



Ipswich and East Suffolk  
Clinical Commissioning Group

**IPSWICH AND EAST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**Tuesday, 25 February 2020 at 2.00pm**  
**Britten Room, Endeavour House, 8 Russell Road, Suffolk, IP1 2BX**

**AGENDA**

- |      |   |  |   |
|------|---|--|---|
| 1400 | <b>1. Apologies for Absence</b>   |  | <i>Chair</i>                                      |
| 1402 | <b>2. Declarations of Interest</b>  |  | <i>All</i>  |
| 1407 | <b>3. Minutes of Previous Meeting</b><br><i>To approve minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meeting held on 26 November 2019</i>                                |  | <i>Chair</i>                                      |
| 1409 | <b>4. Matters arising and review of outstanding actions.</b><br><i>To review outstanding issues from the previous meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee.</i> |  | <i>Chair</i>                                      |
| 1411 | <b>5. General Update</b><br><i>To receive a verbal report from the Chief Operating Officer, Ipswich and East Suffolk CCG</i>  |  | <i>Maddie Baker-Woods</i>                         |
| 1415 | <b>6. Annual Review of Terms of Reference</b><br><i>To receive and note a report from the Chief Operating Officer</i>   |  | <i>Maddie Baker Woods<br/>(IESCCG PCCC 20-02)</i> |
| 1420 | <b>7. Primary Care Contracts and Performance Report</b><br><i>To receive and note a report from the Primary Care Commissioning Manager</i>  |  | <i>Caroline Procter<br/>(IESCCG PCCC 20-03)</i>   |
| 1430 | <b>8. Personal Medical Services (PMS) Contract Extension</b><br><i>To receive and approve a report from the Deputy Chief Operating Officer</i>  |  | <i>Caroline Procter<br/>(IESCCG PCCC 20-04)</i>   |
| 1440 | <b>9. Primary Care Network – Summary of new contract</b><br><i>To receive and note a report from the Primary Care Commissioning Manager</i>   |  | <i>Caroline Procter<br/>(IESCCG PCCC 20-05)</i>   |
| 1450 | <b>10. Primary Care Delegated Commissioning – Finance Report</b><br><i>To receive and note a report from the Director of Finance, Ipswich and East Suffolk CCG</i>                                      |  | <i>Jane Payling<br/>(IESCCG PCCC 20-06)</i>       |
| 1455 | <b>11. Care Quality Commission (CQC)</b>  |  | <i>Claire Pemberton</i>                           |



- To receive and note a report from the Head of Primary Care* (IESCCG PCCC 20-07)
- 1505 **12. Delegated Commissioning Audit**  
*To receive and note a report from the Primary Care Commissioning Manager* *Caroline Procter*  
(IESCCG PCCC 20-08)
- 1510 **13. Workforce Update**  
*To receive and note a report from the Director of Corporate Services and System Infrastructure* *Amanda Lyes*  
(IESCCG PCCC 20-09)
- 1515 **14. Report of Decision from a 'virtual' meeting held on 29 January 2020 regarding Walton surgery**  
*To receive, note and endorse the decision from a virtual meeting held on 29 January 2020* *Maddie Baker-Woods*  
(IESCCG PCCC 20-10)
- 1518 **15. Annual Plan of Work**  
*To receive, note and update the Committee's Annual Plan of Work*
- 1519 **16. Date and Time of next meeting**  
*2.00pm – 4.00pm, Tuesday, 28 April 2020, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk.*
- 1520 **17. Questions from the public – 10 minutes**  
This is a meeting in public and not a public meeting. Members of the public are invited to attend as observers. Questions on the commissioning of primary care are welcome. It is helpful if these are received at least three working days in advance\* so that as full an answer as possible may be given at the meeting. Questions may still be asked without prior submission and if it is not possible to provide an answer at the meeting then a written response will be supplied within seven days and also circulated to members of the committee.

In relation to the business to be covered, it is possible for members of the public to ask a question or raise an issue on a specific matter, subject to time available. Questions will be taken at the chair's discretion at a suitable point in the discussion but after the paper has been presented.

Questions prior to the meeting can be submitted to;  
Jo Mael, Corporate Governance Officer – jo.mael@suffolk.nhs.uk  
Ipswich and East Suffolk CCG  
Endeavour House  
8 Russell Road  
Ipswich  
Suffolk  
IP1 1BX



**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.



**IPSWICH & EAST SUFFOLK CCG – PRIMARY CARE COMMISSIONING COMMITTEE  
ACTION LOG: 26 November 2019 (updated)**

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
<b>Meeting of 22 October 2019</b>				
19/63	Workforce Update	Having suggested that work be carried out to increase communication and promote the local area, which should include the promotion of training resources, it was agreed that the issue be fed back to the Alliance.	Maddie Baker Woods	An update on the governance and management of workforce training, recruitment and development plans across the Alliance was given. A further detailed workforce update would be provided at the next joint Primary Care Commissioning Committee meeting to be held in February 2020.
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	Deferred to February 2020 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.
<b>Meeting of 26 November 2019</b>				
19/74	Service Charge Policy	After consideration, the Committee subsequently approved implementation of the service charge policy across Ipswich & 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/ Ameeta Bhagwat	The basis for a framework has been explored by estates and finance officers and has also been discussed at the February meeting of the Estates Operational Group. The decision reached by the group is that the national policy framework for application should be used initially and this will be reviewed after a 12 month period or following any changes to the national policy following implementation and/or challenge elsewhere.
19/80	Questions from members of the public	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.	Maddie Baker-Woods	



**IPSWICH AND EAST SUFFOLK PRIMARY CARE COMMISSIONING COMMITTEE**

<b>Agenda Item No.</b>	<b>06</b>
<b>Reference No.</b>	<b>IESCCG PCCC 20-02</b>
<b>Date.</b>	<b>25 February 2020</b>

<b>Title</b>	<b>Primary Care Commissioning Committee – Annual Review of Terms of Reference</b>	
<b>Lead Chief Officer</b>	Maddie Baker-Woods, Chief Operating Officer	
<b>Author(s)</b>		
<b>Purpose</b>	To present the Committee's terms of reference for annual review.	
<b>Applicable CCG Clinical Priorities:</b>		
<b>1.</b>	To promote self care	
<b>2.</b>	To ensure high quality local services where possible	
<b>3.</b>	To improve the health of those most in need	
<b>4.</b>	To improve health & educational attainment for children & young people	
<b>5.</b>	To improve access to mental health services	
<b>6.</b>	To improve outcomes for patients with diabetes to above national averages	
<b>7.</b>	To improve care for frail elderly individuals	
<b>8.</b>	To allow patients to die with dignity & compassion & to choose their place of death where appropriate	
<b>9.</b>	To ensure that the CCG operates within agreed budgets	
<b>Action required by the Committee:</b>		
The Committee is invited to carry out an annual review of its terms of reference.		



**NHS**

**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:<sup>1</sup>
- 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:

- To plan, including needs assessment, primary medical care services in Ipswich and East Suffolk;
- To undertake reviews of primary medical care services in Ipswich and East Suffolk;
- 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;
- 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 four members, two of whom shall be CCG Lay Members and at least 2 CCG Chief Officers.

### **Frequency of meetings**

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

31. Meetings of the Committee shall:
  - a) be held in public, subject to the application of 23(b);
  - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
  - c) Where the Committee considers it appropriate for confidential clinical, commercial and contractually sensitive discussions to take place, the attendees will be restricted to voting members only.
32. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
33. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..
34. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
35. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
36. The Committee will present its minutes to NHS England East local team and the Governing Body of NHS Ipswich and East Suffolk CCG bi-monthly for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.
37. The CCG will also comply with any reporting requirements set out in its constitution.
38. It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

## **Accountability of the Committee**

39. Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation and Prime Financial Policies (previously known as the Standing Financial Instructions.) Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the committee membership within the limits and Executive Director authorities noted within the Scheme of Reservation and Delegation.
40. The Committee will have a delegated limit of £250,000 for contracting and

procurement. Decisions above this level will need to be approved by the Governing Body, with the quoracy and voting arrangements of the Governing Body in respect of primary care commissioning adjusted in accordance with the CCG's Constitution.

41. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.
42. Decisions may from time to time be made following consultation with the full CCG membership via the CCG Members' meetings and/or the public following best practice for the conduct of public consultations.

### **Procurement of Agreed Services**

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

### **Decisions**

44. The Committee will make decisions within the bounds of its remit.
45. The decisions of the Committee shall be binding on NHS England and Ipswich and East Suffolk CCG.
46. The Committee will provide an executive summary report which will be presented to NHS England Midlands and East as part of the CCG Assurance process.

### **Review**

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

<b>Date Approved:</b>	23 January 2018
<b>Review Date:</b>	January 2019

<sup>1</sup> For a glossary of terms refer to appendix A

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## 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

<b>APMS</b>	<b>Alternative Provider Medical Services</b> - An alternative contract to General Medical Service (GMS) or Personal Medical Services (PMS) for providers of health care.
<b>CCG</b>	<b>Clinical Commissioning Group</b> - 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)
<b>DES</b>	<b>Directed Enhanced Services</b> - Schemes that CCGs are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.
<b>GB</b>	<b>Governing Body</b> - 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.
<b>GMS</b>	<b>General Medical Services</b> - 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 <b>General Medical Services Contract</b> .
<b>LES</b>	<b>Local Enhanced Services</b> - Schemes agreed by CCGs in response to local needs and priorities, sometimes adopting national service specifications.
<b>PPGs</b>	<b>Patient Participation Groups</b> - 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.
<b>Primary Care</b>	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.
<b>PMS</b>	<b>Personal Medical Services</b> - A locally-agreed alternative to General Medical Service (GMS) for providers of general practice.
<b>QoF</b>	<b>The Quality and Outcomes Framework</b> - Is a system for the performance management and payment of general practitioners in the NHS. It was introduced as part of the new (GMS) contract in April 2004, replacing various other fee arrangements.



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>07</b>
<b>Reference No.</b>	<b>IESCCG PCCC 20-03</b>
<b>Date.</b>	<b>25 February 2020</b>

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

### Applicable CCG Clinical Priorities:

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

### Flu Vaccination

Performance against NHS England flu season targets for the whole 2019/20 flu season as at January 2020 remain high.

Cohort	Performance	NHSE Target
65 years +	74.6%	75%
All pregnant women	47.2%	55%
Aged 2	55.4%	50%
Aged 3	54.9%	50%
Aged 4	62.5%	50%
Aged 5	63.6%	50%
Aged 6	61.4%	50%
Aged 7	60.5%	50%
Aged 8	58.6%	50%
Aged 9	55%	50%
Aged 10	52.1%	50%

(monthly figures from immForm).

The CCG have exceed the national uptake figures in all cohorts and have performed highly against the targets for 2 & 3yrs olds. Performance against the target for pregnant women remains low.

## 3. Prescribing and Medicines Management

**Prescribing budget:** Year to date at month 8 (November), GP prescribing showed an over spend against budget of £284k (0.75%). However, national stock shortages and Drug Tariff price increases are ongoing and have led to a cost pressure locally of £1.2million year to date. When this cost pressure is taken into account, the practices show an underspend against budget of £987k (2.6%). For those practices who continue to be significantly overspent, once the national cost pressures have been removed, quarterly prescribing meetings have been established.

**Antibiotic prescribing:** IESCCG is currently meeting the national targets for antibiotic prescribing (Oct-18 to Nov-19):

- Total antibacterial items per STAR-PU = 0.944 (national target: <0.965)
- Broad spectrum antibiotic prescribing as a proportion of all antibiotics prescribed = 7.96% (national target <10%)

**QIPP delivery:** Year to date at month 8 (November), GP prescribing has delivered £703k cost efficiency savings against a year to date target of £637k.

**Medicines Management team priorities:** The team is prioritising work to help reduce antibiotic usage and encourage formulary adherence; reduce the use of medicines of low clinical value and medicines that can be purchased over the counter (as per NHSE guidance); and optimise the use of appliances.

### **Actions – Ongoing:**

- Work with 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.
- Practice visits are ongoing for those practices who continue to be significantly over spent.
- Training for care home staff to support appropriate use of 'as required' medicine has been organised for March.

## **4. Performance Targets**

### **Severe Mental Illness (SMI) Physical Health Checks**

As at quarter three (based on a rolling twelve month period, 44.3% of annual physical health checks have been completed for patients on practice SMI registers (an increase of 2.8% on Quarter Two). The NSFT SMI Physical Health Check team has been working closely with primary care since June 2019 to establish which patients under secondary care need to take physical health checks.

Practices are also referring primary care patients who are not engaging with the team so that they can carry out assertive outreach for those patients with the aim of either completing the health check themselves or encouraging them to engage with primary care.

### **Learning Disabilities (LD) Health Checks**

The CCG continues to work closely with practices to support them in delivering health checks for people living with Learning Disability in Ipswich and East Suffolk.

Primary Care Learning Disability Liaison nurses employed by NSFT across East and West Suffolk are working with practices to review their LD register to identify patients who are either not appropriate for inclusion on the register or who should be included due to their diagnosis. They are working closely with Suffolk County Council and the information that they hold regarding this cohort of patients. They continue to offer support and guidance to primary care staff when appropriate.

Health checks are a key part of the LeDeR (Learning Disabilities Mortality Review Programme) and any learning from this process is fed through to both primary care and the Liaison nurses. Focusing on the quality of health checks is a key priority going forward.

The latest draft of the GP Contract Introduces a new Investment and Impact Fund in 2020/21 with incentives in year one to increase uptake of learning disability health checks.

As of Q3 20/19, 50.9% of LD patients have received an LD health check this year, the highest percentage achieved in any Q3 so far and slightly ahead of performance in Q3 last year

### **Dementia coding**

The CCG team has taken a number of actions to arrest the recent decline in overall performance in respect of coding patients with dementia. Over the last 4 months there has been a month on month reduction in the level of achievement.

The actions taken thus far include;

- The CCG has engaged with Community Memory Assessment Service (CMAS) to look at ways of increasing acute hospital assessment and referral activity to result in increased diagnosis
- The team has re-introduced and promoted the use of dementia diagnosis tools to support Primary care/Care Home Liaison and Care Homes to work together to raise concerns and improve Dementia Diagnosis Rate (DDR).
- Collaborative practice visits (CCG, CMAS, REACT, DIST Dementia Together) have been undertaken to promote a whole system offer. Learning and feedback from these meetings has been cascaded to wider stakeholders.
- The CCG has developed a simple dementia data dashboard to provide an overview and to monitor data
- Collaborative work with CCG care homes team, care homes and practices to review register and identify diagnosis gaps is ongoing.
- We have produced and distributed “ why diagnose dementia leaflet” to practices
- A protocol to support pharmacy technicians and practices in identifying patients with potential dementia diagnosis has been developed.
- The March training and education event has a dementia theme, the main clinical lecture relates to dementia as do two of the speed dates

The January position has seen a slight improvement in the overall position, which has increased by 0.3% to 66.1%

## 5. Primary Care Network Development Funds

The CCG has available £309,600 to enable the continued development of PCNs.

The criteria to spend the funds is set out in the PCN development Support – Guidance and Prospectus developed by NHS England. It has been designed to help a PCN progress against the maturity matrix.

Funds should be spent in line with the NHS England prospectus and can 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

The following proposals have been received. Each has been and reviewed internally by a panel convened of GPs and CCG officers to ensure they meet the criteria for funding.

