

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 5 June 2018
Meeting No.	38.	Time	9:30am – 10:20am
Chair	Mr Clive Wood (Deputy Chair of the CCG 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/18/54	Welcome and Introductions		Clive Wood	Verbal	9:30am
PC/18/55	To receive questions from the Public in relation to items on the agenda	To receive	Clive Wood	Verbal	9:30am
PC/18/56	Apologies for Absences: <ul style="list-style-type: none"> • Daljit Bains 	To receive	Clive Wood	Verbal	9:35am
PC/18/57	Notification of Any Other Business	To receive	Clive Wood	Verbal	9:35am
PC/18/58	Declarations of Interest on Agenda items	To receive	Clive Wood	Verbal	9:40am
PC/18/59	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 1 May 2018	To approve	Clive Wood	A	9:40am
PC/18/60	To Receive Actions and Matters Arising following the meeting held on 1 May 2018	To receive	Clive Wood	B	9:45am
OPERATIONAL ISSUES					
PC/18/61	Uppingham Surgery – Request to extend reduced GP session	To approve	Khatija Hajat	C	9:50am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PRIMARY CARE FINANCE REPORT					
PC/18/62	Primary Care Finance Report Month 12 (2017/18): Update and 2018/19 Opening Budget Position	To receive	Donna Enoux	D	10:00am
ANY OTHER BUSINESS					
PC/18/63		To receive	Clive Wood	Verbal	10:10am
DATE OF NEXT MEETING					
PC/18/64	Tuesday 3 July 2018 at 9:30am, Goscote Committee Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Clive Wood	Verbal	10:15am

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**Minutes of the Primary Care Commissioning Committee held on
Tuesday 1 May 2018 at 9:30am in Guthlaxton Committee Room, ELR CCG,
County Hall, Glenfield, Leicester, LE3 8TB**

Present:

Mr Warwick Kendrick	Independent Lay Member (Chair)
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Tim Sacks	Chief Operating Officer
Dr Girish Purohit	GP Locality Lead for Melton, Rutland and Harborough
Mrs Tracey Burton	Interim Chief Nurse and Quality Officer
Ms Donna Enoux	Chief Finance Officer
Dr Tim Daniel	Public Health Consultant

In attendance:

Dr Anne Scott	Deputy Chief Nurse and Quality Officer
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/18/48 onwards)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/18/41	<p>Welcome and Introductions</p> <p>Mr Warwick Kendrick welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting and confirmed that he is standing in to chair the meeting in the absence of both Mr Clive Wood and Mr Alan Smith. Mr Kendrick welcomed Mrs Burton to her first meeting of the Committee in her capacity as the Interim Chief Nurse and Quality Officer.</p>	
PC/18/42	<p>To receive questions from the Public in relation to items on the agenda</p> <p>There were no members of the public present at the meeting and no questions had been received.</p>	
PC/18/43	<p>Apologies for absence:</p> <ul style="list-style-type: none"> • Mr Clive Wood, Deputy Chair and Independent Lay Member • Mr Alan Smith, Independent Lay Member • Dr Tabitha Randell, Secondary Care Clinician • Mr Jamie Barrett, Head of Primary Care 	
PC/18/44	<p>Notification of Any Other Business</p> <p>In response to notification of any other business, Dr Purohit requested to present an update in relation to the Thurmaston Medical Centre.</p>	

ITEM		LEAD RESPONSIBLE
	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the notification of any other business. 	
<p>PC/18/45</p>	<p>Declarations of Interest</p> <p>GPs present declared an interest in items relating to commissioning of primary care where a potential conflict may arise, it was noted that the Register of Interests is published on the CCG website.</p> <p>Mr Kendrick declared a specific conflict as he is the Chair of the Audit Committee, noting that the Audit Committee is responsible for oversight and scrutiny of how the Primary Care Commissioning Committee manages conflicts of interest raised at the meeting. However, as the Primary Care Commissioning Committee is required to be chaired by a lay member, it was felt appropriate that he stand in in the absence of both Mr Wood and Mr Smith. The declaration was noted, and it was agreed that no further action was to be taken in respect of the declaration</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the conflicts of interest declared and note the actions taken. 	
<p>PC/18/46</p>	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 3 April 2018 (Paper A)</p> <p>The minutes of the meeting held in April 2018 were accepted as an accurate record of the meeting, subject to the following amendment:</p> <ul style="list-style-type: none"> • PC/18/37 – Primary Care Co-Commissioning Finance Report 2017-18 (Month 11); Page 6, second paragraph Dr Varakantam requested for this paragraph to be reviewed as it had been queried whether the unexpected pressure for the CCG to pay GP sick leave was having a significant effect on the GP finances; and whether support from NHS England had progressed further. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting, subject to the above area of clarification. 	
<p>PC/18/47</p>	<p>To Receive Matters Arising following the meeting held on 3 April 2018 (Paper B)</p>	

