NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	**Primary Care Commissioning Committee – meeting in public**	**Date**	**Tuesday 1 May 2018**
Meeting No.	**37.**	**Time**	**9:30am – 10:30am**
Chair	**Mr Warwick Kendrick 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/18/41	Welcome and Introductions		Warwick Kendrick	**Verbal**	9:30am
PC/18/42	To receive questions from the Public in relation to items on the agenda	To receive	Warwick Kendrick	**Verbal**	9:30am
PC/18/43	Apologies for Absences: • Mr Clive Wood • Mr Alan Smith • Mr Jamie Barrett	To receive	Warwick Kendrick	**Verbal**	9:35am
PC/18/44	Notification of Any Other Business	To receive	Warwick Kendrick	**Verbal**	9:35am
PC/18/45	Declarations of Interest on Agenda items	To receive	Warwick Kendrick	**Verbal**	9:40am
PC/18/46	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 3 April 2018	To approve	Warwick Kendrick	**A**	9:40am
PC/18/47	To Receive Actions and Matters Arising following the meeting held on 3 April 2018	To receive	Warwick Kendrick	**B**	9:45am
GOVERNANCE ARRANGEMENTS					
PC/18/48	Primary Care Commissioning Committee – Terms of Reference	To approve	Daljit Bains	**C**	9:50am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
OPERATIONAL ISSUES					
PC/18/50	Paper Switch Off (PSO) Programme: Update	To receive	Tim Sacks	**D**	10:00am
PC/18/49	ELR CCG Practice Transformation Funding Scheme 2017-2019: Update	To receive	Tim Sacks	**E**	10:10am
PRIMARY CARE FINANCE REPORT					
PC/18/51	Primary Care Co-Commissioning Finance Report 2017-18: Month 12 (March 2018)	To receive	Donna Enoux	**F**	10:20am
ANY OTHER BUSINESS					
PC/18/52		To receive	Warwick Kendrick	**Verbal**	10:25am
DATE OF NEXT MEETING					
PC/18/53	**Tuesday 5 June 2018 at 9:30am, Guthlaxton Committee Room**, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Warwick Kendrick	**Verbal**	10:30am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 3 April 2018 at 9:30am in Guthlaxton Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Alan Smith	Independent Lay Member (and Deputy Chair of the Committee)
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Jamie Barrett	Head of Primary Care (on behalf of the Chief Operating Officer)
Dr Anne Scott	Acting Chief Nurse and Quality Officer
Mr Richard George	Senior Primary Care and Non-Acute Commissioning Accountant (on behalf of the Chief Finance Officer)
Dr Katherine Packham	Specialty Registrar in Public Health

In attendance:

Mrs Tracey Burton	Deputy Chief Nurse, West Leicestershire CCG (shadowing Dr Scott)
Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Mrs Seema Gaj	Primary Care Contracts Manager
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (from Item PC/18/34 onwards)
Mrs Hayley Moore	Primary Care Support Contract Manager (until Item PC/18/34)
Ms Fiona Fretter	Quality Lead (for Item PC/18/38)
Mrs Mandeep Thandi	Corporate Affairs Project Officer (Minutes)

ITEM		LEAD RESPONSIBLE
PC/18/27	**Welcome and Introductions** Mr Alan Smith welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting.	
PC/18/28	**To receive questions from the Public in relation to items on the agenda** There were no members of the public present at the meeting and no questions had been received.	
PC/18/29	**Apologies for absence:** • Mr Clive Wood, Deputy Chair and Independent Lay Member • Dr Tabitha Randell, Secondary Care Clinician • Dr Girish Purohit, GP Locality Lead for Melton, Rutland and Harborough • Mr Tim Sacks, Chief Operating Officer • Ms Donna Enoux, Chief Finance Officer	
PC/18/30	**Notification of Any Other Business** Mr Smith had not received notification of any other business.	

ITEM		LEAD RESPONSIBLE
PC/18/31	**Declarations of Interest** GPs present declared an interest in items relating to commissioning of primary care where a potential conflict may arise. Specific declarations were made in respect of the following items • **PC/18/34 ELR CCG GP Practices Access During Core Hours** Dr Nick Glover and Dr Vivek Varakantam declared a conflict of interest as their Practices are mentioned within the report. It was agreed for both Dr Glover and Dr Varakantam to remain within the meeting as this report provides an overview of the guidance from NHS England and the required implementation. It was **RESOLVED** to: • **RECEIVE** the conflicts of interest declared.	
PC/18/32	**To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 6 March 2018 (Paper A)** The minutes of the meeting held in March 2018 were accepted as an accurate record of the meeting, subject to the following amendment: • Dr Anne Scott declared her position should be amended to read, "*Acting* Chief Nurse and Quality Officer" and not "*Interim* Chief Nurse and Quality Officer." It was **RESOLVED** to: • **APPROVE** the minutes of the previous meeting, subject to the above amendment.	
PC/18/33	**To Receive Matters Arising following the meeting held on 6 March 2018 (Paper B)** The matters arising following the meeting held in March 2018 were received, and the following update received: • **PC/18/11 Narborough Health Centre** – Mrs Daljit Bains confirmed that the paperwork is in the process of being submitted to NHS England and that this action can now be closed. **Action closed.** • **PC/18/23 – Paper Switch Off (PSO) Programme Update** – Mr Jamie Barrett advised that there is no further update at present and an update will be provided to the Committee in May 2018. Dr Anne Scott added that she has queried with GP practices whether the PSO imposes any issues to their patients and so far	

ITEM		LEAD RESPONSIBLE
	there are no reported concerns. **Action ongoing.** It was **RESOLVED** to: • **RECEIVE** the matters arising and **NOTE** the progress to date.	
PC/18/34	**ELR CCG GP Practices Access During Core Hours (Paper C)** Mrs Hayley Moore provided the Committee with an outline of the new guidance in relation to how commissioners should manage GP practices that close for a period of time during core hours, including assessments of reasonable needs and subcontracting arrangements during these periods. Mrs Moore highlighted that a letter was sent to CCGs to review Practices' closing during core hours. A sample audit was undertaken to determine access and provision during core hours and this led to the CCG to contact the ELR practices that were closed during lunch time in order to determine what provision was in place for patients. It was discovered that 7 out of 8 practices do not declare they are closed during core hours and do not meet the requirements set out in paragraph 9 of the report. Mrs Moore stressed that GP practices must implement the policies in order to fulfil the core hour contract and therefore informed that a full audit of all practices will be carried out. Dr Glover welcomed the full audit as GP practices are experiencing issues with matching service delivery with demand. He suggested that the review of the results of the audit need to be understood in terms of impact on patients and the mitigations required. For instance, answer phone messages that do not clearly inform patients of surgery closure is a definite issue that must be resolved. *Mr Nainesh Chotai joined the meeting.* Dr Vivek Varakantam informed that when Practices close their doors they are still working in most cases. Mrs Moore expressed that the process at Dr Varakantam's surgery is a good example, where patients must press the buzzer when it is closed as staff are still present on the premises should they wish to collect a prescription. Dr Varakantam suggested that the definition of "closed" needs to be clarified. Mrs Seema Gaj informed that the definition for "closed" currently is when the doors are physically closed and patients are unable to access the Practice premises. In addition, it was noted that NHS England is reviewing the definition. Dr Glover questioned whether it would be more appropriate for the definition to allude to there being a gap in service as opposed to the doors being closed. Dr Katherine Packham added that the definition	

