NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Meeting Title	**Primary Care Commissioning Committee – meeting in public**	**Date**	**Tuesday 3 July 2018**
Meeting No.	**39.**	**Time**	**9:30am – 10:30am**
Chair	**Mr Alan Smith Independent Lay Member (and Deputy Chair of the Committee)**	**Venue / Location**	**Goscote Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.**

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/18/65	Welcome and Introductions		Alan Smith	**Verbal**	9:30am
PC/18/66	To receive questions from the Public in relation to items on the agenda	To receive	Alan Smith	**Verbal**	9:30am
PC/18/67	Apologies for Absences: • Clive Wood • Dr Tabitha Randell • Dr Girish Purohit • Tim Sacks	To receive	Alan Smith	**Verbal**	9:35am
PC/18/68	Notification of Any Other Business	To receive	Alan Smith	**Verbal**	9:35am
PC/18/69	Declarations of Interest on Agenda items	To receive	Alan Smith	**Verbal**	9:40am
PC/18/70	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 June 2018	To approve	Alan Smith	**A**	9:40am
PC/18/71	To Receive Actions and Matters Arising following the meeting held on 5 June 2018	To receive	Alan Smith	**B**	9:45am
GOVERNANCE ARRANGMENTS					
PC/18/72	Primary Care Financial Delegation	To receive	Donna Enoux	**C**	9:50am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PRIMARY CARE FINANCE REPORT					
PC/18/73	Primary Care Finance Report 2018/19 (Month 2, May 2018)	To receive	Donna Enoux	**D**	10:00am
OPERATIONAL ISSUES					
PC/18/74	Rosemead Drive Surgery: Proposed Boundary Change	To approve	Hayley Moore	**E**	10:05am
PC/18/75	Frailty Pathway - General Practice Review	To receive	Jamie Barrett	**F**	10:15am
PC/18/76	GP5FV - Sustainability and Transformational Partnership (STP): GP Work stream	To receive	Jamie Barrett	**G**	10:20am
ANY OTHER BUSINESS					
PC/18/77		To receive	Alan Smith	**Verbal**	10:25am
DATE OF NEXT MEETING					
PC/18/78	**Tuesday 7 August 2018 at 9:30am, Guthlaxton Committee Room**, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Alan Smith	**Verbal**	10:30am

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Minutes of the Primary Care Commissioning Committee held on Tuesday 5 June 2018 at 9:30am in Guthlaxton Committee Room, ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB

Present:

Mr Clive Wood	Deputy Chair of the CCG and Independent Lay Member
Mr Alan Smith	Independent Lay Member
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Tim Sacks	Chief Operating Officer
Mrs Tracey Burton	Interim Chief Nurse and Quality Officer
Ms Donna Enoux	Chief Finance Officer

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Seema Gaj	Primary Care Contracts Manager
Mrs Khatija Hajat	Primary Care Contracts Manager (until item PC/18/61 only)
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/18/54	**Welcome and Introductions** Mr Clive Wood welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting.	
PC/18/55	**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/18/56	**Apologies for absence:** • Mrs Daljit Bains Head of Corporate Governance and Legal Affairs • Dr Tim Daniel, Public Health Consultant **Post meeting** - Dr Girish Purohit (GP Locality Lead for Melton, Rutland and Harborough) confirmed apologies had been informally provided to Mrs Bains at another meeting and should have sent apologies in writing.	
PC/18/57	**Notification of Any Other Business** Mr Wood had not received notification of any other business.	
PC/18/58	**Declarations of Interest**	

ITEM		LEAD RESPONSIBLE
	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. It was **RESOLVED** to: • **RECEIVE** the conflicts of interest declared.	
PC/18/59	**To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 1 May 2018 (Paper A)** Mr Wood thanked Mr Kendrick for Chairing the previous PCCC meeting held in May 2018 in the absence of Mr Wood and Mr Smith. The minutes of the meeting held in May 2018 were accepted as an accurate record of the meeting, subject to the following amendment: • **PC/18/51 – Primary Care Co-Commissioning Finance Report 2017-18 (Month 12) – March 2108; Page 7, 1st paragraph** Ms Enoux confirmed the financial accounts were closed showing an underspend of £2**.**167m (£2 point 167m) and not "£2**,**167m as at month 12" (£2 comma 167m) as stated within the minutes. It was **RESOLVED** to: • **APPROVE** the minutes of the previous meeting, subject to the above amendment.	
PC/18/60	**To Receive Matters Arising following the meeting held on 3 May 2018 (Paper B)** The matters arising following the meeting held in May 2018 were received, and the following update noted: • **PC/18/36 – Uppingham Surgery: Ketton Branch Public Consultation Update** Mr Barrett informed the Committee that the public consultation for the Ketton Branch closed on 1 June 2018, however, the CCG has received an influx of queries and requests for feedback recently, which the Primary Care Team are currently in the process of reviewing and responding to. In addition, the CCG are also in the process of liaising with the Practice and will be reviewing the consultation report as part of the response that will be provided to the Committee in August 2018. **Action ongoing.** In response to Mr Sacks request for additional information to be provided, Mr Wood queried whether Mr Sacks needed to declare a conflict of interest as Mr Sacks had previously informed the	

ITEM		LEAD RESPONSIBLE
	Committee that the Practice is located within his area of residence. As the update to be provided was purely process related, Mr Sacks confirmed there was no conflict of interest to be declared; and it was agreed for Mr Sacks to proceed. Mr Sacks confirmed the CCG was required to undertake a number of actions in order to make sure the process has been completed appropriately and to negate a potential challenge, including an Equality and Impact Assessment to be completed by the Practice; legal advice to obtained by the CCG; ensure a clear process is in place etc. In response to Mr Wood's query in relation to the request for the closure of the Ketton surgery, Mr Sacks confirmed this had been requested by (and is driven) by the Practice, however, the ultimate decision resides with the PCCC in terms of closing the Practice. It was **RESOLVED** to: • **RECEIVE** the matters arising and **NOTE** the progress to date.	
PC/18/61	**Uppingham Surgery – Request to extend reduced GP session (Paper C)** Mr Wood welcomed Mrs Hajat to the meeting for this agenda item, however, queried whether the report was 'to be received' or 'to be approved' by the Committee. Mr Sacks confirmed that the Practice had preciously requested to extend the current arrangements to reduce GP sessions until June 2018, however in the absence of the outcome of the current public consultation, the Practice have requested for a further extension until December 2018, which is presented to the Committee for approval. Dr Glover requested clarification in relation to the whether the Practice were requesting a reduction in the number of GP sessions provided at the Practice, or whether the Practice was requesting a reduction in opening times, which both differ. In addition, the Practice should be meeting the needs of the patients. Mr Sacks confirmed the Practice proposes to reduce the number of clinical sessions by one; and continues to meet the needs of the patients. It was noted that it was not within the CCG's remit to determine the number of clinical sessions as this is the responsibility of the Practice. In light of the comments made, it was suggested to exclude the term 'GP' from the recommendation as the Committee could be requested to approve similar requests on a regular basis as the skill mix of the Practice can change. In response to Mr Wood's suggestion whether the Primary Care	

ITEM		LEAD RESPONSIBLE
	Team would prefer to pause the Public meeting of the PCCC in order to review the report, it was agreed for the meeting to continue. Mrs Gaj informed the Committee that the Business Case presented to the Committee in 2017 included plans to reduce the number of GP sessions at the branch surgeries from July – December 2017, which had been extended for a further six months (until June 2018) and subsequently requested to be extended for a further six months (until December 2018) in light of the public consultation. In addition, Mr Barrett confirmed the report had been presented within the public section of the meeting as the consultation has been undertaken with patient and the public, who form part of the wider process. Mr Wood thanked members of the Committee for their comments and for added clarity; and noted the Practice is requesting an extension to the current arrangements for reduced clinical sessions, which does not impact patient access, provision of care, or operational activity at the Practice on a daily basis. In response to Ms Enoux's query whether the patient list size has reduced as a result of reduced clinical sessions provided, Mr Sacks confirmed all patients are registered with the Uppingham Surgery. In response to Mr Wood's request for Mrs Hajat to present the report, Mrs Hajat stated that following the discussion held by the Committee, an outcome of the public consultation following the proposal from the Uppingham Surgery to close the Ketton branch will be presented to the Committee in August 2018. However, the Practice have requested to extend the current arrangements for a reduction in clinical sessions at the Ketton branch as the GP at this site has tendered her resignation, placing additional pressure on the Practice, and fewer patients attend this site. Ms Enoux suggested the attendance at the PCCC meeting to be held in August 2018 is reviewed to ensure quouracy. It was **RESOLVED** to: • **RECEIVE** the report and **APPROVE** the Practice's plans to continue providing reduced clinical sessions at branch surgeries for a further six months (i.e. until December 2018), which the process for the business case is progressed. *Mrs Hajat left the meeting.*	
PC/18/62	**Primary Care Finance Report Month 12, 2017-18 and 2018-19 Budget Position (Paper D)** Ms Enoux presented this report, which provided specific updates in relation to the final outturn position of the 2017-18 Primary Care	

