IPSWICH AND EAST SUFFOLK CCG
PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday, 25 August 2020 at 2.00pm

In response to the challenges facing the NHS and to reduce the risk of coronavirus transmission, members of the public will not be able to attend this meeting but are invited to submit questions relating to agenda items via email to jo.mael@suffolk.nhs.uk. The minutes of the meeting and answers to any questions submitted by the public will be published on the CCG website after the meeting.

AGENDA

1400	**1.**	**Apologies for Absence**	*Chair*
1402	**2.**	**Declarations of Interest and hospitality and gifts**	*All*
1404	**3.**	**Minutes of Previous Meeting** *To approve minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on 26 November 2019, 25 February 2020 and 23 June 2020*	*Chair*
1407	**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*
1410	**5.**	**Annual Review of Terms of Reference** ***To review and approve** the Committee terms of reference*	*David Brown (IESCCG PCCC 20-15)*
1415	**6.**	**General Update** ***To receive a verbal report** from the Deputy Chief Operating Officer, Ipswich and East Suffolk CCG*	*David Brown*
1420	**7.**	**Primary Care Contracts and Performance Report** ***To receive and note** a report from the Primary Care Commissioning Manager*	*Caroline Procter (IESCCG PCCC 20-16)*
1430	**8.**	**Primary Care Delegated Commissioning – Finance Report** ***To receive and note** a report from the Director of Finance, Ipswich and East Suffolk CCG*	*Jane Payling (IESCCG PCCC 20-17)*
1440	**9.**	**Care Quality Commission (CQC)** ***To receive and note** a report from the Head of Primary Care*	*Claire Pemberton (IESCCG PCCC 20-18)*
1450	**10.**	**Annual Plan of Work** ***To receive, note and update** the Committee's Annual Plan of Work*	

1455 **11. Date and Time of next meeting**
2.00pm – 4.00pm, Tuesday, 27 October 2020

1500 **12. Questions from the public – 10 minutes**

(See above)

Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 26 November 2019, in public, at Two Rivers Medical Centre, 30 Woodbridge Road East, Ipswich, Suffolk

PRESENT:

Steve Chicken	Lay Member (Vice Chair)
Maddie Baker-Woods	Chief Operating Officer
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member for Governance
Wendy Cooper	NHS England Representative
Simon Jones	Local Medical Committee (Part)
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	CCG Chair

IN ATTENDANCE:

David Brown	Deputy Chief Operating Officer
Jo Mael	Corporate Governance Officer
Daniel Turner	Estates Development Manager (Part)

19/69 APOLOGIES FOR ABSENCE

Apologies for absence were noted from;

Ed Garratt, Chief Officer
Amanda Lyes, Director of Corporate Services and System Infrastructure
Irene Macdonald, Lay Member: Patient and Public Involvement
Jane Payling, Director of Finance
Cllr James Reeder, Health and Wellbeing Board
Andy Yacoub, Healthwatch

19/70 DECLARATIONS OF INTEREST

Dr Mark Shenton declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract.

19/71 MINUTES OF THE PREVIOUS MEETING

The minutes of an Ipswich and East Suffolk CCG Primary Care Commissioning Committee meeting held on 22 October 2019 were **approved** as a correct record.

19/72 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

(Simon Jones joined the meeting)

19/73 GENERAL UPDATE

The Chief Operating Officer advised that there were no items to report other than those already covered by agenda items.

19/74 SERVICE CHARGE POLICY

The Committee was in receipt of a report which provided an overview of the recent service charge policy which had been developed and released by NHS England as part of its update of the 'Primary Medical Care Policy Guidance Manual'.

Directions 46 and 47 of 'The National Health Service (General Medical Services – Premises Costs) Directions 2004 and 2013 (PCDs) enabled GP practices to submit a claim to the Clinical Commissioning Group, for support in the payment of both running and service charge costs associated with their premises for the delivery of their GMS contract. The Directions were quite explicit in respect of the items which a practice could not seek reimbursement and those fell within one of the following four categories:

i. Fuel and electricity charges;
ii. Insurance costs;
iii. Costs of internal or external repairs; and
iv. Building and grounds maintenance costs.

Whilst any costs deemed to fall within one of the above categories must be excluded from a claim for financial assistance, other costs associated with the running of the premises could be submitted to the CCG under a claim for financial assistance. Where a claim was submitted, the CCG must consider it and, in appropriate cases, having regard to its budgetary targets, grant the application.

Applications for reimbursement of costs would be associated with practices which were within shared multi tenanted buildings as they were likely to be incurring costs beyond those listed above (i-iv).

In addition whilst some Directions within the PCDs prescribed a time limit within which a claim must be submitted, Directions 46 and 47 did not. Therefore Directions 58 (for claims under the 2004 Directions) and 53 (for claims under the 2013 Directions) applied, which allowed a practice to submit a claim for up to six years back dated reimbursement.

Whilst the provision for reimbursement had been within the PCDs since at least 2004, it did not appear that practices had taken the opportunity to seek assistance with such costs until very recently. Similarly, NHS England had only published guidance via the form of the service charge policy in 2019.

The report went on to outline the policy detail which included the responsibilities of commissioners, GP contractors and landlords/leaseholders; together with information in respect of eligibility and financial assessment.

Points highlighted during discussion included;

- The Committee was informed that national benchmarking data was available from 2016/17 and it was not yet known if that data was to be updated.
- Having noted that practices were able to seek six year reimbursement, the Committee was reassured that NHS England would subsidise any period that was previous to the commencement of delegated commissioning by the CCG.
- The Committee was informed that, whilst today's report was only applicable to the service

charge policy, other work was underway with regard to exploring agreements with landlords and lease renewals.

- Although the need to assess the financial implications was highlighted, it was recognised that the opportunity for practices to claim had been present since 2004 as part of the (General Medical Services – Premises Costs) Directions.
- The service charge policy was an NHS England policy that the CCG was being asked to adopt. It was not a regulation. The policy had been produced by NHS England in conjunction with the London Local Medical Committee.
- In response to questioning, the Committee was informed that the CCG was not aware of any appeals having been made nationally.
- The need to develop a framework for application of the policy was highlighted.

After consideration, the **Committee subsequently approved** implementation of the service charge policy across Ipswich and East Suffolk, **subject to** development of a framework for use in application of the policy, and an assessment of any future financial liability.

(Daniel Turner left the meeting)

19/75 PRIMARY CARE CONTRACTS AND PERFORMANCE

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

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

- Primary Care Networks
- Winter Local Enhanced Services
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Dementia
- Quality Outcomes Framework reporting

Key points highlighted during discussion included;

- Primary Care Networks (PCNs) were building momentum and were beginning to explore options to best utilise the PCN Development Funds.
- Three PCNs have been selected to work on a population Health Management programme with Optum and NECS (North East Commissioning Support unit).
- The prescribing budget was overspent due to increased costs associated to CATE M and No Cheaper Stock Obtainable (NCSO).
- Dementia performance was currently at 66.9% against a target of 66.7%.
- How 'good' performance might be maintained by practices and financially supported when accepting the challenges of local enhanced services and direct enhanced services, was questioned. It was highlighted that, to date, no reasonable funding requests from practices or primary care networks had been turned down.

