

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

To be held on
Thursday, 25 July 2019 at 11.00 am

Eventus,
Market Deeping,
Peterborough,
PE6 8FD



PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

South Lincolnshire CCG will meet on Thursday, 25 July 2019 at 11.00 am
At Eventus, Market Deeping, Peterborough, 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 23 May 2019	Enclosure	All
5.	To consider the Action Log	Verbal	All
Presentation			
6.	To receive a presentation on South – Neighbourhood Working	Verbal	Ms L Johnson
Patient Care – Constitutional Standards and Quality Assurance			
7.	To note an update on Quality	Verbal	Mrs R Neno
8.	To note an update on the Johnson GP Centre	Enclosure	Mrs R Neno
QIPP and Financial			
9.	To note the Month Three Finance Report	Enclosure	Miss J Wright
Primary Care Contracting			
10.	To note an update on Primary Care Networks	Verbal	Mr A Rix
11.	To note an update from NHS England - verbal	Verbal	Mr A Audis
Service Developments - STP			
12.	To note an update on Neighbourhood Teams, GP Five Year Forward View, Extended Access and Estates, Transformation and Technology Funding (ETTF)	Enclosure	Mr A Rix

Governance

- | | | | |
|-----|---|-----------|---------------------|
| 13. | To review and approve the PCCC Terms of Reference | Enclosure | Mrs J Ellis-Fenwick |
|-----|---|-----------|---------------------|

Information

- | | | | |
|-----|--|--------|-----|
| 14. | To discuss any potential new risks identified during the meeting | Verbal | All |
| 15. | Matters for Escalation to the Governing Body | Verbal | All |
| 16. | The next meeting will be held on Thursday, 26 September 2019 at 11.00am at Eventus, Market Deeping | | |

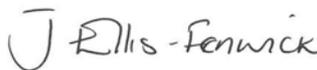
The items on this agenda are submitted to the Primary Care Commissioning Committee for discussion, amendment and approval as appropriate. They should not be regarded, or published, as organisation policy until formally agreed. Papers are available on the NHS South Lincolnshire website: www.southlincolnshireccg.nhs.uk. 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



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

MINUTES OF PUBLIC MEETING OF THE SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE HELD ON THURSDAY, 23 MAY 2019 AT 11.00 AM AT THE JOHNSON COMMUNITY HOSPITAL, PINCHBECK, SPALDING, PE11 3DT

PRESENT:

Ms Hilary Daniels	Lay Member Finance and Primary Care (Chair)
Mr Graham Felston	Lay Member Governance, SLCCG
Mr Preston Keeling	Lay Member, Patient and Public Involvement, SLCCG
Mrs Rebecca Neno	Deputy Chief Nurse, SLCCG
Dr Raghu Ramaiah	Secondary Care Doctor, SLCCG and SWLCCG
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
Miss Sarah Brinkworth	Head of Commissioning and Contracting, SLCCG
Mrs Sarah Fletcher	CEO Healthwatch
Dr Kevin Hill	GP and CCG Clinical Chair, SLCCG
Mr Simon Hopkinson	Comms Lead, OPTUM
Mrs Clair Raybould	Chief Operating Officer, SWLCCG
Ms Victoria White	Personal Assistant, SLCCG

APOLOGIES:

Mrs Julie Ellis-Fenwick	CCG Corporate Secretary/Manager, SLCCG and SWLCCG
Mrs Pam Palmer	Director of Quality & Executive Nurse, SLCCG and SWLCCG
Mr John Turner	Chief Officer, LECCG, SLCCG, SWLCCG and LWCCG
Cllr Sue Woolley	Chair, Lincolnshire Health and Wellbeing Board

19/180 WELCOME AND INTRODUCTIONS

Ms Daniels welcomed those present to the meeting and declared the meeting was quorate. Apologies were noted from the above members.

19/181 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>.

There were no interests declared.

19/182 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 28 March 2019 were presented and considered. The Primary Care Commissioning Committee agreed to:

- Approve the minutes as a true record.

19/183 ACTION LOG

Ms Daniels advised that there were no specific actions outstanding from previous meetings or identified at the last meeting; as such there was no Action Log included with the papers.

PATIENT CARE – CONSTITUTIONAL STANDARDS AND QUALITY ASSURANCE

19/184 UPDATE ON QUALITY

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

- The new CQC inspection process is now underway for any practices rated as Good or Outstanding. Under the new system, these practices will be required to complete a self-assessment for the CQC to determine whether an inspection is required or the previous year's rating can be "rolled over". All of the practices in South Lincolnshire are currently rated as Good.
- The Johnson GP centre is nearing the end of its caretaking period. Close down talks with the caretaker are being arranged as are associated quality assurance processes with regards to quality issues that were inherited by the caretaker. Mrs Neno advised that the caretaker continues to make good progress against their action plan.

The Primary Care Commissioning Committee agreed to:

- **Note the verbal update.**

QIPP AND FINANCIAL DUTIES

19/185 FINANCE REPORT

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

- The year end outturn for Co-commissioning was an overspend of £18.5k.
- The largest overspend related to an increase in dispensing professional fees due to the increase in the rate paid for this service from October 2018 rather than additional costs incurred as a result of Extended Access.
- Budgets for the new financial year will be uploaded into the ledger following approval of them by the Governing Body.

The Committee considered the contents of the report.

The Committee reviewed the content of the report and agreed to:

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

PRIMARY CARE CONTRACTING

19/186 ALTERNATIVE PRIMARY MEDICALSERVICES (APMS) PROCUREMENT, SPALDING

Miss Brinkworth advised that following the retirement of Dr Nathu at Pennygate Health Centre in September 2018, access to GP services for Pennygate patients has been provided by Lincolnshire Community Health Services (LCHS) on an interim basis.

