

**East Leicestershire and Rutland
Clinical Commissioning Group**

Meeting Title	Primary Care Commissioning Committee – Public meeting	Date	Tuesday 4 July 2017
Meeting No.	28.	Time	9:30am – 10:35am
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/17/66	Welcome and Introductions		Clive Wood	Verbal	9:30am
PC/17/67	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood		
PC/17/68	Apologies for Absences: <ul style="list-style-type: none"> • Mrs Carmel O'Brien • Ms Sue Staples 	To receive	Clive Wood		
PC/17/69	Declarations of Interest on Agenda items	To receive	Clive Wood		
PC/17/70	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 6 June 2017	To approve	Clive Wood	A	9:40am
PC/17/71	To Receive Actions and Matters Arising following the meeting held on 6 June 2017	To receive	Clive Wood	B	
PC/17/72	Notification of Any Other Business	To receive	Clive Wood	Verbal	9:45am
OPERATIONAL ISSUES					
PC/17/73	Notional Rent Review - Latham House Medical Practice	To approve	Salim Issak	C	9:50am
QUALITY AND PATIENT SAFETY					
PC/17/74	Care Quality Commission (CQC) Inspection – Latham House Medical Centre	To receive	Khatija Hajat	D	10:00am
PRIMARY CARE FINANCE REPORT					

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/75	Primary Care Co-Commissioning Finance Report 2017-18: Month 2 (May 2017)	To receive	Donna Enoux	E	10:20am
ANY OTHER BUSINESS					
PC/17/76		To receive	Clive Wood	Verbal	10:30am
DATE OF NEXT MEETING					
PC/17/77	Date of next meeting: Tuesday 1 August 2017 at 9:30am, Guthlaxton Committee Room , ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	Verbal	10:35am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 6 June 2017 at 9.30am in the Guthlaxton Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

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

In attendance:

Ms Clare Sherman	Interim Head of Primary Care
Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mr Salim Issak	Primary Care Support Manager
Mrs Jennifer Fenelon	Healthwatch, Rutland
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee
Dr Hilary Fox	GP Locality Lead, Melton, Rutland and Harborough (item PC/17/59 only)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/17/52	<p>Welcome and Introductions Mr Clive Wood welcomed all members to the meeting in public of the Primary Care Commissioning Committee (PCCC), in particular Ms Clare Sherman as the Interim Head of Primary Care.</p> <p>Mr Wood informed that the meeting will be adjourned at 11:00am for a minute's silence as a mark of respect for the recent attacks in London.</p>	
PC/17/53	<p>To receive questions from the Public in relation to items on the agenda There were no questions from the members of the public.</p>	
PC/17/54	<p>Apologies received:</p> <ul style="list-style-type: none"> • Dr Tabitha Randell, Secondary Care Clinician; • Dr Vivek Varakantam, GP Locality Lead for Oadby and Wigston; • Mrs Carmel O'Brien, Chief Nurse and Quality Officer; • Ms Sue Staples, Healthwatch Leicestershire. 	
PC/17/55	<p>Declarations of Interest Dr Girish Purohit and Dr Nick Glover declared an interest in items relating to commissioning of primary care where a potential conflict may arise, in particular item PC/17/59 Ear Irrigation Pathway which</p>	

ITEM	LEAD RESPONSIBLE
<p>related to all GP Practices. Dr Fox also declared a direct conflict of interest in relation to PC/17/59 as the data presented has been based on her Practice, Uppingham Surgery. It was agreed that the conflicted members would remain in the meeting on this occasion to provide clinical input into the pathway discussions to ensure that the decision taken by the Committee is clinical appropriate.</p> <p>Dr Nainesh Chotai also declared a conflict in relation to item PC/17/59 as he is a partner at the Glenfield Surgery that will also be affected by the proposal.</p> <p>Mr Wood suggested taking item PC/17/59 first.</p>	
<p>PC/17/59 Ear Irrigation Pathway (Paper C)</p> <p>Dr Fox presented this report, which provided a proposal to standardise primary care services for ear irrigation on a block fund.</p> <p>Dr Fox informed the Committee that historically, ear irrigation has been provided in primary care as a goodwill service, and is not included within the core GP General Medical Services (GMS) contract. As such, patients have to navigate a range of service providers in order to find an appropriate ear cleaning service; which is having a significant impact on Referral To Treatment (RTT) for Ear, Nose and Throat (ENT) services. It was noted that some Practices have withdrawn this service as resources have diminished, which has led to inequity in provision and confusion for patients.</p> <p>The direct access hearing aid pathway includes a requirement for the patient's ears to be free from wax prior to assessment and testing. Hence the Hearing Service at the University Hospitals of Leicester (UHL) NHS Trust end up having to refer patients back to their GP or to the nurse-led micro-suction clinical, which leads to more appointments for the patient.</p> <p>In order to improve the current situation, it was proposed to change the pathway to ensure only appropriate referrals are made to UHL, based on a block funding arrangement for general practice to provide the service. If fully implemented, this service would generate a QIPP saving as well as care closer to home. Dr Fox informed that she had just noted that a couple of the figures quoted within the report were not accurate and will review, however assured the Committee that the proposal was good for patients and would generate a QIPP saving. The objectives and scope of the proposal were detailed within the report, as well as the pathway.</p> <p>Dr Fox drew the Committee's attention to the number of patients and minor ear procedures undertaken in secondary care over a 12 month period, which were presented on page 6 of the report (Minor</p>	