The Committee noted the content of the report.

19/76 PRIMARY CARE NETWORKS – DEVELOPMENT FUNDS

The Committee was in receipt of a report which provided an update on Primary Care Network (PCN) development funds.

Implementation of the NHS Long Term Plan required the development of effective Primary

Care Networks (PCNs). To help all PCNs mature and thrive, every Integrated Care System (ICS) needed to put high quality support in place.

The report set out NHS England's ambitions and expectations for PCNs. The CCG had £309,600 available to enable the ambition of each PCN. Although the funding was recurrent future allocation year on year remained unclear.

The criteria to spend the funding was set out in the PCN development support – Guidance and Prospectus developed by NHS England. It had been designed to help a PCN progress against the maturity matrix.

Funds should be spent in line with the NHS England prospectus and could be used for:

- PCNs to prepare for the 20/21 service specifications
- Backfill of clinical time
- Training and organizational development
- A local project or priority area
- Supporting the 6 domains of the maturity matrix

Funds should not be used for:

- Business as usual
- Things already funded by CCG or the GP contract
- Non PCN related
- Non transformation.

Section 3 of the report set out PCN development fund proposals.

The small number of proposals received, particularly in respect of Ipswich, was highlighted as a concern. The Committee was informed that additional proposals had been received since publication of the report.

The Committee noted the content of the report.

19/77 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 £523k over spent. Key variances were detailed in paragraph 2.1 of the report.

In month seven the CCG had identified the following additional opportunities amounting to £1,164k;

- Underspend on PCN roles reimbursement.
- Underperformance on the 19/20 GP+ contract.
- Remaining prior year benefit relating to GPFV Access funding had been transferred to Primary Care Contingency.

The contingency would be primarily used to offset the forecast overspend in the Primary Care Delegated Commissioning budget.

Other risks not reflected in the above full year forecasts were further increases in rent reimbursement, additional practice management support and an increasing number of claims for locum allowance for parental and sickness absence.

The Committee was reminded that, whilst underspend of the GP+ budget was currently

available for utilisation, that budget was due to transfer to primary care networks from 2020/21. It was also highlighted that the prescribing budget was currently mitigated by pre-year gains that would not be available in future years.

Having emphasized that the budget was 'delegated' from NHS England the need to continue to provide evidence in respect of insufficient funding was recognised.

The Committee noted the financial performance at month seven.

19/78 ANNUAL PLAN OF WORK

The Committee reviewed its annual plan of work and noted that it would be updated in line with today's discussions.

19/79 DATE OF NEXT MEETING

The next meeting was scheduled to take place on *Tuesday, 25 February 2020 from 2.00pm-4.00pm in the Britten Room, Endeavour House, 8 Russell Road, Ipswich, Suffolk*

19/80 QUESTIONS FROM THE PUBLIC

The following questions were received;

1) In respect of the new GP contract, it was questioned what conditions or exceptional circumstances would need to be identified to facilitate home visits for those patients with ME who might find it difficult to access primary care centres and secondary care services.

   It was explained that proposals in respect of home visits had come from a British Medical Association (BMA) conference and had, as yet, not been negotiated into the GP contract. It was anticipated that there would remain a need for home visits whether by a GP or other health professional.

2) It was queried how the Alliance developed secondary care paediatric services; whether there was sign up to the co-production of services; and what oversight and scrutiny was in place to ensure work was carried out. It was also queried whether assistance might be gained from Healthwatch.

   In response, the **Chief Operating Officer agreed** to put the questioner in touch with CCG paediatric service leads.

Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 25 February 2020, in public, in the Britten Room, Endeavour House, Ipswich, Suffolk

(The meeting was inquorate)

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement (Chair)
Maddie Baker-Woods	Chief Operating Officer
Jennifer Kearton	Deputy Director of Finance
Dr John Hague	GP Clinical Executive Member
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer
Claire Pemberton	Head of Primary Care
Caroline Procter	Primary Care Commissioning Manager
Julie White	Primary Care Development Manager

20/01 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Steve Chicken	Lay Member
Ed Garratt	Chief Executive
Simon Jones	Local Medical Committee
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Director of Finance
Cllr James Reeder	Health and Wellbeing Board
Dr Mark Shenton	CCG Chair
Andy Yacoub	Healthwatch

20/02 DECLARATIONS OF INTEREST

No declarations of interest were received.

20/03 MINUTES OF THE PREVIOUS MEETING

As the meeting was inquorate the minutes of an Ipswich and East Suffolk CCG Primary Care Commissioning Committee meeting held on 26 November 2019 would be presented to the next meeting for approval.

20/04 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

20/05 GENERAL UPDATE

The Chief Operating Officer reported;

- That a primary care response to the corona virus risk was required. Advice to patients was not to attend practices but to call the 111 service in the first instance.
- There was to be discussion across the CCG and Integrated Care System with regard to the updated GP contract in order to identify any potential risk. The updated contract did provide increased flexibility for the workforce.
- The role of primary care in the second Alliance delivery plan was critical and work was ongoing.
- Stuart Quinton was congratulated on becoming NHS England's Senior Contract Manager across the patch.
- Julie White was thanked for her work on workforce planning across Suffolk.

20/06 ANNUAL REVIEW OF TERMS OF REFERENCE

Those present were in receipt of the Committee terms of reference for annual review. Comments included;

- In light of the move to delegated commissioning, it was questioned whether there was now a need for the CCG's Commissioning Governance Committee. The Chief Operating Officer advised that such discussion could be incorporated into the forthcoming overall review of governance.

- There was reassurance that the Committee had carried out all of the functions listed within its terms of reference.

- It was reported that NHS England was revising its offer to CCGs in respect of delegated commissioning which might necessitate some minor change to the terms of reference going forward.

Those present noted the terms of reference as appended to the report and that they were likely to be presented again following the governance review.

20/07 PRIMARY CARE CONTRACTS AND PERFORMANCE

Those present were in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

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

- Public Health
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Dementia
- Primary Care Network Development Funds

Key points highlighted during discussion included;

- It was unlikely that the CCG would meet its severe mental illness physical health checks target at year-end. Work continued to attempt to address the situation.

- Learning Disabilities health checks were currently at 51% against a target of 75% and were anticipated to be at approximately 70% at year-end.
- The dementia diagnosis rate was 66.1% against a target of 66.7%. Work continued to improve performance.
- Flu vaccine uptake had been in line with NHS England targets. A key issue was maternity uptake of the vaccine as although invited to attend many remained reluctant to do so. It was suggested that discussion take place with the Director of Nursing and Maternity Network in an attempt to identify ways to engage with pregnant women.