PCN	Proposal	Amount
North East Ipswich	Pathology Optimisation programme	£7,460.00
South Rural	Team away day	£6,225.00
Orwell PCN	Project management for: <ul style="list-style-type: none"> <li>• Development of Personal Health and Care plans to patients of complex need</li> <li>• To integrate Social Prescribing with “MDT joint clinics”</li> <li>• “MDT joint clinics” supporting Mental Health model being developed by ICS</li> <li>• Roll out of MDT clinics across Burlington and Derby Road Practices</li> <li>• Expansion of the Integrated Team</li> </ul>	£45,000.00

	(using established models and relationships)	
Felixstowe and Area	BMA conference attendance	£240.00
All	Cover costs to enable practices to become Training practices	£12,507.00
Mid Suffolk & North West Ipswich, Felixstowe and Area	Electronic Staff Records (ESR) input for all staff in Suffolk Primary Care	£15,000.00
Felixstowe and Area	Targeted Flu campaign for hard to reach patients	£3,310.00
South Rural	Attendance at PCN Finance event	£860.00
Mid Suffolk	High risk drug monitoring scheme to centralise monitoring.	£15,000.00
North East Coastal	Mental health early adopter site – set up support costs.	£19,703.80

## 6. **Recommendation**

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



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>08</b>
<b>Reference No.</b>	<b>IESCCG 20-04</b>
<b>Date.</b>	<b>25 February 2020</b>

<b>Title</b>	<b>Personal Medical Services (PMS) Contract Extension</b>
<b>Lead Officer</b>	Maddie Baker-Woods, Chief Operating Officer
<b>Author(s)</b>	David A Brown, Deputy Chief Operating Officer
<b>Purpose</b>	To seek the approval of Committee to the recommendation to extend the 2019/20 PMS arrangement by three months.

### 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	X

### Action required by Primary Care Commissioning Committee:

To approve (or not) the recommendation to extend the PMS development framework contract by three months to 30 June 2020.

## **1. Purpose**

- 1.1 The Personal Medical Services (PMS) development framework is re-negotiated on an annual basis. This process takes place to reflect; changes in annual target, national requirements which are published in the annual planning framework and other local priorities.
- 1.2 This year is has been more problematic to engage in these negotiations with the Local Medical Committee due to the impending publication of the Primary Care Network guidance and specifications. It was anticipated that these specifications and other elements of the contract would impinge upon the remit of the PMS development framework.
- 1.3 It was therefore proposed to the LMC that the existing arrangements would be extended by three months to the 30 of June 2020.

## **2. Recommendation**

- 2.1 The Committee is invited to approve the recommendation to extend the existing PMS Development Framework term to 30 June 2020.



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## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>09</b>
<b>Reference No.</b>	<b>IESCCG PCCC 20-05</b>
<b>Date.</b>	<b>25 February 2020</b>

<b>Title</b>	<b>Primary Care Network (PCN) – Summary of new contract</b>
<b>Lead Director</b>	Maddie Baker-Woods, Chief Operating Officer
<b>Author(s)</b>	Caroline Procter, Primary Care Commissioning Manager & ICS Lead
<b>Purpose</b>	To update the Committee on the new changes to the PCN contract

### 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	X

### Action required by Primary Care Commissioning Committee:

To note the changes required to the arrangements relating to the PCN scheme.

## 1. Purpose

1.1 NHS England and NHS Improvement and the BMA have agreed the 2020/21 GP contract deal. The full details of the deal can be found in “Update to the GP contract agreement 2020/21 to 2023/24” published at: <https://www.england.nhs.uk/gp/investment/gp-contract/>This agreement updates and enhances the existing five-year GP contract deal: *Investment and Evolution*.

1.2 The main changes include:

- Major enhancements to the additional roles reimbursement scheme, including an expansion of roles to include: This is in addition to the current roles already funded.
  - pharmacy technicians,
  - care co-ordinators,
  - health coaches,
  - dietitians,
  - podiatrists and
  - occupational therapists.
  - Mental health professionals will be added from April 2021.
- A 3 month back to baseline grace period has been introduced.
- 100% reimbursement for the additional roles
- A raft of measures to aid GP training recruitment and retention, including a new to partnership payment of £20k, fellowships in general practice for GP trainees and newly qualified nurses.
- Digitisation of Lloyd George notes in 2020
- A renewed focus on improving access including a GP access improvement programme to cut the longest waits for routine appointments. Currently the model is under review
- further reforms to asthma, chronic obstructive pulmonary disease (COPD) and heart failure Quality and Outcomes Framework (QOF) domains, and a new indicator to support diabetes prevention
- An overhaul of vaccination and immunisation payments to increase vaccination coverage. This will become an essential service in 2020 and item of service payments standardised
- A new universal post-natal check at 6-8 weeks for new mothers
- Incentivised referrals for Obesity services – non essential services
- **Structured medications reviews (SMR)** are now linked to pharmacist capacity.
- **Enhanced Health in Care homes** from September 2020 (and corresponding requirements for providers of community services) with an additional care home payment of £120 per bed per year. Each care home will be aligned with one PCN. Allocation to be agreed prior to 31<sup>st</sup> July. Weekly ward rounds to include a requirement for medical input to be ‘appropriate and consistent’.
- **Early cancer diagnosis.** Review referral practice and use of decision tools.
- The remaining four service specifications
  - CVD diagnosis and prevention - to be re-worked
  - Tackling inequalities – to be re-worked
  - Personalised care (deferred 21/22) – must have access to a Social Prescriber
  - Anticipatory care (deferred 21/22)
- Introduction of the new Investment and Impact Fund (IIF) in 2020/21 with incentives in year one to increase uptake of learning disability health checks, seasonal flu jabs, social prescribing referrals, and improve specific aspects of prescribing. Similar scheme to QOF including aspiration payments and payment on achieving indicators.
- In 2021/22 one third of IIF will support delivery of service specifications.

## 2. Recommendation

2.1 The Committee is invited to note the updates.



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>10</b>
<b>Reference No.</b>	<b>IESCCG PCCC 20-06</b>
<b>Date.</b>	<b>25 February 2020</b>

<b>Title</b>	<b>Primary Care Delegated Commissioning- Finance Report</b>	
<b>Lead Officer</b>	Jane Payling, Director of Finance	
<b>Author(s)</b>	Wendy Cooper	
<b>Purpose</b>	To provide the committee with an overview of the M10 Primary Care Delegated Commissioning Budget	
<b>Applicable CCG Clinical Priorities:</b>		
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
<b>Action required by Primary Care Commissioning Committee:</b>		
To note the report		

## 1. Purpose

- 1.1 To provide the committee with an overview of the M10 Primary Care Delegated Commissioning Budget and other associated primary care budgets.

## 2. Key Points

- 2.1 At the end of M10, the GP Delegated Budget spend was £ 706k 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	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
General Practice - GMS	8,071	8,140	(69)	9,686	9,727	(41)	Variance due to list size increase
General Practice - PMS	25,520	25,612	(92)	30,624	30,775	(151)	Variance due to list size increase
Enhanced services	949	1,495	(547)	1,138	1,838	(699)	Variance relates mainly to PCN Participation DES and expected increase in LD Health checks
QOF	4,630	4,630	0	5,556	5,556	0	
Primary Care Network	161	342	(181)	194	473	(279)	Variance relates to PCN payments to Networks
Premises cost reimbursements	3,893	3,938	(45)	4,672	4,720	(48)	Variance relates to rent reviews
Other - premises costs	135	180	(46)	162	235	(74)	Variance due to increase in cost of clinical waste
Other List-Based Services (APMS incl.)	4,099	3,843	257	4,919	4,721	198	Benefit from in year seniority reduction / addit dispensing Drs funding
Other - GP Services	70	55	16	84	(119)	204	PY benefit
<b>Primary Care Delegated Commissioning</b>	<b>47,529</b>	<b>48,235</b>	<b>(706)</b>	<b>57,035</b>	<b>57,925</b>	<b>(890)</b>	

Other Primary Care shows an under spend of £ 1,506k at the end of M10, 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	2,350	2,205	146	2,822	2,661	161	Variance primarily relates to PY benefit.
Primary Care Contingency	0	(791)	791	0	(791)	791	PY Benefits to offset PC Delegated Commissioning over spend
GPfV	2,933	2,364	569	3,520	2,863	657	Variance relates to 19/20 under performance
<b>Other Primary Care</b>	<b>5,284</b>	<b>3,778</b>	<b>1,506</b>	<b>6,342</b>	<b>4,733</b>	<b>1,609</b>	

## 3. Risks / Opportunities

- 3.1 The Primary Care Contingency will be primarily used to offset the forecast overspend in the Primary Care Delegated Commissioning budget.
- 3.2 Other risks not reflected in the above full year forecasts are further increases in rent reimbursement, additional practice management support and an increasing number of claims for locum allowance for parental and sickness absence.

