone who has had earwax removed to return if they develop earache, or significant itching of the ear, discharge from the ear (otorrhoea), or swelling of the external auditory meatus, as this may indicate infection.
- Provide patients information on self -care
- To liaise with ENT on the transfer of patients to other services e.g. where the patient is deemed to require a different pathway of treatment.
- Obtaining advice from and making referrals to Audiology or ENT as required for patients meeting the secondary care referral criteria
- Provision of quarterly activity in the form of first and follow-up appointments to the commissioner (Quarterly CBS return).

3.2 Service Description/Care Pathway Continued

- Correctly treat otitis externa where the meatus is obscured by debris
- Improve conduction of sound to the tympanic membrane when it is blocked by wax
- Remove wax in order to facilitate hearing aid issues

3.3 Population covered

Patients registered with a primary medical provider in East Leicestershire and Rutland CCG.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance criteria

- Patients must be registered with a GP in ELR CCG
- Patients with an identified need requiring Ear Wax intervention

Exclusion criteria

- Patients not registered with a primary medical provider in East Leicestershire and Rutland CCG
- Housebound patients
- Treatment should only be given if they meet the LLR Ear Wax Irrigation Policy Criteria

3.5 Onward referral for advice/Escalation

- Patients who are suspected of suffering from malignancy should be referred under the two week pathway

3.6 Interdependence with other services/providers

To ensure the patient's experience is a streamlined journey and a good experience, the provider must work collaboratively with the following to deliver services in an organised and cohesive manner:

- The Commissioner
- Primary Care Medical Providers
- Audiology
- ENT
- ELR Urgent Care Centres

3.7 Equipment and supplies

The Provider:

- Is required to provide all appropriate equipment and supplies. Electronic irrigators are recommended. The use of a metal syringe for the irrigation of the ear canal is not recommended as there is a risk of causing damage to the ear, including the tympanic membrane and the oval and round windows. The design of the syringe, combined with the inability to control water pressure, increases the risk of ear damage. It is also difficult to disinfect after use.
- Check appropriately if any red flags or infection as this should be managed as per the guidelines

3.8 Satisfactory Facilities

The Provider will ensure:

- Their facilities follow national guidance on premises standards.
- An appropriate room for providing the service is available for privacy and dignity requirements.
- Provision of relevant equipment necessary for service including call and display equipment to ensure easy management of patients attending for appointments.

3.9 Clinical Leadership and Staff Competence

The Provider will appoint a Clinical Lead who will have clinical responsibility for the safe delivery, quality and effectiveness of the service.

Key elements of the service they will be responsible for:

- Appropriate staffing levels, including appropriate indemnity.
- Ensuring the professionals providing the service can provide evidence of the necessary skills, experience and qualifications in order to undertake the aspects of the service for which they are responsible, taking into consideration their professional accountability and guidelines on the scope of professional practice. This includes knowledge of European and national legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect practice.
- Appropriate professional links, training (including annual updates in infection control) and supervision for staff providing the service, which includes clinical supervision and caseload management.
- Ensuring the professionals providing the service are aware of and able to apply standard precautions for infection prevention and control and take other appropriate health and safety measures.
- Maintenance of coded clinical data in patients' clinical records including any significant events.

- Significant event documentation for both clinical and management issues within the service and any actions/improvements that are implemented.
- Undertake service reviews in accordance with clinical governance arrangements.

The CCG will monitor activity and prescribing levels to inform future commissioning plans for this service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NICE clinical pathway guidelines.
- The NHS Plan "Five year forward View"
- Patient data is kept confidential, with adherence to the Caldicott principles (1999) and Data Protection Act (1998)
- Have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information.
- Must comply with relevant health and safety regulations that apply to all NHS providers

The Provider must ensure that it has appropriate arrangements in place for infection control and decontamination. The Provider is required to provide the services in accordance with national guidance i.e.

- National Institute of Health and Clinical Excellence (NICE) clinical guidelines 139 *Prevention and control of healthcare-associated* (March 2012)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

The Provider must satisfy the CCG that all health care professionals are appropriately accredited and trained to provide the services detailed in this service specification.

The Provider must ensure that:

- Health care professionals have a regular appraisal and maintain professional development generally.
- Appropriate training is given to staff to ensure safe and competent delivery of this service specification.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

The Provider's Premises are located at:
The Service will be delivered from any primary care general medical practice within the ELRCCG area.

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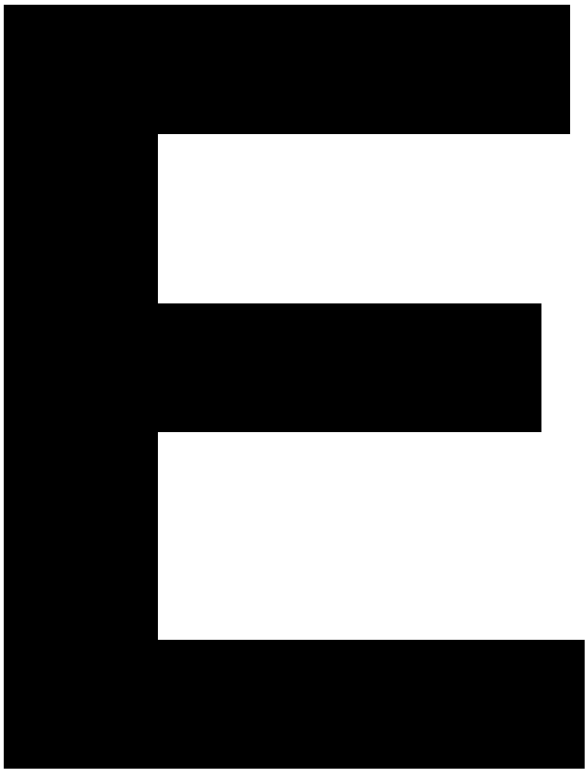

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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Front Sheet

REPORT TITLE:	Oversight of Quality of Primary Care Medical Services within East Leicestershire and Rutland CCG
MEETING DATE:	6 June 2017
REPORT BY:	Fiona Fretter, Quality Lead, ELR CCG
SPONSORED BY:	Carmel O'Brien, Chief Nurse and Quality Officer, ELR CCG
PRESENTER:	Chris Bufton, Head of Nursing Dr Nick Glover, GP Locality Lead, Blaby and Lutterworth

EXECUTIVE SUMMARY:

This report is an updated version of *ELR CCG Oversight of Quality of Primary Care Medical Services* presented to the Committee in September 2015. The aim of the original paper was to:

- Outline the approach to developing a range of quality indicators including ELR specific clinical quality indicators
- Provide an oversight and assurance of quality
- Make proposals for identifying and managing levels of escalation
- Set out arrangement for consistency of approach across LLR

This has now been updated to reflect the progress made across the CCG in relation to the monitoring of primary care quality, including the development of the ELR CCG Primary Care Risk Sharing Group. The paper also reflects the recommendations of the 360 Assurance Audit of Primary Care Quality Monitoring in March 2017.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG Integrated Governance Committee is requested to:

- **RECEIVE** the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:

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	x	Listening to our patients and public – acting on what patients and the public tell us.	x

Reduce inequalities in access to healthcare	x	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).			x

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:	
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

East Leicestershire and Rutland Clinical Commissioning Group

Oversight of Quality of Primary Care Medical Services within East Leicestershire and Rutland CCG

Version	Date	Amendment
V1	27th August 2015	
V2	May 2017	Updated following feedback from Internal audit to include reference to Risk Sharing Group.

Forward

Co-commissioning brings opportunities for East Leicestershire and Rutland CCG (ELRCCG) and ELR General Practices to work together to provide clinically effective and accessible services for our patients in a way that is sustainable for our workforce. One such opportunity is provided by the need to monitor the quality of primary care provision. ELRCCG has developed a suite of indicators to demonstrate the quality of care its practices are delivering for our patients. We have involved stakeholders including local clinicians, LMC, and patient representatives via Healthwatch and NHS England (NHSE) and our partners local CCGs West Leicestershire and Leicester City to ensure consistency of approach for General Practice within Leicester, Leicestershire and Rutland.