The Primary Care Commissioning Manager reported that primary care development fund proposals, as agreed by the CCG panel, had been included within the report for ratification. The need to seek to align proposals with primary care network's maturity matrix was emphasized, together with building ongoing financial plans.

Those present noted the report and, **subject to** seeking agreement from absent members in order to gain a quorum, **ratified** the primary care development fund proposals as set out within the report.

20/08 PERSONAL MEDICAL SERVICES (PMS) CONTRACT EXTENSION

The Personal Medical Services (PMS) development framework was re-negotiated on an annual basis. The process took place to reflect; changes in annual targets, national requirements which were published in the annual planning framework and other local priorities.

It had been more problematic to progress the new Framework and negotiations with the Local Medical Committee (LMC) as the final Primary Care Network guidance and specifications were still awaited. It was anticipated that those specifications and other elements of the contract would impact upon the remit of the PMS development framework.

As a result, it was being proposed to the LMC that the existing arrangements would be extended by three months to the 30 June 2020.

Whilst aiming to complete by 30 June 2020, **those present approved** extension of the existing PMS Development Framework for a six month period, **subject to** seeking agreement from absent members in order to gain a quorum.

20/09 PRIMARY CARE NETWORK – SUMMARY OF NEW CONTRACT

NHS England and NHS Improvement and the BMA had agreed the 2020/21 GP contract deal. The full details of the deal could be found in "Update to the GP contract agreement 2020/21 to 2023/24"

Key changes to the contract were detailed within paragraph 1.2 of the report. Comments included;

- The need to ascertain any impact of the new contract on other areas of the system was emphasized.
- It was felt that the intention of the contract was to seek to align existing staff to primary care networks rather than employing a whole new workforce.
- GPs were to be offered incentive payments to become partners in practices.
- There were to be some changes to the Quality Outcomes Framework.
- Three service specifications were to be introduced from April 2020, a reduction from the seven originally proposed.
- Financial modelling was to take place.
- Further work was required in relation to the care home service specification as the CCG

already had a local service in place.
- The digitisation of Lloyd George notes was required by 2021 and it was recognised that it would require investment.
- There was a need to consider aligned approaches to the new contract across all three CCGs in order to ensure fairness.

Those present noted the update **and welcomed** a further report setting out any financial implications to its June 2020 meeting.

20/10 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

Those present were provided with an overview of the Primary Care Delegated Commissioning Budget at month 10.

At the end of month 10, the GP Delegated Budget spend was £706k over spent. Key variances were detailed in paragraph 2.1 of the report.

Other risks not reflected in the above full year forecasts were further increases in rent reimbursement, additional practice management support and an increasing number of claims for locum allowance for parental and sickness absence.

Those present noted the financial performance at month ten.

20/011 CARE QUALITY COMMISSION (CQC)

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

The CQC's new way of operating was working well and had eased pressure on the practices. The CQC continued to contact the CCG prior to the practice in order to gather soft intelligence.

The CQC Annual Regulatory Reviews (ARR) since the last report were:-
Orchard Street Medical Practice – White.
Ravenswood Medical Practice
The Barham & Claydon Surgery
Bildeston Health Centre
Little St John Street
Hadleigh Boxford Group Practice
Burlington Road Surgery

CQC Inspections that had taken place were:-
Martlesham (revisit) – outcome "Good"
Hawthorn Drive (revisit) – outcome "Good"
Mendlesham – outcome to be announced
Saxmundham (revisit) – outcome "Good"
Deben Road – outcome to be announced

Future visits planned:-
Suffolk NHS GP out of hours service – March 2nd, 3rd and 4th

The ARR calls did not trigger a CQC team visit unless there was a concern raised or the practice had demonstrated it was outstanding in an area.

Those present noted the report.

20/012 DELEGATED COMMISSIONING AUDIT

In October 2019, the Ipswich and East Suffolk and West Suffolk CCGs were audited on how the CCGs were discharging their delegated primary care commissioning functions. The objective of the audit was to provide assurance that the Suffolk CCGs had implemented Delegated Commissioning arrangements in accordance with national guidance, taking into account local needs and risks associated with the commissioning of primary care medical services.

The audit was conducted between October and November 2019 using a range of evidence provided from the Primary Care Commissioning Committee minutes and reports, primary care performance dashboards, practice communications, finance and evidence that system and processes were in place. The audit was Suffolk wide, encompassing both CCGs.

The CCGs were notified in January 2019, that RSM had completed its audit had concluded that the overall assurance assessment was 'substantial' which was the highest rating possible.

It was suggested that practices be informed of the outcome of the audit and the **Chief Operating Officer agreed** to draft a letter.

Those present noted the report.

20/013 WORKFORCE UPDATE

Those present were provided with an update on the work of the Primary Care Development Team in delivering the Suffolk and North East Essex workforce plan and the Suffolk and North East Essex Training Hub and the impact on local workforce.

The NHS Long Term Plan, The GP Contract and the development of Primary Care Networks were all having an impact on the General Practice Workforce. NHS England and Health Education England were channelling resources into the ICS and CCGs to develop the workforce to deliver those strategies.

The whole sector was continuing to face workforce challenges and the establishment of the Local Workforce Advisory Groups provided a platform for collaborative working but the local Training Hub Advisory Groups focussed just on the Primary Care workforce and provided opportunities to implement local initiatives to recruit and retain staff.

The report went on to detail work that was underway.

Workforce continued to be the biggest challenge facing General Practice and the wider health and social care sector but there were increasing opportunities to work collaboratively to increase student placements, embrace apprenticeships, provide career progression and make Suffolk a desirable place to work.

There were dedicated funding streams from NHSE/HEE to support workforce development and that was making an impact on Practices, PCNs and future workforce reports should evidence staff growth and the impact on staff to patent ratios.

In response to questioning it was explained that the GP support hub was hosted by the Suffolk GP Federation and funded by GP development funding.

Those present noted the report.

20/014 REPORT OF DECISION FROM A 'VIRTUAL' MEETING HELD ON 29 JANUARY 2020 REGARDING WALTON SURGERY

Those present noted the decision notice from a virtual meeting held on 29 January 2020 in respect of Walton Surgery, which reported that;

The Committee had approved;

1) the recommendation for a managed dispersal of the Walton Surgery patient list to the three remaining practices in Felixstowe to secure the continued provision of primary medical services for the patients of the Walton Surgery following the termination of the existing PMS contract.

2) payment of mobilisation costs as set out within Section 5 of the report.

20/015 ANNUAL PLAN OF WORK

The Committee reviewed its annual plan of work and noted that it would be updated in line with today's discussions.

