

**Primary Care Commissioning Committee
Public Meeting Agenda
Thursday 02 August 2018 09:30 - 11:30
Committee Room, Gedling Civic Centre, Arnot Hill Park**

Introductory Items

09:30	1. Welcome and apologies for absence	Mike Wilkins	PCCC 18 029 - Verbal
	2. Confirmation of quoracy	Mike Wilkins	PCCC 18 030 - Verbal
	3. Declarations of interest for any item on the agenda	Mike Wilkins	PCCC 18 031
	4. Management of any real or perceived conflicts of interest	Mike Wilkins	PCCC 18 032
	5. Questions from the public	Mike Wilkins	PCCC 18 033 - Verbal
	6. Minutes of the meeting held on 5 April 2018	Mike Wilkins	PCCC 18 034
	7. Matters arising and actions from the meeting held on 5 April 2018	Mike Wilkins	PCCC 18 035

Agenda Items

09:35	8. Primary Care Quality Highlight Report	Esther Gaskill	PCCC 18 036
09:45	9. Primary Care Quality Group – Annual Report	Esther Gaskill	PCCC 18 037
10:05	10. Primary Care Quality Group Terms of Reference	Esther Gaskill	PCCC 18 038
10:15	11. Primary Care Quality Assurance Framework and Support and Escalation Flowchart	Esther Gaskill	PCCC 18 039
10:40	12. GP Forward View Update	Rachael Rees	PCCC 18 040
10:55	13. Extended Access Update	Rachael Rees	PCCC 18 041
11:10	14. Primary Care Commissioning Finance Update	Jonathan Bemrose	PCCC 18 042

Closing Items

11:25	15. Any other business	Mike Wilkins	PCCC 18 043 - Verbal
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16. Risks identified during the course of the meeting	Mike Wilkins	PCCC 18 044 - Verbal
17. Date of next meeting: <i>Thursday 04 October 2018</i> Committee Meeting Room, Civic Centre, Arnot Hill Park	Mike Wilkins	PCCC 18 045 - Verbal

Managing Conflicts of Interest at Meetings

1. A “conflict of interest” is defined as a “set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
 - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
 - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
 - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
 - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.

The above categories are not exhaustive and each situation must be considered on a case by case basis.

4. In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
5. At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:
- Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.
 - Allowing the individual to participate in the discussion, but not the decision-making process.
 - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.



Putting good health *into practice* **Nottingham North and East
Clinical Commissioning Group**

MINUTES - PUBLIC

**Nottingham North & East Clinical Commissioning Group
Primary Care Commissioning Committee**

**Public Meeting 5th April 2018
In the Committee Room, Civic Centre, Arnot Hill Park**

Members

Mike Wilkins (MW)	Lay Member – Primary Care (Chair)
Janet Champion (JC)	Lay Member – Patient and Public Involvement
Esther Gaskill (EG)	Head of Primary Care Quality
Ian Livsey (IL)	Deputy Chief Finance Officer
Sharon Pickett (SP)	Deputy Chief Officer
Michael Wright (MWr)	Chief Executive, LMC

In attendance

Rachael Rees (RR)	Head of Primary Care
Kerrie Woods (KW)	Senior Contract Manager, NHS England
Julie Kent (JK)	Primary Care Support Officer, NHS England
Natalie Brown (NB)	Governance Officer (note taker)

Apologies

Dr Parm Panesar (PP)	GP Representative
Terry Allen (TA)	Lay Member – Financial Management & Audit

Cumulative attendance 2017/18 (UPDATE ACTUAL WITH THIS MEETINGS ATTENDANCE)

Name	Possible to date	Actual	Name	Possible to date	Actual
Mike Wilkins	7	5	Esther Gaskill	7	6 1x Deputy
Terry Allen	7	5	Ian Livsey	7	4
Janet Champion	7	6	Parm Panesar	7	4
Sharon Pickett	7	7 1x Deputy	Caitriona Kennedy	7	3

Agenda Item Ref No:		Actions
PCCC 18/016	<p>Welcome & Apologies Mike Wilkins (MW) welcomed attendees and apologies were noted as above.</p>	
PCCC 18/017	<p>Declaration of Interests MW reminded committee members of their obligation to declare any interests they may have on any issues arising at committee meetings which might conflict with the business of the CCG.</p> <p>Declarations of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the CCG or on the CCG website at the following link: http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</p> <p>The meeting was declared quorate.</p>	
PCCC 18/018	<p>Questions from the Public relating to the Agenda</p> <p>No questions had been received from members of the public.</p>	
PCCC 18/019	<p>Minutes from Meeting held on 1st February 2018</p> <p>The Committee considered and approved the previous minutes of 1st February as an accurate record subject to a minor amendment in section PCCC 18/012 to change to the following as stated below:</p> <p>'Seven out of 20 practices'</p>	
PCCC 18/020	<p>Matters Arising from the meeting on 7th December 2017 and action log</p> <p>MW reviewed the matters arising and action log with the following updates:</p> <p>PCCC 18/006: Stewart Newman was not present at the meeting to update the Committee on the actions stated.</p> <p>PCCC 18/012: Esther confirmed that this has been shared.</p>	
PCCC 18/021	<p>Primary Care Development Group Highlight Report</p> <p>Rachael Rees (RR) presented the Primary Care Development Group Highlight Report from the meeting that took place on 20th February 2018 for the Committee to acknowledge.</p> <p>RR highlighted the following:</p> <ol style="list-style-type: none"> 1) The GP extended Access Procurement Group will also be working with Nottingham West who are working towards similar timeframes, this will allow focus on the procurement process, to allow both CCG's commissioning a service with effect from 1st October 2018. 	

Agenda Item Ref No:		Actions
	<p>2) Support in delivering training has been provided to GP Practices including;</p> <ul style="list-style-type: none"> • General Data Protection Regulations • Practice Manager Training GPFV • Correspondence Management • Care Navigation GPFV • High Impact Actions GPFV <p>3) Funding was held by City CCG and arranged a trainer to support the Practice Manager Development across Greater Nottingham. Nottingham North and East had a low uptake for the session held in December. However further funding has become available and topics have been identified and discussed between Practice Managers.</p> <p>4) Work has been taking place with the Time for Care Programme Team within NHS England and Nottinghamshire LMC to hold a series of Collaborative Learning over four sessions. However, only two practices were interested. The training will be reviewed in spring 2018 with the LMC and NHS England.</p> <p>5) The CCG received funding to support Winter Pressures from 22 December to 31 March 2018. A number of Practices came forward to provide additional services during this period between 6.30pm-8.00pm as well as weekend opening.</p> <p>6) A review of the GPV plan will take place at the next meeting.</p> <p>There have been reported DNA's (Did Not Attend) on the Saturdays, however these have been fairly low in numbers.</p> <p>The additional weekend service has relieved pressure from GP Practices on the Friday and in particular Monday mornings which has proved beneficial.</p> <p>The Committee:</p> <p>Acknowledged the highlight report.</p> <p>Rachael Rees left the meeting.</p>	
PCCC 18/022	<p>Primary Care Patient Record Audit Tool</p> <p>Esther Gaskill (EG) provided the Committee an Audit Tool for acknowledgement and highlighted the following points;</p> <ol style="list-style-type: none"> 1) This tool had been developed following an action in the Willows Lessons Learned Action Plan and has been circulated to a GP from each practice for comment and will be presented at each of the locality meetings. 2) A patient record audit may be indicated where concerns are raised by the CQC or the Primary Care Quality Dashboard or internal/external sources. 3) The patient record audit will only be undertaken after consideration at the CCG's Primary Care Commissioning Committee, the audit tool will be completed by one of the CCG's 	

Agenda Item Ref No:		Actions
	<p>Governing Body GPs as part of their CCG sessions in order to discuss and agree the parameters of the audit with the practice concerned.</p> <p>The Committee agreed the tool was positive and covers the necessary grounds, however it needs to be used before it can be scrutinised.</p> <p>The Audit Tool will proceed as a Pilot within the Practice to gain insight into how useful it will be.</p> <p>The Committee:</p> <p>Acknowledged the Audit Tool and required feedback once it has been put into practice.</p>	
PCCC 18/023	<p>Primary Care Quality Highlight Report</p> <p>EG provided an update on the 2017/18 Q3 dashboard results from January 2018 and highlighted the following points;</p> <ol style="list-style-type: none"> 1) The CQC have undertaken all GP Practice inspections across South Nottinghamshire and have identified that 20% of practices nationally per year will be re-inspected. However, routine re-inspections were put on hold due to winter pressures. 2) The Ivy Medical Group was rated 'good' overall with 'requires improvement' in the Well Lead domain. 3) Highcroft Surgery submitted their action plan to address the requirement notice to the CQC who were expected to re-inspect within six months. However, the CQC have given the Practice longer in order to embed the identified actions. 4) Peacock Medical Practice received 'Requires Improvement' in the Effective domain, the CQC will return to review or undertake a further full inspection. 5) Om Surgery recently had a full CQC inspection as part of the CQCs second round of inspections and a will report is awaited. <p>The Committee:</p> <p>Acknowledged the report and had no further questions.</p>	
PCCC 18/024	<p>GMS Contract 2018/19 Update</p> <p>Kerrie Woods (KW) provided the committee a verbal update;</p> <ol style="list-style-type: none"> 1) The GMS contract came out on 20 March 2018 using standard reports. 2) A non-recurrent investment of £10 million to recognise additional workload associated with the implementation of e-Referral contractual requirements. 3) An uplift to allow an increase to the Item of Service (IoS) fee for certain vaccination and immunisations (V&I) from £9.80 to £10.06, in line with consumer price index inflation 	

