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NHS
West Suffolk
Clinical Commissioning Group

WEST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE

(This meeting will be held with the Primary Care Commissioning Committee of Ipswich and East Suffolk CCG in line with 'in common' meeting arrangements)

Tuesday, 22 January 2019 – 2.00pm
The John Peel Centre, Church Walk, Stowmarket, Suffolk, IP14 1ET

AGENDA

1400	**1.**	**Apologies for Absence**	*Chair*
1402	**2.**	**Declarations of Interest**	*All*
1407	**3.**	**Minutes of Previous Meeting** *To approve minutes of West Suffolk CCG Primary Care Commissioning Committee meetings held on 28 November 2018.*	*Chair*
1412	**4.**	**Matters arising and review of outstanding actions.** ***To review** outstanding issues from the previous meeting of the West Suffolk CCG Primary Care Commissioning Committee.*	*Chair*
1420	**5.**	**General Update** ***To receive a verbal report** from the Chief Operating Officer, West Suffolk CCG*	*Kate Vaughton*
1425	**6.**	**Annual Review of Terms of Reference** ***To review and approve** the Committee's Terms of Reference*	*Lois Wreathall* *(WSCCG PCCC 19-01)*
1430	**7.**	**Primary Care Contracts and Performance Report** ***To note and comment** on a report from the Chief Operating Officer, West Suffolk CCG*	*Lois Wreathall* *(WSCCG PCCC 19-02)*
1440	**8.**	**Primary Care Delegated Commissioning – Finance Report** ***To receive and note** a report from the Chief Finance Officer, West Suffolk CCG*	*Jane Payling* *(WSCCG PCCC 19-03)*
1450	**9.**	**Care Quality Commission** ***To receive and note** a report from the Head of Primary Care, West Suffolk CCG*	*Lois Wreathall* *(WSCCG PCCC 19-04)*
1500	**10.**	**NHS Long Term Plan and Planning Guidance Summary** ***To receive and note** a report from the Primary Care Commissioning*	*Caroline Procter* *(WSCCG PCCC 19-05)*

Manager, Ipswich and East Suffolk CCG

1510 **11. Annual Plan of Work**
To receive and consider *the Committee's current annual plan of work*

1515 **12. Date and Time of next meeting 'in common' with Ipswich and East Suffolk CCG Primary Care Commissioning Committee**
2.00pm – 4.00pm, Wednesday, 27 March 2019, Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk

1515 **13. Questions from the public – 10 minutes**
The Committee welcomes questions on any item on the meeting agenda. In order that meetings start and finish on time the Chair will manage the time available to ensure that all contributions can be heard.

Exclusion of the Press and Public

The Primary Care Commissioning Committee is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

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Minutes of a meeting of the West Suffolk CCG Primary Care Commissioning Committee held in public on Wednesday, 28 November 2018 in Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP

PRESENT:

Lynda Tuck	Lay Member, Patient and Public Involvement (Chair)
Steve Chicken	Lay Member, WSCCG
Geoff Dobson	Lay Member: Governance and CCG Vice Chair, WSCCG
Jane Payling	Chief Finance Officer, WSCCG
Kate Vaughton	Chief Operating Officer, WSCCG
Jane Webster	Acting Chief Contracts Officer, WSCCG
Dr Christopher Browning	Chair, WSCCG
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Christine Watts	Local Medical Committee

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer, WSCCG
Lois Wreathall	Head of Primary Care, WSCCG

18/70 APOLOGIES FOR ABSENCE

Apologies for absence were noted from;

Ed Garratt	Chief Officer, WSCCG
Lucy James	NHS England
Simon Jones	Local Medical Committee
Cllr James Reeder	Health and Wellbeing Board
Andy Yacoub	Healthwatch

18/71 DECLARATIONS OF INTEREST

Dr Christopher Browning declared an interest in items on the agenda as a Personal Medical Services (PMS) provider

18/72 MINUTES OF THE PREVIOUS MEETING

The minutes of a West Suffolk CCG Primary Care Commissioning Committee meeting held on 25 September 2018 were **approved** as a correct record.

18/73 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

18/74 GENERAL UPDATE

- The Chief Operating Officer reported that locality meetings continued to be developed and it was intended that mental health would be the focus of the January 2019 meeting.
- The Head of Primary Care was to commence work with West Suffolk Hospital to facilitate a smooth pathway in addressing issues.

18/75 PRIMARY CARE CONTRACTS AND PERFORMANCE MONITORING

The Committee was in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices and actions taken.

Section 3 of the report provided information and outlined ongoing actions in respect of the following areas;

- GP Access
- Public Health indicators
- Prescribing and Medicines Management
- Use of NHS Resources
- Learning Disabilities (LD) Health Checks
- Dementia Diagnosis

Points highlighted from the report included;

- Flu Campaign – supply had been delivered although there was an issue with pharmacies not informing practices of those patients to which they had administered the vaccine.
- GP+ - the Bury St Edmunds services had moved to Drovers House and two new bases were opening in Mildenhall and Sudbury.
- Haverhill Family Practice had received a 'requires improvement' rating from the CQC in relation to safe and responsive. Four patients medications had been found to not tie up with timely blood tests and there had been poor Mori Poll feedback. The CQC had advised that rather than wait for the annual Mori Poll survey to improve the result, the practice could undertake its own survey.
- Learning Disability Health Checks – the CCG was currently at 28.4% in quarter two which was disappointing.
- The Dementia Diagnosis rate was 61.2% and improvement in performance remained challenging. Whilst there was a re-focus on care homes, there was recognition that the system used might not be recording accurate information. **The Chief Operating Officer agreed** to review the level of resource to assess impact and benefit, together with exploring any difference between rural and urban areas.

Having questioned what evaluation had been carried out in respect of the introduction of Care Navigators and GP Streaming, the Committee was advised that GP Streaming was part of the winter plan with reporting via that route. Practices had differing requirements of Care Navigators and it was felt there was a need for increased communication about the initiative in some areas in order to reassure patients and Patient Participation Groups.

The Committee noted the content of the report.

18/76 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month seven.

At the end of month seven, the GP Delegated Budget spend was £34k over spent and other Primary Care monies indicated an under spend of £112k.

There was an adverse change in the year to date spend from month five which represented year to date cost pressures in relation to the revised GMS global sum rate which had now been reflected in the year to date position. That had been partially offset by prior year benefits and the remaining overspend would be mitigated by the Primary Care Contingency in the Local Enhanced Service (LES) budget.

Risks not reflected in the full year forecasts were further increases to list size and rent reimbursement and additional practice management support.

The Committee noted the financial performance at month seven.

18/77 LOCAL ENHANCED SERVICES (LESs)

NHS West Suffolk Clinical Commissioning Group currently commissioned Local Enhanced Services (LES) from both its PMS and GMS Contractors.

As part of the PMS Development framework there was a requirement for all PMS contractors to sign up to any reasonable LES offered by WSCCG. Out of 24 practices in the WSCCG area 13 were PMS, one was APMS and the remaining 10 were GMS.

The LESs offered to practices were:

- Rheumatology
- DVT
- Phlebotomy
- Minor Injury
- Wound Care
- Depo Neuroleptics
- Gonadorelins
- Access
- Dementia
- Diabetes
- Care Homes
- SMI
- Leg Ulcers (Bury and Blackbourne practices only

As part of the PMS development framework only a small number of the LESs attracted additional payment as they were included within the PMS premium. Those attracting additional payment were, SMI, Diabetes, Care Homes, Leg Ulcers, DVT and Rheumatology.

At its meeting held on 27 March 2018 the CCG's Commissioning Governance Committee had agreed an increase in price of 3.32% for all LESs in line with the uplift of global sum.

The current sign up status of all practices was set out within Appendix 1 to the report with key issues associated to individual LESs detailed in Section 3 of the report.

Going forward the majority of the LESs would be determined by the PMS development framework which was currently under development and parity LESs would be offered to GMS practices. The SMI LES would continue to be a requirement for 2019/20 and the diabetes LES had been commissioned from 1 November 2018 to 31 October 2019 with an extension clause of a further 12 months.

The evaluation process for long-term local enhanced services in order to evidence benefit, was questioned. **The Chief Operating Officer agreed** to ask the Primary Care Commissioning Officer- NHS England Midlands and East (East) to undertake a review of reporting mechanisms associated to LESs for report back to the Committee.

The Committee noted the report.

18/78 GP+ EXTENDED ACCESS

The Committee was in receipt of a report which provided an update on implementation of the GP Extended Access programme.

The General Practice Forward View (2016) set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional GP-led primary care capacity across England. The aim was to ensure that, by 2020 everyone had improved access to GP services including sufficient routine appointments at evenings and weekends to meet local demand, alongside effective access to out of hours and urgent care services.

