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)

Wednesday, 27 March 2019 – 2.00pm
The Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP

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 22 January 2019*	*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.**	**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 19-06)*
1435	**7.**	**PMS Development Framework/Local Enhanced Services** ***To review and approve** the PMS Development Framework*	*Caroline Procter (IESCCG PCCC 19-07)*
1445	**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 19-08)*
1450	**9.**	**New GP Contract including Primary Care Networks** ***To receive and note** a report from the Deputy Chief Operating Officer, Ipswich and East Suffolk CCG*	*David Brown (IESCCG PCCC 19-09)*

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1500 **10. Care Quality Commission (CQC)** *Claire Pemberton*
To receive and note *a report from the Head of Primary Care, Ipswich and East Suffolk CCG* *(IESCCG PCCC 19-10)*

1515 **11. Date and Time of next meeting**
2.00pm – 4.00pm, Tuesday, 21 May 2019, Ropes Hall, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk

1520 **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 22 January 2019, in public, at The John Peel Centre, Church Walk, Stowmarket, Suffolk

(This meeting was held with the Primary Care Commissioning Committee of West Suffolk CCG in line with 'in common' meeting arrangements)

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Steve Chicken	Lay Member
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
Lucy James	NHS England
Simon Jones	Local Medical Committee
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	Chair of Ipswich and East Suffolk CCG

IN ATTENDANCE:

Mark Clinton	Senior Management Accountant
David Brown	Deputy Chief Operating Officer, IESCCG
Geoff Dobson	Lay Member: Governance, WSCCG
Jo Mael	Corporate Governance Officer, IESCCG
Claire Pemberton	Head of Primary Care, IESCCG
Caroline Procter	Primary Care Commissioning Manager, IESCCG
Lynda Tuck	Lay Member: Patient and Public Involvement, WSCCG
Lois Wreathall	Head of Primary Care, WSCCG

19/01 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Wendy Cooper	NHS England
Cllr James Reeder	Health and Wellbeing Board
Jane Webster	Acting Chief Contracts Officer
Andy Yacoub	Healthwatch

19/02 DECLARATIONS OF INTEREST

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

19/03 MINUTES OF PREVIOUS MEETING

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 27 November 2018 were **approved** as a correct record.

19/04 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/05 GENERAL UPDATE

The Chief Operating Officer reported;

- The Committee paid a tribute to Stuart Smith, who had sadly passed away last week. Stuart had made an extensive contribution to primary care services during periods of employment with both the PCT and NHS England. Stuart was remembered as a kind, gentle, humorous and brave colleague.
- The recently published Long Term Plan, a summary of which was on today's agenda, had been presented to the STP Board and circulated to primary care colleagues. Further detail was expected.

19/06 ANNUAL REVIEW OF TERMS OF REFERENCE

The Chair advised that due to differing versions of the terms of reference being in circulation, further work would be carried out prior to their presentation to the March 2019 meeting.

19/07 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT

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;

- GP Access
- Public Health
- Prescribing and Medicines Management
- Severe Mental Illness Physical Health Checks
- Learning Disabilities (LD) Health Checks
- PMS Development Framework 2019/20

Key points highlighted during discussion included;

- There had been significant progress in relation to development of Integrated Neighbourhood Teams and it was intended that a more detailed report be provided to the March 2019 meeting.
- There had been an improvement in respect of severe mental illness physical health checks and best practice was being shared in relation to health checks for individuals with learning disabilities.
- In conjunction with the Local Medical Committee, Public Health and NHS England, the CCG continued to work to revise the PMS Development Framework for 2019/20.
- It was suggested that there might be benefit from obtaining a patient view in respect of Health Checks performance. Having discussed the issue with

practices there appeared to be some coding issues and a link visit approach was being taken by Ipswich and East Suffolk CCG.

The Committee noted the content of the report **and requested** that attempt be made to produce more aligned reports for future 'in common' meetings.

19/08 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month nine for both CCGs.

Ipswich and East Suffolk CCG

At the end of month nine, the GP Delegated Budget spend was £257k over spent with other primary care indicating an under spend of £456k. Key variances and detail were set out in Section 2 of the report.

West Suffolk CCG

At the end of month nine, the GP Delegated Budget spend was £66k over spent, with other primary care indicating an under spend of £93k. Key variances and detail were set out in Section 2 of the report.

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

There was to be a 6% uplift to primary care delegated budgets next year although the detail of the uplift was awaited. There was a desire at STP level to see a move to recurring spend in primary care going forward and work was taking place with primary care to identify some proposals.

The Committee noted the financial performance at month nine.

19/09 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 November the following practices had been inspected and received their final report:

Hadleigh & Boxford	Inspected 23.10.18	Rating: Good
Felixstowe Road	Inspected 07.11.18	Rating: Requires Improvement
The Birches	Inspected 07.11.18	Rating: Requires Improvement
Barham & Claydon	Inspected 10.12.18	Rating: Good

Ravenswood Medical Practice had been inspected on 10 January 2019 and was awaiting its final report.

There had been a number of surprises in respect of the outcome of recent inspections and a review of feedback was to be carried out.

As reported at the last meeting, the planning of CCG led workshops had commenced. The first workshop would concentrate on infection control

incorporating business and clinical processes.

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

Overall, Primary Care in Ipswich and East Suffolk remained good and above the national average for providing safe, high quality care for patients.

The Committee noted the report.

19/10 NHS LONG TERM PLAN AND PLANNING GUIDANCE SUMMARY

The Committee was in receipt of a report which provided an overview of key points from the Long Term Plan and went on to provide a summary of the Operational Planning 2019/20 guidance in relation to primary care.

Key points highlighted during discussion included;

- At least £4.5bn increase in funding was expected for primary and community care by 2023/24 with additional funding likely to come from CCGs.
- A 'shared savings scheme' would hand primary care networks part of any funding they saved by reducing avoidable A&E admissions, admissions, preventing delayed discharge or reducing avoidable outpatient visits or over-medication.
- GP practices would be expected to sign up to 'network contracts' that tied them into practice networks covering 30-50,000 patients. These contracts would sit alongside existing GMS, PMS or APMS contracts.
- Most local enhanced services commissioned by CCGs would be moved into network contracts rather than individual practices.
- A workforce implementation plan would be published later in 2019 once the government had set a budget for training, education and CPD.
- The CCG was already encouraging working at scale which put it in a good place going forward. However, collaborations currently in existence were not necessarily aligned to geographical area as indicated by the Plan and consideration might be required to sustaining both approaches.
- NHS 111 would be able to book patients directly into GP practices and appointments at pharmacies.
- Workforce and resourcing remained a key challenge and the position was similar within secondary care.

The Committee noted the report **and welcomed** further updates.

19/11 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place from *2.00pm – 4.00pm, on Wednesday, 27 March 2019, in the Conference Room, West Suffolk House, Bury St Edmunds, Suffolk – meeting to be held 'in common' with West Suffolk CCG's Primary Care Commissioning Committee*

19/12 QUESTIONS FROM MEMBERS OF THE PUBLIC

Helen Armitage, Suffolk County Councillor drew attention to a pilot currently underway in respect of NHS 111 booking direct into pharmacies which, to date, had been successful. She asked why booking into GP practices might be a

concern.

In response it was explained that technology across GP practices was not common. GP practices had already carried out extensive work in relation to patient contact and decision making processes, and GPs tended to hold and manage risk from knowing their patients. As decisions within the 111 service were based on an algorithm which tended to be risk adverse, there was concern that direct booking might inappropriately increase activity levels. Detailed guidance was awaited.

