Ipswich and East Suffolk
Clinical Commissioning Group

IPSWICH AND EAST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE

(This meeting will be held with the Primary Care Commissioning Committee of West 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 Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on 27 November 2018*	*Chair*
1412	**4.**	**Matters arising and review of outstanding actions.** ***To review** outstanding issues from the previous meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee.*	*Chair*
1420	**5.**	**General Update** ***To receive a verbal report** from the Chief Operating Officer, Ipswich and East Suffolk CCG*	*Maddie Baker-Woods*
1425	**6.**	**Annual Review of Terms of Reference** ***To review and approve** the Committee's Terms of Reference*	*Maddie Baker-Woods* *(IESCCG PCCC 19-01)*
1430	**7.**	**Primary Care Contracts and Performance Report** ***To review and comment** on a report from the Primary Care Commissioning Manager, Ipswich and East Suffolk CCG*	*Caroline Procter* *(IESCCG PCCC 19-02)*
1440	**8.**	**Primary Care Delegated Commissioning – Finance Report** ***To receive and note** a report from the Chief Finance Officer, Ipswich and East Suffolk CCG*	*Jane Payling* *(IESCCG PCCC 19-03)*
1450	**9.**	**Care Quality Commission (CQC)** ***To receive and note** a report from the Head of Primary Care Partnerships*	*Maddie Baker-Woods* *(IESCCG PCCC 19-04)*
1500	**10.**	**NHS Long Term Plan and Planning Guidance Summary** ***To receive and note** a report from the Primary Care Commissioning Manager, Ipswich and East Suffolk CCG*	*Caroline Procter* *(IESCCG PCCC 19-05)*
1510	**11.**	**Date and Time of next meeting 'in common' with West Suffolk**	

CCG Primary Care Commissioning Committee
2.00pm – 4.00pm, Wednesday, 27 March 2019, Conference Room, West Suffolk House, Bury St Edmunds, Suffolk

1515 **12. 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.

Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 27 November 2018, in public, at Two Rivers Medical Centre, 30 Woodbridge Rd East, Ipswich IP4 5PB

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Steve Chicken	Lay Member, IESCCG
Maddie Baker-Woods	Chief Operating Officer, IESCCG
Ed Garratt	Chief Officer, IESCCG
Dr Lorna Kerr	Secondary Care Doctor, IESCCG
Jane Payling	Chief Finance Officer, IESCCG
Jane Webster	Acting Chief Contracts Officer, IESCCG
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	Chair of Ipswich and East Suffolk CCG
Christine Watts	Local Medical Committee

IN ATTENDANCE:

Ameeta Bhagwat	Head of Financial Planning and Management Accounts, IESCCG
David Brown	Deputy Chief Operating Officer, IESCCG
Louise Hardwick	Head of Primary Care Partnerships, IESCCG
Jo Mael	Corporate Governance Officer, IESCCG
Claire Pemberton	Head of Primary Care, IESCCG
Caroline Procter	Primary Care Commissioning Manager, IESCCG
Dr Ayesha Tu Zahra	GP Governing Body Member, IESCCG

18/66 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Wendy Cooper	NHS England
Lucy James	NHS England
Simon Jones	Local Medical Committee
Cllr James Reeder	Health and Wellbeing Board
Andy Yacoub	Healthwatch

18/67 DECLARATIONS OF INTEREST

Dr Mark Shenton and Dr Ayesha Tu Zahra both declared an interest as holder of a Personal Medical Services (PMS) contract.

Dr Mark Shenton also declared an interest in agenda item 10 (Care Quality Commission) insofar as it related to Stow Health, and remained in the meeting when the item was discussed.

18/68 MINUTES OF PREVIOUS MEETING

The minutes of meetings of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 24 July 2018 and 25 September 2018 were **approved** as correct records.

18/69 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

18/70 GENERAL UPDATE

The Chief Operating Officer reported;

- An Integrated Care System Primary Care Leads meeting had recently been held with issues discussed including how primary care was developing in line with Government guidance with the establishment of Integrated Neighbourhood Teams (INT). There had been positive feedback from a recent training and educational event held for INT professionals, which had provided opportunity to communicate the strategic vision to those that would be working in the teams.
- As reported in the earlier Governing Body meeting the CCG had approved a 1% funding uplift to Primary Care.
- The CCG, along with representatives from the Local Medical Committee, had discussed the PMS Development Framework and agreed an approach to the review for 2019/20.

Having queried whether any future transformational monies identified by NHS England for the development of Integrated Neighbourhood Teams might be made available to the CCG in retrospect, the Committee was informed that proposals had been put forward to NHS England, the outcome of which were awaited.

18/71 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT

The Committee was in receipt of a report which provided an overview of primary care information dashboard data and an update on primary care contracts where relevant.