ITEM	LEAD RESPONSIBLE
<p>Ear Procedures Secondary Care Clinics during 2016 – 2017). It was noted this information had been collated on activity from Dr Fox’s practice, The Uppingham Surgery.</p> <p>It was reported that minor ear procedures seen in secondary care are currently charged at Consultant Led tariff, with plans to provide a Nurse led service for micro suction (excluding ear syringing), which would be charged as follows:</p> <ul style="list-style-type: none"> • First outpatient appointment - £75.13 • Follow up appointment - £31.93 • Total - £107.06 <p>In 2015, there were 673 inappropriate referrals to Audiology that did not comply with the BAA/TTSA guidelines that are based on a ‘local pricing’ contract model which would cost Commissioners the following:</p> <ul style="list-style-type: none"> • Assessment - £49.00 • ENT outpatient appointment - £112.00 • Total - £161.00 <p>The Prism pathway for a nurse led micro suction and GP Ear Irrigation guidelines will ensure a reduction in inappropriate referrals to hearing services and ENT, which will be monitored by the Service Level Agreement (SLA). However, GPs will need to provide suitable equipment in the community to support this. Based on the CCG’s Practice population for those aged 15 years and over (269,066 patients), this would cost the CCG a total of £67,266.50 at a rate of £0.25 per registered patient.</p> <p>Dr Glover stated it was really positive to have a good solution to a problem and informed the Committee that ear syringing is undertaken by Practice Nurses. Dr Glover also supported the proposed block contract approach although noting he was conflicted.</p> <p>Ms Enoux noted that the correct figure for the block contract was £81,250 and that there was a potential £27k cost benefit. However, Ms Enoux queried whether this could be funded by the FDR monies until savings are realised from UHL. Mr Sacks confirmed this could be funded by FDR initially, and subsequently moved into the UHL block contract formally in 2018-19. Whilst Dr Glover understood the practicalities of the financial situation, he strongly objected the use of FDR monies which are for primary medical services and not secondary care services.</p> <p>Ms Fenelon welcomed the proposal, which would benefit particularly the elderly population, some of whom have paid privately for such treatment.</p>	

ITEM	LEAD RESPONSIBLE
<p>Mr Smith understood concerns raised by Dr Glover and noted the CCG has a QIPP to reduce costs and the number of referrals.</p> <p>Dr Daniel observed that there may be other services provided by GP Practices that are not part of the core GP Contract and was concerned that this could potentially open up floodgates and create a pressure on the CCG.</p> <p>Dr Chotai informed the Committee that the Local Medical Committee (LMC) are making Practices aware of what services are and are not included within their core contract. It was noted that this activity should be absorbed by Practices as this is undertaken by the Practice Nurses and not the GPs themselves.</p> <p>Mr Wood queried whether the CCG was aware of what approach the neighbouring CCGs were undertaking. Dr Glover reported there was a discrepancy between CCGs and across the nation in relation to the provision of primary care services. However, the LMC has provided a list on their website of services that can be commissioned outside of the core contract. Having attended a recent LMC Conference, Dr Glover reported that the LMC were to define the requirements of a 'core' contract. It was noted that there were a number of services that GP practices are providing which are also outside of the core contract such as ECGs. A number of these are undertaken within secondary care which could have been undertaken in primary care and associated costs reduced.</p> <p>In summary, Mr Wood welcomed the proposal which was supported by the Committee, and acknowledged concerns raised by GPs present. However, it was noted that this initial funding would be provided as a one-off payment in order to begin the implementation process for the pathway. In response to Mr Wood's query whether the funding could be drawn back part way through the year if FDR monies were to be initially utilised, Ms Enoux confirmed this was possible, however, initial work will be required now in order to ensure delivery and activity reviewed within the year and costs savings made. It was noted that although the proposal felt appropriate to meet patient need, it was agreed that the funding arrangements were to be reviewed in conjunction with primary care colleagues in order to define a reasonable approach, preferably not funded by PMS / FDR monies. It was agreed in principle to proceed with the proposed pathway for ear syringing and for Dr Fox and Ms Enoux to review the appropriate funding stream and inform the Committee of this at the next meeting.</p> <p>Mr Wood thanked Dr Fox.</p>	<p>Dr Hilary Fox / Donna Enoux</p>

ITEM		LEAD RESPONSIBLE
	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE in principle the business case and proposed pathway for ear syringing in primary care, subject to a review of the appropriate funding which is to be confirmed at the next meeting. <p><i>Dr Fox left the meeting.</i></p>	
PC/17/56	<p>To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 2 May 2017</p> <p>The minutes of the meeting held in May 2017 were accepted as an accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 2, PC/17/473 – Approve Minutes of Previous Meeting held on 4 April 2017 PC/17/37 – Any other Business, second paragraph: Ms Enoux stated the section related to the Category M budget incentives. • PC/17/44 – Matters Arising following the meeting held on 4 April 2017 PC/17/37 – Any other Business, second paragraph: Ms Enoux confirmed the Category M adjustment was confirmed correct and appropriate for implementation at the beginning of 2016 – 17 and not 2017 - 18 as stated. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting, subject to the above amendments. 	
PC/17/57	<p>To Receive Matters Arising following the meeting held on 2 May 2017 (Paper B)</p> <p>The matters arising following the meeting held in April 2017 were received, with the following updates noted:</p> <ul style="list-style-type: none"> • PC/17/46 – Care Quality Commission (CQC) Inspections: Two Shires Medical Centre Mr Sacks confirmed the Practice has been re-inspected by the CQC and provided with a revised rating of 'Good.' In addition, Dr Scott confirmed the CQC action plans are reviewed within the Nursing and Quality Team to identify themes / trends etc. Action complete. • PC/17/47 – Asylum Dispersal in South Wigston: Update It was agreed for the completion date for the new contract to be brought forward to <i>October 2017</i> and not January 2018 as stated. Action ongoing. 	