These indicators will reflect key areas of quality including clinical outcomes, safety, and patient experience. There will is also a requirement to work with our partners such as NHSE to share both concerns and supporting information around contractual compliance and practitioner performance.

We will be informed by national requirements, local clinical outcomes, safety priorities, bodies such as CQC and NHSE, and the feedback recorded by patients in formats such as FFT, NHS Choices and the GP Outcomes survey. There will be an open discussion with Practices at an annual visit to look at how the quality of care for patients is developing.

This holistic approach to reflecting quality in Primary Care is designed to develop an environment where learning from both success and adverse events can be shared with the aim of continually striving to improve the quality and experience of healthcare for both patients and our Primary Care workforce.

Nick Glover
GP Board Member
Blaby & Lutterworth Locality Lead

Carmel O'Brien
Chief Nurse and Quality Officer

CONTENTS

1. Introduction

1.1 In May 2014 NHS England announced that Clinical Commissioning Groups could express an interest in taking on enhanced powers and responsibilities to co commission primary care medical services. East Leicestershire and Rutland CCG (ELRCCG) recognised the fact that this could improve patient care and integration of services and therefore set out on an engagement exercise with its membership practices to seek views and develop the expression of interest. In March 2015 NHS England confirmed that ELRCCG had demonstrated it had in place the necessary arrangements to take on these new powers whilst giving confidence to our systems in place to manage conflicts of interest.

1.2 We are already required to ensure that there are assurance systems in place to have oversight and management arrangements to ensure quality across the services we commission on behalf of the patients we serve. Given the new statutory requirements placed on ELRCCG we are required to extend this to include quality of primary care medical services.

1.3 This paper sets out the way in which we propose to fulfil this statutory duty. The underlying principles of how we will do this are:

- Ensuing clinical GP board level leadership in the development of the process
- Being open honest and transparent with our membership about what data is held at practice level
- Seeking membership engagement in the types of data used for analysis of a practice picture of quality
- Ensuring effective governance arrangements through oversight by the Primary Care Co-Commissioning Committee and through to Governing Body

2. Background

2.1. With the establishment of CCGs in 2012, there was a statutory duty place on CCGs to support NHS England in improving the quality of primary care provision. ELRCCG recognised this as a necessary and important requirement as we could see the advantages for patient outcomes. The clinical board members of ELRCCG are in a unique position to understand the challenges primary care faces yet identify where improvements could really make a difference to patient outcomes.

Within ELRCCG we have developed a number of ways of in which we already have taken measures to support improvement in quality of primary care.

2.2. Programmes via the General Practice Support Framework include:

- Planned Care (Peer review, referral management/pathway adherence)
- Care Planning / EOL
- Care Homes
- Long Term Conditions Dementia new for 2015/16
- Long Term Conditions – COPD
- Long Term Conditions- Dementia
- Long Term Conditions- AF/Heart Failure
- Medicines Quality

2.3. Peer review – the aim of which is to reduce clinical isolation, share knowledge and experience, thereby ensuring patients have access to the most appropriate healthcare options for their individual needs. There will be continued support for Peer Review within practices and across Federations and Localities.

2.4. Focus on safeguarding of vulnerable children and adults by:

- Increasing and sustaining levels of GPs having completed safeguarding training
    - As at 1st May 2017 – 98% GPs across ELRCCG were up to date with safeguarding children's training and 93% up to date with safeguarding adults training
- Focused training for practice employed staff through PLT
- Professional challenge to our Local Authority Partners to improve the system for alerting health colleagues when a Looked after Child is placed in a new care setting
- Standing agenda items at all locality meetings
- Focus on adapting GP clinical systems to flag and alert high risk relationships which may impact on vulnerable children or adults
- Regular newsletters to all practices detailing new police and procedures and learning from serious case reviews
- Promote MDT meetings with practices to discuss children and families at risk.

2.5. Nationally there is a wealth of data published which can be used to bring together a picture of areas to focus discussion about the quality of primary medical services at a practice level. The data already publically available includes Quality and Outcomes Framework (QOF) data sets, Care Quality Commission inspection visit reports, Healthwatch enter and view inspection visit reports, Friends and Family test data, Primary Care Web Based Tool (GPOS) and NHS Choices commentary. The King's Fund (2011) acknowledges the breadth of data available to measure quality in General Practice, but recognise there are significant gaps. They state that it is necessary to harness information from within General Practice to supplement national quantitative indicators.

2.6. In developing a meaningful picture of the quality of primary care medical services across ELRCCG it will be necessary to ensure that we capture and share with our membership the data already publically available as well as defined local indicators we feel are necessary to add to the overall picture

3. What is quality?

3.1. Quality of care is subjective in the fact that it means different things to different people. Clinicians may believe that a measure of quality is based on a good outcome following an intervention; such as survival or mortality rates following an elective surgical procedure or control of blood sugar within an appropriate range for an individual with type two diabetes. These examples are measurable outcomes. However, a patient's perspective of quality could be that a clinician treated them with respect and kindness (Picker Institute 2006), regardless of whether the management of their care or treatment plan was based on clinically effective outcome measures.

3.2. The Darzi (DH 2008) definition of quality described within *High Quality Care for All* is contained within three dimensions - patient safety, patient experience and clinical effectiveness, however the ability to measure quality can be a challenge as it is inextricably linked to defining what "quality" is. In practice most healthcare professionals set out to do their best (McDonald *et al* 2007), however, work environment, culture of the organisation, levels of motivation can affect an individual's ability to do a good job (Handy 1999). Donabedian (1997) refers to respect as being an important criteria in informing quality and suggests that quality of healthcare should be examined in three domains of structure, process and outcome. The World Health Organisation, in describing the principles of quality refers to four aspects: professional performance, use of resources, risk management and patient satisfaction (WHO 1983).

3.3. The Kings Fund (2011) referenced the Darzi (2008) dimensions of quality to the NHS Outcomes Framework (DOH 2010), this is shown in Figure 1.

Figure 1: The five outcome domains of the NHS Outcomes Framework

Domain 1	**Preventing people from dying prematurely**	**Effectiveness**
Domain 2	**Enhancing the quality of life for people with long term conditions**	
Domain 3	**Helping people recover from episodes of ill health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	**Patient Experience**
Domain 5	**Treating and caring for people in a safe environment**	**Safety**

	and protecting them from avoidable harm	

Source Department of Health (2010)

3.4. In ensuring consistency with evidence based thinking, ELRCCG will use the three dimensions of quality to frame its oversight of quality within primary medical services.

3.5. Alongside this is will be necessary to be sighted on any CQC Inspection outcomes and any contractual notices which may impact on quality of care to the practices registered population

3.6. ELR CCG has undertaken a review of practice profiles to reflect the changing nature of information that the CCG will be required to hold and analyse to give a picture of quality. This review included a refresh of practice information, demographic changes and also an opportunity to define what clinical outcomes are to be considered as a true measure of quality. This will allow for comparison and analysis and form a pivotal part of the annual practice quality review. It is anticipated that due to the timeliness of some data sources we may ask practices to provide up to date figures particularly for QOF.

3.7. A primary care quality dashboard has been developed to provide a high level view of an individual practice picture of quality indicators. These include a variety of indicators covering the key Quality Domains – Patient Safety, Clinical Effectiveness and Patient Experience. Each domain has a number of indicators which build into a composite front sheet giving a high level overview of the performance of individual practices.

4. How will we do this?

4.1. The Primary Care Co-Commissioning Committee (PCCC) has a responsibility to oversee all arrangements for the commissioning of primary care medical services.

4.2. The primary care quality dashboard will be a monthly feature which is reviewed at the ELR CCG Risk Sharing Group, which reports into the PCCC.

4.3. The ELR CCG Risk Sharing Group is attended by members of ELR CCG Nursing and Quality and Primary Care teams, representatives from the NHS England Contracting and Medical directorates, and representatives from the CQC.

4.4. The role of this group is to:

- Identify any moderate risks that could impact on the quality of care provided by the Primary Medical Services. This could either be in relation to an individual practitioner or practice
- Agree responsibility and actions to mitigate identified risks
- Ensure continued focus until area of concern is resolved

4.5. Each month, the Risk Sharing Group reviews the information within the dashboard along with any CQC visit outcomes, contractual or operational issues and soft intelligence to risk rate each practice. The Primary Care Quality Dashboard is also used to feed into discussion and ratings.