ITEM		LEAD RESPONSIBLE
	should relate to the impact on patients and the negative impact on health inequalities. Dr Packham stated there could potentially be a negative impact on specific patient populations over time, including where a patient who is unable to collect their prescription could result in them not taking their medication which subsequently leads them to deteriorate in health. Mrs Moore advised that once the full audit has been completed the Committee will be informed of the outcome and actions to be taken. Mr Jamie Barrett added that the audit is one element of a wider piece of work. Once the audit is completed, it will be overlaid with the transformation plans. Furthermore, Mrs Gaj informed that the audit results will also be fed back to NHS England. It was **RESOLVED** to: • **RECEIVE** the report and **NOTE** the update. *Mrs Moore left the meeting.*	
PC/18/35	**GP5FV - Sustainability and Transformational Partnership (STP): GP Work stream (Paper D)** Mr Barrett provided a summary of the report and drew attention to the NHS England event on 17 April 2018. The event will be an opportunity for work stream leads to present to the group their delivery plans and receive feedback or challenge around intentions. Mr Barrett advised that a Project Manager for on-line consultations has now been recruited. Practices have been invited to pilot software systems, which will inform the future delivery of the IM&T project. It was **RESOLVED** to: • **RECEIVE** the report.	
PC/18/36	**Uppingham Surgery: Ketton Branch Public Consultation Update (Paper E)** Mr Barrett advised that following the recent proposed closure of Ketton Surgery, a public consultation is underway. The Committee noted that following feedback received from members of the public and stakeholders, the CCG has advised the Uppingham Surgery of a revised approach for the consultation. This consists of: • Additional questions to the survey questionnaire; • More detailed information for patients; • A longer timescale to respond; • An additional drop-in session at Ketton.	

ITEM		LEAD RESPONSIBLE
	It was noted that the public consultation has therefore been extended by a month. Mr Barrett highlighted that the consultation process is led by the Practice and not the CCG, as there appeared to be some confusion initially; however, this has been made clear. He stressed that although there are only 200-300 patients involved, it is imperative that we consider all the facts. Once the consultation has closed, an update will be presented to the Committee. Dr Chotai suggested that it may be helpful if Practices were issued with a pack of guidance that they had to adhere to when undertaking consultations, and that the CCG has an important role in raising awareness of the relevant guidance and what works well. Mr Barrett informed the Practice closure policy is in place, although noted that a more user-friendly guide could be compiled. The Committee noted the update and that **the outcome of the consultation is likely to be brought back to the Committee in July 2018.** It was **RESOLVED** to: • **RECEIVE** the report and **NOTE** the progress to date.	**Jamie Barrett**
PC/18/37	**Primary Care Co-Commissioning Finance Report 2017-18: Month 11 (February 2018) (Paper F)** Mr Richard George presented this report, which provided the 2017/18 year to date position and forecast outturn position for Primary Care services. He stated the 2017/18 annual budget for Primary Care services totals £98.2m. At month 11 (February 2018), a year to date underspend of £567k and an outturn underspend of £1,044k is being forecast. a) Area of overspend - GP Co Commissioning; b) Areas of underspend - Primary Care Prescribing, Community based services, GP Support Framework, GP IT, Primary Care Licenses & Other; c) Urgent Care Centre activity is in line with expectations and no additional payments are being forecast. It was noted that the Primary Care team will carry out a review of each budget in place to review when payments are due and to ensure they do not miss out people claiming. Mr George highlighted that the prescribing QIPP was over delivering	

ITEM		LEAD RESPONSIBLE
	against its target. In addition to this, there is a £700k benefit from the removal of the pregabalin patent. The 2017/18 position includes a number of underspends (including workforce development, international GP recruitment and FDR / PMS reinvestment). Expenditure for these will be incurred in 2018/19 which has been recognised and accounted for in next year's financial plan. Dr Varakantam queried whether the issue of sick pay is moving forward. Mr George explained the pro rata element is changing and they are not seeing the same pressure on this issue as they have done previously. *Dr Scott left the meeting.* Dr Glover expressed that the risks have been described well, but raised another risk of whether Practices are aware of the indemnity and sickness rules. He suggested that where the regulations and rules change Practice Managers need to be informed. Mr Smith enquired about Practices insuring against GP sickness, as previously he understood that following the change in the rules and the payment for sickness absence falling to the CCGs Practices did not insure themselves against this. Dr Glover clarified that Practices continue to insure themselves, however there is a gap in relation to what the Practice receive for sickness absence in comparison to the locum costs for the cover. *Dr Scott re-joined the meeting.* Mr Barrett advised that his team plan to review each line of each budget, in order to review when payments are due and the frequencies, which will assist with reducing over or under claims from Practices. He reported that this will also assist with the budget review on a quarterly basis. It was **RESOLVED** to: • **RECEIVE** the report and **NOTE** the update.	
PC/18/38	**Primary Medical Care Risk Sharing Group: Updated Terms of Reference – (Paper G)** *Ms Fiona Fretter joined the meeting.* Ms Fretter advised that there are two new changes in the terms of reference. The section on quoracy has been updated and the date for the next review has been amended to March 2019.	