ITEM	LEAD RESPONSIBLE
<p>The matters arising following the meeting held in April 2018 were received, and the following update noted:</p> <ul style="list-style-type: none"> PC/18/36 – Uppingham Surgery: Ketton Branch Public Consultation Update In the absence of Mr Barrett, Mr Sacks informed the Committee that Mr Barrett attended the Adult and Health Scrutiny Panel meeting at the Rutland County Council on 26 April 2018 with Mrs Gaj where a report was presented in relation to the process followed by the CCG for the proposed practice closure. Feedback received from the Chair of the Panel meeting was positive as the report had presented in a clear manner and outlined activities / progress to date. An update will be presented to the Committee following the completion of the public consultation in June 2018. Action ongoing. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> RECEIVE the matters arising and NOTE the progress to date. 	
<p>PC/18/48 Primary Care Commissioning Committee – Terms of Reference (Paper C)</p> <p>Mrs Bains presented this report, highlighting that the terms of reference for the Committee have been reviewed to ensure they remain fit for purpose and in line with delegated responsibilities from NHS England. It was noted that no changes had been identified. The Committee were requested to agree the draft Terms of Reference, prior to formal approval by the Governing Body in May 2018.</p> <p>Mr Sacks agreed with the Terms of Reference presented and enquired about the review of the terms of reference across other committees to ensure reports are presented to the appropriate committee. Mrs Bains confirmed that terms of reference for all committees are reviewed regularly and more recently the work programmes for the committees have been presented to the Executive Management Team to support the point raised by Mr Sacks. Mrs Bains confirmed that the review of the work programmes will help to ensure that reports are presented to the correct meeting.</p> <p>Dr Varakantam noted one of the Committee’s roles was to manage the budget for commissioning primary medical care services; however he noted that the Committee no longer had the delegated authority to make decisions on expenditure of this budget and decisions would be escalated to the Governing Body. It was noted that the Committee had resumed its responsibility as of 1 April 2018 and will need to ensure it maintains within the budget.</p>	

ITEM		LEAD RESPONSIBLE
	<p><i>Dr Anne Scott left the meeting.</i></p> <p>In response to Dr Daniel's query whether the Public Health were to be included as representatives on the Committee, Mrs Bains confirmed Mr Mike Sandys had been requested to attend the Committee as a representative from the Health and Wellbeing Board for Leicestershire as a statutory role, which had been delegated to Dr Daniel. With regards to the CCG's role to carry out a needs assessment of primary care medical services, Dr Daniel suggested the Committee would benefit from the inclusion of a representative from Public Health. The Committee agreed for Mrs Bains to amend the terms of reference to include a representative from public health within the list of attendees (Schedule 2 of the draft Terms of Reference); noting Dr Daniel currently attends as the representative on behalf of the Health and Wellbeing Board, which was valuable to the Committee's remit.</p> <p>Mr Kendrick queried attendance from Healthwatch Leicestershire and Healthwatch Rutland representatives. Mr Sacks confirmed that both Ms Sue Staples and Mrs Jennifer Fenelon respectively had previously attended however, and once roles have been designated within these organisations, individuals will be invited to future meetings.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and APPROVED the Terms of Reference, subject to the inclusion of a Public Health representative as an attendee. <p><i>Dr Anne Scott re-joined the meeting.</i></p>	<p>Daljit Bains</p>
<p>PC/18/50</p>	<p>Paper Switch Off (PSO) Programme: Update (Paper D)</p> <p>Mr Sacks presented this report, which provided the Committee with a progress update since the previous report in March 2018 in relation to the Hospital Trusts in Leicestershire implementing the national requirements dictated by NHS England and NHS Digital to improve the use of electronic referrals from primary care to secondary care.</p> <p>The Committee were informed that the current position detailed under section 2 of the report continues to show an increase of electronic referrals (e-RS) between October 2017 and March 2018 across LLR CCGs; and the soft launch agreed with NHS England and NHS Digital has been reached, which went 'live' on 9 April 2018 and will continue until June 2018. The PSO programme will support Practices as the Hospital Trusts and the Community Hospitals will continue to accept and process any referrals received outside of</p>	

ITEM	LEAD RESPONSIBLE
<p>electronic referrals (e-RS) during the soft launch. In addition, a central email advice line has been introduced to support Practices; however, no issues have been reported to date.</p> <p>Dr Glover referred to the Standing Operating Procedure (SOP) for e-RS and the PSO Programme across UHL and LLR CCGs, which was provided at appendix 1 and noted as a very detailed. However, queried the monitoring of appointments slots as referred to in section 4 of page 2 of the SOP, which are not available. Mr Sacks confirmed may be due to system related issues, however, will raise the issue at the next LLR Information Management and Technology Board (IM&T) Board meeting in May 2018. In addition, Dr Varakantam stated UHL is one of the poorest Trusts in terms of referral appointments, which has remained the same for some years and felt UHL would benefit from an actual launch date in October 2018.</p> <p>It was noted by GPs present that referrals are causing increased work for GPs and uncertainty for patients as they are waiting a long time, have to be referred again, or obtain private medical treatment due to lack of / inappropriate appointments – the latter which was noted in box 5 on page 3 of the SOP. For example, a patient referred for a knee appointment is booked in the ankle clinic and the whole process has to be repeated by the GP. Dr Scott noted no issues had been reported via the online advice line; however, suggested progress is monitored from a quality perspective going forward. In addition, Mr Sacks stated a reporting tool has also been put in place and the difficulties identified in appointment slots to be reviewed, including any patient safety and quality issues, which will also be raised at the LLR IM&T Board.</p> <p>Dr Purohit queried how urgent appointments are managed within the system as referrals are faxed from the Practice in conjunction with the patients; and with whom the risk lies with (e.g. Primary or Secondary care). It was noted the SOP includes an element of urgent referrals and the Right To Treatment (RTT) does not include a level of urgency. Dr Chotai supported comments made by GPs, and stated that the preferred route for UHL to report any patient safety issues is to the Patient Safety Team; and GPs are responsible for risk as the clinician requesting the referral. In addition, it was agreed for the CCG to review the issues and concerns raised.</p> <p>Mr Kendrick queried whether there were any changes from moving from paper referrals to e-RS, it was noted this resulted in the process applied as the referring clinician is unaware whether appointments are available at the point of referral. Previously, the Choose and Book system allowed clinicians to submit referrals and patients were required to log in and book an appointment depending on availability of clinics listed. It was agreed it was not appropriate</p>	