4.6. Practices are considered each month and scores adjusted according to responses to mitigate the risks. The resulting risk log, which provides a 'RAG' rating for each practice is presented monthly to the PCCC, together with a narrative report.

4.7. All data held by ELRCCG is held in accordance with the CCG Information Governance and Information Security Policies. For the purpose of primary care practice level data the profile will be held within the operational team with access for key leads within the quality and nursing team. The policies with which all ELRCCG employees are required to work and adhere to are:

- ELR Corporate 004 - Information Governance Policy
- ELR Corporate 005 - Data Protection and Confidentiality Policy
- ELR Corporate 006 - Records Management and Lifecycle Policy
- ELR Corporate 009 - Information Security Policy – Part 1: High Level Requirements
- ELR Corporate 010 - Information Security Policy – Part 2: Associated Detailed Requirements

5. Leicester, Leicestershire and Rutland High-Level General Practice Quality Dashboard

5.1. A task and finish group including representatives from each CCG Quality and Primary Care teams, has a developed a high-level GP quality dashboard, including the key areas of Patient Safety, Clinical Effectiveness and Patient Experience. This dashboard aims to provide consistency across Leicester, Leicestershire and Rutland (LLR) in the way that General Practice is quality monitored and risks escalated. It will be used at Quality Surveillance Groups to ensure a consistent approach across the three local CCGs.

5.2. The LLR dashboard contains only high level indicators and is designed to be read alongside other sources of intelligence about the quality performance of general

practice. The indicators are the same across the three LLR CCGs; however each CCG may have different background information to support the high level dashboard, dependent on each CCG's priorities.

5.3. A key decision when developing the LLR dashboard was not to include performance measures such as Emergency Cancer Admissions or A&E attendances. It has been noted that areas such as these are reported and monitored elsewhere, and can be considered against these key quality markers to provide a rich picture of the quality of General Practice

5.4. Four key trigger points for escalation have been identified that will trigger an alert and escalation within each CCG. These four trigger points are:

- An inadequate area within a CQC report
- Serious Incident
- Contract query issued
- Practitioner performance concern

5.5. If any of these trigger points are reached within ELR CCG, this will be escalated to the Primary Care Commissioning Committee.

5.6. Individual indicators within the LLR dashboard include:

Patient Safety

- No. of community onset CDI cases registered with Practice (year to date and new)
- Number of MRSA blood stream infection cases registered with Practice (year to date)
- Complaints numbers

Patient Experience

- Friends and Family test score
- NHS Choices rating
- GP Survey score for the question "How easy is it to get through to your practice by phone"

Clinical Effectiveness

- CQC Overall rating
- NHS England General Practice Outcome Score
- NHS England High Level Indicators – outlier status
- Contract query status

5.7. In ELR CCG the LLR Dashboard forms the front page of the ELR CCG GP Quality Dashboard.

6. ELR CCG General Practice Quality Dashboard

6.1. A review of individual practice profiles has been completed. Practices will be used to seeing previous year versions as part of practice engagement visits. There are already a range of clinical quality indicators which form part of the individual practice profile. Individual practice profiles will be considered alongside the local CCG Quality Dashboard and other local intelligence to build a picture of the quality of care in General Practice.

6.2. QOF data is publicly available but only from the current validated year. This however is often out of date and therefore the CCG may ask practices for up to date current un-validated position.

6.3. NHS England national datasets form part of the ELR CCG GP Quality Dashboard. The General Practice Outcome Standards are 28 indicators developed to be used for Quality Improvement. The 38 GP High Level Indicators are used by NHS England for assurance purposes. Both data sets reflect the five domains of the Outcomes Framework and allow quality and outcomes to be measured at the level of practices, CCGs, and Area Teams and to be benchmarked against national data.

6.4. Other data sources included in the dashboard include locally available data, held within the Primary Care team or sourced from hosted CCG. The dashboard also includes publically available data such as General Practice Survey results, or the outcome of CQC visits.

7. List of Indicators

7.1. The ELR CCG GP Quality Dashboard (Appendix 1) is presented as a front sheet summary, followed by a series of tabs dedicated to each section. The front sheet represents the LLR High Level Dashboard to give an overview of the quality of services, with supplementary sheets providing more detail on each of the Quality Domains.

Patient Safety

Number of incidents (Year to date and New)	
Number of serious incidents (Year to date and New)	
Number of Serious Case Reviews	
Number of Serious Incident Learning	

Processes (SILPs)	
No. of community onset CDI cases registered with Practice YTD	
No. of community onset CDI cases registered with Practice New	Received through the infection control and incident reporting processes
. No. of MRSA BSI cases registered with Practice YTD	
Reporting Poor Quality Care Incidents raised	
%GP Safeguarding Training up-to-date in practice	Number of GPs in practice with up-to-date safeguarding training / number of GPs eligible for training in practice

Patient Experience

No of complaints new and YTD and number of complaints per 1000 patients	Sourced from NHS England
FFT core question score	Percentage of patients who would recommend the practice to a member of their family or friend.
NHS Choices - Overall rating (out of 5)	Practice's star score according to the NHS Choices website
Listening Booth Feedback	Number of positive or negative pieces of feedback received via the ELR CCG listening booth
GP Survey – key questions	Key questions, covering Access, GPs, Nurses and the Overall Experience from The NHS England GP Patient Survey (https://gp-patient.co.uk/)
Healthwatch feedback	Feedback from local Healthwatch organisations including outcomes of any Enter and View visits into practices

Clinical Effectiveness

Care Quality Commission Standards	Where a practice has had a CQC inspection, outcomes are published on the CQC website. This indicator outlines the inspection outcomes
NHS England General Practice Outcome Standards	Practices are grouped in to four overall assessment categories to highlight those practices where improvements may be needed. (More information available at http://www.england.nhs.uk/wpcontent/uploads/2013/06/130620-pmsdavidgeddes-letter.pdf) Practices identified as "Higher

	Achieving" haves between one or less triggers in total and zero Level 2 triggers. Practices identified as "Achieving" have between two and five triggers in total or one Level 2 trigger. Practices identified as "Approaching Review" have between six or eight triggers in total and no more than two Level 2 triggers. Practices identified as "Review Identified" have between nine or more triggers in total or three or more Level 2 triggers.
NHS England GP High Level Indicators	The General Practice High Level Indicators (GPHLI) is a pre-analysed set of indicators which can be found in NHS England's primary care website: www.primarycare.nhs.uk. There are 38 indicators within 5 domains. Where a practice is identified as an outlier, this is flagged. Where a practice has 6 or more outlying points, they are identified as an outlying practice.

Clinical Outcomes

QOF standards	Key indicators have been taken from the list of QOF indicators. These each have individual compliance standards.
Enhanced Services	Key indicators from practice enhanced services are included, with their compliance.
ELR CCG GP Support and Investment plan	Individual indicators have been pulled from the ELR CCG SIP
HSCIC	High level indicators relating to IAPT have been sourced from HSCIC

8. Escalation

8.1. It is important to note that the CCG does not have a role in monitoring or investigating individual practitioner performance, this is the responsibility of the Medical Director of NHS England (Midlands and East [Central]).

8.2. However, where a member of the CCG becomes aware of an issue that is specifically related to an individual practitioner performance this will be escalated to NHS England. The following are examples of where this may be necessary; this is not meant to be an exhaustive list

- Allegation of abuse of an individual – this would also trigger a safeguarding investigation
- Whistle blowing from an external agency which requires further investigation such as fraud

8.3. The point of contact within ELRCCG is **Carmel O'Brien Chief Nurse and Quality Officer**

8.4. Where a practice profile shows a number of areas that are outliers compared to other practices the CCG approach will be one of adopting a supportive style to understand the issues and formulate a plan to improve.

8.5. Where a practice profile triggers one of the four escalation points outlined above (An inadequate area within a CQC report, serious incident, contract query issued, or practitioner performance concerns). This will be escalated to the ELR CCG Primary Care Commissioning Committee.

