

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 3 October 2017
Meeting No.	31.	Time	9:30am – 10:40am
Chair	Mr Alan Smith Deputy Chair of the Committee and Independent Lay Member	Venue / Location	Guthlaxton Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/105	Welcome and Introductions		Alan Smith		
PC/17/106	To receive questions from the Public in relation to items on the agenda	To receive	Alan Smith	Verbal	9:30am
PC/17/107	Apologies for Absences: <ul style="list-style-type: none"> • Mr Clive Wood • Mrs Carmel O'Brien 	To receive	Alan Smith		
PC/17/108	Notification of Any Other Business	To receive	Alan Smith	Verbal	9:35am
PC/17/109	Declarations of Interest on Agenda items	To receive	Alan Smith	Verbal	9:40am
PC/17/110	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 September 2017	To approve	Alan Smith	A	9:45am
PC/17/117	To Receive Actions and Matters Arising following the meeting held on 5 September 2017	To receive	Alan Smith	B	
OPERATIONAL ISSUES					
PC/17/112	STP Highlight Report: Workstream – GP Resilliance	To receive	Tim Sacks	C	9:50am
PC/17/113	Allocation of Section 106 funding	To receive	Clare Sherman	Verbal	10:10am
PRIMARY CARE FINANCE REPORT					

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/17/113	Primary Care Co-Commissioning Finance Report 2017-18: Month 5 (August 2017)	To receive	Donna Enoux	D	10:15am
ANY OTHER BUSINESS					
PC/17/114		To receive	Alan Smith	Verbal	10:30am
DATE OF NEXT MEETING					
PC/17/115	Date of next meeting: Tuesday 7 November 2017 at 9:30am, Room G52 , ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Alan Smith	Verbal	10:35am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 5 September 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 Tabitha Randell	Secondary Care Clinician
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Vivek Varakantam	GP Locality Lead for Oadby and Wigston (from Item PC/17/99)
Dr Anne Scott	Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)
Mr Tim Sacks	Chief Operating Officer
Mr Richard George	Senior Primary Care & Non-Acute Commissioning Accountant
Mr Colin Thompson	Public Health Consultant

In attendance:

Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (from Item PC/17/99)
Ms Emma Hinchliffe	Practice Nurse Facilitator (shadowing Dr Anne Scott)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/17/92	<p>Welcome and Introductions</p> <p>Mr Clive Wood welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, in particular, Mr George, Ms Hinchliffe and Mr Thompson.</p>	
PC/17/93	<p>To receive questions from the Public in relation to items on the agenda</p> <p>There were no questions from members of the public.</p>	
PC/17/94	<p>Apologies received:</p> <ul style="list-style-type: none"> • Dr Girish Purohit, GP Locality Lead, Melton, Rutland and Harborough • Ms Donna Enoux, Chief Finance Officer • Mrs Carmel O'Brien, Chief Nurse and Quality Officer • Ms Clare Sherman, Interim Head of Primary Care, • Dr Tim Daniel, Public Health Consultant, Public Health • Ms Sue Staples, Healthwatch Leicestershire • Mrs Jennifer Fenelon, Healthwatch Rutland • Mr Peter Forrester, Practice Manager Representative 	
PC/17/95	<p>Declarations of Interest</p> <p>All GPs present declared an interest in any items relating to commissioning of primary care where a potential conflict may arise, in particular:</p> <ul style="list-style-type: none"> • PC/17/101 – GP Patient Survey Results (GPPS) 2017 	

ITEM		LEAD RESPONSIBLE
	<p>Mrs Bains informed the Committee that she is a registered patient at the Kingsway Surgery.</p> <p>In addition, it was noted that Ms Hinchliffe is a Practice Nurse at the Kibworth Health Centre.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the conflicts of interest declared. 	
<p>PC/17/96</p>	<p>To Approve the Minutes of Previous Meeting of the ELR CCG Primary Care Commissioning Committee held on 1 August 2017</p> <p>The minutes of the meeting held in August 2017 were accepted as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting. 	
<p>PC/17/97</p>	<p>To Receive Matters Arising following the meeting held on 1 August 2017 (Paper B)</p> <p>The matters arising following the meeting held in August 2017 were received, with the following updates noted:</p> <ul style="list-style-type: none"> • PC/17/34: Agreed financial assistance for practices experiencing impact of dispersed list – Mr Sacks confirmed formal correspondence has been sent to Leicester City CCG in order to finalised the cost per patient following a dispersed list. Action ongoing. • PC/17/47: Asylum Dispersal – Mr Sacks to arrange a meeting with Ms Staples to obtain feedback regarding their assistance with a survey. Action ongoing. • PC/17/85: Allocation of Section 106 funding – Mr George confirmed work is underway to include a section on 'Premises' which will be presented at the next meeting. Action ongoing. • PC/17/88: Healthwatch Rutland Primary Care Survey Report – Mr Sacks informed the Committee that it would be useful to look at support for Healthwatch Leicester similar to Healthwatch Rutland. It was noted the importance of undertaking such an activity can be reviewed in conjunction with Item PC/17/101 (Paper E – GP Patient Survey (GPPS) Results 2017). <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising and note the progress to 	