ITEM	LEAD RESPONSIBLE
<ul style="list-style-type: none"> PC/17/48 – Primary Care Co-Commissioning Finance Report 2016-17 (Month 12, March 2017): Ms Enoux informed that the actual financial information for Prescribing Incentive Schemes and dementia services was contained within the finance report on the agenda. Action complete. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> RECEIVE the matters arising and note the progress to date. 	
<p>PC/17/58 Notification of Any Other Business Mr Wood received notification from Dr Purohit of an item relating to QRisk tool used by Practices which will be reviewed later in the meeting.</p>	
<p>PC/17/60 Financial / Contractual Review of Practice based Prescribing Support Pharmacists 2016 - 2018 (Paper D) Mr Sacks presented this report, which provided a breakdown of the reinvested PMS / FDR monies that were allocated to Practices to have Pharmacists / Technicians within General Practice.</p> <p>The tables showed which Practices have taken up the offer and how these roles have been recruited to. It was noted the information provided is to identify the number of Practices and types of contracts; and not an analysis of their impact or productivity. In addition, the funding and procurement of the service is under review and an update will be presented to the Committee at a future meeting.</p> <p>In response to Ms Enoux's asked why the following statement was included at the bottom of Table 1, Mr Sacks was not entirely sure:</p> <ul style="list-style-type: none"> <i>Payments based on either the actual anticipated expenditure by Practices of the maximum amount claimable, whichever was lower.</i> <p>Ms Enoux agreed to review the statement with Mr Richard George, Senior Primary Care and Non-Acute Commissioning Accountant.</p> <p>Dr Purohit noted a number of Practices have a combination of agency and employment contracts in place for these roles, which was positive.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> RECEIVE the report and note the progress to date. 	<p>Donna Enoux</p>

ITEM		LEAD RESPONSIBLE
<p>PC/17/61</p>	<p>Oversight of Quality of Primary Care Medical Services within ELR CCG (Paper E)</p> <p>Dr Scott presented this report, which provided an update on the quality of primary care medical services within the CCG to the previously report to the Committee in September 2015. The aim of the original report was to:</p> <ul style="list-style-type: none"> a) Outline the approach to developing a range of quality indicators including ELR specific clinical quality indicators; b) Provide an oversight and assurance of quality; c) Make proposals for identifying and managing levels of escalation; d) set out arrangements for consistent of approach across LLR. <p>The updated report reflects the progress made across the CCG in relation to the monitoring of quality in primary care, including the development of the CCG's Primary Care Risk Sharing Group; and the recommendations of the Primary Care Quality Monitoring audit undertaken by the Internal Auditors in March 2017.</p> <p>Dr Glover reminded the Committee that the purpose of the report was to detail the scope and breadth of the development of quality in primary care and not as a fault finding exercise. It was noted that the report provided an overview of clinical outcomes as well as practice performance and areas for improvement.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/17/62</p>	<p>Care Quality Commission (CQC) Inspections – Meeting with Senior Inspectors (Paper F)</p> <p>Dr Glover presented this report, which provided a summary of the meeting held between the CCG and the CQC following receipt of feedback from Practices and Locality Leads that the CCG were identified as outliers with CQC ratings of 'Inadequate' and 'Requires Improvement' when compared to local comparators.</p> <p>In summary, the CCG undertook an internal review in November 2016 to compare the CCGs performance in key areas which identified that the CCG was broadly in line with the performance of local CCGs; this did not correlate to ratings provided by the CQC. Following concerns raised with NHS England who undertook a separate review, supported the discrepancies identified by ELR CCG. The Nursing and Quality Team were able to collate a good evidence base to demonstrate that the GP Practices within ELR provide good quality care.</p> <p>Following an initial meeting with the CQC in December 2016, it was</p>	

ITEM	LEAD RESPONSIBLE
<p>agreed for the CQC to undertake a peer review of all GP Practice Inspections in ELR CCG. The findings were presented by the CQC's Head of Region and the Inspection Manager to Mrs O'Brien and Dr Glover in mid-May 2017; and the CQC process described as follows:</p> <ul style="list-style-type: none"> • All 'Outstanding' and 'Inadequate' ratings – reviewed at national CQC Quality Panel; • All 'Requires Improvement' ratings – signed off locally by the CQC Inspection Manager, unless needs to be escalated. <p>Dr Glover informed the Committee that the CQC's peer review looked at original reports and notes made by the CQC Assessor and did not review the primary evidence collated at the CQC Inspection. In addition, the CQC has identified some variations in their approach, which is currently being reviewed and the consultation on the new CQC Inspection regime will be published later in the Summer 2017.</p> <p>As a result of the meeting with the CQC, a number of actions were agreed to be taken forward by both the CCG and the CQC and were listed under Section 8 of the report.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/17/63 Primary Care Finance Report (Month 12, 2016-17) Update and Opening Forecast (Month 1, 2017-18) (Paper G)</p> <p>Ms Enoux presented this report, which provided a specific update to the final outturn position of the 2016-17 Primary Care Budgets and the Month 1 forecast for 2017-18.</p> <p>Ms Enoux reported the final outturn position for primary care services in 2016-17 as an underspend of £688k, as reported at the last meeting and the financial accounts for 2016-17 have now closed. It was noted that minimum data has been collated for Month 1 to date.</p> <p>As requested at the last meeting, Ms Enoux drew the Committee's attention to the actual financial information for dementia services and the Prescribing Incentive Schemes, which were detailed in Sections 2 – 4 of the report.</p> <p>Dementia – a number of payments for these services provided at GP Practices had not been made at the time the accounts were closed due to the deadline for submitting their claims. The actual value of claims received totalled £155k of which £85k had been included within the accounts for Quarter 4. The Committee was assured that all claims received will be processed and Practices will be paid accordingly. In addition, a difference of £12k was</p>	