In January 2019, the Primary Care Commissioning Committee approved an Alternative Primary Medical Services (APMS) contract procurement process and this has now been completed. A preferred bidder has been identified and once this has been ratified through the private session of the Committee, award letters will be sent out followed by a ten day standstill period.

Mrs Neno advised that a comms plan is in place and that she and Mr Rix are meeting Sir John Hayes, MP, and Councillor Newton on 31 May 2019 to update them on the process.

Ms Daniels formally thanked everyone who had been involved in the procurement process.

The Committee agreed to:

- **Note that a preferred bidder had been identified following the conclusion of the Alternative Primary Medical Services (APMS) procurement process**
- **Note the report**

19/187 NHS ENGLAND UPDATE

Mr Audis advised that the Enhanced Services Specifications had been sent to practices for sign-up by 30 June 2019. The Committee will be informed should any gaps or changes from the previous year become apparent after the sign-up date.

The Committee agreed to:

- **Note the verbal update.**

19/188 PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL V2

Mr Audis advised that the Primary Medical Care Policy and Guidance Manual (PGM), which was launched in November 2017, has been reviewed and refreshed by NHS England. The majority of the amendments are minor and are intended to add clarity to areas that were slightly unclear. The amendments are listed in the paper that was included in the Committee's public pack of papers.

The Committee noted the contents of the report and agreed to adopt the Primary Medical Care Policy and Guidance Manual changes.

The Committee agreed to:

- **Note the contents of the report**
- **Adopt the Primary Medical Care Policy and Guidance Manual changes**

SERVICE DEVELOPMENTS – STP

18/189 NEIGHBOURHOOD TEAMS, GP FIVE YEAR FORWARD VIEW, EXTENDED ACCESS AND ESTATES, TRANSFORMATION AND TECHNOLOGY FUNDING (ETTF)

Mr Rix advised that it had been hoped that Ms Louise Johnson, the Team Leader for Neighbourhood Teams, would be able to attend the meeting to update the Committee but, unfortunately, had a prior diary commitment.

Mr Rix outlined the contents of the paper and highlighted the following:

- The establishment of Primary Care Networks will alter the way in which services are configured and delivered; in particular guidance is extremely clear that providers should “dock in” with Networks and practices. Mr Rix advised that once Primary Care Network Clinical Directors had become established, they would be pivotal to System working.
- Over the Counter and Non-formulary Prescribing – there has been a 46% reduction in over the counter prescribing.
- MSK First Contact Physiotherapist – the Deepings and Lakeside pilots are now well established. The rollout will continue over the coming months and years to provide coverage across the whole of the population. Ms Daniels asked whether plans are in place to achieve coverage to a population of 150,000 this year as stated in the paper. Mrs Raybould advised that whilst there are a number of areas throughout the county which would like to pilot MSK First Contact, difficulties are being experienced as the FCP funding for Primary Care Networks does not start until 2020. Therefore, anything commenced in the current financial year cannot be claimed for in 2020/2021, resulting in a reluctance for practices to invest this year. Mrs Raybould has been in contact with the National team with regards to this issue who have confirmed that if coverage of 150,000 population is delivered through a Network, then the funding will be available in the next financial year.

- Heart Failure Project – this has proven to be successful in targeting those patients who, if they were admitted to hospital, would have lengthy stays. Mr Rix advised that North West Anglia NHS Foundation Trust (NWAFT) have signalled that they are reluctant for their Consultant Nurse to provide support for this initiative. As a result, the CCG is in the process of writing to NWAFT to clarify that since cardiology is one of the specialities under pressure, the withdrawal of the Consultant Nurse could be counterintuitive in reducing emergency admissions and outpatient appointments.
- Extended Access – from 1 July 2019 Primary Care Networks will be responsible for delivering extended access, rather than the Federations. Mr Rix advised that AHSL are currently delivering an average 85% utilisation per month. Following protracted discussions with Lakeside Stamford around their use of an online GP service, a revised model has been approved by NHS England with the caveat that it will remain under significant scrutiny from a quality, access and patient perspective. Lakeside Stamford have been advised that the full £3.34 per head of population that could be accessed to deliver extended access, would not be available to them but that any costs incurred would be covered.

Mrs Fletcher advised that communication from practices over extended access may need to be improved as there has been no decline in patients stating that they cannot get an appointment outside working hours. Mrs Fletcher further advised that some patients are being informed by practices that the extended access appointments are only for new health complaints rather than ongoing conditions. Healthwatch are intending to monitor the situation to ascertain whether this is isolated to a few practices or whether it is more widespread. Mr Hopkinson advised that he would soon be meeting with the Federation and one of the local practices to discuss ways to ensure there is widespread awareness of extended access to ensure maximum utilisation.

Mr Rix advised that all four Lincolnshire CCGs have been looking at enabling NHS 111 and Out of Hours services to book patients into extended access appointments. This has been achieved in the rest of the county where System1 is used but South has experienced issues due to the predominance of EMIS and does not have this capability at the current time. Work is being undertaken to overcome this difficulty.

- Neighbourhood Teams – Mr Rix advised that funding for Practice Care Co-ordinators had now been embedded in future financial commitments. Work is ongoing around social prescribing and third sector organisations to deliver bespoke advice to individuals.
- Proposed New Surgery Build, Stamford – the Stamford Hospital estate is now listed on the Electronic Property Information Mapping Service (e-PIMS) and Lakeside has registered its interest in two small parcels of land next to the Sheepmarket Surgery. The CCG and NHS England are continuing to work closely with Stamford Lakeside on this. Mr Rix advised that the CCG had engaged with Lakeside with regards to forming a project team to manage the process but to date this had not progressed any further.