IPSWICH & EAST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE
ACTION LOG: 22 January 2019 (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. 22/01/19 – update to be sought for May 2019 meeting.
Meeting of 27 November 2018				
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	April 2019
Meeting of 22 January 2019				
19/06	Annual Review of Terms of Reference	The Chair advised that due to differing versions of the terms of reference being in circulation, further work would be carried out prior to their presentation to the March 2019 meeting.	Maddie Baker-Woods	This has been moved to May following discussion with the Committee Chair.
19/07	Primary Care Contracts and Performance Report	There had been significant progress in relation to development of Integrated Neighbourhood Teams and it was intended that a more detailed report be provided to the March 2019 meeting. The Committee noted the content of the report and requested that attempt be made to produce more aligned reports for future 'in common' meetings.	Caroline Procter All	It has been agreed that a detailed paper on Integrated neighbourhood teams will be presented in May. Performance reports for 'in common' meetings are now jointly produced.

Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**06**
Reference No.	**IESCCG PCCC 19-06**
Date.	**27 March 2019**

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

Applicable CCG 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 Primary Care Commissioning Committee:

To consider and discuss contract and other information contained within the Primary Care Dashboard and agree any appropriate actions required.

Purpose

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

1. Public health

- The CCGs work with colleagues in Public Health to jointly address issues. Prevention is a priority and continues to be a focus locally and nationally. Colleagues meet regularly to discuss issues around prevention and campaigns.

- The CCGs implement targeted practice support wherever appropriate or necessary.

- See Appendices 1 and 2 for influenza vaccination rates by practices. Table 1 shows a comparison of regional and national data for 2018/19.

Table 1

All figures in %				
	Over 65	**Pregnant Women**	**Aged 2**	**Aged 3**
National	**71.3**	**45.0**	**43.1**	**45.2**
Regional				
Cambridgeshire	**73.4**	**46.4**	**55.0**	**56.8**
Essex	**68.6**	**41.0**	**49.5**	**50.3**
Norfolk	**71.9**	**48.3**	**54.3**	**54.5**
Peterborough	**69.4**	**34.3**	**39.8**	**42.3**
Southend-On-Sea	**63.9**	**40.5**	**42.7**	**43.9**
Suffolk	**73.1**	**50.3**	**54.3**	**56.7**
Thurrock	**67.4**	**36.9**	**45.1**	**43.7**

- See Appendices 3 and 4 for Chlamydia Screening and Childhood Obesity information by practice.

2. Prescribing and Medicines Management

WSCCG

- Prescribing budget: Underspent by £1m – 3.7% (YTD December 2018) with 18/24 practices 'green'. Further support given to the 6 'red' practices through practice prescribing meetings
- Antibiotic prescribing (12 months to December 2018): WSCCG within NHSE Quality Premium (QP) target for overall antibiotic prescribing
- QIPP (YTD December 2018): £1.7m savings against £800k planned savings

I&ESCCG

- Prescribing budget: Underspend by £1.122m – 2.62% (YTD December 2018) with 25/40 practices 'green'.
- Antibiotic prescribing (12 months to December 2018): IESCCG within NHSE QP target for overall antibiotic prescribing
- QIPP (YTD December 2018): £2.014m savings against £870k planned savings

3. Learning Disabilities (LD) Health Checks

- Improving health outcomes and services for people with Learning Disabilities is a national and local priority. In 2009 NHS England introduced a DES to ensure the delivery of an Annual Health check for patients with Learning Disabilities (LD) in GP practices. Practices are now paid £140 per patient to complete this check.

- By 2020, 75% of all patients with a Learning Disability should receive their LD Annual Health check.

- The CCG has commissioned four of NSFT's Primary Care Liaison Disability Nurses to provide support, guidance and training for all Suffolk GP practice staff on how to undertake LD Annual Health checks.

- All practices in Ipswich & East Suffolk and West Suffolk have signed up to the LD Annual Health Check DES and are undertaking health checks.

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

The current position based on Q1, Q2 and Q3 data 2018/19:

- WSCCG overall: 40.1%
- This equates to 473 Health Checks against an LD register of 1179
- At the same point in 2017/18 the position was 36.1% with a final end of year achievement of 54.6%

- I&ESCCG overall: 49.3 %
- This equates to 981 Health Checks against an LD register of 1991
- At the same point in 2017/18 the position was 36.5% with a final end of year achievement of 59.2%

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

- Feedback indicates that a proportion of practices schedule their annual health checks in Q4 (January to March) and this inevitably influences upon the overall achievement to date. However, to reach the target of 75% of all patients receiving their LD Annual Health check by 2020 the number of patients seen across the whole county needs to increase.

Actions in Common

- The Primary care team is working closely with Practices to assist them in improving current patient uptake. Practices have been reminded about the importance of conducting their LD patients Annual Health Checks and its benefits which may include:-
  - reduced hospital admission,
  - identification of unknown long term health conditions
  - reduced GP appointments
  - Prevention of unnecessary deaths in patients with LD

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

- LD Nurses continue to communicate regularly with GP practices to offer support and assist with further training requirements. In 19/20 they will be supported in focusing on individual patients who have not had checks in order to reduce the number of unseen patients.

- With transformation funds, ACE will also now work proactively with individuals and provider organisations to create an awareness programme of the benefits of health checks. They will create peer education networks and make case study films.

- A pilot of Pre Health Check Questionnaire has been completed in the East and feedback from patients and practices has been positive. A similar pilot has now been launched in the West. We will be collating data and feedback over the coming weeks in the hope that this is effective and can then be rolled out to support other practices.

4. Serious Mental Illness

In depth discussion with NHSE and IT/COO colleagues in December to review Q2 data. Plan agreed to ensure more robust data reporting process in place for Q3. Revised figures now established and shared with NHSE based on wider reporting parameters, bringing both I&E and WSCCG in line with other local CCGs in terms of performance / compliance. Q3 submission confirmed significantly improved performance data for both I&ESCCG and WSCCG.

Physical Health team within NSFT now operational (from 7 January 2019). Data sharing agreement now signed between NSFT and primary care. Joint/integrated working opportunities already being explored between team and primary care, i.e. shadowing GP clinics. Introductory meeting with CCG Mental Health team took place 6/2/19.

5. Dementia Diagnosis

The list size for 65+ year olds continues to increase for WSCCG and IESCCG so more dementia diagnosis is needed in order to reach the 66.7% target.

February 2019
WS CCG are currently at 62.5%, (0.2% decrease on last month).
WS CCG have decreased the number of patients on the QOF Dementia Register by 4.
In order to reach 66.7% target, WS CCG need an additional 150 patients

IESCCG are at 67.8%
IES CCG have increased the QOF Dementia Register by 1 patient

Actions in Common

- Monitoring of practice data against national targets continues monthly and data is shared with practices. This information will be available on a bespoke website going forward with all other data – website currently under construction and due to be completed early April.
- Dementia Together jointly re-commissioned with SCC until April 2021 to support those living with dementia, their carers and those curious about dementia across

Suffolk – work continues across Suffolk with all KPIs met. This continues to get positive feedback.

- Working with service providers to develop both the Memory Assessment service (MATs) and Dementia Intensive Support Team (DIST) reviewing all pathways – both MATs and DIST services are currently being reviewed in full in collaboration with provider teams to identify gaps and re-write service specifications. Service specifications to be written in partnership with providers teams, CCG, those living with dementia, carers and GPs.
- Dementia Team continue to attend NHSE meetings and primary care network meetings to share knowledge, information and best practice. Also working with Southend and Castle Point and Rochford CCG to share learning. Working with local CCGs Norfolk and Waveney to share learning and understand board lines and how we can work closer together.
- Close working relationships continue with SCC to look at dementia services across Suffolk and linking with local Alliances – looking at Later Life Pathway as a whole not just dementia.

