NHS
South Lincolnshire
Clinical Commissioning Group

Public Meeting of the South Lincolnshire Clinical Commissioning Group (CCG) Primary Care Commissioning Committee

To be held on
Thursday, 28 March 2019 at 11.00 am

Hardwicke Suite
Eventus
Northfields Industrial Estate
Sunderland Road
Market Deeping, Lincs
PE6 8FD

NHS
South Lincolnshire
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

South Lincolnshire CCG will meet on Thursday, 28 March 2019 at 11.00 am
At Eventus, Northfields Industrial Estate, Sunderland Road, Market Deeping, PE6 8FD

Chair: Ms Hilary Daniels

A G E N D A

	Standing Items	Enclosure/ Verbal	Lead
1.	Welcome and introductions		Ms H Daniels
2.	To receive apologies for absence	Verbal	All
3.	To receive any declarations of pecuniary and non-pecuniary interests and conflicts of interest	Verbal	All
4.	. To approve the minutes of the last meeting held on 31 January 2019	Enclosure	All
5.	To consider the Action Log	Enclosure	All
	Patient Care – Constitutional Standards and Quality Assurance		
6.	To note an update on the Johnson GP Centre, Spalding	Verbal	Mrs R Neno
7.	To note an update on the Procurement Process for Long Term Primary Medical Services Provision in Spalding	Verbal	Mrs R Neno
8.	To receive an update on Quality	Verbal	Mrs E Ball
	QIPP and Financial Duties		
9.	To note the Month Eleven Finance Report	Enclosure	Miss J Wright
	Service Developments - STP		
10.	To note an update on Neighbourhood Teams, GP Five Year Forward View, Extended Access and Estates, Transformation and Technology Funding (ETTF)	Verbal	Mr A Rix
	Governance		
11.	To review the Primary Care Commissioning Committee – Terms of Reference	Enclosure	Mrs J Ellis-Fenwick
12.	To consider the Committee Self-Assessment Checklist	Enclosure	Mrs J Ellis-Fenwick

	Information		
13. .	To discuss any potential new risks identified during the meeting	Verbal	All
14.	Matters for Escalation to the Governing Body	Verbal	All
15.	The next meeting will be held on Thursday, 23 May 2019 at 11.00am at Johnson Hospital, Spalding		

The items on this agenda are submitted to the Primary Care Commissioning Committee for discussion, amendment and approval as appropriate. They should not be regarded, or published, as organisation policy until formally agreed. Papers are available on the NHS South Lincolnshire website: www.southlincolnshireccg.nhs.uk. In case of difficulty accessing the papers, please contact Jules Ellis-Fenwick, Corporate Secretary/Manager on 07825 938794 (via e-mail at julie.ellis-fenwick@SouthLincolnshireCCG.nhs.uk)

The Primary Care Commissioning Committee will be asked to consider the following resolution:-
That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.
Section 1(2) Public Bodies (Admission to Meetings) Act 1960)
Items in the private part of the meeting are either commercial in confidence or relate to individual staff and patients

J Ellis-Fenwick

…… ……
Jules Ellis-Fenwick,
CCG Corporate Secretary/Manager

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MINUTES OF PUBLIC MEETING OF THE SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE HELD ON THURSDAY, 31 JANUARY 2019 AT 10.30 IN SPRINGFIELDS EVENTS AND CONFERENCE CENTRE, CAMEL GATE, SPALDING, LINCS, PE12 6ET

PRESENT:

Ms Hilary Daniels	Lay Member Finance and Primary Care (Chair)
Dr Raghu Ramaiah	Secondary Care Doctor, SLCCG and SWLCCG
Mrs Elizabeth Ball	Director of Quality & Executive Nurse, SLCCG
Mr Graham Felston	Lay Member Governance, SLCCG
Mr Preston Keeling	Lay Member, Patient and Public Involvement, SLCCG
Mr Andrew Rix	Chief Operating Officer, SLCCG
Miss Jo Wright	Chief Finance Officer, SLCCG and SWLCCG

IN ATTENDANCE:

Mr Adrian Audis	Assistant Contracts Manager, NHS England
Mrs Julie Ellis-Fenwick	CCG Corporate Secretary/Manager, SLCCG and SWLCCG
Mrs Sarah Fletcher	CEO Healthwatch
Mr Tom Hann	PwC Representative
Mr Simon Hopkinson	Communications Lead, Optum CSU
Dr Kevin Hill	GP and CCG Clinical Chair, SLCCG
Mrs Lisa Knowles	Primary Care Support Contracting Manager, NHSE
Mrs Rebecca Neno	Deputy Chief Nurse, SLCCG
Mrs Katherine Perrin	Primary Care Delivery Facilitator
Cllr Sue Woolley	Chairman, Lincolnshire Health and Wellbeing Board

APOLOGIES:

Mrs Jacqui Bunce	Programme Director, Primary Care/NT/STP Estates Lead
Mr John Turner	Chief Officer, SLCCG and SWLCCG

19/153 WELCOME AND INTRODUCTIONS

Ms Daniels welcomed those present to the meeting and declared the meeting was quorate.

Ms Daniels read out the CCG notice regarding Governing Body meetings held in public.

Ms Daniels and those present introduced themselves for the benefit of the eight members of the public who were present.

Mr Rix advised that he was on-call this week and as such he may need to deal with any messages from the urgent care team in the meeting and if so would step outside to deal with any queries.

19/154 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTEREST

Ms Daniels reminded Committee Members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the South Lincolnshire Clinical Commissioning Group.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the CCG Corporate Secretary to the Governing Body or the CCG website at the following link: https://southlincolnshireccg.nhs.uk/index.php/about-us/declaration-of-interests.

Dr Hill declared an interest as a GP but advised that he never worked at Pennygate Health Centre as a locum and only knew Dr Nathu from a professional perspective, not socially. As such there was no direct interest.

The Committee discussed the interest declared and agreed that as Dr Hill had no direct decision making powers in relation to items on the agenda there was no requirement for him to leave the room when the item was discussed.

19/155 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 20 December 2018 were presented and considered.