ITEM		LEAD RESPONSIBLE
	date.	
PC/17/98	<p>Notification of Any Other Business Mr Wood had not received notification of any additional items of business.</p>	
PC/17/99	<p>Sustainability and Transformational Plan (STP): GP Programme Update (Paper C) Mr Sacks presented this report that provided the first update to the Committee in relation to the work programme for the STP GP Programme Board, which was detailed within the following appendices:</p> <ul style="list-style-type: none"> • Appendix 1 – Brief summary of the agreed 12 priorities for 2017-18; • Appendix 2 – monthly highlight report for the System Leadership Team; • Appendix 3 – Initiation document for the International Recruitment Programme in LLR. <p>Mr Sacks advised that further information against each priority can be viewed when clicking the priority areas in Appendix 1. It was noted that as Appendix 1 had been distributed as part of a combined pack of papers, it was agreed for Mr Sacks to circulate Appendix 1 as a separate item to members of the Committee.</p> <p>It was reported that progress against the work programme is reviewed at the NHS England GP5YFV meeting, which Mr Sacks is unfortunately unable to attend as it clashes with the CCG's PCCC meetings.</p> <p>In response to Mr Sacks query whether the Committee required a general update on all work streams listed, or whether it would be helpful to review one area at each meeting, it was agreed for the latter to be instigated. In light of this, Mr Sacks provided an update on Workforce (priority 2), following NHS England's announcement in August 2017 to embark on a £100m international recruitment drive to recruit extra doctors by the year 2020. This priority was underpinned by the following areas:</p> <ul style="list-style-type: none"> • Workforce mapping • Clinical Pharmacists • International Recruitment • Care Navigators <p>Mr Sacks informed the Committee that work was underway with Practices to understand the number of GPs in Practices, their skill level, gaps in training and recruitment. Appendix 3 provided a</p>	

ITEM	LEAD RESPONSIBLE
<p>detailed programme of events for the recruitment of international GPs to the UK by joining a Practice for 3 years.</p> <p>It was noted that NHS England have set a target for an additional 14% increase in WTE GPs by 2020 and this may not be achieved as some clinicians will leave or retire during this time. It was queried whether the CCG has already begun to work towards and achieve this as training is being provided for additional working hours. It was noted that work is underway in order to determine the actual number of clinical sessions provided and for the information / data to be mapped and extrapolated.</p> <p><i>Dr Varakantam joined the meeting.</i></p> <p>In response to Mr Smith's query whether the international recruitment costs detailed were gross or net figures, Mr Sacks confirmed these were net costs.</p> <p>Dr Glover suggested the CCG obtain clarification in relation to the number of clinical sessions for a WTE and to ensure this is consistent as currently, 9 clinical sessions equate to a WTE.</p> <p><i>Dr Chotai joined the meeting.</i></p> <p>It was noted that this process has been completed in Lincolnshire which is currently being reviewed and lessons learnt / best practice to be incorporated for Leicester, Leicestershire and Rutland CCGs. In addition, ELR CCG Practices have been requested for expressions of interest and progress will be provided at a future meeting.</p> <p>Dr Varakantam informed the Committee that he was aware of this process as one of his colleagues is part of leading the process in Lincolnshire. Dr Varakantam stated the term 'full time' has a different meaning for different GPs, and it was queried whether the proposed scheme included the opportunity for job share amongst GPs being recruited. Mr Sacks confirmed job share could be taken into consideration across both primary and secondary care and work is underway with clinicians in the University Hospitals of Leicester (UHL) NHS Trust to take this forward. However, the recruiting GP must be employed for a total of 3 consecutive years. It was noted that the ELR GP Federation was not able to recruit the GPs.</p> <p>Dr Chotai also stated his awareness of the scheme and that Dr Aly Rashid, Medical Director at NHS England believes 150 GPs will be recruited across Leicester, Leicestershire and Rutland over 3 years through this scheme. However, feedback from Lincolnshire and GP colleagues involved have stated that</p>	