Agenda Item Ref No:		Actions
	<p>4) Regulations are in place which will allow a practice which has mistakenly registered a patient with a “violent patient” flag to be able to deregister that patient by following the same procedures for removing patients from a practice list who are violent.</p> <p>5) There will be a non-recurrent investment to cover the increased costs of indemnity for the year 2017/18. This will be distributed directly to practices which will cover all GPs (contractors, salaried, locums and trainees) and all practice staff for NHS work</p> <p>6) The premises review will address some outstanding issues from the review of the Premises Costs Directions to ensure that premises used for primary medical care are fit for purpose</p> <p>The Committee</p> <p>Acknowledged the GMS update and the report will be brought to the next meeting to explain in depth following the verbal update.</p>	
PCCC 18/025	<p>Primary Care Commissioning Finance Update</p> <p>Ian Livsey (IL) provided the PCC a verbal update on the following;</p> <p>1) There are significant pressures on budget schemes in month 11 across all the Greater Nottingham CCG’s are £6m over.</p> <p>2) The bulk of the £6m has gone on acute contracts and non elective spend.</p> <p>3) Within prescribing there has been an overspend of £1/2 million; however this is allowable due to the pressures recognised nationally.</p> <p>4) In co-commissioning there has been small underspend with mitigations in place to offset QOFF pressures.</p> <p>The Committee</p> <p>Acknowledged the update and no further questions were asked.</p>	
PCCC 18/026	<p>Have the Public Questions been Answered</p> <p>No questions were raised.</p>	
PCCC 18/027	<p>Risk identified during the course of the meeting</p> <p>No risks were identified.</p>	
PCCC 18/028	<p>Any Other Business</p> <p>No further business was raised.</p>	

Agenda Item Ref No:		Actions
PCCC 18/029	<p>Date, Time and Venue of Next Meeting 2 August 2018, 09:30, Civic Centre, Arnot Hill House</p> <p>SIGNED: (Chair)</p> <p>DATE:</p>	

Meeting Title	Nottingham North and East Primary Care Commissioning Committee		Date: 02 August 2018				
Paper Title	Primary Care Quality Highlight Report Q1 2018/2019		Agenda Item: NNE/PCC/18 036				
Lead Director Report Author	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience						
Purpose (tick one only)	Approval	<input type="checkbox"/>	Acknowledge/ Note	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	For Information
Executive Summary	<p>Primary Care Quality Dashboard & Primary Care Quality Group</p> <p>The 2018/19 Q1 dashboard results were available from mid-June 2018. The majority of practices achieved an overall 'Green' rating, with West Oak achieving a 'Green Star' overall rating (no adverse indicators across any of the 3 domains). Peacock and Highcroft achieved an overall 'Amber' rating. Both practices have been contacted to ensure that they are aware that this could be rectified with consistent submission of Family and Friends data.</p> <p>The 2018/19 Q2 dashboard will 'go live' mid-October 2018.</p> <p>CQC Inspections</p> <p>Highcroft Surgery – A full re-inspection was undertaken in August 2017 and the report published on 14 September 2017. The domain and overall ratings remained the same as the previous report ('Good' overall, 'Good' in Safe, Effective, Caring and Well led, and 'Requires Improvement' in Responsive). The practice was issued a Requirement Notice in relation to Regulation 17 HSCA (RA) Regulations 2014 – Good governance. It stated that 'The provider must continue to work towards improving patient experience by assessing and monitoring access to appointments.' The practice submitted their action plan for addressing the requirement notice to the CQC who were expected to re-inspect within 6 months. However, the CQC have advised that the practice will be given longer to embed the identified actions.</p> <p>Peacock Medical Practice – achieved a 'Good' overall rating when they were inspected in December 2016. However, they received a 'Requires Improvement' rating for the Effective domain and were required to ensure a co-ordinated and managed approach is adopted for the distribution of medicines alerts and to continue to review and improve practice performance in respect of patients with long term conditions and mental health needs. CQC undertook a further full inspection in April 2018 and the practice achieved an overall 'Good' rating with 'Good' in each domain. The CCG have acknowledged this excellent achievement and the hard work of the practice staff.</p> <p>Om Surgery – CQC undertook a full inspection in December 2017 and the practice received an overall 'Requires Improvement' rating. ('Good' in Effective, Responsive and Well-Led, 'Requires Improvement' in Safe and Caring). CQC identified the provider must make improvements to ensure care and treatment is provided in a safe way to patients and should make improvements to address the issues highlighted in the national GP patient survey results. A visit to the practice by the CCG was undertaken in April 2018 to support them in achieving this and there has been ongoing work between the practice and CCG pharmacist to ensure safe prescribing and management of medications.</p>						
Implications: <i>(please tick where relevant)</i>							
Integration	<input type="checkbox"/>	Patient Choice				<input type="checkbox"/>	
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement				<input type="checkbox"/>	
Constitution	<input type="checkbox"/>	Quality of Services				<input checked="" type="checkbox"/>	

Governance	<input checked="" type="checkbox"/>	QIPP	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Finance checked by:			(N/A)
Appendices	N/A		
Report History	This paper highlights the activity undertaken by the Primary Care Quality Group and provides an update on the Primary Care Quality Dashboard and CQC inspections.		
Recommendation	The Primary Care Commissioning Committee is asked to: NOTE The Q1 2018/2019 Primary Care Quality Highlight Report.		

Meeting Title	Nottingham North and East Primary Care Commissioning Committee		Date:	02 August 2018								
Paper Title	Primary Care Quality Groups' Annual Report 2017/18		Agenda Item:	NNE/PCCC/18 037								
Lead Director Report Author	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience											
Purpose (tick one only)	Approval	<input type="checkbox"/>	Acknowledge/ Note	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	For Information	<input type="checkbox"/>				
Executive Summary	<p>The attached report provides a summary of attendance and quoracy for the Primary Care Quality Groups during 2017/18.</p> <p>A summary of the achievements in 2017/18 and the priorities for 2018/19 is also documented.</p>											
If paper is for approval, have the following impact assessments been completed?												
Quality Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Equality Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Privacy Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Conflicts of Interest - Recommended action to be agreed by the Chair at the beginning of the item.												
<input type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion												
Implications: (please tick where relevant)												
Integration	<input type="checkbox"/>	Patient Choice	<input type="checkbox"/>									
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>									
Constitution	<input type="checkbox"/>	Quality of Services	<input checked="" type="checkbox"/>									
Governance	<input type="checkbox"/>	QIPP	<input type="checkbox"/>									
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>									
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>									
										Finance checked by:		<i>(initials)</i>
Appendices	None											
Report History	This is the 2nd Primary Care Quality Groups' Annual Report											
Patient and Public Involvement	N/A											
Recommendation	<p>The Primary Care Commissioning Committee is asked to:</p> <p>ACKNOWLEDGE the Primary Care Quality Groups' 2017/18 Annual Report and</p> <p>NOTE the priorities identified for 2018/19.</p>											

Primary Care Quality Groups' Annual Report

For the period 1 April 2017 to 31 March 2018

1. Introduction

Primary Care Quality Groups are established as sub groups of each of the NHS Nottingham North and East (NNE), NHS Nottingham West (NW) and NHS Rushcliffe (RCCG) Clinical Commissioning Groups' (CCGs') Primary Care Commissioning Committees (PCCCs).

The role of the Primary Care Quality Groups is to ensure robust assurance processes are in place with regard to the quality of primary care delivered to patients by registered GP Practices of the CCGs.

The groups act as a central information sharing point for concerns about the quality of care and areas of good practice. A Primary Care Quality Dashboard ensures quality monitoring is transparent and consistent. Any on-going concerns about quality of care, processes and resources related to quality in primary care are escalated to the relevant Primary Care Commissioning Committee via a Primary Care Highlight Report (also shared with the South Nottinghamshire CCGs' Quality and Risk Committee). Any learning/good practice identified by the Primary Care Quality Group is appropriately shared and disseminated.