The Primary Care Commissioning Committee agreed to:

- **Approve the minutes as a true record.**

19/156 ACTION LOG

Ms Daniels presented the Action Log, which included four items. The first action was identified as complete; the two actions for 18/148 were on track to deliver as detailed.

18/150 – this was due to be addressed at the next Joint Risk Management Group meeting.

The Primary Care Commissioning Committee agreed to:

- **Note the Action Log.**

PATIENT CARE – CONSTITUTIONAL STANDARDS AND QUALITY ASSURANCE

19/157 PUBLIC CONSULTATION ON THE LONGER TERM ACCESS TO GP SERVICES FOR PATIENTS PREVIOUSLY REGISTERED AT PENNYGATE HEALTH CARE – RESULTS REPORT JANUARY 2019 AND OPTIONS PAPER: LONG TERM PRIMARY MEDICAL SERVICES PROVISION FOR PATIENTS PREVIOUSLY REGISTERED AT PENNYGATE HEALTH CENTRE, SPALDING

Ms Daniels advised that Items 6 and 7 would be considered together.

Public consultation on the longer term access to GP services for patients previously registered at Pennygate Health Centre

Mrs Neno advised that following Dr Nathu's retirement from general practice on 7 September 2018, Pennygate Health Centre. An interim arrangement to ensure Pennygate patients could continue to access GP services whilst longer term plans were considered was established; provided by Lincolnshire Community Health Services (LCHS) from 10 September 2018.

The CCG undertook a public consultation on the longer term plans over a 13 week period between 1st October and 31st December 2018. This was extended from the recommended 12 week consultation timescales to allow for the Christmas period.

As part of the consultation process the documentation was made available in a range of formats to give GP patients, members of the public, staff and stakeholders various opportunities to get involved and share their views.

The following actions were also carried out as part of the consultation:

- A letter was posted to all households of patients registered at the Johnson GP Centre as of the 1st October 2018, informing them of the consultation process, how to complete the survey and providing details of all the public consultation events they could attend.
- The survey was available online on the CCG website and social media and promoted via partner organisations.
- Five public consultation events were held across a range of days and times to enable as many patients and members of the public to attend as possible.

There were four options consulted on as follows:

Option 1: GP services to be delivered at Johnson Hospital, Spalding.
Option 2: GP services to be delivered on the west side of Spalding
Option 3: The main GP services to be delivered at Johnson Hospital, Spalding with some services delivered on the west side of Spalding as a branch surgery
Option 4a: The patient list is distributed and patients registered at the Johnson Hospital, Spalding to become registered patients of other GP Practices in the local area
Option 4b: If the patient list was distributed to other practices in the local area, would you like us to explore the possibility of establishing a branch surgery on the west side of Spalding?

The consultation documentation also invited any other suggestions for providing GP services on the west side of Spalding.

A total of 118 responses were received to the consultation with 71% received from patients previously registered at the Pennygate Health Centre; this represented about 3% of the practice population. 66 individuals attended the public consultation events, with several attending more than one meeting.

The key points identified within the consultation were:

- The majority of respondents (71%) were former Pennygate patients and 74% live in the Spalding area.
- Of the 94 people (out of 118 responses) who gave their postcodes, 55 (59%) live on the west side of the railway track that runs through Spalding, with 36 (38%) living to the east.
- Distance from home was considered to be the most important factor when accessing GP services (33%) followed by appointments offered at convenient times (30%).
- Many more people now drive to their GP services at Johnson Hospital whereas they used to be able to walk to Pennygate Health Centre.
- Widespread feedback from the surveys and events on the benefits, concerns and suggestions for all options provided within this consultation is provided in this report.
- The preferred option for the future of GP services in Spalding is option 2: GP services to be delivered on the west side of Spalding (43%) followed by option 1: GP services to be delivered at Johnson Hospital (34%).

In terms of the four options, 43% of responses preferred Option Two – GP services to be delivered on the west side of Spalding (the west side of the railway line, which is considered to be a crucial factor).

34% of responses favoured Option One – GP services to be delivered at Johnson Hospital, Spalding, so it was fairly close between Options One and Two.

The responses also demonstrated that dispersal of the practice list to other practices and establishment of a branch surgery were not preferred options (Options Three and Four). Mrs Neno added that the staff working at the Johnson GP Centre had also been consulted and the details and their views were included in the report presented.

Mrs Neno advised at this time she was happy to take any questions from the members of the Committee.

Mr Felston advised that there had been some concerns raised about transport links to the Johnson Hospital site and sought clarification on the position. Mrs Neno advised that the bus service currently goes past Munro Medical Centre and passes close to Beechfields Medical Centre, but to access the Johnson Community Hospital passengers are required to change buses at the bus station. The two buses do connect but with only a three minute connection, however this does not allow for any delays and if a bus is late arriving for the connection then passengers need to wait an hour for the next connection.

However, in September 2018, when the CCG temporarily opened the Johnson GP Centre at the Johnson Community Hospital, SLCCG made a financial contribution of approximately £5k to Brylaine to ensure that the B13 bus service entered the hospital site. In the longer term the CCG is working with partners in an attempt to incorporate the Johnson Community Hospital into the IT2, Into Town bus route. This would eliminate the need for patients to change buses at the bus station and make access to the Johnson Community Hospital easier for those relying upon public transport.

Mrs Neno added that Call Connect and voluntary car schemes are available subject to fulfilment of criteria.

Mr Keeling advised that he had attended all five public consultation events and he expressed his appreciation to those who took the time to attend the meetings. In terms of the report presented, this content was fully reflective of the whole consultation process and included a considerable level of detail on the comments received; the section on ‘you said, we did’ was also helpful.

At the events a number of individuals had expressed their preferred option to have a practice on the west side of Spalding and had identified issues with transport as alluded to by Mr Felston. Individuals had also conveyed their satisfaction with the service being provided by the Johnson GP Centre. There was no appetite for dispersal of the practice list to other practices or for establishment of a branch surgery.

Ms Daniels advised that she had attended one of the consultation events and had evidenced mixed views regarding Pennygate Health Centre and the Johnson GP Centre; the report presented reflected all the views expressed, and the reasons for this; it was very comprehensive.