ITEM		LEAD RESPONSIBLE
	budgets and the 2018-19 opening budget position, which were summarised as follows: • **Month 12: Final Outturn Position** The accounts for 2017-18 have closed and the final position showed an underspend of £2.2m that was reported to the Committee in May 2018 that included a number of expenditure estimates (or accruals) for which actual charges have now been received. The Committee were informed that the difference between actual charges and accrued amounts for the main primary care budget were calculated at a total over accrual (or benefit) to the CCG of £289k. Appendix 1 detailed the final prescribing outturn by Practice. • **2018-19 Opening Budget** Following a review of lessons learnt in relation to the accruals process, the methodology use to compile the budget or 2018-19 was detailed on page 3 of the report and noted as £94.5m for Primary Care in 2018-19. A full breakdown of the budget including additional analysis of co-commissioning were provided in appendices 2 – 4 of the report. • **QIPP** The Opening budget includes a £5.3m QIPP delivery, of which £3m is 'stretch' that relates to Prescribing (£1m) and Primary Care (£2m). It was noted that QIPP for Primary Care and Medicines Management QIPP for 2018-19 will be presented at the Integrated Governance Committee (IGC) in June 2018. • **Co-Commissioning Cost Pressure** In addition to QIPP targets, a £974k cost pressure has been identified representing the difference between the allocation and the bottom-up budget setting exercise, which has been noted as a significant cost pressure. In addition, the Committee noted the following significant cost pressures for 2018-19: a) £1.017 per patient equating to £336k; b) £54k for a non-recurrent payment to Practices in implementing e-referrals; c) £50k for increased costs in Care Quality Commission (CQC) registration fees; d) £70k in Doctor's retention scheme. Dr Glover referred to the QIPP table within the report and the prescribing data provided in appendix 1 and noted the savings made within prescribing activity, however raised concern in relation to the ongoing delivery of savings in this area, which had also been raised at the Governing Body as a risk. In addition, it was felt that the	

ITEM		LEAD RESPONSIBLE
	'primary care stretch' had not been fully thought through in terms of QIPP, and it was queried why the report is being presented to the IGC and not the PCCC. Ms Enoux confirmed the report is to be presented to the IGC as it relates to the primary care budget as a whole and issues relating to primary care co-commissioning budget will be presented to the PCCC; this is in line with the terms of reference for these Committees. In response to Dr Glover's query requesting further information in relation to the £336k cost pressure, Ms Enoux confirmed this is currently under review and will be shared with Practices, once finalised. In addition, it was noted that originally CCGs were required to set this funding aside for indemnity insurance, however, recent guidance stipulates the same amount should be reallocated to fund GPFV commitments, including GP Receptionist training, on line consultations and an element of access funding. Mr Sacks confirmed the £336k will be provided to Practices and has been identified as a cost pressure in the meantime. In addition, the Committee were informed that the GP Retention Scheme was previously funded by NHS England; however, this has been delegated to the CCGs as part of the baseline, which leads to cost pressures / over spend. With regards to appendix 1, Dr Glover noted the positive underspend in terms of prescribing activity across the CCG, however, queried the rationale for Practices who had significantly overspent their budget allocation (i.e. Market Overton and Somerby Surgeries). Mr Sacks confirmed this Practice had seen a dramatic increase in the patient list size as patients have registered from other Practices, the barracks no longer registering soldiers, and an increase in demographic growth in Oakham, for example. In addition, it was noted that other Practices, such as the South Wigston Health Centre had achieved minimal underspend, which needed to be reviewed. In response to Ms Enoux's suggestion whether the Committee would like to receive a report in relation to a breakdown of the over (and under) spend of Practices and their prescribing activity, it was agreed for the data to be reviewed and whether it would be helpful for a thematic review, including the top 10 issues to be highlighted, for example. It was agreed for the **Finance Team to review prescribing activity presented and analyse in order for the Committee gain a better understanding of the issues within each Practice causing the variances.** It was noted there were a total of 7 QIPP schemes attached ro primary care, one of which related to prescribing activity. Dr Varakantam referred to page 3 of the report, which stated £1.9m Primary Care QIPP for GP Support Framework (GPSIP) aimed to	

ITEM		LEAD RESPONSIBLE
	reduce expenditure from the acute sector, as opposed to the primary care sector; and queried whether this amount could be deducted from the overall QIPP delivery target. Ms Enoux confirmed the CCG is anticipating GPSIP to under perform against the contract, as discussed at Governing Body, however, Practices will not be held to account. In light of the issues and significant cost pressures raised in relation to the potential overspend anticipated in the Primary Care Co-Commissioning budget, Ms Enoux requested the Committee to agree for the financial delegation of the Committee to be delegated to the Governing Body. Despite concerns raised by Committee members, Mr Wood stated it was appropriate for Ms Enoux to make this request, and agreed for the request to be taken forward. It was **RESOLVED** to: • **RECEIVE** the report and **NOTE** the update.	
PC/18/63	**Any other business** **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. 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. It was **RESOLVED** to: • **RECEIVE** the update.	
PC/18/64	**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.**	

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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 27 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 ended 1 June 2018; update to be presented to the Committee in August 2018 to allow sufficient time for analysis. **Action ongoing.**	**AMBER**
PC/18/62	5 June 2018	**Primary Care Finance Report Month 12, 2017-18 and 2018-19 Budget Position**	Donna Enoux / Richard George	Finance Team to review prescribing activity presented and analyse in order for the Committee gain a better understanding of the issues within each Practice that are causing the variances.	July – August 2018	Prescribing activity data at Practice level to be reviewed by the Finance Team. **Action ongoing.**	**AMBER**

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

Front Sheet

REPORT TITLE:	**Proposal to manage delegated financial responsibility**
MEETING DATE:	**3 July 2018**
REPORT BY:	**Richard George, Senior Primary Care and Non-Acute Commissioning Accountant** **Daljit Bains, Head of Corporate Governance and Legal Affairs**
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 an overview and proposal for managing the delegated financial responsibility, in circumstances when the Committee is at risk of overspending against the delegated budget.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **RECEIVE** and **AGREE** the proposed process for managing the delegated financial responsibility.

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 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

Proposal to Manage Delegated Financial Responsibility

3 July 2018

Background

1. The Primary Care Commissioning Committee has delegated financial responsibility to approve expenditure in relation to the primary medical care co-commissioning budget as delegated in line with the processes established by NHS England.

2. Given the challenging financial position that the CCG is facing in 2018/19, an initial proposal was put forward to remove the delegated financial authority from the Committee, however, from a governance perspective, this would not be appropriate. If the Committee is not empowered to act within the governance framework as set out in its terms of reference, and approved by NHS England and the Governing Body, it would make the Committee both dysfunctional and unable to carry out the responsibilities delegated to it.

3. Currently the Committee escalates matters to the Governing Body where key decisions and risks are to be brought to the attention of the Governing Body or require a decision by the Governing Body. If the delegated financial authority was removed or reduced to a very minimal threshold, for instance £10k, this would mean the Governing Body's time will be taken up in dealing with numerous operational primary care matters, which have not only been discussed at the Committee but then are discussed again at the Governing Body before a decision could be made where expenditure was concerned.

Primary Medical Care Co-Commissioning Budget and Cost Pressures

4. The Primary Medical Care Co-commissioning Budget for 2018/19 is £41.1m.

5. As part of the 2018/19 financial planning process, a £974k cost pressure has already been identified within the co-commissioning budget. This represents the difference between the allocation and a bottom up budget setting exercise.

6. This has arisen due to the way by which the CCG is funded for primary care co-commissioning services.

7. The outcome of GMS contract negotiations has resulted in a 3.4% cost increase in 2018/19. However, using the national funding formula, the CCG is deemed to be over funded and has only received an uplift of 2.4%, or £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.

8. More specifically, the CCG has the following significant 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.

- £100k – 2018/19 global sum payment in excess of the 2.4% uplift.

- £380k recurrent cost pressure from previous financial years offset in 2017/18 by refunds received for practice business rates reviews and other non-recurrent underspends.

9. For the purposes of month 2 a breakeven position was reported, however there is still an underlying £974k risk to that position for the reasons stated above.

Proposal to manage the co-commissioning budget

10. It is proposed that as opposed to removing the delegated authority from the Committee, if the Committee was to be seen as the "budget holder" for this budget, as with other budget holders across the CCG, the Committee would be required to ensure expenditure remains within the budget available and not exceed this limit. In addition, it would be helpful if the Committee was to be provided with some additional information every month as part of the finance report so that it is able to review the budget available to it should a decision at the meeting require expenditure to be approved against the primary medical care co-commissioning budget.

11. The finance report will also appear early on the meeting agenda going forward to support the Committee with subsequent reports on the agenda where expenditure or investment approval may be required.

12. Where sufficient amount of finances were not available to support a decision and the Committee are supportive of the recommendation this matter would be escalated to the Governing Body. The Governing Body would be asked to support any proposal for expenditure or investment subject to the Governing Body agreeing to use the wider CCG budget allocation noting that this would mean not being able to spend that money elsewhere.

13. In summary:

- If the Committee are aware that by making a decision, which involves committing expenditure against the budget, will result in an overspend the decision will be referred to the Governing Body with a recommendation from the Committee; and

- Where the Committee is aware the budget is already overspent, decisions will be referred to Governing Body with a recommendation from the Committee.

Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** and **AGREE** the proposed process for managing the delegated financial responsibility.

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

Front Sheet

REPORT TITLE:	**Primary Care Finance Report 2018/19 (Month 2, May 2018)**
MEETING DATE:	**3 July 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 2018/19 outturn position for Primary Care services.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

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

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018: (tick all that apply)

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

EQUALITY ANALYSIS

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not required at this point.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

- Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6);
- Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

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

Primary Care Finance Report 2018/19 (Month 2, May 2018)

3 July 2018

1. Month 2 Year to Date and Forecast Outturn Position

The 2018/19 annual budget for Primary Care services totals £94.2m. At this early stage in the year a break even forecast has been reported. Appendices 1 and 2 provide further analysis of all service areas.

2. Cost pressures and Risks to the Primary Care Budget

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

- GP Prescribing QIPP. The prescribing budget includes a £3m QIPP target £1m of which is 'stretch'. While a significant amount of work has been undertaken to deliver against these targets, this can be a volatile budget area and as such presents a risk.

- Primary Care QIPP. A £2m stretch target has been allocated to primary care services and work is ongoing to identify opportunities to achieve this.

- Urgent Care Centres. The contract with VOCARE for the provision of urgent care centres across the CCG has been extended into 2018/19. Negotiations are ongoing with the provider to agree a contract value, for which a budget of £1.8m has been allowed for. Any agreement above this would result in a cost pressure for the CCG.

- Co-Commissioning. As reported at last month's committee a cost pressure of £974k has been identified within the co-commissioning area. This is a result of growth exceeding the 2018/19 funding allocation.

3. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

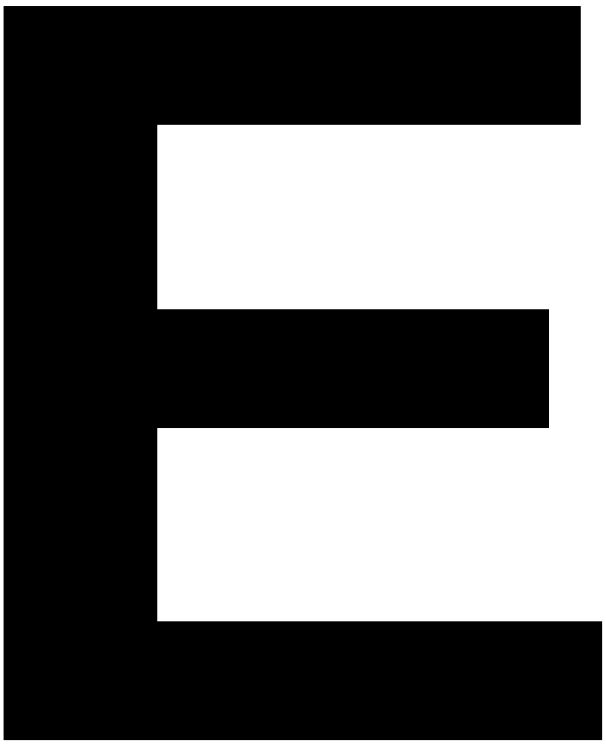
- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available and the main risks identified to delivery to date.

Appendix 1

M2 Primary Care Commissioning Report	YTD Position			Forecast Outturn Position		
	YTD Budget	YTD Actuals	YTD Variance	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**	**(£'000s)**
CCG Prescribing						
OptimiseRX	15	15	0	91	91	0
Central Prescribing	199	199	0	1,240	1,240	0
High Cost Drugs	151	151	0	940	940	0
GP Prescribing	7,389	7,389	0	44,014	44,014	0
Prescribing Incentive Scheme	110	110	0	662	662	0
Total Practice Prescribing	**7,865**	**7,865**	**0**	**46,948**	**46,948**	**0**
Enhanced Services						
Community Based Services	427	427	0	2,561	2,561	0
Total Enhanced Services	**427**	**427**	**0**	**2,561**	**2,561**	**0**
Co Commissioning	**6,858**	**6,858**	**0**	**41,145**	**41,145**	**0**
GP Support Framework						
Care Homes	82	82	0	489	489	0
End of Life	56	56	0	336	336	0
Long Term Conditions	110	110	0	661	661	0
Demand Mangement	56	56	0	336	336	0
Dementia	30	30	0	181	181	0
Primary Care Transformation Fund	141	141	0	848	848	0
Total GP Support Framework	**475**	**475**	**0**	**2,852**	**2,852**	**0**
Other						
Primary Care QIPP Stretch	-333	-333	0	-2,000	-2,000	0
GP IT	131	131	0	788	788	0
Primary Care - Licenses & Other	36	36	0	217	217	0
Urgent Care Centres	297	297	0	1,780	1,780	0
Total Other	**131**	**131**	**0**	**784**	**784**	**0**
Total Primary Care	**15,755**	**15,755**	**0**	**94,289**	**94,289**	**0**

Appendix 2

Month 2 Primary Care Co-Commissioning	Year-to-Date Position			Forecast Outturn Position		
	Budget	Actual	Variance	Budget	Forecast	Variance (Under)/ Over
	£000's	£000's	£000's	£000's	£000's	£000's
GMS Global Sum	4,473	4,473	-0	26,838	26,838	0
MPIG Correction Factor	183	183	0	1,096	1,096	0
PMS Reinvestment	0	0	0	0	0	0
FDR Payment	12	12	0	75	75	0
Ear Irrigation	14	14	0	83	83	0
Wound Clinics	55	55	0	331	331	0
Acute Access	69	69	0	414	414	0
SLA Pharmacists	110	110	0	662	662	0
Subtotal PMS & FDR Reinvestment	261	261	0	1,564	1,564	0
Total General Practice - GMS	**4,916**	**4,916**	**-0**	**29,498**	**29,498**	**0**
Occupational Health	8	8	0	46	46	0
Locum Adoption/Paternity/Maternity	18	18	0	107	107	0
Locum Sickness	25	25	0	150	150	0
Locum Suspended Doctors	9	9	0	56	56	0
Seniority	67	67	0	400	400	0
Sterile Products	4	4	0	22	22	0
GP Training	16	16	0	95	95	0
PCO Doctors Ret Scheme	12	12	0	70	70	0
Kingsway Management Plan	0	0	0	0	0	0
CQC Registration	34	34	0	204	204	0
Indemnity Insurance	56	56	0	336	336	0
Electronic Referral System	9	9	0	54	54	0
Total Other GP Services	**257**	**257**	**0**	**1,541**	**1,541**	**0**
QOF Achievement	208	208	0	1,251	1,251	0
QOF Aspiration	486	486	0	2,919	2,919	0
Total QOF	**695**	**695**	**0**	**4,170**	**4,170**	**0**
DES Extended Hours Access	98	98	0	586	586	0
DES Learning Disability	15	15	0	87	87	0
DES Violent Patients	8	8	0	47	47	0
DES Minor Surgery	85	85	0	510	510	0
TPP QRisk	0	0	0	0	0	0
Avoiding Unplanned Admissions	0	0	0	0	0	0
LES Translation Fees	10	10	0	58	58	0
Leicester Asylum Service	3	3	0	20	20	0
Total Enhanced Services	**218**	**218**	**0**	**1,307**	**1,307**	**0**
Dispensing Quality Scheme	15	15	0	92	92	0
Prof Fees Dispensing	252	252	0	1,514	1,514	0
Prof Fees Prescribing	31	31	0	189	189	0
Prescribing Charge Income	-49	-49	0	-291	-291	0
Total Dispensing/Prescribing Drs	**251**	**251**	**0**	**1,504**	**1,504**	**0**
Premises Actual Rent	255	255	0	1,530	1,530	0
Premises Clinical Waste	27	27	0	164	164	0
Premises Cost Rent	0	0	0	0	0	0
Premises Health Centre Rates	2	2	0	10	10	0
Premises Health Centre Rent	21	21	0	128	128	0
Premises Notional Rent	270	270	0	1,620	1,620	0
Premises Rates	100	100	-0	600	600	0
NHSE / GL Hearn Rates Rebates	0	0	0	0	0	0
Premises Water Rates	5	5	0	31	31	0
Other premises	3	3	0	15	15	0
Total Premises Cost Reimbursement	**683**	**683**	**0**	**4,098**	**4,098**	**0**
In Year Cost Pressure	-162	-162	0	-974	-974	0
GRAND TOTAL - Co-Commissioning	**6,858**	**6,858**	**-0**	**41,145**	**41,145**	**0**



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

Front Sheet

REPORT TITLE:	Rosemead Drive Surgery: Proposed Boundary Change
MEETING DATE:	3 July 2018
REPORT BY:	Hayley Moore, Primary Care Support Contracts Manager
SPONSORED BY:	Jamie Barrett, Head Of Primary Care
PRESENTER:	Hayley Moore, Primary Care Support Contracts Manager

PURPOSE OF THE REPORT

The purpose of the paper is for the Primary Care Commissioning Committee (PCCC) to consider an application submitted by Rosemead Drive Surgery to increase their practice boundary.

RECOMMENDATIONS:

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

- **RECEIVE** and **NOTE** contents of the report;
- **APPROVE** the area highlighted in Appendix 1 from the application submitted by Rosemead Drive Surgery to increase their practice boundary.

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 not deemed appropriate for this report.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

The report highlights the following risks:

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

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

ROSEMEAD DRIVE SURGERY: BOUNDARY CHANGE APPLICATION

3 July 2018

Background

1. Rosemead Drive Surgery has applied to increase their current practice boundary (Appendix 1). The reason they want to increase their boundary is because they are looking to extend their current property and would like to be considered for section 106 funding for a large housing development that is due to be built just outside of their current boundary. The registration of patients that currently sit outside of their current boundary area has increased their capitation due to the practice being geographically closer.

   The consultation of the large housing development of 300+ houses within the area of their branch site based at 33 Harborough Rd, Oadby, Leicester LE2 4LE has raised concerns about practice capacity and without the boundary increase the CCG cannot make an application for Section 106 funding from the housing developers via Oadby and Wigston Council. Extending their boundary to meet with the proposed developing area will:

   - Improve patient access within the area
   - Provide premises fit for purpose
   - Direct available resources to where they will deliver the greatest health needs
   - Ensure that patients are able to make choices about the care they receive and are seen in the right place at the right time and by the right person
   - Support future resilience

2. Each GP Practice is required to have a practice area, clearly outlined on a map and included in the contract file. The boundary map enables people applying to register with the practice to see if they live within the practice boundary and also assists patient registration department with patient allocations.

3. For all boundary applications the following criteria agreed by NHS England and LLR CCGs is used to measure any impact on patients and stakeholders;

PRINCIPLES FOR APPROVING BOUNDARY VARIATION	
All patients, residing within the CCG, will have a choice of registering with one of a choice of two practices.	Approve boundary increase for area highlighted, Appendix 1. Area for increase currently falls in to the boundary lines of The Croft Medical Centre, Downing Drive Surgery and St Elizabeths Medical Centre.

PRINCIPLES FOR APPROVING BOUNDARY VARIATION	
Where a change results in a reduction in the boundary area, the practice must confirm that no patients will be removed from the list as a consequence of the change. Prior to approval of a reduction boundary change, written confirmation will be sought from each practice that "natural wastage" only will occur in relation to those patients that fall outside of the boundary area as a result of the change. Natural wastage meaning at such time that the patients either move out of the area or chooses to register elsewhere.	The practice has confirmed that no patients will be removed from the list as a consequence of the change. Application for variation of practice boundary has been signed.
Where a boundary change results in any nursing homes or residential homes, being excluded from the practice boundary the practice must agree to continue to cover the nursing/residential home for currently registered patients.	N/A
No new patients will be accepted that reside outside of the newly approved area. The practice however, will agree to register new members of the family, i.e. children for patients currently registered with the practice at the time of the boundary variation.	N/A

4. Neighbouring practices within a 1.5 mile radius, West Leicestershire CCG, Leicester City CCG and the LMC were sent copies of the application asking for comments on 18/05/2018 with a deadline for response 01/06/2018.