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

- Quality Outcomes Framework (QOF)
- Prescribing and Medicines Management
- Learning Disabilities (LD) Health Checks
- Severe Mental Illness Physical Health Checks

Key points highlighted during discussion included;

QOF - QOF was the annual reward and incentive programme to focus GP services on particular quality indicators. It rewarded practices for the provision of quality care and helped standardise improvement in the delivery of primary medical services. The average practice achievement across the CCG had increased over the last two years and demonstrated continuous quality improvement. There are six practices in Ipswich and East Suffolk CCG which had scores below the national average and 12 below the CCG average.

The QOF included the concept of ‘exception reporting’ to ensure that practices were not penalised where, for example, patients did not attend for review, or where

a medication could not be prescribed due to a contraindication or side-effect. It was the responsibility of NHS England to review all declared QOF achievement reports prior to financial sign off. The variance in rates across the CCG showed the lowest overall exception reporting rate of 2.77% and the highest 9.94%, which demonstrated an improvement from 2016/17 where the highest rate was 29.07%.

One of the elements of the PMS Development Framework required PMS practices to remain at or below the England average (5.99%). Each practice above the average had been asked to provide assurance to the CCG that its exception coding was correct and appropriate protocols were in place. NHS England reserved the right to audit any practice that was unable to provide a sufficient level of assurance.

LD Health Checks - work continued to promote LD health checks in practices and it remained a high priority for the CCG. The CCG target for health checks completed was 75% by the end of 2019/20. The current position was 28.1% based on Q1 and Q2 data 2018/19. At the same point in 2017/18 the position was 20.4% with a final end of year achievement of 59.2%.

Severe Mental Illness Physical Health Checks - the CCG was working on ways to improve the uptake of Physical Health Checks for those patients with a Severe Mental Illness (SMI). As a result, a local enhanced service (LES) was implemented in July 2018 which was intended to increase the number of comprehensive SMI Physical Health Checks. The number of Physical Health checks reported to date (July-September) was 5.2%.

Having raised concern at the low percentage of reported health checks, the Committee was advised that further work was to be carried out to validate the number of reported health checks and an update would be provided to the next meeting.

The Committee was informed that whilst liaison in relation to LD health checks was usually with carers, in respect of SMI physical health checks it was with the individuals themselves and a high number of practice appointments were not attended. Partnership working was key to the engagement of patients. It was envisaged that further comparative information would be provided to a future meeting of the CCG's Clinical Executive for review and discussion.

The Committee noted the content of the report and recognised the excellent progress made in relation to patient care records. **The Chair agreed** to write a letter of thanks to all those involved in the process.

18/72 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 £255k over spent, with other Primary Care monies indicating an under spend of £397k.

There was a significant 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 that was now 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.

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

In response to questioning, it was reported that the registered list size across the CCG had increased by 2500 patients since January 2018. The need for population growth information to feed into Estate Strategy discussions, was highlighted.

The Committee noted the financial performance at month seven and that the Chief Finance Officer and Chief Operating Officer continued to meet on a monthly basis to review the budget.

18/73 PRIMARY CARE TRANSFORMATION RESOURCES

The Committee was in receipt of a report which provided an update in respect of progress regarding the utilisation of the £2.50 per head of funding.

The CCG had approved an investment of £2.50 per patient transformation funding for practices under two sets of criteria. The first was £1.50 towards continued development of the organisational collaborations. The second tranche of £1 per patient was to facilitate practice engagement and development within the geographical Integrated Neighbourhood Teams. A Local Enhanced Service had been issued for the latter, along with a standard set of criteria. The focus of the report was the resources to be allocated to the further development of organisational collaborations.

The development of New Models of Care including primary care collaboration was a core element of the CCG's Primary Care Strategy and GP Forward View Plan. Last year transformation funding not only enabled both the further development of fledgling collaborations, Suffolk Primary Care and the Deben Health Group but also stimulated the creation of Coast and Country and the engagement of Ipswich practices within the Ipswich Primary Care collaboration.

There was now only one practice out of forty outside of an organisational collaboration. Each collaboration had been mapped in terms of its maturity against a national set of metrics and an assessment made of the likely position within the next 12-months. Whilst development of the collaborations was a clear expectation of the Integrated Care System Memorandum of Understanding, there was no national model or template.

The report went on to detail collaborations, the proposals submitted and criteria applied to the evaluation process.

The investment should produce a range of benefits, such as;

- Improvements in services to patients
- Improved workload management
- Strengthening of joint working arrangements between practices, hence developing the foundations of joint working and working at scale

It was anticipated that further updates would be provided to the Committee as the schemes started to come to fruition. At the Training and Education event to be held in April 2019 it was planned for each of the practice collaboratives to show case what they had been doing, lessons learned, issues identified etc to help disseminate some of the learning across all 40 practices. The Chief Operating Officer suggested it might be useful for Committee Members to attend the event, **and agreed** to extend an invitation when arrangements were finalised.