## 4. Recommendation

- 4.1 The Committee is asked to note the financial performance at M10.



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	11
<b>Reference No.</b>	IESCCG PCCC 20-07
<b>Date.</b>	25 February 2020

<b>Title</b>	<b>Care Quality Commission (CQC) Update</b>
<b>Lead Director</b>	Maddie Baker-Woods, Chief Operating Officer
<b>Author(s)</b>	Claire Pemberton, Head of Primary Care
<b>Purpose</b>	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's new way of operating is working very well and has eased the pressure on the practices. The CQC continue to contact the CCG prior to contacting the practice to gather soft intelligence however they do not share the date of the practice call.
- 2.2 Since the last report in the following practices have been contacted:-

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 have taken place:-

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 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup>

The ARR calls do not trigger a CQC team visit unless there is a concern raised or the practice have demonstrated they are outstanding in an area. This means the overall ratings have not changed.



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.



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	12
<b>Reference No.</b>	IESCCG PCCC 20-08
<b>Date.</b>	25 February 2020

<b>Title</b>	Delegated Commissioning Audit
<b>Lead Director</b>	Maddie Baker-Woods, Chief Operating Officer
<b>Author(s)</b>	Caroline Procter, Primary Care Commissioning Manager & ICS Lead
<b>Purpose</b>	To update the Committee on the outcome of the audit

### 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	X

### Action required by Primary Care Commissioning Committee:

To note the outcome of the audit

## 1. Purpose

1.1 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 have 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.

1.2 The audit focussed on the following areas:-

- Commissioning and procurement of primary medical services;
  - Planning the provision of primary medical care services in the area, including carrying out needs' assessments and consulting with other relevant agencies as necessary. This will include how the CCG assesses the quality of services as part of the assessment process of potential providers.
  - The processes adopted in the procurement of primary medical care services, including decisions to extend existing contracts.
  - The involvement of patients / public in those commissioning and procurement decisions.
  - The effective commissioning of Directed Enhanced Services and any Local Incentive Schemes (including the design of such schemes).
  - Commissioning response to urgent GP practice closures or disruption to service provision.
  - Arrangements for undertaking quality and equality impact assessments.
  - Review the extent of the engagement with key stakeholders including patient, public and GP engagement, including how issues are escalated from stakeholders to NHS England.
  - With specific attention in relation to decisions impacting GP practices' registered population (e.g. mergers / closures / relocations) the CCGs undertake all necessary involvement and consultation and keep clear records thereof. The consultation undertaken is appropriate and proportionate in the circumstances of each case and should include consulting with the Local Medical Committee (or equivalent) and affected patients. Consultation with patients / the public follows statutory guidance.
  - The CCGs have considered their obligations in relation to procurement (e.g. The NHS (Procurement, Patient Choice and Competition) Regulations 2013, Public Contracts Regulations 2015) where appropriate.
  - The reporting and monitoring arrangements to/by the various forums including the CCGs Primary Care Commissioning Committee and Governing Bodies.
  - The extent to which the increased rates and rental costs have been accounted for within the primary care budgets and how these have been dealt with.

1.3 The audit was conducted between October and November 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.

## 2. Outcome of Audit

2.1 The CCGs were notified in January 2019, that RSM, having completed their audit had concluded that the overall assurance assessment was 'substantial assurance'. This is the highest rating possible.

Their conclusion was:

Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and operating effectively.

2.2 RSM have made only one 'low priority' recommendation to the CCGs with regards to the procurement policy. It has been agreed with the CCG that the policy will be reviewed in line with legislation and guidelines and published on the CCG website by March 2020.

**3. Recommendation**

3.1 The Committee is invited to note the outcome of the audit.



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	13
<b>Reference No.</b>	IESCCG PCCC 20-09
<b>Date.</b>	25 February 2020

<b>Title</b>	Workforce Update
<b>Lead Director</b>	Amanda Lyes Director of Corporate Services and System Infrastructure
<b>Author(s)</b>	Julie White Primary Care Development Manager
<b>Purpose</b>	For Information

### 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 note the report.

## **1. Purpose**

- 1.1 To provide 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.

## **2. Background**

- 2.1 The NHS Long Term Plan, The GP Contract and the development of Primary Care Networks are all having an impact on General Practice Workforce. NHS England and Health Education England are channelling resources into the ICS and CCGs to develop the workforce to deliver these strategies.
- 2.2 The whole sector is continuing to face workforce challenges and the establishment of the Local Workforce Advisory Groups provide a platform for collaborative working but the local Training Hub Advisory Groups focus just on Primary Care workforce and provide opportunities to implement local initiatives to recruit and retain staff.
- 2.3 The Primary Care Networks and the role out of reimbursable roles is impacting on staff numbers although it is too early to know if these posts will be sustainable going forwards.

## **3. Workforce Data**

- 3.1 The need to have accurate workforce reporting is essential in order to produce workforce reports that are meaningful to understand the current picture and provide the foundation to produce future workforce plans and strategies.
- 3.2 NHSE produce quarterly reports based on the information inputted by the Practice Managers and from December 2019 this will include Primary Care Networks so going forwards reports can be generated by Practice, PCN, CCG or ICS. NHSE is working with local systems to gather data on workforce delivering additional patient services in particular GPs employed as locums, Out of Hours and GP+ to ensure they are captured in the data reports.
- 3.3 There is further work to be undertaken with Practice Managers to ensure accuracy in data inputting and a greater understanding of NHSE parameters in data recording. The Data Champion is the link with NHSE/Digital and the conduit for communication between practices and the data teams. They are also part of the regional working groups who are developing the next iteration of the workforce reporting tool.
- 3.4 In addition to the NHSE reporting Suffolk and North East Essex have developed a local reporting tool to gather data which helps with local planning. This includes recording number of training practices, GP Trainers, Nurse Trainers, student placements this is gathered from alternative data sources and is not requiring input from individual practices although the information is proving useful to Practices, PCNs and CCGs in producing workforce reports.

## **4. Key Messages from the Data**

- 4.1 The data for quarter two confirms that overall the number of GPs and Nurses has remained consistent across 2018/19 with a very small decrease in GPs and a slight increase in Nurses. The recruitment of direct patient care practitioners has increased due to the funding of reimbursable roles.
- 4.2 Whilst there is a greater understanding of the issues there is a need to engage with PCNs to support them to recruit, retain and develop their staff teams.

## **5. Apprentices**

- 5.1 Apprenticeships are continuing to be a challenging area to progress although the recruitment of additional Nurse Educator Leads to support Primary Care to access apprenticeships is currently underway and appointments should be made in the next few weeks.

- 5.2 The Nurse Educator Team have supported 4 GP Practices in Suffolk to access the degree Nursing Apprenticeship. This is a two year top up programme delivered by University of Suffolk. The programme will be funded by ESNEFT and West Suffolk Hospital from their apprenticeship levy and they have also supported with student placements.
- 5.3 The learning from these students has built knowledge and confidence in Primary Care that it is possible to offer these apprenticeships to existing staff and develop career pathways. The aim is to offer more places in 2020/21.
- 5.4 The Training Hub have supported a HCA to access a level 3 Health Care Apprenticeship which consolidates clinical skills and learning and is a foundation for progression on to a Nursing Associate apprenticeship in the future.
- 5.5 The Advanced Clinical Practice apprenticeship standard becomes available in Sept 2020 and will provide a valuable career progression pathway for PCNs which is funded. This will impact on the ability of Practices to be able to develop Nurse led clinics.

## **6 GPs**

- 6.1 Initiatives to support GPs at all stages of their career continues to develop:-  
Clinical Lead – this post is about to go to advert and will provide strategic leadership for all the GP work streams. The post will be 2 sessions a week on a two year fixed term contract.
- 6.2 There are a number of GPs including Clinical Executive who have expressed an interest in leading/supporting some of the following work streams:-

## **7 GP Training Practices/GP Trainers/GP Trainees**

- 7.1 The work to secure additional training capacity for all clinical students and GP Trainees is ongoing. The number of practices who have expressed an interest in becoming a training practice has exceeded the funding available and additional funding has been sourced to ensure they can all accommodate GP Trainees.
- 7.2 Currently there are 96 Practices in the ICS and 48 are Training Practices. The survey has identified and additional 18 Practices that would like to register as training practices and 35 GPs who would like to become GP Trainers.
- 7.3 These Practices would also be able to support other clinical students which has the potential to recruit newly qualified staff into Primary Care.