Stakeholder & GP Practices	Comments
West Leicestershire CCG	Response received advising that this has no impact for WLCCC so the change is supported.
Leicester City CCG	From a LC CCG perspective we support the proposed boundary change to improve primary care access for the patients that will arise from the new housing development.
LMC	We (LMC) have no concerns and would support the application
Downing Drive Surgery	We have discussed it and I think have no major objections
St Elizabeths Medical Centre	No Comments Received
The Croft Medical Centre	No Comments Received
The Central Surgery	No Comments Received
Severn Surgery	No Comments Received
Asquith Surgery	No Comments Received

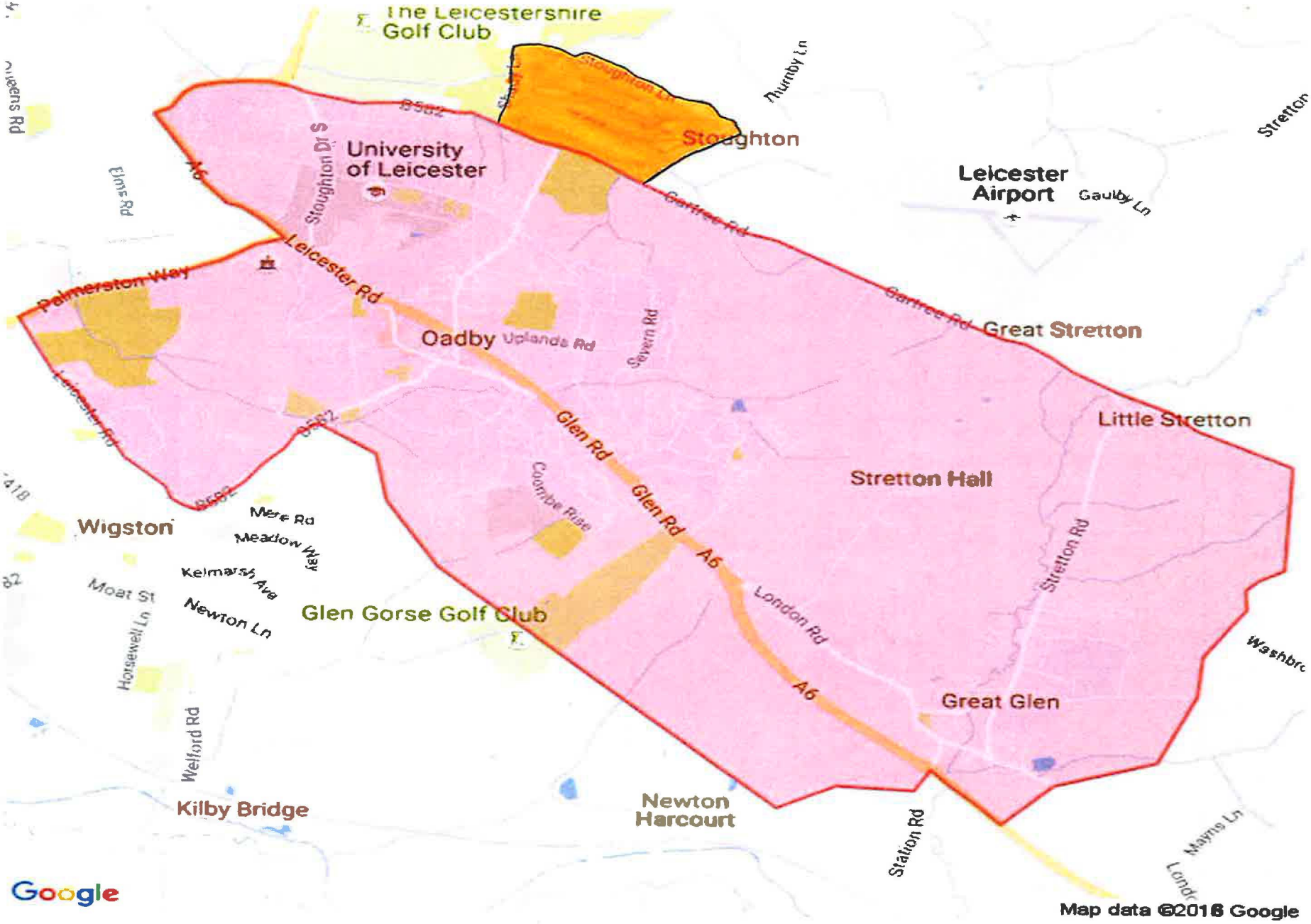
Appendix 1 – Rosemead Drive Surgery current boundary (Red boundary) with highlighted areas for addition (Orange)

Appendix 2 – Map of current boundary with neighbouring practices boundaries marked out

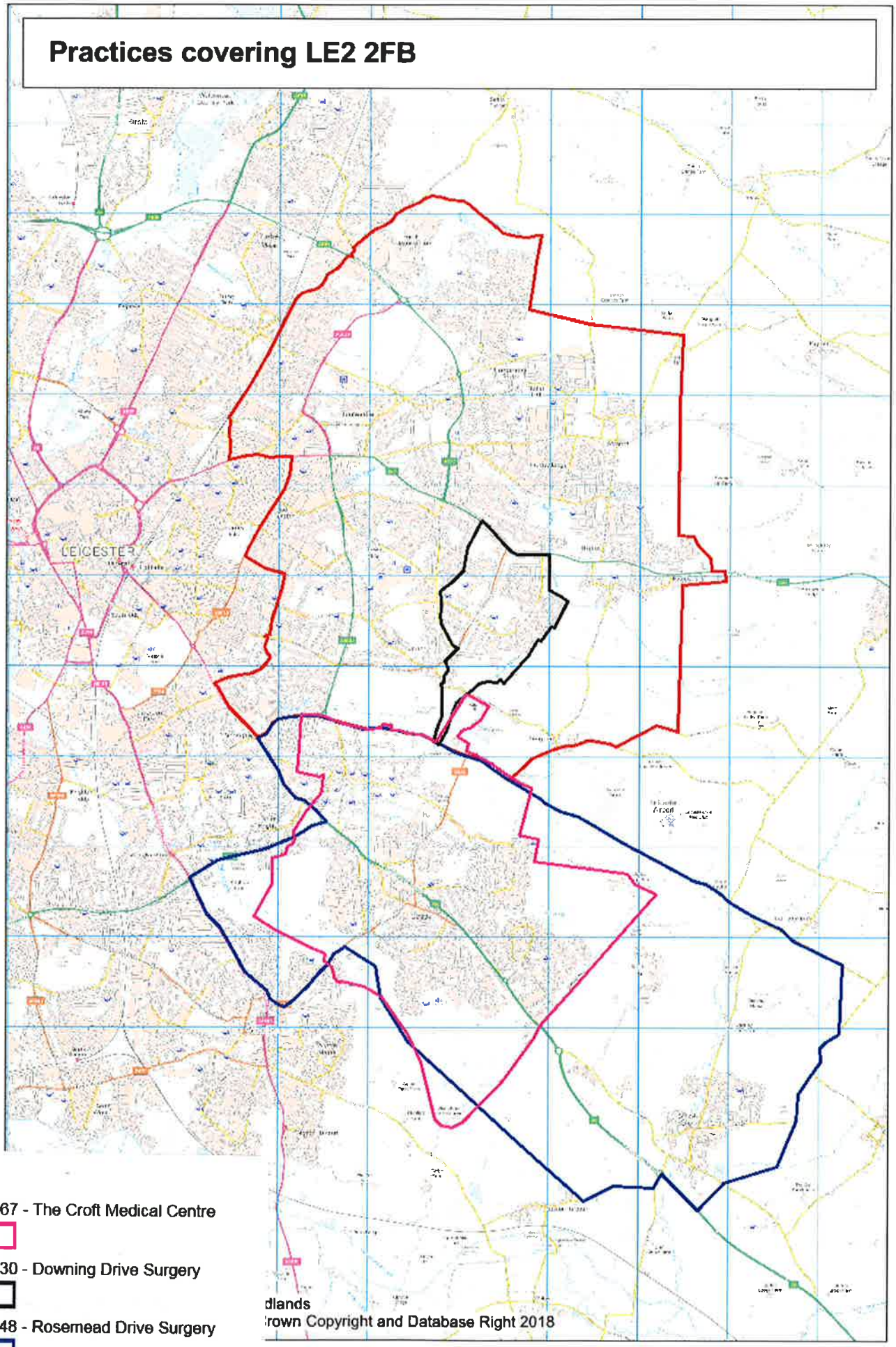
Recommendation:

ELRCCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** and **NOTE** contents of the report;
- **APPROVE** the areas highlighted in Appendix 1 from the application submitted by Rosemead Drive Surgery to Increase their practice boundary.