ITEM	LEAD RESPONSIBLE
<p>reported for the whole of the Community Based Services and the GP SIP, which was not deemed material; and no risks identified for 2017-18. Further details were provided in Appendix 1.</p> <p>GP Prescribing – an overall overspend of £598k was reported at Month 10 and following data received for Month 11 and Month 12, it was noted this has increased by £90k and £228k respectively. Further details were provided in Appendix 2; which is being reviewed by the Primary Care Team by July 2017.</p> <p>Dr Glover reported that a number of Practices are in anticipation of receiving uplift for 2017-18 and queried whether this has been taken into consideration. Mr Sacks confirmed discussions are in progress to define an appropriate process for the budget setting methodology, which were provided in detail to the CCG’s Financial Turnaround Committee (FTC) recently.</p> <p>As Chair of the FTC, Mr Smith stated that the focus when setting the prescribing budgets should be on areas that ensure a fair share of the budget for all GP Practices and to be managed appropriately throughout the financial year. Mr Sacks stated the national fair share formula was out of date and budgets are set on activity data, which will need to be agreed with each GP Practices. This process was implemented on a trial basis for 2016-17, and the learning / themes are in the process of being reviewed and incorporated to ensure an alternative and appropriate process is implemented for 2017-18. This was noted a positive way forward.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
<p>PC/17/64 Any other Business</p> <p>QRISK Tool in Primary Care – Serious Incident</p> <p>Dr Purohit informed the Committee that a tool entitled QRISK is used within Primary Care to estimate an individual’s risk of getting cardiovascular disease over their lifetime. The system includes limited personal information (i.e. age, sex and ethnicity of patients) as well as some clinical information. In line with current NICE guidance, GP Practices are required to provide advice and guidance and for patients to consider lifestyle changes to reduce the level of risk.</p> <p>Following a serious incident reported in June 2016, an error was identified in the way the level of risk is calculated within QRISK. As a result, this could potentially affect a number of patients who have been inappropriately advised / treated due to the error. Dr Purohit raised concern in relation to the number of GP Practices this may also affect who are part of the Direct Enhanced Service for CVD</p>	

ITEM	LEAD RESPONSIBLE
<p>and asked that Practices be informed.</p> <p>Ms Sherman assured the Committee that Practices have been informed of the error.</p> <p>Mr Wood thanked Dr Purohit for bringing the matter to the attention of the Committee and acknowledged this was in hand by the Primary Care Team.</p>	
<p>PC/17/65 Date of next meeting: The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 4 July 2017 at 9:30am, Guthlaxton Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</p>	

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

Key

ACTION NOTES

Completed

On-Track

No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 4 July 2017	Status
PC/17/34	April 2017	Agreed Financial Assistance Policy – For Practices experiencing the Impact of a Dispersed List	Clare Sherman	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 End July 2017	Discussions have been held with LC CCG and WL CCG to review this. Formal response not received as yet. Further update to be provided at the meeting.	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.	October 2017	To be reviewed following the start of the new contract in October 2017. Action ongoing.	AMBER
PC/17/60	June 2017	Practice Based Pharmacist – Data review and feedback 2016-18	Donna Enoux	To review the statement provided at the bottom of Table 1 with Richard George.	July 2017	Verbal update to be provided at the meeting.	AMBER

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

Front Sheet

REPORT TITLE:	Notional Rent Review - Latham House Medical Practice
MEETING DATE:	4 July 2017
REPORT BY:	Salim Issak, Primary Care Contracts Manager
SPONSORED BY:	Clare Sherman, Interim Head of Primary Care
PRESENTER:	Salim Issak, Primary Care Contracts Manager

PURPOSE OF THE REPORT

The purpose of the paper is to provide the Primary Care Commissioning Committee (PCCC) with an update on the outcome of the review of the notional rent paid to Latham House Medical Practice.

RECOMMENDATIONS:

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

- **RECEIVE** and **NOTE** contents of the report.
- **NOTE** the notional rent increase for Latham House Medical Centre.

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

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

EQUALITY ANALYSIS

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is not deemed appropriate for this report.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

The report highlights the following risks:

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

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

NOTIONAL RENT REVIEW – LATHAM HOUSE MEDICAL PRACTICE

4 July 2017

Introduction

1. The management and reimbursement of Primary Care Premises is detailed within the NHS General Medical Services Premises Costs Directions 2013.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS_General_Medical_Services_-_Premises_Costs_Directions_2013.pdf
2. The directions detail the process of reviewing the level of reimbursement and management of NHS Primary Care Premises. These are mandatory costs associated with Primary Care Co Commissioning delegated responsibility.
3. ELRCCG is required to instigate a rent review process for GP practices receiving notional rent every three years in line with the NHS General Medical Services Premises Costs Directions 2013.

Background & Outcome of Rent Review Undertaken

4. The latest rent review for Latham House Medical Practice was due 1st October 2016. The practice completed the appropriate forms in January 2017 and the District Valuer was instructed to visit the practice.
5. Latham House Medical Practice currently receives £242,360 in notional rent per annum.
6. Following receipt of the District Valuer's valuation, the revised rent will increase to £248,615 a total increase per annum of £6,255. The practice has 3 months from the date of the letter (Appendix A) to appeal the decision.

Recommendation:

The Primary Care Commissioning Committee is requested to:

- **RECEIVE** and **NOTE** contents of the report.
- **NOTE** the notional rent increase for Latham House Medical Centre.

From the office of: Karen English
 Telephone: 0113 8249534
 Email: Kerry.olley@nhs.net
 Our ref: C82038
 Your ref: C82038 Rent Review

CCG Headquarters
 Leicestershire County Council
 Room G30, Pen Lloyd Building
 County Hall, Glenfield
 Leicester LE3 8TB

Web: www.eastleicestershireandrutlandccg.nhs.uk

26 June 2017

Latham House Medical Centre
 Sage Cross Street
 Melton Mowbray
 LE13 1NX

Dear Dr P Atkinson

Re: NOTIONAL RENT REIMBURSEMENT DETERMINATION

Premises Address: Latham House Medical Centre, Sage Cross Street, Melton Mowbray, LE13 1NX

Rent review Date: 1 October 2016

This letter provides East Leicestershire and Rutland CCG's determination of the notional rent reimbursement based on the District Valuer's current market rent assessment. A breakdown of your reimbursement is set out below.

Accommodation (As set out in the agreed CMR 1 Form)	Reimbursable Area m² Before abatement	£ / m²	Total
Ground Floor	975	£146.00	£142,350.00
First Floor – lift	275.23	£146.00	£40,183.58
FF – No lift	328.06	£131.41	£43,110.36
	Number of Car Spaces	£/per car space	
Car Parking	Standard 58	£325.00	£18,850.00
	Accessible 3	£325.00	£975.00
	Other 1	£325.00	£325.00
Total (Rounded)			£245,750.00
Toy shop –first floor	208.4	£137.50	£28,650.00
Abated notional rent reimbursement for Toy Shop – see attached abatement calculation			£2,865.00
Total notional rent reimbursement			£248,615.00

You should confirm acceptance of the above determination of the assessed current market rent in writing within three months of the date of this letter. Should you not do so this will be deemed to be acceptance of the above valuation. Please see the form at the end of this letter.