8.6. A stepped approach will be adopted to provide support and gain understanding of practice specific issues, which could be undertaken in a variety of ways

a) A practice may alert following notification of a Serious Incident (NHS England 2015), this may necessitate a visit or telephone call to support a robust investigation and ensure mechanisms are in place to reduce risk to patients in future. This could be undertaken by a member of the Nursing and Quality team and/ or GP Locality Lead

b) Telephone call to discuss issued raised e.g. a scenario where intelligence sources suggest issue relating to access for patients, low FFT score and intelligence from Healthwatch regarding appointments. This may necessitate a telephone call to the practice by the Locality Lead to understand practice perspective; this could be due temporary sickness within admin or clinical teams etc.

c) Where an alert is in relation to a contractual issue the contracts manager and locality manager may arrange a visit to gather information this may initiate a follow up response if the practice is deemed to be acting outside of contractual requirements. An example of this maybe for performance against a commissioned service e.g. a DES/LES, this could be around access, extended hours, patient experience feedback. This could also be failure or lack of progress of implementing any contractual change processes e.g. summary care records or an IM&T initiative. These issues will often be linked the PMS/GMS contract change requirements which are refreshed annually. However the range of these issues would need to be defined as what affects quality of provision

d) Where a CQC Inspection has identified areas for improvement a practice visit involving Locality Manager and member of the Nursing and Quality team would be undertaken to support the practice in developing an effective recovery plan which would satisfy CQC requirements. It is important to note that it is the practice responsibility to ensure recovery plans are enacted

e) There may be other occasions where a visit by the Locality GP lead and manager is required – such as to support a refresh of peer review or to share good practice in how better to deliver a service or care planning.

8.7. In all cases outlined in 8.6 there will be a clear requirement to check on implementation of actions plans / points as a result of a practice visit.

8.8. All data will be stored securely within the operational team and limited access to those on a need to know basis to inform their work with membership practices

9. Reporting to NHS England

9.1. There is already a mechanism in place whereby ELRCCG meet with NHSE in order to share intelligence with regard to practice issues, through the ELR CCG Risk Sharing Group. These may be concerns of a contractual nature, practice access issues or complaints.

9.2. Alongside this there is a refreshed Concordat between the LLR CCGs and NHSE

10. Governance arrangements

10.1. The PCCC will receive on a monthly basis the risk log and narrative report from the ELR CCG Risk Sharing Group. This will be accompanied by a level of analysis in order to facilitate a meaningful discussion and prioritise work.

10.2. The PCCC will oversee the arrangements for decision making with respect to levels of alerting and escalation as outlined in section 8.6. The LMC membership and Healthwatch Leicestershire and Healthwatch Rutland membership alongside the CCG policy for managing Conflicts of Interest will be key factors in decision making.

10.3. The PCCC will provide summary reports to the Governing Body for information based on decisions made.

10.4. In the aftermath of the Francis Inquiry (2013), NHS England has a formal duty to bring organisations together to share intelligence about providers of NHS funded care; this is known as Quality Surveillance. The Managing Director and Chief Nurse and Quality Officer are the ELRCCG representatives on the group for NHS M&E Central. Where a practice is known to be in a higher level of alert which could impact on quality of care for patients we are required to hold meetings with NHSE and CQC to share intelligence, this will form the basis of reports to the PCCC and

Quality Surveillance Group and be outlined within the revised Concordat described in 9.2

10.5. Locality reports will be available for use in Locality meetings to inform discussions around positive solutions for improving issues in practice. The Locality mechanism has demonstrated that it provides a forum for practice to learn from each other in a peer supportive way.

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Appendix 1 – ELR CCG Quality Dashboard

Good
Requires
Urgent Support

NHS
East Leicestershire and Rutland Clinical Commissioning Group

Quality Dashboard

				Patient Safety										
C Code	Practice Name	Localities	Contract Type	No of Incidents YTD	No of Incidents NEW	No of Serious Incidents YTD	No of Serious Incidents NEW	Total No of Serious Reviews (Adults & Children)	Total No of Serious Reviews NEW	GP Training Safeguarding Training up-to-date (Y/N) excl Locums	No Cdiff attributed to Practice YTD	No Cdiff attributed to Practice NEW	No MRSA attributed to Practice YTD	No MRSA attributed to Practice NEW
C82002	Practice Name	BL												
C82025	Practice Name	OW												
C82039	Practice Name	MRH												
C82055	Practice Name	BL												
C82056	Practice Name	OW												
C82068	Practice Name	MRH												
C82119	Practice Name	BL												
C82611	Practice Name	OW												
C82631	Practice Name	MRH												
C82066	Practice Name	BL												
C82098	Practice Name	OW												

Good
Requires
Urgent Support

NHS
East Leicestershire and Rutland Clinical Commissioning Group

				Patient Experience						Effectiveness			
C Code	Practice Name	Localities	Contract Type	No of complaints YTD	No of complaints NEW	No of Complaints per 1000 YTD	FFT (core question) Score	NHS Choices - Overall rating	PES - ease of getting through via phone	CQC OVERALL RATING	GPOS Higher Achieving / Achieving / Approaching Review / Review Identified	High Level Indicators - Outlier Practice	Contract Query (Yes/No)
C82002	Practice Name	BL											
C82025	Practice Name	OW											
C82039	Practice Name	MRH											
C82055	Practice Name	BL											
C82056	Practice Name	OW											
C82068	Practice Name	MRH											
C82119	Practice Name	BL											
C82611	Practice Name	OW											
C82631	Practice Name	MRH											
C82066	Practice Name	BL											
C82098	Practice Name	OW											

Appendix 1 – ELR CCG Quality Dashboard

Patient Safety

C Code	Practice Name	Localities	No of Incidents YTD	No of Incidents NEW	No of Serious Incidents YTD	No of Serious Incidents NEW	Serious Case Reviews	Serious Incident Learning Processes (SILPs)	%GP Safeguarding Training up-to-date in practice	No. of community onset CDI cases registered with Practice YTD	No. of community onset CDI cases registered with Practice New	No. of MRSA BSI cases registered with Practice YTD	Reporting Poor Quality Care Incidents raised
C82002	Practice Name	BL											
C82025	Practice Name	OW											
C82039	Practice Name	MRH											
C82055	Practice Name	BL											
C82056	Practice Name	OW											
C82068	Practice Name	MRH											
C82119	Practice Name	BL											
C82611	Practice Name	OW											
C82631	Practice Name	MRH											
C82066	Practice Name	BL											
C82098	Practice Name	OW											

Appendix 1 – ELR CCG Quality Dashboard

Patient Experience

C Code	Practice Name	Localities	No of complaints YTD	No of complaints NEW	No of Complaints per 1000 YTD	FFT (core question) Score	NHS Choices - Overall rating (out of 5)	Listening Booth Positive Feedback	Listening Booth Negative Feedback	GP Survey - Q3 Ease of getting through to someone at GP surgery on the phone (Total Easy)	GP Survey - Q4 Helpfulness of receptionists at GP surgery (Total Helpful)	GP Survey - Q8 See their preferred GP always, almost always or a lot of the time (Total)
C82002	Practice Name	BL										
C82003	Practice Name	OW										
C82004	Practice Name	MRH										
C82005	Practice Name	BL										
C82006	Practice Name	OW										
C82007	Practice Name	MRH										
C82008	Practice Name	BL										
C82009	Practice Name	OW										
C82010	Practice Name	MRH										
C82011	Practice Name	BL										
C82012	Practice Name	OW										

Patient Experience

C Code	Practice Name	Localities	GP Survey - Q25 How satisfied are you with the hours that your GP surgery is open? (Total satisfied)	GP Survey - Q22 Did you have confidence and trust in the GP you saw or spoke to? (Total Yes)	GP Survey - Q21d Do you feel that your GP involved you in your care? (Total yes)	GP Survey - Q24 Did you have confidence and trust in the Nurse you saw or spoke to? (Total Yes)	GP Survey - Q23d Do you feel that your Nurse involved you in your care? (Total Yes)	GP Survey - Q28 Overall, how would you describe your experience of your GP surgery? (Total good)	GP Survey - Q29 Would you recommend your GP surgery to someone who has just moved to your local area? (Total yes)
C82002	Practice Name	BL							
C82003	Practice Name	OW							
C82004	Practice Name	MRH							
C82005	Practice Name	BL							
C82006	Practice Name	OW							
C82007	Practice Name	MRH							
C82008	Practice Name	BL							
C82009	Practice Name	OW							
C82010	Practice Name	MRH							
C82011	Practice Name	BL							
C82012	Practice Name	OW							

Appendix 1 – ELR CCG Quality Dashboard

Patient Experience				Healthwatch Feedback		
C Code	Practice Name	Localities	GP Survey - Composite	Date	Theme	Resolved
C82002	Practice Name	BL				
C82003	Practice Name	OW				
C82004	Practice Name	MRH				
C82005	Practice Name	BL				
C82006	Practice Name	OW				
C82007	Practice Name	MRH				
C82008	Practice Name	BL				
C82009	Practice Name	OW				
C82010	Practice Name	MRH				
C82011	Practice Name	BL				
C82012	Practice Name	OW				

Appendix 1 – ELR CCG Quality Dashboard

CQC Standards

★ The service is performing exceptionally well.