Mrs Neno advised that there had been some concerns raised by patients and the public that the consultation process would not be open and transparent. As such Healthwatch had agreed to review and provide scrutiny to the whole process and provide the required assurance that the consultation had been open and transparent. Mrs Fletcher supported Mrs Neno’s comments and confirmed the detail had been considered by the Healthwatch Board members; the content of the report presented was a very robust and honest reflection of the outcome of the consultation.

Ms Daniels advised that two of the other issues raised during the consultation related to parking and access to repeat prescriptions. Mrs Neno advised that in terms of prescribing a box had now been placed in the waiting area of Johnson GP Centre so patients are able to use the same system for ordering repeat prescriptions as they did with Pennygate.

Electronic Prescribing is also due to be implemented in January 2019 to assist with this issue and information regarding how to order repeat prescriptions is available in written format or by speaking to the Johnson GP Centre as well as on line via the Johnson GP webpage.

Mr Audis advised that the Electronic Prescribing Service (EPS) is scheduled to go live the following week.

Mr Audis added that LCHS, the current interim provider, cannot provide dispensing services and this will not be a feature of the contract going forward. However, there were are very specific national rules around prescribing and where patients live; only about 10% of patients registered at Pennygate Health Centre were eligible to be dispensed to.

Mrs Neno advised that in terms of parking, there were two issues - one was about the lack of parking and the other about the shortage of disabled parking bays. Access to parking was variable dependent on the day of the appointment. Staff members had also been using the public car-park and it had been made clear they should be using their allocated staff parking facilities, which would hopefully free up spaces.

it was acknowledged that some of the parking is sited a fair distance from the building which causes difficulties for some patients. Dialogue is taking place with NHS Property Services to resolve the situation.

The waiting area at the Johnson GP Centre had also been identified as an issue, as patients' currently have to share with individuals attending the Minor Injuries Unit (MIU). Again, dialogue was taking place with NHS Property Services.

Ms Daniels advised that in summary the contents of the report had been noted and the comments received. At this stage it was agreed to move on to the Options Paper included in the pack of papers.

Options Paper: Long term primary medical services provision for patients previously registered at Pennygate Health Centre, Spalding

Mrs Neno advised that on the 7th June 2018, Dr Nathu gave the CCG 12 weeks' notice of her intention to retire. As a single handed practitioner this is the required notice under the General Medical Services contract. As such, on the 28th June 2018, the Committee took the decision to commission the Johnson GP Centre on a short term basis and Lincolnshire Community Health Services NHS Trust (LCHS) was appointed as the interim caretaker.

The service commenced on the 7th September 2018, with 3021 patients transferring from Pennygate Health Centre. The current contract is due to expire on 30th September 2019. At the December 2018 meeting the Committee agreed to extend the interim contract from the 31st March 2019 to accommodate the timescales for the options detailed in this report. Having secured a safe interim service for patients, the consultation process, as detailed under the previous item, had been commenced and completed. The outcome of the consultation has been used to inform the final recommendations, which were set out in the paper presented.

The Committee was advised that the paper explores the four options for provision of GP services in Spalding (as detailed earlier in the meeting).

Mrs Neno referred to the report included in the pack of papers and the supporting maps which had been appended. Copies of these maps were circulated to the Committee members for information along with the members of the public.

The five maps detailed the following:

- Map A – the three GP practices in Spalding
- Map B - the current distribution of patients registered with the Johnson GP Centre, which covers a large area.
- Map C – that within Spalding town the majority of patients registered at the Johnson GP Centre live on the west side of Spalding.
- Map D – the location of the Holland Park site, Spalding
- Map E - preferred sites for housing development in Spalding

The Committee was advised that there is considerable housing growth planned in Spalding. There are a number of sites where housing development has begun. Specifically, permission is already in place for 2,250 homes in the Holland Park area, with about 75 homes currently complete and a further 100 (approximately) at foundation stage. This is on the west side of Spalding (opposite side to Johnson Hospital).

There is a requirement under the section 106 agreement, for Broadgate Homes (the developer) to build a health centre prior to the occupation of 1,125 dwellings. At this time, this expected within a 5-8 year period.

There are also sites identified with full planning permission or outline planning permission where development has not yet begun.

Mrs Neno advised that it was anticipated the additional growth would generate a further 2600 patients.

The other factor to highlight is the Spalding Relief Road; this is a long term project and will be established on the west side of Spalding. As yet, though, planning permission is not yet in place for the road and a public consultation is to take place later this year to establish the preferred route of the central section. Any new road infrastructure, even the delivery of the northern section of the relief road is at least 2 years away.

A last point of note was on page nine of the report which referred to the southern section, this should be northern.

Mrs Neno advised that whilst the recommendation for services to be delivered at the Johnson Hospital, Spalding is the highest scoring option this is closely followed by GP services to be delivered on the west side of Spalding, with only three marks between the options therefore this is a finely balanced decision. It is acknowledged that the results are driven by available accommodation at the Johnson Community Hospital compared with no identified accommodation for immediate use on the west side of Spalding. For services to continue at the Johnson Hospital also connects more closely with the strategic direction and development of Primary Medical Services for the future.

The paper identifies some monies for health care through section 106 developments and concludes that the overall preferred option in the longer term, would be to provide a GP Practice on the west side of Spalding. However, this is not possible in the immediate future and therefore a GP Practice provided from the Johnson Community Hospital for the next 3- 5 years is the most sensible conclusion to maintain safe and effective GP services for this population.

Ms Daniels thanked Mrs Neno for her presentation of the second paper and asked whether the Committee members wished to raise any questions. Mr Keeling advised that the paper states there are no suitable premises on the west side of Spalding and sought clarification on the reasons the Pennygate Health Centre premises could not be utilised.

Mrs Neno advised that the old premises at Pennygate are located on a very busy road and parking is very limited. However, at the same time more patients are able to walk to the premises. The premises themselves are owned by Dr Nathu and as such the CCG has no influence over the building, which would also require considerable work to bring them up to standard.
Ms Daniels sought clarification on whether providers would be asked to identify their own premises or whether any tender would specify premises. Mr Audis advised that it would be preferable for NHS England and the CCG to have some element of control over the premise so the tender could specify the premises available which they would have to operate out of, which would then prevent the provider having to source accommodation.