ITEM		LEAD RESPONSIBLE
	<p>for referrals to be made if appointments were not available as this is causing unnecessary anxiety for patients.</p> <p>Mr Kendrick referred to appendix 3 of the report, which provided the contingency plans for e-RS and PSO and queried whether this included cyber attacks. Mr Sacks confirmed IT support across GPs and LLR Hospitals is provided by Leicestershire Health Informatics Service (LHIS) who have robust business contingency plans in place and a phishing exercise has been included within the revised Service Level Agreement (SLA) between the LLR CCGs and LHIS.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
<p>PC/18/49</p>	<p>ELR CCG Practice Transformation Funding Scheme 2017-19: Update (Paper E)</p> <p>Mr Sacks presented this report, which provided the Committee with a progress update in relation to the transformation bids received from the GP Localities across the CCG.</p> <p>The Committee were reminded that the CCG put forward plans of £3 per patient for Practice Transformational Funding Support across 2017-2019 as part of the sustainability plan to implement the General Practice Forward View. The table on page 3 of the report detailed the breakdown of funding agreed across the two financial years.</p> <p>Following dissemination of information to all Practices in December 2017, a total of 10 transformational bids were received and reviewed by the Approvals Panels in February – April 2018 for consideration, approval or resubmission, which summarised as follows:</p> <ul style="list-style-type: none"> • March 2018 – North Blaby, South Blaby and Rutland bids approved; • April 2018 – SLAM, Harborough and Oadby & Wigston to be resubmitted. <p><i>Dr Daniel left the meeting.</i></p> <p>It was noted that once all bids have been finalised and approved, an overview will be presented to the Committee. In response to Dr Glover’s query whether the process includes the sharing of bids / information regarding best practice across localities, for example, Mr Sacks believed this information could be shared, however, would need to obtain consent from the bidding Practices; noting it would be helpful in order to share learning as Practices require a strong foundation and joined up working in order for these initiatives to be successful.</p>	

ITEM		LEAD RESPONSIBLE
	<p><i>Dr Daniel rejoined the meeting.</i></p> <p>In response to Dr Chotai's query regarding Practices who do not form part of the bids received, Mr Sacks confirmed the bids include all Practices across the CCG localities.</p> <p>Dr Purohit declared a conflict of interest in relation to this agenda item as his locality has submitted a transformation bid, which is to be reviewed by the Approvals Panel. It was agreed for Dr Purohit to remain part of the remainder of this agenda item as a progress update was being presented. Dr Purohit queried whether bids not resubmitted could be submitted in May 2018, to which Mr Sacks confirmed this was acceptable as the purpose of the resubmission may be due to the Practice not providing enough information to support the bid.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
PC/18/51	<p>Primary Care Co-Commissioning Finance Report 2017-18: Month 12 (March 2018) (Paper F)</p> <p>Ms Enoux presented this report, which provided the 2017/18 outturn position for Primary Care services; and the report was taken as 'read.' The Committee noted the 2017/18 annual budget for Primary Care services totalled £98.3m, and the financial accounts have now closed identifying an underspend of £2,167m as at month 12.</p> <p>Appendices 1 and 2 provided further detail and analysis of all services areas, however, Ms Enoux highlighted the forecast outturn for Primary Care Prescribing (including high cost drugs and central prescribing) with an underspend of £995k, which was positive. In addition, Ms Enoux confirmed some areas of spend such as transformational funding in 2019-2020; for example, have not been included within the financial plan for 2018-19.</p> <p>Dr Glover noted a history of careful prescribing and additional quality reviews that had led to cost effective underspend, however, felt the financial model for 2019-2020 was quite ambitious in terms of the movement of shared care coming from secondary care and the use of high cost drugs in comparison to cheaper alternatives. In response to Dr Scott's query whether the movement to secondary care was evidence based, Dr Glover it is evident that shared care has moved from secondary care to primary care and the CCG are presuming Practices can make savings however, need to take into consideration national issues.</p> <p>Ms Enoux agreed with comments made, and stated the CCG is</p>	