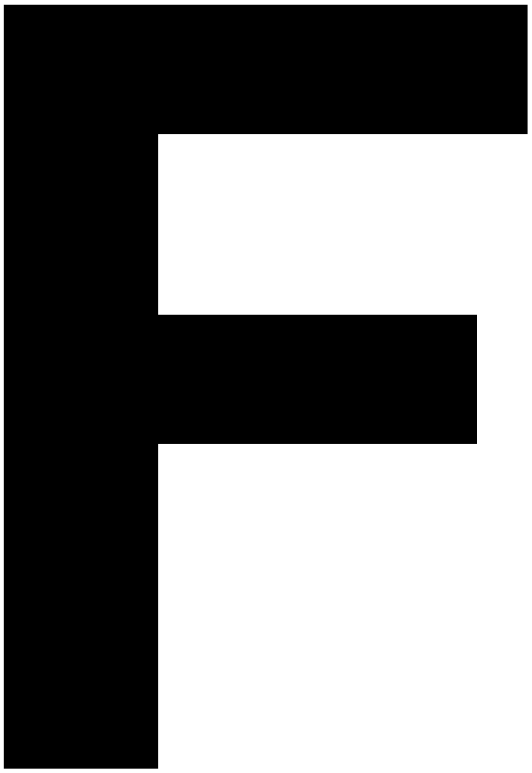
● The service is performing well and meeting our expectations.

● Requires improvement – the service isn't performing as well as it should and we have told the service how it must improve.

● Inadequate – the service is performing badly and we've taken enforcement action against the provider of the service.

● No rating/under appeal/rating suspended – there are some services which we can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by us and will be published soon.

C Code	Practice Name	Localities	Date	Safe	Effective	Caring	Responsive	Well led
C82002	Practice Name	BL						
C82003	Practice Name	OW						
C82004	Practice Name	MRH						
C82005	Practice Name	BL						
C82006	Practice Name	OW						
C82007	Practice Name	MRH						
C82008	Practice Name	BL						
C82009	Practice Name	OW						
C82010	Practice Name	MRH						
C82011	Practice Name	BL						
C82012	Practice Name	OW						



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

Front Sheet

REPORT TITLE:	Outcome of meeting held between ELRCGG and CQC regarding Inspection ratings outcome for ELRCCG practices
MEETING DATE:	6 June 2017
REPORT BY:	Dr Nick Glover, GP Board Member Carmel O'Brien, Chief Nurse and Quality Officer /Deputy MD
SPONSORED BY:	Carmel O'Brien, Chief Nurse and Quality Officer/Deputy MD
PRESENTER:	Dr Nick Glover, GP Locality Lead, Blaby and Lutterworth

EXECUTIVE SUMMARY:

This briefing provides a summary of the outcomes of a meeting held between East Leicestershire and Rutland CCG (ELRCCG) with the Care Quality Commission.

This follows feedback from our membership practices and locality leads that ELRCCG Practices were identified as outliers for 'inadequate and requires improvement' ratings following CQC's inspections compared to our comparators. This did not correlate with detailed data we hold which tells us that General Practice in ELR CCG provides good quality clinical care.

RECOMMENDATIONS:

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

- **NOTE** the detail within the briefing and **NOTE** the actions agreed.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:			
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 proportionate This completes the due regard required.

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

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

Outcome of meeting held between ELRCGG and CQC regarding Inspection ratings outcome for ELRCCG practices

1. This briefing provides a summary of the outcomes of a meeting held between East Leicestershire and Rutland CCG with the Care Quality Commission

2. The Primary Care Co Commissioning Committee and Governing Body will be aware that following feedback from our membership practices and locality leads we identified that the CQC's inspection outcomes of 'inadequate and requires improvement' ratings appeared to be higher within our GP surgeries compared to our comparators. We were particularly concerned as these ratings do not correlate with detailed data we hold which tells us that General Practice in ELR CCG provides good quality clinical care.

3. We carried out an internal review in November 2016 to compare our performance in key areas including CQC compliance, GP survey outcomes and NHS England indicators against local CCGs. This internal review found that ELR CCG is broadly in line with the performance of local CCGs. We raised our concerns with NHS England and they undertook a separate review, the findings of which supported the apparent discrepancies.

4. Following a meeting with the CQC in December 2016, they committed to undertake a peer review of all ELRCCG practice inspection findings. The findings of this internal review were presented to Dr Nick Glover Blaby & Lutterworth GP Locality Lead and GB GP, Carmel O'Brien Chief Nurse and Deputy MD, ELRCCG by Vicki Wells, Head of Region and Michele Hurst Inspection Manager on 16Th May 2016.

5. The CQC described the process used to bring together practice inspection reports and sign off. For all "Outstanding" and "Inadequate" ratings these are reviewed at the national CQC Quality Panel. All "Requires Improvement ratings" are signed off at local level by the Inspection Manager, unless there was a need to escalate.

6. The peer findings demonstrated that where breaches of Regulation had been identified the peer review process confirmed these remained breaches. The peer review looked at the original reports but did not review the primary evidence collected at the inspections. It was also noted that the CQC confirmed that they had identified some variations in approach by lead inspectors which they were reviewing

7. There was general agreement that there are always opportunities to improve inspection processes and that the consultation on the new CQC inspection regime would be published later in the summer

8. There were some actions to be taken forward which are:

CQC actions:

- To confirm that when evidence of adequacy is found it complies with the Key Line of Enquiry (KLOE);

- To review clinical advisor input into ELRCCG inspection visits and provide outcomes;

- To ensure that where evidence leads to a breach there is clarity about the domain it is specific to and the consequence of that are understood;

- As part of the new CQC processes consider if there are any requirements to quality assure evidence reviewed.

ELRCCG:

- Consider what might be required in order to support practices in their preparation for a CQC Inspection visit;

- Ensure Practices are clear about how they should self asses their practice processes to demonstrate they meet the Regulations http://www.cqc.org.uk/sites/default/files/20150327_GP_practices_provider_handbook_appendices_march_15_update.pdf.

9. The CCG leads have been invited to attend a CQC National Quality Panel in order to view confirm and challenge panels in progress.

10. The CQC have offered to attend a Practice Manager forum to share the details of Factual Accuracy check process and feedback from inspection visits.

Recommendation:

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

    - **NOTE** the detail within the briefing and **NOTE** the actions agreed.

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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 (2016/17) Updates & Month 1 (2017/18) Opening Forecast**
MEETING DATE:	**6 June 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 specific updates to the final outturn position of the 2016/17 Primary Care budgets and the month 1 forecast for 2017/18.

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) 2017 – 2018: (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 (2016-17) Updates and Month 1 (2017/18) Opening Forecast

6 June 2017

1. Month 12 Final Outturn Position

The month 2016/17 accounts have are now closed and the final position (£688k underspend) was reported to the Committee at the meeting held on 02 May 2017.

At that meeting it was requested that further updates would be provided for dementia claims, GP prescribing and implications for the prescribing incentive.

2. Dementia Claims

At the time the accounts were closed, a number of payments for services provided at GP practices had not been made due to the timescales practices were allowed to submit their quarter 4 claims.