Refreshed planning guidance published in February 2018, now required CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. That must include ensuring access wsa available during peak times of demand including bank holidays and across the Easter, Christmas and New Year periods.

The NHS Operational Planning and Contracting Guidance 2017 – 2019 set out the funding trajectory for that work. West Suffolk CCG was awarded an allocation of £3.34 per head of population (2018/19) to meet the target of 30 minutes of appointment time per 1,000 population. That was due to increase to £6 per head of population in 2019/20, which would provide 45 minutes of appointment time per week per 1,000 population. The guidance also set out a number of core requirements which commissioners were required to demonstrate they were meeting.

The report provided, in Section 3, an evaluation of how funding was being utilised in line with the core requirements to support improved access across the WSCCG area, and went on to consider opportunities for future development.

The Committee was advised that NHS England was currently carrying out an audit in respect of performance and progress against the core requirements. As previously mentioned, two new hubs had been opened in Mildenhall and Sudbury and the service was published on practice websites. Whilst the use of two operating systems by practices had caused difficulty with the booking of appointments, the situation was closely monitored with slots be changed from system to system when necessitated by demand. On average 60% of slots were utilised and the A&E Delivery Board was exploring increased utilisation whilst being cautious not to increase unmanageable future demand.

Evaluation of the system had not been included within the paper and it was requested for report to the next meeting.

The Committee noted the content of the report.

18/79 CARE QUALITY COMMISSION (CQC)

The purpose of the report was to inform the Committee about Care Quality Commission (CQC) inspections of West Suffolk GP practices.

The CQC had finished conducting initial inspections within all GP practices in West Suffolk and had made several return visits. The outcomes of the visits were detailed in paragraph 2.1 of the report.

Since publication of the report Haverhill Family Practice had been rated as ‘requires improvement’ along with Clements Christmas Maltings. Action plans had been developed and the CCG was offering support.

The CQC's reports to date continued to show that the quality of primary care services in West Suffolk was "good" or outstanding. The CCG had mapped all the 24 reports into a single learning document which had been shared with the practices and updated after every subsequent inspection.

In response to questioning, the Head of Primary Care advised that knowledge in respect of forthcoming inspections usually came direct from the CQC to the CCG.

The Committee noted the content of the report.

18/80 WEST SUFFOLK SYSTEM WORKING

The Committee received a report which provided an update on joint working being carried out across the West Suffolk System.

Work had taken place across the local system to get effective responses to issues regarding workflow between practices and West Suffolk Hospital, via introduction of a single email system. It was anticipated that the new process would assist with the analysis of trends, building relationship between primary and secondary care and reduce the time to resolve issues.

The Committee noted the content of the report **and requested** a six month progress update.

18/81 ANNUAL PLAN OF WORK

The Committee noted and reviewed its annual plan of work and **the Chief Operating Officer and Head of Primary Care agreed t**o liaise with the Chair to identify what else might be included.

18/82 ANY OTHER BUSINESS

No items of others business were received.

18/83 DATE OF NEXT MEETING

The next meeting of West Suffolk CCG's Primary Care Commissioning Committee was scheduled to take place on *Tuesday, 22 January 2019, John Peel Centre, Church Walk, Stowmarket, Suffolk, IP14 1ET – meeting to be held 'in common' with Ipswich and East Suffolk CCG's Primary Care Commissioning Committee*

18/84 QUESTIONS FROM THE PUBLIC

There were no members of the public present.

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WEST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE
ACTION LOG: 28 November 2018 (updated)

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
Meeting of 27 September 2017				
18/07	Care Quality Commission	Having questioned how the CCG compared nationally it was explained that the CQC published comparison information on a six monthly basis. The Head of Primary Care agreed to present comparative information to the Committee when next published	Lois Wreathall	28/11/18 – to date, no comparison documentation has been published
Meeting of 25 July 2018				
18/49	Primary Care Estates Premises Development	The Committee noted the content of the report and requested that the revenue consequences of all primary care property schemes in the pipeline should be assessed and a resultant paper returned to the earliest possible future meeting.	Amanda Lyes	13/11/18 - a project to review the potential revenue implications for each of the pipeline premises development projects is underway, information is being collated from NHSE to feed in to this, with the aim of providing a paper of the outcomes for the January 2019 meeting.
Meeting of 25 September 2018				
18/60	Primary Care Contracts and Performance Report	Having queried whether the CCG collected data on the number of vacancies that existed across practices it was explained such information was gained via the NHS workforce portal that was updated by practices. There was concern at the quality and regularity of information put into the portal and it was requested that more detail be provided to the next meeting. 28/11/18 – The Chief Operating Officer agreed to discuss with the Chief Corporate Services Officer content for a future report.	Julie White Kate Vaughton	NHS England has developed the 'Welcome to the Primary Care Web Tool' which is being rolled out across the system. This web based tool will enable all of the system from Practices through to STP, regional and national level to be able to produce a wide range of workforce reports including vacancies. The Primary Care Teams are currently undertaking training to use the tool and support practices to input their workforce data and ensure it is accurate and up to date. These reports should be available by the end of quarter four – Ongoing for May 2019 meeting.
Meeting of 28 November 2018				
18/75	Primary Care Contracts and Performance	The Dementia Diagnosis rate was 61.2% and improvement in performance remained challenging. Whilst there was a re-focus on care homes, there was recognition that the system used might not be recording accurate information. The Chief Operating Officer agreed to review the level of resource to assess impact and benefit, together with exploring any difference between rural and urban areas.	Kate Vaughton	January 2019
18/77	Local Enhanced	The evaluation process for long-term local enhanced	Kate Vaughton/	

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
	Services	services in order to evidence benefit, was questioned. The Chief Operating Officer agreed to ask the Primary Care Commissioning Officer- NHS England Midlands and East (East) to undertake a review of reporting mechanisms associated to LESs for report back to the Committee.	Lucy James	
18/78	GP+ Extended Access	Evaluation of the system had not been included within the paper and it was requested for report to the next meeting.	Kate Vaughton	January 2019
18/80	West Suffolk System Working	The Committee noted the content of the report and requested a six month progress update.	Lois Wreathall	May 2019
18/81	Annual Plan of Work	The Committee noted and reviewed its annual plan of work and the Chief Operating Officer and Head of Primary Care agreed to liaise with the Chair to identify what else might be included.	Kate Vaughton/ Lois Wreathall/ Lynda Tuck	

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NHS
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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**06**
Reference No.	**WSCCG PCCC 19-01**
Date.	**22 January 2019**

Title	**Primary Care Commissioning Committee – Annual Review of Terms of Reference**
Lead Chief Officer	Kate Vaughton, Chief Operating Officer
Author(s)	
Purpose	To present the Committee's terms of reference for annual review.

Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	

Action required by the Primary Care Commissioning Committee:

The Committee is invited to carry out an annual review of its terms of reference.

Terms of reference – Primary Care Commissioning Committee

Introduction

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

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

3. The CCG has established the West Suffolk 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.

4. It is a committee comprising representatives of West Suffolk CCG.

Statutory Framework

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

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

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

   a) Management of conflicts of interest (section 14O);

   b) Duty to promote the NHS Constitution (section 14P);

   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

   d) Duty as to improvement in quality of services (section 14R);

   e) Duty in relation to quality of primary medical services (section 14S);

   f) Duties as to reducing inequalities (section 14T);

   g) Duty to promote the involvement of each patient (section 14U);

   h) Duty as to patient choice (section 14V);

   i) Duty as to promoting integration (section 14Z1);

   j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act
   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the West Suffolk CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

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

Role of the Committee

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

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

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

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

15. This includes the following:[1]

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

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

[1] For a glossary of terms refer to appendix A

a) To plan, including needs assessment, primary medical care services in West Suffolk;

b) To undertake reviews of primary medical care services in West Suffolk;

c) To co-ordinate a common approach to the commissioning of primary care services generally; including supporting developments in respect of integration with providers and local authority services including co-location of services;

d) To manage the budget for commissioning of primary medical care services in West Suffolk**.**

Geographical Coverage

17. The Committee will comprise the West Suffolk CCG.

18. The Committee may meet 'in common' with Ipswich and East Suffolk and North East Essex CCGs to co-ordinate a common approach to primary care services across the Sustainability and Transformation Plan (STP) 'footprint' as appropriate.

Membership

19. The Committee shall consist of:

CCG Lay member for Patient and Public Involvement
CCG Lay member
CCG Lay member for Governance
CCG Accountable Officer (or their nominated deputy)
CCG Chief Finance Officer (or their nominated deputy)
CCG Chief Operating Officer (or their nominated deputy)
CCG Chief Contracts Officer (or their nominated deputy)
Secondary Care Clinician

Optional: CCG Chief Nursing Officer (or their nominated deputy)

(Non-voting attendees considered to hold significant influence are listed as follows:
NHS England representative,
Local General Practitioner,
Healthwatch representative
Health and Wellbeing Board representative,

Representative of the LMC.