2. Meeting attendance, quoracy and review of terms of reference

The core membership of the Primary Care Quality Groups is as follows:

- Head of Quality, Patient Safety and Experience, South Nottinghamshire CCGs (Chair)
- Patient Experience Manager, South Nottinghamshire CCGs (Vice Chair)
- CCG Head of Primary Care
- Primary Care Hub, NHS England representative
- Patient representative
- GP representative
- Quality Support Officer, South Nottinghamshire CCGs
- CCG Primary Care Pharmacy representative
- CCG Infection Prevention Control representative
- Community Nursing Team representative

In Nottingham West a Practice Manager also attends the meeting although they are not a core member. The Terms of Reference for the Primary Care Quality Groups will undergo routine review in May 2018.

The Primary Care Quality Groups meet eight times per year in total, broken down into two meetings per quarter. This allows for a meeting to review the Primary Care Quality Dashboard as it 'goes live' at the end of each quarter and to identify any actions to be taken by the group in response to this. A further meeting to follow up on the progression of those actions is then held. Due to issues in relation to availability it has been agreed that the GP for each group (and practice manager Nottingham West CCG group, and patient representative in relation to the Nottingham West CCG and Rushcliffe CCG groups) will attend the 4 meetings per year scheduled for when the dashboard has 'gone live'. Quorum is four members which must include the chair or vice chair and include a clinician, all meetings have been quorate and there were no conflicts of interest that required management in 2017/18. Minimum attendance by each member or a nominated deputy is 75% of meetings per full year.

The attendance records for 2017/18 are shown in the tables below.

KEY

✓ - Attended, NM = not a member at that time, X = absent, AP = apologies sent, Rep = represented by another.

Nottingham North and East CCG

Membership:	Title:	20/4	27/6	27/7	19/9	19/10	12/12	23/1	8/3	Overall Attend
Esther Gaskill (EG)	Head of Quality, Patient Safety and Experience (CHAIR and Clinician), NNE CCG	✓	✓	✓	✓	✓	✓	✓	✓	100%
Bruce Cameron (BC)	Lay member, NNE CCG	✓	AP	NM	NM	NM	NM	NM	NM	N/A
Lucia Calland (LC)/Shelley Gibson (SG)	Pharmacist Manager, Primary Care Prescribing, NNE CCG (Clinician)	AP	✓ SG	AP	✓ SG	✓	✓ SG	✓	AP	63%
Liz Gundel (LG)	Quality Support Officer, Quality & Patient Safety – Minute taker, NNE CCG	✓	✓	✓	AP	✓	✓	✓	✓	88%
Helen Horsfield (HH)	Patient Experience Manager/Complaints, NNE CCG	✓	AP	✓	✓	✓	✓	✓	✓	88%
Julie Kent (JK)	Asst Contracts Manager, Primary Care, NHSE	AP	✓	REP	✓	REP	✓	REP	✓	88%
Rachael Rees (RR)	Head of Primary Care Operations, NNE CCG	✓	✓	AP	✓	✓	✓	REP	AP	75%
Sally Bird/Wendy Walker (SB/WW)	Infection Prevention and Control Team, M&A CCG	X	✓ SB	AP	AP	REP	AP	X	AP	25%
Sarah McCartney (SMc)	Locality Services Manager, NNE Adult Integrated Team	✓ SM	AP	✓✓	✓ SThompson	AP	X	X	X	38%
Dr Paramjit Panesar (PP)	Assistant Clinical Lead/Chair – NNE CCG	✓		✓		✓		AP		75%
Julie Bryant (JB)	Patient Rep – NW CCG	NM	NM	✓	✓	✓	✓ left at 2.50	✓	✓	100%

Attendance of an Infection Prevention and Control (IPC) colleague has been limited due to the team having to prioritise inspecting dental practices during 2017/18. However, it should be noted that an IPC update has been provided to the group when attendance has not been possible and any concerns about IPC relating to GP practices have been identified to the group for consideration. Attendance of a community nursing team representative has been challenging due to the timing of the meetings which have been schedule to ensure attendance from other colleagues.

Nottingham West CCG

Membership:	Title:	18/4	20/6	25/7	12/9	17/10	19/12	16/1/18	6/3	Overall Attend
Esther Gaskill (EG)	Head of Quality, Patient Safety and Experience (CHAIR and Clinician) , NNE CCG	✓	✓	✓	✓	C	✓	✓	✓	100%
Rachael Harrold (RH)	Strategy and Development Manager, NW CCG	✓	✓	✓	✓	C	AP	✓	✓	86%
Liz Gundel (LG)	Quality Support Officer, Quality and Patient Safety, NNE CCG and minute taker	✓	✓	✓	AP	C	AP	AP	AP	43%
Helen Horsfield (HH)	Patient Experience Manager/Complaints, NNE CCG	✓	✓	✓	✓	C	✓	✓	✓	100%
Dawn Gajree (DG)	Primary Care Pharmacist, NW CCG (Clinician)	✓	✓	X	✓	C	✓	AP	✓	72%
Sally Bird/Wendy Walker (SB/WW)	Infection Prevention and Control Team, M&A CCG	X	REP	AP	AP	C	AP	AP	AP	14%
Julie Kent (JK)	Asst Contracts Manager, Primary Care, NHSE	✓	REP	✓	✓	C	REP	AP	REP	86%
Adrian Taylor (AT)	Practice Manager, Manor Surgery – <i>to attend 1/4ly dashboard reviews only</i>	AP		✓		C		AP		25%
Dr Nicole Atkinson (NA)	GP - Church Street Medical Centre – <i>to attend 1/4ly dashboard reviews only</i>	AP	✓	✓ left at 11am		C		✓		75%
Sallyanne Wilson (SW)	Clinical Specialist OT Team Leader , NHCT	X	AP	REP	✓	C	✓	✓	✓	72%
Theresa Burgoyne (TB)	Lay Representative - <i>to attend 1/4ly dashboard reviews only</i>	NM		✓		C	✓	✓		75%

As with the NNE CCG group, attendance of an Infection Prevention and Control (IPC) colleague has been challenging due to conflicting priorities. An IPC update has been provided to the group when attendance has not been possible. Members of the South CCGs' Quality Team are able to cover each other at meetings if one, such as the Quality Support Officer in this case, is unable to attend due to other workload pressures within the team.

Rushcliffe CCG

Membership:	Title:	19/4	28/6	19/7	13/9	18/10	13/12	17/1	7/3	Overall Attend
Esther Gaskill (EG)	Head of Quality, Patient Safety and Experience (CHAIR and Clinician) , NNE CCG	✓	✓	✓	✓	✓	AP	✓	✓	88%
Jacki Moss (JM)	Senior Service Improvement Manager, RCCG	✓	✓	✓	AP	✓	✓ arrived at 2.15	✓	✓	88%
Nayna Zuzarte (NZ)	Prescribing Advisor and Medicines Management Lead, RCCG (Clinician)	AP	✓	✓	✓	✓ left at 3pm	AP	✓ left at 3.30 pm	✓	75%
Liz Gundel (LG)	Quality Support Officer, Quality & Patient Safety – Minute taker, NNE CCG	AP	✓	✓	AP	✓	✓	✓	✓	75%
Helen Horsfield (HH)	Patient Experience Manager and Complaints Manager, NNE CCG	✓	AP	✓	✓	✓	✓ CHAIR	✓	✓	88%
Sally Bird (or Wendy Walker) SB/WW	Head of Infection Prevention and Control	X	✓ SB	AP	AP	REP	AP	X	AP	25%
Julie Kent (JK)	Asst Contracts Manager, Primary Care – NHSE	✓	✓	Rep	✓	REP	REP	✓	REP	100%
Dr Ram Patel (RP)	Radcliffe on Trent Health Centre	✓	✓ arrived 2.15	AP	✓ arrived 2.15	AP	✓ arrived at 2.30	✓ left at 3.30 pm	AP	100%
Becky Gorrige or Melanie Messham RB/MM	Community Matron, Local Partnerships, Rushcliffe.	✓	AP	AP	✓	✓MM	AP	X	✓MM	50%
Max Booth (MB)	Lay member, RCCG	NM	✓	AP		AP	✓	AP		50%

As with the NNE CCG and NW CCG groups, attendance of an Infection Prevention and Control (IPC) colleague has been limited due to the team having to prioritise inspecting dental practices during 2017/18. An IPC update has been provided to the group when attendance has not been possible. Attendance of a community nursing team representative has been challenging due to the timing of the meetings which have been schedule to ensure attendance from other colleagues.