Mr Audis raised concerns about the proposed completion date of December 2020 given that a consultation exercise will need to take place, followed by building work.

Ms Daniels advised that the Committee looked forward to Lakeside's proposals and encouraged them to participate in discussions with the project team.

- Primary Care Delivery Facilitators – Mr Rix drew the Committee's attention to the positive work being achieved by the Facilitators, particularly the level of support given to practices.

The Primary Care Commissioning Committee agreed to:

- **Note the report.**

GOVERNANCE

19/190 There were no items to report.

INFORMATION

19/191 POTENTIAL NEW RISKS IDENTIFIED DURING THE MEETING

The Committee considered whether any new risks had been identified and agreed the following:

- Stamford GP practices and timescale of the proposed consolidation of Sheepmarket Surgery and St Marys Medical Centre. Mrs Neno advised that she would raise this as a potential new risk.

19/192 MATTERS FOR ESCALATION TO GOVERNING BODY

The Committee considered whether items required escalation to the Governing Body and agreed there was nothing specific to raise on this occasion.

DATE AND TIME OF NEXT MEETING

19/193 Ms Daniels advised that over the course of the last few meetings, the private session of the Committee had been subject to time constraints which could have the effect of limiting discussion on certain issues. Ms Daniels proposed, and the Committee agreed, that at future meetings the private session would run from 1000-1130 and the public session from 1130-1230.

Post-meeting note: In order to allow adequate time between the Primary Care Commissioning Committee and Governing Body, which starts at 1300, it has been agreed that from July 2019 the private session of the Primary Care Commissioning Committee will be from 0930-1100 and the public session from 1100-1200. Mrs Ellis-Fenwick will ensure that amended diary invitations are sent to Committee members.

Action: Mrs Ellis-Fenwick

The next meeting will be held on Thursday, 25 July 2019 at 1100 at Eventus, Market Deeping

PCCC Chair Signature

Date

PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Date of Meeting:	25 July 2019 – public session	Agenda item:	7.
-------------------------	-------------------------------	---------------------	----

Title of Report:	Update on the Johnson GP Centre
Report Author and Title:	Rebecca Neno, Deputy Chief Nurse
Appendices:	None

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

For members to be updated on actions taken on the recent procurement of the Johnson GP Centre and an update in relation to the care taking contract with Lincolnshire Community Health Services NHS Trust.

2.	Recommendations
-----------	------------------------

The Primary Care Commissioning Committee are asked to note the update in relation to the Johnson GP Centre.

3.	Executive Summary
-----------	--------------------------

Following the retirement of the single handed contract holder, patients registered at Pennygate Health Centre were transferred under a care taking arrangement to the Johnson Community Hospital to ensure that safe and effective care could be provided. The Johnson GP Centre was opened by Lincolnshire Community Health Services NHS Trust on 7th September 2018. The care taking arrangements for the Johnson GP Centre are due to end on 30th September 2019. Members are asked to note the following updates:

- Primary Care Commissioning Committee approved the recommendation to award Lincolnshire Community Health Services NHS Trust an APMS (Alternative Primary Medical Services) contract following a successful tender exercise at its Private Meeting on 23rd May 2019. The contract is for 7 years with break clauses at 3 and 5 years with a view to relocate the service to the west side of Spalding once suitable premises become available through the use of section 106 monies from developments.
- Following the required stand still period all patients received a letter from the CCG advising them of the successful procurement and the outcome.
- SLCCG Chief Operating Officer and Deputy Chief Nurse met with Rt Hon Sir John Hayes and Councillor Angela Newton on 31st May 2019 to brief them regarding the outcome of the procurement and to hear any ongoing concerns from the local population. Lack of car parking at the Johnson Community Hospital was cited as the main concern; however both parties welcomed the news of a successful procurement outcome positively.
- A press statement was issued by the CCG with the above details which resulted in some local press coverage.
- SLCCG Deputy Chief Nurse and NHS England / Improvement Contract Manager met with representatives from NHS Property Services (who are responsible for car parking and the estate at the Johnson Community Hospital) to discuss the issues with car parking on the 3rd July 2019. Capacity for car parking is an issue on busy Outpatient clinic days but this is significantly exacerbated by staff not utilising the staff car park. All staff members are consistently reminded but enforcement activity was discussed as a measure in the future. CCG staff members who regularly visit the site will be issued with staff parking permits in the near future.

- A contract meeting was held with the Lincolnshire Community Health Services NHS Trust on 18th June 2019 to review actions and activity in preparation for the end of the care taking period. LCHS confirmed that all patients will have received the necessary reviews due to the issues identified in the CQC report where Pennygate Health Centre was rated inadequate and placed into special measures.
- A patient engagement exercise is underway asking for ideas for a new name for the Johnson GP Centre when it moves to the APMS contract arrangement on the 1st October 2019. As the CCGs intention is to move the Practice to the west side of Spalding when suitable premises become available, retaining the name 'Johnson GP Centre' did not reflect that aspiration.

4. Management of Conflicts of Interest

Not applicable

5. Finance, QIPP and Resource Implications

None as a result of this update

6. Legal/NHS Constitution Considerations

None as a result of this update

7. Analysis of Risk including Assessments

Johnson GP Centre / Pennygate risks are identified on the Primary Care Risk Register

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

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

As per NHS constitution

9. Outcome of Impact Assessments

Quality Impact Assessment are completed as necessary and in line with organisation protocol.