20. Others can be invited to attend for some or all of the meeting according to the needs of the committee.

21. The Chair of the Committee shall be the CCG Lay member for Patient and Public Involvement

22. The Vice Chair of the Committee shall be the CCG Lay member.

23. When the Committee meets 'in common', chairmanship of meetings shall rotate or alternate across the participant CCGs.

Meetings and Voting

24. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working 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.

25. The Governance Advisor shall be secretary to the Committee and he/she, or their nominee, shall attend to take minutes. The Governance Advisor shall provide appropriate support to the Chair and committee members by drawing their attention to best practice, national guidance and other relevant issues as appropriate.

26. 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.

27. When the Committee meets 'in common', the Chair overseeing the meeting will hand over to other Chairs to confirm other respective CCG's decisions on each paper or to chair the discussion on any item/decision specific to the other CCGs.

28. When the Committee meets ‘in common’, each CCG Committee will make its own decision, in line with its own Terms of Reference, and these will be recorded in separate meeting minutes.

Quorum

29. A quorum shall comprise at least four members, two of whom shall be CCG Lay Members and at least 2 CCG Chief Officers.

Frequency of meetings

30. The committee will initially meet bi-monthly. Arrangements for making virtual decisions or formal voting on low risk recommendations will be agreed at meetings to ensure timely decision making. The frequency of meetings will be reviewed on an on-going basis as dictated by business requirements.

31. 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.

    c) Where the Committee considers it appropriate for confidential clinical, commercial and contractually sensitive discussions to take place, the attendees will be restricted to voting members only.

32. 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.

33. 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..

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

35. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

36. The Committee will present its minutes to NHS England East local team and the Governing Body of NHS West Suffolk CCG bi-monthly for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

37. The CCG will also comply with any reporting requirements set out in its constitution.

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

Accountability of the Committee

39. Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation and Prime Financial Policies (previously known as the Standing Financial Instructions.) Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the committee membership within the limits and Executive Director authorities noted within the Scheme of Reservation and Delegation.

40. The Committee will have a delegated limit of £250,000 for contracting and procurement. Decisions above this level will need to be approved by the Governing Body, with the quoracy and voting arrangements of the Governing Body in respect of primary care commissioning adjusted in accordance with the CCG's Constitution.

41. 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 of Standing Financial Instructions of any of the members, the Delegation will prevail.

42. Decisions may from time to time be made following consultation with the full CCG membership via the CCG Members' meetings and/or the public following best practice for the conduct of public consultations.

Procurement of Agreed Services

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

Decisions

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

45. The decisions of the Committee shall be binding on NHS England and West Suffolk CCG.

46. The Committee will provide an executive summary report which will be presented to NHS England Midlands and East as part of the CCG Assurance process.

Review

47. The Committee will review its own performance and effectiveness on an annual basis, including membership and Terms of Reference.

Date Approved:	24 January 2018
Review Date:	January 2019

Schedule 1 – Delegation

The functions delegated to the NHS West Suffolk CCG include:

a) Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

i) decisions in relation to Enhanced Services;

ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);

iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;

iv) decisions about 'discretionary' payments;

v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) The approval of practice mergers;

c) Planning primary medical care services in the area, including carrying out needs assessments;

d) Undertaking reviews of primary medical care services in the area;

e) Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported noncompliance with standards (but excluding any decisions in relation to the performers list);

f) Management of the Delegated Funds in the area;

g) Premises Costs Directions functions;

h) Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the area where appropriate; and

i) Such other ancillary activities as are necessary in order to exercise the delegated functions

The Responsibilities remaining with NHS England (Reserved Functions) are;

a) Management of the national performers list;

b) Management of the revalidation and appraisal process;

c) Administration of payments in circumstances where a performer is suspended and related

performers list management activities;

d) Capital Expenditure functions, decision making;

e) Section 7A functions under the NHS Act (public health programmes/services);

f) Functions in relation to complaints management;

h) Such other ancillary activities that are necessary in order to exercise the Reserved Functions

Appendix A

Glossary of Terms

APMS	**Alternative Provider Medical Services -** An alternative contract to General Medical Service (GMS) or Personal Medical Services (PMS) for providers of health care.
CCG	**Clinical Commissioning Group -** After the 2012 NHS and social care act, the Government created hundreds of CCG's to replace the Primary Care trusts (PCT). The CCG'S primary responsibilities include commissioning health care services for patients (see definition for 'commissioning' below), and to act as a point of contact for the public in both informing them of new healthcare models, and receiving feedback. At the core of the decision making process of the CCG is the governing body, which is a committee made up of Health care professionals (for definition of governing body see below)
DES	**Directed Enhanced Services -** Schemes that CCGs are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.
GB	**Governing Body -** Makes sure that the CCG runs effectively, efficiently, economically and with good governance. It exists to serve patients, give confidence to the public, support clinicians and is accountable to NHS England.
GMS	**General Medical Services -** The name used in the United Kingdom to describe the medical services provided by General Practitioners (GPs or family doctors) who, in effect, run private businesses independently contracting with the NHS. The contract under which they work is known as the **General Medical Services Contract**.
LES	**Local Enhanced Services -** Schemes agreed by CCGs in response to local needs and priorities, sometimes adopting national service specifications.
PPGs	**Patient Participation Groups -** Are groups of patients registered with a surgery who have no medical training but have an interest in the services provided. The aim of the PPG is to represent patients' views and cross barriers, embracing diversity and to work in partnership with the surgery to improve common understanding.
Primary Care	Is the day-to-day health care given by a health care provider for e.g. a GP. Typically this provider acts as the first contact and principal point of continuing care for patients within a health care system and coordinates other specialist care that the patient may need.
PMS	**Personal Medical Services -** A locally-agreed alternative to General Medical Service (GMS) for providers of general practice.
QoF	**The Quality and Outcomes Framework -** Is a system for the performance management and payment of general practitioners in the NHS. It was introduced as part of the new (GMS) contract in April 2004, replacing various other fee arrangements.

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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**07**
Reference No.	**WSCCG PCCC 19-02**
Date.	**22 January 2019**

Title	**Primary Care Contracts Performance Report**
Lead Officer	Kate Vaughton, Chief Operating Officer
Author(s)	Emma Gaskell, Senior Primary Care Manager
Purpose	To provide the committee with an overview of primary care services in West Suffolk including performance information relating to specific data and the wider context

Applicable CCG Clinical Priorities:		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	

Action required by Primary Care Commissioning Committee:

To consider and discuss contract and other information contained within this paper and agree any appropriate actions required.

1. Purpose

1.1 To update the Committee on contractual and performance related matters in respect of GP practices and actions taken, to seek further recommendations, and highlight areas for consideration for NHSE and the Primary Care Team.

2. GP Contract performance

2.1 Care Quality Commission

The CQC's reports to date show that 21 of the 24 practices provide "Good" or "Outstanding" quality of care (Figure 1). Lakenheath Surgery have recently undergone inspection and are awaiting the report although they have an unconfirmed Good. Only Clement Christmas Maltings (Suffolk Federation) and Haverhill Family Practice "Require Improvement".