3. Achievements 2017/18

- **The Primary Care Quality Dashboard, Primary Care Quality Assurance Framework and Primary Care Quality Monitoring, Support and Escalation Flowchart** were implemented at the beginning of 2016/17 and throughout 2017/18 have become fully embedded across the South Nottinghamshire foot print. Several practices have made sustained improvement against the dashboard indicators.
- **Primary Care Quality Groups** have continued to develop over the course of 2017/18. The increase in membership to include a GP, patient representative and community nurse at each group at the beginning of the year has enhanced the variety and breadth of information available to identify both potential or actual risks to quality and also areas of good practice.
- **360 Assurance** – An independent review of Primary Care quality monitoring by the South Notts CCGs was undertaken by 360 Assurance. The aim was to provide assurance on the systems and processes in place for the quality monitoring of primary care medical services. The review focused on three key areas: strategy, controls and governance. Significant assurance was achieved with 1 action identified, which was to review the Quality Strategy and refresh it taking account of the changes within the Greater Nottingham area. A self assessment was subsequently developed by the Primary Care Quality Groups and will be undertaken on an annual basis.
- **Support visits to practices** - several support visits have been undertaken during 2017/18 by members of the Primary Care Quality Groups. These have been for a variety of reasons including: introduction to the Quality Dashboard for new practice managers, visits in relation to specific adverse indicators on the Quality Dashboard, support visits prior to CQC inspection / support visits following CQC inspection.
- **Primary Care Highlight Reports** were produced quarterly for each PCCC in order to inform the committees of the work of the quality groups, the results of CQC inspections and the Quality Dashboard and actions undertaken in response to these and any other concerns in relation to the quality of primary care provision.
- **Sepsis Audit** - In September and October 2016 all South Nottinghamshire practices were asked to undertake a questionnaire to gain an understanding of where practices are in relation to sepsis identification, management and training. Not all practices participated in this initial audit, however the remaining ones did respond during the first quarter of 2017/18. Generally, good assurance was gained that sepsis awareness, identification and management is embedded. A report with findings and recommendations was shared with practices and the PCCCs. A sepsis lead has been identified for each practice.
- **Splenectomy Audit** – An audit undertaken in 2016/17 demonstrated that some patients had not received initial vaccinations following splenectomy and some had no rolling process in place for follow up vaccinations. Plans were put in place by practices to offer appropriate vaccinations to patients and to ensure an ongoing recall system. A follow up audit has been undertaken in quarter 4 of 2017/18 and the results will be collated and presented to practices and the PCCCs.
- **The Willows Medical Centre** closed at the end of September 2016 following concerns raised in relation to quality and patient safety. The NNE Primary Care Quality Group developed an action plan as a result of the findings and the actions have been progressed throughout 2017/18. This includes development of a patient record audit tool, delivery of a patient safety presentation to practice colleagues and identification of an independent 'Whistleblowing Guardian'.
- **NHSE Recognition** – The Primary Care Quality Dashboard and splenectomy audit have both been accepted to feature as a case studies on NHSE's Leading Change, Adding Value website.

During 2017/18 the following documents were developed and circulated to practices:

- **Learning from Pressure Ulcers** – During 2016/2017 there had been three stage 3 pressure ulcers that were deemed as ‘avoidable’, meaning that the GP practice could have worked differently to prevent the pressure ulcer from developing. A briefing was therefore developed and shared in 2017/18 summarising the cases and sharing the learning identified by the practices themselves so that others could implement changes to prevent future similar incidents.
- **DVLA posters** - In March 2017 the Nottinghamshire Coroner issued a Regulation 28 Report to Prevent Future Deaths in relation to lack of knowledge and understanding of the guidance for healthcare professionals when assessing and managing fitness to drive. As a result, 2 posters were developed and shared with practices and other providers across Nottinghamshire and Derbyshire. The first - a reminder for healthcare professionals of their responsibilities when assessing fitness to drive and notification to the DVLA. The second - a patient facing poster to be displayed in public areas and handed to patients whom healthcare professionals have advised to contact the DVLA.
- **Accessible Information Standard (AIS)** - The CQC have identified that they are going to be assessing implementation of the AIS on their next round of inspections. A simple checklist was therefore developed and shared to enable practices to self-assess how they are doing in relation to the AIS and identify any further actions to be taken.

4. **Priorities for 2018/19**

- Collaborative working with Nottingham City CCG to role out the Primary Care Quality Dashboard across Nottingham City CCG practices and develop a mechanism for ensuring robust assurance processes are in place with regard to the quality of primary care
- Complete the second splenectomy audit and report, identifying any actions to be taken as a result of findings
- Continue to review and further the develop the quality dashboard to ensure it is effective as an assurance tool for both practices and the CCGs
- Continue to support practices in improving patient safety where concerns / issues are identified via the dashboard, CQC and other sources
- Continue to support practices to use the quality dashboard as part of their ongoing systems to monitor quality with a view to driving improvement
- Undertake the annual self assessment to gain assurance of sustained compliance

5. **Recommendations**

The Committee is asked to:

- Receive the Primary Care Quality Groups’ Annual Report
- Acknowledge the achievements of 2017/18
- Approve the 2018/19 priorities for the Primary Care Quality Groups

NNE CCG Primary Care Quality Group - TOR Changes Summary July 2018

Current Version (6)	Page Number	New Version (7)	Page Number
Membership	1	Updated throughout to reflect new roles and titles	1
Attendees	1	Amended to reflect exception of attendance for GP and Infection and Prevention and Control lead	1
Reporting	2	Amended to reflect new reporting arrangements following CCG alignment Amended to reflect that a 'quarterly' highlight report will be provided	2

Meeting Title	Nottingham North and East Primary Care Commissioning Committee		Date: 02 August 2018
Paper Title	Primary Care Quality Group Terms of Reference		Agenda Item: NNE/PCCC/ 18 038
Lead Director Report Author	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience		
Purpose (tick one only)	Approval <input type="checkbox"/>	Acknowledge/ Note <input checked="" type="checkbox"/>	Review <input type="checkbox"/> For Information <input type="checkbox"/>
Executive Summary	The Primary Care Quality Group's Terms of Reference have been update. A summary of changes is provided.		
If paper is for approval, have the following impact assessments been completed?			
Quality Impact Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Equality Impact Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
		Privacy Impact Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Conflicts of Interest - Recommended action to be agreed by the Chair at the beginning of the item.			
<input type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion			
Implications: (please tick where relevant)			
Integration	<input type="checkbox"/>	Patient Choice	<input type="checkbox"/>
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>
Constitution	<input type="checkbox"/>	Quality of Services	<input checked="" type="checkbox"/>
Governance	<input type="checkbox"/>	QIPP	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Finance checked by:			<i>(initials)</i>
Appendices	None		
Report History	N/A		
Patient and Public Involvement	N/A		
Recommendation	The Primary Care Commissioning Committee is asked to: APPROVE The Primary Care Quality Group's Terms of Reference		

Terms of Reference for the Primary Care Quality Group (v7)

1. Introduction	<p>The Primary Care Commissioning Committee / Panel resolves to establish a group to be known as the Primary Care Quality Group to ensure robust assurance processes are in place with regard to the quality of primary care delivered to patients by registered GP Practices of the CCG.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Primary Care Quality Group.</p>
2. Membership	<p>The membership of the Primary Care Quality Group is as follows:</p> <ul style="list-style-type: none"> • Head of Quality, Primary Care, Greater Nottingham CCGs (Chair / Clinician) • Quality Manager, Primary Care, Greater Nottingham CCGs (Vice Chair) • Quality Officer, Primary Care, Greater Nottingham CCGs • CCG Head of Primary Care • Primary Care Hub, NHS England representative • Patient representative • Clinician (GP) representative • CCG Primary Care Pharmacy representative (Clinician) • Infection Prevention Control representative (Clinician) • Community Nursing Team representative (Clinician)
3. Chair and Deputy	<p>The Chair of the Primary Care Quality Group will be the Head of Quality, Primary Care, Greater Nottingham CCGs. The Vice-Chair will be the In the event of the Chair being unable to attend all or part of the meeting, the Vice-Chair will deputise.</p>
4. Quorum	<p>A quorum will be five members which must include the chair or vice chair and include a clinician.</p>
5. Attendees	<p>Minimum attendance of 75% of meetings is required annually, with the exception of the Clinician (GP) representative who is expected to attend 50% of meetings and the Infection Prevention Control representative who will submit an update report to each meeting and attend if there is a significant concern.</p> <p>Apologies should be sent to the Greater Nottingham CCGs' Quality Officer, Primary Care prior to meetings.</p> <p>Attendance will be monitored by the Primary Care Commissioning Committee / Panel.</p>
6. Frequency and conduct of business	<p>The Primary Care Quality Group will meet a minimum of 8 times per year. Administrative support will be provided by the Quality Officer, Primary Care, Greater Nottingham CCGs.</p> <p>Agenda and supporting papers will be circulated to members not less than five working days prior to any meeting using a forward planner approach.</p>
7. Authority	<p>The Primary Care Quality Group is authorised by the Primary Care Commissioning Committee / Panel to consider any matter in its terms of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>