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	X
Contracting	X
Medicines Optimisation	
Clinical Leads	X
Quality	X
Safeguarding	
Other	

11. Report previously presented at:
Not applicable.

12. For further information or for any enquiries relating to this report, please contact
Rebecca Neno, Deputy Chief Nurse Rebecca.neno@southlincolnshireccg.nhs.uk

PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Date of Meeting:	25 July 2019 – public session	Agenda item:	9.
-------------------------	-------------------------------	---------------------	----

Title of Report:	Month 03 Finance Update
Report Author and Title:	Debbie Hocknell, Head of Programmes – Acute, Community & Primary Care
Appendices:	Month 03 Co-Commissioning Finance Report

1. Purpose of the Report (including link to objectives)
<p>To identify the financial reporting plan to the Primary Care Co-Commissioning Committee (PC3) in the Financial year 2019/20.</p> <p>To identify the different categories of primary care and classify them on the basis of risk.</p> <p>To inform the PC3 of the financial position as at the end of June 2019 (Month 03).</p>

2. Recommendations
<p>The Committee is asked to note the month 03 Co-Commissioning financial position.</p>

3. Background & Executive Summary
<p>The financial management of these budgets is provided by CCG.</p> <p>Primary Care Co commissioning has an opening annual budget of £25.7m for 2019/20 agreed by the Governing Body.</p>

4. Financial Reporting Plan for 2019/20														
<p>A financial reporting plan has been identified (table below) in order to report appropriately on availability of information.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Financial reporting Objectives</th> </tr> </thead> <tbody> <tr> <td>Jul-19</td> <td>The first quarter payments would be reflected, excluding enhanced services which is estimated</td> </tr> <tr> <td>Sep-19</td> <td>The first 5 months report would aim to show the first 5 months of expenditure</td> </tr> <tr> <td>Nov-19</td> <td>The report would provide the forecast based on Apr-Oct 2019 actuals</td> </tr> <tr> <td>Jan-20</td> <td>The report would show quarter 1 to 3 position and estimated forecast</td> </tr> <tr> <td>Mar-20</td> <td>The report would show the position at 11 months and estimated forecast</td> </tr> <tr> <td>May-20</td> <td>Final position as of March 2020</td> </tr> </tbody> </table>	Month	Financial reporting Objectives	Jul-19	The first quarter payments would be reflected, excluding enhanced services which is estimated	Sep-19	The first 5 months report would aim to show the first 5 months of expenditure	Nov-19	The report would provide the forecast based on Apr-Oct 2019 actuals	Jan-20	The report would show quarter 1 to 3 position and estimated forecast	Mar-20	The report would show the position at 11 months and estimated forecast	May-20	Final position as of March 2020
Month	Financial reporting Objectives													
Jul-19	The first quarter payments would be reflected, excluding enhanced services which is estimated													
Sep-19	The first 5 months report would aim to show the first 5 months of expenditure													
Nov-19	The report would provide the forecast based on Apr-Oct 2019 actuals													
Jan-20	The report would show quarter 1 to 3 position and estimated forecast													
Mar-20	The report would show the position at 11 months and estimated forecast													
May-20	Final position as of March 2020													

5. Identification of risks

The following table aims to breakdown the broad categories into expense heads and classify the expenditure into high, medium and low risk

	Risk			Rationale for Risk Profile
	High	Medium	Low	
General Medical Services (GMS)				
Baseline Contract			X	Monthly payment calculated on weighted population, less opt outs plus temporary residents, adjusted quarterly for list size growth
MPIG Correction Factor (Minimum Payment Income Guarantee)			X	Fixed monthly payment, reviewed annually
Personal Medical Services				
Baseline Adjustment			X	Monthly payments manually calculated by NHSE
Alternative Provider Medical Services (APMS)				
Baseline Contract			X	Agreed monthly payment based on list size
Other GP Services				
Other FDR Payment			X	Monthly payment and should not change
PCO Locum Adop/Pat/Mat	X			Difficult to predict as adhoc
PCO Locum Sickness	X			Difficult to predict as adhoc
PCO Other - CQC Costs			X	Calculation based on list size
PCO Seniority			X	Quarterly payment
Quality Outcomes Framework				
QOF Achievement	X			Difficult to predict as based on actuals submitted by surgeries in the following quarter of the year ended.
QOF Aspiration				Monthly payment and should not change
Directed Enhanced Services				
DES Case Finding Pats Dem	X			Based on actuals and hence difficult to predict, paid quarterly
DES Extended Hours Access			X	Based on list size
DES Learn Disability Hlth Chk	X			Based on actuals and hence difficult to predict, paid quarterly
DES PCNs (Primary Care Networks)	X			Based on list size (new for 2019/20) additional roles capped per wte
DES Minor Surgery	X			Based on actuals and hence difficult to predict, paid quarterly
DES Violent Patients	X			Based on actuals and hence difficult to predict, paid quarterly
Dispensing/Prescribing Doctors				
Dispensing Quality Scheme	X			Based on actuals and hence difficult to predict paid annually
Professional Fees Dispensing	X			Based on actuals and hence difficult to predict, paid monthly (2 months in arrears)
Premises Cost Reimbursement				
Premises Actual Rent	X			Should be low risk but classified as high risk as valuations are not up to date and ETTF effect
Premises Notional Rent			X	Monthly payment
Premises Clinical Waste		X		Based on actuals but fairly predictable
Premises Rates			X	Usually re-imbursed early in year
Premises Water Rates			X	

6. M03 Financial Position

The CCG received an additional non recurrent allocation of £243k for dispensing doctors in Month 3.

Description	Reporting Month	£'000s
Opening Budget as at 1st April	M1	25,686
Changes: Allocation received for Dispensing Doctors	M3	243
Revised Budget		25,929

The Annual Budget is £25.9m and Forecast outturn is £24.4m.