ITEM	LEAD RESPONSIBLE
<p>required to set targets, which are ambitious in order to increase productivity and requested GPs to continue the momentum for prescribing cheaper alternative drugs. In addition, it was noted the CCG has submitted its financial plan for 2018-19.</p> <p>Dr Varakantam queried the total QIPP programme for prescribing outlined in section 2 of the report as over delivering at £2.9m against a target of £1.5m and an additional £715k including pregablin. Ms Enoux confirmed this equated to a total of £3.2m, including pregablin patent.</p> <p>Dr Chotai queried how much prescribing activity is related to third part ordering as opposed to being ordered by patients themselves; and whether this had a significant impact on activity. Mr Sacks informed the Committee that a process in place within the Team who have amalgamated the impact of activity such as High Cost Drugs, which has been undertaken nationally and the CCG is currently undertaking. Ms Enoux informed the Committee that the prescribing data provided is based on Month 10 PPA data and it is likely that the remaining data could be included within a Month 13 report.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and NOTE the update. 	
<p>PC/18/52 Any other business</p> <p>Thurmaston Medical Centre Dr Purohit informed the Committee that following a visit by the Care Quality Commission (CQC) to the Thurmaston Medical Centre, the CQC has revoked the Practice's CQC registration in April 2018; and the Practice is currently being supported by West Leicestershire CCG.</p> <p>In response to Dr Scott's query whether the information provided was available within the public domain, it was noted the update provided by Dr Purohit was publically available, as recently broadcasted in the media.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	
<p>PC/18/53 Date of next meeting: The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 5 June 2018 at 9:30am, Guthlaxton Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</p>	

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

Key

ACTION NOTES

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 5 June 2018	Status
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 August 2018	Public consultation underway until 1 June 2018; update to be presented to the Committee in August 2018 to allow sufficient time for analysis. Action ongoing.	AMBER
PC/18/48	1 May 2018	Primary Care Commissioning Committee – Terms of Reference	Daljit Bains	To update the draft Terms of Reference for the PCCC to include a representative from Public Health to the list of members (Schedule 2) prior to approval by the Governing Body.	May 2018	Draft PCCC Terms of Reference updated to include a representative from Public Health, which were approved by the Governing Body in May 2018. Action complete.	GREEN

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

Front Sheet

REPORT TITLE:	Uppingham Surgery – Request to extend reduced GP session
MEETING DATE:	5 June 2018
REPORT BY:	Khatija Hajat, Primary Care Contracts Manager
SPONSORED BY:	Jamie Barrett, Head of Primary Care
PRESENTER:	Khatija Hajat, Primary Care Contracts Manager

PURPOSE OF THE REPORT
<p>Due to difficulties in GP recruitment Uppingham surgery submitted a business proposal to close the Ketton branch surgery in July 2017. As part of this business case, the practice informed the Primary Care Commissioning Committee of plans to reduce GP sessions at branch surgeries for a period of six months from July to December 2017. When the final business case was submitted in November 2017, the practice requested an extension of reduced sessions for a further six months until June 2018.</p> <p>The purpose of this paper is to inform the PCCC that the practice is requesting to further extend the reduced GP sessions at branch sites, including Ketton for a further six months until December 2018.</p>
RECOMMENDATIONS:
<p>The Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none">• APPROVE the practice plans to continue providing reduced GP sessions at branch surgeries for a further 6 months i.e. December 2018.

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. However, this will be done as part of the consultation with patients during the next phase of project development.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:
<p>The report highlights the following risk:</p> <ul style="list-style-type: none"> • BAF 3 - Quality Primary Care - The quality of care provided by primary care providers does not match commissioner’s expectation with respect to quality and safety. • BAF 6 (a) Primary Care Commissioning – ability to perform delegated duties whilst maintaining member relations and Clinical Engagement

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

UPPINGHAM SURGERY – REQUEST TO EXTEND REDUCED GP SESSION

5 JUNE 2018

Background

1. A paper was presented to the Primary Care Commissioning Committee in July 2017 following a proposal from Uppingham surgery to close Ketton branch surgery.
2. Within the Business Case, Uppingham Surgery informed the CCG of their plans to reduce GP sessions at the branch surgeries for a period of six months from July until December 2017 whilst efforts continued to recruit to the GP vacancy.
3. A detailed Business Case was presented to the PCCC in November 2017 regarding the option to close a branch site. Within this proposal the practice made the CCG aware of plans to continue arrangements for reduced sessions at the following branch surgeries for a further six months until June 2018:
 - Ketton (reduction of two GP sessions down to one session per week);
 - Barrowden (reduction of two nursing sessions down to one session per week).

Current Situation

4. Uppingham Surgery have informed the CCG that they would like to request an extension to the agreed reduction of GP sessions at the branch surgery (including Ketton) for a further six months until December 2018.
5. The GP that provides clinical sessions at Ketton branch surgery has tendered her resignation and will be leaving the practice on 15 June 2018 placing additional pressure on the service.
6. The practice has maintained an appropriate level of service at Ketton proportionate to the number of patients who elect to use the site. The dispensary is open two sessions per week for repeat prescription collection and there continues to be a nurse clinic at Ketton one session per week in line with other branch sites. Patients who elect to use Ketton are also offered appointments at the main site in Uppingham, or can opt to go to another branch if Ketton is closed.
7. The practice plans to continue with the reduced 1 GP session at Ketton for a further six months i.e. December 2018, pending a decision from the PCCC regarding the closure of the branch surgery.

8. There were no patient complaints regarding the reduction in sessions and no formal comments made to the practice between July 2017 (when the reduced sessions started) and January 2018.
9. Comments were received during the consultation with a view that the practice deliberately reduced the number of sessions to discourage people from registering and using the site. The practice ran the same number of GP sessions at Ketton as it did the other two branch sites (both having significantly more patients opting to use them) for a number of years before the GP recruitment issue forced the practice to review the way the service was used.
10. The business case notes the ratio of appointments and sessions to patient numbers at each site and some of the patients and stakeholders have noted in comments that the practice is currently providing one GP session per 280 patients, which is in line with the aim to provide one GP session per 250 patients across all sites.
11. All comments including any reference to the reduction in sessions will be in the consultation outcome report.