8. Responsibilities	<p>The principal duties of the Primary Care Quality Group are to:</p> <ul style="list-style-type: none"> • Act as a central information sharing point for concerns about the quality of care identified by stakeholders, areas of good practice and review of quality intelligence including: <ul style="list-style-type: none"> ➤ Patient experience data including GP patient survey analysis/ feedback from Healthwatch and other sources (including media sources) ➤ Outcome of CQC inspections ➤ Outcome of CCG / NHS England practice visits ➤ Contractual compliance / intelligence ➤ Incidents ➤ Complaints ➤ Whistleblowing ➤ Practice Workforce data ➤ Patient Record audits ➤ Key Quality Outcomes Framework (QOF) information and exception reporting • Develop systems, processes and working relationships to ensure quality monitoring is robust and consistent • Monitor action plans, review progress on key actions and identify any on-going concerns using exception reporting • Escalate concerns about processes and resources related to quality in primary care both internally and externally, to the Primary Care Commissioning Committee / Panel • Make recommendations regarding monitoring processes and operational requirements which will be approved by the Primary Care Commissioning Committee / Panel • Serious concerns will be reported by the Primary Care Quality Group to the appropriate statutory body • Any learning/good practice identified by the Primary Care Quality Group will be disseminated appropriately
9. Reporting	<p>The Primary Care Quality Group will report to the Primary Care Commissioning Committee / Panel providing a quarterly highlight report to the Committee and escalating any areas of concern.</p> <p>A summary report of the work of the group will be submitted annually to the Primary Care Commissioning Committee / Panel for information.</p>
10. Declaration of Interest	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.</p>
11. Conduct	<p>The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest and Confidentiality Policies.</p>
12. Review of the Terms of Reference	<p>The Primary Care Quality Group Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Primary Care Commissioning Committee / Panel.</p> <p>Any resulting changes to these terms of reference or membership of the Primary Care Quality Group must be approved by the Primary Care Commissioning Committee / Panel before they shall be deemed to take effect.</p>

Meeting Title	Nottingham North and East Primary Care Commissioning Committee		Date: 02 August 2018	
Paper Title	Primary Care Quality Assurance Framework and Escalation Flowchart		Agenda Item: NNE/PCCC/18 039	
Lead Director Report Author	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience			
Purpose (tick one only)	Approval <input type="checkbox"/>	Acknowledge/ Note <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	For Information <input type="checkbox"/>
Executive Summary	The Primary Care Quality Assurance Framework and Escalation and Support Flowchart have been reviewed to incorporate alignment with Nottingham City CCG and the new roles and meetings as a result of the formation of the Greater Nottingham Clinical Commissioning Partnership.			
If paper is for approval, have the following impact assessments been completed?				
Quality Impact Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Equality Impact Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Privacy Impact Assessment
				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Conflicts of Interest - Recommended action to be agreed by the Chair at the beginning of the item.				
<input type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion				
Implications: (please tick where relevant)				
Integration	<input type="checkbox"/>	Patient Choice	<input type="checkbox"/>	
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>	
Constitution	<input type="checkbox"/>	Quality of Services	<input checked="" type="checkbox"/>	
Governance	<input type="checkbox"/>	QIPP	<input type="checkbox"/>	
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>	
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>	
			Finance checked by:	(initials)
Appendices	None			
Report History	N/A			
Patient and Public Involvement	N/A			
Recommendation	The Primary Care Commissioning Committee is asked to: APPROVE The Primary Care Quality Assurance Framework and the Escalation and Support Flowchart			

Greater Nottingham CCGs' Primary Care Quality Assurance and Improvement Framework (v1)

1.0 Introduction:

Since April 2016 monitoring quality and gaining assurance on the quality of services provided by the Greater Nottingham Clinical Commissioning Groups' (CCG) member General Practices has been the responsibility of the appropriate CCG.

Whilst General Practices as providers are accountable for the quality of their services and are required to have their own quality monitoring processes in place, the CCGs, as commissioners, have a responsibility for quality assurance. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality.

This quality assurance and improvement framework describes the Greater Nottingham CCGs' approach to monitoring and assuring quality and improvement in General Practice services.

The three domains of quality: patient safety, clinical effectiveness and patient experience are monitored through a Primary Care Quality Dashboard alongside routine internal contractual processes and clinical governance structures and in parallel with external sources such as CQC, peer reviews and national surveys.

A Primary Care Quality Group (Rushcliffe, Nottingham West and Nottingham North and East CCGs) / Primary Care Performance and Quality Steering Group (Nottingham City CCG) is in place for each of the Greater Nottingham CCGs as a sub-group of their individual CCG Primary Care Commissioning Committees / Panels (PCCC/PCCP). This provides a governance framework for monitoring Primary Care quality and improvement and responding to any concerns.

2.0 Quality Assurance and Improvement Framework:

A single definition of quality for the NHS was first set out in High Quality Care for All in 2008, following the NHS Next Stage Review led by Lord Darzi, and has since been embraced by staff throughout the NHS and by successive governments. This definition sets out the three dimensions to quality that must be present to provide a high quality service.

1. Clinical effectiveness - quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient's health outcomes.
2. Safety – quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient's safety.
3. Patient experience – quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what the patient (or their representatives) wants or needs, and with compassion, dignity and respect.

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms through which the CCGs assure themselves of primary care (medical services') quality are described in the following sections.

2.1 Primary Care Quality Groups / Primary Care Performance and Quality Steering Group

The Primary Care Quality Groups / Primary Care Performance and Quality Steering Group vary slightly in membership, but generally consist of:

- Head of Quality, Primary Care, Greater Nottingham CCGs
- Quality Manager, Primary Care, Greater Nottingham CCGs
- Quality Officer, Primary Care, Greater Nottingham CCGs
- CCG's Primary Care Lead
- Primary Care Hub, NHS England representative
- Patient representative
- Clinician (GP) representative
- CCG's Primary Care Pharmacy representative
- Infection Prevention Control representative
- Community Nursing Team representative

The purpose of the groups is to jointly review quality performance and improvement. The groups use the Primary Care Quality Dashboard and other information such as Infection Prevention and Control Audits, Patient Record Audits, CQC Reports, patient and staff feedback, incidents, workforce information and key Quality Outcomes Framework (QOF) information and exception reporting in order to identify potential or actual risks to quality. The group then agrees any action / response and ensures that concerns about quality and risks are escalated appropriately to the Primary Care Commissioning Committees / Panels and any serious concerns to the appropriate statutory body.

2.2 Primary Care Quality Dashboard and Risk Matrix

The dashboard consists of a range of metrics across the three domains of quality incorporating information from the following sources:

- Clinical Outcomes - including immunisations and vaccinations, screening and prescribing indicators
- Patient Experience - including Friends and Family Test (FFT) submissions and indicators from patient satisfaction surveys
- Patient Safety – including safeguarding and information governance indicators

The information within the dashboard is refreshed quarterly to determine a Red, Amber or Green (RAG) rating for each of the quality domains which in turn determines an Overall Rating of either Red, Amber, Green or Green*.

The methodology used to rate each quality domain is as follows:

- Clinical Outcomes (20 indicators) - 7 adverse indicators or more = Red, between 4 and 6 adverse indicators = Amber, between 0 and 3 adverse indicators = Green
- Patient Experience (14 indicators) - 7 adverse indicators or more = Red, between 3 and 6 adverse indicators = Amber, between 0 and 2 adverse indicators = Green
- Patient Safety (11 indicators) - 5 adverse indicators or more = Red, between 1 and 4 adverse indicators = Amber, 0 adverse indicators = Green

An Overall Rating is then assigned based on the methodology detailed in the table below:

Overall Rating	Rating Methodology	Rating Actions/Support
Red	Achieved if there are 2 or more red domains	A meeting with the practice to agree an action plan and support required. Wider discussion with NHSE / the LMC / CQC may also take place to determine further support that can be provided to the practice.
Amber	Achieved if there is either 1 red domain or 2 or more amber domains	Meeting / correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.
Green	Achieved if there are 0 red domains and a maximum of 1 amber domain	Correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.
Green★	Achieved if all domains are green with 0 adverse indicators	Routine quality monitoring using the Primary Care Quality Dashboard and other quality indicators such as Infection Prevention and Control audits and patient and staff feedback.