	YTD Budget £	YTD Actual £	YTD Variance £	Annual Budget £	FOT £	M12 Variance £
General Medical Services	2,797,300	2,726,556	70,744	11,189,800	11,044,539	145,261
Personal Medical Services	984,600	927,643	56,957	3,939,200	3,730,052	209,148
Alternative Provider Medical Services	0	51,709	(51,709)	0	102,293	(102,293)
Other GP Services	309,363	122,160	187,203	1,238,148	459,845	778,303
Quality Outcomes Framework	629,100	632,438	(3,338)	2,516,700	2,530,168	(13,468)
Directed Enhanced Services	311,000	235,312	75,688	1,244,000	1,122,074	121,926
Dispensing/Prescribing	901,850	847,790	54,060	3,607,100	3,370,790	236,310
Premises Cost	549,100	480,981	68,119	2,194,300	2,027,906	166,394
Pensions/Levy	0	0	0	0	0	0
Prior Year	0	20,629	(20,629)	0	20,629	(20,629)
Co-Commissioning Total	6,482,313	6,045,216	437,097	25,929,248	24,408,296	1,520,952

The current forecast is an under spend of £1.5m.

This is due to the following, a duplication of spend during the planning process, the receipt of the dispensing doctors allocation (spend had already been included), and estimated variances on the Primary Care Network (PCN's) eg recruitment to additional roles – a plan has not been identified to date.

7. Risks

- The costs for the caretaking arrangements at the Johnson GP Centre are higher than planned for – the contract states that the CCG will re-imburse additional pass through costs in relation to the delivery of the service.
- Rent reviews could be higher than anticipated.
- PCN – additional roles plan for recruitment not yet known, which could impact the estimated numbers in the forecast.

8. Management of Conflicts of Interest

Not applicable.

9. Finance, QIPP and Resource Implications																
There are currently no QIPP plans associated with this programme area.																
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 2019/20 is included in the NHS South Lincolnshire CCG Risk Register																
Please state if the risk is on the CCG Risk Register. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																
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:																
<table border="1"> <tr> <td>Finance</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Commissioning</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contracting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Medicines Optimisation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Clinical Leads</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Quality</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Safeguarding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other - SLT</td> <td><input type="checkbox"/></td> </tr> </table>	Finance	<input checked="" type="checkbox"/>	Commissioning	<input checked="" type="checkbox"/>	Contracting	<input type="checkbox"/>	Medicines Optimisation	<input type="checkbox"/>	Clinical Leads	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	Other - SLT	<input type="checkbox"/>
Finance	<input checked="" type="checkbox"/>															
Commissioning	<input checked="" type="checkbox"/>															
Contracting	<input type="checkbox"/>															
Medicines Optimisation	<input type="checkbox"/>															
Clinical Leads	<input type="checkbox"/>															
Quality	<input type="checkbox"/>															
Safeguarding	<input type="checkbox"/>															
Other - SLT	<input type="checkbox"/>															
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 and the Co-Commissioning Category of Expenditure

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	General Medical Services
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	Personal Medical Services
Alternative Provider Medical Services	A contracting route available to enable PCOs to commission or provide primary medical services within their area to the extent that they consider it necessary to meet all reasonable requirements. The other routes are General Medical Services (GMS) and Personal Medical Services (PMS).	Alternative Provider Medical Services
Baseline Contract	Monthly payment calculated on weighted population, adjusted quarterly for list size growth	Personal Medical Services
MPIG	Minimum Payment Income Guarantee. This is being tapered down annually and being included within the main GMS payment	General Medical Services
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	Premises Costs
Notional rent	Rent paid monthly to surgeries which own the	
Clinical waste	CCG pays the invoices for surgeries for clinical	
Water	Water bills incurred by surgeries is paid by CCGs	
Locum Adop/Pat/Mat	This is the locum costs incurred to cover GP	Other GP Services
Locum Sickness	This is the locum costs incurred to cover GP	
CQC costs	Care Quality Commissioning inspection costs of	
Seniority	The senior GPs get additional money on years of experience. This is being tapered down annually and being included to main GMS	
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.	Quality Outcomes Framework
DES DES Case Finding/Pats Dem DES Extended Hours Access DES Learn Dsbly Hlth Chk DES Primary Care Networks DES Minor Surgery DES Violent Patients	Directed Enhanced Services. The rates are negotiated at national levels Directed Enhanced Services - dementia screening Directed Enhanced Services - Extended Opening Hours of surgeries Directed Enhanced Services - Learning disability health check Directed Enhanced Services - Primary Care Directed Enhanced Services - Minor surgery Directed Enhanced Services - Violent patients	Directed Enhanced Services
Dispensing Quality Scheme	Annual payment made to Dispensing surgeries	Dispensing/Prescribing
Prof Fees Dispensing	Payments to dispensing surgeries on the actual returns sent by surgeries to Prescription Pricing Authority	
Prior Year	Difference between estimated expenditure and actual incurred for the previous financial year	Prior Year

PRIMARY CARE COMMISSIONING COMMITTEE MEETING

Date of Meeting:	25 July 2019 – public session	Agenda item:	12.
-------------------------	-------------------------------	--------------	-----

Title of Report:	Federation and GPFV Update
Report Author and Title:	Shona Brewster, Head of Commissioning and Contracting
Appendices:	Appendix 1 – Federations Update Report

1.	Purpose of the Report (including link to objectives)
<p>The paper provides the Committee with an update on progress in the development of K2 and AHSL Federations, Lakeside Healthcare (Stamford), their role within the Neighbourhood Teams and how they are supporting the QIPP agenda. There is also an update on progress to date on the 10 High Impact Changes from the General Practice Forward View as well as Extended Access and STP GPFV work. The paper does not include proposals regarding Primary Care Networks, which are under development at the time of writing this paper</p>	

2.	Recommendations
The Committee is asked to note the paper and the progress being made.	

3.	Executive Summary
As set out in the report.	

4.	Management of Conflicts of Interest
There are no conflicts of interest.	

5.	Finance, QIPP and Resource Implications
As set out in the report.	

6.	Legal/NHS Constitution Considerations
Not applicable.	

7.	Analysis of Risk including Assessments				
Please state if the risk is on the CCG Risk Register.					
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">Yes</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">No</td> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		

8.	Outline engagement – clinical, stakeholder and public/patient
Neighbourhood Teams & Federations and QIPP discussed at Clinical Executive Committee and Joint Clinical Executive Committee.	