The potential for confusion from the use of differing terms such as 'Primary Care Networks' by NHS England for what the CCG had identified as Integrated

Neighbourhood Teams, was emphasized.

The Chief Finance Officer reported that information in respect of transformation funds for 2019/2020 would be made available once the CCG had obtained more clarity in respect of its own funding allocation.

The Committee noted the schemes in place, **and welcomed** future progress updates and terminology clarification at a later date.

18/74 PRIMARY CARE NETWORKS – MATURITY MATRIX

The Committee was provided with an update in respect of Primary Care Networks and the national Maturity Matrix tool.

"Primary Care Network" was not a new concept but a new national term which was known locally as Integrated Neighbourhood teams (geographically focused), 'localities' or 'practice collaborations'.

The national Integrated Care System (ICS) team recently asked the three CCGs that make up the STP to conduct a maturity matrix and mapping exercise for all primary care networks in the STP area. The matrix set out four stages of maturity for practice networks and was detailed in appendix 1 of the report.

The national ICS team had then asked to meet with the CCG to discuss the outcome of the exercise and local progression against the matrix. They were also keen to develop a better understanding of the wider issues and challenges, and where their support might benefit our progression.

The purpose of the exercise was to a) highlight local progress nationally and b) to provide a benchmarking tool that the CCG could adopt locally to continue to focus transformation initiatives and support the development of those practice collaborations with aspirations to work at scale.

As part of the Suffolk and North East Essex STP (shadow ICS) wave 2 site, it also provided the CCGs with a potential investment opportunity into Primary Care Networks.

The national team was to return in January 2019 to follow up on the primary care network developments in the CCG area with their visit providing an opportunity to flag some of the challenges to working at scale.

The result of the exercise concluded that each PCN (Suffolk Primary Care, Deben Health Group, Ipswich Primary Care and Coast and Country Primary Care) were currently at Step One with some progression into Step Two anticipated by March 2019.

The Committee noted the content of the report.

18/75 CARE QUALITY COMMISSION (CQC)

The Committee was in receipt of a report which informed on the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions proposed to address issues, share good practice and enable continuous improvement.

The CQC was currently in Ipswich and East Suffolk conducting inspections of GP practices and since the previous report in September the following practices had

been inspected and received their final report:

Stowhealth	Inspected 04.10.18	Overall rating: Good
Hawthorn Drive	Inspected 09.10.18	Overall rating: Requires Improvement

The following practices had been inspected and were awaiting their final report:

Hadleigh & Boxford Medical Practice	Inspected 23.10.18
Badcock & Son (Felixstowe Road)	Inspected 07.11.18

A total of eight practices had now been inspected using the new regime. Of those ratings, four GP practices had retained their 'good' rating and three had changed; one from an "outstanding" to "good", two from a "good" to "requires improvement" rating and one remained at "requires improvement".

Barham and Claydon was due to be re-inspected by the CQC in the near future.

Each practice continued to be offered individual support prior to, and after an inspection. The need for the CCG and Local Medical Committee to liaise in respect of the support offered to practices was emphasized. On the basis of learning from the new inspections, a further set of CCG-led workshops for all practices was being planned and a communication to practices was being developed.

The Committee noted the report.

18/76 CLOSURE OF THE CLAYDON AND SOMERSHAM SATELLITE CLINICS

The Committee was notified of an application received from the Needham Market Country Practice to close its Claydon and Somersham satellite clinics. The report provided supporting background information on the process to be followed when such an application was received prior to seeking a decision on the application.

The Needham Market Country Practice was a GMS Contractor, with its main surgery situated at Needham Market. It also had two satellite clinics operating at Claydon Pharmacy, 1 Station Road, Claydon and at The Village Hall, Main Road, Somersham. The Practice had submitted an application to close the latter two satellite clinics with effect from 1 January 2019. The Claydon and Somersham premises were listed in the GMS Contract as premises to be used by the Contractor for the provision of services under the Contract.

The closure of the premises would constitute a variation to the GMS Agreement as it would result in an alteration to contracted service provision; and thus the Commissioner must agree to the closure. Potentially, the closure could be a significant change to services for the registered population and the Commissioner would want to understand the consequences and implications of that.

The report went on to outline points to consider in line with NHS England's guidance on premises closures, and outlined consultation that had taken place in respect of the application.

Factors for consideration included;

Although the GP facilities at both Claydon and Somersham were satellite clinics rather than full branch surgeries, formal approval for closure was still required because the premises were listed within the Practice's GMS Contract as being places used for the provision of GMS services.