## **8 Newly Qualified**

- 8.1 NHSE have provided funding to implement the New Qualified Programme for all GPs and Practice Nurses. This programme is progressing with an initial focus on developing peer support programmes and identifying a network of mentors. The final plan requires sign off by NHSE before implementation

## **9 First Fives**

- 9.1 The First Five networks have been revitalised with the appointment of Clinical Leads in West Suffolk and Ipswich and East. Suffolk GP Federation are coordinating the programmes and providing administrative support.
- 9.2 NHSE has established a regional First 5 network to share best practice and identify opportunities for shared learning and resources. This is particularly beneficial for GPs who span CCG boundaries.

## **10 GP Support Hub**

- 10.1 The GP Support Hub has just celebrated its first anniversary and is seen as a valuable resource of information, advice and guidance by GPs across Suffolk.

The uniqueness of the hub is that it offers bespoke support therefore it engages with all GPs regardless of where they work and what point they are in their career.

10.2 The hub records the support provided which is influencing future planning for GPs and GP services.

## **11 Nursing**

11.1 The World Health Organisation has named 2020 as the Year of the Nurse and Midwife. The Primary Care Nurse Educator Team are planning a range of activities to celebrate the role of the Nurse in General Practice and raise the profile. There is a proposal to host a Nursing Conference in the autumn.

## **12 Clinical Skills**

12.1 The 2019/20 clinical skills programme will be reviewed at the end of March to assess the impact on patient services and value for money. Practices are about to receive a clinical skills request forms for the 2020/21 in preparation for confirmation of funding from HEE.

## **13 Newly Qualified Nurses**

13.1 The Nurse Educator Team have developed a proposal to establish a Nurse Educator Lead per PCN to support education and training for existing Nurses and develop and implement the two year preceptorship programme for newly qualified Nurses in General Practice.

13.2 This proposal has been approved by NHSE/HEE as it addresses a key issue which is lack of capacity in nursing teams to be able to support newly qualified nurses in General Practice. NHSE has recognised that a key element of the programme is the expectation that all newly qualified Nurses will be able to access 1-1 support and mentoring which is challenging to achieve in General Practice when all current practice time is scheduled to deliver clinical services.

## **14 Wider Workforce**

14.1 The Training Hub has received funding from NHSE and HEE to develop clinical leads for the multi-disciplinary teams in Primary Care and the intention is to undertake a recruitment campaign the next few weeks. This will support clinical supervision for existing staff and increase the opportunity to offer student placements.

## **15 Practice Managers/Clerical**

15.1 The Training Hub is continuing to work with these staff groups to identify education and training programmes to support individual members of staff and develop the skills required to work as PCNs. The opportunities created by working collaboratively across PCNs is leading to new job roles and skill mix.

## **16 Conclusion**

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

16.2 There are dedicated funding streams from NHSE/HEE to support workforce development and this is making an impact on Practices, PCNs and future workforce reports should evidence staff growth and the impact on staff to patient ratios.

## **17 Recommendation**

17.1 The Committee is asked to note the report.

# Primary care workforce data Ipswich & East Suffolk

19/20 Quarter 2 position, as at 30 Sep 2019

*(Data from the Q3-December 2019 extraction will be available around the end of February 2020)*

## Suffolk & North East Essex ICS

# Purpose

The purpose of this slide deck is to provide the current primary care workforce statistics, which will inform the delivery of key priority areas including:

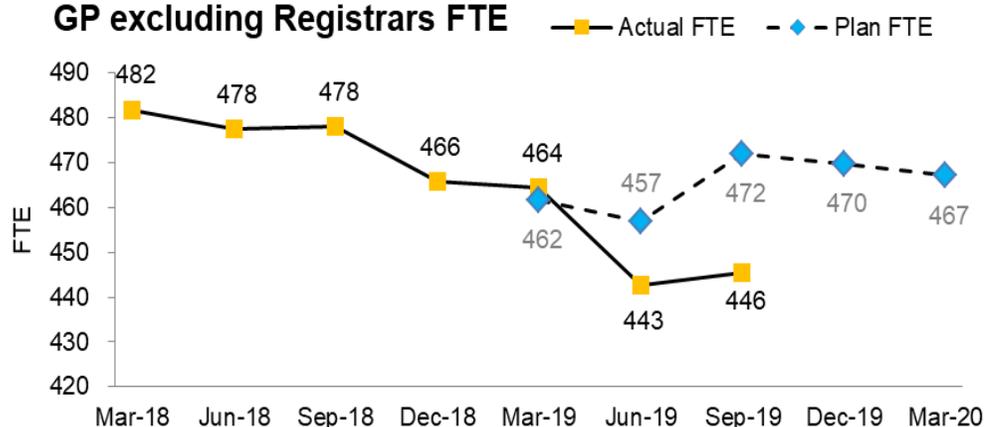
- Recruitment and retention of the primary care workforce
- Continuation of workforce data quality improvement
- Supporting the implementation of the NHS Long Term Plan and General Practice Network DES contract

# Workforce numbers Suffolk & NE Essex

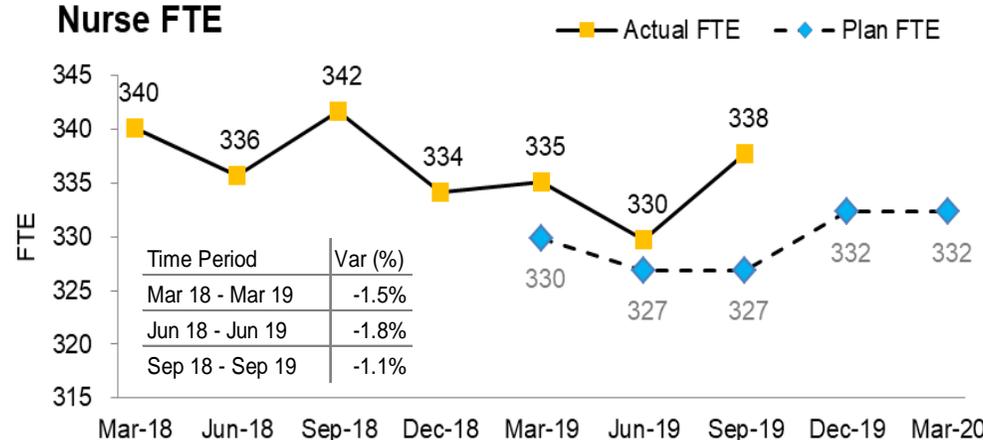
# Actual vs Plan by Staff Group - S&NEE Q2 19/20