Recognising that there are outstanding payments, an estimated liability was included in the outturn position that was based on claims received and paid earlier in the year.

For dementia, the estimated outstanding quarter 4 payment included in the accounts was £85k. The actual value of claims received totalled £155k, an under accrual of £69k.

Overall, across the whole of Community Based Services and GP SIP, the total amount of accrued expenditure at the year end for quarter 4 totalled £1.196m. Total claims received from practices were £1.208m, a difference of £12k which, against a total budget of £4.7m is not deemed to be material.

Appendix 1 provides further analysis of amounts accrued and actual claims received.

3. GP Prescribing

The 2016/17 reported outturn position for GP prescribing was an overall overspend of £598k. This position was based on M10 PPA data.

Subsequently, month 11 and month 12 data has been received. Using month 11 data the overspend increased by £90k to £688k and in month 12 the overspend increased by an additional £228k to £916k. The total movement in variance between month 10 and month 12 was £318k.

Further detail of variances at a practice level in month 11 and month 12 is provided in appendix 2.

In terms of the prescribing incentive scheme, the impact of the increased overspend is minimal with forecast payments for Incentive Scheme 2 (prescribing underspend) and Incentive Scheme 3 (financial gain share) reducing from £341k to £314k using month 12 PPA data. It is anticipated that final incentive payments (including scheme 1) will be reconciled and made to practices in July.

4. **2017/18 Forecast Outturn**

The budget for Primary Care in 2017/18 totals £98.3m. The full breakdown of this, and further analysis of co-commissioning budgets are attached as appendices 3 and 4.

At this early stage in the financial year, no material variances are anticipated. This position will be closely monitored in future months, with particular focus on co-commissioning and prescribing due to the overall size of these budgets and the challenge of delivering significant QIPP savings.

5. 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

Community Based Services and GP SIP Payments 2016/17 - Quarter 4 Accural v Actual

	Accruals Summary				2016/17 Reported Outturn		2016/17 Revised Outturn		
	Accrued Expenditure Q4 £	Actual Expenditure Q4 £	Variance £	Annual Budget £	M12 Reported Outturn £	M12 Reported Variance £	Revised M12 Outturn £	Revised M12 Variance £	Movement in Outturn Position £
Minor Surgery	35,556	15,840	-19,716	72,000	101,173	29,173	81,457	9,457	-19,716
LES Secondary Care Initiated Blood Tests	0	0	0	57,559	57,438	-121	57,438	-121	0
LES INR (Anticoagulation)	341,776	282,545	-59,231	1,470,726	1,217,000	-253,725	1,157,769	-312,956	-59,231
LES Near Patient Testing	93,882	105,715	11,833	318,913	379,353	60,440	391,187	72,274	11,833
LES - Minor Injury/removal of surtures	67,877	106,542	38,665	655,395	559,033	-96,362	597,698	-57,697	38,665
LES - Zoladex/Prostap	17,394	16,008	-1,386	69,078	69,409	331	68,023	-1,055	-1,386
Travelling Families	0	0	0	25,807	31,253	5,446	31,253	5,446	0
C&M-OES Intra-ocular Ocular Hypertn	1,723	1,723	0	4,834	4,979	145	4,979	145	0
Care Homes	228,250	232,540	4,290	456,500	456,500	0	460,790	4,290	4,290
End of Life	161,280	145,643	-15,637	325,302	322,560	-2,742	306,923	-18,379	-15,637
Long Term Conditions	0	0	0	102,703	801	-101,903	801	-101,903	0
Joint Working	0	0	0	325,302	322,560	-2,742	322,560	-2,742	0
Dementia	85,341	154,950	69,609	650,604	338,067	-312,537	407,676	-242,928	69,609
Heart Failure	162,651	146,631	-16,020	162,651	162,651	0	146,631	-16,020	-16,020
	1,195,729	**1,208,136**	**12,407**	**4,697,374**	**4,022,777**	-674,597	**4,035,184**	-662,190	**12,407**

East Leicestershire and Rutland CCG Individual Practice Prescribing Updated Forecast Outturn 2016/17

								Forecast Outturn - Reported in M12			Updated Outturn - Month 11 PPA Data		
Practice Code	Locality	Practice	Original Annual Budget	Adjust to reinstate budget for QIPP 2 slippage	Adjust to apportion CAT M budget	Adjust to apportion balance of QIPP 1 budget	Revised Annual Budget	Total All Prescribing	Variance to Original Full Year Budget	Variance to Revised Full Year Budget for Performance Incentive	Total All Prescribing	Variance to Original Full Year Budget	Variance to Revised Full Year Budget for Performance Incentive
C82013	O&W	BUSHLOE END SURGERY	1,814,069	23,279	-32,812	-11,266	1,793,270	1,636,560	-177,509	-156,710	1,644,844	-169,225	-148,426
C82002	B&L	COUNTESTHORPE HEALTH CENTRE	1,332,928	16,639	-26,253	-3,744	1,319,570	1,296,622	-36,306	-22,948	1,298,443	-34,485	-21,127
C82042	MRH	COUNTY PRACTICE	1,706,048	22,060	-33,606	-4,334	1,690,168	1,700,909	-5,139	10,742	1,708,455	2,407	18,288
C82044	MRH	EMPINGHAM MEDICAL CENTRE	926,360	12,065	-17,094	-3,695	917,637	968,711	42,351	51,075	977,235	50,875	59,598
C82631	B&L	ENDERBY MEDICAL CENTRE	710,450	8,735	-11,722	-1,641	705,822	689,765	-20,685	-16,057	698,890	-11,560	-6,932
C82066	B&L	FOREST HOUSE MEDICAL CTR	2,141,432	27,844	-39,544	-7,838	2,121,895	1,967,378	-174,054	-154,516	1,949,208	-192,224	-172,687
C82056	B&L	GLENFIELD SURGERY	1,941,296	25,184	-32,938	-6,202	1,927,341	1,977,568	36,272	50,228	1,979,740	38,444	52,399
C82098	B&L	HAZELMERE MEDICAL CENTRE	1,090,097	14,090	-18,826	-2,685	1,082,676	1,086,804	-3,293	4,128	1,079,528	-10,569	-3,148
C82001	MRH	KIBWORTH HEALTH CENTRE	1,132,404	14,653	-14,330	-3,036	1,129,691	1,194,003	61,599	64,312	1,188,835	56,431	59,144
C82039	B&L	KINGSWAY SURGERY	1,491,842	19,562	-27,356	-8,012	1,476,036	1,485,716	-6,126	9,680	1,490,616	-1,226	14,580
C82038	MRH	LATHAM HOUSE MEDICAL PRACTICE	4,817,929	60,941	-87,946	-9,356	4,781,568	4,702,276	-115,653	-79,291	4,696,603	-121,326	-84,964
C82016	MRH	LONG CLAWSON MEDICAL PRACTICE, THE SANDS	942,492	12,403	-8,650	-5,748	940,497	997,232	54,740	56,735	1,017,173	74,681	76,676
C82108	O&W	LONG STREET SURGERY	324,063	6,003	-3,744	-2,980	323,343	283,370	-40,693	-39,973	261,605	-62,458	-61,738
C82009	MRH	MARKET HARBOROUGH MED.CTR	3,710,597	48,517	-72,100	-17,753	3,669,260	3,845,898	135,301	176,638	3,853,886	143,289	184,625
C82649	MRH	MARKET OVERTON & SOMERBY SURGERIES	477,453	6,210	-9,981	-1,775	471,907	576,281	98,828	104,374	577,962	100,509	106,055
C82119	B&L	NARBOROUGH HEALTH CENTRE	342,887	3,889	-4,909	-1,022	340,845	306,090	-36,797	-34,755	304,868	-38,019	-35,977
C82068	B&L	NORTHFIELD MEDICAL CENTRE	1,730,582	22,107	-28,491	-5,676	1,718,523	1,748,629	18,047	30,105	1,755,743	25,161	37,220
C82010	MRH	OAKHAM MEDICAL PRACTICE	2,483,442	32,651	-49,994	-14,671	2,451,429	2,470,417	-13,025	18,988	2,486,515	3,073	35,086
C82048	O&W	ROSEMEAD DRIVE SURGERY	570,392	7,439	-12,692	-2,430	562,709	558,951	-11,441	-3,758	562,207	-8,185	-502
C82112	O&W	SEVERN SURGERY	577,731	7,500	-11,334	-1,930	571,967	597,347	19,616	25,380	594,765	17,034	22,798
C82079	O&W	SOUTH WIGSTON HEALTH CTR.	1,423,223	17,478	-21,450	-6,235	1,413,015	1,317,999	-105,224	-95,016	1,315,476	-107,747	-97,539
C82078	MRH	SYSTON HEALTH CENTRE	1,588,588	20,614	-28,703	-5,159	1,575,340	1,617,415	28,827	42,075	1,623,268	34,680	47,928
C82022	MRH	THE BILLESDON SURGERY	940,245	12,132	-11,735	-1,984	938,658	988,429	48,184	49,770	987,933	47,688	49,275
C82021	O&W	THE CENTRAL SURGERY	1,274,491	16,609	-25,093	-5,245	1,260,762	1,329,628	55,137	68,865	1,329,180	54,689	68,417
C82067	O&W	THE CROFT MEDICAL CENTRE	1,186,169	15,550	-21,453	-6,308	1,173,958	1,212,982	26,813	39,023	1,210,513	24,344	36,555
C82109	MRH	THE HUSBANDS BOSWORTH SURGERY	514,144	5,785	-7,719	-404	511,806	470,145	-43,999	-41,661	472,856	-41,288	-38,950
C82055	B&L	THE LIMES MEDICAL CENTRE	1,923,357	24,639	-37,146	-3,755	1,907,095	1,832,540	-90,817	-74,554	1,836,157	-87,200	-70,937
C82611	B&L	THE MASHARANI PRACTICE	712,565	9,248	-13,299	-2,339	706,175	691,578	-20,987	-14,597	690,827	-21,738	-15,348
C82036	MRH	THE OLD SCHOOL SURGERY	2,031,228	26,222	-38,922	-4,486	2,014,042	2,101,920	70,692	87,878	2,104,124	72,896	90,081
C82077	MRH	THE UPPINGHAM SURGERY	1,424,667	18,352	-29,745	-2,530	1,410,743	1,496,795	72,128	86,052	1,488,301	63,634	77,558
C82025	B&L	THE WYCLIFFE MEDICAL PRACTICE	1,550,251	20,200	-31,672	-6,336	1,532,443	1,505,829	-44,422	-26,614	1,506,741	-43,510	-25,702
C82071	O&W	WIGSTON CENTRAL	1,735,486	21,401	-28,741	-4,835	1,723,311	1,621,499	-113,987	-101,812	1,624,791	-110,695	-98,521
		Total	**46,568,908**	**600,000**	**-840,000**	**-165,407**	**46,163,501**	**46,277,286**	**-291,622**	**113,785**	**46,317,287**	**-251,621**	**153,786**