The closures application had been made for the following reasons:

1. The rooms used were no longer fit for purpose and did not meet CQC standards nor infection control standards
2. Lack of confidentiality (due to waiting and consulting rooms being close to each other with no sound proofing)
3. IT issues
4. Chaperone issues
5. The rooms were not suitable for carrying out procedures

The nearest practice to the Claydon satellite clinic was The Barham & Claydon Surgery, 0.2 miles away. The nearest practices to the Somersham satellite clinic were The Barham & Claydon Practice (2.8 miles away) and the Needham Market Country Practice (3.5 miles away).

The Practice's list size was 12,434 (as at 1 October 2018). In the past 11 months, 102 appointments were able to be offered at the Claydon clinic, with only 78 of those utilised. In the past seven months, 45 appointments were offered at the Somersham clinic, with only 24 of those utilised. The Practice had stated that it could have offered more appointments at the main surgery site in Needham Market, with its modern facilities.

The Practice was no longer able to use the Claydon satellite clinic from 24 October as the Claydon Pharmacy were about to refurbish and reconfigure the building, taking out the room used by the surgery to make way for an expansion of the shop and dispensary.

Somersham Parish Council believed that the number of unused appointments at the Somersham satellite clinic was due to a lack of awareness of the service there on the part of patients; and offered to assist the practice with promoting the clinic, with a request to postpone the closure in the meantime. The Practice responded and stated that it was no longer viable to hold clinics at Somersham due to the premises standards now required; and that it would be able to provide a better quality of care at its main surgery.

The Practice had stated that its GPs would continue to offer home visits to the housebound and vulnerable in the villages concerned. Through its working at scale with Coast and Country, it had jointly employed paramedics to provide an increased home visit service to patients who are unable to get to the surgery.

There was no significant adverse or positive financial impact for the CCG / NHSE arising from the application as the rent reimbursement for the premises was quite small.

Should the closures be approved, a contract variation would be prepared at the appropriate time, to remove the premises from the GMS Agreement. Any rent reimbursement would also cease at that point.

The Committee therefore retrospectively approved the closure of the Claydon satellite clinic **and approved** the closure of the Somersham satellite clinic from 1 January 2019.

18/77 ANY OTHER BUSINESS

No items of other business were received.

18/78 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place from *2.00pm – 4.00pm, on Tuesday, 22 January 2019, John Peel Centre, Church Walk, Stowmarket, Suffolk – meeting to be held 'in common' with West Suffolk CCG's Primary Care Commissioning Committee*

18/79 QUESTIONS FROM MEMBERS OF THE PUBLIC

The locations of surgery mergers was queried, and in response, the Deputy Chief Operating Officer advised that, to date, one of the surgeries was today's venue at Two Rivers and another was planned on the old Tooks Bakery site. There were currently no definite plans for others due to a lack of capital investment and expressions of interest from practices to work together.

The potential for practices to work together was likely to be more apparent in urban rather than rural areas.

IPSWICH & EAST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE
ACTION LOG: 27 November 2018 (updated)

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
Meeting of 25 September 2018				
18/59	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.	Julie White	16 November 2018 - 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. 27/11/18 – update to January 2019 meeting
Meeting of 27 November 2018				
18/71	Primary Care Contracts and Performance Report	Having raised concern at the low percentage of reported health checks, the Committee was advised that further work was to be carried out to validate the number of reported health checks and an update would be provided to the next meeting. The Committee noted the content of the report and recognised the excellent progress made in relation to patient care records. The Chair agreed to write a letter of thanks to all those involved in the process.	Caroline Procter Irene MacDonald	January 2019
18/73	Primary Care Transformation Resources	At the Training and Education event to be held in April 2019 it was planned for each of the practice collaboratives to show case what they had been doing, lessons learned, issues identified etc to help disseminate some of the learning across all 40 practices. The Chief Operating Officer suggested it might be useful for Committee Members to attend the event, and agreed to extend an invitation when arrangements were finalised.	Maddie Baker-Woods	

Ipswich and East Suffolk
Clinical Commissioning Group

IPSWICH AND EAST SUFFOLK PRIMARY CARE COMMISSIONING COMMITTEE

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

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

Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	

Action required by the 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 Ipswich and East Suffolk CCG as set out in these Terms of Reference.

3. The CCG has established the Ipswich and East 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 Ipswich and East 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 Ipswich and East 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 Ipswich and East 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 Ipswich and East 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 Ipswich and East Suffolk;

b) To undertake reviews of primary medical care services in Ipswich and East 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 Ipswich and East Suffolk**.**

Geographical Coverage

17. The Committee will comprise the Ipswich and East Suffolk CCG.

18. The Committee may meet 'in common' with West 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 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 Ipswich and East 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 Ipswich and East 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:	23 January 2018
Review Date:	January 2019

Schedule 1 – Delegation

The functions delegated to the NHS Ipswich and East 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.

PRIMARY CARE COMMISSIONING COMMITTEE

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

Title	**Primary Care Contracts and Performance Report**
Lead Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager
Purpose	To provide the committee with an overview of primary care information and update on primary care contracts where relevant.

Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	X
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	X

Action required by Primary Care Commissioning Committee:

To consider and discuss the information provided 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 areas for consideration for the Primary Care team.

2. GP Access

2.1 A number of initiatives continue to ensure that the CCG supports practices in achieving the access standards and to maintain the high level of standards within Ipswich and East Suffolk.

Actions - Ongoing

- Telephone systems better utilised to manage demand in calls
- Digital and on-line consultations to effect new consultations types
- Care navigation training continues to be rolled out to more practice staff (ensuring that patients are directed to the most appropriate service, for example physiotherapy and reducing demand on GP services)
- Social prescribing initiatives in Ipswich, Holbrook and Leiston with planned expansion across the whole area
- Collaborative home visiting services in Ipswich and rural north east Suffolk
- Practice collaborations and support for the maturity and development of Primary Care Networks
- GP+ (Extended Access scheme) utilisation continues to increase marginally; acceleration is being addressed via various means and is subject to a focused discussion with the CCGs GPs.

See appendix 1 for Secondary care utilisation, by practice

3 Public health

3.1 Some practices have struggled to reach Flu targets although Suffolk is above the national uptake. Ongoing issues include; patients not responding to individual invitations and marketing campaigns and data transfer issues from pharmacies.

Actions - Ongoing

- Commissioned a single supplier to provide Flu antivirals in Care Homes
- Additional patient communications aimed to increase uptake of Flu vaccinations 'Its not too late'
- Work with local Pharmacies to try and ensure speedier transfer of data
- Work with Public Health colleagues on cervical screening campaign

See appendix 2 for Flu breakdown, by practice

4 Prescribing and Medicines Management

4.1 Year to date (April - October) GP prescribing shows an under spend against budget of £921,425 (2.78%). There are still ongoing cost pressures from national stock shortages and Drug Tariff price increases, although the scale of the pressure has reduced compared to 2017/18. The medicines management team is prioritising work to help reduce antibiotic usage and encourage formulary adherence; reduce the use of medicines of low clinical value and medicines that can be purchased over the counter (as per NHSE guidance); and optimise the use of appliances.

Actions - Ongoing

- Work with STP primary care colleagues to align CCG guidelines and protocols to ensure a consistent message across primary care. Work is also underway to consolidate the shared care agreements to produce one STP-wide agreement for each shared care drug.
- Work to align the medicines formularies across the STP area and promote the use of the formulary website and app.
- Discussion of practice antibiotic prescribing at practice visits and training events, including the quality premium metrics and use of broad spectrum antibiotics.
- Roll out of a Local Enhanced Service to improve antibiotic prescribing in primary care
- Encouragement for practice level audits against the antibiotic formulary to be undertaken
- Recruitment of a second nurse to work on improving the quality of prescribing of appliances and reduce inappropriate spending in this area.
- Individual meetings with overspent practices to find ways that the CCG can support them including through deep dives into the over spent practices to look at prescribing trends and identify any anomalies

5 Severe Mental Illness Physical Health checks

5.1 The CCG is working on ways to improve the uptake of Physical Health Checks for those patients with a Severe Mental Illness (SMI). As a result, a local enhanced service (LES) was implemented which is intended to increase the number of comprehensive SMI Physical Health Checks.

5.2 At the end of Quarter 3 the number of SMI patients on the IESCCG register was 3339 and a total of 704 patients (21.1%) had received all 6 checks in primary care. However it should be noted that some patients decline some aspects of a health check, as illustrated in the table below.

	Number of patients	Percentage of patients receiving check	Time period
The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):	3339		at period end
Of the above, patients who have had (Numerators):			
1. measurement of weight (BMI or BMI + Waist circumference)	1718	**51.5%**	in 12 months to period end
2. blood pressure and pulse check (diastolic and systolic blood pressure recording + pulse rate)	1517	**45.4%**	
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	1458	**43.7%**	
4. blood glucose test (blood glucose or HbA1c measurement)	1732	**51.9%**	
5. assessment of alcohol consumption	1558	**46.7%**	
6. assessment of smoking status	1934	**57.9%**	
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	704	**21.1%**	

5.3 These figures are for SystmOne practices only therefore data from the 3 EMIS practices is not included. There is, however, no reason to expect any particular variation on the basis of clinical system alone.

Current Action:

- Continue to refine the reporting and recording templates used in the clinical system to improve data quality.
- Make available reporting templates to EMIS practices
- Explore opportunities to engage with other third sector organisations that may be able to provide further encouragement and support to this particular cohort of patients in having a health check
- Discuss opportunities for improvement at practice Link visits

6 Learning Disabilities (LD) Health Checks

6.1 Work to promote LD health checks in practices is ongoing and remains a high priority for the CCG.

6.2 The CCG has been working closely with practices to understand the performance figures and to identify where additional support could be provided. The CCG has made assurance calls to practices who have carried out less than 25% of their LD population health checks at the end of Q2. 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.