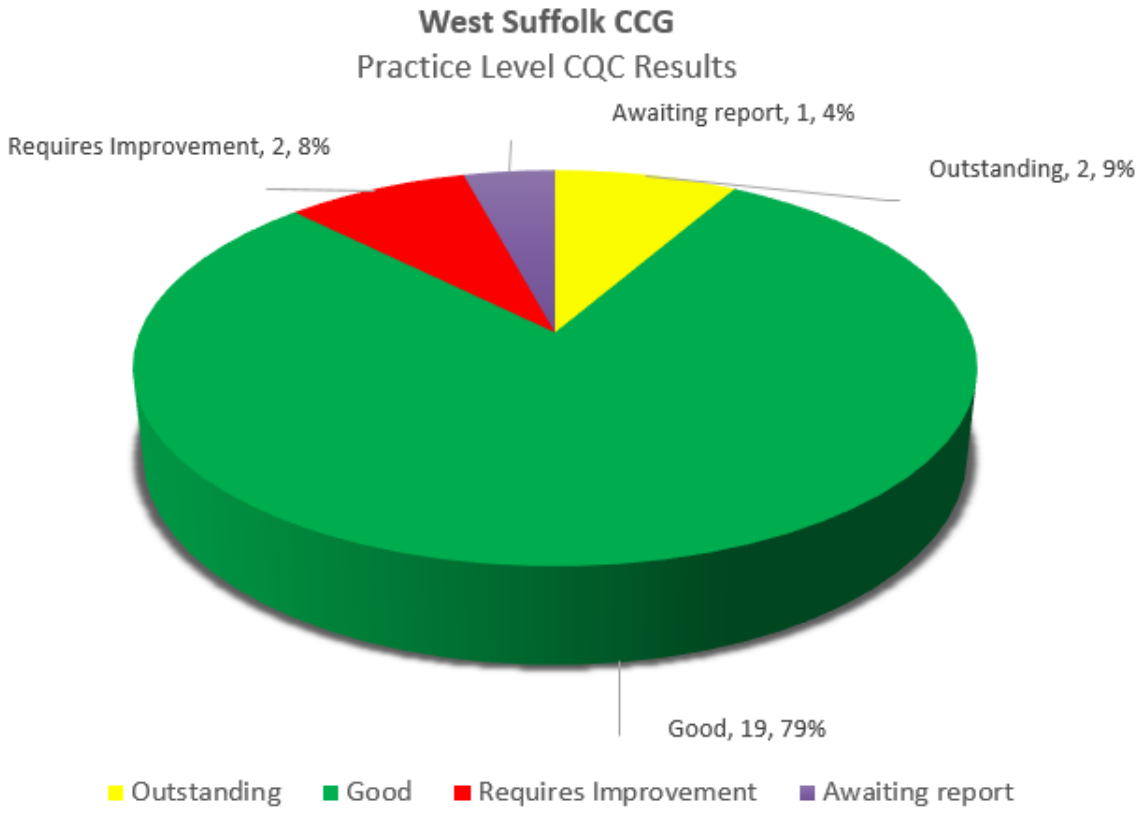


Figure 1: CQC results for practices within WSCCG

The Team are working with practices with "Require Improvement" to ensure they are supported to return to Good or Outstanding.

2.2 Quality Outcomes Framework (QOF)

QOF is the annual reward and incentive programme to focus GP services on particular quality indicators. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

QOF performance data is published annually and has now been published for 2017/18. This shows that the average practice achievement across the CCG continues to exceed the national and regional average and the margin of growth has increased.

	16/17 - Overall Achievement %	17/18 - Overall Achievement %	% Change
NHS IPSWICH AND EAST SUFFOLK CCG	98.05	98.09	0.04
NHS WEST SUFFOLK CCG	97.82	97.61	-0.21
MIDLANDS AND EAST OF ENGLAND	96.80	96.19	-0.61
ENGLAND	**96.50**	**96.00**	**-0.50**

Figure 2: QOF overall achievement 17/18, by CCG compared to regional and national averages

There are five practices in West Suffolk CCG which have scores that are below the national average and six below the CCG average. See Appendix 1 for a full breakdown of overall achievement, by practice.

The primary care team will work with them to understand their position and support them where appropriate.

2.3 QOF Exception reporting

The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. It is the responsibility of NHS England to review all declared QOF achievement reports prior to financial sign off.

One of the elements of the PMS Development Framework requires that PMS practices remain at or below the England average (5.99%). Each of the seven practices above the average has been asked to provide assurance to the CCG that their exception coding is correct and appropriate protocols are in place. NHS England reserve the right to audit any practice that is unable to sufficiently provide a level of assurance.

	16/17 - Overall Exception Rate (%)	17/18 - Overall Exception Rate (%)	% Change
NHS IPSWICH AND EAST SUFFOLK CCG	5.42	5.65	0.23
NHS WEST SUFFOLK CCG	5.59	5.73	0.14
ENGLAND	**5.83**	**5.99**	**0.15**
MIDLANDS AND EAST OF ENGLAND	6.10	6.24	0.14

Figure 3: QOF overall exception rates 17/18, by CCG compared to regional and national averages

See Appendix 2 for a full breakdown, by practice.

2.4 Public health

Update

- The 2018 flu campaign was proving to be problematic, with staggered supply of the new aTIV vaccine
- Practices have been cooperating and sharing resources wherever possible
- The Primary Care Team are in regular contact with the Screening and Immunisation Manager for PHE East of England / NHS England Midlands & East (East)
- The data that we currently have is extracted from Immform dataset (cumulative @ November 18) so we will report back once more recent figures are available for the winter period. However, PHE and NHSE have indicated that West Suffolk is overall performing slightly above the national average
- WSCCG continues to work with GP practices to ensure they code correctly so that data is reflective of actual practice and accurate and ensure that they code vaccines given by other providers

2.5 Prescribing and Medicines Management

- Prescribing budget: Underspend by £805k – 3.7% (YTD October 2018) with 19/24 practices 'green'. Prescribing meetings planned at the 5 'red' practices to review performance and provide further support
- Antibiotic prescribing (12 months to October 2018): WSCCG within NHSE QP target for overall antibiotic prescribing
- QIPP (YTD October 2018): £1.5k savings against £600k planned savings

2.6 Primary Care Contracts

NHS West Suffolk Clinical Commissioning Group currently commissions Local Enhanced Services (LES) from both their PMS, APMS and GMS Contractors. As part of the PMS Development framework there is a requirement for all PMS contractors to sign up to any reasonable LES offered by WSCCG.

Six of the LESs for the coming year will be determined by the PMS development framework which is currently under development and parity LESs will be offered to GMS practices.

New services have been commissioned for Care Homes, in line with the LES offered in Ipswich and East CCG area; Diabetes; Dementia and SMI. Practices are currently working to embed processes to provide these Local Enhanced Services.

The diabetes LES has been commissioned from 1 November 2018 to 31 October 2019 with an extension clause of a further 12 months.

2.7 Learning Disabilities (LD) Health Checks

Work continues to promote LD health checks in practices and this remains a high priority for the CCG.

The CCG has been working closely with practices to understand the performance figures and to identify where additional support could be provided. Feedback indicates that a proportion of practices schedule their annual health checks in Q4 (January to March) and this inevitably impacts the overall achievement to date.

NSFT is commissioned to employ two LD nurses across west Suffolk. These nurses provide invaluable support to patients and practices.

Target: 75% of adults and young people (over 14) with learning disabilities to have an Annual Health Check.

The current position based on Q1 and Q2 data 2018/19:

- CCG overall: 28.4% (up from 17.1 % at end of Q1)
- This equates to 331 Health Checks against an LD register of 1164
- At the same point in 2017/18 the position was 23.0% with a final end of year achievement of 54.6%.
- We will receive Q3 results in February

Note: Results not statistically significant at practice level due to small sample size.

Action:

- The Primary care team is working closely with Practices to assist them in improving current patient uptake. Practices have been reminded about the importance of conducting their LD patients Annual Health Checks and its benefits which may include:-
  - ❖ reduced hospital admission,

- ❖ identification of unknown long term health conditions
- ❖ reduced GP appointments
- ❖ Prevention of unnecessary deaths in patients with LD

- ACE Anglia (An Advocacy service for LD service users) has been commissioned by the CCG to produce a total of 20 Easy Read resources to support patients to attend their LD Annual Health check. Some of these documents will be embedded into System 1 so that practices can directly access and use them. All remaining documents will be added to the 'Suffolk Ordinary Lives' website managed by ACE Anglia to enable GP practices and service users to view and download as required.

- LD Nurses continue to communicate regularly with GP practices to offer support and assist with further training requirements.

- Pilot of Pre Health Check Questionnaire to be launched in the West within the next few weeks, with the intention of rolling this out across all West Practices by the end of February 2019.