20/016 DATE OF NEXT MEETING

The next meeting was scheduled to take place on *Tuesday, 28 April 2020, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave,Suffolk.*

20/017 QUESTIONS FROM THE PUBLIC

No members of the public were present.

Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 23 June 2020, via Microsoft Teams with members of the public invited to email in questions prior to the meeting.

(Meeting was inquorate)

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement (Chair)
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Dr Lorna Kerr	Secondary Care Doctor
Wendy Cooper	NHS England Representative
Simon Jones	Local Medical Committee
Sue Merton	Healthwatch Representative
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	CCG Chair

IN ATTENDANCE:

David Brown	Deputy Chief Operating Officer
Jo Mael	Corporate Governance Officer
Caroline Procter	Primary Care Commissioning Manager

20/18 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Ed Garratt	Chief Executive
Jane Payling	Director of Finance
Cllr James Reeder	Health and Wellbeing Board
Andy Yacoub	Healthwatch

20/19 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

Dr Mark Shenton declared an interest in agenda items as a PMS contract holder and member of a Primary Care Network.

20/20 MINUTES OF THE PREVIOUS MEETING

As the meeting was inquorate the minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on 26 November 2019 and 25 February 2020 were not approved and postponed for approval at the next meeting.

20/21 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

20/22 ANNUAL REVIEW OF TERMS OF REFERENCE

Those present were in receipt of the Committee terms of reference for annual review.

Comments included;

- In light of a number of recent inquorate meetings it was suggested that the terms of reference be further reviewed in respect of membership and quorum requirements whilst being mindful that the terms of reference had been based on an NHS England template.
- It was also suggested that more clarification be provided in respect of the holding of 'virtual' meetings.
- Having queried the necessity for both the Primary Care Commissioning Committee and the Commissioning Governance Committee, it was explained that the Committees had slightly differing roles although the need to avoid duplication was recognised..

Those present subsequently requested that the terms of reference be further reviewed, taking into account discussion at the meeting, prior to being presented again in August for approval.

20/23 GENERAL UPDATE

The Deputy Chief Operating Officer reported;

- That a lot of transformation had taken place as a result of the Covid-19 pandemic and a safe measured re-opening of services was planned.
- The development of Primary Care Networks continued, with one practice having formally opted out of the process.
- The importance of obtaining patient feedback from Healthwatch and the collection of patient stories was recognised.

Those present noted the update and thanked the primary care team for their hard work during the pandemic.

20/24 PRIMARY CARE CONTRACTS AND PERFORMANCE

Those present were in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

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

- Prescribing and medicines management
- Severe mental illness physical health checks
- Learning Disabilities (LD) health checks
- Dementia
- Primary Care Network Configurations
- Primary Care Network Development Funds

Key points highlighted during discussion included;

Primary Care Network (PCN) development continued with there now being eight PCNs

which was a reduction from the original 11. £200k of funding had been made available to support PCN development and approval for the following funding proposals was being sought. The proposals had already been reviewed by an internal panel prior to their presentation today.

PCN	Proposal	Amount
Orwell PCN	Group Consultations – coaching, on-line learning and training for staff.	£6500
East Suffolk PCN	SystmOne Configuration – review & re-configure for effective working across each practice	£5000
North East Ipswich and East Ipswich	Mental health early adopter site – set up support costs. This funding covers GP resource, project management, administration, IT, communications and training and development.	£19,703.80 (per PCN)

Although guidance was that PCN's should have patient list sizes of 30,000-50,000, discussion had taken place with NHS England in respect of those PCN's with smaller list sizes and assurance given.

Those present noted the report **and approved** the PCN development funding proposals and 2020/21 PCN configurations as set out within it, **subject to** gaining approval from absent members outside of the meeting.

20/25 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

Those present were provided with an overview of the 2020-21 budget and forecast for Primary Care- GP Delegated Commissioning.

The CCG received a separate ring-fenced allocation for GP Delegated commissioning which was used to meet the statutory contractual obligations and any changes to GP contracts as per the NHS Long Term Plan such as PCN development. The allocation was based on contract payments made to practices at national GMS rate.

In addition to that, the CCG commissioned other primary care services such as Local Enhanced Services and OOH services which were funded through the CCG programme budgets.

The Financial Framework for CCGs for 2020/21 was still emerging. CCG revised allocations were released late May 2020 for the period April 20 to July 20 (M1-4). The allocations for M5 (Aug 20) onwards would be notified later in the month.

The delegated primary care budgets were largely unaffected by those changes and as such the CCG financial plan submitted in April 2020 had been used as a starting point to set budgets for 2020-21.

The Primary Care- GP Delegated Commissioning plan matched the allocation received and any additional costs (in excess of allocation) would be met through use of CCG programme allocation.

The planning figures had now been adjusted for material changes such as list size adjustments and further guidance received in respect of PCN development payments to calculate the expected cost pressure on Primary Care- GP Delegated Commissioning. Key changes to GP contracts are set out in Appendix 1 with the expected forecast for 2020-21 detailed in paragraph 2.6 of the report.

There was a significant cost pressure against the General Practice - PMS budget as the PMS practices within the CCG were paid at a higher rate than the CCG was funded. It was anticipated that the cost pressure and any other risks would be covered from the delegated contingency, any year-end flexibilities and the balance from main CCG programme contingency.

Although, the delegated primary care budgets were largely unaffected by the changes to the new financial framework, the CCG programme allocations were reduced compared with those previously announced, leaving additional shortfalls in many budgets. Any further reductions to the CCG programme allocations from M5 onwards would have a resulting impact on the CCG's ability to cover the primary care budget shortfall.

Having questioned how NHS England might have managed the budget if the CCG had not taken on the responsibility of delegated commissioning, it was explained that NHS England had the benefit of being able to balance budgets across the patch. The benefit of delegated commissioning to the CCG was being able to have local influence. There would be a need to consider action on a recurrent basis.

Those present noted the content of the report.

20/26 CARE QUALITY COMMISSION (CQC)

The purpose of the report was to inform the Committee about 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 CQC had been very conscious of the amount of pressure the practices had been under during the pandemic and had postponed all Annual Reviews and visits.

The CQC had concentrated on the practices that were at high or very high risk during Covid-19 by calling each practice and asking them a number of questions as part of the Emergency Support Framework (ESF). Whilst IESCCG did not have any practices in that category, the CCG had contacted practices to ask the questions to ensure practices felt supported. The questions were set out in paragraph 2.3 of the report.

The impact of Suffolk Primary Care becoming a single CQC registrant was queried. It was explained that whilst there was potential to lose detailed insight into specific sites, such issues were currently being worked through.

Those present noted the report.

20/27 ANNUAL PLAN OF WORK

Those present reviewed the annual plan of work and noted that it would be updated in line with today's discussions.

Sue Merton from Healthwatch agreed to ascertain whether the Healthwatch GP report would be available for presentation to the August meeting.