The Care Quality Commission (CQC) inspection outcomes for practices are also displayed as part of the dashboard as follows:

'Inadequate' = Red

'Requires Improvement' = Amber

'Good' = Green

'Outstanding' = Green*

Not yet inspected or report not published = Grey

However, the CQC results do not contribute to the Overall Rating of a practice.

2.3 Monitoring and Support and Escalation

In addition to the rating methodology, the table above also describes the actions and support that will be undertaken in relation to each Overall Rating.

Green * Overall Rating

Routine quality monitoring using the Primary Care Quality Dashboard and other quality indicators such as Infection Prevention and Control audits, patient and staff feedback, patient record audits, CQC Reports, patient and staff feedback, incidents, workforce information and key Quality Outcomes Framework (QOF) information and exception reporting is undertaken.

Green Overall Rating

In addition to the routine quality monitoring detailed above, correspondence with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place.

Amber Overall Rating

In addition to the routine quality monitoring detailed above, a meeting with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place.

Red Overall Rating

A meeting with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place. Routine quality monitoring continues and wider discussion with NHSE / the LMC / CQC may also take place to identify further support that can be provided to the practice.

Any significant quality risks / issues are escalated by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group to the Primary Care Commissioning Committees / Panels. Serious concerns are also reported by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group to the appropriate statutory body.

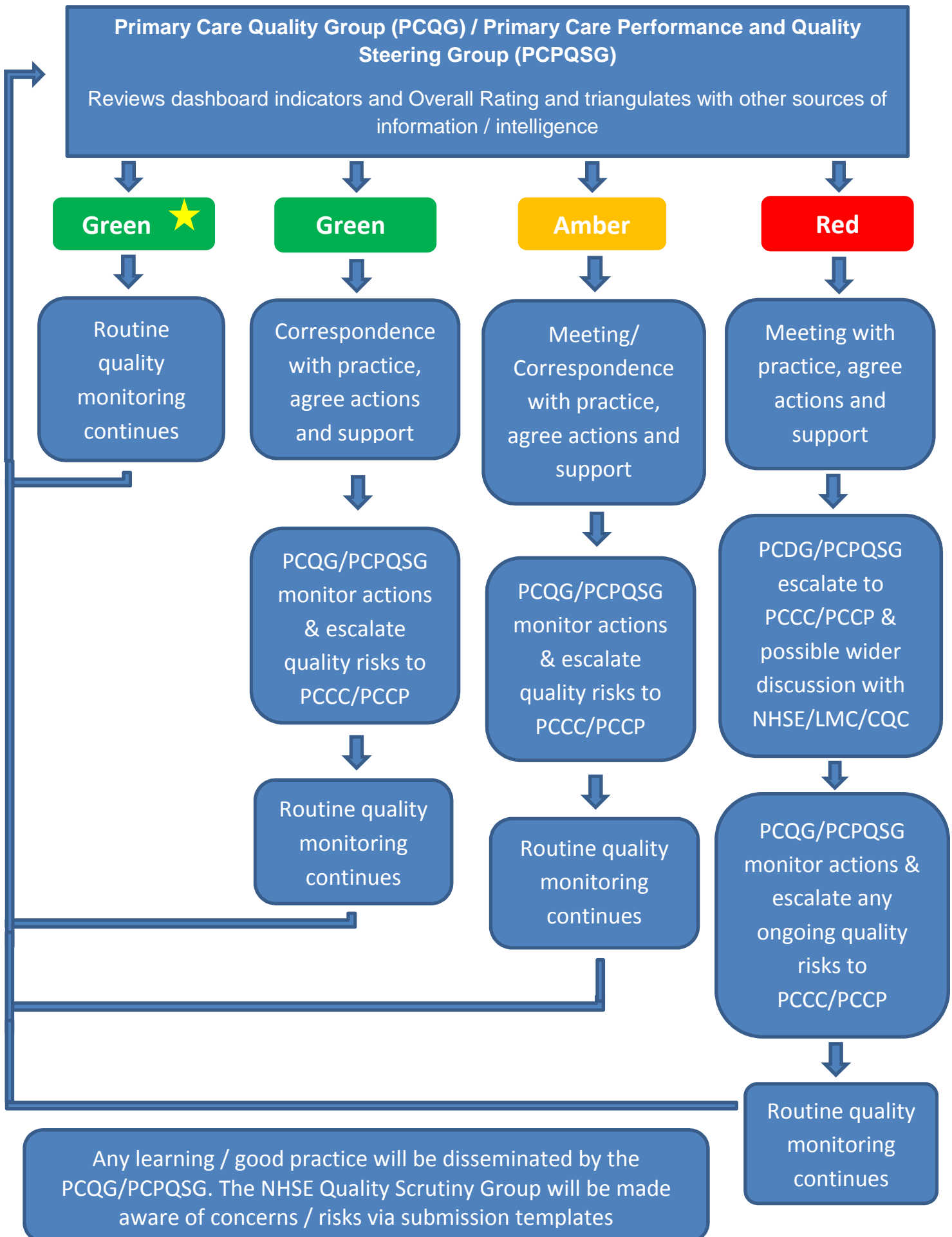
Any learning / good practice identified by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group / is disseminated appropriately.

The Primary Care Quality Groups / Primary Care Performance and Quality Steering Group report to the Primary Care Commissioning Committee / Panel providing a quarterly Highlight Report to the Committee / Panel and identifying any areas of concern / good practice.

A summary report of the work of each CCG's quality group is submitted annually to the Primary Care Commissioning Committee / Panel for information.

The Quality Scrutiny Group (NHSE) is made aware of any concerns / risks / issues via submission templates.

Greater Nottingham CCGs' Primary Care Quality Monitoring, Support and Escalation Process



PRIMARY CARE COMMISSIONING COMMITTEE PAPER

Meeting Date:	2 August 2018		
Title of Paper:	GP Forward View Progress Report – July 2018		
Sponsor:	Sharon Pickett		
Agenda Item No:	NNE PCCC 18 040	Allocated Time:	mins

(Please tick relevance)

Acknowledge	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Consider	<input type="checkbox"/>	Review	<input type="checkbox"/>	Support	<input type="checkbox"/>
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Purpose of the report/document

The purpose of this paper is to provide a progress report to Primary Care Commissioning Committee on the:-

- Overall delivery against the GP Forward View (GPFV)
- Current progress

Key Points *(Provide full context of agenda item)*

Progress against the milestones and targets are monitored via the Nottingham North & East CCG Primary Care Development Group and is captured in a detailed monitoring document. The key workstreams are monitored and RAG rated and, this month, the ratings (along with commentary) are as follows:

- **Access:** Green – good progress is being made to develop extended access across the CCG. Implementation date has been brought forward to 1st September. Further information is provided in a separate report to this committee
- **Workload:** Green – good progress is being made in delivering against the Resilience Fund and 10 High Impact Actions. The CCG has developed a bid for 2018/19 Resilience Fund which will be announced shortly by NHS England – see below for more detail on this.
- **Workforce:** Amber –The STP have developed a workforce plan that looks at a variety of workforce options. There has been a delay in the implementation of the International GP Recruitment which the CCG has had interest by practices in supporting the CCG is currently waiting for further information and next steps. The CCG continues to encourage different ways of working, including Pharmacists in Primary Care, enhancing skill mix and Physician Associates etc.
- **Infrastructure / ETTF:** Green – All of the projects are moving forward.
 - Calverton – development of second phase of the building works have commenced and expected to be completed Christmas 2018.
 - Hucknall – development of an outline business case
 - E-consultation: The CCGs' are reviewing the specification of a number of possible software applications.
- **Models of care:** Green – Progress has been made in developing high level plans around working at scale, but more engagement and operational detail is needed.
 - All practices from NNE CCG agreed to form a federation organisation in late 2017. This federation links into the pre-existing PICS (Primary Integrated Care Services Ltd) and has since been known as PICS NNE. Approximately 150,000 patients are represented through 19 practices. PICS NNE exists as a subsidiary organisation to

PICS Ltd, all practices have signed an MOU and are committed to the new federation. The objective of the federation is to provide a platform for collaborative working across the CCG, to improve the resilience of primary care, to provide better services for our patients and better working conditions for our staff. The initial work as a Federation will be the extended access provision and practices are currently formulating their plans and examining rotas for implementation from 1st September 2018.

- The CCG continues to ensure to work with the STP and the developments of the Integrated Care System.
- **Finance:** Green – GPFV finances are being managed across all workstreams.
 - all payments were made to practices for 2017/18 GPFV funds before the end of the financial year.

Recommendations

Primary Care Commissioning Committee are asked to **acknowledge** this report and the content of this paper.