Reconciliation to Appendix B										
Urgent care centre and other prescribing	166,349		166,349	73,893	(92,456)	(92,456)	73,986	(92,353)	(92,353)
CAT M and balance of QIPP 1	(1,005,407)		(600,000)	(50,000)	955,407	(50,000)	0	1,005,407	0
Rebates and recharges	(185,403)		(185,403)	(158,550)	26,853	26,853	(158,550)	26,853	26,853
Adjust for QIPP 2 slippage as this still represents a shortfall for the CCG						600,000			600,000
Net position on Appendix B	45,544,447		45,544,447	46,142,628	598,181	598,181	46,232,723	688,286	688,286

								Forecast Outturn - Updated with M12 PPA Data				
Practice Code	Locality	Practice	Original Annual Budget	Adjust to reinstate budget for QIPP 2 slippage	Adjust to apportion CAT M budget	Adjust to apportion balance of QIPP 1 budget	Revised Annual Budget	GP Prescribing Excluding High Cost Drugs	Dressings	Total All Prescribing	Variance to Original Full Year Budget	Variance to Revised Full Year Budget for Performance Incentive
C82013	O&W	BUSHLOE END SURGERY	1,814,069	23,279	-32,812	-11,266	1,793,270	1,607,812	47,176	1,654,988	-159,081	-138,282
C82002	B&L	COUNTESTHORPE HEALTH CENTRE	1,332,928	16,639	-26,253	-3,744	1,319,570	1,268,736	35,596	1,304,333	-28,595	-15,237
C82042	MRH	COUNTY PRACTICE	1,706,048	22,060	-33,606	-4,334	1,690,168	1,666,473	45,561	1,712,034	5,986	21,866
C82044	MRH	EMPINGHAM MEDICAL CENTRE	926,360	12,065	-17,094	-3,695	917,637	951,569	24,739	976,308	49,948	58,671
C82631	B&L	ENDERBY MEDICAL CENTRE	710,450	8,735	-11,722	-1,641	705,822	680,850	18,973	699,823	-10,627	-6,000
C82066	B&L	FOREST HOUSE MEDICAL CTR	2,141,432	27,844	-39,544	-7,838	2,121,895	1,899,048	57,188	1,956,236	-185,196	-165,659
C82056	B&L	GLENFIELD SURGERY	1,941,296	25,184	-32,938	-6,202	1,927,341	1,944,797	51,843	1,996,640	55,344	69,299
C82098	B&L	HAZELMERE MEDICAL CENTRE	1,090,097	14,090	-18,826	-2,685	1,082,676	1,049,563	29,112	1,078,675	-11,422	-4,001
C82001	MRH	KIBWORTH HEALTH CENTRE	1,132,404	14,653	-14,330	-3,036	1,129,691	1,150,081	30,241	1,180,323	47,919	50,632
C82039	B&L	KINGSWAY SURGERY	1,491,842	19,562	-27,356	-8,012	1,476,036	1,460,623	39,840	1,500,463	8,621	24,427
C82038	MRH	LATHAM HOUSE MEDICAL PRACTICE	4,817,929	60,941	-87,946	-9,356	4,781,568	4,598,081	128,665	4,726,746	-91,183	-54,821
C82016	MRH	LONG CLAWSON MEDICAL PRACTICE, THE SANDS	942,492	12,403	-8,650	-5,748	940,497	995,914	25,170	1,021,083	78,591	80,586
C82108	O&W	LONG STREET SURGERY	324,063	6,003	-3,744	-2,980	323,343	229,675	12,156	241,832	-82,231	-81,511
C82009	MRH	MARKET HARBOROUGH MED.CTR	3,710,597	48,517	-72,100	-17,753	3,669,260	3,772,664	99,093	3,871,757	161,160	202,497
C82649	MRH	MARKET OVERTON & SOMERBY SURGERIES	477,453	6,210	-9,981	-1,775	471,907	573,503	12,751	586,254	108,801	114,347
C82119	B&L	NARBOROUGH HEALTH CENTRE	342,887	3,889	-4,909	-1,022	340,845	298,756	9,157	307,913	-34,974	-32,932
C82068	B&L	NORTHFIELD MEDICAL CENTRE	1,730,582	22,107	-28,491	-5,676	1,718,523	1,722,790	46,216	1,769,006	38,424	50,483
C82010	MRH	OAKHAM MEDICAL PRACTICE	2,483,442	32,651	-49,994	-14,671	2,451,429	2,441,484	66,321	2,507,805	24,363	56,376
C82048	O&W	ROSEMEAD DRIVE SURGERY	570,392	7,439	-12,692	-2,430	562,709	552,161	15,233	567,393	-2,999	4,684
C82112	O&W	SEVERN SURGERY	577,731	7,500	-11,334	-1,930	571,967	578,527	15,429	593,955	16,224	21,988
C82079	O&W	SOUTH WIGSTON HEALTH CTR.	1,423,223	17,478	-21,450	-6,235	1,413,015	1,289,521	38,008	1,327,529	-95,694	-85,486
C82078	MRH	SYSTON HEALTH CENTRE	1,588,588	20,614	-28,703	-5,159	1,575,340	1,588,062	42,424	1,630,486	41,898	55,146
C82022	MRH	THE BILLESDON SURGERY	940,245	12,132	-11,735	-1,984	938,658	966,578	25,110	991,688	51,443	53,029
C82021	O&W	THE CENTRAL SURGERY	1,274,491	16,609	-25,093	-5,245	1,260,762	1,304,095	34,036	1,338,131	63,640	77,369
C82067	O&W	THE CROFT MEDICAL CENTRE	1,186,169	15,550	-21,453	-6,308	1,173,958	1,189,083	31,677	1,220,761	34,592	46,802
C82109	MRH	THE HUSBANDS BOSWORTH SURGERY	514,144	5,785	-7,719	-404	511,806	460,664	13,730	474,394	-39,750	-37,411
C82055	B&L	THE LIMES MEDICAL CENTRE	1,923,357	24,639	-37,146	-3,755	1,907,095	1,798,854	51,364	1,850,218	-73,139	-56,876
C82611	B&L	THE MASHARANI PRACTICE	712,565	9,248	-13,299	-2,339	706,175	673,984	19,029	693,013	-19,552	-13,162
C82036	MRH	THE OLD SCHOOL SURGERY	2,031,228	26,222	-38,922	-4,486	2,014,042	2,051,059	54,245	2,105,304	74,076	91,262
C82077	MRH	THE UPPINGHAM SURGERY	1,424,667	18,352	-29,745	-2,530	1,410,743	1,456,861	38,046	1,494,907	70,240	84,164
C82025	B&L	THE WYCLIFFE MEDICAL PRACTICE	1,550,251	20,200	-31,672	-6,336	1,532,443	1,472,561	41,400	1,513,962	-36,289	-18,481
C82071	O&W	WIGSTON CENTRAL	1,735,486	21,401	-28,741	-4,835	1,723,311	1,605,967	44,115	1,650,082	-85,404	-73,229
		Total for HERA Report	**46,568,908**	**600,000**	**-840,000**	**-165,407**	**46,163,501**	**45,300,396**	**1,243,645**	**46,544,041**	**-24,867**	**380,540**
								35	35			