20/28 DATE OF NEXT MEETING

The next meeting was scheduled to take place on Tuesday, 25 August 2020 and liaison would take place in respect of the holding of an 'in common' meeting in October 2020

20/29 QUESTIONS FROM THE PUBLIC

The following question had been received from Mr Ron Gray:

I note from press there are mobile testing units being positioned at various towns/locations in Suffolk but not Felixstowe and I would ask if you know why??

In response it was explained that larger testing sites had been set up in key areas and Copdock had been identified which was quite close to Felixstowe. Smaller sites staffed by military personnel had not been placed near to the larger sites. There was an intention that GPs could possibly do testing in future. **The Deputy Chief Operating Officer agreed** to feed the response back to Mr Gray outside of the meeting.

IPSWICH & EAST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE
ACTION LOG: 23 June 2020 (updated)

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
Meeting of 22 October 2019				
19/66	Primary Care Estates Strategy Framework	Having considered the report, and with the above in mind, the Committee approved the framework and suggested that a different, more Alliance based approach be taken to further development of the strategy. It was requested that a draft outline strategy be presented to the Committee in November 2019	Daniel Turner	The estates strategy is currently being worked on but is not in a format ready to present. We are due to commence a primary data gathering exercise with the national team in the next 4-6 weeks and will be better placed to provide an update following this. Expected October 2020
Meeting of 25 February 2020				
20/07	Primary Care Contracts and Performance	It was suggested that discussion take place with the Director of Nursing and Maternity Network in an attempt to identify ways to engage with pregnant women.	Claire Pemberton	Ongoing
Meeting of 23 June 2020				
20/22	Terms of Reference	Those present subsequently requested that the terms of reference be further reviewed, taking into account discussion at the meeting, prior to being presented again in August for approval.	David Brown/ Maddie Baker-Woods	
20/24	Primary Care Contracts and Performance	Those present noted the report and approved the PCN development funding proposals and 2020/21 PCN configurations as set out within it, subject to gaining approval from absent members outside of the meeting	Caroline Procter	**Complete**
20/27	Annual Plan of Work	Sue Merton from Healthwatch agreed to ascertain whether the Healthwatch GP report would be available for presentation to the August meeting.	Sue Merton	Confirmed not available for August meeting

Ipswich and East Suffolk Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**05**
Reference No.	**IESCCG PCCC 20-15**
Date.	**25 August 2020**

Title	**Annual Review of Terms of Reference**
Lead Director	Maddie Baker-Woods, Chief Operating Officer
Author(s)	David A Brown, Deputy Chief Operating Officer
Purpose	To present the Committee 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 and educational attainment for children and 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 and compassion and to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	

Action required by Primary Care Commissioning Committee:

To approve the revised terms of reference.

Ipswich and East Suffolk
Clinical Commissioning Group

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 Integrated Care System (ICS) '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 *three* members, *one* of whom shall be CCG Lay Members and at least two 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. *If necessary meetings can be held virtually and will have the same status as those held in person.*

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.

NHS
Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**07**
Reference No.	**IESCCG PCCC 20-16**
Date.	**25 August 2020**

Title	**Primary Care Contracts and Performance Report**
Lead Director	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager & ICS Lead
Purpose	To provide the Committee with an overview of primary care performance and 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 where appropriate	
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. Prescribing and Medicines Management

Prescribing budget: At this point in time the CCG prescribing budget has not been finalised as the CCG is currently awaiting further information from NHS England around the total allocation of finances for the remaining part of the year. The headlines and comparators to last year are as follows

- May '20 was 2.96% higher than May '19
- May '20 was 5.93% less than April '20
- YTD (May'20) position: £10.07m
- 7.92% higher than last year

The increased spend in comparison to last year is largely attributed to Covid as well as some recent price concessions. Practices have all been informed of our commitment to cost effectiveness and associated schemes and have been provided a list of opportunities available for them to work towards.

Antibiotic prescribing: The CCG is currently meeting the national targets for antibiotic prescribing (June-19 to May-20):

- Total antibacterial items per STAR-PU = 0.930 (national target: <0.965)
- Broad spectrum antibiotic prescribing as a proportion of all antibiotics prescribed = 7.74% (national target <10%)

QIPP delivery: As the CCG are awaiting for further information around budgets no QIPP targets have been set at this point in time. QIPP project groups have been set up across the ICS to allow a consistent approach across all 3 CCGs. Dashboards are being prepared to monitor our progress and further information can be shared once we have this finalised.

Medicines Management team priorities: The team has been working around supporting practices during the Covid period. We will be establishing remote working and implementing tools such as Docmail to allow staff to support practices and CCG initiatives working from home. ICS working groups to support QIPP are underway with a view for building on the work done last year. Work with care homes and practices continues to be a point of focus following the national call to action to support practice/PCN pharmacists in delivering SMRs for care homes residents.

Actions – Ongoing:

- Work with ICS 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 ICS-wide agreement for each shared care drug.
- Work to align the medicines formularies across the ICS and promote the use of the formulary website and app.
- Working with care homes as mentioned above

3. Performance Targets

Severe Mental Illness (SMI) Physical Health Checks

At the end of the Q1 20/21, practices in Ipswich and East Suffolk had completed 43.6% of annual health checks, which is down from 52.1% at the end of Q4 (based on a rolling 12 months data set) and reflects the impact of Covid 19. The NSFT SMI Physical Health Check Team were redeployed in this period which would have also had an impact.

The CCG wrote to practices in early July to ask them to reinstate undertaking physical health checks for their SMI patients. NSFT have been moving towards getting their team back to full function and this is expected to be the case from September. Their Clinical Team Leader has in this time continued to work on reviewing practice SMI registers to ensure that those who no longer meet the clinical diagnosis of an SMI are removed. Completion of this work should also contribute to improved figures.

Learning Disabilities (LD) Health Checks

At the end of quarter four 2019/20, Ipswich and East Suffolk GP practices completed 70.7% of annual health checks for the patients on their learning disability registers. This is an increase of 3.6% on the previous year and the highest number of checks ever achieved.

Working with the NSFT Primary Care Learning Disability Liaison Nurses and ACE Anglia, a suite of resources has been created and collated in order to support primary care to undertake annual health checks during the COVID19 pandemic:

- A flow diagram describing the varying methods by which health checks could be offered (face to face, virtual etc).
- Details about the NSFT Primary Care Learning Disability Liaison Nurses and how practices can refer non-engaging patients to the team.
- Links to easy read resources, including a PPE information sheet, the importance of annual health checks, and an invitation letter template.
- A copy of the pre-health check questionnaire. Hardcopies are being printed and posted to those practices who have requested them.

We currently await confirmation of health check data for Q1 20/21. It has been reported that the target will be reduced to 67% temporarily during COVID-19 and that 75% will still be required in the future.