The Leicestershire Golf Club
Stoughton
University of Leicester
Leicester Airport
Gaulby Ln
Thurnby Ln
Stretton
Queens Rd
Elms Rd
A6
Stoughton Dr S
B582
Leicester Rd
Palmerston Way
Oadby
Uplands Rd
Severn Rd
Gartree Rd
Great Stretton
Little Stretton
Stretton Hall
Glen Rd
Coombe Rise
Wigston
Mere Rd
Meadow Way
Kelmarsh Ave
Moat St
Newton Ln
Glen Gorse Golf Club
London Rd
Stretton Rd
Great Glen
Horsewell Ln
Welford Rd
Kilby Bridge
Newton Harcourt
Station Rd
Mayns Ln
Google
Map data ©2016 Google

Practices covering LE2 2FB

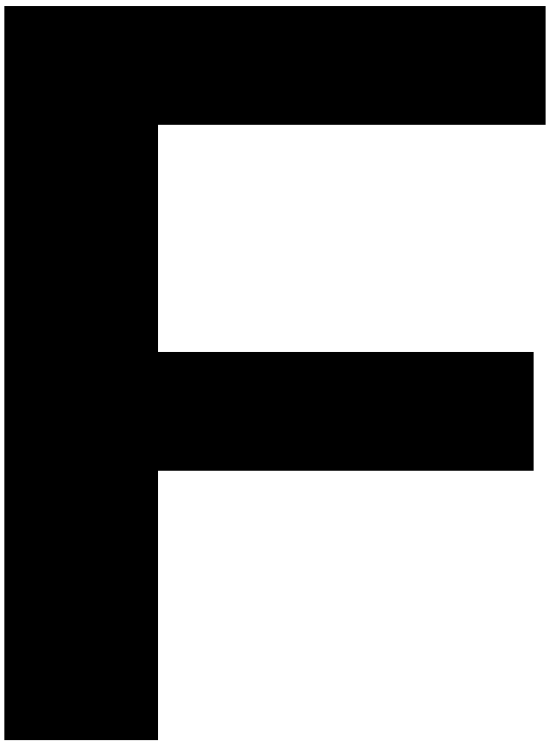


C82067 - The Croft Medical Centre

C82030 - Downing Drive Surgery

C82048 - Rosemead Drive Surgery

C82676 - St Elizabeth Medical Centre



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

Front Sheet

REPORT TITLE:	**Frailty Pathway - General Practice Review**
MEETING DATE:	**3 July 2018**
REPORT BY:	**Tim Sacks, Chief Operating Officer**
SPONSORED BY:	**Tim Sacks, Chief Operating Officer**
PRESENTER:	**Jamie Barrett, Head of Primary Care**

EXECUTIVE SUMMARY:

The purpose of this report is to provide the PCCC with an overview of the:

1. Review and Gap analysis of the involvement of General Practice in the Frailty Pathway;

2. Next Steps and actions suggested for General Practice and the wider Health System that were approved by the LLR Commissioning Collaborative Board (CCB) in June 2018.

RECOMMENDATIONS:

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

- **RECEIVE** the report.

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).			✓

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.
	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

Frailty Pathway - General Practice Review

3 July 2018

1. Introduction

The collaborative working to support the Frailty pathway has a need for all providers to deliver a coordinated approach for patients to support their care.

A significant proportion of all frail patients care is delivered in primary care. General Practice proactive management of these patients with a coordinated support from the healthcare system is key to improving outcomes and reducing avoidable inpatient stays.

The initial ask by the Frailty task force of General Practice is that frail patients are delivered a specific set of interventions based on national evidence. This paper describes the process and analysis undertaken to understand this in more detail.

2. Context

The list of interventions put forward by the Frailty task force in isolation looks like a long list of additional work for General Practice to undertake. This is in an environment of increased demand and pressure for an already depleted sector of healthcare.

There have already been concerns raised that the expectations and timescales are unrealistic or undeliverable and that this would risk delivery.

3. Baseline Analysis

The initial ask was that General Practice needs to deliver twelve specific interventions to manage frail patients most effectively.

A baseline analysis was undertaken of each of these areas, mapping what is delivered through the core GP contract, what is delivered through additional funding into General Practice and if there are any gaps.

This was collated and presented at the STP General Practice Programme Board (GPPB) on Tuesday 14 June 2018. The initial findings were that much of this is already delivered by our practices in LLR. The group including GPs from all 3 CCGs and the LMC followed a process that considered the following:

1) Run through the twelve interventions to rationalise and simplify where possible.

2) Analyse the interventions and how and if they are currently delivered through General Practice.

3) Agree which areas are routinely delivered and what may be of varying quality/outcome.

4) Define where the focus of General Practice needs to be and where there are gaps both in delivery or the assurance of delivery is not uniform.

5) Suggest exactly what General Practice could/should do to ensure an equity of offer for these patients and whether there needs to be a realignment of non-core funding or new funding, if available.

6) Make clear the role of the wider health care system in providing services to support these patients, specifically from:
    a. Acute
    b. Community
    c. Social Care
    d. EMAS
    e. Care Homes

4. Next Steps

The GPPB and 3 CCGs primary care teams have in a short space of time undertaken a detailed analysis of the offer from General Practice for this patient group, linking it to the inter-dependency work streams of ILT, Home First, etc.

The spreadsheet attached is the initial draft that was discussed at GPPB. This will now be updated with a clearer analysis of gaps and a plan for how best General Practice can further support this cohort of patients.

In addition a clear set of asks of the system will be drafted to support the wider development of this pathway.

This will be co-produced by the GPPB and circulated w/c 25 June 2018 for further debate.

5. RECOMMENDATIONS

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

- **RECEIVE** the report.

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

Front Sheet

REPORT TITLE:	**Sustainability and Transformational Plan (STP): GP Programme Update**
MEETING DATE:	**3rd July 2018**
REPORT BY:	**Tim Sacks, Chief Operating Officer; Sharon Rose, Locality Lead Manager & STP GP Programme Lead; Sue Price, Operations Team Support Officer**
SPONSORED BY:	**Tim Sacks, Chief Operating Officer**
PRESENTER:	**Jamie Barrett, Head of Primary Care**

EXECUTIVE SUMMARY:

This Paper provides an update on the Work Programme for the STP General Practice Programme Board.

The documents included are:

- The tracker for the GP Programme board (appendix A)
- GP Retention Plan (appendix B)

RECOMMENDATIONS:

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

- **RECEIVE** the report.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:			
Transform services and enhance quality of life for people with long-term conditions	*	Improve integration of local services between health and social care; and between acute and primary/community care.	*
Improve the quality of care – clinical effectiveness, safety and patient experience	*	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).			

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

General Practice Five Year Forward View

Introduction

1. The Aim of the programme is to deliver the GP Five Year Forward View strategy that was published in April 2016. The 5 priority areas for 18-19 for GP resilience are;
    - Workforce
    - Models of Care
    - IMT and estates
    - Funding and contracts and,
    - Workload/demand

Update:

2. Work streams for 18-19 have been agreed. Please see the attached tracker for work stream details.

3. Retention plan – The STP was required to submit a workforce plan by 25th June 2018 to access the additional funding to support retention work. The plan, which has been included, is a high level plan which can then be looked at in more detail and further refined to meet the needs of our CCGs once funding is released. This plan is currently awaiting outcome of the NHS E panel.

4. In addition to the retention plan a revision has been made to our workforce trajectory to increase our retention figures. In March 2018 our GP workforce numbers were lower than expected.

RECOMMENDATIONS

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

    - **RECEIVE** the report.

GPFV

No.		Project Area	Managerial Lead	Clinical Lead	Project Lead	Delivery Group	Funding £	Funding Source (GP5FV / CCG)	Other Funding Considerations	PID	Current HL report	Summary of Current Position	Previous Rag status	Current RAG status	Decisions required/items for escalation to GPRPB
1	WORKFORCE	IGPR	Sharon Rose	Nil Sanganee		GP WG	National release	GPFV	NHSE funded Project Officer (to Mar 2020)			IGPR is red due to delay in national process. LLR application agreed and signed off by DCO and awaiting further progress. NHSE funded IGPR Project Manager position is out to advert. Interviews scheduled for the 29th June.	red	amber	
2		GP Retention I+R	Sharon Rose	Bevis Heap (HEE)		GP WG	£300K	NHSE/HEE/CCG				Current GP retention scheme in operation. Guidance on a new retention offer from NHSE is awaited and a promise of funding to support the workstream	Amber	amber	
3		Clinical Pharmacists	HOP LPC Tim Sacks	Anuj Chahal		GP WG	0% yr 1 40% yr2 20% yr 3 NHSE	GPFV	NHSE will claw back funding where Practices have failed to recruit			LCCCG Scheme approved in 16-17 ELRCCG Scheme approved in 17-18. Updates below relates to East Implementation Working on implementation options in light of the reduced nature of the application. Agreed a plan with the alternative specialist partner to support the scheme, (as the one that we had identified was not put on the ELR CCG approved list). This will enable us to dovetail the schemes effectively. The specialist provider has identified four pharmacists to support this scheme. We have provided the participating practices with an update and next steps plan and are seeking confirmation that they wish to take part in the scheme	amber	amber	
4		Practice Managers Academy	Ian Potter	Wendy Hope	PM reps	GP WG	17-18 £46K 18-19 £TBC	GPFV	Held centrally by ELR			18-19 focus will be on; Face to Face networking opportunities Training Practice Manager Appraisers Practice Manager Coaching and Mentoring VPL covering Central and East		amber	
5	Releasing Time for Care	Care Navigation	Ian Potter			GP WG	17-18 £190K 18-19 £TBC	GPFV	held by respective CCGs			Active Signposting 5 of 5 Time for Care workshops (cohort 1) completed, good attendance and engagement from East and West practices, over 40 people from 21 practices attending. Dates confirmed for final workshops. Commitment from those attending to go live date on 31.03.18 and buy in to Local Champions where practices will be supported to share the learning across LLR. 2 of 5 Time for Care workshops (cohort 2) completed, good attendance and engagement from City practices, approximately 85 people from 39 practices attending. Dates confirmed for final workshops. Correspondence Management External facilitator agreed for 3 collaborative learning sessions which will support implementation, development and sharing of best practice. 2 facilitated session held on the 10th April and 30th May. Mid-project reports received – need to play final report 'ask' and timescales.	amber	amber	
6	IM&T	Online Consultations	Sharon Rose	Tony Bentley	Alan Oliver	GPIT	18-19 LCCCG £134K ELRCCG £109K WLCCG £130K	GPFV				• Service Specification produced and circulated to the project sub-group for comments. • Agreement to proceed with procurement via national commercial and procurement hub dynamic purchasing system (DPS). • 28 practices have now expressed an interest in Online Consultations – 6 in East, 12 in City and 10 in West. • Project Plan updated to include Risks and Issues, and a Gantt chart showing major milestones. • Handover process from PM to Kirsty Tite has commenced, further meetings planned.	amber	amber	
7		System Migrations	Sharon Rose	Tony Bentley	Jennie Caukwell	GPIT	17-18 £480K 18-19 £480K	ETTF				18-19 12 Migrations are planned Latham House Medical Practice will take 6 months to migrate due to size Year end forecast position - 85.5% of LLR Population will be on SystmOne	amber	green	
8	Models and Joint Working	LCCCG Extended Access	Julia Cory			GPRPB	18-19 £2.4M	GPFV				0	amber	green	
		ELRCCG Extended Access	Paula Vaughan			GPRPB	18-19 £999K 19-20 £2M recurrent	GPFV				• Re-assessment of readiness of ELR General Practice to deliver Acute Access – agreed by GB and first Q data collection template sent to practices 4.5.18 • 12 month extension to implement new service model in April 2019 – contracts agreed • GP5YFV compliance direct booking pilot confirmed – live and to be assessed mid July • Communications to support pilot implementation in progress • Plan delivered to Leicestershire HOSC adn well supported • Final EPC plan to June GB for approval • Assessment against GP5YFV key standards and compliance action plan completed and shared with NHSE –actions are in progress to ensure compliance before deadline • Benchmarking template for Acute Access has been disseminated to Practices and to be completed by the majority of practices as per plan. • 31 x PPGs to assist with patient feedback data collection complete - to be collected by CCG and analysed during July • GP5YFV direct booking SOP developed and i pilot live – to be reviewed mid - July • Extended Primary Care options due to GB sign off June 2018 • Communications and procurement plans for EPC in place to deliver 1.4.19 implementation • Met with Health watch representatives to update about progress and seed into public engagement plan.	amber	amber	
		WLCCG Extended Access	David Muir			GPRPB	18-19 £1.18M	GPFV				LUCC Test Bed completed IT platform roll out commenced	amber	amber	
9		LCCCG Transformation	Julia Cory			GPRPB	17-19 £3pp	GPFV					amber	amber	
		ELRCCG Transformation	Tim Sacks		Jamie Barrett	GPRPB	17-19 £3pp	GPFV					amber	amber	
		WLCCG Transformation	Ian Potter		David Muir	GPRPB	17-19 £3pp	GPFV					amber	amber	
10		LCCCG Premises			Amanda Anderson		18-19 £2.35M	ETTF				Reprioirities confirmed through LLR Estates Strategy and Final Business case for 19-20 schemes to be programmed	amber	Amber	
		ELRCCG Premises			Amanda Anderson		18-19 £758K	ETTF							
		WLCCG Premises			Amanda Anderson		18-19 £1.89M	ETTF							