Mrs Neno added that any Section 106 agreements would be with the commissioner, not the provider. The report provided further information on Section 106 monies for healthcare (point 5.1.1). It was emphasised that Section 106 agreements are legally binding.

Mrs Bunce, Programme Director, Primary Care/NT/STP Estates Lead is in regular contact with local councils regarding future developments and Section 106 agreements. Transport had also been considered as part of those discussions.

Mr Rix advised that Johnson Hospital, Spalding had been very expensive to build and is also costly to maintain so it was imperative the site was made best use of and the NHS Long Term Plan refers to providing services closer to home.

Mr Felston sought clarification on whether the practice list size at the Johnson GP Centre had fallen recently. Mrs Neno advised that the list size had initially fallen by about 250 patients but then recovery of those numbers had been demonstrated towards the end of last year. However, the numbers had now started to decline, which the CCG had been informed was in relation to the uncertainty about the future provision of GP services and dentistry provision at the Johnson Hospital.

Mrs Knowles confirmed the current registered patient list size is 2762.

In conclusion it is clear that any long term recommendation for access to primary medical services for patients previously registered at Pennygate Health Centre needs also to take account of the projected population growth within Spalding.

Ms Daniels referred to page eight of the paper and sought clarification on whether a 5-8 year cycle was realistic. Mr Audis advised that the developer had referred to 70 units a year being built at a meeting the previous day, but that was dependent on market conditions and the overall economy.

Mrs Neno added that the actual costs at this stage were not known and this was referred to in the paper, which also refers to a year two review.

At this point Ms Daniels referred to the four options detailed and sought comments. Mr Felston advised that he considered the supporting information for each of the options to be very thorough and there was a sound basis for the scoring.

It was noted that all options, apart from the dispersal option without a branch surgery, would require a full procurement process.

Options Three and Four were considered alongside the information in the paper and the comments received as part of the consultation. It was evident there was little support for these two options and as such they were ruled out.

Options One and two were considered in detail and the recommendations in the paper. Option two – for a GP service to be provided on the west side of Spalding was clearly the preferred patient choice, but this is clearly not possible in the immediate future. Therefore a GP Practice provided from the Johnson Community Hospital for the next 3-5 years is the most sensible conclusion, particularly on the basis of maintaining a safe and effective service for patients, which was absolutely key.

Mrs Fletcher emphasised that continuity of care for patients was essential, which was supported by all those present.

It was noted that the current interim arrangement at the Johnson GP Centre expires at the end of September 2019. If the Committee considered Option One to be the preferred way forward then between now and then the CCG would need to undertake a contract procurement to identify a longer-term provider of services. Crucially this contract will allow the CCG the flexibility in the future to look again at options in the west of Spalding when more is known about housing developments on that side of the town.

Ms Daniels sought clarification on whether the contract would be a national one, which was confirmed as correct by Mr Audis but the CCG can decide on the length and whether to include break points.

Following a very detailed and comprehensive debate on options one and two and the length of the contract and break points, the Committee identified that their preference was for Option Two - to see the development of a GP practice on the west side of Spalding; however since this is not currently feasible, it was agreed to:

- **Approve an Alternative Primary Medical Services (APMS) contract procurement for a new GP practice to be based at the Johnson Community Hospital, with the option to move when an alternative site on the west side of the town becomes available. The contract was agreed for a period of seven years with a break point at year three and year five (this was a change to the recommendation in the paper).**
- **Note that as housing developments progressed this was likely to increase the demand for GP services to be delivered on the west side of Spalding, therefore, it was agreed that the contract will provide the ability to be flexible in line with the expected growth of Spalding.**

The Committee recognised how important transport links to Johnson Hospital are; discussions with local councillors and Sir John Hayes, MP, would need to continue to see how local needs can be met. In addition, the parking arrangements, particularly for disabled patients, must also be considered.

Mrs Ball advised that the current subsidy for transport runs through to the end of March 2019. Discussions would need to take place regarding continued support of those arrangements.

Ms Daniels thanked all those present for their contribution and advised there would be a five minute break in the meeting. This took place at 12:09.

The meeting was re-adjourned at 12:30.

19/158 UPDATE ON QUALITY

Mrs Ball provided a verbal update on Quality. The following items were highlighted.

- All of the CCG practices were currently rated as Good by the CQC with the exception of the Johnson GP Centre, Spalding and Littlebury Practice, Holbeach.
- Quality practice visits had recently been completed at Moulton and the GP Johnson Centre, both of which had gone well.

- Further practice visits were planned in the next few months and would be reported on in due course.

The Primary Care Commissioning Committee agreed to:

- **Note the verbal update.**

QIPP AND FINANCIAL DUTIES

19/160 FINANCE REPORT

Miss Wright presented the month Nine Finance Report and outlined the contents. The following points were highlighted:

- The annual budget for co commissioning is £23.4m and Forecast Outturn (FOT) is £23.3m. This leads to a favourable variance of £37k.
- The GMS and PMS are showing an adverse variance in total of £226k in total. This is made of 1% GP pay award of £180k and balance is the list size growth factored.
- The Other GP services consists of expenses like maternity, sickness, CQC fees etc. The year to date position shows a £51k favourable variance while the Forecast Outturn shows £32K favourable variance because of maternity claims from month six onwards.
- The month nine FOT for premises includes the potential impact of premises review to the value of £46K.
- The year to date budget is £17.5m and the actual spend to month nine is £17.3m which gives a favourable variance of £181k and it is primarily driven by favourable PY impact of £307k.

The Committee considered the contents of the report. Mr Felston sought clarification of whether there were any specific areas of concern. Miss Wright advised that in summary the budget was performing as expected.

The Committee agreed to:

- **Note the Finance Report as at Month Nine.**

SERVICE DEVELOPMENTS – STP

19/161 NEIGHBOURHOOD TEAMS, GP FIVE YEAR FORWARD VIEW, EXTENDED ACCESS AND ESTATES, TRANSFORMATION AND TECHNOLOGY FUNDING (ETTF)

Mr Rix advised that the Committee had received a detailed report at its meeting held on 20 December 2018 and as such there was no written update available on this occasion.