Should you dispute the above determination, this should be accompanied by substantive evidence of your opinion of the current market rent of the premises together with a breakdown of that figure and at least three appropriate CMR comparables for your practice locality provided by an expert advisor appointed by your practice.

Yours sincerely

K. Olley

Kerry Olley
Contract Support Officer

Practice Code: C82038

Dr P Atkinson

Premises Address: Latham House Medical Centre, Sage Cross Street, Melton Mowbray, LE13 1NX

Rent review Date: 1 October 2016

Proposed: Notional Rent **£248,615.00** per annum.

Acknowledgement form - Response by: 3 calendar months from this letter	
a) I agree with the above valuation	<input type="checkbox"/>
b) I disagree with the above valuation	<input type="checkbox"/>
Please provide substantive evidence for your disagreement:	
Complete a) or b) as appropriate and sign below:	
Signature(must be signatory of current GMS/PMS contract)	
Print Name	
Please forward by the response date to:	
kerry.olley@nhs.net	

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

Front Sheet

REPORT TITLE:	Care Quality Commission (CQC) Inspection – Latham House Medical Centre
MEETING DATE:	04 July 2017
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager
SPONSORED BY:	Clare Sherman, Interim Head of Primary Care
PRESENTER:	Khatija Hajat, Primary Care Contracts Manager

PURPOSE OF THE REPORT
<ol style="list-style-type: none">1. The purpose of this report is to provide the Committee with an update on the progress Latham House Medical Practice has made following the Care Quality Commission CQC visit.2. The practice was inspected on 07 December 2016.3. The CQC report is published on the CQC website.
RECOMMENDATIONS:
<p>The East Leicestershire and Rutland CCG Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none">• RECEIVE the report; and note the progress to date.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 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 this is a direct result of an announced CQC inspection.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risks:</p> <ul style="list-style-type: none"> • BAF 3 – Primary Care

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

Care Quality Commission (CQC) Inspection – Latham House Medical Centre

04 July 2017

Background

1. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. They have the power to take appropriate action if care providers fail to meet required standards.
2. Many of the actions identified by CQC links with both the GMS/PMS contract as well as the NHS Standard contract. These are captured within a detailed action plan that sets out the CQC findings, improvements required, the relevant contractual clauses and the remedial actions required by the practice for CCG assurance (Appendix A).
3. The purpose of this report provides an update on the progress made by Latham House Medical Practice since practice inspection on 7th December 2016.
4. The report was published on 13th April 2017 and is available on the CQC website http://www.cqc.org.uk/sites/default/files/new_reports/AAAG1899.pdf. The practice was rated as “Inadequate”.

Practice Support

5. The practice has received support from the RCGP peer support programme which is available to practices placed into special measures following inspection by CQC.
6. The RCGP support programme includes work to:
 - Help the practice understand the problems identified by CQC
 - Support the practice to develop an action plan (or refine their existing plan) to address issues underlying the problems identified by the CQC
 - Provide direct advice and mentoring to GPs, practice managers and other staff as they work on improvements
7. A turnaround plan has been developed and the RCGP team are working with the practice to implement actions identified.
8. The CCG primary care, quality and nursing as well as the communications team have also been supporting the practice since January.

Current Status

9. The Primary Care Contracts Manager, the Deputy Chief Nurse and the Interim Head of Primary Care met with the practice on 16th June 2017 to offer support and to seek assurance on the areas identified. Appendix A was shared with the practice in advance of the meeting and a remedial action plan was agreed. The last column was updated post assurance visit indicating the level of engagement from the practice and the progress made towards actions identified.
10. The CCG is continuing to offer support and work with the practice in order that all CQC actions and contractual requirements are addressed before the next CQC inspection takes place.
11. At the request of the practice, the CCG will undertake a quality visit prior to CQC inspection in order to test the learning and cultural changes.