2.8 Dementia Diagnosis:

Target: Achieve a diagnosis rate of 66.7%.
Current position (November 18):

- CCG overall: 62.2%
- 8/24 practices achieved >66.7%
- 8/24 practices achieved >50% and <66.7%
- 8/24 practices <50%

West Suffolk QOF Dementia Register - 2,238 patients

Dementia coding - ongoing

- The new LES was shared with practices on the 27th June 2018. All practices have signed up except one
- "At Risk" register reviews offered to for all red and amber practice to help support the ES
- Monitoring of practice data against national targets continues monthly
- Providing practice specific support as requested
- Practice continue to engage with being Dementia Friendly
- Dementia Specialist Nurse for Care Homes employed to be the link between care homes and GPs
- Dementia Together jointly re-commissioned with SCC until April 2021 to support those living with dementia, their carers and those curious about dementia across Suffolk
- Working with service providers to develop both the Memory Assessment service (MATs) and Dementia Intensive Support Team (DIST) reviewing all pathways
- NHS England Action Log for West Suffolk updated monthly for assurance meetings with all dementia related work projects

3. **Areas that support good primary care provision**

3.1 Extended Access

Background

- Extended Access - National scheme

- Booked appointments, evening and weekends
- Slots can be booked by practices/EEAST/111
- GPs can see full patient notes
- Local provider is the Suffolk GP Federation
- Well received by patients
- Scheme still in process of being rolled out
- NHSE Extended Access Stage 2 Audit completed and passed

Update

- Bases already running in Bury and Haverhill. GP+ bases in Sudbury and Mildenhall are now open
- Currently this equates to 499 appointments being commissioned per week which is 25,944 x 15 minute appointments per year
- We have agreed that the Fed will put on an extra 162 appointments per week in Bury between Dec 18 and March 19 for an additional cost to help with winter pressures
- A further base is due to open in Newmarket in February
- NHSE Extended Access Stage 2 Audit completed and passed
- Utilisation of slots and shift fill remain issues of focus. Utilisation for November 2018 was measured at 66.2 % with shift fill at approximately 56%
- Utilisation is higher during the week than at weekends. This is because most patients are booked during the week via their practice and the weekend is proving a less popular option in terms of patient choice

Actions

- The CCG is working with practices and provider to ensure utilisation of the GP+ service increases in order to have maximum benefit on the system (see Appendix 3 for use of secondary care services by practice).
- To date, work has included:
  - A 'how to book' guide for practices has been written and shared
  - leaflets and posters in practices and the community
  - information to voluntary sector organisations
  - CCG Facebook
  - CCG and GP Fed Twitter feeds
  - CCG and GP Fed websites
  - All practice websites
  - Press releases
  - Practice visits
- One strategy that is being explored to address low shift fill is the increase of skill mix in the Bury hub, which should in turn encourage GPs out into the surrounding areas (most GPs who do GP+ shifts in Bury are also the ones who do GP+ elsewhere in the West).
- To encourage effective access and use by wider system services, such as 111 and OOH, the profile of GP+ has been raised on the DoS and is now situated on page one
- Appointments that were previously allocated separately to 111, OOH and Clinical Assessment Service (CAS) have been merged into a single block (labelled Integrated Urgent Care Service) to allow greater flexibility around demand
- These appointments are now booked into Adastra, automatically sending an email to GP+ who then transfer the booking into S1. It is therefore effectively direct booking from Care UK's perspective as any manual work to populate S1 is carried out be GP Fed
- This has rectified the problem of some patient details (PEMs) not being sent through before the patient arrives or in some cases at all
- The system will be streamlined significantly when the Fed take on OOH in April
- The CCG are working directly with the GP Fed to accommodate NHSE Planning Guidance for 2019/20

3.2 Summary Care Record with Additional Information (SCRai)

Background

West Suffolk CCG has been running campaigns to raise awareness of the choices people have on where and how their health records are shared. The choices people have relate to sharing their full GP record, and, the Summary Care Record with additional information (SCRai) with other services directly involved in their care.

A Summary Care Record contains basic information that a patient would want an NHS clinician to see if the patient needed treatment. It shows if a person has allergies and it lists any medications. 98% of the population have a Summary Care Record. By including 'Additional Information', this includes illnesses and any health problems, vaccinations, operations, and information on how the person would like to be treated.

Progress

Between Dec 17 and Dec 18 EMIS Web practices in West Suffolk CCG have increased the overall percentage of SCRai from 0.6% to 6% and SystmOne practices have increased overall percentage of SCRai consents from 7.2% to 18.2%.

See Appendix 4, 5 and 6 for a comparison of data from Dec 2017 to Dec 2018. There are separate charts for GP practices that use TPP SystmOne and EMIS Web.

3.3 Wider context

Primary Care Networks

- Six locality based Primary Care Networks (PCN), each with an allocated system funded Community Link Worker to support and facilitate local priorities identified by GPs and partners
    - Bury Town Bury Rural
    - Newmarket
    - Forest heath
    - Sudbury
    - Haverhill
- Haverhill is currently the most well developed PCN. Priorities include – (i) Accelerate actions to address the needs of people with drug and alcohol problems (ii) Collaborative working across GP surgeries (iii) Explore options for greater integration of nursing resource between primary and community services (iv)Take forward the CICSO Haverhill 100% Connected Community Project (v) Sustain the Haverhill (LifeLink) project and continue to establish links with DWP/skills programme
- Haverhill Mental Health pilot agreed by System Exec to support PCN

4. Future action and investment

- £3 per head
- Social prescribing established with District and Boroughs for Haverhill in 2018 with further roll out to Mildenhall, Newmarket and Brandon in 2019
- GP and Nurse education and training programme established in 2018

- West Suffolk Primary Care Team established from 7th Jan with CCG staff working within WSFT to get effective responses to issues regarding workflow between practices and WSH

- WSFT working with two practices to explore vertical integration model

- Haverhill pilot to align services with population health data

5. **Recommendation**

5.1 The Committee is invited to note the above information and consider any further appropriate actions.

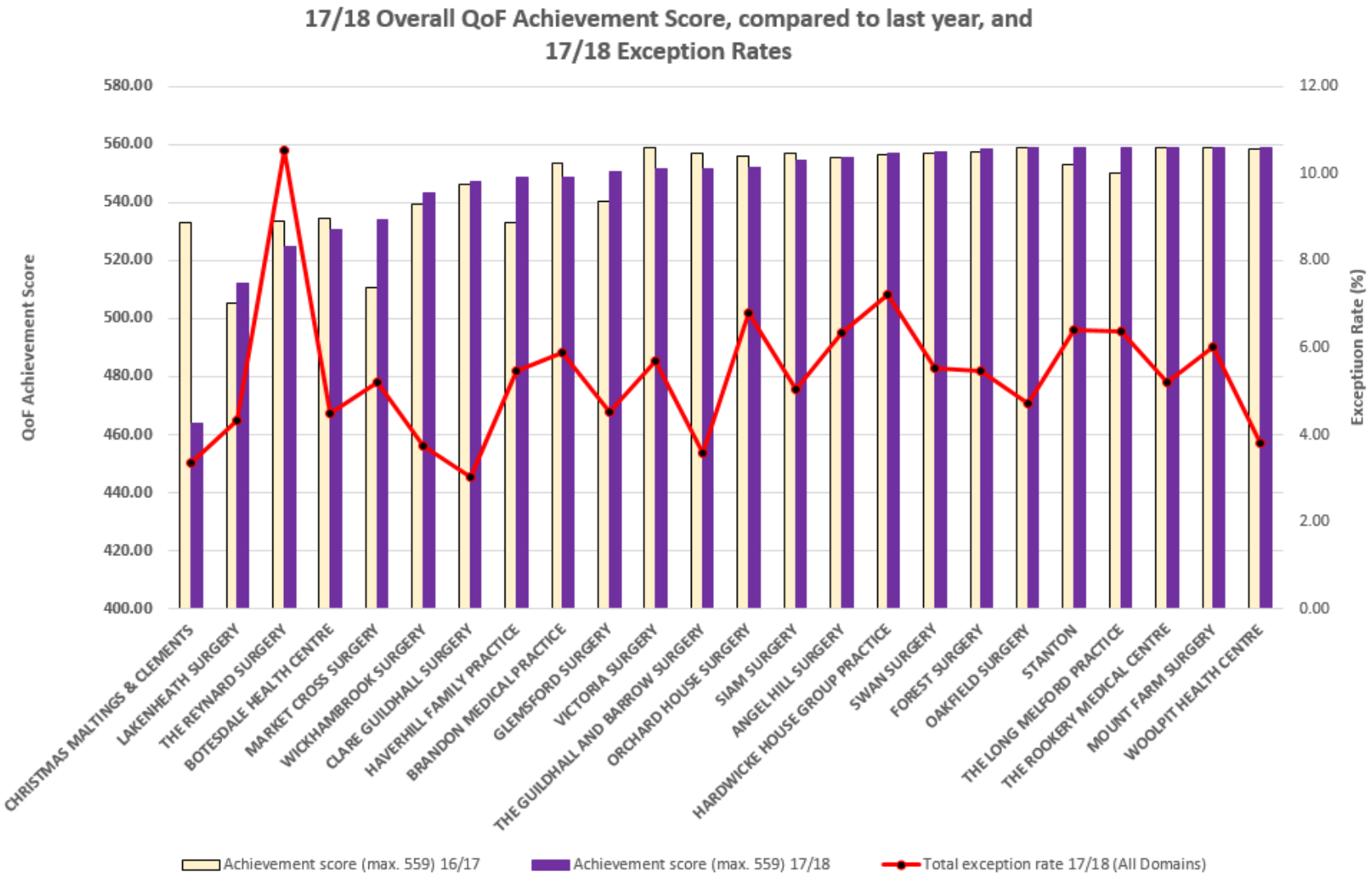
Appendix 1 – Overall QOF Achievement, by practice