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<p>international GPs have struggled with language, UK customs, and GP services vary from country to country. In addition, Dr Glover echoed Dr Chotai's point about feedback provided and stated that different countries have different models of care, which can impact on service provision. It was queried whether the contracts for these individuals could be broadened to include sessions across more than one Practice to meet patient needs and capacity issues within general practice. Mr Sacks confirmed this was also possible and could be supported by the CCG as this would provide wider experience / different ways of working within a variety of Practices, providing the individual is recruited for a minimum of 3 years.</p> <p>Whilst it was noted that recruiting international GPs was positive, the Committee were requested to note that these individuals will require a high level of support.</p> <p>In addition, it was noted that the same principle could be applied for Practice Nurses; a number of whom will also be leaving / retiring in years to come. It was noted learning and best practice obtained from Lincolnshire to be applied to general practice with a view to the Practice Nurse profession too.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/17/100 ELR GP Federation: Work Programme Update (Paper D) Mr Sacks presented this report, which provided an update on the work programme for the ELR GP Federation since it was established in September 2016.</p> <p>Mr Sacks informed the Committee that the work programme has been updated by the Federation's Chief Operating Officer, Mr James Watkins and an overview of progress to date was provided across the following areas:</p> <ul style="list-style-type: none"> • Business development / Service Provision • GP Resilience • Primary Care Innovation and Transformation • Communication and Engagement • Federation Strategy / Future Direction <p>It was reported that Mr Watkins is heavily involved with the Project Board and keen to develop new models of care and advance joint working.</p> <p>Dr Randell noted the sexual health service is in the process of going out to consultation and queried how the work of the Federation fed into the consultation process; and whether the CCG were responding to the consultation. Mrs Bains confirmed a</p>	

ITEM		LEAD RESPONSIBLE
	<p>response will be submitting from the CCG in relation to the sexual health consultation, which can be reviewed by Mr Sacks prior to submission.</p> <p>Dr Varakantam felt that having met Mr Watkins and the Federation's Locality Lead, the Federation had undertaken a huge amount of work, all of which had not been fully captured within the update provided. Dr Varakantam queried the relevance of the Programme to Practices who are integral to the work undertaken. For example, the Federation could support the South Wigston Surgery in relation to HR and secretarial work as a back office function. It was also suggested to raise the profile of the Federation as a number of Practices were not aware of the Federation and its purpose. Mr Sacks agreed and confirmed ideas have been shared with Dr Glover regarding Localities and collaborative working. It was noted that the Federation can support Practices to work together, however, this cannot be enforced on them. It was noted that the Federation has supported Practices in the form of the GP SIP and Community Based Services, for example.</p> <p>Mrs Bains queried the length of time the CCG were to financially invest in the Federation and whether future investment has been considered. Mr Sacks confirmed the CCG financial investment into the Federation will end by March 2018 and the work / purpose of the Federation will be fully reviewed. If deemed to continue, this will be finalised by April 2018.</p> <p>It was noted that the Federation was an independent organisation to the CCG, which is made up of all 31 member Practices. It would be beneficial to identify areas within the Locality in need of additional value and for the Federation to be more active and helpful for these Practices. It would also be necessary to review the future of the Federation and to determine the role of the CCG.</p> <p>Mr Smith wondered whether the Federation was running into a conflicts of issue and suggested the CCG are careful in their approach when reviewing the future of the Federation and the role of the CCG. Mr Wood noted that any hint of conflicts will be effectively managed by Mrs Bains.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
PC/17/101	<p>GP Patient Survey Results (GPPS) 2017 (Paper E)</p> <p>Mr Sacks presented this report, which provided an overview of the results of the national annual GP Patient Survey (GPPS) survey for 2017.</p>	

ITEM	LEAD RESPONSIBLE
	<p>The survey includes 11 questions to assess patients' experience of healthcare services provided by GP Practices such as:</p> <ul style="list-style-type: none"> • access, booking appointments, • surgery waiting times, • quality of care received from GPs and Practice Nurses, • satisfaction with opening hours, • use of written care plans, • experience of out of hours services. <p>The survey also captures information about patients with long term medical conditions as well as more general information about the patients' state of health; and dental services.</p> <p>It was noted that NHS England will use the information collated to update a number of indicators that form part of existing national NHS reporting frameworks such as:</p> <ul style="list-style-type: none"> • NHS Outcomes Framework • CCG Outcomes Indicator Set • CCG Improvement and Assessment Framework. <p>In addition, the Care Quality Commission will use the results of the survey to form an evidence base for their GP Intelligent Monitoring Programme; and to support decisions to prioritise inspections.</p> <p>The survey was posted nationally to 2.5 million adults registered with a GP Practice with an option for it to be completed online. The overall response rate across the nation was 37.5% (808,332 surveys completed); and a local response rate of 48% (3,684 surveys completed out of 7,615 distributed). An overview of the survey results were provided in sections 12 – 20 of the report; and a copy of the report at Appendix 1, which identified the results at Practice level. Hard copies of the appendix were tabled.</p> <p>It was noted that the CCG's average rating of the overall experience of a GP surgery was 84%, compared to:</p> <ul style="list-style-type: none"> • national average – 85% • West Leicestershire CCG – 85% • Leicester City CCG – 77% <p>Mr Smith noted that section 15 of the report states that 97% of surveys completed for the CCG identified patients had confidence and trust in the Nurse, which was very positive. However, it was queried whether these results correlate to the data collated within the CCG. It was noted that the results of the survey should be fed back to patients and the public, as well as staff; it was agreed to showcase positive areas at the CCGs Annual General Meeting later in the month. Dr Scott informed the Committee that some of this information is fed into engagement sessions such as the</p>