Recommendations

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

Latham House Medical Practice - Announced CQC Inspection carried out on 7th December 2016							Engagement and Progress to date - 16th June 2017
CQC Area	CQC Overall Rating	CQC Findings - Examples. Please refer to the full CQC report	Improvements Required	Link to GMS Contract	Link to NHS Standard Contract	Assurance required by CCG	
Are services safe?	Inadequate	CQC found the process for significant event analysis (SEA) put in place since the last inspection carried out in April 2015 was not effective. CQC reviewed five out of 33 Significant events recorded since April 2016 and found that the recording and analysis of all five did not demonstrate a clear account of what had happened, was not in-depths and records of the actions taken were brief.	Ensure there is a robust and consistent system in place for dealing with significant events including reporting and the dissemination of learning from recorded events.	PART 20 20.1. Clinical Governance	Indicator 6 - Incident Reporting (including Duty of Candour)	Assurance on Significant event reporting and learning from significant events	Practice has adopted a revised policy, and governance structure around the logging and completion of events. The spreadsheet now details all links to the events and learning outcomes, when meetings have occurred. The event form now has whom has raised the event, and the person raising the event has to undertake a root cause analysis as part of the process of logging the event. The event form now details this, as do notes from meetings and the 6 monthly trend analysis. The new spreadsheet details all matters to reflect the policy that has been adopted. Practice will plan to test the learning and cultural changes through for example inviting CCG colleagues to visit practice and undertake quality visits.
		CQC found that the practice did not have an effective system in place for receiving, discussing and monitoring of patient safety alerts. On the day of the inspection the management team were unable to show CQC a system in place. It was not clear whether the practice had received all the patient safety alerts distributed by the various agencies. There was no log of alerts received and no evidence of how they had been shared and actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action. There was no system for the storing of patient safety alerts for future reference. The practice had a policy in place but it did not provide clear guidance for staff.	To have a robust system for receiving and responding to safety alerts in a timely manner.		Indicator 4 - Patient Safety Alerts	Assurance on Safety Alerts	Practice has developed a new protocol for the management of all patient safety alerts giving a clear responsibility chain for all processes. Responsible individuals are registered to receive local and national information from NICE, National and Local formularies, MHRA, National Patient Safety Agency Alerts, CMO for England and Health and Safety Executive. The practice now has a process for logging and recording details of alerts including type of alert, source of alert, date alert received, date alert read, timeframe for required action, actioned date, name of the responsible person tasked to take action on behalf of the practice, deadline issued by the source of the alert and response date, if required, that the practice responded to the originator of the alert. The responsible person(s) will then communicate appropriate clinical alerts/guidance to the relevant healthcare professionals within the practice. Upon the receipt of responses from those to whom the alert was sent, the responsible person will then update spreadsheet stored on practice intranet with what actions taken, who needs to take action and whether or what further action is needed. Any relevant information following further action would be widely disseminated within the practice.
		The Policy for safeguarding did not identify who the lead GP for safeguarding was and not all staff were up to date with safeguarding training.	Update the policy for safeguarding to include lead GP for safeguarding and ensure 100% of staff are trained on safeguarding adults and children.	PART 20 20.1. Clinical Governance	Indicator 7 - Safeguarding Adults and Children	Assurance on Safeguarding Adults and Children	Practice confirmed lead GP for Safeguarding Adults and Children as Dr K Berry. This was indicated on the practice organisation chart. Practice to update policy for safeguarding policy and ensure all members of staff are made aware. Practice also confirmed all members of staff have now been trained on safeguarding. LHMP RESPONSE (NJ) Practice has: - updated safeguarding policy to clearly communicate that Dr Berry is the Lead GP - shared the updated safeguarding policy, via Intradoc247, with all staff.

	<p>Spot checks of cleaning took place but the records were not detailed. Meetings took place but the meeting minutes reviewed were not detailed and did not evidence what actions had been taken when areas for improvement were discussed. Training matrix of cleaning staff did not provide evidence of receiving mandatory training. CQC also found 2 sharp bins had not been assembled as per national guidance. An infection control audit took place in November but there was no evidence of any action taken to address any improvements identified as a result. A review of COSHH safety data sheets at both the main practice and the branch surgery for products in use but there was no system to identify when these had last been reviewed. There was no risk assessments available which related to COSHH.</p>	<p>Develop a robust system for infection prevention and control ensuring actions identified for improvement are documented. All staff including cleaning staff to receive mandatory training. COSHH products in use to be reviewed systematically as part of a risk assessment.</p>	<p>PART 20 20.1. Clinical Governance</p>	<p>Indicators 1, 2 and 3 - Infection Prevention and Control</p>	<p>Assurance on Infection Prevention and Control</p>	<p>The practice has reviewed infection prevention policies and procedures. Audits are undertaken - actions identified for improvement are documented on a spreadsheet. Practice has identified mandatory training for specific staff groups and uses Intradoc247 to identify and monitor training needs of all staff. Practice has yet to undertake risk assessment for COSHH. Practice advised to consider using a risk register - CS agreed to send template to practice.</p> <p>LHMP RESPONSE (NJ) The Practice has a COSHH Folder containing the Safety Data sheets for the chemicals used at the site. At present the COSHH Folder is checked on a monthly basis, the Practice will review the frequency of checks according to need.</p>
	<p>The system for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs was not effective. A review of 5 patient records indicated some patients had not received appropriate blood monitoring and no alert was in place to ensure prescribers had a full record of medicines a patient was being given.</p>	<p>Ensure there is a proper and safe system for medicines management</p>	<p>PART 20 20.1. Clinical Governance</p>		<p>Assurance on Medicines Management</p>	<p>The practice has revised protocol and now run background audits. The practice has changed the way they issue high/low risk medicines and significantly tightened the system.</p>
	<p>Blank prescription pad were kept in an unlocked cupboard at the branch surgery. There was no system to track the prescriptions through the practice.</p>	<p>Develop process for tracking prescription forms</p>	<p>Part 23 Para 23.1 Compliance with Legislation and Guidance</p>		<p>Assurance on Prescription Tracking Process</p>	<p>Process for tracking prescription forms now in place. Patients are never left on their own in consulting rooms. At the end of surgery the prescription tray is emptied and doors are locked.</p>
	<p>There was no evidence that the fridge temperature is reset on a daily basis in line with requirements.</p>	<p>Ensure fridge temperature is reset on a daily basis and recorded.</p>	<p>PART 20 20.1. Clinical Governance</p>			<p>This was an issue at the branch surgery which has now been resolved - process now in place for fridge temperature to be reset on a daily basis.</p>
	<p>Information provided by the practice prior to inspection identified gaps in recruitment checks for some staff. On the day of inspection CQC not able to see Indemnity cover for all clinical staff and there was no system in place to check that staff had maintained their registration with the appropriate professional body.</p>	<p>Develop system for ensuring appropriate recruitment checks are in place. Also need to ensure all clinical staff have the required indemnity cover and develop system for ensuring professional registration is maintained with appropriate professional body for all clinical staff.</p>	<p>PART 20 20.1. Clinical Governance</p>			<p>The Contracts and Provider Performance Manager used MS Outlook to identify when professional registration is due for all clinical staff in order that these can be maintained.</p>