ITEM		LEAD RESPONSIBLE
	Dr Varakantam questioned what the Primary Medical Care Risk Sharing Group actually does. Ms Fretter explained that the group has been established to share intelligence between the CCG and NHS England in relation to any identified moderate risk which could impact on the quality and/or safety of care being provided within Primary Medical Services. It was **RESOLVED** to: • **RECEIVE** the report and **APPROVE** the revised Terms of Reference for the Primary Care Risk Sharing Group.	
PC/18/39	**Any other business** There was no other business to discuss.	
PC/18/40	**Date of next meeting:** The date of the next Primary Care Commissioning Committee meeting will be held on **Tuesday 1 May 2018 at 9:30am, Guthlaxton Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.**	

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NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONI NG GROUP
PRIMARY CARE COMMISSIONING COMMITTE MEETING

ACTION NOTES

Key

Completed	On-Track	No progress made

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at May 2018	Status
PC/18/23	6 March 2018	**Paper Switch Off (PSO) Programme: Update**	Jamie Barrett	UHL actions to be more clearly articulated.	~~April 2018~~ May 2018	Update on the agenda; **actions complete.**	**GREEN**
			Jamie Barrett	Alternative options in case of failure of the electronic system to be explored.			
PC/18/36	3 April 2018	**Uppingham Surgery: Ketton Branch Public Consultation Update**	Jamie Barrett	To present an update and outcome following the end of the public consultation.	July 2018	Public consultation underway until 1 June 2018. **Action ongoing.**	**AMBER**

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

Front Sheet

REPORT TITLE:	**Primary Care Commissioning Committee: Terms of Reference**
MEETING DATE:	**1 May 2018**
REPORT BY:	**Daljit K. Bains, Head of Corporate Governance and Legal Affairs**
SPONSORED BY:	**Clive Wood, Chair of the Primary Care Commissioning Committee**
PRESENTER:	**Daljit K. Bains, Head of Corporate Governance and Legal Affairs**

EXECUTIVE SUMMARY:
The terms of reference for the Primary Care Commissioning Committee have recently been reviewed to ensure they remain fit for purpose and in line with the authority delegated to it. Following the review it is noted there are no changes to be made. A copy of the terms of reference (version 1, draft 4) are as at Appendix 1.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to: • **AGREE** the Terms of Reference for the PCCC (version 1, draft 4), prior to approval by the Governing Body.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019:			
Transform services and enhance quality of life for people with long-term conditions		Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience		Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare		Living within our means using public money effectively	
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			✓

EQUALITY ANALYSIS
An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not proportionate on the basis that the equality analysis will be undertaken separately in respect of the work undertaken by the Committee or policies approved by Committee.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:	
The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	**BAF 3: QUALITY – PRIMARY CARE:** The quality of care provided by primary care providers does not match commissioner's expectation with respect to quality and safety. (The Primary Care Commissioning Committee is one of the key controls in relation to this corporate risk).

NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Primary Care Commissioning Committee

Terms of Reference (version 1, draft 4, April 2018)

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to East Leicestershire and Rutland CCG. The delegation is set out in Schedule 1.

3. The CCG has established the Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. These terms of reference shall effect as if incorporated into the CCG's Constitution.

4. It is a Committee comprising representatives of the following organisations:

   - East Leicestershire and Rutland CCG
   - NHS England;
   - Health and Wellbeing Board Leicestershire
   - Health and Wellbeing Board Rutland
   - Healthwatch Leicestershire
   - Healthwatch Rutland

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
   a) Management of conflicts of interest (section 14O);
   b) Duty to promote the NHS Constitution (section 14P);
   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
   d) Duty as to improvement in quality of services (section 14R);
   e) Duty in relation to quality of primary medical services (section 14S);
   f) Duties as to reducing inequalities (section 14T);
   g) Duty to promote the involvement of each patient (section 14U);
   h) Duty as to patient choice (section 14V);
   i) Duty as to promoting integration (section 14Z1);
   j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the East Leicestershire and Rutland Governing Body in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in East Leicestershire and Rutland, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and East Leicestershire and Rutland CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary medical care services in East Leicestershire and Rutland;

b) To undertake reviews of primary medical care services in East Leicestershire and Rutland;

c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the budget for commissioning of primary medical care services in East Leicestershire and Rutland.

Geographical Coverage

17. The Committee will comprise the East Leicestershire and Rutland CCG.

Membership

18. The Committee shall consist of the list of members included as Schedule 2.

19. The Chair of the Committee shall be the CCG Deputy Chair who is an independent lay member. The Chair of the Committee shall be a lay member of the CCG who is not the Chair of the Audit Committee as the Audit Committee will be responsible for reviewing and scrutinising the decision-making processes of this Committee.

20. The Vice Chair of the Committee shall be an independent lay member who is not the Chair of the Audit Committee.

21. Non-voting members who will be in attendance (i.e. non-voting attendees) will include representatives from the local Health and Wellbeing Boards and the local HealthWatch. Representatives will be sent a standing invite.

22. Should members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place in agreement with the Chair of the Committee.

Meetings and Voting

23. The Committee will operate in accordance with the CCG's Standing Orders. The secretarial support for the Committee will be provided by the Head of Corporate Governance and Legal Affairs. The secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be in line with the CCG Standing Orders.

24. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

25. The quorum for the Committee will be the following:

- Chair of the Committee or Vice Chair
- Chief Operating Officer or deputy
- Chief Finance Officer or deputy
- Chief Nurse and Quality Officer or deputy
- 1 x GP member (although GP members are non-voting members, the Committee to ensure there is representation from one of the GPs at the meeting, unless they are conflicted, in which case the meeting will proceed and considered to be quorate without a GP member).

Frequency of meetings

26. The Committee will meet on a monthly basis.

27. Meetings of the Committee shall:
    a) be held in public, subject to the application of 23(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies

(Admission to Meetings) Act 1960 as amended or succeeded from time to time.

28. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

29. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

30. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

31. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and information governance policies.

32. The Committee will present its minutes to Central Midlands Area Team of NHS England and the Governing Body of East Leicestershire and Rutland CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 29 above.

33. The CCG will also comply with any reporting requirements set out in its Constitution.

34. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

Budget and resource accountability arrangements and the decision-making scope of the Committee are as delegated. In the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the CCG's Standing Orders and Prime Financial Policies, the latter will prevail.

The appropriate consultation will take place with members of the CCG and members of the public in line with the CCG Constitution.

Procurement of Agreed Services

The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

35. The Committee will make decisions within the bounds of its remit.

36. The decisions of the Committee shall be binding on NHS England and East Leicestershire and Rutland CCG.

37. The Committee will produce an executive summary report which will be presented to Central Midlands Area Team of NHS England and the Governing Body of East Leicestershire and Rutland of the CCG each month for information.

[Signature provisions]

Schedule 1 – Delegated functions – detailed in the CCG's Scheme of Reservation and Delegation as appended to the CCG Constitution.