Recommendations

12. The Primary Care Commissioning Committee are asked to:
 - **APPROVE** the practice plans to continue providing reduced GP sessions at branch surgeries for a further 6 months i.e. December 2018.

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

Front Sheet

REPORT TITLE:	Primary Care Finance Report Month 12 (2017/18) Updates and 2018/19 Budget Position
MEETING DATE:	5 June 2018
REPORT BY:	Richard George, Senior Primary Care and Non-Acute Accountant
SPONSORED BY:	Donna Enoux, Chief Finance Officer
PRESENTER:	Donna Enoux, Chief Finance Officer

PURPOSE OF THE REPORT:
The purpose of this report is to provide specific updates to the final outturn position of the 2017/18 Primary Care budgets and the 2018/19 opening budget position.

RECOMMENDATIONS:
The East Leicestershire and Rutland CCG PCCC is requested to: <ul style="list-style-type: none"> • 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:
<ul style="list-style-type: none"> • Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6); • Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

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

**Primary Care Finance Report Month 12 (2017-18) Updates and 2018/19 Opening
Budget Position**

05 June 2018

The purpose of this report is to provide specific updates to the final outturn position of the 2017/18 Primary Care budgets and the 2018/19 opening budget position.

Month 12 Final Outturn Position

The 2017/18 accounts have closed and the final position (£2.2m underspend) was reported to the Committee at the meeting held on 01 May 2018.

The reported position included a number of expenditure estimates (accruals) for which actual charges have now been received. The table below shows the difference between accrued amounts and actual charges for the main primary care budget areas and calculates a total over accrual (benefit) to the CCG of £289k.

Budget Area	Reported Outturn (M12)	Accrued Expenditure	Actual Expenditure	Under / (Over) Accrual	Updated Outturn
GP Prescribing	£46,385,501	£7,358,637	£7,157,543	(£201,094)	£46,184,407
High Cost Drugs	£900,521	£147,520	£147,937	£417	£900,938
Central Prescribing	£1,187,978	£194,611	£193,650	(£961)	£1,187,017
Community Based Services	£2,490,769	£585,273	£497,948	(£87,325)	£2,403,444
Total	£50,964,769	£8,286,041	£7,997,078	(£288,963)	£50,675,806

At the time of writing this report, information is being analysed to determine practice prescribing incentive payments for 2017/18. A £661k accrual was made for the scheme, it is not anticipated that the achievement payments will materially differ to this. The same too applies to GP Support Framework where a £1.2m accrual was made as an estimate for achievement payments.

The final prescribing outturn, including a breakdown by practice is attached as appendix 1.

2018/19 Opening Budget

The budget for Primary Care in 2018/19 totals £94.5m. The methodology used to compile the budget, with the exception of co-commissioning, is as follows:

- 2017/18 M12 reported outturn, adjusted for non-recurrent items of income and expenditure.
- Plus an allowance for inflation, demographic growth and non-demographic growth
- Plus funding for cost pressures
- Less QIPP targets

The full breakdown of the budget including additional analysis of co-commissioning is attached to the report as appendices 2, 3 and 4.

QIPP

The 2018/19 budget includes a £5.3m QIPP delivery target of which £3m is 'stretch' as detailed in the table below:

Area	£m	Description
Prescribing	£2.0	As in previous years, this scheme focusses on cost effective 'switches', repeat prescription ordering, reducing prescribing for over the counter medicines and medicines of low clinical value. To support practices, funding has been allocated for pharmacists / technicians. The prescribing incentive scheme also continues into 2018/19.
Prescribing Stretch	£1.0	It is anticipated that the stretch target will be achieved through a number of different areas including: full year effect of Category M price reductions (£200k), further reductions in NCSO costs (up to £400k) and additional capacity built into the budget (£200k over accrued expenditure in 2017/18).
Flu Vaccines (NHSE challenge)	£0.3	The CCG has made a challenge to NHSE to recoup costs for flu vaccines. This relates to a CCG cost pressure which has arisen due to a funding allocation shortfall.
Primary Care Stretch	£2.0	All areas of the Primary Care budget are being scrutinised to identify areas where QIPP can be delivered. This work is ongoing, but at the point of writing this report, £126k has been confirmed / delivered.
	£5.3	Primary Care QIPP
GP Support Framework (GPSIP)	£1.9	Specific schemes within primary care to divert activity from secondary care including End of Life, COPD, AF, Diabetes, Dementia and Demand Management. This QIPP will reduce expenditure in the acute sector rather than reducing primary care budgets.
	£7.2	Total Primary Care Generated QIPP

Co-Commissioning Cost Pressure

In addition to the QIPP targets, a £974k cost pressure has been identified within the co-commissioning area. This represents the difference between the allocation and the bottom up budget setting exercise.

Nationally, the outcome of GMS contract negotiations will result in a 3.4% cost increase in 2018/19. Locally however, as the CCG is deemed to be over funded, the co-commissioning allocation has only increased by 2.4% (£1.0m).

Increases in Global Sum payments for the year are estimated to cost £1.1m, leaving a shortfall of funding for other inflationary and demographic costs.