6.3 LD nurses commissioned by NSFT across East and West Suffolk continue to provide invaluable support to patients and practices.

6.4 The CCG target for health checks completed is 75% by the end of 2019/20. The current position is 28.1% based on Q1 and Q2 data 2018/19. At the same point in 2017/18 the position was 20.4% with a final end of year achievement of 59.2%. New data for Q3 is scheduled to be released on 11th February 2019.

6.5 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

6.6 A pilot on the easy read pre health check questionnaire is currently been carried out at 2 practices in the East (Framfield House and Two Rivers) and 2 practices in the West (Siam and Clements Surgery). There are plans to roll out these documents across both CCGs to all patient living with learning Disability in Suffolk.

Current Action:

- Practices were reminded at link visits 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

6.7 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.

6.8 ACE Anglia has recently also been commissioned to strengthening the support for people living in with LD in Suffolk to stay well and manage their wellbeing and health in their communities building locally integrated working, across all ages and across physical and mental health. They plan to achieve these the through

- Peer Educator Networks
- Film and Stories
- Case Studies

6.9 The Primary Care team regularly attends LeDeR meetings, Mental Health Provider Performance Panel meetings and Suffolk Local Disability Partnership Board meetings.

7 PMS Development Framework 2019/20

7.1 The CCG has been working with colleagues, the Clinical Executive, the Local Medical Committee (LMC), Public Health and NHS England to identify revisions to the PMS Development Framework for next year.

7.2 This piece of work has yet to conclude and will be reported to the Committee in due course.

7.3 Amendments to corresponding Local Enhanced Services for GMS practice will follow, and be offered to relevant practices in April 2019.

7.4 In both cases, account will need to be taken of the new national planning guidance and Long Term Plan.

8. Recommendation

8.1 The Committee is asked to note the above information and consider any further appropriate actions.

Appendix 1 – 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. = 90.62	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
Bildeston	42.28	72.48	65.19	111.75	102.10	175.03
Ixworth	51.75	88.72	71.13	121.93	135.59	232.45
Howard House	58.05	99.51	76.17	130.58	383.28	657.05
Needham Market	47.29	81.07	69.11	118.47	124.81	213.96
Mendlesham	38.90	66.68	69.46	119.08	115.64	198.25
Holbrook	47.56	81.52	58.29	99.93	116.35	199.46
Ivry Street, Ipswich	48.79	83.64	58.01	99.45	142.64	244.52
Framlingham	35.30	60.51	58.99	101.12	91.24	156.41
Aldeburgh	48.04	82.35	74.66	127.98	88.35	151.46
Eye	40.60	69.60	54.76	93.87	103.44	177.33
Alderton	50.49	86.56	81.69	140.03	111.76	191.59
Fressingfield	32.82	56.26	62.21	106.64	79.96	137.07
Orchard Street (Solway), Ipswich	66.46	113.94	46.56	79.82	177.66	304.56
Barham & Claydon	56.55	96.94	63.98	109.68	142.82	244.84
Constable Country Practice, East Bergholt	40.85	70.03	62.62	107.35	113.85	195.17
Felixstowe Road, Ipswich	49.36	84.62	83.12	142.49	148.84	255.16
Burlington Road, Ipswich	56.57	96.97	59.14	101.38	177.01	303.45
Leiston	45.07	77.26	56.52	96.89	99.30	170.23
Hadleigh	46.01	78.87	66.27	113.61	112.96	193.64
Chesterfield Drive, Ipswich	68.40	117.25	71.67	122.85	202.08	346.42
Debenham	42.64	73.09	53.02	90.89	110.85	190.03
StowHealth	58.91	101.00	69.46	119.08	153.53	263.20
Grove Surgery, Felixstowe	58.14	99.67	77.92	133.58	291.85	500.31
Little St John's Street, Woodbridge	46.19	79.18	64.88	111.22	109.44	187.61
Deben Road, Ipswich	55.32	94.84	69.26	118.74	161.62	277.06
Derby Road, Ipswich	53.84	92.30	68.03	116.63	164.70	282.34
Saxmundham	36.83	63.15	58.47	100.24	92.67	158.86
Hawthorn Drive, Ipswich	56.52	96.89	63.53	108.90	188.53	323.19
Framfield House, Woodbridge	47.11	80.76	66.89	114.66	122.15	209.40
Norwich Road, Ipswich	51.19	87.76	69.68	119.45	155.11	265.90
Barrack Lane, Ipswich	61.06	104.67	56.72	97.23	195.23	334.69
Wickham Market	39.60	67.89	57.40	98.40	104.99	179.99
Orchard Street, Ipswich	44.89	76.96	62.44	107.05	157.81	270.53
Combs Ford	54.41	93.28	74.64	127.95	147.50	252.87
Martlesham	51.01	87.45	73.30	125.66	137.89	236.39
Haven Health, Felixstowe	54.19	92.90	78.73	134.97	256.95	440.49
Walton	56.20	96.34	61.88	106.08	242.47	415.66
The Birches	64.23	110.11	87.78	150.48	169.45	290.48
Ravenswood, Ipswich	58.12	99.64	76.61	131.33	179.96	308.50
Two Rivers, Ipswich	56.16	96.28	66.69	114.32	164.47	281.94