In terms of extended access, Mr Rix the CCG was required to have delivered against all seven criteria by the 31 March 2019 and was on track. There had been two assurance meetings with NHSE; one with AHSL and K2 Alliance (SWLCCG), the other with Lakeside Healthcare. The outcome of the two meetings had been discussed in the private part of the meeting. There was nothing further to add in the public session.

The Primary Care Commissioning Committee agreed to:

- **Note the verbal update.**

GOVERNANCE

19/162 There were no items to report.

INFORMATION

19/163 POTENTIAL NEW RISKS IDENTIFIED DURING THE MEETING

The Committee considered whether any new risks had been identified and agreed that any risks were already included on the CCG Corporate Risk Register.

19/164 MATTERS FOR ESCALATION TO GOVERNING BODY

The Committee considered whether items required escalation to the Governing Body and noted that the decision taken in relation to GP services in Spalding would be presented to the Governing Body at its meeting being held later that day for ratification.

DATE AND TIME OF NEXT MEETING

19/165 The next meeting will be held on Thursday, 28 March 2019 at 11.00 am in the Hardwicke Suite, Eventus, Market Deeping.

PCCC Chair Signature

Date

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Not Delivered
In Progress
On Track to Deliver
Delivered

Primary Care Commissioning Committee Action Log – Public	
Date of Meeting:	28 March 2019
Agenda Item:	5
Subject:	Action Log
Reporting Officer:	PCCC Chair

Meeting date	Agenda item	Item name	Action	Owner	Due Date	Comments/updates
December 2018	18/148	Neighbourhood Teams, GP Five Year Forward View, Extended Access and estates, Transformation and Technology Funding (ETTF)	Update on Hereward and Lakeside Healthcare at the next meeting.	Mr Rix and Mr Audis	January 2019	Delivered.
December 2018	19/150	Potential new risks	Hereward and Lakeside to be picked up at the next Joint Risk Management Group meeting.	Mr Rix	February 2019	Delivered. Update to be provided at the March meeting.

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PRIMARY CARE COMMISSIONING COMMITTEE – PUBLIC MEETING

Date of Meeting:	28 March 2019 – public session	Agenda item:	9.

Title of Report:	Month 11 Finance Update
Report Author and Title:	Debbie Hocknell, Head of Programmes – Acute, Community & Primary Care
Appendices:	Month 11 Co-Commissioning Finance Report

1. Purpose of the Report (including link to objectives)

To identify the financial reporting plan to the Primary Care Co Commissioning Committee (PC3) in the Financial year 2018/19.

To identify the different categories of primary care and classify them on the basis of risk.

To inform the PC3 of the financial position as at the end of February 2019 (Month 11).

2. Recommendations

The Committee is asked to note the month 11 co-commissioning financial position.

3. Background & Executive Summary

The financial management of these budgets is provided by CCG.

4. Financial Reporting Plan for 2018/19

The PC3 met bimonthly till Dec 2018 but from Jan 2019 they aim to meet monthly and hence a financial reporting plan has been identified (table below) in order to report appropriately on availability of information.

Meeting Month	Financial Reporting Objectives
Mar-19	Report would aim to provide the forecast of 2018/19 based on actuals from April 2018- Jan 2019.
Apr-19	Final position as of March 2019

5. Identification of risks

The following table aims to breakdown the broad catagories into expense heads and classify the expenditure into high , medium and low risk				
General Practice - GMS (General Medical Services)	**High Risk**	**Medium Risk**	**Low Risk**	**Rationale for risk profile**
Baseline contract			X	Monthly payment calculated on weighted poplulation ,adjusted quarterly for list size growth
MPIG Correction Factor(Minimum Payment Income Guarentee)			X	Fixed Monthly payment and should not change
General Practice - PMS(Personal Medical services)				
Baseline Adjustment			X	Monthly payments manually calculated by NHSE
Other GP Services				
Other FDR Payment			X	Monthly payment and should not change
PCO Locum Adop/Pat/Mat	X			Difficult to predict as when it occurs
PCO Locum Sickness	X			Difficult to predict as when it occurs
PCO Other- CQC costs			X	calculation based on list size
PCO Seniority			X	Quarterly payment
QOF				
QOF Achievement	X			Difficult to predict as based on actuals submitted by surgeries in the following quarter of year ended. The assumption for 2018/19 QOF achievement is at 2017/18 actuals add 4% increase as per guidelines
QOF Aspiration			X	Monthly payment and should not change
Enhanced Services				
DES Case FindingPats Dem	X			Based on actuals and hence difficult to predict,paid quartrely
DES Extended Hours Access			X	Based on list size and hence predictable
DES Learn Dsblty Hlth Chk	X			Based on actuals and hence difficult to predict,paid quartrely
DES Minor Surgery	X			Based on actuals and hence difficult to predict,paid quartrely
DES Violent Patients	X			Based on actuals and hence difficult to predict,paid quartrely
Dispensing/Prescribing Drs				
Dispensing Quality Scheme	X			Based on actuals and hence difficult to predict, paid annually
Prof Fees Dispensing	X			Based on actuals and hence difficult to predict, paid monthly (2months in arrears)
Premises Cost Reimbursement				
Prem Actual Rent	X			Should be low risk but classified high risk as valuations are not on schedule and ETTF effect
Prem Notional Rent			X	Monthly payment
Prem Clinical Waste		X		Based on actuals but predictable
Prem Rates			X	
Prem Water Rates			X	

6. M 11 Financial Position

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	FOT	M11 Variance
	£	£	£	£	£	£
Co-Commissioning - GMS	10,011,889	10,097,414	(85,525)	10,926,780	11,039,157	(112,377)
Co-Commissioning - PMS	3,338,821	3,380,157	(41,336)	3,642,358	3,687,443	(45,085)
Co-Commissioning - Other GP Services	365,962	312,073	53,889	395,477	363,489	31,988
Co-Commissioning - QOF	2,286,374	2,286,386	(12)	2,494,238	2,494,238	0
Co-Commissioning - Local Enhanced Services	510,788	510,509	279	557,227	549,022	8,205
Co-Commissioning - Dispensing/Prescribing	2,988,099	3,024,086	(35,987)	3,259,759	3,334,142	(74,383)
Co-Commissioning - Premises Cost	1,921,765	1,985,862	(64,097)	2,096,469	2,172,475	(76,006)
Co-Commissioning - Non Co-Commissioning	0	0	0	0	0	0
Co-Commissioning - Pensions/Levy	0	0	0	0	0	0
Co-Commissioning - Prior Year	0	(304,801)	304,801	0	(304,801)	304,801
Co-Commissioning Total	**21,423,698**	**21,291,686**	**132,012**	**23,372,308**	**23,335,165**	**37,143**

The annual budget for co commissioning is £23.4m and forecast outturn is £23.3m. This leads to a favourable variance of £37k.