Schedule 2 - List of Members

Proposed membership:
Voting members:

- CCG Deputy Chair – Chair of Committee
- Independent Lay Member – Vice Chair of Committee
- Secondary Care Clinician
- Chief Operating Officer
- Chief Nurse and Quality Officer
- Chief Finance Officer

Non-voting members in attendance:

- 3 x GP Governing Body members
- A representative from Health and Wellbeing Board Rutland
- A representative from Health and Wellbeing Board Leicestershire
- A representative from Healthwatch Rutland
- A representative from Healthwatch Leicestershire
- A representative from the Leicester, Leicestershire and Rutland Local Medical Committee
- A Practice Manager from a member practice

The following individuals will be in attendance (not members) as required:

- Head of Corporate Governance and Legal Affairs (CCG)
- Head of Primary Care Quality (CCG)
- Head of Primary Care (CCG)
- Head of Primary Care Contracts (NHS England) – advisory role

Approved XXX

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

Front Sheet

REPORT TITLE:	**Paper Switch Off (PSO) Programme: Update**
MEETING DATE:	**1 May 2018**
REPORT BY:	**Jennie Caukwell, Delivery Manager, WL CCG**
SPONSORED BY:	**Tim Sacks, Chief Operating Officer, ELR CCG** **Dr Tony Bentley, LC CCG**
PRESENTER:	**Tim Sacks, Chief Operating Officer, ELR CCG**

PURPOSE OF THE REPORT:
The purpose of this report is to provide Primary Care Commissioning Committee with an update on the progress that has been made by the Hospital Trusts in Leicestershire to implement the national requirements that have been dictated by NHS England and NHS Digital to improve the utilisation of electronic referrals from primary care into secondary care to achieve paper switch off (PSO) following the paper that was presented on 2 March 2018.

RECOMMENDATIONS:
The ELR CCG Primary Care Commissioning Committee is requested to: • **RECEIVE** and **NOTE** the contents of the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018– 2019: (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 been undertaken in the development of this report and is open to all. This completes the due regard required.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Name of meeting	Primary Care Commissioning Committee (Public)	**Date**	2nd March 2018	**Paper**	
Report title	**Paperswitch Off Programme**				
Lead Director	Tim Sacks (IM&T SRO)	**Tel/Email**	Tim.Sacks@EastLeicestershireandRutlanddccg.nhs.uk		
Report Author	Jennie Caukwell	**Tel/Email**	Jennie.caukwell@westleicestershireccg.nhs.uk		
Clinical Lead	Dr Tony Bentley	**Tel/Email**	AJJ.Bentley@gp-c82030.nhs.uk		
Links to CCG strategic objectives	☒ Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities; ☒ Help create the safest, highest quality health and care services; ☒ Balance the NHS budget and improve efficiency and productivity; ☐ Lead a step change in the NHS in preventing ill health and supporting people to live healthier lives; ☒ Maintain and improve performance against core standards; ☒ Improve out-of-hospital care; ☐ Support research, innovation and growth.				
Purpose	**Note**	X	**Discuss and recommend**		**Approve**	
Report summary	The purpose of this report is to provide Primary Care Commissioning Committee with an update on the progress that has been made by the Hospital Trusts in Leicestershire to implement the national requirements that have been dictated by NHS England and NHS Digital to improve the utilisation of electronic referrals from primary care into secondary care to achieve paper switch off (PSO) following the paper that was presented on 2nd March 2018.				
Identified risks and risk management actions	• Unavailability of electronic systems – business continuity strategy has now been finalised • Primary care and secondary care dis-interest and compliance with this process – communication strategy defined and commenced, learning from all parties being obtained and addressed				
Resource and financial implications	Staff to support this project have been identified from within current organisations resources. The financial implications for this project will impact on the Hospital Trusts in Leicestershire, from the 1st October 2018 if PSO is not achieved and referrals for first consultant led clinics are not received via e-Referrals (e-RS), then they will not receive payment for services delivered.				
Conflicts of interest	None				
Engagement and/or consultation considered?	No formal consultation needs to be completed, however engagement has been completed with the Local Medical Council (LMC) to gain their support on the project and direction of travel to delivery PSO. A joint communication strategy has been defined and this has commenced which is				

	being undertaken across all relevant organisations including, University Hospital of Leicester, Community Hospitals and Primary Care.
Clinical input assurance	Dr Tony Bentley, as the LLR CCG Information Management & Technology (IM&T) Clinical Lead.
Due regard/equality considerations?	This is open to all.
Report history (audit trail)	
Appendices	Paper Switch Off April Update (Appendix 1)
Recommendation	The Primary Care Commissioning Committee is asked to: **RECEIVE** and **NOTE** the contents of the report.

Paperswitch Off Programme

PURPOSE

1. The purpose of this report is to provide Primary Care Commissioning Committee with an update on the progress that has been made by the Hospital Trusts in Leicestershire to implement the national requirements that have been dictated by NHS England and NHS Digital to improve the utilisation of electronic referrals from primary care into secondary care to achieve paper switch off (PSO) following the paper that was presented on 2nd March 2018.

CURRENT POSITION

2. The current position for referrals being sent into UHL and the Community Hospitals from primary care has continued to show an increase via NHS e-Referrals (e-RS) which is detailed in the table below.

For Referrals	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	65.29%	66.46%	66.52%	67.81%	68.95%	72.77%
NHS LEICESTER CITY CCG	66.31%	66.28%	67.26%	68.75%	69.54%	72.82%
NHS WEST LEICESTERSHIRE CCG	66.29%	69.33%	68.98%	70.21%	69.97%	76.90%
All LLR CCGs	**66.00%**	**67.33%**	**67.58%**	**68.95%**	**69.50%**	**74.08%**

3. The soft launch date that we have agreed with NHS England and NHS Digital has now been reached and this went live on the 9th April 2018.

4. This process will support practices as UHL and the Community Hospitals will continue to accept and process any referrals received outside of e-RS during a brief soft launch process which will not go beyond June 2018.

5. The soft launch period will be used to:-
    a. Educate the relevant practice staff including clinicians who have been identified as not referred using e-RS. Additional upskilling on e-RS will be arranged as required.
    b. Identify any service gaps on e-RS so that these can be addressed
    c. Educate relevant staff including consultants at UHL and Community Hospitals who are not adhering to PSO.

6. To support practices who are having difficulty in finding a service on e-RS, UHL have introduced an email advice line that practices can contact cantfindaservice@uhl-tr.nhs.uk.

7. A Standard Operating Procedure (SOP) has been produced that details responsibilities of both practice and the hospitals which is just going through final ratification and will be shared with practices in due course (appendix 1).

8. The task and finish group formed which included representation from University Hospitals of Leicester (UHL), Alliance, CCGs and the IM&T Practice Manager

Kieran Mann, have reviewed the business as usual process which will be implemented in June 2018.

9. NHS England and NHS Digital recognises that not all services are appropriate for inclusion on e-RS, locally a list of services that will be excluded from PSO has been identified and this has been shared with practices (see appendix 2).

10. Business continuity process has been defined which has been shared with practices and also hosted on PRISM as a central resource (see appendix 3).