Next Steps:

The Primary Care Team meets regularly with the LD liaison nurses in order to share information about individual practice performance and are beginning weekly communication with LD leads at each practice.

The workplan for the liaison nurses will be updated to reflect the work that has taken place as part of the COVID response. This will ensure the team has a clear focus going forward, which is to support practices with achieving high quality health checks regardless of the method by which they are undertaken.

As well as ensuring that practices continue to offer annual health checks to the patients on their LD register and that they meet the achievement target, the CCG will be focusing on the

quality of the checks being offered and ensuring each patient is given a health action plan after their annual health check.

Dementia Diagnosis Rates

The impact of the Covid pandemic has meant that practices have concentrated on the most pressing clinical needs of their population which has had a negative impact on achievement of this target.

The CCG position as at the end of July shows a further reduction, but the reduction is significantly smaller than recent months. The position, whilst disappointing, is slightly better than the both the ICS and East of England average, whilst being just below the England average.

ICS CCG		June 20	July 20	In month movement
North East Essex	ACTUAL	63.5%	63.0%	-0.5%
Ipswich & East Suffolk	ACTUAL	62.0%	61.6%	-0.4%
West Suffolk	ACTUAL	59.1%	59.0%	-0.1%
ICS AV	ACTUAL	61.8%	61.4%	-0.4%

Work

The following actions are helping to improve the situation and will continue to do so over the coming weeks and months, although it is expected that the CCG's position could continue to deteriorate during this period.

- Memory services are well on their way to returning to a new form of normality with referrals increasing.
- Support services continue to be key across both Suffolk and North East Essex in managing people in the community during these times.
- All CCG primary care teams have received and distributed communications on service changes to reassure referrers.
- The DIST teams have recommenced working toward a 7 day service provision.

4. Expansion of Primary Care Workforce in 2020/21

4.1 The 31 July system letter from NHS England and the People Plan 2020/21 refer to expanding the primary care workforce as an immediate priority for all systems.

4.2 Additional team members will support, among other things:

- Dealing with the backlog of unmet health need arising from the pandemic.
- Restoration of activity to usual levels.
- The flu vaccination programme.
- Improving the working lives of existing clinicians by addressing workload challenges
- Expansion of multi-disciplinary teams

The letter from NHS England detailed the following schemes and actions to address workforce expansion:

Additional GPs

- New to Partnership Payment Scheme
  Supports recruitment by offering a £20,000 incentive and funded CPD for GPs taking partnership roles for the first time.

- GP Fellowship Scheme
  Offers support with Primary Care Networks (PCNs) portfolio working and learning and development post-registration, supporting nurses and GPs to take up substantive roles, understand the context they are working in and become embedded in the PCN, as well as increase and maintain high levels of participation in the primary care workforce.

  Participants receive funded mentorship and funded CPD opportunities of one session per week (pro rata), and rotational placements within or across PCNs to develop experience and support transition into the workforce.

- GP Mentors scheme
  This scheme will enable systems and their PCNs to upskill their experienced GPs and provide a portfolio working opportunity. The vision is for systems to develop and access a cohort of locally based and highly experienced doctors to support their own more junior doctors.

  GPs on the scheme will be provided with funded training, leading to a recognised mentoring qualification. Once trained, GP mentors will be reimbursed to conduct one session of mentoring every week.

Additional Roles Reimbursement Scheme
The updated GP contract deal provided a legal entitlement to 100% reimbursement for an estimated 9,000 FTEs in 2020/21 under the Additional Roles Reimbursement Scheme (ARRS). This equates to every PCN having an average of 7-8 staff funded by the ARRS in post in March 2021.

- Where recruitment has been delayed due to the initial pandemic response, PCNs are entitled to 'overrecruit' for the final 6-9 months of the year (i.e. beyond the average 7-8 staff) in order to use their full funding allocation.

- NHS England and Improvement has allocated £43 million of funding to systems to for PCN development in 2020/21. This can be used to help support workforce planning and role design, embedding of new roles, and development of effective teams.

- Additional funding has also been made available to make it easy for PCNs to secure and deploy social prescribing link workers.
- The number of eligible roles expanded in April from two to ten. To provide additional flexibility to PCNs now, an additional role, Nursing Associates, will be added 1 October 2020 (subject to agreement).

This CCG will and are already supporting PCNs to undertake planning and recruitment exercises. Specific actions and deadlines are:

- By 9 September, CCGs will submit collated PCN recruitment plans for 2020/21 to their regional NHS England and Improvement team (NHSEI)

- By 30 September, systems will have agreed a plan with NHS England regional team to enable their PCNs to draw down as much of their share of ARRS funding for 2020/21 as possible.

- By 9 November, CCGs will follow the same process to submit collated PCN recruitment plans for 2021/22 – 2023/24 to their regional NHSEI teams and by 30 November the plans for the remaining years will be agreed between systems and regional teams.

5 Patient Survey - July 2020 publication

5.1 The data from the National Patient survey relates to January – April 2020 was released in July 2020. Please note that the survey includes both Church Farm (Aldeburgh) and Walton, practices that closed on 31st Dec and 31st March respectively. There is a requirement for the practices to achieve the England average for a range of indicators.

5.2 The data indicates the following have been achieved:

- 28/40 practices achieved 'Ease of getting through on telephone' compared to 29 last year.
- 28/40 practices achieved 'helpfulness of reception'. Same as last year. Compared to 30 last year.
- 28/40 practices achieved 'Experience of making an appointment' compared to 31 last year.
- 27/40 practices achieved 'Satisfaction with appointment times available' compared to 27 last year.
- 27/40 practices achieved 'Overall experience of GP Surgery' compared with 27 last year.

See Appendix A for details of the metrics at practice level.

The CCG continue to perform favorably compared to the national average for all areas despite a slight downward trend compared to last year.

5.3 The CCG results include:

Overall experience of your GP surgery - Very good/good – IESCCG 86%, WSCCG 86%, national average 82%

How easy is it to get through to surgery by 'phone? – Easy – IESCCG 73%, WSCCG 74%, national average 65%

How helpful were the receptionists? – Helpful – IESCCG 92%, WSCGG 91%, national average 89%
Satisfaction with appointment times offered? – Yes – IESCCG 69%, WSCCG 65%, national average 63%

How would you describe your experience of making an appointment? – Very good/good – IESCCG 73%, WSCCG 71%, national average 65%

Did you feel that your healthcare professional recognised and/or understood any mental health needs that you might have had?- Yes – IESCCG 88%, WSCCG 90%, national average 85%

5.4 The CCG continues to support practices in ensuring that access to services for patients remains high and that the national standards continue to be met and improved upon.