More specifically, the CCG has the following significant new cost pressures for 2018/19 where there is a requirement to fund:

- £1.017 per patient equating to £336k. Originally CCGs were required to set this funding aside for indemnity insurance, recent guidance now stipulates that the same amount should be reallocated to fund GPFV commitments including GP Receptionist Training, On Line consultation and an element of Access Funding.
- £54k for a non-recurrent payment to practices to support implementation of e-referrals.
- CQC registration fees where costs have increased by £50k (33%) following a change in the methodology by which practice charges are calculated.
- Doctor's retention scheme (£70k) where costs are exceeding the £20k included in the co-commissioning allocation.

Conclusion

The 2017/18 accounts have closed, and for the major budget areas of Primary Care there has been an over accrual of expenditure. This is not deemed to be material in nature.

The Primary Care budget for 2018/19 totals £94.5m including co-commissioning and GP prescribing. The methodology used in setting the budget has been to use the M12 reported outturn and has applied various uplifts, pressures, recurrent investments and QIPP targets applicable to the individual services.

Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported updates to the 2017/18 financial outturn and the 2018/19 opening position for the Primary Care budget area.

Primary Care Prescribing Analysis 2017/18 - Month 12

Appendix 1

Total Primary Care Prescribing	2017/18 Forecast Outturn				
	2015/16 Outturn	2016/17 Outturn	Budget	Outturn	Variance (Under)/Over
	£	£	£	£	£
Central Prescribing	1,255,357	1,202,629	1,255,813	1,187,017	-68,796
High Cost Drugs	914,084	900,812	946,754	900,936	-45,818
GP Prescribing - (further analysis below) *	47,342,264	46,544,041	46,430,684	46,184,406	-246,278
CATM Top slice	0	0	0	0	-0
Non-GP Prescribing	143,585	75,400	172,683	35,840	-136,843
Prescribing Income	-312,289	-138,831	-180,000	-172,735	7,265
NHS England Influenza Vaccines	0	0	0	-525,372	-525,372
Prescribing Rebates	885	-21,573	12,000	-164,639	-176,639
Scriptswitch / OptimiserRX	82,662	99,002	91,285	88,875	-2,410
Prescribing Incentive	106,358	612,079	690,644	679,773	-10,871
	49,532,905	49,273,558	49,419,863	48,214,102	-1,205,761

GP Prescribing - Practice Level Analysis	2017/18 Forecast Outturn				
	2015/16 Outturn	2016/17 Outturn	Budget	Outturn	Variance (Under)/Over
	£	£	£	£	£
KIBWORTH HEALTH CENTRE	1,149,437	1,180,323	1,145,277	1,131,749	-13,528
LONG CLAWSON MEDICAL PRACTICE, THE SANDS	981,409	1,021,083	940,370	1,022,502	82,132
THE BILLEDSON SURGERY	957,931	991,688	943,191	984,837	41,646
THE OLD SCHOOL SURGERY	2,070,198	2,105,304	2,047,343	2,149,562	102,219
COUNTY PRACTICE	1,735,577	1,712,034	1,700,326	1,699,968	-358
EMPINGHAM MEDICAL CENTRE	954,092	976,308	931,031	1,005,785	74,754
SYSTON HEALTH CENTRE	1,620,531	1,630,486	1,584,090	1,615,821	31,731
THE HUSBANDS BOSWORTH SURGERY	458,362	474,394	521,374	488,989	-32,385
THE UPPINGHAM SURGERY	1,447,408	1,494,907	1,429,960	1,468,703	38,743
MARKET OVERTON & SOMERBY SURGERIES	488,008	586,254	471,778	626,471	154,693
KINGSWAY SURGERY	1,551,640	1,500,463	1,484,220	1,494,330	10,110
NARBOROUGH HEALTH CENTRE	306,787	307,913	346,850	288,913	-57,937
THE WYCLIFFE MEDICAL PRACTICE	1,583,871	1,513,962	1,536,272	1,490,539	-45,733
COUNTRESTHORPE HEALTH CENTRE	1,314,974	1,304,333	1,325,402	1,353,977	28,575
ENDERBY MEDICAL CENTRE	690,888	699,823	710,397	725,850	15,453
GLENFIELD SURGERY	1,991,590	1,996,640	1,949,756	2,009,207	59,451
FOREST HOUSE MEDICAL CTR	2,202,006	1,956,236	2,138,581	2,068,125	-70,456
THE MASHARANI PRACTICE	730,625	693,013	714,279	673,286	-40,993
THE LIMES MEDICAL CENTRE	1,952,913	1,850,218	1,935,536	1,865,507	-70,029
NORTHFIELD MEDICAL CENTRE	1,729,226	1,769,006	1,744,365	1,727,029	-17,336
HAZELMERE MEDICAL CENTRE	1,114,765	1,078,675	1,094,598	1,041,658	-52,940
MARKET HARBOROUGH MED.CTR	3,831,427	3,871,757	3,700,573	3,815,677	115,104
OAKHAM MEDICAL PRACTICE	2,577,218	2,507,805	2,463,685	2,420,475	-43,210
LATHAM HOUSE MEDICAL PRACTICE	4,805,309	4,726,746	4,847,657	4,695,486	-152,171
BUSHLOE END SURGERY	1,816,503	1,654,988	1,827,836	1,692,612	-135,224
THE CROFT MEDICAL CENTRE	1,229,998	1,220,761	1,190,132	1,205,786	15,654
ROSEMEAD DRIVE SURGERY	586,500	567,393	568,881	573,173	4,292
SOUTH WIGSTON HEALTH CTR.	1,378,251	1,327,529	1,430,535	1,279,384	-151,151
THE CENTRAL SURGERY	1,325,432	1,338,131	1,253,190	1,267,310	14,120
WIGSTON CENTRAL	1,693,972	1,650,082	1,873,145	1,771,749	-101,396
LONG STREET SURGERY	474,019	241,832	0	-90	-90
SEVERN SURGERY	591,400	593,955	580,054	530,036	-50,018
	47,342,264	46,544,041	46,430,684	46,184,406	-246,278