Red
No Plans in place
No mitigation
Insufficient/no plans in place

Amber
plans in place and project progressing but delays to programme or Finances off track

Green
Project plan in place
actions on track
Finance on track

Blue
Project waiting
plans yet to be developed pending National Guidance

STP Primary Care Workforce plans - Guidance

This template has been designed to refresh STPs' Primary Care workforce planned trajectory in accordance to the NHS England Planning Guidance for 2018/19.

The task consists in updating the cells highlighted in light blue in the Workforce Trajectory tab with the headcount number of doctors and wider workforce expected to join the workforce (inflows) and the number of doctors and wider workforce expected to leave the workforce (outflows) in the period Jan 18 - Sep 20. The cells' content should be completed with the headcount number expected to join or leave the workforce in each period (NOT cumulative).
Specifically, the STP is asked to amend the headcount assumptions in the Workforce Trajectory page to:
- Reduce the numbers of doctors they expect to be recruited through the IGPR scheme to match their allocation;
- Amend the numbers of doctors they expect to be recruited/retained through the other schemes to ensure the Sep 2020 target is still met.
Please note that the revised trajectory is calculated from the latest position available (Mar-18) and therefore any shortfall in the actuals GP FTE for Mar-18 will need to be accounted for in the revision.
In addition, the STP is asked to provide further details on plans for delivering retention in the GP Retention Initiatives page.

Definitions

Group	Description	Useful Link
Inflow - New fully qualified GPs	This is the headcount of GPs that have recently obtained or are planning to obtain a CCT qualification and are expected to join the Primary Care workforce within the STP area for the first time.	https://gprecruitment.hee.nhs.uk/
Inflow - Induction & Refresher scheme	This is the headcount of GPs that have never worked in General Practice or that have decided to come back to General Practice after a break expected to join the Primary Care workforce within the STP area through the Induction & Refresher scheme. The count should NOT include New fully qualified GPs, nor GPs recruited through the International GP Recruitment program.	https://gprecruitment.hee.nhs.uk/Induction-Refresher
Inflow - International Recruitment	This is the headcount of GPs expected to join the Primary Care workforce within the STP area through the International GP Recruitment scheme.	https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/international-gp-recruitment/
Inflow - GP retention scheme	This is the headcount of GPs that are intending to leave or have left the profession the profession which are expected to join the Primary Care workforce within the STP area through the GP retention scheme.	https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/retained-doctors/
Inflow - Other local GP retention initiatives	This is the headcount of GPs that are intending to leave or have left the profession which are expected to join the Primary Care workforce within the STP area through other local retention initiatives.	
Inflow - Other	This is the headcount of GPs expected to join the Primary Care workforce through other schemes not listed above.	
Outflow - Retirement	This is the headcount of GPs expected to leave the Primary Care workforce due to retirement.	
Outflow - Other	This is the headcount of GPs expected to leave the Primary Care workforce due to other reasons.	

Group	Description	Useful Link
Inflow - Nurses	This is the headcount of nurses expected to join the Primary Care workforce within the STP area.	https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/
Inflow - Direct Patient Care staff (excluding PA and pharmacists)	This is the headcount of direct patient care staff (excluding physician associates and pharmacists) expected to join the Primary Care workforce within the STP area.	
Inflow - Physician Associates	This is the headcount of physician associates expected to join the Primary Care workforce within the STP area.	
Inflow - Pharmacists	This is the headcount of pharmacists expected to join the Primary Care workforce within the STP area.	https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/
Inflow - Admin staff	This is the headcount of admin staff expected to join the Primary Care workforce within the STP area.	
Outflow - Nurses	This is the headcount of nurses expected to leave the Primary Care workforce within the STP area.	
Outflow - Direct Patient Care staff (all)	This is the headcount of direct patient care staff (all) expected to leave the Primary Care workforce within the STP area.	
Outflow - Admin staff	This is the headcount of admin staff expected to leave the Primary Care workforce within the STP area.	

STP Primary Care Workforce plans - Trajectory Generator

Select STP: Leicester, Leicestershire and Rutland

Actuals
Calculations
Input cells

Completed by	
Name	
Role	
Email	
Date completed	

Approved by	
Name	
Role	
Email	
Date reviewed	

GPs

	Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
GPs FTE (excluding registrars) Actuals	563	568	581	566	565	563	552	550	554					
GPs FTE (excluding registrars) Planned Trajectory									557	563	569	578	587	639
GPs FTE (excluding registrars) Revised Trajectory										559	566	575	585	639
Indicative 2020 STP target														639
Variance from Indicative 2020 STP target														0

International Recruitment allocation	30
International Recruitment ask	30

Headcount	**Q4 2017/18**	**Q1 to Q4 2018/19**				**Q1 to Q4 2019/20 & Q1 to Q2 2020/21**	Participation rate
	Jan 18 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	Apr 19 - Sep 20	
Inflow - New fully qualified GPs	13	13	13	12	12	68	0.70
Inflow - Induction & Refresher scheme	0	0	0	0	0	3	0.4
Inflow - International Recruitment	0	0	0	3	4	23	0.7
Inflow - GP retention scheme	1	1	3	4	4	16	0.45
Inflow - Other GP retention initiatives							
Inflow - Other							
Outflow - Retirement	3	4	4	3	3	18	0.65
Outflow - Other	2	2	2	2	2	13	0.55
Net flow	9	8	10	14	15	79	

Comments

FTE	**Q4 2017/18**	**Q1 to Q4 2018/19**				**Q1 to Q4 2019/20 & Q1 to Q2 2020/21**
	Jan 18 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	Apr 19 - Sep 20
Inflow - New fully qualified GPs	9.1	9.1	9.1	8.4	8.4	47.6
Inflow - Induction & Refresher scheme	0.0	0.0	0.0	0.0	0.0	1.2
Inflow - International Recruitment	0.0	0.0	0.0	2.1	2.8	16.1
Inflow - GP retention scheme	0.5	0.5	1.4	1.8	1.8	7.2
Inflow - Other GP retention initiatives	0.0	0.0	0.0	0.0	0.0	0.0
Inflow - Other	0.0	0.0	0.0	0.0	0.0	0.0
Outflow - Retirement	2.0	2.6	2.6	2.0	2.0	11.7
Outflow - Other	1.1	1.1	1.1	1.1	1.1	7.2
Net flow	**6.5**	**5.9**	**6.8**	**9.3**	**10.0**	**53.3**

Wider workforce

	Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
Wider workforce FTE - Actuals	1,592	1,683	1,714	n/a	1,707	n/a	1,713	1,742	1,753					
Wider workforce FTE - Planned trajectory									1,731	1,721	1,711	1,714	1,717	1,733
Wider workforce FTE - Revised trajectory										1,743	1,733	1,736	1,739	1,755
Indicative 2020 STP target														1,661
Variance from Indicative 2020 STP target														94