6 Recommendation

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

Appendix A – Patient Survey July 2020 – Practice Level View (compared to 2019 Survey)

PRACTICE NAME	Ease of getting through to someone at GP surgery on the phone	% Change (from last year)	Helpfulness of receptionists at GP surgery	% Change (from last year)	Overall Experience of Making an Appointment	% Change (from last year)	Satisfaction with the general practice appointment times available	% Change (from last year)	Overall Experience of GP Surgery	% Change (from last year)
	2020		2020		2020		2020		2020	
NHS ENGLAND	**65%**	**-3.1%**	**89%**	**-0.4%**	**65%**	**-1.9%**	**63%**	**-1.7%**	**82%**	**-1.2%**
Ipswich and East Suffolk CCG	**73%**	**-3.8%**	**92%**	**0.3%**	**73%**	**-0.4%**	**69%**	**-0.6%**	**86%**	**-0.5%**
BARHAM & CLAYDON	**89%**	3.2%	**98%**	3.4%	**80%**	2.2%	**68%**	-3.3%	**81%**	-10.1%
BARRACK LANE	**61%**	-13.8%	**90%**	3.3%	**79%**	-0.5%	**72%**	-4.9%	**82%**	-6.9%
BILDESTON	**99%**	1.1%	**100%**	2.6%	**90%**	5.6%	**89%**	4.5%	**99%**	4.3%
BIRCHES	**38%**	-5.7%	**76%**	-5.3%	**42%**	-1.6%	**39%**	-4.0%	**67%**	1.1%
BURLINGTON ROAD	**55%**	-0.4%	**87%**	6.4%	**58%**	3.3%	**62%**	-2.0%	**69%**	-5.4%
CONSTABLE COUNTRY	**62%**	-1.7%	**88%**	-5.9%	**57%**	-17.7%	**53%**	3.5%	**65%**	-14.4%
CHESTERFIELD DRIVE	**55%**	-31.5%	**86%**	-6.8%	**69%**	-4.1%	**61%**	-6.2%	**81%**	0.0%
CHURCH FARM	**83%**	-16.2%	**88%**	-6.1%	**63%**	-19.7%	**70%**	-10.2%	**78%**	-10.9%
COMBS FORD	**78%**	8.8%	**91%**	1.1%	**67%**	-2.8%	**65%**	2.1%	**87%**	6.9%
DEBEN ROAD	**70%**	8.3%	**89%**	4.2%	**60%**	-6.9%	**50%**	-14.3%	**81%**	3.9%
DEBENHAM	**90%**	1.7%	**94%**	-0.1%	**73%**	-6.8%	**68%**	-8.3%	**91%**	-1.0%
DERBY ROAD	**80%**	6.2%	**92%**	-1.5%	**74%**	2.2%	**70%**	8.0%	**93%**	8.1%
DR SOLWAY & DR WHALE	**88%**	-8.0%	**95%**	-3.4%	**89%**	4.2%	**77%**	-6.5%	**88%**	-3.4%
EYE	**96%**	1.8%	**94%**	-0.3%	**85%**	0.2%	**85%**	12.1%	**93%**	5.7%
FELIXSTOWE ROAD	**43%**	-4.1%	**85%**	8.1%	**54%**	10.8%	**65%**	13.8%	**82%**	3.1%
FRAMFIELD	**95%**	0.3%	**96%**	1.5%	**85%**	4.7%	**76%**	1.4%	**95%**	7.6%
FRAMLINGHAM	**85%**	4.4%	**96%**	2.7%	**88%**	3.5%	**72%**	-2.8%	**87%**	-5.3%
FRESSINGFIELD	**97%**	-2.6%	**96%**	-2.9%	**89%**	-7.7%	**79%**	-15.8%	**96%**	-2.4%
HADLEIGH & BOXFORD	**83%**	-6.1%	**98%**	0.3%	**85%**	-3.9%	**78%**	0.0%	**94%**	-2.4%
HAVEN HEALTH	**74%**	-1.3%	**98%**	4.3%	**79%**	-3.1%	**72%**	-2.3%	**90%**	10.8%
HAWTHORN DRIVE	**68%**	0.8%	**88%**	-0.4%	**68%**	4.8%	**62%**	-3.9%	**78%**	-5.9%
HOLBROOK AND SHOTLEY	**98%**	3.6%	**99%**	-0.8%	**92%**	-2.2%	**86%**	0.7%	**93%**	-1.8%
HOWARD HOUSE	**77%**	-3.4%	**97%**	-1.3%	**80%**	-0.6%	**79%**	7.6%	**88%**	-6.9%
IVRY STREET	**80%**	-5.3%	**87%**	-10.7%	**76%**	-1.5%	**72%**	-1.5%	**90%**	-1.6%
IXWORTH	**90%**	3.3%	**98%**	3.3%	**76%**	-2.5%	**67%**	-5.7%	**96%**	4.4%
LEISTON	**96%**	2.0%	**99%**	2.1%	**89%**	6.4%	**85%**	5.3%	**97%**	5.7%
LITTLE ST JOHN ST.	**92%**	-3.3%	**100%**	0.0%	**93%**	3.4%	**87%**	-4.6%	**93%**	-4.9%
MARTLESHAM	**76%**	-11.0%	**84%**	-4.1%	**73%**	-2.7%	**69%**	-2.2%	**81%**	-2.8%
MENDLESHAM	**96%**	-1.3%	**95%**	-1.1%	**91%**	2.0%	**79%**	-8.4%	**97%**	-0.4%
NEEDHAM MARKET COUNTRY	**58%**	-4.0%	**86%**	-5.3%	**61%**	-7.4%	**59%**	-3.5%	**85%**	-4.1%
NORWICH ROAD	**58%**	0.1%	**85%**	2.0%	**71%**	17.4%	**62%**	1.5%	**88%**	9.7%
ORCHARD STREET	**83%**	1.4%	**95%**	1.8%	**85%**	1.6%	**81%**	1.2%	**91%**	3.2%
PENINSULA	**84%**	-9.7%	**92%**	-3.1%	**64%**	-21.7%	**70%**	-7.2%	**82%**	-12.4%
RAVENSWOOD	**40%**	-12.8%	**84%**	-0.4%	**58%**	-5.7%	**62%**	6.9%	**70%**	-12.6%
SAXMUNDHAM	**71%**	-6.3%	**94%**	-2.0%	**64%**	-3.7%	**57%**	-3.0%	**75%**	-5.7%
STOWHEALTH	**92%**	-2.6%	**98%**	2.1%	**84%**	1.4%	**81%**	-2.2%	**94%**	2.3%
THE GROVE	**60%**	1.7%	**95%**	2.0%	**75%**	9.4%	**61%**	1.3%	**89%**	10.3%
TWO RIVERS	**48%**	-16.9%	**94%**	5.6%	**61%**	2.0%	**58%**	3.7%	**81%**	1.1%
WALTON	**65%**	-21.7%	**90%**	-6.4%	**56%**	-28.5%	**58%**	-19.4%	**71%**	-21.0%
WICKHAM MARKET	**93%**	3.5%	**96%**	-0.8%	**84%**	0.8%	**76%**	0.2%	**95%**	1.9%