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	<p>Listening Booth; and the CCG is currently organising its annual Practice Nurse conference where areas can be showcased as well as the usual means of communication (e.g. Practice News and ELR News). Members of the Committee agreed and felt it would also be helpful for the Primary Care Team to review the areas for improvement in comparison to the previous year and correlate to information held with the CCG; offer support to these Practices; and the CCG to drive forward these areas through the Sustainability and Transformational Plan (STP), where possible. It was agreed for Practices to be congratulated for their achievements; to request whether best practice can be shared; and for the results of the survey to be reviewed on an individual and collective basis per question and per year.</p> <p>It was also noted that some areas of the survey showed the CCGs progress over the last 5 years, however, did not show the national progress over the same period of time, which was disappointing. In addition, despite the majority of negative comments about the NHS and GP services, the results of the survey showed an overall positive outcome for ELR CCG's GPs and Practice Nurses.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	<p>Tim Sacks</p>
<p>PC/17/102</p>	<p>Primary Care Co-Commissioning Finance report 2017-18: month 4 (paper F)</p> <p>Mr George presented this report, which provided the year to date and forecast outturn for Primary Care Services as at Month 4, July 2017.</p> <p>It was noted that the annual budget for Primary Care services totalled £98.5m and as at Month 4, the year to date was forecasted at an overspend of £62k and an outturn overspend of £111k. Further information was provided in Appendices 1 and 2 which was summarised as follows:</p> <ul style="list-style-type: none"> • Areas of overspend – GP Co-Commissioning; • Areas of underspend – Primary Care Prescribing; Community Based Services; Urgent Care Centres; • Breakeven – GP Support Framework; GP Federation; GP IT; Primary Care Licenses and Other. <p>Areas highlighted in bold above were identified as cost pressures, which were being monitored closely. It was also noted that information in relation to Premises Costs and Funding is in the process of being reviewed and will be included within the next report to the Committee.</p> <p>Mr Sacks raised concern regarding the lack of information or prior</p>	

ITEM		LEAD RESPONSIBLE
	<p>warning provided by NHS England in relation to costs which were previously paid by NHS England and transferred to CCGs. For example, indemnity insurance payments to Practices was previously paid out of the GP Fiver Year Forward view at a cost of £0.516 per patient; funded by NHS England in 2016-17, which subsequently transferred to CCGs in 2017-18. This had not been incorporated into the primary care budget at the time they were set / agreed. It was noted this was the same for GP IT in terms of N3 and N4 connectivity; and no different to the acute sector.</p> <p>It was noted that the CCG is beginning to recharge the Leicester, Leicestershire and Rutland CCGs for the use of the Oadby Urgent Care Centre by their patients. However, the £348k for 2016-17 is currently under dispute as the neighbouring CCGs have verbally confirmed this would be recharged, however, no formal notification or amount has been received to date.</p> <p>It was noted that the financial situation was similar across all areas and the NHS as a whole; and issues raised with NHS England and documented within Directorate risk registers. In response to Mr Wood's query whether issues and financial concerns had been formally raised with NHS England, Mr Smith confirmed this had been enacted. It was agreed for Mrs Bains to ensure the issues and concerns raised are captured and reported at the next checkpoint meeting with NHS England.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	<p>Tim Sacks / Daljit Bains</p>
<p>PC/17/103</p>	<p>Any other Business There was no other business for the Committee to discuss.</p>	
<p>PC/17/104</p>	<p>Date of next meeting: The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 3 October 2017 at 9:30am, Guthlaxton Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</p> <p>Apologies received from Mr Wood; Mr Smith to Chair the next meeting.</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
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 28 Sept 2017	Status
PC/17/34	April 2017	Agreed Financial Assistance Policy – For Practices experiencing the Impact of a Dispersed List	Clare Sherman Tim Sacks	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. ACTION UPDATED at PCCC in July 2017: Tim and Clare to formally write to LC CCG.	May 2017 June 2017 End July 2017 September 2017	Formal correspondence sent from ELR CCG to LC CCG. Action complete.	GREEN
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	Update to be provided to the Confidential PCCC meeting in October 2017; on agenda. Action complete.	GREEN
			Tim Sacks	ACTION UPDATED AT PCCC in August 2017: Mr Sacks to provide formal feedback to Healthwatch regarding their assistance with a survey.	September 2017	Verbal update to be provided at the next meeting. Action ongoing.	AMBER