OVERALL QoF ACHIEVEMENT 17/18

West Suffolk

	16/17 - Overall Achievement %	17/18 - Overall Achievement %	% Change
THE LONG MELFORD PRACTICE	98.40	100.00	1.60
THE ROOKERY MEDICAL CENTRE	100.00	100.00	0.00
MOUNT FARM SURGERY	100.00	100.00	0.00
WOOLPIT HEALTH CENTRE	99.89	100.00	0.11
STANTON	98.90	99.99	1.09
OAKFIELD SURGERY	100.00	99.94	-0.06
FOREST SURGERY	99.74	99.88	0.14
SWAN SURGERY	99.62	99.75	0.13
HARDWICKE HOUSE GROUP PRACTICE	99.53	99.64	0.11
ANGEL HILL SURGERY	99.36	99.35	-0.01
SIAM SURGERY	99.62	99.22	-0.40
ORCHARD HOUSE SURGERY	99.50	98.72	-0.78
THE GUILDHALL AND BARROW SURGERY	99.60	98.69	-0.91
VICTORIA SURGERY	100.00	98.65	-1.35
GLEMSFORD SURGERY	96.69	98.53	1.84
BRANDON MEDICAL PRACTICE	99.05	98.17	-0.88
HAVERHILL FAMILY PRACTICE	95.33	98.12	2.79
CLARE GUILDHALL SURGERY	97.76	97.92	0.16
NHS WEST SUFFOLK CCG	97.82	97.61	-0.21
WICKHAMBROOK SURGERY	96.47	97.17	0.70
ENGLAND	**96.50**	**96.00**	**-0.50**
MARKET CROSS SURGERY	91.36	95.57	4.21
BOTESDALE HEALTH CENTRE	95.62	94.95	-0.67
THE REYNARD SURGERY	95.46	93.85	-1.61
LAKENHEATH SURGERY	90.44	91.64	1.20
CHRISTMAS MALTINGS AND CLEMENTS PRACTICE	95.40	82.95	-12.45

Appendix 2 – QOF - Overall achievement and Exception rates

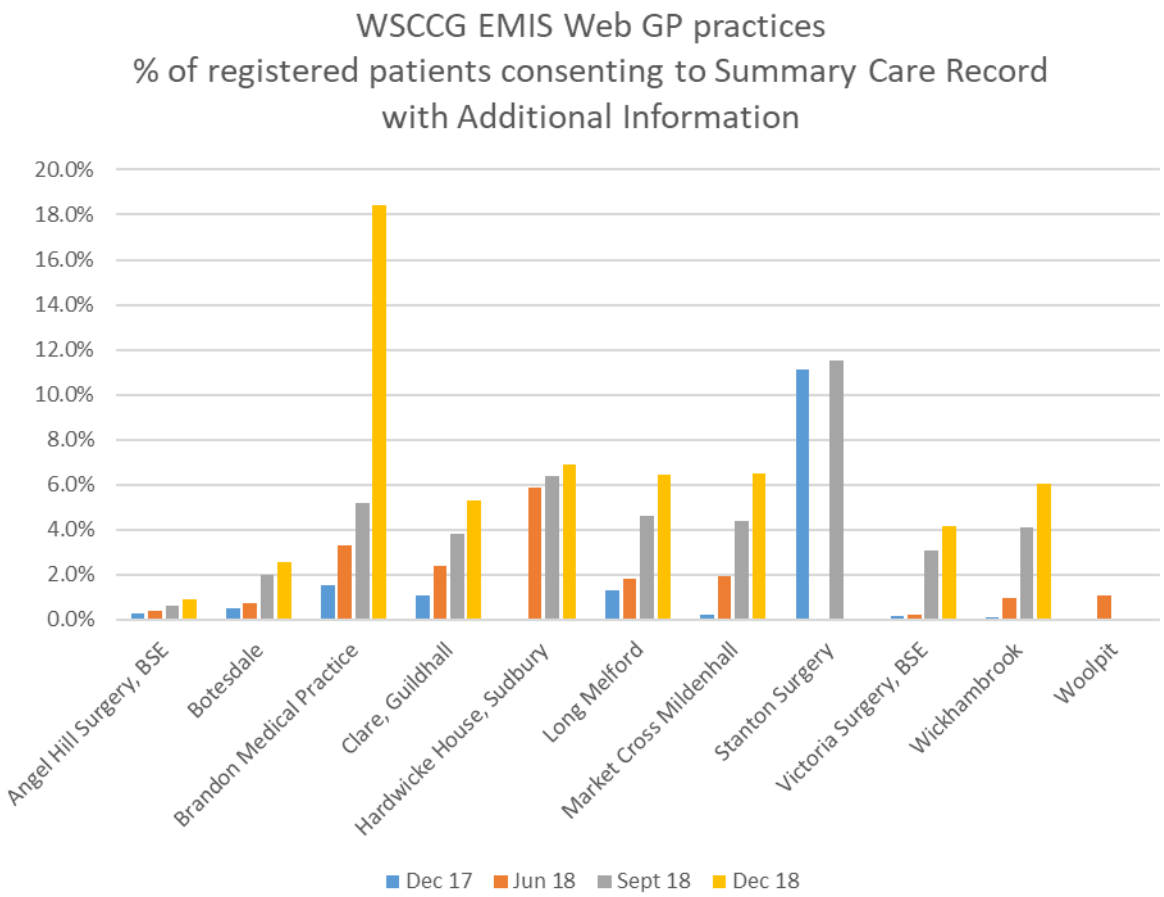


Appendix 3 – Use of Secondary Care Services by Practice

	Utilisation of Secondary Care – all figures shown are per 1000 weighted list. Averages are based on 17/18 full year combined actuals for I&ES and West Suffolk.					
Practice	EMERGENCY ADMISSIONS - YTD 18/19	**FULL YEAR CUMULATIVE EFFECT:** 17/18 AV. = 30.62	ELECTIVE ADMISSIONS - YTD 18/19	**FULL YEAR CUMULATIVE EFFECT:** 17/18 AV. = 116.07	A&E ATTENDANCES: YTD 18/19	**FULL YEAR CUMULATIVE EFFECT:** 17/18 AV. = 256.5
Angel Hill Surgery	68.76	117.88	74.89	128.38	185.08	317.29
Stanton	54.29	93.07	73.61	126.19	131.57	225.55
Botesdale Health Centre	50.36	86.34	74.55	127.80	120.64	206.80
Brandon Medical Practice	44.96	77.08	56.90	97.54	140.62	241.06
Clare Guildhall Surgery	42.49	72.84	63.40	108.68	114.85	196.88
Clements and Christmas Maltings Surgery	59.43	101.89	59.50	101.99	176.66	302.85
Forest Surgery	57.11	97.89	74.97	128.52	142.71	244.65
Glemsford Surgery	53.83	92.28	76.58	131.27	135.15	231.68
Hardwicke House	54.09	92.72	70.67	121.14	137.78	236.20
Haverhill Family Practice	55.72	95.53	64.22	110.09	175.14	300.24
Lakenheath Surgery	48.78	83.63	71.33	122.28	142.84	244.87
Market Cross Surgery	60.46	103.64	73.25	125.58	158.72	272.09
Mount Farm Surgery	54.41	93.27	76.28	130.76	170.07	291.55
Oakfield Surgery	54.05	92.66	66.05	113.23	167.94	287.90
Orchard House Surgery	47.98	82.26	55.91	95.84	131.89	226.09
Siam Surgery	49.21	84.36	70.17	120.30	130.76	224.16
Swan Surgery	53.10	91.03	70.77	121.32	191.02	327.46
Guildhall and Barrow Surgery	62.29	106.78	85.04	145.79	164.20	281.48
Long Melford Practice	56.36	96.63	74.91	128.41	115.23	197.54
Reynard Surgery	49.11	84.19	67.52	115.76	178.26	305.60
Rookery Medical Centre	47.57	81.55	62.18	106.60	125.57	215.26
Victoria Surgery	61.07	104.69	70.85	121.46	174.52	299.18
Wickhambrook Surgery	43.54	74.64	67.53	115.76	125.64	215.38
Woolpit Health Centre	53.90	92.40	82.25	141.00	132.47	227.10

Secondary care data extracted from CCG's Practice Information Support Pack (PISP) - Emergency Figures - Oct 2018 YTD