		<p>Fire risk assessment for the main practice carried out in March 2016 was not fit for purpose. The fire risk assessment had not been regularly updated or appropriate fire safety measures put in place. Fire alarm and emergency lighting testing took place but CQC found gaps in the recording when staff member responsible was busy or on annual leave. Concerns identified at fire drill that took place at the main surgery in May 2016 was not reviewed by management team. CQC unable to ascertain whether 9 fire wardens received warden training. At the branch surgery suitable arrangements for fire safety was not in place. A fire risk assessment had been undertaken in February 2015 which was not fit for purpose, there was no written fire policy available and although the fire extinguishers and other equipment had been serviced regularly there were no arrangements for regular checks of the firefighting equipment or alarm system. The last recorded fire drill was in 2014. There were named fire marshalls but only one of them was regularly at the branch surgery and had not received relevant training for the role.</p>	<p>Develop a robust system and policy for carrying out fire risk assessments ensuring appropriate safety measures are put in place. Ensure staffing arrangements in place to ensure testing of fire alarm and emergency lighting is recorded after each test. Ensure action plan is developed and implemented for concerns identified at a fire drill. Staff identified as fire wardens to receive appropriate warden training.</p>	<p>PART 23 23.1 Compliance with Legislation and Guidance</p>	<p>Assurance on Fire Risk Assessment</p>	<p>The practice has developed a detailed Fire Safety Management Plan. The elements of this plan are being documented on Intradoc with tasks allocated for designated staff. This plan cross references with the review of staff training and is available for compliance purposes ensuring that all systems are achieved in a timely way and available to the H & S Partnership Lead. FRA Action plans developed for all 3 sites - however these are incomplete. Practice need to complete columns headed "Action by Whom" and "Date Action Completed".</p> <p>LHMP RESPONSE (NJ) The Practice has completed columns headed "Action by Whom" and "Date Action Completed".</p>	
		<p>There was no suitable arrangements in place relating to the management of legionella at both the main practice and the branch surgery. There was no risk assessment available at the branch surgery and there were no records of water temperature monitoring at either site in order to mitigate the risks of legionella.</p>	<p>Undertake regular legionella water checks as identified in the legionella risk assessment.</p>	<p>Part 23 Para 23.1 Compliance with Legislation and Guidance</p>	<p>Assurance on Legionella risk assessment</p>	<p>The practice has developed a Legionella Risk Management Plan which identifies the regular tasks to be undertaken by practice staff to fulfil the risk assessment provided by external consultants and to schedule any immediate works and future external risk assessments. This system is recorded on Intradoc and available for all compliance purposes. Legionella risk assessment forms part of the practice's response to the CQC Warning notice due by 5 June 2017.</p>	
		<p>The practice had not carried out any risk assessments in relation to the branch surgery.</p>	<p>Develop processes to ensure risk assessments are carried out at Asfordby branch surgery.</p>	<p>PART 23 23.1 Compliance with Legislation and Guidance</p>	<p>Assurance on Risk Assessment</p>	<p>Practice confirmed branch surgery now included in all risk assessments carried out by the practice eg. FRA and H&S, Legionella.</p>	
Are services effective?	Good	The Practice was rated as Good in these areas with examples of good system and process as outlined in the CQC report					
Are services caring?	Good	The Practice was rated as Good in these areas with examples of good system and process as outlined in the CQC report					
Are services responsive to people's needs?	Requires Improvement	<p>CQC found gaps in the practice complaints system i.e documents pertaining to complaints were not kept in one place and the practice were unable to find all the documents CQC required and so were unable to ascertain if these were satisfactorily handled, dealt with in a timely way or whether lessons were learnt from individual concerns and complaints. There was no analysis of trends or action taken as a result to improve the quality of care.</p>	<p>Review practice complaints system and implement actions to deliver required improvement.</p>	<p>PART 20 20.1. Clinical Governance</p>	<p>Assurance on practice complaints system.</p>	<p>The practice has made changes to their complaints procedure. A revised form has been devised for documenting complaints. These are discussed at weekly complaints/events meetings involving clinical lead. Learning is shared via emails, multi-disciplinary meetings and quarterly PLT sessions.</p>	

Are services well led?	Inadequate	Governance arrangements had deteriorated from previous CQC inspection carried out in April 2015. This included systems for managing significant events, safety alerts, infection control, legionella staff training and complaints. The fire safety risk assessment was not effective, fire safety and emergency lighting checks had gaps in monitoring, no evidence of fire warden training and the fire drill carried out in May 2016, where issues were found, they had not been discussed or actions put in place to prevent further occurrences.	Review governance framework and develop system/process for auditing staff knowledge/understanding of practice policies/procedures.	PART 23 23.1 Compliance with Legislation and Guidance	Assurance on staff knowledge/understanding of practice policies/procedures	The practice has been supported by the RCGP programme and a review of governance framework has resulted in updating systems for managing significant events, safety alerts, infection control, legionella, staff training, complaints and fire safety. Policies and procedures have been updated. A PLT session is being held on 13 July 2017 to test practice knowledge/understanding of the new systems and processes.
		At the inspection in April 2015 CQC identified that CQC registration was not up to date and asked the practice to ensure that this was updated. At this inspection CQC found that this had still not been fully completed. The Statement of Purpose was not up to date as there had been a number of changes to GP partners.	Ensure CQC registration is complete and up to date.	PART 23 23.1 Compliance with Legislation and Guidance	Assurance on CQC registration.	Practice is in the process of updating and completing CQC registration. LHMP RESPONSE (NJ) The Practice has followed CQC procedures; all GP Partners at LHMP are registered with CQC. Of the GP Partners registered with CQC only 1 Partner is awaiting Partner registration with CQC. The Practice has done everything required by CQC to facilitate the Partner
		At the April 2015 inspection CQC found there were a lack of experienced leadership and a lack of clarity and some confusion as to who held responsibility in some areas. Since then the practice has gone through management restructure with changes at senior management level. In some areas CQC looked at it was still not clear who took overall responsibility or who had the authority to make decisions. For example, day to day management of the practice, risk management and complaints.	Strengthen leadership and culture within the practice so that there is clear accountability and responsibility for decision-making.	PART 20 20.1. Clinical Governance	Assurance of Leadership and Culture	The practice has produced a new organisation chart which sets out the strategic leadership team. This illustrates the Education Leaders, Clinical Leaders across 6 Population groups and the Clinical Governance Leaders & Safety Leaders. Practice advised to share this with all staff. LHMP RESPONSE (NJ) The practice has: - updated the organisation leadership chart; - shared the organisation leadership chart, via Intradoc247, with all staff.