Headcount	**Q4 2017/18**	**Q1 to Q4 2018/19**				**Q1 to Q4 2019/20 & Q1 to Q2 2020/21**	Participation rate	Comments
	Jan 18 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	Apr 19 - Sep 20		
Inflow - Nurses	1	1	1	2	2	12	1	
Inflow - Direct Patient Care staff (excluding physician associates and pharmacists)	3	3	3	4	4	20	1	
Inflow - Physician Associates	0	0	0	1	1	8	1	
Inflow - Pharmacists	2	2	2	1	1	4	1	
Inflow - Admin staff	4	5	5	15	15	90	1	
Outflow - Nurses	2	2	2	2	2	12	1	
Outflow - Direct Patient Care staff (all)	3	3	3	3	3	16	1.00	
Outflow - Admin staff	16	16	16	15	15	90	1	
Net flow	-11	-10	-10	3	3	16		

FTE	**Q4 2017/18**	**Q1 to Q4 2018/19**				**Q1 to Q4 2019/20 & Q1 to Q2 2020/21**
	Jan 18 - Mar 18	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19	Apr 19 - Sep 20
Inflow - Nurses	1.0	1.0	1.0	2.0	2.0	12.0
Inflow - Direct Patient Care staff (excluding physician associates and pharmacists)	3.0	3.0	3.0	4.0	4.0	20.0
Inflow - Physician Associates	0.0	0.0	0.0	1.0	1.0	8.0
Inflow - Pharmacists	2.0	2.0	2.0	1.0	1.0	4.0
Inflow - Admin staff	4.0	5.0	5.0	15.0	15.0	90.0
Outflow - Nurses	2.0	2.0	2.0	2.0	2.0	12.0
Outflow - Direct Patient Care staff (all)	3.0	3.0	3.0	3.0	3.0	16.0
Outflow - Admin staff	16.0	16.0	16.0	15.0	15.0	90.0
Net flow	**-11.0**	**-10.0**	**-10.0**	**3.0**	**3.0**	**16.0**

LOCAL GP RETENTION FUND 2018/19

STP:	Leicester, Leicestershire and Rutland	**Date of submission:**	25th June 2018
Completed by:	Sharon Rose	0	
Approved by:	Tim Sacks	0	

There is a requirement for Local General Practitioner Retention Funds to be used to develop plans that have the capability to be mainstreamed.

STP plans will need to have a specific focus on local need across any of following categories:

- GPs who are seriously considering leaving general practice or are considering changing their role or working hours
- GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical)
- GPs who are newly qualified or within their first five years of practice

Please use the Regional Local General Practitioner Retention Fund Guidance to support completion of this template.

Background
There are significant workforce issues with a 15% drop nationally in the numbers coming into GP training, over 50% of GPs under 50 years of age considering leaving the profession in the next five years, and the move away from partnerships to salaried or locum positions. The recruitment and retention issues affecting GPs are mirrored in the practice nursing workforce, nationally 64% of practice nurses are over 50 with only 35% under 40. Between 2001 and 2011 the number of community nurses fell by 38%, whilst the nursing workforce expanded by 4% in the acute sector and there is a growing reliance on agency staff.
Workforce is recognised as one of the biggest challenges in delivery of on-going operational stability. During 2016 and 2017, the General Practice workforce work stream have undertaken work to develop intelligence about the local challenges for LLR and form a clearer baseline position for the size and shape of the current available workforce. Workforce has been allocated additional programme support by HEEM to support the development and delivery of the key workforce objectives.

Local LLR Intelligence
In autumn of 2017 The workforce strategy was developed. The aim of the LLR General Practice Workforce Strategy is to support the recruitment across staff groups where historically the system has struggled, manage the existing workforce flexibly across the system and develop staff to fit into new accredited roles based on a competency and skills framework.
Leicester, Leicestershire and Rutland are no different to the national picture with regards to workforce challenges. NHSE have a set a target of 0.58 WTE GPs per 1000 patients,. None of the CCGs meets this nationally expected number and we recognise that with Leicester City we have low numbers of staff and with its high health need this is a clear outlier.

East Leicestershire and Rutland CCG = 0.53 WTE per 100
Leicester City CCG = 0.44 WTE per 1000
West Leicestershire CCG = 0.50 WTE per 1000

In addition we face an ageing workforce not only with General practitioners but also practice nursing.
Over 46% of the LLR Senior Partners are over 55.

Senior Partner - 46.1% > 55
GP Partner - 13.3% >55
Salaried GP - 9.2% >55
Advanced Nurse Practitioner - 31.4% >55
Extended Role Practice Nurses - 46.2% >55
Nurse Specialist - 26.1% > 55
Practice Nurses - 29.6% >55
HCA - 19.5% > 55

There are specific challenges that are impacting on the system which will require mitigations. Many of these are nationwide, but a local plan will be necessary to support our providers of General Practice services.

• Recruitment: There are fewer trainees in the system who wish to become salaried GPs or partners. This move towards locum posts is driving market forces. Locum rates are rising disproportionately and the flexibility these roles offer are appealing to newly qualified GPs. There are fewer employees to take on the workload and therefore the spiral of more work to fewer people drives more to become locum doctors.
• Career Framework: For GPs there are few opportunities to have a diverse career, due to the way practices deliver care and demands from patients. The prospect of undertaking 8 or 9 clinical sessions every week is less appealing and often GPs are reducing clinical sessions, leaving capacity gaps.
• For nurses a different issue arises, the lack of career progression and/or training opportunities as a practice nurse has made the profession less popular and has led to gaps in capacity.
• Workload: Demand from patients, either due to complex needs or expectations has meant that there is greater pressure than ever on General Practice capacity. This demand is also created by a system that passes work directly or indirectly to General Practice as a fall back. This can be seen through hand-offs from Community and Secondary Care and the pressures are leading to calls from GPs and the LMC that the service is becoming unsafe.
• Finance: Although the 2004 GMS contact added significant budgets to General Practice, since this point there has been little or no growth in funding and pressures have increased due to need for more staff to meet demand, growth in indemnity costs and running costs. This has seen reduced incomes and lower numbers of partners managing the primary care business.

Workforce Governance

We have developed a robust and inclusive framework of assurance, and appointed a GP programme team office. The GP Programme Team is responsible for the day to day programme management for the GPPB this includes, design of project templates, collation of project detail, whilst seeking assurance against timelines and delivery against plan. Detailed below are some examples of the governance mechanisms that have been put in place:
• Project Initiation Documents (PIDs)
• Highlight Reports
• Risk Register
• Overarching project plan for all projects within this work stream

GP Workforce Group
The main purpose of the of the LLR Workforce group is to ensure that the LLR Primary Care Strategic Direction is aligned to the STP GP Strategy and the FYFV in terms of sustainable and resilient workforce. This group meets on a monthly basis.
The GP Workforce Group provides assurance to the GPPB and LWAB that appropriate workforce activities and programmes are in place to deliver the LLR Workforce requirements. They do this by ensuring that organisations work together collaboratively to address the challenges and deliver the solutions. Representation at the board includes;
• GP representation from CCGs
• Deputy Chief Nurses from CCGs
• Practice Manager Representation
• Health Education England
• NHS England
• Local Medical Council (LMC)
• CCG Management Leads
• Local Pharmacy Council (LPC)
All projects developed are supported with project documentation such as project initiation document (PID), risk register and appropriate delivery monitoring and reporting schedules, which are reported and monitored on a monthly basis.
GP Resilience Programme Board
The GPPB is responsible for design of the 5 year strategy of sustainable transformational change in General Practice that meets local needs and delivers the GP 5 year forward view
The Board provides leadership in the design, development, planning and delivery of a sustainable General Practice.
There are three direct groups that feed into, and are held to account by the GP STP Programme Board, these are;
• Primary Care Workforce
• IM&T
• Implementation

The GPPB monitors the progress of work streams led by its subgroups; they will identify and report blockages and barriers, which are escalated to the SLT. Data is reported monthly through the highlight reports. Additionally the GPPB reports monthly to NHS England GP Five Year Forward Group and provides local highlight report submissions.
Membership of the GPPB comprises of the following:
• Chair Prof A Farooqi, Leicester City CCG Chair
• Deputy Chair, Tim Sacks SRO (ELR Chief Operating Officer)
• Clinical Lead from ELR and WL CCG
• Senior Manager from LC and WL CCG
• Local Authority representatives from Rutland / Leicester / Leicestershire
• A representative from Healthwatch Rutland / Leicester / Leicestershire
• NHS England Representative
• UHL representative
• A representative from the Leicester, Leicestershire and Rutland Local Medical Committee
• GP Provider perspective from Federations (1 member per CCG representing federations)

Key retention focus in LLR

GP Induction and Refresher (I&R)

Working with HEE EM we have developed a GP specialty trainee placement scheme that sees the trainee assigned to one of our wide variety of placements across LLR from inner city, ethnically diverse practices through to suburban and rural settings. This programme provides an initial 20 months meaning the trainee has more GP time than elsewhere in the country. In addition we are looking to recruit a small group of trainees who, through a 4 year programme, will be able to develop skills in clinical teaching in addition to completing their GP training. We are currently developing an extensive communication and promotional plan.
NHS England target via I&R is 10 recruits per annum. Currently there are 3 GPs in LLR on the scheme, therefore there is a gap of 7 this financial year, uptake of the scheme remains the biggest risk to achieving this target.

GP Retention and Portfolio
Working with HEE EM we have taken the national scheme and developed our local scheme to fit LLR. The GP must commit to a maximum 208 sessions per year which includes protected time for continuing professional development, educational support and an annual review. This also includes a package of financial and educational support to help these doctors, who might otherwise leave the profession, remain in clinical General Practice.
Each practice employing a RGP is able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. This allowance will be paid for all sessions including sick leave, annual leave, educational, maternity, paternity and adoptive leave where the RGP is being paid by the practice.
Areas of portfolio work include but are not limited to, family planning, sexual health, urgent care, dermatology, migrant health. The Retained GP applies directly to HEE to join the scheme.

Further details can be found in our workforce plan embedded at the bottom of this document.