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		Clinical Leads	✓
Commissioning	✓	Quality	
Contracting	✓	Safeguarding	
Medicines Optimisation		Other	

11. Report previously presented at:

N/A

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

Shona Brewster, Head of Commissioning and Contracting, 01522 573896
Shona.Brewster@southwestlincolnshireccg.nhs.uk

K2 for South West Lincolnshire, Allied Health for South Lincolnshire (AHSL) & Lakeside Healthcare (Stamford) Update for Primary Care Commissioning Committee

K2 covers the 17 Practices in South West Lincolnshire. Allied Health for South Lincolnshire (AHSL) is comprised of 10 of the 13 Practices in South Lincolnshire CCG. The closure of Pennygate Surgery, Spalding on 7th September and the interim service run by LCHS at Johnson Hospital means that the Practice is currently not part of the Federation. Hereward Practice has now linked to Lakeside and is therefore no longer part of the AHSL Federation. LCHS is working with AHSL on local issues such as Extended Access. The remaining two Stamford Practices are part of Lakeside Healthcare organisation which operates as a 'Super-Practice'.

1. QIPP Update

Integrated Neighbourhood Working is a key priority for the CCGs and sits under the Integrated Community Care Programme at a system level. The local Project Lead continues to work with AHSL, K2 and Lakeside Healthcare (Stamford) and the three Neighbourhood Team Leads regarding the co-ordination of delivery and the development of primary care services.

a. Over the Counter (OTC) and Non-formulary Prescribing

Information is being provided to GP Practices on over the counter prescribing and non-formulary prescribing on an on-going basis. Information relating to Dental & Antihistamine products being prescribed has been sent to GPs via the OTC newsletter. Information on non-opioid analgesics and topical NSAIDS will be released shortly. For non-formulary prescribing, guidance has been issued around the top 25 spend items in Lincolnshire providing advice on what formulary items should be prescribed as an alternative to ensure effective prescribing. Data reports comparing OTC prescribing of the top 25 items over Quarters 3 and 4 of 2018/19 at practice level will be sent out in the next Prescribing Wise newsletter; this indicates a reduction in prescribing costs of 38% for SWL and 46% for SL.

b. MSK First Contact Physiotherapist

Both the Deepings and Lakeside pilots were extended into 18/19 and are now well established. The Deepings Practice was nominated for a BMJ award based on achievements and has been cited in national guidance on MSK First Contact. These two pilot sites enabled compliance with the NHSE requirement that all STPs must pilot MSK First Contact to cover a minimum population of 50,000 in 2018/19. Plans are in place to meet the new requirement for 19/20 to extend coverage to a population of 150,000 prior to full roll-out as part of the GP contract from 20/21. The CCG is refining its approach to wider roll-out as part of the development of Primary Care Networks.

c. Heart Failure Project

Further progress has been made with the support of AHSL and Lakeside Stamford: MDT meetings are now taking place face-to-face with nurse consultant, GP, Heart Failure Nurse Specialist & Heart Failure Nurse Manager and include the patient. Virtual triage is also being developed using Skype for Business. Many benefits have been reported including treatment deceleration and advanced care planning, as well as further discussions with specialists e.g. regarding lung pathology.

To date five patients have been initiated on Entresto (a new medicine designed to reduce the symptoms of heart failure) via community specialists, with initiation being recommended by secondary care. Offering this in a community setting is saving outpatient appointments, reducing CCG spend, and supporting the provision of care closer to home.

The Heart Failure project has now moved from the Deeping Practice to Lakeside, who has comparable population numbers. To date 137 patients from Lakeside have been invited to clinic, with 49 having currently accepted to date (36%) with 4 days of clinics having been completed with further clinics through to July. 14 patients have been offered to the MDT to date, showing protocols and learning have been transferred to the Deepings.

There continues to be a high profile campaign around Heart Failure: Dr Akram and Julie Holroyd (consultant nurse, NWAFT) have been filmed and continue to present at various forums to assist in maintaining the profile of this work.

d. Extended Access

Extended Access was launched on 1st October 2018 with all Practices now being able to offer appointments across the week from “hubs” delivering appointments on behalf of Practices.

- AHSL delivers 66 hours per week of extended access on a locality basis by sub-contracting three member Practices to deliver appointments. Appointments are booked via the patient’s Practice into a hub. Utilisation is averaging 85% per month since October 2018.
- K2 delivers 64 hours per week of extended access through 2 hubs one in each of the Sleaford and Grantham areas during the hours of 18:30 – 20:00 weeknights and 09:00 – 12:00 weekends at both sites. The range of services offered has extended to include GPs, Nurse Practitioners, Practice Nurses, Health Care Assistants and Physiotherapists. Utilisation of appointments has increased to 87% in the last quarter of delivery and stabilised through marketing and engagement with member practices. Feedback from patients continues to be predominantly excellent.
- Lakeside Stamford delivers 16 hours per week and has since December 2018 been trialling the use of an on-line GP service “Q-Doctor” as part of their offer. Their revised model has now received approval from NHSE, with agreement that this should be reviewed from a quality, access and patient perspective in 6 months’ time.
- The 4 Lincolnshire CCGs have been working together to deliver the outstanding core criteria regarding NHS 111 and Out of Hours services being able to book appropriate patients into available appointments. This has been achieved in those Extended Access hubs that use Systm1 since the 14th May 2018. There are specific issues for AHSL, which has EMIS system, regarding the interoperability that needs to be resolved nationally.