11. The practice level performance information continues to be shared by UHL with the three CCGs, each CCG has contacted their practices asking them to review their referrals so that we can understand how they manage these and any issues they experience so that we can share this intelligence with UHL for rectification.

12. Communications are on-going with practices through practice manager and locality meeting. A list of out of county providers implementation dates has been provided to practices during February 2018 and a reminder will be shared with practices this month (see appendix 4). CCGs will also need to ensure that OOH or other commissioned services send referrals via e-RS.

CONCLUSION

13. PSO soft launch has now been achieved at UHL and Community Hospitals and they continue to work towards full switch off in June.

RECOMMENDATIONS

The Primary care Commissioning Committee is asked to:-

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

Appendix 1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST /

LEICESTER, LEICESTERSHIRE AND RUTLAND (CITY, EAST AND WEST) CCGs

E-REFERRALS and PAPER SWITCH OFF

STANDARD OPERATING PROCEDURE

a) Background

The national Paper Switch-off (PSO) Programme has been developed to support Trusts and Clinical Commissioning Groups (CCGs) to move to full use of the e-Referral system (e-RS) for all consultant-led first outpatient appointments. The programme will help Trusts meet the conditions of the NHS Standard Contract where, from 1 October 2018, providers:

"need not accept (and will not be paid for any activity resulting from) referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service."

b) Scope

This document relates to all referrals sent by GPs to UHL for Consultant-led outpatient services using e-RS. It is a collaborative document compiled by both University Hospitals of Leicester NHS Trust and LLR CCG representatives on the LLR Paper Switch-Off board.

UHL consists of ten hospital sites; three within the city and seven across the county. There is no central referrals management office; referrals are dealt with by administrative staff within each specialty at each site.

c) Definition

This document outlines the basic principles of practice in making and processing referral that are generated using the e-RS system, that should be maintained across primary and secondary care providers.

Primary care will:

What	Who	How	When
Use PRISM as a resource tool for: a) Referral pathways b) Identifying which service to send referral into c) List of exceptions to PSO d) List of live A&G services e) A&G FAQs	GP	Via clinical system	At the point of deciding whether to refer/seek A&G.
Create referral letter as soon as practical.	GP	Using PRISM where pathway exists	During/after consultation.

What	Who	How	When
Make every effort to select most appropriate service for the patient's clinical condition, and only refer into the "general" service if a condition-specific service is not available.	GP / Practice Staff	e-RS	At the point of creating referral request.
Where there is not a specific condition-related service available on e-RS, refer into the specialty "general" service (e.g. General Dermatology, General Cardiology etc.).	GP / Practice staff	e-RS	At the point of creating a referral.
Where referral to a named clinician is required, ensure clinicians name is included within the referral letter (do not make a named referral on e-RS as this is likely to result in a delayed booking).	GP	Within referral letter	At the point of creating referral letter.
Indicate degree of urgency on e-RS. When clinical triage occurs, UHL will review appointment date and bring forward/push back appointment date accordingly.	GP	e-RS	At the point of creating referral request.
Print patient information from e-RS / PRISM as appropriate to inform them of what is happening next.	GP / Practice staff	e-RS / PRISM	At the point of referral.
Inform patients that any appointments booked via e-RS are "provisional" until they hear from the hospital with a confirmation of appointment letter.	GP / Practice Staff	Verbally	At the point of creating a referral / booking appointment on behalf of patient.
Attach referral letter to referral request in a timely manner.	GP / Practice Staff	Via PRISM / clinical system	Ideally within 48 hours of generating UBRN (within 4 working day maximum – as per national guidance).
Select "Defer to Provider" if appointments are not available for direct booking. (This will count as an e-referral). UHL will allow up to 4 days for the referral letter to be attached to e-RS. If you are contacted and asked to fax the referral, tell them that you will attach it to e-RS.	GP / Practice Staff	On e-RS	At the point of attempted booking.
Review "Outstanding Referral Letter" worklist and attach letters to UBRN.	Practice staff	e-RS	Weekly.

Secondary care will:

What	Who	How	When
Print referral letters from e-RS and prepare ready for clinical triage.	Specialty admin staff	From e-RS	Within 24 hours of e-referral pathway start date.
Clinically triage all letters to check: a) Patient is booked into correct clinic (indicate if needs changing to a named consultant) b) Appointment date is in keeping with clinical needs (according to referral letter details.	Specialty Clinical staff	Printed referral and tracking sheet.	At least weekly.
Where a GP has indicated that the referral is urgent, make attempts to bring appointment forward if found to be booked into a routine slot, and if deemed to be clinically appropriate.	Specialty admin staff	Within e-RS / HISS	Following clinical triage and allowing reasonable notice.
When a referral letter is addressed to a named clinician, every effort will be made to ensure the appointment is booked within that clinician's clinic, if this is agreed at clinical triage.	Specialty clinical / admin staff	e-RS / HISS	Following clinical triage.
Where patients are found to be booked into inappropriate service/clinic, but within the correct Specialty, attempts should be made to re-book via e-RS. If slots are not available on e-RS, then the booking must be made outside of e-RS, but e-RS updated with new appointment details, and the patient informed.	Specialty admin staff	e-RS / HISS / phone	Following clinical triage and allowing reasonable notice.
If the specialty referred into is deemed inappropriate, forward referral to more appropriate specialty within e-RS. Follow process for informing receiving specialty of onward referral (as patient not visible to them on e-RS) via e-mail / sending printed version of referral.	Specialty admin staff	Within e-RS	Following clinical triage.
Keep patient informed with confirmed appointment details / cancelled appointment notifications.	Specialty admin staff	Letter from HISS using external printing	Following clinical triage and allowing reasonable notice.
Where appointments need changing (bringing forwards / moving back) patients are kept informed.	Specialty admin staff	From HISS / phone	Following clinical triage and allowing reasonable notice.

What	Who	How	When
Only "Reject" referrals if the patient does not need to be seen within the Trust at all (by any outpatient specialty). Give reason for rejection – i.e. referral criteria not met.	Specialty admin staff	e-RS	Following clinical triage.
"Reject" referrals where a PRISM referral has not been sent, when it is mandated that PRISM must be used for that service. (N.B. this only applies to GPs across Leicester, Leicestershire and Rutland who have access to PRISM.)	Specialty Clinical / admin staff	e-RS	Following clinical triage.
Attempt to convert ASIs into a Booking on e-RS over 4 consecutive days, before manually registering on HISS and booking outside e-RS.	Specialty admin staff	e-RS / HISS	Daily management of ASI worklist.
Ensure Data Quality: a) When manually processing ASIs, record Referral Source Code as "QIG", and record the UBRN as the Pathway number following the format of X09-UBRN. b) When manually creating a new episode for an e-RS referral that has been passed between departments (e.g. 2WW to clinical specialty), always use Referral Source code of "EGP" and link to the original Pathway number.	Specialty admin staff	e-RS	At the point of registering e-RS referral on HISS manually.
Manage "Missing Referral Letter" worklist and contact practice by telephone to ask them to attach missing referral letters to e-RS (for bookings or ASIs).	Specialty admin staff	Phone	At least weekly.
Allow up to 4 days for referral letters to be attached to e-RS (practices must then be contacted by telephone and asked to attach letter to e-RS).	Specialty admin staff	Phone	As required.
Not ask for referral letters to be faxed unless a point in time is reached when it is too late for a referral letter to be added to e-RS, i.e. day of appointment.	Specialty admin staff	Phone	Prior to appointment date.