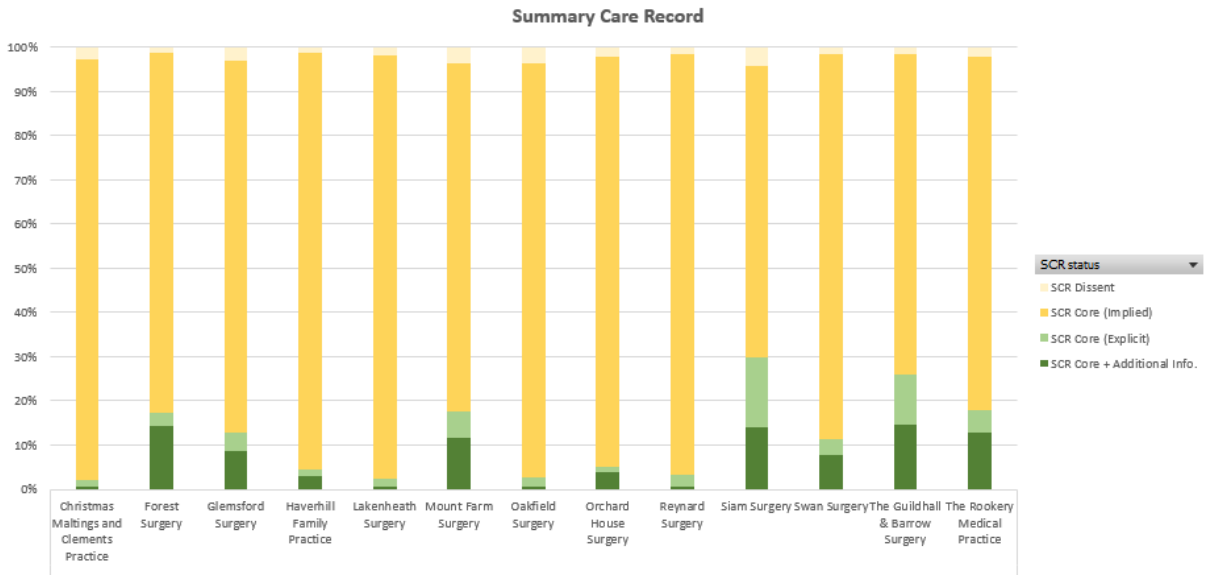
Appendix 4



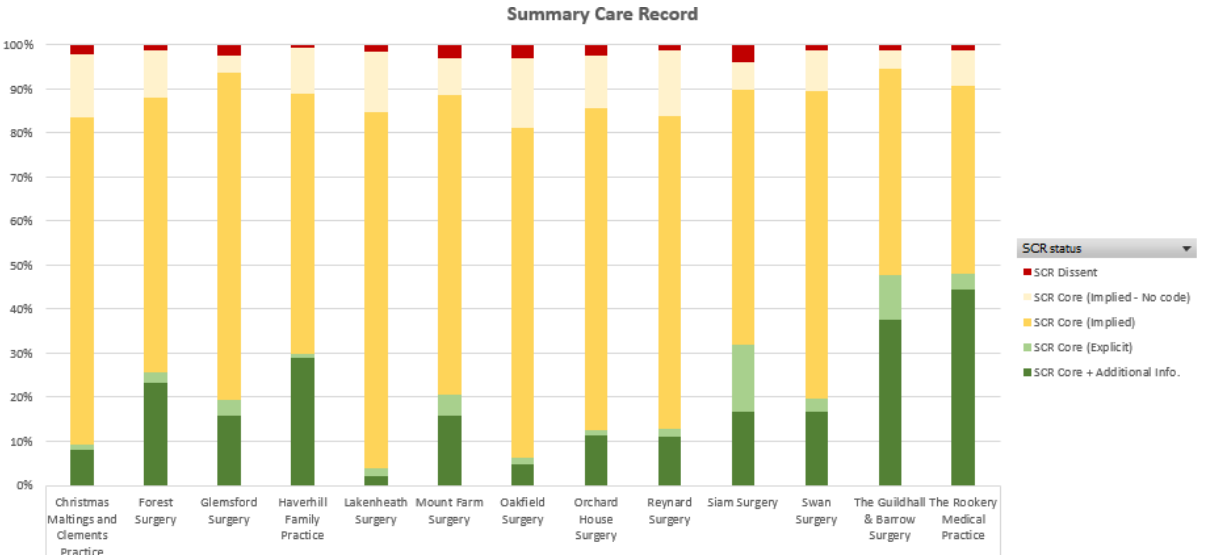
Updated figures for Dec 2018 from Stanton Surgery & Woolpit to follow.

Appendix 5

(a) Chart shows SystmOne GP practices – Summary Care Record Dec 2017



(b) Chart shows SystmOne GP practices – Summary Care Record Dec 2018



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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**08**
Reference No.	**WSCCG PCCC 19-03**
Date.	**22 January 2019**

Title	**Primary Care Delegated Commissioning- Finance Report**
Lead Chief Officer	Jane Payling, Chief Finance Officer
Author(s)	Mark Clinton, Senior Management Accountant
Purpose	To provide the committee with an overview of the M9 Primary Care Delegated Commissioning Budget

Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	**X**

Action required by the Primary Care Commissioning Committee:

To note the report.

1. Purpose

1.1 To provide the committee with an overview of the M9 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. Key Points

2.1 At the end of M9, the GP Delegated Budget spend was £66k over spent – please see the table below for a summary of key variances:

Application of Funds	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year FOT (Internal) £'000	Full Year Variance £'000	Variance Analysis
General Practice - GMS	6,095	6,236	(142)	8,217	8,366	(149)	Revised Global Sum Rate and actual/estimated growth in list size
General Practice - PMS	13,811	14,041	(230)	18,505	18,890	(385)	Revised PMS contract rate and overspend on CQC registration fees
General Practice - APMS	711	719	(8)	948	959	(10)	
Enhanced services	382	338	44	759	692	67	Prior year benefit
QOF	1,795	1,683	112	3,419	3,307	112	Prior year benefit
Premises Cost Reimbursements	1,347	1,405	(58)	1,796	1,819	(23)	Rent review for 3 practices and 17/18 arrears
Other Premises Costs	400	354	46	407	362	44	Reduction in 18/19 rates
Other - GP Services	1,292	1,123	170	393	172	221	Reserve used to offset above cost pressures
Primary Care Co-commissioning	**25,833**	**25,899**	**(66)**	**34,444**	**34,567**	**(123)**	

Other Primary Care shows an under spend of £93k as at M9, as summarised in the table below:

plication of Funds	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year FOT (internal) £'000	Full Year Variance £'000	Variance Analysis
							Variance primarily due to underspend against Primary Care Contingency and prior year Polypharmacy benefit which partially offsets overspend on main GP delegated budget.
Local Enhanced Services	1,591	1,489	103	2,122	1,842	280	The forecast also includes a £153k benefit due to £3 per head payments that were made in 2017/18 (NB this benefit is in 2018/19 only, there is no variance for this when taking a combined view of 207/18 and 2018/19).
GPFV	722	731	(10)	962	962	0	
ther Primary Care	**2,313**	**2,220**	**93**	**3,084**	**2,804**	**280**	

3. Risks

3.1 Other risks not reflected in the above full year forecasts are further increases to list size and rent reimbursement and additional practice management support.

4. Recommendation

4.1 The Committee is asked to note the financial performance at month nine.

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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**09**
Reference No.	**WSCCG PCCC 19-04**
Date.	**22 January 2019**

Title	**Care Quality Commission (CQC)**
Lead Chief Officer	Kate Vaughton, Chief Operating Officer
Author(s)	Lois Wreathall Head of Primary Care
Purpose	The purpose of this report is to inform the Committee about Care Quality Commission (CQC) inspections of West Suffolk GP practices.

Applicable CCG Priorities		
1.	Develop clinical leadership	**x**
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	**x**
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	**x**
6.	Deliver financial sustainability through quality improvement	

Action required by the Primary Care Commissioning Committee:

The Committee is invited to note the CQC's report findings to date and consider any further actions for the CCG or NHS England at this stage.

1. Background

1.1 The CQC continues to re inspect GP practices in West Suffolk using the new style inspection regime.

2. Current Status

2.1 All practices have been inspected in West Suffolk; their reported outcomes are listed below. The practices are in published report date order, which could be an indication of the order in which the CQC will visit, especially those that have not been inspected in three years.

Practice	Date of report published	Grade
Botesdale	05/03/2015	Good
Stanton	24/08/2016	Good
Guildhall Clare	28/10/2016	Good
Siam	01/12/2016	Good
Mount Farm	12/12/2016	Good
Market Cross	23/12/2016	Out standing
Glemsford	30/12/2016	Good
Oakfield	13/02/2017	Good
Wickhambrook	16/03/2017	Good
Forest Surgery	02/05/2017	Good
Hardwicke House	05/05/2017	Good
Woolpit	31/05/2017	Good
Long Melford	15/08/2017	Good
Reynard	04/09/2017	Good
Victoria Surgery	03/11/2017	Good
Orchard House	10/01/2018	Out standing
Angel Hill	18/01/2018	Good
Swan Surgery	23/02/2018	Good
Brandon Medical Practice	11/04/2018	Good
Re inspected		
Clements Christmas Maltings	6 September 2018	Requires Improvement
Haverhill Family Practice	23 October 2018	Requires Improvement
Rookery	3 December 2018	Good
Guildhall Barrow	19/ 12/2018 Unofficial good	
Lakenheath	Re inspected in January - unofficial Good	

2.2 The CQC's reports to date continue to show that the quality of primary care services in West Suffolk is "good" or outstanding.