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 28 Sept 2017	Status
PC/17/85	August 2017	Allocation of Section 106 funding	Amardip Lealh	To ensure the Allocation of Section 106 Funding is included as a standing agenda item.	August 2017	On agenda. Action ongoing.	AMBER
			Donna Enoux Clare Sherman	To ensure a 'Premises' section is added to the finance report.	October 2017	On agenda; action complete.	GREEN
PC/17/88	August 2017	Healthwatch Rutland Primary Care Survey Report	Tim Sacks	Mr Sacks to liaise with Ms Staples and Dr Glover to develop a suggested localised survey for ELR.	September 2017	Verbal update to be provided at the next meeting. Action ongoing.	AMBER
PC/17/99	Sept 2017	Sustainability and Transformational Plan (STP): GP Programme Update	Time Sacks	To circulate Appendix 1 (Brief summary of the agreed 12 priorities for 2017-18) to members of the Committee	September 2017	Verbal update to be provided at the next meeting. Action ongoing.	AMBER
PC/17/101	Sept 2017	GP Patient Survey (GPPS) Results 2017	Tim Sacks / Clare Sherman	To congratulate Practices for their achievements; request whether best practice can be shared; for results to be reviewed at an individual and collective basis per question / year.	September – October 2017	Work in progress; to be incorporated at Locality meeting level. Action ongoing.	AMBER
PC/17/102	Sept 2017	Primary Care Co-Commissioning Finance Report 2017-18 (Month 4)	Tim Sacks / Daljit Bains	To ensure the issues and concerns raised in relation to the transfer of costs are captured and reported at the next checkpoint meeting with NHS England.	October 2017	Verbal update to be provided at the next meeting. Action ongoing.	AMBER

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Highlight/Exception Report

Date	08.09.17
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Workstream		GP Resilience	
Last reporting RAG Status		This Reporting RAG Status	
Executive Sponsor	Karen English	Finance Lead	Richard George
SRO	Tim Sacks	Comms	Richard Morris
Project Lead	Sharon Rose	Activity (Maybe CSU)	0
Clinical Lead	Azhar Farooqi	Contracting Lead CCG	ELR CCG

Projects Status	
Waiting	0
In Progress	3
On Hold	0
Delayed	0
Completed	0
TOTAL	3

Projects RAG Status	
RED	0
AMBER	2
GREEN	1

RAG	Description
Green	Actions in place and on track for initiative to be implemented. Finances on Track
Amber	In plans, but risks associated with delivery. Mitigating actions in place. Finances Off Track, Plan in Place. (Please provide details in commentary)
RED	No evidence of existing implementation or in system plans. No Mitigating actions in place. Finances off track no plan in place (Please provide details in commentary)

	TOTAL Plan 2017-18	Plan Year to date	Actual Year to Date	Variance Actual vs. Total Plan	Finance RAG
FINANCE	Total Planned savings City	0	0	0	
	Total Planned savings East	0	0	0	
	Total Planned savings West	0	0	0	
	LLR Total Plan	0	0	0	
No Financial Savings associated with this work programme.					

	TOTAL Plan 2017-18	Plan Year to date	Actual Year to Date	Variance Actual vs. Total Plan	Activity RAG
ACTIVITY	Total Planned Reduction/Increases	0	0	0	
	Total Planned Reduction/Increases	0	0	0	
	Total Planned Reduction/Increases	0	0	0	
	LLR Total Plan	0	0	0	
This work programme does not anticipate any change to activity levels					