Document links

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Implications: *(please tick where relevant)*

Commissioning (Inc. Integration & Reducing inequality)	X	Patient & Public Involvement	X
Constitution		Quality of Services	X
Governance		QIPP	
Innovation	X	Research	
Learning and Development		Sustainability	X
Patient Choice			

Finance checked by: <i>(initials)</i>
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Greater Nottingham Clinical Commissioning Partnership

NHS Nottingham North & East CCG Primary Care Commissioning Committee GP Forward View Progress Report – July 2018

Introduction

The General Practice Forward View (GPFV) was published by NHS England in April 2016. The purpose of the document was to identify key actions which GP practices should take to secure delivery of Primary Care Services in the future.

The Primary Care Commissioning Committee and CCG Board have previously received papers on the CCG plans for delivery including the development of GPFV Milestones which are monitored by the CCG and subsequently through NHS England.

The purpose of this paper is to provide a progress report to Primary Care Commissioning Committee.

Key messages: Overall delivery against the GPFV

Progress against the milestones and targets are monitored via the Nottingham North & East CCG Primary Care Development Group and is captured in a detailed monitoring document which has previously been presented to the committee. The key workstreams are monitored and RAG rated and, this month, the ratings (along with commentary) are as follows:

- **Access:** Green – good progress is being made to develop extended access across the CCG. Implementation date has been brought forward to 1st September. Further information is provided in a separate report to this committee
- **Workload:** Green – good progress is being made in delivering against the Resilience Fund and 10 High Impact Actions. The CCG has developed a bid for 2018/19 Resilience Fund which will be announced shortly by NHS England – see below for more detail on this.
- **Workforce:** Amber –The STP have developed a workforce plan that looks at a variety of workforce options. There has been a delay in the implementation of the International GP Recruitment which the CCG has had interest by practices in supporting the CCG is currently waiting for further information and next steps. The CCG continues to encourage different ways of working, including Pharmacists in Primary Care, enhancing skill mix and Physician Associates etc.
- **Infrastructure / ETTF:** Green – All of the projects are moving forward.
 - Calverton – development of second phase of the building works have commenced and expected to be completed Christmas 2018.
 - Hucknall – development of an outline business case
 - E-consultation: The CCGs' are reviewing the specification of a number of possible software applications.
- **Models of care:** Green – Progress has been made in developing high level plans around working at scale, but more engagement and operational detail is needed.
 - All practices from NNE CCG agreed to form a federation organisation in late 2017. This federation links into the pre-existing PICS (Primary Integrated Care Services Ltd) and has since been known as PICS NNE. Approximately

150,000 patients are represented through 19 practices. PICS NNE exists as a subsidiary organisation to PICS Ltd, all practices have signed an MOU and are committed to the new federation. The objective of the federation is to provide a platform for collaborative working across the CCG, to improve the resilience of primary care, to provide better services for our patients and better working conditions for our staff. The initial work as a Federation will be the extended access provision and practices are currently formulating their plans and examining rotas for implementation from 1st September 2018.

- The CCG continues to ensure to work with the STP and the developments of the Integrated Care System.
- **Finance:** Green – GPFV finances are being managed across all workstreams.
 - all payments were made to practices for 2017/18 GPFV funds before the end of the financial year.

Key messages - Access

NNE PICS will provide the extended access hours from 1st September 2018 to all patients registered within NNE CCG. Practices within the CCG will provide an additional 76 hours per week on a rota basis:-

- Appointments will be for routine appointments and booked through the patient's own practice.
- Monday to Friday – additional 1.5 hours from 6.30pm – 8.00pm
- Saturday and Sunday – time do vary between practices 9am – 12noon
- Service will be available from, 1st September 2018

Key messages – Workload

Resilience Fund

Year 1 of the GP Resilience funds (2016/2017) the funds were used to provide practices with a Deep Dive Diagnostics identifying areas of good work and areas for further development. The CCG was successful in bidding against the NHS England Resilience Funds for 2017/2018 of which £23k has been allocated. The funding was used to continue with the year 1 result. Each practice used the funds to support a variety of different areas and a case study of some of the feedback has been provided to NHS England providing some of the outcomes as documented below:-

Example 1

- Work undertaken - Review of existing appointment system by Doctor in order to remove inappropriate triage calls to manage increasing demand and workload.
- Outcome - Introduction of a daily duty co-ordinator to deal with all urgent calls of the day and release other GPs time to allow for more face to face appointments. Efficiency gains in triage system.

Example 2

- Work undertaken – Commissioned specialist to create more efficient recall system
- Outcome - Patients recalled and managed more efficiently. Those with several conditions have their reviews on one visit, thus reducing number of times patients attends surgery and reduced time with the clinicians

Example 3

- Work undertaken - PM attended business planning course
- Outcome - Practice developing a robust business plan to include succession planning.

Example 4

- Work undertaken - Upskilling receptionist to HCA
- Outcome - Training is underway for the staff member concerned thus providing greater opportunities for skill mixing and releasing clinical capacity.

NNE PCCC 18 040

The CCG has submitted a bid for 2018/2019 requesting that funds are aimed at delivering improved at-scale working, with a view to supporting the development of primary care networks. The CCG is awaiting confirmation of the outcome of the bid.

Key messages – Workforce

The Workforce Plan for the Nottinghamshire STP CCG Cluster is being led by the STP; we are awaiting further update.

Clinical Pharmacists in General Practice

The General Practice Forward View (GPFV) committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21. This is in addition to over 490 clinical pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July 2015. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long term conditions, advice for those on multiple medications and better access to health checks. This helps GPs manage the demands on their time.

- Hucknall practices Oakenhall Medical Practice, Torkard Hill Medical Centre and Whyburn Medical Practice have submitted an application which has been approved, they are currently out to advert.
- The closing dates for further waves of the programme for bids to NHSE have now been confirmed and are as follows:
 - Wave 7 – 23rd November 2018
 - Wave 8 – 22nd February 2019
- The CCG is reviewing coverage of exiting schemes across their areas to ensure practices that may be interested in applying for future waves can prepare.

There are a number of practices that have employed clinical pharmacists outside of the GPFV scheme:-

- Giltbrook Surgery
- Peacock Practice
- Trentside Medical Group

International Recruitment

Engagement with practices around GP International Recruitment programme has identified a number of practices that are willing to consider recruitment. We are awaiting further information from NHS England regarding next steps.

Physician Associates

A range of resources about the role and impact of Physician Associations in primary care are available at the Faculty of Physician Associates. This information has been shared with our practices, should anyone be considering alternative models of working as Physician Associates are a working solution in primary care to support the workforce and improve patient care. De Montfort and Derby University are now training students in this clinical practice.

Local General Practitioners Retention Fund

NHS England published, on 29th May, details of its new Local General Practitioners Retention Fund. The STP are developing local plans, however, initial information from NHS England suggested that the fund should be used to “facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working”. The guidance identifies three, broad categories of GPs which could be assisted by the fund:

- those who are newly qualified or within the first five years of practice
- those who are seriously considering leaving general practice or are considering changing their role or working hours, and

- those who are no longer clinically practicing but remain on the national performers list.

10 High Impact Actions

The 10 High Impact Actions are a collection of ways to improve workload and improve care through working smarter in GP practices. In NNE, GP practices are carrying out a series of projects aimed at working more efficiently and freeing up more time for direct patient care.

The 10 High Impact Actions are:

1. Active signposting: Provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional.
2. New consultation types: Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
3. Reduce Did Not Attend (DNAs): Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment
4. Develop the team: Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
5. Productive work flows: Introduce new ways of working which enable staff to work smarter, not harder.
6. Personal productivity: Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible.
7. Partnership working: Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. Social prescribing: Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
9. Support self-care: Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
10. Develop QI expertise: Develop a specialist team of facilitators to support service redesign and continuous quality improvement.

The CCG continues to promote the 10 Action Plan shared learning as documented by NHS England and we continue to work more closely on active signposting, personal productivity and partnership working

Practice Manager Development Fund

The CCG had an opportunity to bid for some for the Practice Manager funds from the GPFV. The CCG focused on a development programme that was designed to help participants respond and lead effectively in an increasingly pressurised environment. The sessions focused on:-

- Building personal resilience
 - Deepening understanding of resilience, building capacity for personal resilience and managing under pressure and using best practice and models to identify ways of developing your resilience
- Being a resilient leader
 - Understanding a leader's role in resilience, using best practice and models to identify practical approaches to developing teams and how to be a resilient leader when your team is under pressure
- Developing your coaching style to improve performance

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- Enhancing your knowledge of leadership and yourself as a leader, developing your coaching skills to lead more effectively and using a coaching style to help improve performance
- Individual coaching sessions

Feedback from these sessions have been very positive and generated discussions, shared learning and identification of further development areas should funding become available.