		Reconciliation to Appendix B										
		Urgent care centre and other prescribing	166,349							75,400	(90,949)	(90,949)
		CAT M and balance of QIPP 1	(1,005,407)							0	1,005,407	0
		Rebates and recharges	(185,403)							(158,550)	26,853	26,853
		Adjust for QIPP 2 slippage as this still represents a shortfall for the CCG										600,000
		Net position on Appendix B	45,544,447							46,460,891	916,444	916,444

Appendix 3

	YTD Position			Forecast Outturn Position		
M1 Primary Care Commissioning Report	**YTD Budget**	**YTD Actuals**	**YTD Variance**	**Annual Budget**	**Annual Forecast**	**Annual Variance Over/ (Under)**
Area	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**
CCG Prescribing						
OptimiseRX	8	8	0	91	91	0
Central Prescribing	105	105	0	1,256	1,256	0
High Cost Drugs	79	79	0	947	947	0
GP Prescribing	3,875	3,875	0	46,498	46,498	0
Prescribing Incentive Scheme	58	58	0	691	691	0
Total Practice Prescribing	**4,124**	**4,124**	**0**	**49,483**	**49,483**	**0**
Enhanced Services						
Community Based Services	218	218	0	2,611	2,611	0
Total Enhanced Services	**218**	**218**	**0**	**2,611**	**2,611**	**0**
Co Commissioning	**3,383**	**3,383**	**0**	**40,593**	**40,593**	**0**
GP Support Framework						
Care Homes	40	40	0	484	484	0
End of Life	27	27	0	327	327	0
Long Term Conditions	55	55	0	655	655	0
Demand Mangement	27	27	0	327	327	0
Dementia	14	14	0	164	164	0
Total GP Support Framework	**163**	**163**	**0**	**1,957**	**1,957**	**0**
Other						
Primary Care Transformational Support	27	27	0	327	327	0
GP Federation	15	15	0	175	175	0
7 Day Working Better Care Fund	43	43	0	511	511	0
GP IT	61	61	0	733	733	0
Primary Care - Licenses & Other	10	10	0	124	124	0
Urgent Care Centres	149	149	0	1,794	1,794	0
Total Other	**305**	**305**		**3,663**	**3,663**	
Total Primary Care	**8,192**	**8,192**	**0**	**98,307**	**98,307**	**0**

Primary Care Delegated Budgets analysis 2017/18 **Appendix 4**

	YTD Position			Forecast Outturn Position			
M1 Primary Care Co-commissioning Report	**YTD Budget**	**YTD Actuals**	**YTD Variance**	**Annual Budget**	**Annual Forecast**	**Annual Variance Over/(Under)**	**Contract Type**
Activity Type	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	
GMS Global Sum	2,132	2,132	0	25,585	25,585	0	Block with quarterly list size adjustments
MPIG Correction Factor	137	137	0	1,644	1,644	0	Block
PMS reinvestment	0	0	0	5	5	0	PMS & FDR reinvestment
FDR Payment	14	14	0	165	165	0	
Wound Clinics	27	27	0	327	327	0	
Practice Pharmacists	55	55	0	655	655	0	
	96	96	0	1,152	1,152	0	
Total General Practice - GMS	**2,365**	**2,365**	**0**	**28,381**	**28,381**	**0**	
Occupational health	4	4	0	47	47	0	Block - fair share
Locum Adoption/Paternity/Maternity	12	12	0	140	140	0	CPC
Locum Sickness	2	2	0	20	20	0	CPC
Locum suspended doctors	0	0	0	0	0	0	CPC - fair share
Seniority	39	39	0	469	469	0	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	8	8	0	95	95	0	CPC
PCO Doctors Ret Scheme	2	2	0	20	20	0	N/A
Kingsway Management Plan	9	9	0	106	106	0	Block
Total Other GP Services	**75**	**75**	**0**	**897**	**897**	**0**	
QOF Achievement	95	95	0	1,135	1,135	0	CPC
QOF Aspiration	220	220	0	2,645	2,645	0	Block
Total QOF	**315**	**315**	**0**	**3,780**	**3,780**	**0**	
DES Extended Hours Access	40	40	0	477	477	0	Block
DES Learning Disability	6	6	0	78	78	0	CPC
DES Violent Patients	4	4	0	47	47	0	Block
DES Minor Surgery	43	43	0	510	510	0	CPC
LES Translation Fees	4	4	0	50	50	0	CPC - fair share
Leicester Asylum Service	3	3	0	33	33	0	Block
Total Enhanced Services	**99**	**99**	**0**	**1,193**	**1,193**	**0**	
Dispensing Quality Scheme	8	8	0	95	95	0	Block
Prof Fees Dispensing	125	125	0	1,500	1,500	0	CPC
Prof Fees Prescribing	18	18	0	220	220	0	CPC
Total Dispensing/Prescribing Drs	**151**	**151**	**0**	**1,815**	**1,815**	**0**	
Prescribing charge income	-25	-25	0	-300	-300	0	CPC
	-25	**-25**	**0**	**-300**	**-300**	**0**	
Prem Actual Rent	142	142	0	1,700	1,700	0	Block
Prem Clinical Waste	13	13	0	150	150	0	CPC - fair share
Prem Cost Rent	3	3	0	30	30	0	Block
Prem Health centre Rates	2	2	0	22	22	0	Block
Prem Health centre Rent	8	8	0	95	95	0	Block
Prem Notional Rent	125	125	0	1,500	1,500	0	Block
Prem Rates	59	59	0	710	710	0	Block
Prem Water Rates	5	5	0	62	62	0	CPC
Total Premises Cost Reimbursement	**356**	**356**	**0**	**4,269**	**4,269**	**0**	
Other premises	3	3	0	40	40	0	CPC
Total Other premises	**3**	**3**	**0**	**40**	**40**	**0**	
GP Pensions	0	0	0	0	0	0	Net nil
Total Pensions	**0**	**0**	**0**	**0**	**0**	**0**	
Transformation reserves	43	43	0	518	518	0	Committed to expenditure
Primary Care Transformational Funding	0	0	0	0	0	0	Committed to expenditure
Grand Total	**3,383**	**3,383**	**0**	**40,593**	**40,593**	**0**	