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NARRATIVE		
Reporting Category	Overall RAG Status	Comments
Workstream Plan	GREEN	<p>7 Key priority areas with 14 key projects for 17/18 have been agreed with the programme board and leads have been identified. Task and Finish groups established to progress some of the work and reporting through to the GP Programme Board. Visioning event held with the Extended GP Programme board. Key items for the GPPB now are the development of the Plan on a Page and the presentation of the draft Communications and engagement plan. Draft communications plan was brought before the Programme Board on the 15th August.</p> <ul style="list-style-type: none"> Meetings with the LCC Project management team have resulted in advice being given how to manage the programme with the support of a piece of software Recent notification of change of Midlands and East Programme Office Support. Ruth Waddington, of the GPFV Transformation Team has been assigned to support LLR with the GP Programme and has been invited to attend Workforce meetings <p>Highlights from Workgroups</p> <p>Workforce</p> <ul style="list-style-type: none"> NHS E GP5YFV Programme Support Officer advised of the need to produce a detailed GP Workforce Plan in July and provided a steer on the content required within.. Subsequent meetings have taken place to assign responsibility for elements of the plan and written communication to all with assumed detail of what is required. Formal confirmation of deadline received on the 4th September from NHS E – report to be provided by 31 October 2017. NHS E are advising at present of potential support for completing the plans and will advise in due course. Clinical Pharmacy – 13 practices have expressed an interest. A first draft of application has been prepared and currently being reviewed by ELR CCG Head of Prescribing. WL Federation has provided input and potential support companies identified. International Recruitment –Discussions have taken place with Nene CCG re a collaborative application. Funding agreed for Project Manager to support this work with potential of providing support to other areas within the FV. Care Navigators. Invites have been sent out to delegates of the first wave to attend the half day Quality improvement workshops commencing in October.. Procurement received for commissioning of facilitation and support for these events. Correspondence Management. Closing date for Expressions of interest was 31st Aug. 20 EOIs have been received from across all 3 CCGs, 20 in total and these will be considered w/c 18th September which will include representation the NHS E team. WSP - 3 workforce explorer sites contacted and initial meeting have taken place at all 3 sites to progress. The first workshops have taken place within the City and East CCG areas, with the remainder workshop to be scheduled for West. Data gathering and analysis has begun in city. Local Enhanced workforce data set – The local tool went live at the beginning of September and early data is expected over the coming week. Further communication is planned with practices to promote the consent and involvement in using the local enhanced tool. <p>IM&T</p> <ul style="list-style-type: none"> Interoperability and Record sharing – version 2 of the Integrated care planning template now live across LLR from 1st September. Patient consent to SCR sharing is now 24000+, engagement with 3x CCG comms leads, presentations to CCG staff and press release issued to promote sign up. SCR 2.1 will also be promoted at the ELR PPG network meeting. Task and Finish meetings underway to scope providers and systems. T&F group set up to consider adult health and social care, initial meeting to scope requirements for viewing of clinical information and liaising with NHS Digital to see if they can support the sharing. System Migration – PID submitted and clinical champions identified. Potential go live dates identified. Communication with 12 Practices showing an interest. Papers presented at PCCC (ELR 1st Aug and WL on 17th August) QOF indemnity offer confirmed for migrating practices. Communications with 19 practices not previously having expressed an interest in migrating, ELR GP Federation is assisting with this. N3 link issues investigated at 2 sites. Self-care devices and Mobile apps - Initiation meeting held on 3rd July, action plan determined. Engagement with work streams regarding mobile apps presently in use and some of these will be further scoped. Contact with Clinical System Supplier to discuss what is available. Stakeholder mapping. PID and Project plan is in progress E Consultations – possible solutions from Clinical systems suppliers have been identified and considered. Consultation with Mids and Lancs Information Governance officers. LLR practices asked to inform of their hardware needs and whether they offer e-consultation presently. PID completed and survey monkey development in progress. NOTE Online consultation has been paused nationally. LLR continue to scope and will pilot free initiatives. <p>7 Day Extended Access</p> <ul style="list-style-type: none"> ELR – Presentation and engagement with ELR PPG network. Business case being worked up to be presented at September GB. Working group continues to meet on a fortnightly basis. PH have carried out a piece of work to understand the variations in deprivation between Oadby and Wigston to support service proposals. LCCCG – Extended access is being delivered as part of our transformation area designation. WLCCG- Project commenced April 2017, governance and reporting arrangements confirmed and links with UEC Strand 1 and GPFV programme. Outline for Charnwood test bed agreed with agreement from NHS E to test through 17/18 with full delivery from the 1st April 2018
KPI	GREEN	See KPI Tab
Risk	RED	NHSE have set a target for an additional 14% increase in WTE GPs by 2020. This is a significant risk due to current GP attrition rates, numbers of doctors available in the system and funding to pay for this increase (predicted cost £6m)
Issue	Amber	In addition to the SRO , we now have a Programme lead and Programme support officer to work alongside the SRO. However we have identified the need for a Project Manager to the International Recruitment project for the STP. A possible funding source was identified through HEE but this has been redirected to other projects. We are still awaiting to hear the outcome of funding requests to HEE for 17-18 to support some of our workforce projects and whilst now late in the financial year, a decision is still yet to be made and if successful, is unlikely to realise the amount requested due to significant cuts to their budget. The promised guidance on e- consultations is still awaited and whilst ground work is progressing in this area, once the guidance has been received we may have to revisit some of this work.