WSCCG Actions

- Dementia LES complete at the end of February – payments, data and audit results to be reviewed once data received and collated
- "At Risk" register reviews offered to for all red and amber practice to help support the ES - costs for post to undertaking this work on a continuous basis currently being worked up, to be shared with West Clinical Executive once the audit has been completed.
- Providing practice specific support as requested is ongoing. Clinical Executive GPs have kindly agreed to be the central point for any data / case finding from meds man team & care home specialist nurse to ensure the data is reviewed by the practice.
- All practices are dementia friendly. Reviews continue with some practices in their fourth and fifth years of undertaking this process - positive changes and feedback from practices, those living with dementia and their carers
- Dementia Specialist Nurse for Care Homes employed to be the link between care homes and GPs – currently working well in Haverhill, working with practices and care homes, as well as the Clinical Executive GPs for the practices.
- Dementia Together Primary Care Community Navigator – in post April 2019. To work in Bury North Locality as a pilot (Woolpit, Stanton and Botesdale) and to be the link between the patient / carer/ practice / MATs / DIST / Dementia Together. The role will identify potential patients with dementia and make appropriate contact (e.g. declined dementia assessments, DNA clinic at MATs, carer anxiety) to ensure the person living with dementia and their carer is supported. Role will have access to Systm1 and EMIS to update records. The plan is for them to become an integral role in the practice, chasing bloods and work with GPs to support this cohort of patients and carers.
- NHSE Action Log for West Suffolk updated for 2019 as well as the trajectory.

I&ESCCG Actions

- "At Risk" register reviews – discussions with Ipswich and East Primary Care and Meds Man Team to see if this is something they wish to undertake.
- Providing practice specific support as requested – ongoing with the Ipswich and East Primary Care Team, current focus on Woodbridge as requested by the PC Team.
- Practices continue to engage with being Dementia Friendly. Practices are keen to undertake this work. Already seeing positive changes and feedback from those practices who have undertaken the review.

- Care Homes work – work in Woodbridge undertaken by the CCG Care Homes Practitioner, working with practices and care homes, looking at undertaking this work again 6 months on, currently in the progress of organising this
- Working with service providers to continue to develop the Community Memory Service (CMAS) and develop the Dementia Intensive Support Team (DIST) / REACT reviewing all pathways – CMAS working well and continues to develop their service. Work being undertaken to bring DIST and REACT together. Weekly task and finish groups for accommodation, IT and workforce currently being undertaken. Service specifications to be written in partnership with providers teams, CCG, those living with dementia, carers and GPs.

6. Utilisation of Secondary Care

Full year figures will be available and will be shared at the next PCCC meeting.

7. Recommendation

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

Please note: GMS practices show N/A for measures that are not mandated under this contract

Appendix 1 - WSCCG influenza vaccination rates (extracted from Immform dataset cumulative @ January 19

	Influenza vaccination (18/19 Flu Season)					
Practice	Flu Plan in place to achieve min. uptake?	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
Angel Hill Surgery	YES	74.6	43.7	52.7	59.5	62.5
Stanton	N/A	79.3	62.5	74.2	67.7	38.2
Botesdale Health Centre	N/A	75.0	46.6	54.4	55.0	19.4
Brandon Medical Practice	YES	72.4	47.5	60.8	55.2	52.1
Clare Guildhall Surgery	N/A	76.7	48.4	63.2	68.8	41.3
Clements and Christmas Maltings Surgery	YES	64.6	36.0	33.3	35.5	51.3
Forest Surgery	YES	72.3	60.4	54.1	52.1	57.1
Glemsford Surgery	N/A	73.9	52.9	74.5	74.2	59.1
Hardwicke House	YES	68.0	51.6	56.3	63.8	53.4
Haverhill Family Practice	YES	74.7	49.1	43.6	52.4	53.2
Lakenheath Surgery	N/A	67.1	50.0	65.9	58.5	63.8
Market Cross Surgery	N/A	67.6	46.7	50.0	61.4	55.6
Mount Farm Surgery	YES	77.3	47.4	54.7	58.4	68.7
Oakfield Surgery	N/A	67.5	47.1	46.8	60.8	64.2
Orchard House Surgery	YES	72.8	61.7	54.8	47.4	56.6
Siam Surgery	N/A	72.5	40.9	56.0	63.9	60.2
Swan Surgery	N/A	78.0	61.4	58.3	69.1	67.2
Guildhall and Barrow Surgery	YES	75.1	54.3	57.4	66.7	62.8
Long Melford Practice	YES	70.5	44.4	45.3	54.7	65.2
Reynard Surgery	YES	60.9	46.5	52.3	54.0	48.7
Rookery Medical Centre	N/A	74.9	58.8	56.2	48.2	55.3
Victoria Surgery	YES	72.3	50.0	48.8	56.0	52.8
Wickhambrook Surgery	N/A	72.4	52.0	62.1	67.6	62.2
Woolpit Health Centre	YES	72.5	59.5	61.0	66.1	21.9

Appendix 2 – I&ESCCG influenza vaccination rates (extracted from Immform dataset cumulative @ January 19)

	Influenza vaccination (18/19 Flu Season)					
Practice	Flu Plan in place to achieve min. uptake?	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
Bildeston	N/A	72.3	41.0	75.0	66.7	66.0
Ixworth	N/A	70.9	59.2	66.3	59.1	67.3
Howard House	N/A	73.6	46.7	56.9	60.7	65.5
Needham Market	N/A	72.3	56.3	51.8	67.0	19.9
Mendlesham	N/A	79.3	49.2	58.5	55.2	54.5
Holbrook	N/A	76.3	66.7	77.1	62.3	62.5
Ivry Street, Ipswich	N/A	69.9	50.5	63.4	46.4	62.8
Framlingham	N/A	73.3	75.5	49.1	56.9	67.4
Aldeburgh	N/A	72.2	47.8	60.0	63.3	61.9
Eye	N/A	69.6	65.7	76.7	65.0	64.3
Alderton	N/A	72.4	50.0	53.3	64.9	55.6
Fressingfield	N/A	80.3	54.1	73.8	82.2	69.7
Orchard Street (Solway), Ipswich	N/A	68.1	25.9	46.0	45.3	44.2
Barham & Claydon	N/A	74.5	73.3	60.0	57.4	75.0
Constable Country Practice, East Bergholt	YES	77.1	27.0	65.1	62.9	71.3
Felixstowe Road, Ipswich	YES	70.8	49.0	55.5	60.5	68.4
Burlington Road, Ipswich	YES	71.4	33.3	44.0	53.7	48.6
Leiston	YES	81.7	60.3	58.3	49.2	60.3
Hadleigh	YES	79.5	50.0	56.0	61.0	66.3
Chesterfield Drive, Ipswich	YES	72.6	52.3	57.1	56.9	46.7
Debenham	YES	78.0	65.5	64.4	67.5	72.7
StowHealth	YES	72.0	59.4	56.2	55.3	69.7
Grove Surgery, Felixstowe	YES	74.7	51.1	65.4	61.8	66.9
Little St John's Street, Woodbridge	YES	79.5	54.7	75.4	81.0	72.2
Deben Road, Ipswich	YES	72.2	60.6	50.0	61.3	67.3
Derby Road, Ipswich	YES	80.0	57.8	62.4	61.1	61.6
Saxmundham	YES	73.4	43.2	35.0	43.6	35.6
Hawthorn Drive, Ipswich	YES	71.0	42.7	44.4	43.7	44.2
Framfield House, Woodbridge	YES	72.6	56.1	61.3	59.7	71.9
Norwich Road, Ipswich	YES	78.2	29.2	53.4	51.9	55.7
Barrack Lane, Ipswich	YES	65.4	48.6	39.6	47.5	48.3
Wickham Market	YES	75.3	72.0	55.3	60.0	65.0
Orchard Street, Ipswich	YES	72.2	37.9	54.5	57.0	46.6
Combs Ford	YES	71.5	52.0	64.3	59.8	70.9
Martlesham	YES	74.1	37.5	72.9	75.4	69.1
Haven Health, Felixstowe	YES	76.7	60.7	63.6	53.7	72.6
Walton	YES	70.9	39.1	61.4	55.3	66.7
The Birches	YES	75.7	49.0	56.2	59.8	73.8
Ravenswood, Ipswich	YES	73.4	47.5	57.7	51.4	62.9
Two Rivers, Ipswich	YES	72.2	57.4	57.1	60.8	60.4