**East Leicestershire & Rutland CCG - Primary Care Commissioning Report
2018/19 Opening Budget**

	Primary Care Budget £'000	Budget Setting Methodology
CCG Prescribing		
GP Prescribing (Including Dressings)	44,260,341	See Appendix 3
Prescribing Other & UCC	145,031	
Prescribing Income (Local Authorities and Other)	(171,689)	
Prescribing Investments (Rebate)	0	
OptimiseRx	91,364	
High Cost Drugs	940,143	
Central Prescribing	1,240,249	
Prescribing Incentive	662,067	
Flu Vaccines (NHSE Challenge)	(300,000)	
Total CCG Prescribing	46,867,505	
Enhanced Services		
Community Based Services	2,460,511	£2,490,769 - 2017/18 outturn +£69,742 - growth -£100,000 - contribution to QIPP Stretch
Total Enhanced Services	2,460,511	
Co Commissioning (see separate table)	40,807,831	NHSE Allocation
Total Co-Commissioning	40,807,831	
GP Support Framework		
End of Life	331,000	£1.00 per patient based on 01/04/18 registered list size
Care Homes	489,042	£220 per registered patient in a care home (c2,200 in ELR)
Long Term Conditions	695,100	£2.20 per patient based on 01/04/18 registered list size
Demand Management	331,000	£1.00 per patient based on 01/04/18 registered list size
Dementia	132,400	£0.40 per patient based on 01/04/18 registered list size
Total GP Support Framework	1,978,542	
Other		
PCTF - GP Receptionist Training *	56,080	NHSE allocation - GPFV £0.1695 per patient
PCTF - GP Online Consultation *	109,795	NHSE allocation - GPFV - £0.3319 per patient
PCTF - Improving Access (£3.24 part) *	170,605	NHSE allocation - GPFV - £0.5156 per patient with a further allocation due from NHSE in the future to meet the £3.24 per patient commitment in 2018/19.
Licences	106,979	Estimated contract values for INRStar, MIG and Risk Stratification.
Primary Care Corporate	409,594	£251k GP On Line Consultation, £123k GP Workforce development funding (commitments from 2017/18) and £30k Diabetes Specialist Nurses.
Section 106	0	No budget requirement for section 106 payments. Net nil cost to CCG who pay any funding received from district councils direct to practices.
GP IT	788,814	Based on known commitments for the financial year, the main area being LHS SLA for support to practices.
Urgent Care Centres	1,779,631	Based on assumed contract value with VOCARE (negotiations ongoing to agree final amount) plus the net impact of cross charging of activity between LLR CCGs. Includes £1m co-commissioning allocation.
Transformation Fund	848,001	Commitment to invest £3 per patient in transformational support (£981k) over 2017/18 and 2018/19. Expenditure in 2017/18 totalled £133k, remaining balance to be made available in 2018/19
QIPP Stretch	(1,873,824)	£2m QIPP target identified of which £126k has been identified and confirmed
Total Other	2,395,675	
GRAND TOTAL - Primary Care	94,510,064	

* The initial Co-commissioning allocation for the CCG included £1.017p per patient for Indemnity Insurance. Latest NHSE guidance states that CCGs will no longer be responsible for this, instead the funding is to be used to support GPFV.

GP Prescribing Budget 2018/19

Appendix 3

	GP Prescribing £'000	Non GP Prescribing £'000	Rebate £'000	Prescribing Income £'000	Prescribing Sub-Total £'000	High Cost Drugs £'000	Central Prescribing £'000	Optimise Rx £'000	Prescribing Incentive £'000	Note
2017/18 Reported Outturn (M10 PPA, Month 12 Reporting)	46,386	43	-165	-697	45,567	901	1,188	89	680	1
Non Recurrent Expenditure Adjustments	-1,100		177		-923				-21	
Underlying Outturn Position	45,286	43	12	-697	44,644	901	1,188	89	659	
Demographic Growth	223				223	5	6		3	2
Non Demographic Growth	1,739	2			1,741	35	46	2	0	
Cost Pressures	12	100	-12	525	625					
2018/19 Budget After Growth and Cost Pressures	47,260	145		-172	47,234	940	1,240	91	662	
QIPP	-3,000			-300	-3,300					3
2018/19 Budget	44,260	145		-472	43,934	940	1,240	91	662	

Note 1 (Non-Recurrent Expenditure)	-£1,100,000 £177,000 -£21,000	Assumed exceptional nature of NCSO cost pressure. Actual 2017/18 expenditure £1.5m. Reinstatement of non recurrent rebate surplus. Payment of 2016/17 prescribing incentive payment in 2017/18.
Note 2 (Cost Pressures)	£525,000 £100,000 £12,361	Flu Vaccines - assumption in 2017/18 that NHSE would bear the cost. Additional cost pressure in relation to UCC FP10 prescribing. Realignment of excess rebate budget.
Note 3 (QIPP)	-£3,000,000 -£300,000	GP Prescribing QIPP including £1m stretch target Challenge to NHSE relating to reimbursement of flu vaccines