Appendix 2 – Flu updates rates, by practice, November 2018

Code	Practice	75% uptake reached - patients over 65?	55% uptake reached - All pregnant women?	40% uptake reached - children? Aged 2	40% uptake reached - children? Aged 3	40% uptake reached - children? Aged 4
D83006	Bildeston	66.8	34.4	70.4	64.2	57.1
D83007	Ixworth	65.2	65.9	61.0	53.6	51.4
D83015	Howard House	67.1	42.5	51.9	60.0	64.3
D83017	Needham Market	40.8	42.2	25.7	48.6	0.0
D83019	Mendlesham	57.6	42.0	32.7	34.3	33.3
D83020	Holbrook	69.7	53.1	76.5	57.4	25.6
D83024	Ivry Street, Ipswich	63.8	45.9	58.0	37.3	44.6
D83026	Framlingham	65.0	73.9	48.1	43.6	31.5
D83036	Aldeburgh	66.0	43.8	48.3	56.7	61.9
D83043	Eye	61.3	64.5	74.4	61.0	16.7
D83054	Alderton	66.9	55.0	44.8	54.1	18.5
D83069	Fressingfield	36.2	46.2	65.0	75.0	4.0
D83073	Orchard Street (Solway), Ipswich	51.3	20.3	38.8	35.8	36.5
D83615	Barham & Claydon	61.6	63.6	55.6	46.8	71.4
D83001	Constable Country Practice, East Bergholt	74.2	14.3	48.4	57.6	56.3
D83004	Felixstowe Road, Ipswich	67.5	43.8	52.9	57.4	47.4
D83008	Burlington Road, Ipswich	66.7	28.9	40.7	48.7	38.0
D83028	Leiston	70.8	61.0	45.8	43.8	54.4
D83037	Hadleigh	74.1	42.5	52.3	54.4	53.4
D83039	Chesterfield Drive, Ipswich	66.9	52.2	53.0	51.5	30.4
D83041	Debenham	74.0	65.2	45.8	40.5	32.2
D83044	StowHealth	66.9	47.8	42.0	40.3	69.1
D83048	Grove Surgery, Felixstowe	66.5	55.6	63.1	56.7	65.5
D83049	Little St John's Street, Woodbridge	76.5	55.8	63.8	70.7	43.4
D83050	Deben Road, Ipswich	66.8	55.6	47.5	57.9	54.1
D83051	Derby Road, Ipswich	75.2	53.7	57.2	52.9	46.2
D83053	Saxmundham	38.4	12.5	0.0	2.1	12.1
D83056	Hawthorn Drive, Ipswich	66.0	27.5	33.8	39.8	28.8
D83057	Framfield House, Woodbridge	64.5	43.2	52.9	46.5	42.8
D83058	Norwich Road, Ipswich	70.0	31.4	45.3	46.7	49.6
D83059	Barrack Lane, Ipswich	57.6	47.0	38.1	44.0	37.5
D83061	Wickham Market	68.4	67.2	45.3	58.7	54.9
D83074	Orchard Street, Ipswich	65.7	37.1	45.5	47.6	36.7
D83079	Combs Ford	66.4	56.4	63.9	59.3	70.9
D83080	Martlesham	72.6	45.7	70.7	73.8	32.7
D83081	Haven Health, Felixstowe	71.1	56.9	61.8	48.1	69.0
D83082	Walton	65.3	50.0	51.2	51.0	65.4
D83084	The Birches	73.4	46.3	54.8	54.9	45.8
Y01794	Ravenswood, Ipswich	67.7	38.0	52.8	43.2	48.0
D83046	Two Rivers, Ipswich	66.8	52.3	53.1	53.0	45.6

Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

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

Title	**Primary Care Delegated Commissioning- Finance Report**
Lead 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 Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	X

Action required by 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 £257k 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 £'000	Full Year Variance £'000	Variance Analysis
General Practice - GMS	8,548	8,738	(190)	11,524	11,759	(235)	Revised Global Sum Rate and actual & estimated growth in list sizes
General Practice - PMS	23,910	24,479	(570)	31,971	32,742	(771)	Revised PMS contract rate, overspend on CQC registration fees and locum costs
Enhanced services	553	511	41	1,072	994	78	£60k prior year benefit & 1 practice opted out of Extended Hours LES
QOF	2,868	2,701	167	5,463	5,291	172	Prior year benefit
Premises cost reimbursements	2,948	2,951	(3)	3,931	3,957	(26)	
Other premises costs	765	657	108	776	680	96	Rate rebates including 17/18 recoveries
Other - GP Services	1,810	1,620	189	465	237	229	Balance of GP Indemnity budget
Primary Care Co-commissioning	**41,401**	**41,658**	**(257)**	**55,201**	**55,659**	**(458)**	