Appendix 3 – Chlamydia Screening and Childhood Obesity information taken from WSCCG practice declaration forms 18/19

	Chlamydia Screening	Childhood Obesity
Practice	Uptake being encouraged?	Plan in place to reduce Childhood Obesity (inc. a rolling programme of MECC training)
Angel Hill Surgery	YES	YES
Stanton	N/A	
Botesdale Health Centre	N/A	
Brandon Medical Practice	YES	YES
Clare Guildhall Surgery	N/A	
Clements and Christmas Maltings Surgery	YES	YES
Forest Surgery	YES	YES
Glemsford Surgery	N/A	
Hardwicke House	YES	YES
Haverhill Family Practice	YES	YES
Lakenheath Surgery	N/A	
Market Cross Surgery	N/A	
Mount Farm Surgery	YES	YES
Oakfield Surgery	N/A	
Orchard House Surgery	YES	YES
Siam Surgery	N/A	
Swan Surgery	N/A	
Guildhall and Barrow Surgery	YES	YES
Long Melford Practice	YES	YES
Reynard Surgery	YES	NO
Rookery Medical Centre	N/A	
Victoria Surgery	YES	YES
Wickhambrook Surgery	N/A	
Woolpit Health Centre	YES	YES

Appendix 4 - Chlamydia Screening and Childhood Obesity information taken from I&ESCCG practice declaration forms 18/19

Practice	Chlamydia Screening Uptake being encouraged?	Childhood Obesity Plan in place to reduce Childhood Obesity (inc. a rolling programme of MECC training)
Bildeston	N/A	Awaiting Data
Ixworth	N/A	Awaiting Data
Howard House	N/A	Awaiting Data
Needham Market	N/A	Awaiting Data
Mendlesham	N/A	Awaiting Data
Holbrook	N/A	Awaiting Data
Ivry Street, Ipswich	N/A	Awaiting Data
Framlingham	N/A	Awaiting Data
Aldeburgh	N/A	Awaiting Data
Eye	N/A	Awaiting Data
Alderton	N/A	Awaiting Data
Fressingfield	N/A	Awaiting Data
Orchard Street (Solway), Ipswich	N/A	Awaiting Data
Barham & Claydon	N/A	Awaiting Data
Constable Country Practice, East Bergholt	YES	YES
Felixstowe Road, Ipswich	YES	YES
Burlington Road, Ipswich	YES	YES
Leiston	YES	YES
Hadleigh	YES	YES
Chesterfield Drive, Ipswich	YES	Awaiting Conf.
Debenham	YES	YES
StowHealth	YES	YES
Grove Surgery, Felixstowe	YES	YES
Little St John's Street, Woodbridge	YES	YES
Deben Road, Ipswich	YES	YES
Derby Road, Ipswich	YES	NO
Saxmundham	YES	YES
Hawthorn Drive, Ipswich	YES	YES
Framfield House, Woodbridge	YES	YES
Norwich Road, Ipswich	Awaiting Conf.	Awaiting Conf.
Barrack Lane, Ipswich	YES	YES
Wickham Market	YES	YES
Orchard Street, Ipswich	YES	YES
Combs Ford	YES	YES
Martlesham	YES	YES
Haven Health, Felixstowe	YES	YES
Walton	YES	YES
The Birches	YES	YES
Ravenswood, Ipswich	YES	YES
Two Rivers, Ipswich	YES	YES

Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**07**
Reference No.	**IESCCG PCCC 19-07**
Date.	**27 March 2019**

Title	**PMS Development Framework 2019/20 – East and West Suffolk**
Lead Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	Caroline Procter, Primary Care Commissioning Manager, Ipswich and East Suffolk CCG
Purpose	The purpose is to provide an update to the Committee on the process undertaken to review the PMS Development Framework and to seek ratification of the PMS Development Framework.

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	X
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 approve the proposed changes to the PMS Development Framework and to ratify those changes.

1. PMS Development Framework 2019/20

1.1 The CCGs have 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.

1.2 At a meeting of the PMS Agreement Review Committee, the proposed changes were refined and agreed.

1.3 Subsequently, the Framework was presented to the full LMC, members considered the proposed changes and confirmed acceptance of it on 14th March 2019.

1.4 A summary of changes is as follows:-

Access

- Greater clarity around the minimum requirements for a practice during Training and Education Events.
- Removed a metric that was largely a duplicate of another, more suitable metric for A&E attendance

Medicines Management

- Removed the requirement for a practice nurse to attend 2 of the Training and Education Events
- Clarity around the detail that each practice must submit in terms of their prescribing plan and continued engagement with the CCG medicines management team.
- Changes made to the Antibiotics requirement in line with the Quality Premium
- Safety/quality metric for controlled drugs is now more specific to Opioids.

Use of NHS Resources

- Practice are now required to have a nominated Nurse/GP lead for LD
- Indicator added for Severe Mental Illness Health Checks

Collaboration

- Additional requirement for a nurse from the practice to attend at least 4 Nurse Forum events each year.

1.5 The Framework is still subject to clarification of one target; the Antibiotic Prescribing Quality Premium.

1.6 A summary of the Framework has been shared with all PMS practices with the caveat that the Framework is subject to approval by the Primary Care Commissioning Committee. (See attached PMS Development Framework 19/20).

2. Local Enhanced Services

2.1 Following formal approval of the PMS Development Framework, associated Local Enhanced Services (LES) will be amended to ensure parity between contracts.

2.2 The Commissioning Governance Committee will review the LESs to ensure these contracts continue to demonstrate value for money and provide quality services to patients.

3. Recommendation:

3.1 The Committee is invited to note the above and approve the revised PMS Development Framework.

SCHEDULE 12

The General Practice Development Framework

CONTENTS

DEVELOPING GENERAL PRACTICE IN SUFFOLK

1. INTRODUCTION

General practice in Suffolk provides high quality care to its patients. A number of indicators are set by NHS England, the Care Quality Commission and CCGs for local services to measure standards of care and provide reassurance to patients and commissioners of consistent, high quality care. This Framework aims to bring these indicators and target outcomes together in one place. It then describes the way in which: progress is monitored; support is provided and challenge is given, where progress is not evident. The process by which disputes between commissioners and practices can be resolved, if they arise, is covered in Schedule 13 of the PMS Contract.

The Framework

The Framework was originally produced in Liverpool. It was then modified for use in Essex and subsequently adapted in Suffolk to provide the bedrock of a mature commissioning model, enabling delivery of high quality primary care in Suffolk. The Framework takes account of the statutory requirements of the GMS Contract, the General Medical Council's (GMC) Good Medical Practice and the new national standards which are mandatory for all providers of health care including GP practices.

The Framework is intended not to be onerous for practices. Commissioners are committed to working closely together with practices and the Local Medical Committee (LMC) to ensure that the Framework is a user-friendly and useful tool.

The indicators included within this document are separated into two sections, 'Core and Developmental Indicators'. The Core indicators are focused solely on access and are mandatory. The Developmental Indicators are those which practices are required to work towards. Collectively these indicators are the enablers of drivers of continuous improvement in the quality of primary care services to patients and of a stable, integrated health care system.