The list of services excluded from Paper Switch-Off is located within the "Resources" section on PRISM.

Separate documents exist that cover: Paper Switch-Off Returns Process and Down-time Contingency Plans for primary and secondary care.

All 2 week wait (suspected cancer) referrals must continue to be sent using PRISM and e-RS as per existing process.

This SOP has been signed off by the LLR Planned Care Board on 04.04.2018

Will Monaghan
Director of Performance and Information
University Hospitals of Leicester NHS Trust

Sarah Prema
Director of Strategy and Implementation
LLR CCGs

Appendix 2

Exclusions to Paper Switch Off at University Hospitals of Leicester
(referral can continue to be made by existing method)

SERVICES

Non Consultant-led outpatient services, e.g.:

- Midwife led maternity services
- Hearing aid services
- Nurse-led services
- Community diabetes services
- Therapies and other Allied Health Professionals

Emergency referrals that require same/next day appointments following discussion with the on-call team at UHL who request a referral by fax/letter sent with the patient, e.g.:

- TIA
- Stroke
- Any other on-call Specialty

Diagnostics, including DEXA

Screening services

OTHER SCENARIOS

Patients without an NHS number (please state this fact on referral letter)
Prisoners
Referrals from non-GP, e.g. Community Midwife, Dentist, Optician

N.B. This list is not exhaustive and alterations may be made to it leading up to full Paper Switch Off.
Please do not print this page, but check PRISM for updated versions.

Date: 16.03.18

Appendix 3

ERS / PRISM CONTINGENCY FOR PAPER SWITCH OFF – PRIMARY CARE ROUTINE AND URGENT REFERRALS ONLY

From 18th June 2018, all GP referrals into consultant-led services must be received via the NHS Electronic Referral Service system (ERS). Referrals received by UHL and community hospital sites dated after 18th June which are **not sent via ERS** will not be accepted.

Contingency in the event of unexpected IT system downtime

In the unlikely event that either ERS or PRISM are not available, the following processes should be followed:

ERS not working (for Routine and Urgent referrals only)	**PRISM not working**
- If there is a local or national reason for ERS being down, practices will be contacted by Health Informatics. Practices should hold routine and urgent referrals and send when ERS is back up and running. - If it is known that ERS will be down for more than a week, practices should complete referral pathways on PRISM (where available), print and send referrals by paper to the specialty and site appropriate for the patient's condition (do not attempt to e-mail or fax referrals). - If it is known that ERS will be down for more than a week, where PRISM pathways are not available, a paper referral letter should be created and sent to the specialty and site appropriate for the patient's condition. - When paper referrals are sent (either from PRISM or letter) referrals must state that a paper referral is being made due to ERS not being available (state the date of unavailability). - If ERS is working but there are no slots available when trying to book, practices should continue to use ERS and select 'Defer to Provider'.	- If the central PRISM system is down for any period of time Health Informatics will communicate this to all GP practices. Practices should hold the referral and send it (via ERS) when PRISM is back up and running. - If PRISM down time is likely to be greater than a week then a referral letter should be created and attached to ERS at the time of making a referral into the relevant service for the patient's condition.

N.B. there is a separate contingency for 2WW referrals that must continue to be followed.

This Contingency Plan has been compiled following consultation with the Leicester Paper Switch-Off Board, and the LLR E-Communications Board.

HSC 23.03.18

Appendix 4

Primary Care Delivery Board
April 2018 Update

Paper Switch Off – UHL

University Hospitals of Leicester (UHL) and Community Hospitals is now live with Paper Switch Off (PSO) as off the *9th April 2018*

- **ALL referrals by GPs to first consultant led outpatient clinics must be sent via e-RS**
- **During April and May UHL will apply a "soft" approach to PSO:-**
  - **non e-RS referrals will be processed as normal**
  - **practices will receive a report so that you can review why the referral was not via e-RS**
  - **practices have been asked to nominate two members of their to receive these reports**
- **"Full" switch off will be implemented during June:-**
  - **any referrals not sent via e-RS (paper/email) will not be processed (no clinical review)**
  - **you will be asked to re-submit via e-RS**

NHS e-Referral Service

Paper Switch Off – UHL

- There are a number of services which are excluded from this:-
  - Non consultant led services (e.g. midwife led clinics, nurse led clinics, therapies, hearing aid services)
  - Emergency Referrals that require a same or next day appointment (e.g. TIA, Stroke, on-call specialities)
  - Diagnostics
  - Screening services
- Other scenarios would include:-
  - Patients without a NHS number
  - Prisoners
  - Referrals from non GPs

Please note this list is not exhaustive and will be reviewed on a regular basis

This list will be maintained and is accessible to practices on PRISM

NHS e-Referral Service

Paper Switch Off – UHL

- A Standard Operating Procedure is just being finalised which details key reminders for UHL and practices on their responsibilities (this will be shared with practices soon)
- The education of UHL and Community Hospitals staff continues (messages are in line with the SOP content)
- Practices having difficulties finding services on e-RS can access signposting advice by email cantfindaservice@uhl-tr.nhs.uk (this is for e-RS service queries only)
- For those occasions where we have a system unavailable, business continuity will be invoked, this has been published on PRISM for reference
- We are also reviewing how providers communicate back (outpatients/inpatients) with practices as we want to support with moving these to electronic process too