1	Please illustrate the retention initiatives you are considering to deliver the inflow of doctors reported in the **Inflow - GP Retention scheme** and **Inflow - Other GP retention initiatives**.	Whilst we have seen some increase to the numbers coming through the retention scheme locally in the latter part of 17/18 the uptake is still low, to date we have 8 retainers on the scheme the majority of which joined in the previous financial year, and uptake in Q1 18/19 has been significantly low with low numbers expected to come through in the following quarter. We will look to expand on the current retention scheme through closer partnership working with Health Education England. To improve the uptake we will look to capture lessons learnt through the retainers and the retainer practice currently on the scheme and will look to share this across the STP. To support this, we will devise a communications and engagement strategy to plan how we can promote and publicise the offer through our local network channels including educating our clinicians and practices of the scheme through our •Quarterly Protected Learning Time Sessions (each CCG) •Our monthly Locality Meetings, across LLR we have 14 localities •Monthly Practice Manager Forums •We will also look to identify practice champions to help promote further engagement. HEE will be a vital partner in our promotion work and we will work closely with our HEE colleagues as we develop our plans and will also look to different avenues of promoting the scheme such as via •HEE communications •CCG communications / newsletters •Through Federation forums across the STP (7 in total) •Social Media campaigns such as twitter Our federations will also be valuable partners in our promotion activities offering additional avenues to communicating with our workforce. This expanded scheme with added promotion and closer engagement, we aim to achieve the anticipated numbers planned within our workforce trajectory and aim to increase our current uptake by 75% (n=12) throughout the remainder of 18/19 and to increase our overall uptake in 19/20 by 30% (n=16)to achieve our workforce aspiration. This scheme is not without its risks to the local STP footprint and is a significant cost pressure to the CCG Co Commissioning Budgets with a current cost pressure of £15,000 per applicant with an overall cost pressure of £420,000 to achieve the workforce trajectory. In addition to the enhanced promotion our GP workforce group will also look to understand the potentials of portfolio working and how this scheme can further support our GPs who would like to focus on more specialised working. This may include looking at different ways of working and utilising the wider workforce to focus on the regular demand freeing up GP time to focus on more specialised care. This piece of work may lead to further avenues of development and the potential to implement further schemes to offer choice and flexibility whilst affording sustainability into the local areas.

2	Please illustrate the initiatives you are considering to deliver the inflow of doctors reported in the **Inflow - other.**	GP Career Plus The LLR focus for achieving the workforce target is mainly through International Recruitment and the GP Retention Scheme. With the potential of additional funding we will explore the GP Career Plus scheme and how this can support Portfolio working and increased coaching to help encourage the GPs join within our local healthcare system. We will review the learning from the various pilots across the country and will look at how we may be able tailor and offer elements of the pilots within our STP. This will be further worked through at our GP Workforce Group and GP Resilience Programme Board to determine the best approach and how we may be able to further strengthen our workforce resilience. Future aspirations We will also look to explore coaching with our local LMC. This had previously been offered throughout 2017 Via Beyond Consultants for both GPs and Practice Mangers. The programme offered participants 4 x one to one coaching sessions based on 3 cohorts over a 12 month period. 49 participants across LLR took part in the programme with a total 184 coaching sessions delivered. Evaluation of the programme found that from the GP participants there was a 26% reduction in the likelihood of the GPs leaving general practice, 22% reduction in the likelihood of a change of career and a 16% reduction in the likelihood of reducing hours in general practice compared to when they entered the programme. The programme at a cost of £69,000 (excl vat)has shown some positive outcomes but would need further development to increase the impact. Currently this is not planned for 18/19 but this could be an avenue to further support the retention of existing medical staff within the LLR STP through: •Improved coaching sessions tailored to focus on current demands for our GP workforce •Providing a forum for open and personalised one to one discussion •Allowing time to review their current challenges •Improve motivation and resilience LLR would look to explore the outcomes with the LMC and in greater detail at user experience to maximise the benefits of potential coaching sessions and explore platforms for delivery such as video conferening, online support as well as face to face. The previous scheme had engagement from 49 participants, we would look at achieve this is any future delivery. Locality and Federation Development Primary Care at Scale is a factor in achieving sustainability across General Practice. Pending future additional funding we would like to explore the potential of a retention fund to support local and locality / federation driven initiatives giving the locality areas the opportunity to address the issues local to them. This could be through locality tailored mentoring and buddying programmes or the ability to expand on a GPs specialist skills to enable portfolio working and to increase the likelihood of the GPs staying within the local area. This will be another key driver is enabling sustainability and to strengthen joint working approaches across the STP.
3	Please illustrate which initiatives have been completed to date or are planned for 2018/2019 to attract newly qualified doctors to work in your area.	GP Induction and Refresher (I&R) Working with HEE EM we have developed a GP specialty trainee placement scheme that sees the trainee assigned to one of our wide variety of placements across LLR from inner city, ethnically diverse practices through to suburban and rural settings. This programme provides an initial 20 months meaning the trainee has more GP time than elsewhere in the country. In addition we are looking to recruit a small group of trainees who, through a 4 year programme, will be able to develop skills in clinical teaching in addition to completing their GP training. We are currently developing an extensive communication and promotional plan. NHS England target via I&R is 10 recruits per annum. Currently there are 3 GPs in LLR on the scheme, therefore there is a gap of 7 this financial year, uptake of the scheme remains the biggest risk to achieving this target.
4	What are the retention challenges across early, mid and late GP career pathways? How does your plan address these challenges and seek to reduce local attrition rates?	The Key retention challenges are: Additional Workload due to patient demand and demography. Flexibility that being a locum doctor or salaried GP provides. Reduced incomes due to flattening of GP investment and costs of running general practice. Increased indemnity costs. Burden of meeting requirements for appraisal especially for part time GPs. Lifetime pension allowance creating a dis-incentive to working beyond 55. And finally and most concerning is the ageing workforce with over 46% of GP Senior Partners over 55, over 13.3% of GP partners being over 55 and Salaried GPs 9.2% over 55, this poses a real issue over the coming years for the sustainability of our general practice. The main challenge to retaining workforce is promoting an attractive working environment. The GP retention scheme allows flexibility of annualised hours and the ability to undertake more localised portfolio working. This offer could provide more flexibility to our older workforce members affording them the opportunity to focus on more specialised areas freeing up time within the practice to focus on the day to day needs of the population. Promotion is key to raising awareness and education of our workforce in the options available. As previously highlighted, Currently in LLR we have a total of 8 retainers on the scheme although during Q1 18/19 retention uptake has significantly dwindled with the majority of retainers joining the scheme in the previous year, we believe this to be in the large part due to lack of awareness. Through our promotion programme we aim to increase our current uptake by 75% throughout the remainder of 18/19 and to increase our overall uptake in 19/20 by 30% to achieve our workforce aspiration. The promotion programme will be governed by our GP Workforce Group which is well established and consists of membership through key working partners not just from General Practice but HEE and the LMC.
5	What level of local engagement has taken place in developing retention initiatives for 2018/2019?	Engagement and promotion is the next phase for which we aspire. With additional funding we will be able to promote our retention scheme across LLR , with closer working with HEE we will be able to promote the scheme through Protected learning time sessions, Locality meetings as well as practice manager forums to raise awareness with our GPs, many of which may be unaware of this option. With over 46% of our senior partner workforce over the age of 55 promotion is a fundamental element to retaining our older workforce. We will look to enhance our promotion and will develop a communication strategy. Federations can also play a crucial part in supporting this by promoting through their members meetings and offering GPs a forum to discuss potential ways in which different ways of working can benefit themselves as GPs and also provide sustainability within their local area. To support this, we will devise a communications and engagement strategy to plan how we can promote and publicise the offer through our local network channels including educating our clinicians and practices of the scheme through our •Quarterly Protected Learning Time Sessions (each CCG) •Our monthly Locality Meetings, across LLR we have 14 localities •Monthly Practice Manager Forums •We will also look to identify practice champions to help promote further engagement. HEE will be a vital partner in our promotion activities and we will look to work closely with them to promote the benefit the schemes can offer. We will also look to different avenues of promoting the scheme such as via •HEE communications •CCG communications / newsletters •Through Federation forums across the STP (7 in total) •Social Media campaigns such as twitter
6	What are the key risks / challenges in establishing Local General Practitioner Fund initiatives by end September 2018 as outlined the Regional Guidance?	Funding is ultimately the key risk and challenge. The GP Retention scheme is a risk to the local STP footprint and is a significant cost pressure to the CCG Co Commissioning Budgets. With our aspiration of 28 retainers by 2020 and a current cost pressure of £15,000 per applicant we have a funding gap of £420,000 to achieve the workforce trajectory. As previously stated, the promotion programme will be governed by our GP Workforce Group which is well established and consists of membership through key working partners not just from General Practice but HEE and the LMC. working across this multi partner forum we will work together utilising each others forums to communicate and engage with our general practice workforce.

Please set out in the table below how you intend to use Local General Practitioner Funds:

Proposed initiative	Brief Description (one para)	Funding required (rounded to nearest £000)	Key target group(s)	Target number of GPs to be supported	What is expected impact of the initiative?	Additional information provided?
GP Retention Scheme	expand of the current scheme to include further promotion and aware	300,000.00	GP workforce	23.0	promotion through 18/19 and 19/20 to achieve aspiration target by 2020.	The GP retention scheme is currently not promoted. With funding support we will be able to promote the scheme and attract more GPs into the scheme
GP Career Plus	Exploration of the GP Career Plus scheme	50,000.00	GP workforce	0.0	exploration of GP Career plus during 18/19.	Learning from national pilots will be assessed.
Coaching	GP Coaching	0.00	GP workforce		exploration of GP coaching during 18/19	GP coaching was previously offered through the LMC. We will
Local GP retention funding	Locality and Federation GP retention fund. To enable bid to support locality led retention initiatives	0.00	GP workforce		2019/20	exploration and development of a local GP retention fund to enable locality led retention plans
Initiative F [insert name]						
Initiative G [insert name]						
Initiative H [insert name]						
	Total spend:	£350,000.00	**Total target number of GPs to be supported:**	23.0		
	STP allocation:	£0.00				
	Variance:	-£350,000.00				

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