The indicators were initially reviewed on an annual basis and has had a three-year hiatus as commissioning arrangements have been in transition, and were reviewed for the 2016/17 version. This refreshed version takes account of changes in commissioning arrangements and national requirements for primary care. It has been reviewed by the LMC PMS Review Committee to ensure that it is relevant and reasonable.

Monitoring progress against the Development Framework

The Framework is developmental and allows practices and commissioners to performance manage the new contractual arrangements in a supportive and structured way. The Development Framework includes a number of different types of metrics or progress measures. As many as possible have been designed to enable commissioners to collect monitoring data using national or local tools i.e. not requiring new or separate reporting by practices. These include, for example, national patient survey results, prescribing spend, QOF reported exception levels and local enhanced service monitoring returns, as already required by those service specifications. For a small number of other metrics a dedicated submission is required. These include, for example, a plan for how a practice will progress over time towards national public health targets and a plan for collaborating with other local practices including any support from commissioners, which may be required to achieve this.

Where an audit is referred to this means an active cycle by which clinical and operational practice is monitored and evaluated against specific criteria and any action is identified and implemented accordingly.

Where an action plan is referred to this means a live plan with specific measurable steps and associated timescales and responsibilities to achieve an objective.

Each practice's progress against all metrics will be collated and made available to each practice individually and to all practices within a CCG area.

Support to Practices

The Framework is intended to support practices to put in place systems which enable quality assurance of their services and promote quality improvement and enhanced patient safety. Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.

Performance management procedures

Should a serious or sustained concern about performance arise and the practice fails to engage with the support provided, this will be dealt with through performance management procedures that are in line with professional standards and contractual regulations.

Dispute resolution

The process for local dispute resolution of primary care contracts remains the same as per schedule 13 of the PMS contract.

CORE INDICATORS

1 ACCESS

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
1.1	Both	The contractor ensures the practice premises are open at all times during Core Hours (for the avoidance of doubt 8am – 6:30pm). The practice reception must be staffed, doors and telephone lines open and being answered at all times during these hours to enable patients to make appointments, access repeat prescriptions and that a duty doctor is available and a registered health professional is on site at all times during Core Hours. The only exception to this is where the CCG has organised a whole system education event and has commissioned the OOH provider to cover the surgery. In this instance the surgery needs to signpost patients appropriately and is not required to have a registered health professional on site whilst OOH cover is provided. However the practice doors and reception must be open and staffed to enable patients to access repeats and make appointments. This is the minimum requirement. If the Practice wishes to provide additional services above and beyond this minimum they are welcome to do so as long as all legal requirements are met. A Contractor may not sub-contract call handling during core hours without the prior written consent of the CCG. Where a Contractor provides services from various premises, the Contractor and the CCG shall agree which premises addresses must comply with this clause. All other variations to services during core hours as defined above must be agreed with the CCG prior to their implementation. Where a Contractor wishes to close the premises for training purposes, such times and dates shall be agreed between the Contractor and the CCG at least 14 days prior to the planned closure (except where the CCG has organised a whole system education event and has commissioned the OOH provider to cover the surgery. In this instance the surgery does not need written permission from the CCG or NHSE).	

DEVELOPMENTAL INDICATORS

1 ACCESS

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
1.1	Both	Patients should have timely access to a registered health professional, either by phone, in person or via other mediums for advice, care, treatment or onward referral. a. The practice reception staff have been trained and are aware of the access standards b. The practice contacts the commissioner where there may be difficulties in achieving the standards c. The practice has contingency plans for sustaining access standards d. The practice ensures that patients are aware of the access standards e. The practices advertises to patients that minor injury services are provided at the practice f. Attendance at out of hours providers of registered patients is within average range for Suffolk practices	National patient survey – the practice needs to work towards or be better than the England average for the previous quarter for the indicators below: Q3 Ease of getting through on the phone **(Target 70% - England Average 2018 survey)** Q4 Helpfulness of reception **(Target 90% - England Average 2018 survey)** Q18 Experience of making an appointment **(Target 69% - England Average 2018 survey)** Q28 Overall experience of GP surgery **(Target 84% - England Average 2018 survey)**

2 PUBLIC HEALTH

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
2.1	Both	**SMOKING PREVALENCE** The practice has systems and processes in place to facilitate a reduction in the prevalence of smoking in the patient population	The practice has a plan in place to show how it will contribute to reducing the prevalence of smoking of registered patients, describing the practical actions to be taken.
2.2	Both	**INFLUENZA VACCINATION** The practice has a system in place (including liaison with other agencies/health professionals) to encourage at risk groups and people aged over 65 to have an annual influenza vaccination.	The practice has a plan to achieve the minimum 75%***** uptake of patients over 65; 55% for pregnant women; and the Area Team target of 40% for children *This is an aggregate figure and includes patients vaccinated by other agencies

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
2.3	Both	**CERVICAL SCREENING RATES** The practice participates fully in the cervical screening programme with smear takers properly trained.	The practice has a plan in place to achieve 80% smear uptake in line with the national target.
2.4	Both	**CHILDHOOD IMMUNISATION RATES** The practice participates fully in the childhood immunisation programme, adhering to guidance in the Green Book – *Immunisation against Infectious Diseases.*	The practice has a plan in place to achieve 95% uptake for all childhood immunisations.
2.5	Both	**CHLAMYDIA SCREENING** Practice staff encourage uptake of chlamydia screening to patients aged 24 and under: when giving contraceptive advice; by offering the test annually; and offering the test appropriately on other occasions.	
2.6	Both	**CHILDHOOD OBESITY*** The practice has systems and processes in place (including liaison with/referral to One Life Suffolk) to support children and their parents/carers to achieve and maintain a healthy weight. *The OneLife Suffolk programme works with children aged 5-10yrs and 11-18yrs. A 2-4 yrs programme is currently being trialled before being rolled out across Suffolk. OneLife Suffolk accept referrals for all children who would be overweight, obese or require child weight management. Online referral page can be accessed via the link below https://onelifesuffolk.co.uk/refer/	The practice has a plan in place that will contribute to reducing childhood obesity which includes a rolling programme of Making Every Contact Count (MECC) training or refresh training for staff with at least one member of staff being MECC trained every 2 years.

3 MEDICINES MANAGEMENT – The funding for this is included in the PMS baseline

EAST/WEST

Ref	Applicable CCG – Both; West; East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
3.1	Both	**LEADERSHIP FOR MEDICINES MANAGEMENT** • Prescribing lead (or other GP representative) to attend all CCG prescribing lead meetings. These meetings will be held no more frequently than once per quarter. • Prescribing lead (or other GP representative) to meet with a member of the Medicines Management Team when requested, to discuss implementation of cost effective prescribing initiatives. The frequency of meetings will vary from once per month to once per year according to the practice's over/underspend position. • Practice (via a nominated email address) to receive and read all messages from the Medicines Management Team, and respond where requested. Messages will be copied to the Prescribing Lead GP. • Prescribing Lead GP to be accountable for ensuring that all messages from the Medicines Management Team are communicated effectively to all GPs and other relevant staff in the practice. • Prescribing Lead GP to actively promote cost-effective prescribing within his/her practice and to lead by example in implementing cost-effective prescribing changes.	Attendance rates There are no distinct metrics associated with these indicators, but practice performance relative to the CCG is shown and monitored via prescribing reports. Prescribing Lead GPs may be challenged if it is evident that messages are not being communicated effectively or that cost-effective prescribing initiatives are not being implemented.
3.2	Both	**FORMULARIES, GUIDANCE, TRAFFIC LIGHT SYSTEMS** Practice prescribes in line with CCG formularies including Suffolk antibiotic formulary, guidance and traffic light system.	There is no metric associated with this indicator. However, practices may be challenged where inappropriate prescribing is evident
3.3	Both	**PRESCRIBING BUDGET** The practice to monitor spend against budget each month and to be proactive in implementing cost-effective prescribing initiatives in order to achieve prescribing within budget. The practice uses the CCG support tool of choice where operable and to accept the recommendations whenever possible;; i.e. Optimise Rx in Ipswich and East Suffolk and ScriptSwitch in West Suffolk	Practice to submit a Prescribing Plan to meet budget within 6 weeks of receiving 2019/20 practice prescribing budget. The Plan must specify priority medicines management topics that the practice will work on at the start of the financial year 2019-20, but with the understanding that the practice will also engage with the full CCG Medicines Management QIPP Plan throughout the year. Total variance (overspend) for 2019-2020 to be ≤0% on the budget set annually Practices that have not met this metric will be visited by the medicines management team to understand the individual reasons for this which may include list size growth throughout the year. There is no metric associated with this indicator. However, practices may be challenged where routine monitoring of CCG support tool reports highlights high rejection of cost effective prescribing choices.
3.4	Both	**Antibiotics**	ePACT prescribing data