The GMS and PMS are showing an adverse variance in total of £157k in total. This is made of 1% GP pay award of £180k and the balance is the list size growth which is factored in.

The Other GP services consists of expenses like maternity, sickness, CQC fees etc. The YTD shows £54k favourable variance while the FOT shows £32K favourable variance because of the maternity claims from M06 onwards.

The dispensing professional fees are seeing a more than expected increase in spend and one of the possible reasons for the increase could be the opening of Extended Access as per GPFV (GP Forward View). An analysis of the actuals between Apr '18 and Dec '18 is given below. The Professional fees dispensing are 2 months in arrears. Further investigations are underway to try to understand the reason for the increase.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
250,838	260,774	259,323	262,242	262,526	264,460	322,823	322,980	291,680				2,497,646

The M11 FOT for premises includes the potential impact of premises review to the value of £46K.

The year to date budget is £21.4m and the actual spend to M11 is £21.3m which gives a favourable variance of £132k and it is primarily driven by the favourable prior year impact of £305k.

7.	Risks

The dispensing professional fees is seeing a more than expected increase in spend and one of the possible reasons for the increase could be the opening of Extended Access as per GPFV (GP Forward View). The difficulty in forecasting stems from this fact and is therefore identified as a potential risk

Revenue impact of ETTF bids. Although the bids are capital expenditure and funding is separate, after completion of the project, the associated increases in revenue costs such as water, rent, rates etc, will impact on the CCG revenue expenditure.

8.	Management of Conflicts of Interest

Not applicable.

9.	Finance, QIPP and Resource Implications

Discussed in detail in Month 2 Co-Commissioning Finance Report.

10.	Legal/NHS Constitution Considerations

None

11.	Analysis of Risk including Assessments

The risks to sound financial management and governance are detailed and addressed in the Governing Body Assurance framework.

Achievement of financial balance in 2018/19 is included in the NHS South Lincolnshire CCG Risk Register

Please state if the risk is on the CCG Risk Register.

Yes	X	No	

12.	Outline engagement – clinical, stakeholder and public/patient

Not applicable.

13.	Outcome of Impact Assessments

Quality Impact Assessment (QIA) - Not applicable.

Equality Impact Assessment (EIA) - Additional investment in health inequalities and in improving access to services will reduce the health inequalities gaps.

Health Impact Assessment (HIA) - Not applicable

14.	Assurance Departments/Organisations who will be affected have been consulted

Insert details of the departments you have worked with or consulted during the process:

Finance	x
Commissioning	x
Contracting	
Medicines Optimisation	
Clinical Leads	
Quality	
Safeguarding	
Other - SLT	

15.	Report previously presented at:
A finance report is presented regularly to the PCCC.	

16.	For further information or for any enquiries relating to this report, please contact
debbie.hocknell@southlincolnshireccg.nhs.uk	

Appendix

Glossary of terms used	
Actual rent	Reimbursement of the actual rent paid by surgeries on submission of invoices to NHSE
Baseline Contract	Monthly payment calculated on weighted poplulation ,adjusted quarterly for list size growth
Clinical waste	CCG pays the invoices for surgeries for clinical waste disposal to PHS
CQC costs	Care Quality Commissioning inspection costs of surgeries to be paid by CCG
DES	Direct Enhanced Services . The rates are negotiated at national levels
DES Case FindingPats Dem	Directed Enhanced Services - dementia screening
DES Extended Hours Access	Directed Enhanced Services - Extended Opening Hours of surgeries
DES Learn Dsblty Hlth Chk	Directed Enhanced Services -Learning disability health check
DES Minor Surgery	Directed Enhanced Services -Minor surgery
DES Violent Patients	Directed Enhanced Services - Violent patients
Dispensing Quality Scheme	Annual payment made to Dispensing surgeries
FDR Payments	MPIG payments to surgeries which were originally PMS and then changed to GMS.This is being tapered down annually and being included to main GMS
General Medical Services	provided by General Practitioners (GPs orfamily doctors) as part of the National Health Service in the United Kingdom
Locum Adop/Pat/Mat	This is the locum costs incurred to cover GP maternity , paternity and adoption
Locum Sickness	This is the locum costs incurred to cover GP sickness
MPIG	main GMS
Notional rent	Rent paid monthly to surgeries which own the premises.
Personal Medical Services	and a GP practice. PMS contracts offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract). SLCCG has 2 PMS surgeries - Munro and Deepings
Prof Fees Dispensing	Payments to dispensing surgeries on the actual returns sent by surgeries to Precription Pricing Authority
QOF	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
Seniority	The senior GPs get additional money on years of experience . This is being tapered down annually and being included to main GMS
Water	Water bills incurred by surgeries is paid by CCGs

Glossary of Terms

Term	Description	Co-Commissioning Category
General Medical Services	General Medical Services (GMS) is the term used to describe the range of healthcare that is provided by General Practitioners (GPs or family doctors) as part of the National Health Service in the United Kingdom	GMS
Personal Medical Services	Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice. PMS contracts offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract). SLCCG has 2 PMS surgeries - Munro and Deepings	PMS
Baseline Contract	Monthly payment calculated on weighted population, adjusted quarterly for list size growth	PMS
MPIG	Minimum Payment Income Guarantee. This is being tapered down annually and being included within the main GMS payment	GMS
FDR Payments	MPIG payments to surgeries which were originally PMS and then changed to GMS.This is being tapered down annually and being included within the main GMS payment	Other GP Services
Actual rent	Reimbursement of the actual rent paid by surgeries on submission of invoices to NHSE	Premises
Notional rent	Rent paid monthly to surgeries which own the premises.	Premises
Clinical waste	CCG pays the invoices for surgeries for clinical waste disposal to PHS	Premises
Water	Water bills incurred by surgeries is paid by CCGs	Premises
Locum Adop/Pat/Mat	This is the locum costs incurred to cover GP maternity , paternity and adoption	Other GP Services
Locum Sickness	This is the locum costs incurred to cover GP sickness	Other GP Services
CQC costs	Care Quality Commissioning inspection costs of surgeries to be paid by CCG	Other GP Services