Other Primary Care shows an under spend of £456k at the end of M9, as summarised in the table below:

Application of Funds	Budget £'000	Actual £'000	Variance £'000	Budget £'000	FOT (internal) £'000	Variance £'000	Variance Analysis
Local Enhanced Services	2,611	2,283	328	3,481	2,990	491	Variance primarily relates to Primary Care Contingency which partially offsets overspend on the main GP delegated budget. The forecast also includes a £57k 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
GPFV	2,054	1,926	129	2,738	2,599	138	Variance relates to GP+ under delivery. Forecast includes additional spend on GP online consultation, Care Navigator and GP retention.
Other Primary Care	**4,665**	**4,209**	**456**	**6,219**	**5,589**	**630**	

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.

NHS
Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

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

Title	**Care Quality Commission (CQC)**
Lead Chief Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Louise Hardwick, Head of Primary Care Partnerships
Purpose	The purpose of this report is to inform the Committee about the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions which are proposed to address issues, share good practice and enable continuous improvement. The Committee is invited to review the report and to advise on any areas for action.

Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	

Action required by Primary Care Commissioning Committee:

The Committee is invited to review the report and to advise on any areas for action.

2. Background

2.1 Since the last report in November the following practices have been inspected and received their final report:

Hadleigh & Boxford Medical Practice	Inspected 23.10.18	Rating: Good
Badcock & Son (Felixstowe Road)	Inspected 07.11.18	Rating: Requires Improvement
The Birches	Inspected 07.11.18	Rating: Requires Improvement
Barham and Claydon	Inspected 10.12.18	Rating: Good

2.3 Ravenswood Medical Practice were inspected on 10 January 2019 and are awaiting their final report.

3. Current Status

3.1 Practices continue to be offered individual support prior to, and after an inspection. Practices may choose whether to accept this support.

3.2 The detail of ratings for each practice that has been inspected to date and each domain is provided in Appendix One.

3.3 As reported at the last meeting, the planning of CCG led workshops has commenced. The first workshop will concentrate on infection control incorporating business and clinical processes.

3.4 Alongside the infection control workshop, an infection control clinical leads forum is to be set up led by the CCG infection control lead. It is envisaged that meetings will be held during training and education afternoons and will incorporate good practice and clinical audits.

3.4 Overall it should be noted that Primary Care in Ipswich and East Suffolk remains good and above the national average for providing safe, high quality care for patients.

4. Next Steps

4.1 A further report will be brought to the next Primary Care Commissioning Committee. Should any urgent matters arise prior to this, the Committee will be advised.

5. Recommendation

5.1 Members of the Committee are invited to note the CQC's findings and to consider any further actions for the CCG or NHS England at this stage.

IES CCG Practices 2018/2019

	Aldeburgh - Church Farm Surgery	Barham and Claydon	Barrack Lane Medical Centre	Bildeston Health Centre	Birches Medical Centre	Burlington Road	Chesterfield Drive	Combs Ford Surgery	Constable Country	Deben Road Surgery	Debenham Surgery	Derby Road Surgery	Eye Health Centre	Felixstowe Road	Framfield House	Framlingham Surgery	Fressingfield Medical Centre	Grove Medical Practice	Hadleigh Medical Centre	Haven Health	Hawthorn Drive	Holbrook and Shotley	Howard House	Ixworth Surgery	Ivry Street	Leiston Surgery	Little St Johns Surgery	Martlesham Health	Mendlesham Health Centre	Needham Market Country	Norwich Road	Orchard Street - White	Solway and Whale	Peninsula Practice	Ravenswood Medical Centre	Saxmundham Health	Stow Health	Two Rivers Medical Centre	Walton	Wickham Market Medical
Overall																																							
The 5 questions CQC asked and what they found out																																							
Are services safe?																																							
Are services effective?																																							
Are services caring?																																							
Are services responsive to people's needs?																																							
Are services well-led?																																							
The six population groups and what we found																																							
Older people																																							
People will long term conditions																																							
Families, children and young people																																							
Working age people (inc those recently retired and students)																																							
People whose circumstances may make them vulnerable																																							
People experiencing poor mental health (inc people with dementia)																																							

Checked with report

Key Outstanding | Good | Requires improvement | Inadequate

Ipswich and East Suffolk Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

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

Title	**NHS Long Term Plan and Planning Guidance Summary 2019/20**
Lead Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager
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.	To promote self care	X
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	X
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	X

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.