Ref	Applicable CCG – Both; West; East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
		Comply with the NHSE QP targets, meaning: Achieve a 30% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater. Reduce the number of antibiotic items per Specific Therapeutic group Age Sex Related Prescribing Unit (STAR-PU) prescribed in general practice to ≤ 0.965 per STAR PU. Note: These targets are subject to change in line with 19/20 Quality Premium	Reduction in line with CCG 2019/20 quality premium requirements (targets to be published as soon as they become available)
3.5	Both	**Safety/quality metric** **Opioids and gabapentinoids** Practice to review the use of opioids and gabapentinoids (pregabalin and gabapentin) to promote safe, high quality and cost effective prescribing in line with local pain guidelines, which can be accessed via the links below. WSCCG: https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/formularies-and-guidelines/ I&ESCCG: http://www.ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/Medicalconditions/Pain.aspx	Quantity of opioid and gabapentinoid medication prescribed to be reduced by 5% compared to the baseline figures for 2017/18. (Parenteral preparations will be excluded from monitoring as these are predominately used for end of life care)

4 USE OF NHS RESOURCES

Ref	Key Applicable CCG: Both; West; East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
4.1	Both	**UTILISATION OF SECONDARY CARE** The practice regularly reviews secondary care activity data through mechanisms including peer review to ensure that patients receive the optimum care in the right setting. The review should include: • non-elective admissions • A&E attendances • elective admissions • diagnostics • Outpatient referrals	Practice is in line with Suffolk average rates per 1,000 of the weighted population Target - Suffolk Average @ Oct 2018 • Non-elective – 53.14 • A&E attendance – 153.34 • elective – 68.05 • diagnostics – no data available • outpatient referrals –no data available
4.2	Both	**DIRECTED ENHANCED SERVICES AND 'LOCAL ENHANCED SERVICES'** Practices will take up and deliver against any reasonable offer made by the NHS England, the CCGs or Public Health England **OR** explain why this is not appropriate and working with the Commissioners and other organisations to make the services available to their patients and then signpost their patients accordingly	Directed Enhanced Services and local Enhanced Service agreements in place
4.3	Both	**LOW PRIORITY PROCEDURES (LPP)** The practice will ensure that all LPP requested by the GP are accompanied by the relevant primary care T form, following a discussion between the patient and referring GP.	
4.4	Both	**EXCEPTION REPORTING** All practices will achieve an exception reporting (QOF) figure at or below the England average for all criteria unless the practice can demonstrate a local justification.	Reported exception levels compared to England average taken from the previous year i.e. 2018/19
4.5	Both	**DEMENTIA PREVALENCE** The practice will attempt to identify and code all patients with dementia in a timely way. The practice will be open to ideas around the identification of this cohort and be proactive in signposting to the patients the services commissioned to support their diagnosis.	Reported levels reflected back to the practice from the CCG The national target is to code 66.7% of the Estimated Prevalence for the practice with the following codes: **Read Code (e.g. EMIS practices) & description**: Eu00. Dementia in Alzheimer's disease **CTv3 Code (e.g. SystmOne practices) & description**: Eu00. Alzheimer's disease

<table>
<tr><th>Ref</th><th>Key Applicable
CCG: Both;
West; East</th><th>Indicator/Requirement</th><th>Metric/outcome

Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.</th></tr>
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<tr><td>Eu01.</td><td>Vascular dementia</td><td>XE1XS</td><td>Vascular dementia</td></tr>
<tr><td>Eu002</td><td>Dementia in Alzheimer's dis, atypical or mixed type</td><td>Eu002</td><td>Dementia in Alzheimer's dis, atypical or mixed type</td></tr>
<tr><td>Eu023</td><td>Dementia in Parkinson's disease</td><td>Eu023</td><td>Dementia in Parkinson's disease</td></tr>
<tr><td>Eu02z</td><td>Unspecified dementia</td><td>XE1Z6</td><td>Unspecified dementia</td></tr>
<tr><td>Eu020</td><td>Pick’s Disease</td><td rowspan="2">X0034</td><td rowspan="2">Frontotemporal dementia– includes Pick’s Disease and progressive isolated aphasia</td></tr>
<tr><td>Eu02y</td><td>Dementia in other diseases specified elsewhere</td></tr>
<tr><td>Eu025</td><td>Lewy body dementia</td><td>X003A</td><td>Lewy body dementia</td></tr>
<tr><td>E012.</td><td>Residual and late onset psychotic disorder due to alcohol</td><td>Xa25J</td><td>Alcoholic dementia</td></tr>
</table>
</td></tr>
<tr><td>4.6</td><td>Both</td><td>LEARNING DISABILITY HEALTH CHECKS

The practice will work towards maximising health checks carried out annually on this vulnerable cohort of patients.

The practice will be open to ideas to engage with this cohort including advice and engagement from the learning disability nurses.

The practices may use a collaborative approach to provide this service.

Each practice will have a nominated GP/Nurse Lead for LD</td><td>Reported levels reflected back to the practice from the CCG

The following codes should be used:

<table>
<tr><th colspan="3">Learning Disabilities Read codes – health check codes</th></tr>
<tr><th></th><th>Read v2</th><th>Read CTV3</th></tr>
<tr><td>Learning disabilities annual health assessment</td><td>9HB5.</td><td>XaL3Q</td></tr>
<tr><td>Learning disabilities health action plan completed</td><td>9HB4.</td><td>XaJsd</td></tr>
<tr><td>Learning disabilities health assessment declined</td><td>9HB6.</td><td>XaQnv</td></tr>
<tr><td>Learning disabilities health action plan reviewed</td><td>9HB2.</td><td>XaJWA</td></tr>
<tr><td>Learning disabilities health action plan declined</td><td>9HB0.</td><td>XaJW9</td></tr>
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</table>

<table>
<tr><th>Ref</th><th>Key Applicable
CCG: Both;
West; East</th><th>Indicator/Requirement</th><th>Metric/outcome

Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><th colspan="3">Learning Disabilities Read Codes – diagnostic codes</th></tr>
<tr><th></th><th>Read v2</th><th>Read CTV3</th></tr>
<tr><td>Mental Retardation</td><td>E3…%</td><td>E3…%</td></tr>
<tr><td>[X] Mental retardation</td><td>Eu7..%</td><td>Included in E3…%</td></tr>
<tr><td>[X] Developmental disorder of scholastic skills, unspecified</td><td>Eu81z</td><td>Eu81z</td></tr>
<tr><td>[X] Mild learning disability</td><td>Eu816</td><td>XaREt</td></tr>
<tr><td>[X] Moderate learning disability</td><td>Eu814</td><td>XaQZ3</td></tr>
<tr><td>[X] Severe learning disability</td><td>Eu815</td><td>XaQZ4</td></tr>
<tr><td>[X] Profound learning disability</td><td>Eu817</td><td>XaREu</td></tr>
<tr><td>[X] On learning disability register</td><td>918e.</td><td>XaKYb</td></tr>
<tr><td>[X] Specific learning disability</td><td>Eu818</td><td>Included in E3…%</td></tr>
</table>
</td></tr>
<tr><td>4.7</td><td>Both</td><td>ANNUAL SMI HEALTH CHECKS

The practice will work towards maximising the number of annual comprehensive SMI Physical Health Checks for those patients registered with a Severe Mental Illness (SMI).