2. Federation and Lakeside Stamford Updates

AHSL

Neighbourhood Team Update

- **Care Coordinators** – The Care Coordinators continue to have a positive impact locally, and additional work is being undertaken currently to provide data to evidence impact with the team now at full capacity.
- **Social Prescribing** – Lincolnshire Community and Voluntary Service (LCVS) have recruited Strategic Lead and Link Workers who are now taking referrals. Making Every Contact Count Training has been undertaken for all practices provided by LCVS in collaboration with AHSL.
- **Night Time Carers** – Pilot is continuing across Long Sutton, and whilst the uptake has been slow to start, the individual impact has been very positive and demand for the service is increasing.
- **Falls Programme** – A pilot is due to start in Spring looking at offering a core stability, strength and balance exercise programme for those identified as being at risk of a fall.
- Working with NWAFT in-reach to prevent unplanned admissions/support people back into community.
- Understanding what matters to people rather than what’s the matter with them. Using Helen Sanderson Training tools.
- Working with local care homes e.g. named homes/GPs to increase the number of patients/resident with an Advanced Care Plan.

Next Steps

- Embed Integrated Neighbourhood working across South Lincolnshire in line with Primary Care Network development.
- Working group looking at supporting/working better with carers starting with care homes.
- Increasing community capacity through Voluntary sector.
 - **Stoma Project** AHSL has begun the roll out of a Stoma review programme across all AHSL practices and will work with other providers / networks to ensure the programme is scalable across the whole of the South & South West of Lincolnshire
 - **Community IV** AHSL has submitted a proposal to develop a community based IV therapy service and is awaiting feedback from the CCG in developing this further.
 - **Clinical Pharmacists** will be introduced into Primary Care Networks once the networks have been confirmed

K2 Federation

Clinical Pharmacists - 6 Clinical Pharmacists are now in post and the benefits from the new roles are already evident in the practices that they are supporting. 2 new starters will commence in August 2019 with a final post still to be recruited to take us to our full, planned model. Priorities are the induction and development of new staff, reviewing prescribing practices and developing bespoke directed medicines optimisation programme for the care homes population of South West Lincolnshire. We are supporting LPFT with the Lincolnshire-wide Mental Health pharmacy workforce transformation programme.

Neighbourhood Team Update

- **Care Coordinators** – a full complement of care co-ordinators ensures 100% coverage across practices. The team have been supported to develop updated KPIs that reflect that maturation of the service. Learnings are being shared between K2 and neighbouring federation South Lincoln Healthcare for supporting and educating at Care Homes, focus area for enhancing the service.
- **Social Prescribing** – Lincolnshire Community and Voluntary Service (LCVS) have developed training for front-line (reception) staff in member practices to provide a signposting service which will be tested with a small group of practices before becoming an offer for all practices. The bid for funding for an enhanced digital platform to support social prescribing with the East Midlands Academic Health Science Network was unsuccessful however this work is continuing using available resources.
- **Locality Based Primary Care Shared Services** - The K2 Operations Director and Chair continue to meet regularly with the CCG with a portfolio of locality based services in design phase on the agenda. These include Dermatology Clinics, MSK First Contact Practitioners, Community IV and AF / HF services.

Engagement has commenced with practices to roll out Catheter and Stoma patient review programme.

- **e-Consult** – evaluation has commenced for the pilots in 2 member practices alongside of other practices in the County that will inform decisions for future operations.
- **Population Based Data** – Ardens has been procured for all practices in South West Lincolnshire. Ardens provides SystemOne and EMIS Templates to improve quality, safety and efficiency for operators and gives clinicians immediate and easy access to relevant guidelines relating to diagnosis, treatment and referral criteria. The project team is now in place, who will agree priorities with the Pathway Executive, with the objective of providing standardised clinical templates to ensure data is entered in a consistent manner across all practices. Standardised referral proforma are also available and numerous new ones can be developed to ensure referrals are standardised to ensure they meet local and national guidelines, including being consistent with Lincolnshire's prior approval policy. Templates are to be developed for specific areas such as Diabetes, Frailty, Care Coordination and Social Prescribing, enabling us better account for our activity and results.
- **Stoma Project** – Rollout of the Stoma Review Programme has commenced in partnership with AHSL with excellent feedback from early implementer practices.

- **Primary Care Networks** – 2 Primary Care Networks have been established, one in the Grantham Area and another in the Sleaford Area, mirroring existing Neighbourhood Working boundaries. All South West Lincolnshire practices are included with the exception of Woolsthorpe and Stackyard who have joined the network across our boundary with Leicestershire.