Summary of Progress / Key Achievements / Forecast	
Key Achievements / progress to milestones this reporting period	<ul style="list-style-type: none"> Active signposting – next phase of training offered to previously training individuals Correspondence management. 20 Expressions of interest received from across LLR to Follow up to the ELR CCG member event on Acute Access with further discussions at Locality meetings and PPG engagement. Scoping of existing practices e-consultation arrangements and facilities System Migration – 12 practices have currently expressed an interest in migrating clinical system and communications with other EMIS practices. Migration timetable set out. Workforce tool has been shared across LLR to capture a local enhanced workforce data set. 16 practices have expressed an interest in international recruitment, now considering a collaborative application with Nene CCG. Workforce strategy outline plan agreed and detail being worked up ahead of guidance being issued from NHSE Draft Communications and Engagement Plan presented to the Board and received approval for direction of travel
Current Key Challenges facing Workstream	<ul style="list-style-type: none"> Requirement to produced detailed workforce plan by the end of October with official guidance from NHSE provided on 4th September E- Consultation Guidance promised, delayed and now on hold. Lack of NHS E guidance in respect of International Recruitment and no template application as yet. Information Governance issues associated with Phase 3 of SCR - Health and Social Care integration. IG implications associated with new models of care. The Guidance from NHS E suggests a ratio of 1 Senior Pharmacist to 5 Pharmacists. It is likely that the numbers of patients covered by the application will not warrant this ratio and so advice is being sought from NHS E. Engagement and Public Consultation
Actions Focused for the next 90 days	<ul style="list-style-type: none"> Submit workforce Plan to NHSE Data collection for initial workforce dataset. International recruitment development of bid ready for November submission date Identify pilot Correspondence management sites and initiation of pilots Submission of a phase 3 clinical pharmacy bid in line with the national programme. System Migrations planned and underway as per roll out programme agreed with LHIS. Further demonstrations at interested sites. Continue to scope requirements and potential solutions for e consultation, pending release of National Guidance. Completion and review of SystemOne pilot. Review survey monkey results and compare to the guidance requirements when received. Workshops to be held with remaining 2 WSP explorer sites and the gathering of data from all 3 sites. Finalise Communications and Engagement Plan, engage with Practices regarding the plans and development of campaigns to educate the public.

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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 5, August 2017)
MEETING DATE:	3 October 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 5, August 2017)

3 October 2017

1. Month 5 Year to Date and Forecast Position

The 2017/18 annual budget for Primary Care services totals £98.5m. At month 5 (August 2017) a year to date overspend of £260k and an outturn underspend of £320k is being forecast. Appendices 1 and 2 provide further analysis of all services areas.

2. Primary Care Prescribing

Based on Month 3 PPA data, the forecast outturn position (including high cost drugs and central prescribing) is an underspend of £643k. Updated assumptions relating to QIPP delivery and the savings following the expiration of the pregabalin patent have seen the underspend increase from £226k reported at the last committee meeting.

3. Community Based Services

Based on quarter 1 activity data, a year to date underspend of £13k and forecast outturn underspend of £61k is being forecast. This underspend mainly relates to anti coagulation monitoring as more patients transfer to DOACS.

4. GP Co Commissioning

The year to date position for co commissioning is an overspend of £344k which is predicted to rise to £799k by the end of the financial year.

There are a number of pressures in this area, the main ones including:

- Global sum payments reflecting the continuing increase in practice list sizes.
- Locum costs following changes to rules around practice reimbursement for sickness cover.
- Premises costs (rent and rates).
- Indemnity insurance payments to practices. This comes out of the GP Five Year Forward view that practices would be reimbursed for this cost at a rate of £0.516 per patient. In 2016/17 this was funded by NHSE England, however for 2017/18 it has become the CCGs responsibility.
- QOF where NHSE had been materially understating values against one of the larger practices.

5. GP Support Framework

Costs for the GP support framework are forecast to be in line with the budgeted values.

6. GP Federation

There is no expenditure being forecast against the GP Federation budget line as the CCG's contribution to support the Federation is now included in the Transformation Fund budget.

7. GP IT

As at month 5 this area is forecast to breakeven although there are some risks around the outcome of SLA negotiations with Health Informatics and the devolvement of N3 network charges from NHS England to CCGs. These are in the process of being assessed and once the position becomes clear it will be reflected in the forecast.

8. Primary Care Licenses & Other

Expenditure is forecast to be in line with budget.

9. Urgent Care Centres

As at month 5 a forecast outturn underspend of £240k is being forecast. Urgent Care Centre activity is marginally above plan. If this pattern continues there is a risk (depending on the level of over performance) that additional costs could be incurred under the contract. The outturn position includes the impact of recharging neighbouring CCGs for the cost of their patient attendances, in particular at the Oadby centre.

10. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

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

Appendix 1

M5 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	38	46	8	91	109	18
Central Prescribing	522	487	-35	1,256	1,171	-85
High Cost Drugs	394	374	-20	947	898	-49
GP Prescribing	19,339	19,488	148	46,498	45,970	-528
Prescribing Incentive Scheme	288	288	0	691	691	0
Total Practice Prescribing	20,581	20,682	100	49,483	48,840	-643
Enhanced Services						
Community Based Services	1,088	1,075	-13	2,611	2,550	-61
Total Enhanced Services	1,088	1,075	-13	2,611	2,550	-61
Co Commissioning	16,905	17,248	344	40,572	41,371	799
GP Support Framework						
Care Homes	202	202	0	484	484	0
End of Life	136	136	0	327	327	0
Long Term Conditions	273	273	3	655	655	0
Demand Mangement	136	136	1	327	327	0
Dementia	68	68	0	164	164	0
Primary Care Transformation Fund	136	136	0	327	327	0
Total GP Support Framework	952	952	0	2,284	2,284	0
Other						
GP Federation	73	0	-73	175	0	-175
7 Day Working Better Care Fund	213	213	0	511	511	0
GP IT	406	406	0	975	975	0
Primary Care - Licenses & Other	58	59	2	124	124	0
Urgent Care Centres	747	647	-100	1,794	1,554	-240
Total Other	1,497	1,325	-171	3,578	3,163	-415
Total Primary Care	41,023	41,282	260	98,528	98,208	-320

Appendix 2

Month 5 - Primary Care Co-Commissioning Report	Year-to-Date			Annual		
	Budget	Actual	Variance	Budget	Forecast	Variance (Under)/Over
	£000's	£000's	£000's	£000's	£000's	£000's
GMS Global Sum	10,660	10,676	16	25,585	25,657	72
MPIG Correction Factor	685	685	0	1,644	1,644	-0
PMS Reinvestment	2	2	0	5	5	0
FDR Payment	69	69	0	165	165	0
Wound Clinics	136	136	0	327	327	0
SLA Pharmacists	273	273	0	655	655	0
Subtotal PMS & FDR Reinvestment	480	480	0	1,152	1,152	0
Total General Practice - GMS	9,460	9,468	8	28,381	28,453	72
Occupational Health	20	19	-0	47	46	-1
Locum Adoption/Paternity/Maternity	58	36	-23	140	103	-37
Locum Sickness	8	55	47	20	135	115
Locum Suspended Doctors	0	0	0	0	0	0
Seniority	195	195	-1	469	468	-1
Sterile Products	0	0	0	0	0	0
GP Training	40	40	-0	95	95	-0
PCO Doctors Ret Scheme	8	8	0	20	20	0
Kingsway Management Plan	44	44	0	106	106	0
CQC Registration	63	63	-0	151	151	0
Total Other GP Services	437	460	23	1,048	1,123	75
QOF Achievement	495	532	37	1,188	1,277	89
QOF Aspiration	1,155	1,242	87	2,772	2,981	209
Total QOF	1,650	1,774	124	3,960	4,258	298
DES Extended Hours Access	244	260	15	587	624	37
DES Learning Disability	32	32	0	78	78	0
DES Violent Patients	19	19	0	47	47	0
DES Minor Surgery	213	213	0	510	510	0
DES TPP QRisk	0	0	0	0	0	0
LES Translation Fees	21	21	0	50	50	0
Indemnity Insurance	0	57	57	0	170	170
Leicester Asylum Service	14	28	14	33	33	0
Total Enhanced Services	543	629	86	1,303	1,510	207
Dispensing Quality Scheme	40	40	0	95	95	-0
Prof Fees Dispensing	625	625	-0	1,500	1,500	0
Prof Fees Prescribing	92	92	0	220	220	0
Total Dispensing/Prescribing Drs	756	756	-0	1,815	1,815	-0
Prescribing Charge Income	-125	-125	0	-300	-300	-0
Total Prescribing Charge Income	-125	-125	0	-300	-300	-0
Premises Actual Rent	708	734	25	1,700	1,761	61
Premises Clinical Waste	63	63	0	150	150	0
Premises Cost Rent	13	0	-13	30	0	-30
Premises Health Centre Rates	9	9	0	22	22	0
Premises Health Centre Rent	40	40	0	95	95	0
Premises Notional Rent	625	623	-2	1,500	1,496	-4
Premises Rates	296	339	43	710	813	103
Premises Water Rates	26	26	0	62	62	0
Total Premises Cost Reimbursement	1,779	1,833	54	4,269	4,399	130
Other premises	17	56	40	40	56	16
Total Other Premises	17	56	40	40	56	16
PCTF Training	19	19	0	56	56	0
Total Primary Care Transformation Funding	19	19	0	56	56	0
GRAND TOTAL - Co-Commissioning	16,905	17,248	344	40,572	41,371	799