A comprehensive annual physical health check comprises of completing ALL the following:
• Measurement of weight (BMI or BMI + Waist circumference)
• Blood pressure and pulse check (diastolic and systolic blood pressure recording + pulse rate)
• Blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)
• Blood glucose test (blood glucose or HbA1c measurement)
• Assessment of alcohol consumption
• Assessment of smoking status

The practice must also work towards improving the uptake of these checks:
• an assessment of nutritional status, diet and level of physical activity
• an assessment of use of illicit substance / non prescribed drugs
• Have had support to access relevant national screenings
• a Medicines reconciliation and review
• a General physical health enquiry into sexual health and oral health
• Have had Indicated follow-up interventions

The practice will be open to ideas to engage with this cohort including advice and engagement as appropriate.

The practices may use a collaborative approach to provide this service.</td><td>DRAFT - Technical definition - 2019-20

Reported levels reflected back to the practice from the CCG</td></tr>
</table>

Ref	Key Applicable CCG: Both; West; East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*

5 COLLABORATION

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
5.1	East	**COLLABORATION WITH OTHER PRACTICES** Practices will: Take part in the monthly Training and Education events to ensure that members of the practice team are up to date with the latest changes in pathways and admission avoidance schemes for patients. Practice members ensure key messages are relayed to other members of the team who are unable to attend. Those attending are required to attend for the duration of the event. Practice attendance requirements: • 50% or above, of GPs who would normally be at work at the day of the event to attend. • 1 additional clinical team member to attend where relevant training is available at the event. • The practice manager (deputy or equivalent) is invited to attend any session deemed relevant but it is NOT mandatory for them to do so. Receive and act on relevant benchmarking data provided by the CCG at Collaborative Group meetings and education meetings Attend and actively participate in Collaborative Group meetings, contributing ideas and feeding back decisions and good practice to other members of the practice team Work with the local social services, healthcare providers and other partner organisations to facilitate the development and implementation of integrated neighbourhood teams and building on MDTs to actively identify patients through risk stratification Work with the CCG and other local practices to support the implementation of the CCG primary care strategy. This includes working collectively with other practices to make primary care more sustainable including addressing the recruitment and retention issues and enabling delivery of primary care at a larger scale through enhanced joint working including approaches to sharing services and facilities which enable the resource transfer of care from a secondary care setting to a primary care setting, as appropriate	Attendance by representatives from the practices at 90% of the meetings A practice Nurse will attend at least 4 Nurse Forum events each year. These will coincide with scheduled education events. Practices to engage with the CCG to share learning and key outcomes from collaborative working and to lead and participate in future training events focussed on sustainable general practice through collaborative working.
5.2	West	Attend and actively participate in locality meetings, contributing ideas and feeding back decisions and good practice to other members of the practice team Facilitate the delivery of primary care at a larger scale to develop ways of enhanced joint working, agreeing approaches to sharing services and facilities to enable the transfer of care from a secondary care setting to a primary care setting (where appropriate) Work with the local social services, healthcare providers and other partner organisations to facilitate the development and implementation of integrated neighbourhood teams building on Multi-Disciplinary Teams Work with the CCG and other local practices to support the implementation of the CCG primary care strategy. This will include working collectively with other practices in respect of addressing the recruitment issues facing general practice and supporting joint work in relation to manpower planning.	

Ref	Applicable CCG Both West East	Indicator/Requirement	Metric/outcome *Where a practice is experiencing challenges in progressing against the metrics, the commissioners will discuss this with the practice and identify and prioritise any additional resources, facilitation, technical or educational support required in a consistent way.*
5.3	Both	**PUBLIC AND PATIENT INVOLVEMENT** The practice will ensure: a. Relationships with community groups and patient participation are promoted and encouraged. b. There is a feedback system for users/carers e.g. suggestion box, website and other channels c. The practice collates patient feedback from all available sources, for example the national patient survey, Healthwatch, NHS choices and Friends and Family test	The practice publicises the contact information of the Patient Participation Group on the practice website and on the practice noticeboard. The practice can demonstrate that it has a system to communicate with patients (e.g. via the website, notice boards). The results of the analysis of patient feedback and any improvements that have subsequently been made.

Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**08**
Reference No.	**IESCCG PCCC 19-08**
Date.	**27 March 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 M11 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 Month 11 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

2. Key Points

2.1 At the end of Month 11, the GP Delegated Budget spend was £482k over spent – please see the table below for a summary of key variances:

Application of Funds	YTD			Full Year			Variance Analysis
	Budget	Actual	Variance	Budget	FOT	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
General Practice - GMS	10,428	10,741	(313)	11,524	11,873	(349)	Revised Global Sum Rate and growth in list sizes
General Practice - PMS	29,185	29,917	(732)	31,971	32,789	(818)	Revised PMS contract rate, overspend on CQC registration fees and locum costs
Enhanced services	815	794	21	1,072	1,067	4	
QOF	3,505	3,337	168	5,463	5,291	172	Prior year benefit
Premises cost reimbursements	3,346	3,352	(7)	3,931	3,938	(7)	
Other premises costs	772	608	165	776	612	164	Rate rebates including 17/18 recoveries
Other - GP Services	2,551	2,335	216	465	224	242	Reserve used to offset above cost pressures
Primary Care Co-commissioning	**50,601**	**51,084**	**(482)**	**55,201**	**55,794**	**(593)**	

Other Primary Care shows an under spend of £500k at the end of M11, as summarised in the table below:

Application of Funds	YTD			Full Year			Variance Analysis
	Budget	Actual	Variance	Budget	FOT (internal)	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Local Enhanced Services	3,191	2,826	365	3,481	3,025	456	Variance primarily relates to Primary Care LES. 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 and 2018/19).
GPFV	2,510	2,375	135	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	**5,701**	**5,201**	**500**	**6,219**	**5,624**	**594**	

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 11.

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**09**
Reference No.	**IESCCG PCCC 19-09**
Date.	**27 March 2019**

Title	**New GP Contract including Primary Care Networks**
Lead Officer	Maddie Baker-Woods, Chief Operating Officer
Author(s)	David A Brown / Kate Vaughton
Purpose	To provide the committee with an overview of the recently announced changes to the GP contract and drawing out the implications in respect of Primary Care Networks.

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	X
4.	To improve health & educational attainment for children & young people	X
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	X
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 the report and the implications for the development of General Practice in Ipswich and East Suffolk.

1. Purpose

1.1 To update the Committee on the publication of a document titled, Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan. This paper will highlight the key elements of the document and in particular the introduction of Primary Care Networks (PCNs).