2.3 The CCG has mapped all the 24 reports into a single learning document. This has been analysed for overall learning, shared with the practices and updated after every subsequent inspection. Although rated good, practices can still and should continue to make improvements to move towards outstanding, and this document provides useful direction in order to achieve this.

2.4 A number of practices have been re inspected recently.

Haverhill Family Practice

The narrative below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met.

The practice was aware of but had failed to improve the poor patient satisfaction in relation to access to the practice. This had been identified in our previous report from our inspection September 2017.This was in breach of regulation 17 of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2014.

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met.

We found some patients taking a high-risk medicine had not received appropriate monitoring in a timely manner. This was in breach of regulation 12 of the Health and Social Care Act
2008 (Regulated Activities) Regulations 2014.

Clements Christmas Maltings Practice

The practice was aware of but had failed to improve the poor patient satisfaction in relation to access to the practice. This had been identified in our previous report from our inspection September 2017.This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Data from the GP patient survey 2017 and 2018 and NHS choices showed low patient satisfaction in relation to access to appointments. The practice record of complaints also supported this. Changes that had been made had been newly implemented and had not had time to be fully evaluated to ensure they could be sustained and effective to improve patient

satisfaction

The quality and outcome framework data used in the evidence table relates to the previous provider, the practice took over the practice in July 2017, and shared with us their performance data for 2017/2018 which showed the practice over performance had decreased in areas relating to long term conditions and indicators that usually effects older people such as COPD.

Both practices have made efforts to improve their position.

3. Recommendation

3.1 The Committee is asked to note this report

integrated working

NHS
West Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**10**
Reference No.	**WSCCG PCCC 19-05**
Date.	**22 January 2019**

Title	**NHS Long Term Plan and Planning Guidance Summary 2019/20**
Lead Officer	Kate Vaughton, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager, Ipswich and East Suffolk CCG
Purpose	To provide the committee with an overview of key points from the Long Term plan and areas that may impact Primary Care.

Applicable CCG Clinical Priorities:		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	

Action required by Primary Care Commissioning Committee:

To consider and discuss the information and agree any appropriate actions required.

1. Purpose

1.1 To provide the Committee with an overview of the NHS Long Term Plan and where this may impact upon Primary Care. Additionally to provide the Committee with a summary of the Operational Planning guidance 2019/20 for which CCGs are required to deliver.

2. What the NHS long-term plan means for general practice

Funding

- At least £4.5bn increase in funding for primary and community care by 2023/24.
- Additional funding 'likely' to come from CCGs.
- A 'shared savings scheme' will hand primary care networks part of any funding they save by reducing avoidable A&E admissions, admissions, preventing delayed discharge or reducing avoidable outpatient visits or over-medication.
- The NHS plans to 'improve efficiency' in primary care, mental health and community health services - with a health service-wide 'cash-releasing productivity growth' target of 1.1%.

GP contract

- GP practices will be expected to sign up to 'network contracts' that tie them into practice networks covering 30-50,000 patients.
- These 'network contracts' will sit alongside practices' existing GMS, PMS or APMS contracts.
- Practices in networks will be funded through a 'designated single fund through which all network resources will flow.
- Most local enhanced services commissioned by CCGs will be moved into network contracts rather than with individual practices.
- The QOF will undergo 'significant changes' - with a new 'quality improvement element' being developed in collaboration with the Royal College of General Practitioners. Indicators deemed 'least effective' will be dropped, with new targets to be added to promote 'more personalised care'.
- Standards, funding and procurement of GP vaccinations and immunisation will be reviewed with the goal of improving uptake.

Workforce

- A 'workforce implementation plan' will be published later this year once the government has set a budget for training, education and CPD.
- The government and NHS England remain committed to recruiting an extra 5,000 full-time equivalent GPs 'as soon as possible' and will develop incentives to boost numbers of doctors trained to match 'specialty and geographical needs, especially in primary care.'
- Medical school places are already increasing from 6,000 to 7,500 a year, and options such as more part-time study places and accelerated four-year degree programmes will be explored.
- Medical schools will be allocated training places based on 'the production of medical graduates who meet the primary care and specialty needs of the NHS'.
- Newly qualified doctors and nurses entering general practices will be offered a 'two-year fellowship' under plans proposed in the GP partnership review, to provide a 'secure contract of employment alongside a portfolio role' designed to support the individual and the needs of the local health economy.
- National scheme to support NHS organisations recruiting from overseas.

Integrated care

- The plan promises to move all practices into networks to deliver 'fully integrated community-based healthcare' for the first time since the NHS was created.

- Expanded community teams will be developed alongside networks, with a requirement for teams including GPs, pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists, social care and voluntary sector staff to be brought together around network areas.
- NHS111 will be able to book patients directly into GP practices and appointments at pharmacies from this year.
- General practice will be linked more closely to care home support, with the NHS planning to roll out nationally its 'enhanced health in care homes' vanguard scheme. The scheme will link primary care networks to care homes, with named GP support for all patients and networks collaborating with emergency services on out-of-hours care.

NHS organisations

- Integrated care systems (ICSs) will be rolled out across England by April 2021, 'growing out of the current network of sustainability and transformation partnerships (STPs)'.
- The reform could lead to a dramatic cut in CCG numbers. There are 44 STPs, and the long-term plan says there will be typically 'a single CCG for each ICS area'. CCGs will become 'leaner, more strategic organisations'.
- ICSs will have 'full engagement with primary care', with a named accountable clinical director within each primary care network - and board-level representatives from networks.

Online consultations

- All patients to have a right to access digital GP consultations over next five years
- Patients will have access to digital GP consultations 'usually from their own practice or, if they prefer, from one of the new digital GP providers'.

Health inequalities

- An extra 110,000 patients will be offered physical health checks every year by 2023/24 - taking the total to 390,000.
- Uptake of annual health checks in primary care by patients with a learning disability will be increased to 75%, and health checks for patients with autism will be piloted.
- GP practices that are 'carer-friendly' will be awarded quality marks designed by the CQC.
- The NHS will offer all smokers admitted to hospital smoking cessation support, alongside new initiatives to tackle diabetes and obesity, and targeting of funding at areas with the greatest health inequalities.

Cancer

- Primary care networks will be required to boost early diagnosis of patients in their area by 2023/24, by ensuring GPs are using the latest NICE advice.
- From 2020 a 'new faster diagnosis standard' will be introduced, with most patients to 'receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening'.
- Five-year cancer survival rates will be increased - with 55,000 more people surviving five years with cancer from 2028. The NHS plans to drive this improvement by building on 'work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening'.
- The NHS has pledged to expand mobile CT scanning units to boost access to rapid screening, and rapid diagnostic centres will begin to be rolled out across England from this year.

3. Operational Planning guidance 2019/20

3.1 For 2019/20, the CCG will need to agree organisation-level operational plans which combine to form a coherent system-level operating plan. This will provide the start point for every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) to develop five-year Long Term Plan implementation plans, covering the period to 2023/24.

3.2 What this means for general practice and CCGs

NHS England require CCGs to commit a recurrent £1.50/head to develop and maintain primary care networks, so that 100% coverage is achieved by 30 June 2019. This must be a cash investment into the sector and will form part of the local system primary care strategy to ensure sustainability and enable transformation. More guidance on primary care networks is planned.

The long-term plan sets out that investment in primary medical and community services should grow faster than CCGs' overall revenue growth, and progress should be made towards implementing the new service models set out in the plan. Future guidance will define how this investment should be measured.

4. Recommendation

4.1 The Committee is asked to note the report.

WSCCG PRIMARY CARE COMMISSIONING COMMITTEE ANNUAL PLAN OF WORK:

January – meeting 'in common' with IESCCG	February	**March**
• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work • Estates Paper as per action log		• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work • GP5YFV and 10 year plan • Estate update (standing item ?) • IT update - (standing item ?) • Part 2 – heat map • Update on PCN and Alliance working ? • NHSE report on the work they undertake • PMS framework sign off • LES 2019 sign off • VI work • GP +
April	**May - meeting 'in common' with IESCCG**	June
	• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work •	
July	August	**September - meeting 'in common' with IESCCG**
• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work		• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work
October	November	December
	• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report	

	• Annual Plan of Work	