Ipswich and East Suffolk Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**08**
Reference No.	**IESCCG PCCC 20-17**
Date.	**25 August 2020**

Title	**Primary Care Delegated Commissioning- Finance Report**
Lead Director	Jane Payling, Director of Finance
Author(s)	Wendy Cooper
Purpose	To provide the committee with an overview of the M4 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 where appropriate	
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 M4 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. Key Points

2.1 At the end of M4, the GP Delegated Budget was £707k over-spent – please see the table below for a summary of key variances:

Application of Funds	YTD			MTHS1-04			Variance Analysis
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
GMS/PMS Core Contract	12,395	14,025	1,630	12,395	14,025	1,630	Variance due to PMS Premium and Qtr2 list size increase
QOF/Seniority/Other	2,057	2,000	(57)	2,057	2,000	(57)	
Enhanced Services	227	227	0	227	227	0	
Premises costs	1,594	1,595	1	1,594	1,595	1	
Professional fees - Disp/Prescr	1,128	1,111	(18)	1,128	1,111	(18)	
Locum allowance/GP Retainers	73	76	2	73	76	2	
Primary Care Networks	1,280	1,266	(15)	1,280	1,266	(15)	
Other - Recharges	974	136	(838)	974	136	(838)	Contingency to be offset against in year increase e.g. list size increase
Primary Care Delegated Commissioning	**19,728**	**20,435**	**707**	**19,728**	**20,435**	**707**	

Other Primary Care shows spend of £1,786k at the end of M4, as summarised in the table below:

Application of Funds	YTD			Full Year			Variance Analysis
	Budget	Actual	Variance	Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Local Enhanced Services	2	787	786	2	787	786	
GPFV	0	1,001	1,001	0	1,001	1,001	GP Forward View allocation due to be received in Mth5
Other Primary Care	**2**	**1,788**	**1,786**	**2**	**1,788**	**1,786**	

2.2 The budget for Other Primary Care, for months 1-4 has been posted at a higher level, to one cost centre, based on the COVID budget model, and has not been assigned to each area of spend. There is therefore no budget currently shown against these lines of expenditure.

2.3 The Local Enhanced Services (LES) spend is payment made to practices for Mths1-4 based on average payments in 2019-20.

3. Risks / Opportunities

3.1 As the CCG allocations have only been published to the end of M4, only risks in relation to that period have been included in the forecast. These include pending rent increases, forecast list size adjustments and locum allowance, based on prior year.

4. Recommendation

4.1 The Committee is asked to note the financial performance at M4

Ipswich and East Suffolk Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**09**
Reference No.	**IESCCG PCCC 20-18**
Date.	**25 August 2020**

Title	**Care Quality Commission (CQC) Update**
Lead Director	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Claire Pemberton, Head of Primary Care
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 where appropriate	
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.

1. Purpose

1.1 The purpose of this report is to inform the Committee about Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices.

2. Background

2.1 The CQC have been very conscious of the amount of pressure the practices have been under during this time of Covid-19. They have postponed all Annual Reviews and visits therefore the rating for each practice remains the same.

2.2 The CQC have concentrated on the practices who are at high or very high risk during Covid-19 by calling each practice and asking them a number of questions as part of the Emergency Support Framework (ESF). IESCCG do not have any practices in this category however the CCG contacted the practices to ask the questions to ensure practices felt supported and they all came back positive.

2.3 The Emergency Support Framework (ESR) questions are as follows:-

1. **Safe care and treatment**
   - Had risks related to infection prevention and control, including in relation to Covid-19 been assessed and managed?
   - Were there sufficient quantities of the right equipment to help the provider manage the impact of Covid-19?
   - Was the environment suitable to containing an outbreak?
   - Were systems clear and accessible to staff, service users and any visitors to the service?
   - Were medicines managed effectively? (Including prescribing and management of medicines)
   - Had risk management systems been able to support the assessment of both existing and Covid-19 related risks?

2. Staffing arrangements
   - Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the Covid-19 pandemic?
   - Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?

3. Protection from abuse
   - Were people using the service being protected from abuse, neglect and discrimination?
   - Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?

4. Assurance processes, monitoring and risk management
   - Had the provider been able to take action to protect the health, safety and wellbeing of staff?
   - Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care?
   - Is the provider able to support staff to raise concerns during the pandemic?
   - Had care and treatment provided to people been sufficiently recorded during the Covid-19 pandemic?
   - Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?

3. Current Status

3.1 The following table demonstrates the latest outcomes for Ipswich and East practices:-

IES CCG Practices 2020	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 Mallick	Peninsula Practice	Ravenswood Medical Centre	Saxmundham Health	Stow Health	Two Rivers Medical Centre	Walton	Wickham Market Medical
	26/05/2017	10/01/2019	08/09/2016	14/03/2019	10/12/2019	04/04/2018	03/03/2016	08/09/2016	04/06/2019	25/02/2020	06/06/2017	11/11/2016	17/10/2016	07/08/2019	25/11/2016	12/09/2016	03/03/2016	09/02/2017	23/11/2018	13/07/2017	18/11/2019	17/05/2016	18/02/2016	27/04/2017	10/04/2017	10/12/2015	01/03/2019	13/01/2020	02/04/2020	06/09/2019	12/07/2016	19/07/2018	24/06/2016	14/01/2016	31/01/2019	04/04/2019	08/07/2019	02/03/2018	17/09/2019	11/01/2018
Overall	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	O	G	RI	G	G	G	G	O	G	G	G	G	G	G
The 5 questions CQC asked and what they found out																																								
Are services safe?																													RI					O		RI				
Are services effective?																																		O						
Are services caring?																																								
Are services responsive to people's needs?									RI									O								O							O						
Are services well-led?																										O		RI					O						O
The six population groups and what we found																																							
Older people									RI									O								O							O						
People will long term conditions									RI									O								O							O						
Families, children and young people									RI									O								O							O		RI				
Working age people (inc those recently retired and students)									RI									O								O							O						
People whose circumstances may make them vulnerable									RI									O								O				O			O						
People experiencing poor mental health (inc people with dementia)									RI									O								O							O						

3.2 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. Recommendation

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

IESCCG PRIMARY CARE COMMISSIONING COMMITTEE ANNUAL PLAN OF WORK:

January	**February 2021**	March
	• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report	
April 2021	May	**June 2021**
• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Service Charge Policy		• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work • Terms of Reference Annual Review
July	**August 2020**	September
	• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work • Primary Care Estates Strategy Framework	
October 2020 (in common)	November	**December 2020**
• Apprenticeships from Remcom 11 Feb 20 • Healthwatch GP Report		• General Update • Primary Care Contracts and Performance Report • Finance Report • CQC Report • Annual Plan of Work