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

Front Sheet

REPORT TITLE:	Primary Care Finance Report 2017/18 (Month 2, May 2017)
MEETING DATE:	04 July 2017
REPORT BY:	Richard George, Senior Primary Care and Non-Acute Accountant
SPONSORED BY:	Donna Enoux, Chief Finance Officer
PRESENTER:	Donna Enoux, Chief Finance Officer

PURPOSE OF THE REPORT:

The purpose of this report is to provide a 2017/18 year to date and forecast outturn position for Primary Care services.

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 2017/18 (Month 2, May 2017)

4 July 2017

1. Month 2 Year to Date and Forecast Position

The 2017/18 annual budget for Primary Care services totals £98.3m. At this early part of the financial year, expenditure is forecast to be in line with budgets. Appendices 1 and 2 provide further analysis of all services areas.

2. Cost Pressures

While a balanced position is currently being forecast, there are a number of pressures and risks that will require close monitoring throughout the year.

- Prescribing QIPP - £1.5m. While a plan is in place to deliver the saving, this is a high value and volatile budget area. No data has been received for 2017/18 due to the two month processing lag.
- Co-Commissioning. Changes in the way that sickness cover can be claimed by practices presents an increased financial risk to the CCG. This is in the process of being quantified.
- Urgent Care Centres. Performance against this contract increased during 2016/17. In April 2017 activity also exceeded the planned level. If this pattern continues throughout the year, it could result in additional payments being made to the provider.

3. 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

M2 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
CCG Prescribing						
OptimiseRX	15	15	0	91	91	0
Central Prescribing	209	209	0	1,256	1,256	0
High Cost Drugs	158	158	0	947	947	0
GP Prescribing	7,750	7,750	0	46,498	46,498	0
Prescribing Incentive Scheme	115	115	0	691	691	0
Total Practice Prescribing	8,247	8,247	0	49,483	49,483	0
Enhanced Services						
Community Based Services	435	435	0	2,611	2,611	0
Total Enhanced Services	435	435	0	2,611	2,611	0
Co Commissioning	6,765	6,765	0	40,592	40,592	0
GP Support Framework						
Care Homes	81	81	0	484	484	0
End of Life	55	55	0	327	327	0
Long Term Conditions	109	109	0	655	655	0
Demand Mangement	55	55	0	327	327	0
Dementia	27	27	0	164	164	0
Primary Care Transformation Fund	55	55	0	327	327	0
Total GP Support Framework	381	381	0	2,284	2,284	0
Other						
GP Federation	29	29	0	175	175	0
7 Day Working Better Care Fund	85	85	0	511	511	0
GP IT	122	122	0	733	733	0
Primary Care - Licenses & Other	21	21	0	124	124	0
Urgent Care Centres	299	299	0	1,794	1,794	0
Total Other	556	556	0	3,336	3,336	0
Total Primary Care	16,384	16,384	0	98,306	98,306	0

Primary Care Delegated Budgets analysis 2017/18				Appendix 2		
M2 Primary Care Co-commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/(Under)
Activity Type	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)	(£'000s)
GMS Global Sum	4,264	4,264	0	25,585	25,585	0
MPIG Correction Factor	274	274	0	1,644	1,644	0
PMS reinvestment	1	1	0	5	5	0
FDR Payment	28	28	0	165	165	0
Wound Clinics	55	55	0	327	327	0
Practice Pharmacists	109	109	0	655	655	0
	192	192	0	1,152	1,152	0
Total General Practice - GMS	4,730	4,730	0	28,381	28,381	0
Occupational health	8	8	0	47	47	0
Locum Adoption/Paternity/Maternity	23	23	0	140	140	0
Locum Sickness	3	3	0	20	20	0
Locum suspended doctors	0	0	0	0	0	0
Seniority	78	78	0	469	469	0
Sterile Products	0	0	0	0	0	0
Statutory Levy	0	0	0	0	0	0
Voluntary Levy	0	0	0	0	0	0
GP Training	16	16	0	95	95	0
PCO Doctors Ret Scheme	3	3	0	20	20	0
Kingsw ay Management Plan	18	18	0	106	106	0
Total Other GP Services	149	149	0	897	897	0
QOF Achievement	189	189	0	1,135	1,135	0
QOF Aspiration	441	441	0	2,645	2,645	0
Total QOF	630	630	0	3,780	3,780	0
DES Extended Hours Access	79	79	0	477	477	0
DES Learning Disability	13	13	0	78	78	0
DES Violent Patients	8	8	0	47	47	0
DES Minor Surgery	85	85	0	510	510	0
LES Translation Fees	8	8	0	50	50	0
Leicester Asylum Service	5	5	0	33	33	0
Total Enhanced Services	199	199	0	1,193	1,193	0
Dispensing Quality Scheme	16	16	0	95	95	0
Prof Fees Dispensing	250	250	0	1,500	1,500	0
Prof Fees Prescribing	37	37	0	220	220	0
Total Dispensing/Prescribing Drs	302	302	0	1,815	1,815	0
Prescribing charge income	-50	-50	0	-300	-300	0
	-50	-50	0	-300	-300	0
Prem Actual Rent	283	283	0	1,700	1,700	0
Prem Clinical Waste	25	25	0	150	150	0
Prem Cost Rent	5	5	0	30	30	0
Prem Health centre Rates	4	4	0	22	22	0
Prem Health centre Rent	16	16	0	95	95	0
Prem Notional Rent	250	250	0	1,500	1,500	0
Prem Rates	118	118	0	710	710	0
Prem Water Rates	10	10	0	62	62	0
Total Premises Cost Reimbursement	711	711	0	4,269	4,269	0
Other premises	7	7	0	40	40	0
Total Other premises	7	7	0	40	40	0
GP Pensions	0	0	0	0	0	0
Total Pensions	0	0	0	0	0	0
Transformation reserves	86	86	0	518	518	0
Primary Care Transformational Funding	0	0	0	0	0	0
Grand Total	6,765	6,765	0	40,593	40,593	0