2. Key Elements

2.1 The document, introduces a number of significant changes to the GP contract. These changes are probably the most significant for over 20 years. A copy of the full document can be found at https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

The key elements include;

Workforce:

- New role reimbursement for five years (70% of the costs of employing additional pharmacists, physicians' associates, first contact physiotherapists, and community paramedics). This is in addition to 100% funding for social prescribing workers
- NHS fellowship scheme for newly qualified GPs and nurses
- Continuation of training hubs
- Potential introduction of a partial pension option (to improve retention)
- Centrally funded clinical negligence scheme

Quality:

- Significant revisions to the Quality Outcome Framework (QOF), including new domains relating to quality improvement, prescribing safety and end of life care, plus an increased focus on diabetes, hypertension management and cervical screening.
- Funding and responsibility for the enhanced access (GP+) will transfer into the network contract in April 2021.
- Limited direct booking into GP surgeries appointments by 111 service
- GP activity and waiting times to be published monthly (2021)

Digital:

- Patients to have access to digital first primary care by April 2021 (web and video consultations)
- Patients to have digital access to their full records by 2020

Investment:

- Investment and Impact Fund – starting in 2020 this is intended to encourage hospitals and GPs to work together to reduce avoidable attendances at A&E, and emergency admissions, improve the discharge process, re-design out-patient services etc.

Primary Care Networks (PCNs)

- All practices are expected to join a Primary Care Network (see next section)

3 Primary Care Networks

All practices are anticipated to be a member of a Primary Care Network (PCN) by the end of May 2019.

The key elements of the PCNs are;

- Population between 30,000 – 50,000
- Have a named accountable clinical director (funded)
- Sign a network collaboration agreement
- Funding (70%) to employ additional pharmacists, physicians' associates, first contact physiotherapists, and community paramedics. This is in addition to 100% funding for social prescribing workers
- The additional funds for the new posts will be channelled through the network (approx. £726k per network by year 5)
- CCG to provide £1.50 per head of population to support the running of the PCN
- Receive and manage the funding for enhanced access (GP+ service)
- PCNs will deliver 7 network specifications (introduced over the next few years) that include;
    - Medicines reviews and optimisation
    - Advanced health in care homes
    - Anticipatory care for high need patients
    - Personalised care (Personal Health Budgets)
    - Supporting early cancer diagnosis
    - CVD prevention and diagnosis
    - Tackling neighbourhood inequalities
- Each PCN will need to decide which organisation will employ these additional staff and hold monies on behalf of the network. Locally the Suffolk GP Federation have written to practices to offer their support with this function.
- Practices must register by 15th May 2019

4 Next Steps

4.1 Practices need to decide which PCN they wish to be a member of. There are well developed foundations in Ipswich and East Suffolk in respect of practices working together, at scale in organisational collaborations. However these groups are not all geographically coherent and are larger than the 50,000 upper figure for PCNs. It is desirable to retain the organisational maturity that has developed.

4.2 There are two main options to address this dichotomy; that the existing organisational collaborations disaggregate along geographical lines and continue to provide the infrastructure to support the development of PCNs. The other option is to retain the existing groupings, as large PCNs and that have a sub-locality structure to support local working with partner organisations. Either of these two variants will also support close working with the local Integrated Neighbourhood Teams.

4.3 This overall approach has been endorsed by the Clinical Executive and then communicated to local practices who considered the approach at the Training and Education event. Overall there was support for the approach, although it does present issues for a small number of practices, which need to be addressed.

4.4 Once the overall PCN configurations are agreed each PCN will be required to submit an application by the 15th of May. These will be considered by officers before being taken to the Primary Care Commissioning Committee and then the Governing Body for their agreement. Any proposals also need to be supported by the Local Medical Committee and the STP. It has been suggested that the STP support (or not) could be delegated to the local Alliance. It is intended to take the final position to the Alliance for their comment and support prior to consideration by the PCCC and Governing Body in May.

5. Recommendation

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

NHS
Ipswich and East Suffolk
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Item No.	**10**
Reference No.	**IESCCG PCCC 19-10**
Date.	**27 March 2019**

Title	**Care Quality Commission Update**
Lead Chief Officer	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	
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. Background

1.1 Since the last report in January the following practices have been inspected and received their final report:

Ravenswood Inspected 10/1/19 Rating: Good
The practice had a very positive experience with the CQC which they believe was due to the practice being organised and approaching the visit in a structured way. They were rated "Good" in all domains

Walton Surgery Inspected 23/1/19 Rating: Inadequate
The practice had a very challenging visit. They received "Good" ratings for caring and responsive and "inadequate" for the domains of safety, effectiveness and leadership. The COO attended the CQC feedback session. A robust remediation is in place and being implemented

Bildeston Surgery Inspected 6/2/19 Rating: Good
The practice found the visit challenging but overall found it to be useful and the minor issues mentioned during their summary were easily resolved. They were rated "Good" in all domains

Little St John Inspected 5/2/19 Rating: Outstanding
The practice were delighted to be upgraded from "Good" to "Outstanding", they believe this is down to the hard work of the staff and preparation before the inspection. The practice received ratings of "Good" for safe, effectiveness and caring and "outstanding" for responsive and leadership

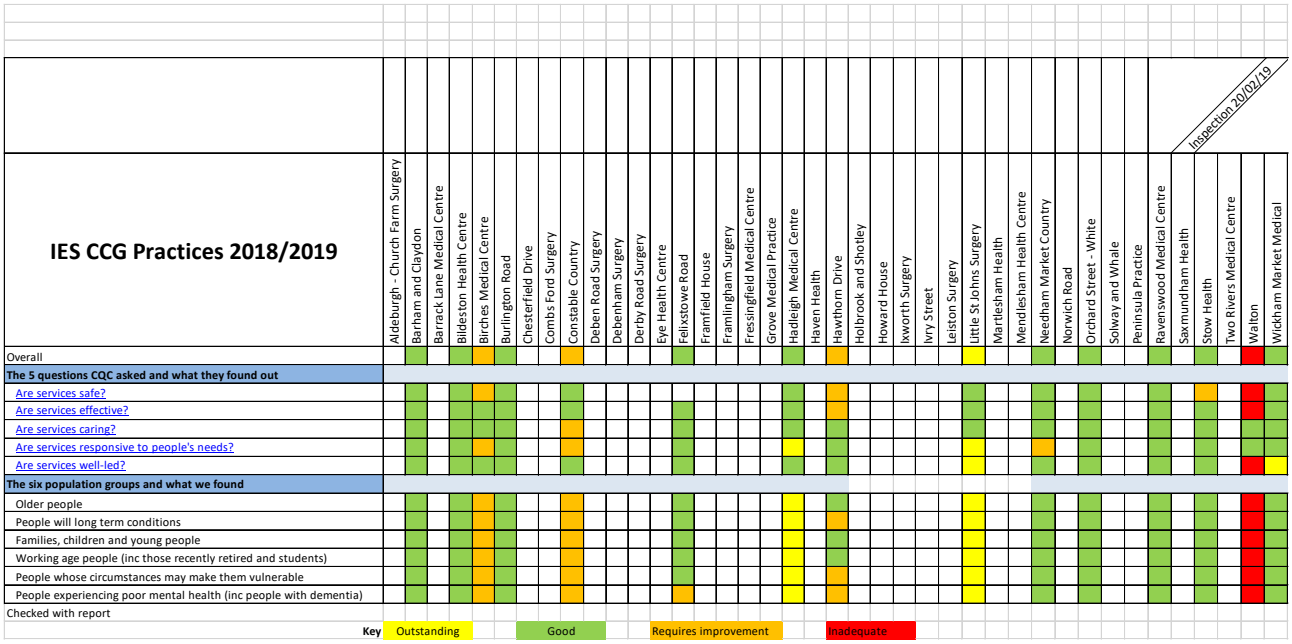
Saxmundham Inspected 20/2/19 Rating: not known

The wider GP Federation services including GP+ have also been inspected and the report is pending

1.2 We have had no notifications of any future visits at this time.

2. Current Status

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



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																			

2.2 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.

3. Next Steps

3.1 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.

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.