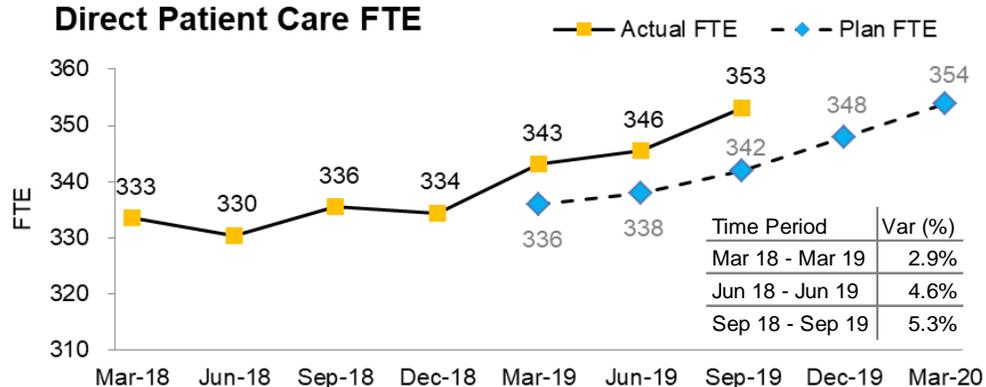
## GP excluding Registrars FTE



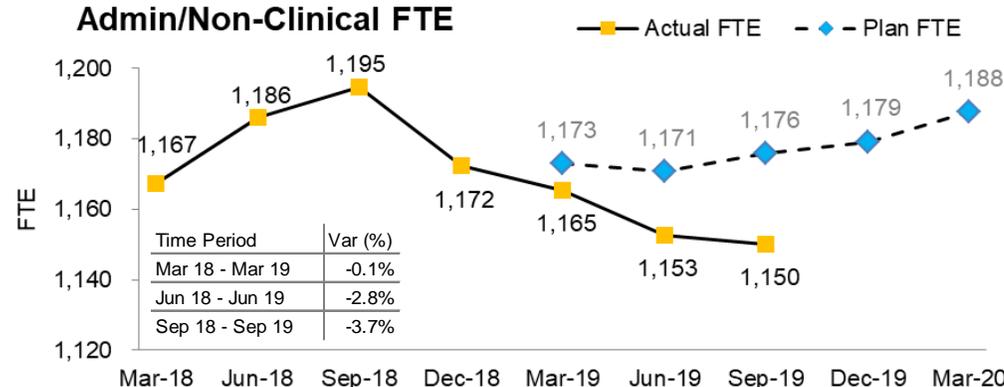
## Nurse FTE



## Direct Patient Care FTE



## Admin/Non-Clinical FTE



Source: Actuals - NHS Digital, GP Workforce  
Plan – Operational Planning 19/20 data



Suffolk & NE Essex ICS



Suffolk & North East Essex  
Primary Care Training Hub

# Ipswich & East Suffolk – Q2 (2019-2020)

## System-level workforce data

Underlying data can be found in the National Workforce Reporting System (NWRS) as reported by practices

Additional data from the General Practice Workforce Publication at:

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>

# GPs FTE - Q2 19/20



Quarter	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Overall Change from March 2018
FTE number of GPs (excluding registrars and locums)	180.9	180.3	182.4	181.8	180.5	177.5	179	
Change from previous quarter		-0.6	2.1	-0.6	-1.3	-3.0	1.5	-1.05%
FTE number of GPs (excluding registrars)	191.9	190.6	193.5	190.3	188.8	184	187.7	
Change from previous quarter		-1.3	2.9	-3.2	-1.5	-4.8	3.7	-2.19%

Source: National Workforce Reporting System

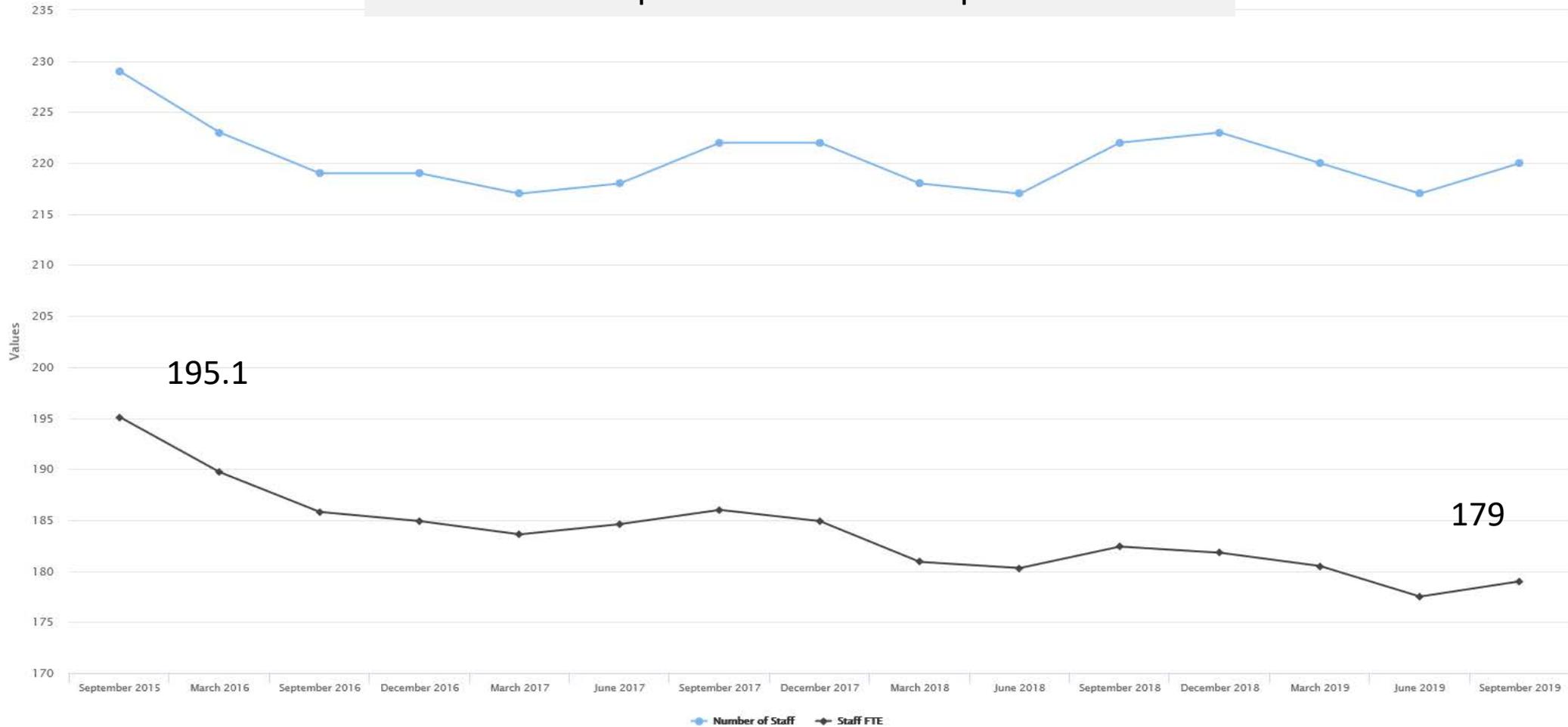


Suffolk & NE Essex ICS



Suffolk & North East Essex  
Primary Care Training Hub

## GPs (excluding Locums and Registrars) Trend from September 2015 to September 2019



Source: National Workforce Reporting System

Generated by the PCWT

# Nurses FTE - Q2 19/20

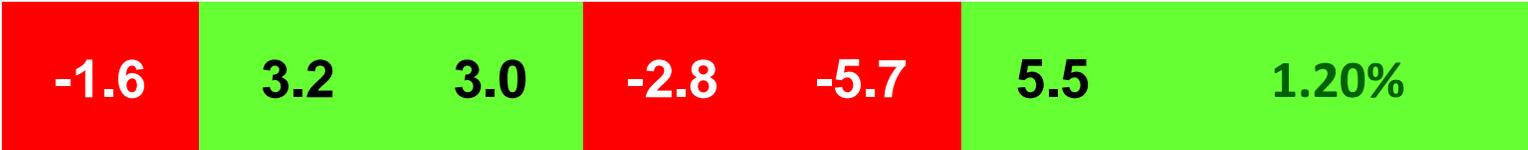


Quarter	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Overall Change from March 2018
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## Nursing Workforce

FTE number of Nurses    132.9    131.3    134.5    137.5    134.7    129    134.5