Paper Switch Off – UHL

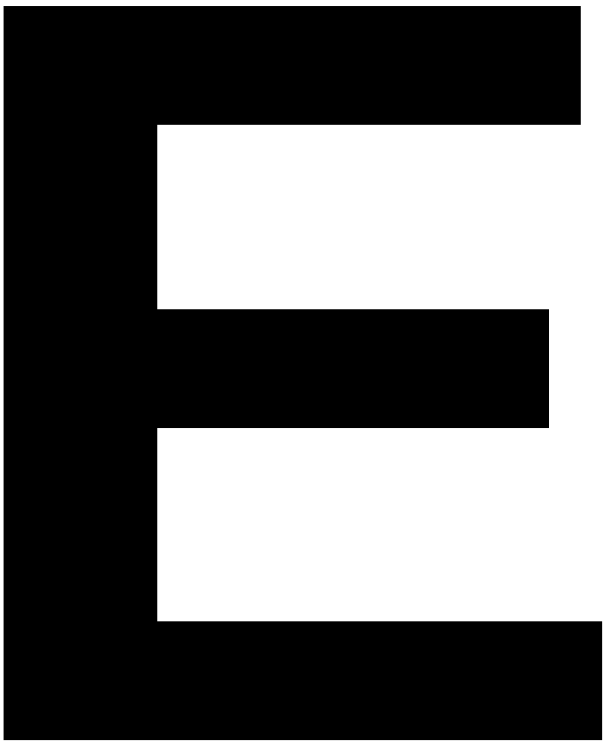
Key Learning to date:-

- **Services identified for review and commissioning on e-RS (where appropriate):-**
  - **Bridge Park Plaza Community Paediatrics**
  - **Clinicial Genetics**
  - **General Haematology (only showing A&G)**
- **Names consultants process has been defined (this is in the SOP):-**
  - **practices to refer into the relevant clinic**
  - **reference to be included in the referral letter which consultant they need to see**
  - **at point of clinical triage UHL will review this and rearrange appointment as appropriate**
- **If no appointment slots "Defer to Provider" option should be utilised. It is then UHL's responsibility to arrange the appointment (this is in the SOP)**

Paper Switch Off – Other Providers

A range of other providers have also gone live with PSO as listed below:-

- **Burton Hospital**
- **Derby Hospitals**
- **George Eliot / Coventry & Warwick (phased approach)**
- **Nottingham Hospitals**
- **Peterborough Hospital**
- **Leicestershire Partnership Trust have two services that this applies to:-**
  - **Attention Deficit Hyperactivity Disorder**
  - **Asperger's**



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EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

Front Sheet

REPORT TITLE:	ELR CCG Practice Transformation Funding Scheme 2017-2019: Update
MEETING DATE:	1 May 2018
REPORT BY:	Jamie Barrett, Head of Primary Care
SPONSORED BY:	Tim Sacks, Chief Operating Officer
PRESENTER:	Tim Sacks, Chief Operating Officer

EXECUTIVE SUMMARY:
The purpose of this report is to update the Primary Care Commissioning Committee on the Transformation Bids received from the CCG GP Localities.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to: • **NOTE** the progress of the CCG GP Localities and their approaches to the GPFYFV Transformation Funding.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019:			
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 not considered necessary for this paper.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:	
The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	BAF3 – The quality of care provided by primary care providers does not match commissioner's expectation with respect to quality and safety

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

ELR CCG Practice Transformation Funding Scheme 2017-2019: Update

1 May 2018

Background

1. The GP Five Year Forward View sets out NHS England's investment and commitment to strengthen general practice, and support sustainable transformation of primary care for the future.

2. ELR CCG must ensure the sustainability of general practice by implementing the General Practice Forward View, including plans for Practice Transformational Funding Support of £3 per patient across 2017-2019

3. The table below represents a breakdown of the Transformation funds agreed across 2017/18 and 2018/19

Year	Funding	Utilisation of funding
2017/18	£0.50	Supporting ELR GP Federation to assist with the formulation and completion of Locality Plans
2018/19	£0.25	Continued support of ELR GP Federation to assist with the delivery and progress of locality plans.
	£2.25	To fund locality groupings for delivery of their locality plans subject to progress approval by the CCG.
	*£1**	*Nominal 'match funding' to be identified by practice groupings to the value of £1 per patient.*

Progress - May 2018

4. All CCG localities have been involved since December 2017 in producing bids to access the funds based on the themes of the GP5YFV.

5. Communication was sent to all practices in December 2017 alongside a template for completion with the following headings:

- Locality Sign Up
- Service Proposal
- Delivery Models
- Workforce Capacity/Leadership
- Enablers
- Measurables
- Finance

6. Approvals panels were convened in February / March and April 2018 to consider locality bids and approve or provide feedback for resubmission.

7. The table below indicates which localities submitted bids for a particular panel. Where there were concerns, queries or additional information localities were asked to resubmit.

8. Rutland, North and South Blaby were approved at the March 2018 panel. O&W, SLAM and Harborough were asked to resubmit for April.

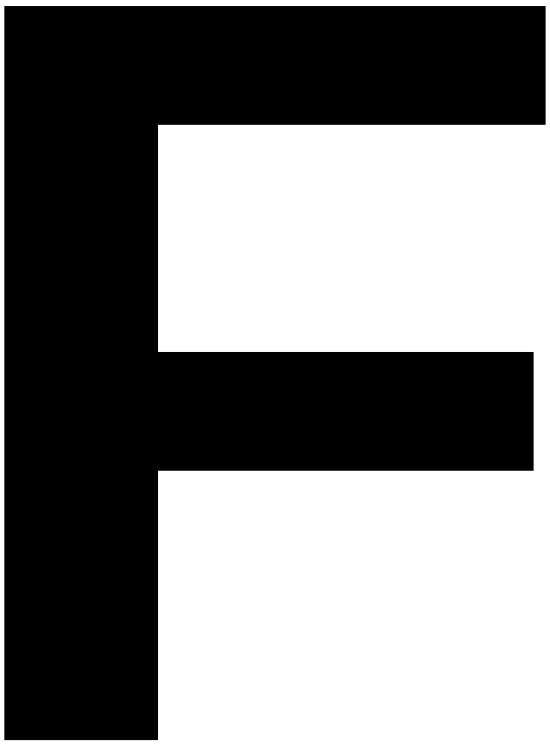
February 2018	**March 2018**	**April 2018**
North Blaby	North Blaby	SLAM
	South Blaby	Harborough
	O&W	O&W
	SLAM	
	Rutland	
	Harborough	

9. Once all bids have been finalised and approved an overview of all locality bids will be brought to the PCCC for information.

Recommendation:

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

- **NOTE** the progress of the CCG GP Localities and their approaches to the GPFYFV Transformation Funding.



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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 12, March 2018)**
MEETING DATE:	**1 May 2018**
REPORT BY:	**Richard George, Senior Primary Care and Non-Acute Commissioning 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 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) 2018 – 2019: (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 12, March 2018)

May 2018

1. Month 12 Outturn Position

The 2017/18 annual budget for Primary Care services totalled £98.3m. The accounts for the year have now closed and the final outturn position for the service was an underspend of £2.167m. Appendices 1 and 2 provide further analysis of all service areas.