Seniority	The senior GPs get additional money on years of experience . This is being tapered down annually and being included to main GMS	Other GP Services
QOF	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.	QOF
DES	Direct Enhanced Services . The rates are negotiated at national levels	Enhanced Services
DES Case Finding Pats Dem	Directed Enhanced Services - dementia screening	Enhanced Services
DES Extended Hours Access	Directed Enhanced Services - Extended Opening Hours of surgeries	Enhanced Services
DES Learn Dsblty Hlth Chk	Directed Enhanced Services -Learning disability health check	Enhanced Services
DES Minor Surgery	Directed Enhanced Services -Minor surgery	Enhanced Services
DES Violent Patients	Directed Enhanced Services - Violent patients	Enhanced Services
Dispensing Quality Scheme	Annual payment made to Dispensing surgeries	Dispensing
Prof Fees Dispensing	Payments to dispensing surgeries on the actual returns sent by surgeries to Prescription Pricing Authority	Dispensing
Prior Year	Difference between estimated expenditure and actual incurred for the previous financial year 2017/18	Prior Year

NHS
South Lincolnshire
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE - PUBLIC MEETING

Date of Meeting:	28 March 2019 – public session	Agenda item:	11.

Title of Report:	PCCC Terms of Reference
Report Author and Title:	Mrs Jules Ellis-Fenwick, CCG Corporate Secretary
Appendices:	PCCC Terms of Reference

1. Purpose of the Report (including link to objectives)

To present the Terms of Reference for the Primary Care Commissioning Committee for review.

2. Recommendations

The Primary Care Commissioning Committee is asked to review its Terms of Reference and identify any whether amendments are required.

3. Executive Summary

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England delegated the exercise of the functions specified in Schedule 2 of the delegation agreement to South West Lincolnshire CCG with effect from 1 April 2015.

To comply with the delegated authority powers South Lincolnshire CCG established a Primary Care Commissioning Committee (PC3) and Terms of Reference were established.

The Primary Care Commissioning Committee Terms of Reference are an appendix of the SLCCG Constitution and therefore if amendments are identified the revised version will need to be submitted to and approved by NHS England.

The PCCC is required to review its Terms of Reference on a yearly basis and identify whether any changes required.

4. Management of Conflicts of Interest

Not applicable.

5. Finance, QIPP and Resource Implications

No direct implications.

6. Legal/NHS Constitution Considerations

The Terms of Reference are in line with the NHS England statutory guidance on Managing Conflicts of Interests – June 2017.

7.	Analysis of Risk including Assessments

Not applicable.

8.	Outline engagement – clinical, stakeholder and public/patient

Not applicable.

9.	Outcome of Impact Assessments

Not applicable.

10.	Assurance Departments/Organisations who will be affected have been consulted

Insert details of the departments you have worked with or consulted during the process:

Finance	
Commissioning	
Contracting	
Medicines Optimisation	
Clinical Leads	
Quality	
Safeguarding	
Other	√

11.	Report previously presented at:

Not applicable.

12.	For further information or for any enquiries relating to this report, please contact

Jules Ellis-Fenwick - Julie.Ellis-Fenwick@southlincolnshireccg.nhs.uk

Appendix M

South Lincolnshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Terms of Reference

Introduction

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

2. As such the Clinical Commissioning Group has established the South Lincolnshire CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

3. It is a Committee comprising representatives of the following organisations:
   - South Lincolnshire CCG

   It is supported by representatives from the following organisations:
   - Central Midlands Local Team NHS England
   - Lincolnshire County Council
   - Healthwatch
   - Lincolnshire Health and Wellbeing Board

Statutory Framework

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

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

6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);
   b) Duty to promote the NHS Constitution (section 14P);
   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
   d) Duty as to improvement in quality of services (section 14R);
   e) Duty in relation to quality of primary medical services (section 14S);
   f) Duties as to reducing inequalities (section 14T);
   g) Duty to promote the involvement of each patient (section 14U);
   h) Duty as to patient choice (section 14V);
   i) Duty as to promoting integration (section 14Z1);
   j) Public involvement and consultation (section 14Z2).

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

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

8. The Committee is established as a Committee of the Governing Body of South Lincolnshire CCG in accordance with Schedule 1A of the "NHS Act".

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

Role of the Committee

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

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

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

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

14. This includes the following:

    - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
    - Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
    - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
    - Decision making on whether to establish new GP practices in an area;
    - Approving practice mergers; and
    - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

15. The CCG will also carry out the following activities:
    - To plan, including needs assessment, primary medical care services.
    - To undertake reviews of primary medical care services;
    - To co-ordinate a common approach to the commissioning of primary care services;
    - To manage the budget for commissioning of primary medical care services;
    - To develop and implement integrated commissioning across acute, community and social care services;
    - To develop and continuously improve the quality of commissioned primary medical services;
    - To develop local incentives schemes (as an alternative to QoF) to adapt the primary medical care 'service offer' to the needs of local patients;
    - To develop and support 'vulnerable GP practices' to ensure the continuity of services to the local population;

- To develop and implement primary care commissioning intentions which address inequalities within the registered and non-registered population;
- To plan and develop the primary care workforce;
- To develop and implement primary care commissioning intentions to prepare primary care to deliver the NHS Five Year Forward View through the Lincolnshire Health and Care review;
- To develop and implement primary care commissioning intentions to deliver the operational plans of the CCG and strategic plans of the relevant 'Unit of Planning' for Lincolnshire;
- To develop federated/network/collaborative arrangements as required to support the health needs of the population and the continuity of primary medical services;
- To develop and implement primary care commissioning intentions to strengthen population-wide prevention, promote self-care and improve access to healthy lifestyle services;
- To develop and commission a wider range of community based multi-specialty services which provide episodic care to the local population;
- To work collaboratively with the Central Midlands Local Team of NHS England to maintain the stability of the AT Direct Commissioning function during 2017/18.