East Leicestershire & Rutland CCG - Primary Care Commissioning Report
2018/19 Opening Budget - Co Commissioning

	2017/18	Variance	2018/19	Budget Setting Methodology
	Outturn £	£	Budget £	
GMS Global Sum	25,743,792	158,866	26,837,457	Budget based on Q1 actual payments to practices, adjusted for estimated Q2, Q3 and Q4 list size adjustments
MPIG Correction Factor	1,644,062	-0	1,096,041	Based on actual 2018/19 payments
PMS Reinvestment	0	-5,235	323,436	PMS monies set aside as per November 2015 agreement
FDR Payment	0	-83,186	165,000	Set aside for reinvestment in primary care as per November 2015 agreement
Ear Irrigation	81,814	-0	82,750	£0.25 per registered patient
Wound Clinics	327,255	0	331,000	£1.00 per registered patient
SLA Pharmacists	636,940	-17,570	662,000	£2.00 per registered patient
Subtotal PMS & FDR Reinvestment	1,046,009	-105,991	1,564,186	
Total General Practice - GMS	28,433,863	52,875	29,497,684	
Occupational Health	44,924	-2,076	46,235	Contracted payments to UHL
Locum Adoption/Paternity/Maternity	105,681	-34,319	107,000	Estimate based on 2017/18 outturn
Locum Sickness	148,266	128,266	150,000	Estimate based on 2017/18 outturn
Locum Suspended Doctors	0	0	56,000	Allocation to be transferred to NHSE who administer the scheme
Seniority	395,990	-73,010	400,000	Estimate based on 2017/18 outturn
Sterile Products	0	0	22,000	Allocation to be transferred to NHSE who administer the scheme
GP Training	88,845	-6,155	95,000	Maintain 2017/18 budget
PCO Doctors Ret Scheme	27,933	7,933	70,000	Based on commitments for Doctors on the scheme
Kingsway Management Plan	112,918	6,918	0	Non recurrent 2017/18
CQC Registration	153,593	2,593	204,198	Budget based on CQC charging methodology.
Total Other GP Services	1,078,151	30,151	1,150,433	
QOF Achievement	1,021,385	-166,615	1,250,970	2017/18 outturn increased by 1% for population growth
QOF Aspiration	3,107,091	335,091	2,918,931	2017/18 outturn increased by 1% for population growth
Total QOF	4,128,477	168,477	4,169,901	
DES Extended Hours Access	613,054	26,436	586,000	Scheme not finalised by NHSE, budget set based on 2017/18 payments
DES Learning Disability	87,104	9,466	87,000	Budget maintained in line with 2017/18 outturn
DES Violent Patients	46,584	0	46,584	Contracted payments to The Limes Medical Centre
DES Minor Surgery	469,417	-40,583	510,000	Maintain 2017/18 budget
TPP QRisk	17,303	303	0	Non recurrent 2017/18
LES Translation Fees	57,771	7,771	58,000	Estimate based on 2017/18 outturn
Electronic Referrals System	0	0	54,081	Outcome of GMS contract negotiations - Non recurrent payment to practices £0.170 per weighted patient
Leicester Asylum Service	18,318	-14,182	19,892	Contracted payments to Leicester Assist
Total Enhanced Services	1,309,551	-10,789	1,361,557	
Dispensing Quality Scheme	93,407	-1,593	92,274	2017/18 outturn increased by 1% for population growth
Prof Fees Dispensing	1,499,062	-938	1,514,053	2017/18 outturn increased by 1% for population growth
Prof Fees Prescribing	187,118	-32,882	188,989	2017/18 outturn increased by 1% for population growth
Prescribing Charge Income	-288,413	11,587	-291,297	2017/18 outturn increased by 1% for population growth
Total Dispensing/Prescribing Drs	1,491,173	-23,827	1,504,019	
Premises Actual Rent	1,493,038	-206,962	1,530,364	2017/18 outturn increased by 2.5%
Premises Clinical Waste	160,063	10,063	164,065	2017/18 outturn increased by 2.5%
Premises Health Centre Rates	11,616	-10,384	10,298	2017/18 outturn increased by 2.5%
Premises Health Centre Rent	124,435	29,435	127,546	2017/18 outturn increased by 2.5%
Premises Notional Rent	1,589,945	89,945	1,620,000	2017/18 outturn increased by 2.5%
Premises Rates	897,493	187,493	600,000	Estimate based on known charges paid. May be impacted by the final outcome of rent reviews
NHSE / GL Hearn Rates Rebates	-406,587	-406,587	0	Non recurrent 2017/18
Premises Water Rates	30,296	-31,704	31,054	2017/18 outturn increased by 2.5%
Other premises	71,268	31,268	15,000	Estimated charges to District Valuer undertaking rent reviews
Total Premises Cost Reimbursement	3,971,569	-337,431	4,098,327	
FORECAST COST 2018/19			41,781,921	
Funding Shortfall			-974,090	Co-Commissioning cost pressure
GRAND TOTAL - Co-Commissioning	40,412,784	-120,544	40,807,831	