Lakeside Healthcare (Stamford)

Neighbourhood Team Update

- Practice care coordinator. This post commenced at the end of January and is focused on preventative frailty management and is closely aligned to a dedicated frailty GP.
- MDT. These meetings continue to be held twice a week: Tuesday – focused on complex patients; Thursday – focused on utilisation of community assets. In excess of 100 patients are now being supported.
- Social prescribing -Fortnightly social prescribing clinic at St Marys Medical centre continues.
- A 100-day frailty challenge is under way. The Goal is *“In 100 days we will support Stamford Lakeside patients who experience a fall so that 100% feel safer in their home and community and 80% of people do not have a further fall.”*

Objectives:

- Develop a mechanism to identify and collate patients who have had a fall as early as possible across the whole system.
- Use ‘falls’ as a trigger for timely, holistic assessment by the right person – create a template for assessment.
- Enhance the MDT approach and ensure effective communication between all teams after a fall, including the NT, secondary care and carers.
- Improve frailty education: community education on the street, carers workshop, community offers information pack; exercise programme for the more able.
- Integrated Working
 - Ongoing work with LPFT to establish neighbourhood spoke for hub and spoke model phase 1.
 - Weekly collaboration with EAST and EMAS around frequent fliers with complex case reviews.
 - Integrated working with the Rutland Admiral Service.
- **New Surgery Build**

Lakeside Stamford is developing a business case to consolidate the existing Sheepmarket Surgery and St Marys Medical Centre onto either the Stamford Hospital Site.
- **Local Services**
 - Neurology:
 - ❖ Agreement to provide headache and previously diagnosed epilepsy clinics for ULHT from June/July.
 - ❖ Agreement to support headache and previously diagnosed epilepsy triage pathway as part of Lincs RFS.
 - Q-Doctor: ongoing promotional work to improve the visibility and utilisation of the service as part of the Hub’s extended access provision.
 - MSK FCP – the Hub has extended its service to 4 days per week until the 30th June 2019. Funding in 19/20 beyond this date is unclear.
 - Liver Disease Pathway Pilot – initial 3 month outcomes submitted to CCG; however, this pilot has not been commissioned which is likely to increase referrals to secondary care Hepatology services.

The CCG continues to be a member of the Stamford Primary Care Home Board and is meeting regularly with the Medical Director and Project Manager.

3. Primary Care Delivery Facilitators Update

The Primary Care Delivery Facilitators (PCDF’s) continue to work with CCG Commissioning, Finance, Transformation and Quality teams, local partners including NHSE, ULHT and NWAFT and the member practices of South and South West Lincolnshire’s CCGs.

The PCDF's key work streams are: Communications and Engagement; Demand Management and Clinical Pathways; Mental Health, and Reporting. Within each work stream there are a number of key areas of delivery which continue to develop and progress.

Since the last meeting focus has been predominantly on:

GP Communication

- Development of a combined weekly CCG GP Communications briefing uploaded and shared via the Clarity Team Net portal. The weekly briefing contains messages from CCG Colleagues, Providers and Partners.
- Following release of the bulletin ensuring that the Practice User Group members receive relevant updates including new/revised referral forms and pathways.

Urgent Care/A&E attendances

- Monitoring GEMIMA and provider activity reporting and targeting practice communications and discussions to investigate further.
- Promotion with practices and patients of what services are available locally and advocating use.

2ww Referral Pathways

- Monitoring referral rates, demand management and feedback from providers re 2ww services at ULHT and NWAFT to ensure timeliness of treatment and to ease pressures.

NHS e-Referrals Service including "Paper Switch Off" and Advice & Guidance and Lincolnshire Referral Facilitation Service (RFS)

- Following up with practices the rejection of any paper referrals, where appropriate and linking in with CCG and provider colleagues looking into current processes and how well they are working.
- Promotion of Advice & Guidance (A&G) and Virtual Services continues.
- Escalation and investigation into delays of Advice and Guidance output.
- Supporting practices with RFS queries and ensuring the dissemination of key messages from the RFS via weekly GP Communications and Practice User Group meetings.

SLCCG Quality Assurance Visits

- Attending and supporting the SLCCG Practice Quality visits alongside representation from CCG Clinical and Quality Teams to support the triangulation of performance and quality information and further support relationships with practices.

SWLCCG Annual Practice Visits

- The SWLCCG Annual Practice Visits are currently being organised. An Executive Lead GP will be accompanied by a member of the CCG's Commissioning and Quality teams and PCDF. Meeting with each member practice separately to review and discuss a variety of key areas and to strengthen inclusion and engagement with practices.

Direct Contract Award – Audit Programme

- Supporting the CCG's DCA Audit Programme. The programme's purpose is to guarantee that services are clinically and cost effective, ensure service provision for patients and to provide post payment verification.

Reporting

- Advocating and promoting use of GEMIMA through targeted discussions and general update to practices.
- Monitoring and oversight of reports available, scoping trends and variances to feed back to CCG Colleagues and practices.

Practice User Group and Practice Manager Meetings

- The next quarterly Practice User Group meetings for both South & South West Lincolnshire CCG's are scheduled to take place in September 2019.
- Attendance at the monthly SLCCG Practice Manager's meetings and quarterly SWLCCG Practice Manager's meetings.

Joint Working and network building

- Linking in where possible with new contacts and continuing to promote the role and better communication channels.

The PCDF's will continue to monitor progress against their interventions and develop their work programme accordingly, to identify further opportunities.

3. STP GPFV Update

- a. Lincolnshire-wide Primary Care Strategy – This work is on-going and will continue as the Primary Care Networks are confirmed.
- b. GPFV Strategy Group – the April meeting was cancelled, further update will be given in the next update

4. Summary

There is a significant amount of work and change to the way that Primary Care is and will be delivered in the future. The CCGs are working closely with member Practices and the Federations to support these developments and changes. There are on-going discussions on how the STP GPFV lead can support this work and what can be taken forward at scale across Lincolnshire.

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)

- The CCG Chief Officer will attend meetings as and when required.

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 third of the membership (three members) who must consist of both CCG Lay Members and Officers.

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 March 2019

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)

- The CCG Chief Officer will attend meetings as and when required.

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.