Geographical Coverage

16. The Committee will comprise the area of South Lincolnshire CCG, as defined within the CCG's Constitution.

Membership

17. The Committee shall consist of:

    - CCG Three Lay Members (voting)
    - CCG Chief Officer (voting)
    - CCG Chief Finance Officer (voting)
    - CCG Director of Nursing (voting)
    - CCG Chief Commissioning Officer (voting)
    - CCG Secondary Care Doctor (voting)

In attendance:

- Local Authority Representative from the Health and Wellbeing Board (non-voting)
- Healthwatch Representative (non-voting)
- NHS England Representative (non-voting)

18. The Chair of the Committee shall be the CCG Lay Member, Finance and Primary Care Commissioning.

19. The Vice Chair of the Committee shall be the Lay Member, Patient and Public Involvement.

Meetings and Voting

20. The Committee will operate in accordance with the CCG's Standing Orders. The CCG Corporate Secretary will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

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

22. Members who cannot attend should send a named deputy. Deputies will have the decision-making and voting rights of the person he/she is representing.

Quorum

23. The Quorum shall be a majority of Lay and Executive members in attendance with eligibility to vote (where lay refers to non-clinical).

Frequency of meetings

24. The Committee shall usually meet on a bi-monthly basis.
25. Meetings of the Committee shall:

    a) be held in public, subject to the application of 23(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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

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

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

29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.

30. The Committee will present its minutes to Central Midlands Local Team NHS England and the Governing Body of South Lincolnshire CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

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

Accountability of the Committee

32. The Primary Care Commissioning Committee is a Committee of the Governing Body and is accountable for making decisions on review, planning and procurement of primary care services in South Lincolnshire, under delegated authority to the CCG from NHS England.
33. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Prime Financial Policies of any of the members, the Delegation will prevail."

Procurement of Agreed Services

34. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the Delegation Agreement.

Decisions

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

36. The decisions of the Committee shall be binding on NHS England and South Lincolnshire CCG.

37. The Committee will produce an executive summary report, which will be presented to Central Midlands Local Team of NHS England and the Governing Body of South Lincolnshire CCG for information.

Updated October 2017

Date approved: …….

Approved by: …….

Date for next review: Six months from date of approval or as and when determined to be appropriate by the Chair of the Committee.

Schedule 1: Scheme of Delegation

As set out in the CCG's Constitution – Appendix D Scheme of Reservation and Delegation of Powers

Schedule 2: Delegated Commissioning Functions

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

Delegated commissioning arrangements exclude GP performance management (medical performers' list for GPs, appraisal and revalidation). NHS England retains responsibility for the administration of payments and list management.

Schedule 3: List of Members – Primary Care Commissioning Committee

The Committee shall consist of:

- CCG Three Lay Members (voting)
- CCG Chief Officer (voting)
- CCG Chief Finance Officer (voting)
- CCG Director of Nursing (voting)
- CCG Chief Commissioning Officer (voting)
- CCG Secondary Care Doctor (voting)

In attendance:

- Local Authority Representative from the Health and Wellbeing Board (non-voting)
- Healthwatch Representative (non-voting)
- NHS England Representative (non-voting)

The Chair of the Committee shall be the CCG Lay Member, Finance and Primary Care Commissioning.

The Vice Chair of the Committee shall be the Lay Member, Patient and Public Involvement.

NHS
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PRIMARY CARE COMMISSIONING COMMITTEE

SELF-ASSESSMENT CHECKLIST

Area/Question	Yes	No	Comments/Action
Composition, establishment and duties			
Does the Committee have written Terms of Reference that adequately define the Committee's role, purpose and accountabilities?	Y		The Terms of Reference were reviewed in March 2019.
Have the Terms of Reference been considered by the Governing Body?	N		
Are the Terms of Reference reviewed annually to ensure they remain fit for purpose?	Y		
Does the Committee have an annual work plan in place?	Y		
Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Y		
Does the Committee have the requisite number of members?	Y		
Effective Functioning - Committee			
Is there effective scrutiny and challenge from all Committee members?	Y		
Does the Committee review the its progress and outputs?	Y		
Does the Committee review its risks regularly?	Y		
Does the Committee report regularly to the Governing Body through verbal and written reports and make clear recommendations where necessary, including escalating items for consideration?	Y		
Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Governing Body?	Y		A summary is included in the CCG Annual Report.
Does the Committee assess its own effectiveness periodically?	Y		
Can members give appropriate feedback on the effectiveness of the Chair and the Secretary?	Y		
Has the Committee determined the appropriate level of detail it wishes to receive from the reports?	Y		
Are the Committee papers distributed in sufficient time for members to give them due consideration?	Y		Usually.

Does the Committee effectively monitor, or ensure monitoring of, agreed actions, e.g. by use of an Action Log?	Y		
Are members, particularly those new to the Committee, provided with training?			N/A
Has the Committee formally considered how it integrates with other Committees and groups?	Y		
Does the Committee receive timely and appropriate feedback from its Sub-Committees/groups	Y		
Dos the Committee provide clear direction to its Sub-Committees/groups?	Y		Where applicable.
Has the Committee been quorate for each meeting this year?	Y		
Effective Functioning – individual members			
Do members appropriately challenge Executives and management on critical and sensitive matters?	Y		
Compliance with the law and regulations governing the NHS			
Does the Committee have a mechanism to keep it aware of topical issues?	Y		
Does the Committee have a mechanism to keep it aware of legal and regulatory issues?	Y		
Assurance			
Does the Committee receive timely exception reports about the work of external regulatory and inspection bodies?	Y		
Does the Committee receive timely information on performance concerns?	Y		
Are all these reports clear, concise and readily understood?	Y		
Other Issues			
Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?	Y		
Are arrangements in place to call ad hoc meetings when necessary?	Y		
Are arrangements in place to notify Committee members of urgent matters?	Y		
Has the Committee reviewed its performance in the year for consistency with its: • Terms of reference? • Programme for the year?	Y		