2. Primary Care Prescribing

Based on Month 10 PPA data, the forecast outturn position (including high cost drugs and central prescribing) is an underspend of £995k.

During the month there were a number of material changes to the prescribing position:

- Category M Drugs – The benefit of price reductions in August had originally been held centrally by NHS England. The decision was made in March to release this benefit to CCGs and as a result ELR saw a £400k reduction in prescribing costs.

- The CCG is being charged for flu vaccines despite not being given a budget on devolution. A challenge has been made to NHS England to recover the cost pressure of £525k.

It is forecast that the QIPP programme for prescribing will over deliver at £2.9m against a target of £1.5m. In addition to this there is a £715k benefit following the expiration of the pregabalin patent.

The forecast includes a £1.5m cost pressure in relation to NCSO drugs. The number of drugs being added to the list has reduced significantly with a current monthly cost to the CCG of £35k compared to £250k per month over the summer period.

3. Community Based Services

Based on activity data for quarters 1 to 3, an outturn underspend of £120k has been reported. This underspend mainly relates to anti coagulation monitoring as more patients transfer to DOACS.

4. GP Co Commissioning

The reported outturn position for co-commissioning is an underspend of £121k.

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 and maternity / paternity leave.

To partially offset overspending areas, a £407k benefit is included in the forecast in relation to business rates reimbursements where local authority billing to gp practices has been challenged. This is a national exercise being led by an external company commissioned by NHS England.

In March, CCGs were advised that NHS England would bear the cost of GP indemnity insurance payments to practices. This had been previously reported as a cost pressure and has improved the CCG's financial position by £170k.

There is an underspend against PMS / FDR reinvestment of £106k. This budget will be reinstated in the 2018/19 financial plan.

5. GP Support Framework

A small underspend is being reported against the GP Support Framework. The reported outturn mirrors the level of achievement reached in 2016/17.

There is an underspend of £194k being reported against the Primary Care Transformational Support Funding budget where the only expenditure to be incurred this year is in relation to the GP Federation. The remaining balance to the £3 per patient investment will be incurred in 2018/19 to ensure that the CCG meets the GP Forward View requirement to invest in transformational support.

6. **GP IT**

The outturn position for GP IT was an underspend of £233k. This was largely due to slippage on a number of initiatives for which funds will be made available in 2018/19.

7. **Primary Care Licenses & Other**

Due a number of underspending areas including workforce training and GP recruitment where expenditure plans have slipped into 2018/19, this budget area has underspent by £172k.

8. **Urgent Care Centres**

Urgent Care Centre activity is in line with expectations and no additional payments beyond the core contract value are being forecast. However, there are ongoing discussions with the Provider who has requested additional funding in relation to inflation and premises costs backdated to 2016/17 which presents a financial risk to the CCG.

An outturn underspend of £293k is being reported. This is the net benefit to the CCG in relation to the cross charging of urgent care centre activity.

9. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

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

Appendix 1

M12 Primary Care Commissioning Report	Outturn Position		
	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	**(£'000s)**	**(£'000s)**	**(£'000s)**
CCG Prescribing			
OptimiseRX	91	89	-2
Central Prescribing	1,256	1,188	-68
High Cost Drugs	947	901	-46
GP Prescribing	46,435	45,567	-868
Prescribing Incentive Scheme	691	680	-11
Total Practice Prescribing	**49,420**	**48,424**	**-995**
Enhanced Services			
Community Based Services	2,611	2,491	-120
Total Enhanced Services	**2,611**	**2,491**	**-120**
Co Commissioning	**40,533**	**40,413**	**-121**
GP Support Framework			
Care Homes	484	468	-16
End of Life	327	327	
Long Term Conditions	655	620	-35
Demand Mangement	327	327	
Dementia	164	176	12
Primary Care Transformation Fund	327	133	-194
Total GP Support Framework	**2,284**	**2,051**	**-233**
Other			
GP IT	974	740	-233
Primary Care - Licenses & Other	635	463	-172
7 Day Working BCF	0	1	1
Urgent Care Centres	1,794	1,501	-293
Total Other	**3,403**	**2,705**	**-698**
Total Primary Care	**98,251**	**96,084**	**-2,167**

Appendix 2

Month 12 Primary Care Co-Commissioning	Forecast Outturn Position		
	Budget	Forecast	Variance (Under)/ Over
	£000's	£000's	£000's
GMS Global Sum	25,585	25,744	159
MPIG Correction Factor	1,644	1,644	-0
PMS Reinvestment	5	0	-5
FDR Payment	83	0	-83
Ear Irrigation	82	82	-0
Wound Clinics	327	327	0
SLA Pharmacists	655	637	-18
Subtotal PMS & FDR Reinvestment	1,152	1,046	-106
Total General Practice - GMS	**28,381**	**28,434**	**53**
Occupational Health	47	45	-2
Locum Adoption/Paternity/Maternity	140	106	-34
Locum Sickness	20	148	128
Locum Suspended Doctors	0	0	0
Seniority	469	396	-73
Sterile Products	0	0	0
GP Training	95	89	-6
PCO Doctors Ret Scheme	20	28	8
Kingsway Management Plan	106	113	7
CQC Registration	151	154	3
Total Other GP Services	**1,048**	**1,078**	**30**
QOF Achievement	1,188	1,021	-167
QOF Aspiration	2,772	3,107	335
Total QOF	**3,960**	**4,128**	**168**
DES Extended Hours Access	587	613	26
DES Learning Disability	78	87	9
DES Violent Patients	47	47	0
DES Minor Surgery	510	469	-41
TPP QRisk	17	17	0
Avoiding Unplanned Admissions	0	0	0
LES Translation Fees	50	58	8
Imdemnity Insurance	0	0	0
Leicester Asylum Service	33	18	-14
Total Enhanced Services	**1,320**	**1,310**	**-11**
Dispensing Quality Scheme	95	93	-2
Prof Fees Dispensing	1,500	1,499	-1
Prof Fees Prescribing	220	187	-33
Prescribing Charge Income	-300	-288	12
Total Dispensing/Prescribing Drs	**1,515**	**1,491**	**-24**
Premises Actual Rent	1,700	1,493	-207
Premises Clinical Waste	150	160	10
Premises Cost Rent	30	0	-30
Premises Health Centre Rates	22	12	-10
Premises Health Centre Rent	95	124	29
Premises Notional Rent	1,500	1,590	90
Premises Rates	710	897	187
NHSE / GL Hearn Rates Rebates	0	-407	-407
Premises Water Rates	62	30	-32
Other premises	40	71	31
Total Premises Cost Reimbursement	**4,309**	**3,972**	**-337**
GRAND TOTAL - Co-Commissioning	**40,533**	**40,413**	**-121**