## Change from previous quarter



Source: National Workforce Reporting System

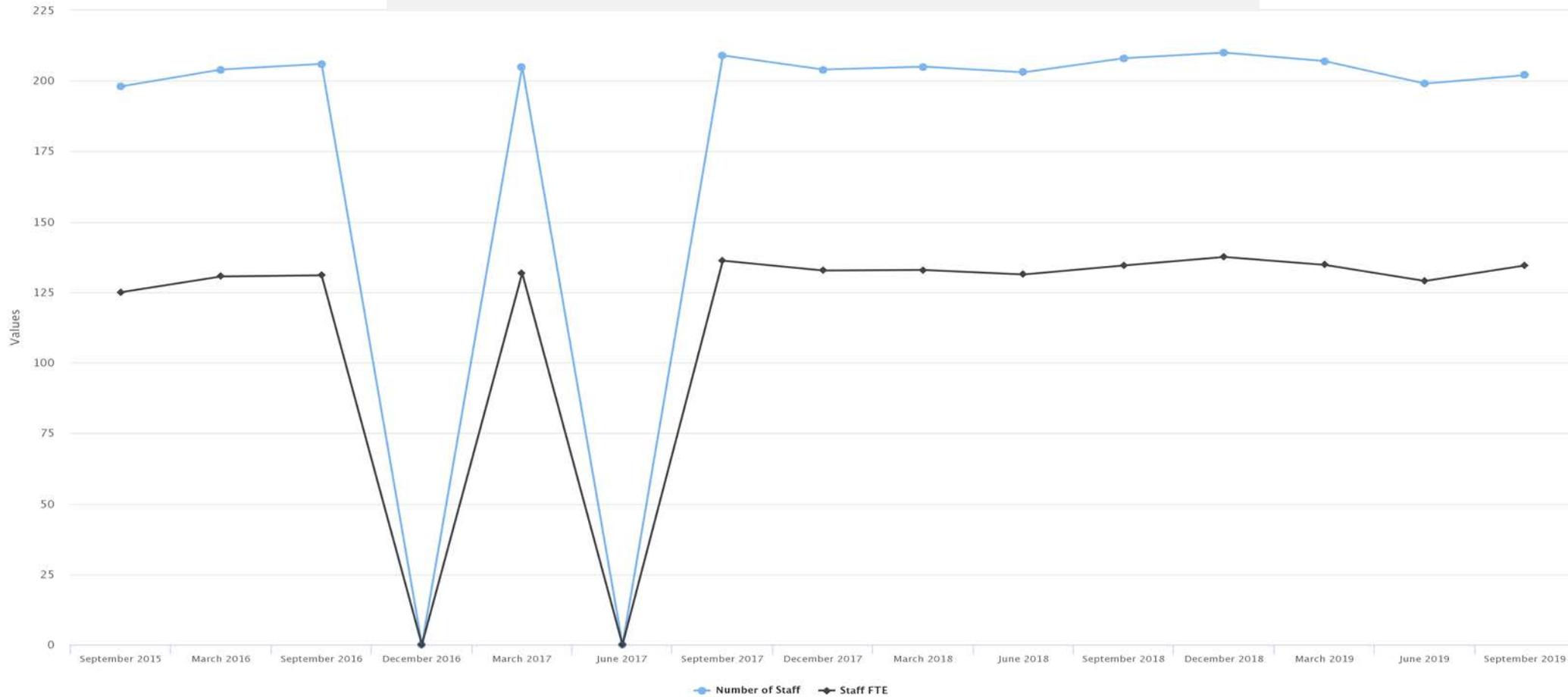


Suffolk & NE Essex ICS



Suffolk & North East Essex Primary Care Training Hub

## Nursing Trend from September 2015 to September 2019



Generated by the PCWT

Source: National Workforce Reporting System (no data available for Dec 2016 and June 2017)

# Direct Patient Care FTE - Q2 19/20



Quarter	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Overall Change from March 2018
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## Other Clinical

FTE number of Direct Patient Care

147.4    149.9    149.1    155.5    160.7    162    164.2

Change from previous quarter



Source: National Workforce Reporting System

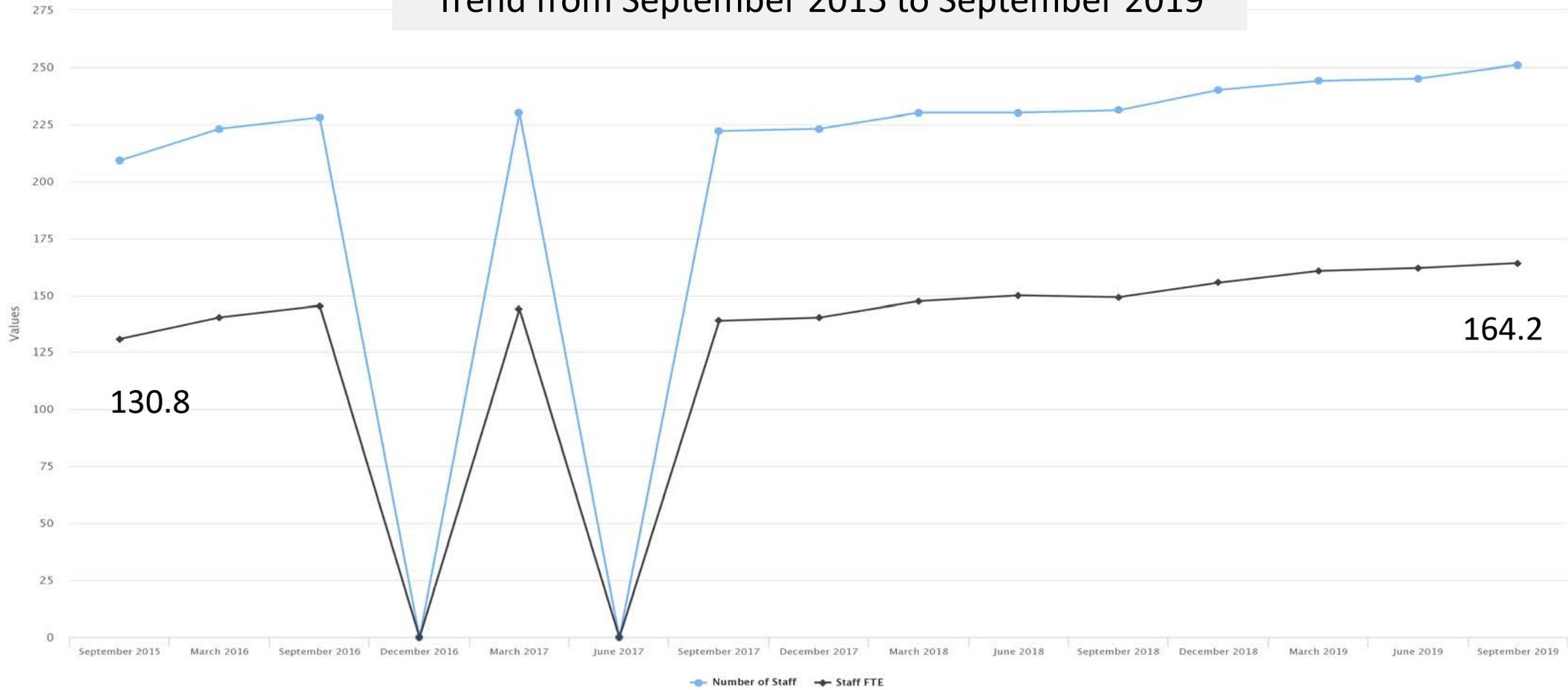


Suffolk & NE Essex ICS



Suffolk & North East Essex Primary Care Training Hub

## Direct Patient Care Trend from September 2015 to September 2019



Generated by the PCWT

Source: National Workforce Reporting System (no data available for Dec 2016 and June 2017)

# Admin/Non-Clinical FTE - Q2 19/20



Quarter	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Overall Change from March 2018
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## Admin/Non-Clinical

FTE number of  
Admin/Non-Clinical

475.8    483.4    488.2    492.7    491.2    477.8    485.5

**Change from  
previous quarter**

<b>7.6</b>	<b>4.8</b>	<b>4.5</b>	<b>-1.5</b>	<b>-13.4</b>	<b>7.7</b>	<b>2.04%</b>
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Source: National Workforce Reporting System

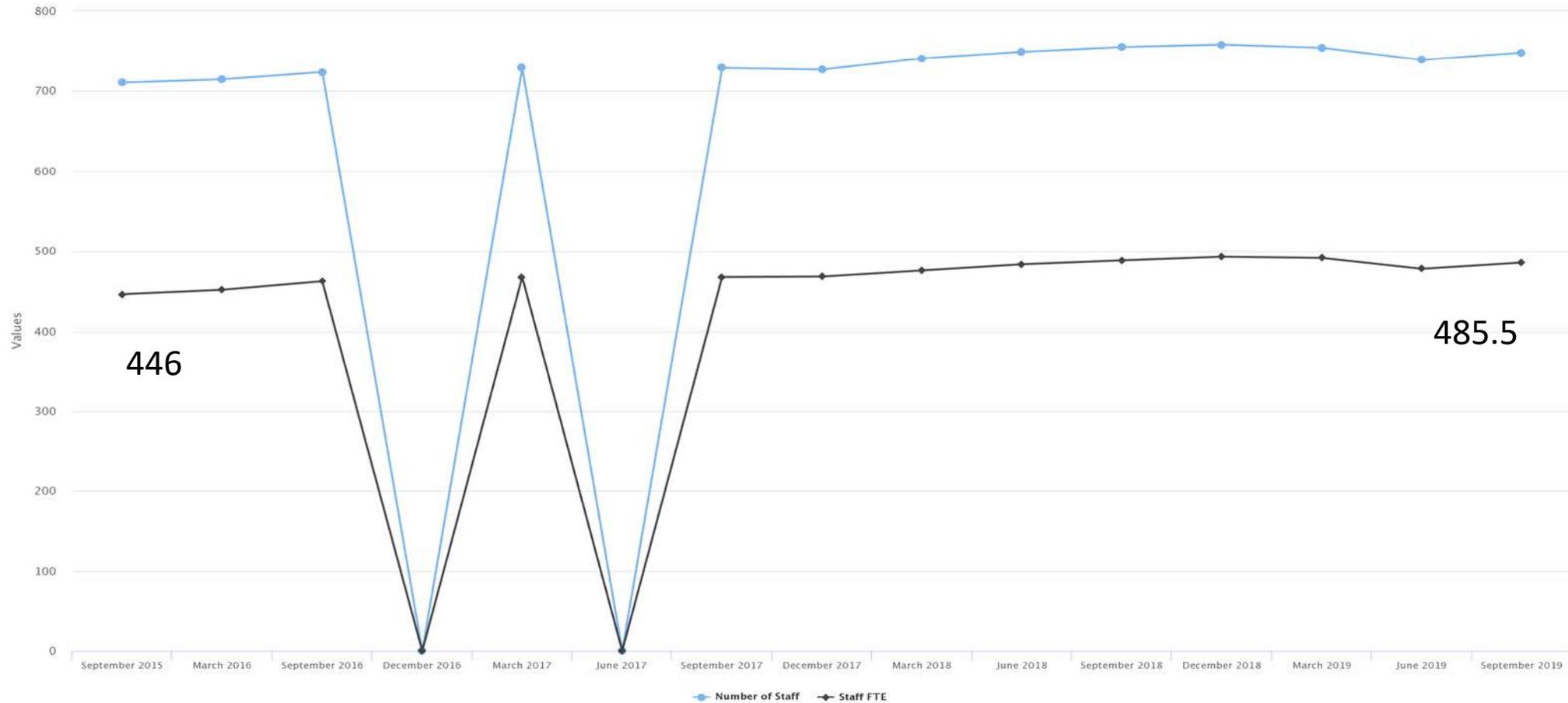


Suffolk & NE Essex ICS



Suffolk & North East Essex  
Primary Care Training Hub

## Admin / Non-Clinical Trend from September 2015 to September 2019



Generated by the PCWT

Source: National Workforce Reporting System (no data available for Dec 2016 and June 2017)

# Additional Roles FTE – Q2 19/20



CCG	Job Role	FTE		
		Sep - 19	Jun - 19	Variance
Ipswich & East Suffolk	Pharmacists	10.3	11.2	-0.9
	Social Prescribing Link Workers	-	-	-
	Paramedics	13.2	10.2	3.0
	Physician Associates	3.0	3.0	0.0
	Physiotherapists	0.1	0.1	0.0

Please note, a dash (-) signifies zero staff are recorded in this group.

Source: Actuals - NHS Digital, GP Workforce



Suffolk & NE Essex ICS



Suffolk & North East Essex  
Primary Care Training Hub

## This is an overview of the Ipswich & East Suffolk Primary Care Workforce.

1. The locality is gaining in some areas, but are still well below targets outlined in the GPFV Workforce Trajectory, especially with GPs.
2. There was a steady decline in GPs since December 2017. There has been a slight recovery in the latest quarter.
3. Uptake of additional roles is slow but steady. This is largely due to the Reimbursable scheme. Since March 2019, practices have increased their pharmacist staff and paramedics. The role of the Physician Associate has remained static in Primary Care. It is now one of the additional roles under the PCN Reimbursable Scheme and it is hoped this will increase their numbers. The current PAs are not employed across a PCN, but by an individual practice.
4. Sudden loss of Admin staff between December 2018 and January 2019 has partially recovered.
5. There continues to be issues with accuracy in data reporting on the National Workforce Data Reporting System. The Data Champion would like to visit practices individually to assist with workforce reporting and advise on the newly introduced PCN reporting



## PRIMARY CARE COMMISSIONING COMMITTEE

<b>Agenda Item No.</b>	<b>14</b>
<b>Reference No.</b>	<b>IESCCG PCCC 20-10</b>
<b>Date.</b>	<b>25 February 2020</b>

<b>Title</b>	<b>Report of outcome of virtual meeting held on 29 January 2020 regarding Walton surgery</b>	
<b>Lead Director</b>	Maddie Baker-Woods, Chief Operating Officer	
<b>Author(s)</b>	Maddie Baker-Woods, Chief Operating Officer	
<b>Purpose</b>	To report the outcome of a virtual meeting held on 29 January 2020 in respect of a decision relating to Walton Surgery.	
<b>Applicable CCG Clinical Priorities:</b>		
<b>1.</b>	To promote self care	
<b>2.</b>	To ensure high quality local services where possible	
<b>3.</b>	To improve the health of those most in need	
<b>4.</b>	To improve health and educational attainment for children and young people	
<b>5.</b>	To improve access to mental health services	
<b>6.</b>	To improve outcomes for patients with diabetes to above national averages	
<b>7.</b>	To improve care for frail elderly individuals	
<b>8.</b>	To allow patients to die with dignity and compassion and to choose their place of death where appropriate	
<b>9.</b>	To ensure that the CCG operates within agreed budgets	
<b>Action required by Primary Care Commissioning Committee:</b>		
To note and endorse the attached decision notice from the meeting.		



**IPSWICH AND EAST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**29 January 2020 (Virtual Meeting)**

**Decision Record**

**The Walton Surgery (D83082)**

*To receive and approve a report from the Chief Operating Officer*

*IESCCG/PCCC 20-01*

**Primary Care Commissioning Committee Members:**

Irene MacDonald (Chair), Lay Member for Patient and Public Involvement

Graham Leaf, Lay Member

Ed Garratt, Chief Executive

Jane Payling, Director of Finance

**Declarations of Interest**

No declarations of interest were received.

**Decision**

**The Committee 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.

**IESCCG PRIMARY CARE COMMISSIONING COMMITTEE ANNUAL PLAN OF WORK:**

January	<b>25 February 2020</b>	March
	<ul style="list-style-type: none"> <li>• General Update</li> <li>• Primary Care Contracts and Performance Report</li> <li>• Finance Report</li> <li>• CQC Report</li> </ul>	
<b>28 April 2020</b>	May	<b>23 June 2020</b>
<ul style="list-style-type: none"> <li>• General Update</li> <li>• Primary Care Contracts and Performance Report</li> <li>• Finance Report</li> <li>• CQC Report</li> <li>• Primary Care Estates Strategy Outline</li> </ul>		<ul style="list-style-type: none"> <li>• General Update</li> <li>• Primary Care Contracts and Performance Report</li> <li>• Finance Report</li> <li>• CQC Report</li> <li>• Annual Plan of Work</li> <li>• Terms of Reference Annual Review</li> </ul>
July	<b>25 August 2020</b>	September
	<ul style="list-style-type: none"> <li>• General Update</li> <li>• Primary Care Contracts and Performance Report</li> <li>• Finance Report</li> <li>• CQC Report</li> <li>• Annual Plan of Work</li> <li>• Healthwatch GP Report</li> </ul>	
<b>27 October 2020 (in common)</b>	November	<b>22 December 2020</b>
<ul style="list-style-type: none"> <li>• Apprenticeships from Remcom 11 Feb 20</li> </ul>		<ul style="list-style-type: none"> <li>• General Update</li> <li>• Primary Care Contracts and Performance Report</li> <li>• Finance Report</li> <li>• CQC Report</li> <li>• Annual Plan of Work</li> </ul>