Key Messages – Infrastructure

On-line Consultation

NHS England is using technology to empower patients and make it easier for clinicians to deliver high quality care and enabling patients to seamlessly navigate the service as part of its digital transformation strategy. The Online Consultation programme is a contribution towards this ambition. As part of the General Practice Forward View, a £45 million fund has been created to contribute towards the costs for practices to purchase online consultation systems, improving access and making best use of clinicians' time. The STP is working together to deliver this initiative and the allocation for the STP is £263,587

NHS England national team is looking to support both online consultation systems for patients to connect digitally with their GP and also NHS 111 Online and integrated urgent and emergency care systems. National guidance has been issued around both of these initiatives and the specification for online consultations has now been released and the project group are currently looking at viable options.

Next Steps

The key milestones for the next few months in the work areas described above are:

- Mobilisation of the extended access scheme across Nottingham North & East CCG with effect from 1st September 2018.
- Implementation of the outcome following the Resilience bid
- Further development of the local implementation of workforce plan
- Continue to promote and support 10 High Impact actions

Summary and Conclusion

Ongoing monitoring and reporting of progress against all aspects of the GPFV will be provided to the Committee. These reports will provide more detail about the effect GPFV development in 2018/2019 and work around new models of care.

Recommendations

Primary Care Commissioning Committee are asked to acknowledge this report and the content of this paper of which provides sufficient assurance to demonstrate progress towards delivery.

Rachael Rees
Head of Primary Care & MCP Development

NNE PCCC 18 040
26th July 2018

PRIMARY CARE COMMISSIONING COMMITTEE PAPER

Meeting Date:	2 August 2018		
Title of Paper:	Extended Access in Primary Care – Status update		
Sponsor:	Sharon Pickett		
Agenda Item No:	NNE PCCC 18 041	Allocated Time:	mins

(Please tick relevance)

Acknowledge	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Consider	<input type="checkbox"/>	Review	<input type="checkbox"/>	Support	<input type="checkbox"/>
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Purpose of the report/document

The purpose of the document is to:

- Update the committee on the mobilisation of the extended access services within NNE

Key Points *(Provide full context of agenda item)*

The General Practice Forward View (GPFV) published by NHS England on 21 April 2016 aims to support the sustainability of primary care and to improve access for patients. The five year plan includes an increase in funding to expand the workforce, improve the infrastructure and support a major programme of improvements to strengthen and redesign primary care. The GPFV provides investment to support delivery, the largest pot of money available is for extended access and committed £500 million by 2020/21 to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The 2017/19 NHS Shared Planning Guidance sets out the funding trajectory for this work, supporting CCGs to deliver extended access as part of delivering the GP Forward View.

Practices will deliver the extended access service from 1st September 2018 to all patients registered within NNE CCG. An additional 76 hours per week of extended access will be available to patients and the delivery of the service will be managed through a rota of which has been agreed by all practices, the service will provide:-

- Appointments for routine appointments, booked through the patient's own practice.
- Monday to Friday – additional 1.5 hours from 6.30pm – 8.00pm
- Saturday and Sunday – time do vary between practices 9am – 12noon
- Service will be available from 1st September 2018.

Recommendations

Primary Care Commissioning Committee are asked to **acknowledge** this report

Document links

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Implications: *(please tick where relevant)*

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Commissioning (Inc. Integration & Reducing inequality)	X	Patient & Public Involvement	X
Constitution		Quality of Services	X
Governance		QIPP	
Innovation	X	Research	
Learning and Development		Sustainability	X
Patient Choice			

Finance checked by:
(initials)



Greater Nottingham Clinical Commissioning Partnership

NHS Nottingham North & East CCG Primary Care Commissioning Committee Extended Access in Primary Care – Status update

Introduction

This report provides an overview of progress towards the commissioning of extended access in primary care.

The General Practice Forward View (GPFV) published by NHS England on 21 April 2016 aims to support the sustainability of primary care and to improve access for patients. The five year plan includes an increase in funding to expand the workforce, improve the infrastructure and support a major programme of improvements to strengthen and redesign primary care. The GPFV provides investment to support delivery, the largest pot of money available is for extended access and committed £500 million by 2020/21 to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The 2017/19 NHS Shared Planning Guidance sets out the funding trajectory for this work, supporting CCGs to deliver extended access as part of delivering the GP Forward View.

The GPFV commits to provide access to primary care on weekdays evenings after 18.30 and access at weekends according to local need. Funding of £3.34 p/h will be provided to all CCGs in 2018/19 rising to £6 per head in 2019/20 to support delivery of extended GP access to 100% of the population. Originally NNE was to commence the implementation of extended access with effect from 1st October 2018, however, NHS England asked if the service could be delivered with effect from 1st September 2018.

Extended access in primary care is fully in line with the CCG's commissioning priorities which look to secure the sustainability of local primary care services as well as working towards delivery of a new model of care locally. It also supports the delivery of our commissioning obligations to ensure the provision of safe, accessible and high quality health services for our local population.

Delivery of Extended Access within NNE

All 19 practices from NNE CCG agreed to form a federation organisation in late 2017. This federation links into the pre-existing PICS (Primary Integrated Care Services Ltd) and has since been known as NNE PICS. Approximately 150,000 patients are represented through 19 practices. NNE PICS exists as a subsidiary organisation to PICS Ltd, all practices have signed an MOU and are committed to the new federation. The objective of the federation is to provide a platform for collaborative working across the CCG, to improve the resilience of primary care, to provide better services for our patients and better working conditions for our staff. The initial work as a Federation will be to provide the extended access provision from 1st September 2018.

Practices will deliver the extended access service from 1st September 2018 to all patients registered within NNE CCG. An additional 76 hours per week of extended access will be available to patients and the delivery of the service will be managed through a rota of which has been agreed by all practices, the service will provide:-

- Appointments for routine appointments, booked through the patient's own practice.
- Monday to Friday – additional 1.5 hours from 6.30pm – 8.00pm
- Saturday and Sunday – time do vary between practices 9am – 12noon
- Service will be available from 1st September 2018

The mobilisation of the service is managed by an Extended Access Implementation group. This group is a joint group with Nottingham West who are also working to the same time frames and implementing the same delivery model. The group meets weekly to monitor the progress of the mobilisation of the service and covers:-

Management of rotas and engagement

The rotas of the service are discussed at each meeting to ensure that the rotas are being assembled to meet the service requirements. Engagement with practices has developed well and practices have supported the process. One practice has declined from taking part in the service. The implementation group have been reviewing the number of hours that will be provided to ensure that it meets the 76 hours required across the CCG on a weekly basis. The group also ensures that an equitable service is being delivered across the CCG.

Confirmation of Specification and Signing of Contract

A service specification has been developed and reflects what other local providers in Rushcliffe and Nottingham City CCGs are providing to ensure consistency. An Alternative Provider Medical Services Contract (APMS) has been written and is currently with NNE PICS for signature.

Communications Plan

A communications plan has been developed and follows the recommended steps as suggested by NHS England. The CCG intends to use the NHS England templates for advertising the service which will be advertised within Practices, on social media, and in local publications that include Gedling Borough Council Contacts, Broxtowe Matters etc. The initial launch will be localised to the practice areas and as the service develops the CCG will monitor its utilisation rates and then focus on areas with less uptake and consider further communications. The CCG would like to work with the Patient participation groups of the practices to promote the service and encourage utilisation.

IT Infrastructure

PICS have a SystemOne unit that will allow the NNE rotas to be visible to all practices within NNE. All key staff including clinicians, practice managers and reception teams will receive training on using the system and clear guidelines are in place to ensure that appropriate patients are seen within the service. The training of the practices will take place over August and the SMART Cards used for the clinical systems are being activated to allow the appropriate access to the extended hours service.

Governance

The implementation group are reviewing all governance procedures to ensure that they are in place. The Equality Impact Assessment has been completed and signed off and an initial review of the Privacy Impact Assessment has taken place and is currently being amended and once complete will be reviewed by the CCG IG lead.

Utilisation reports

The service will commence from 1st September. NNE PICS will provide monthly utilisation rates for the service. This information will be shared with NHS England and the Primary Care Commissioning Committee.

Summary and Conclusion

NNE Federation are working extremely hard to ensure that the delivery of the service is a success. The service is on target to commence with effect from 1st September 2018.

Recommendations

Primary Care Commissioning Committee are asked to acknowledge this report.

Rachael Rees
Head of Primary Care & MCP Development
26th July 2018

Primary Care Co-Commissioning Finance Paper

Month 3 YTD

1.0 Overall CCG Financial Position

- 1.1 The overall financial position for the CCG is reported as breakeven against both year to date (YTD) and forecast (FOT) control totals. However, budget areas to date are overspent by £0.6 million, covered by contingency reserves. The full year forecast anticipates that budget areas will overrun by £3.6 million thus requiring this same level of reserves and other mitigations to breakeven.
- 1.2 The overall Greater Notts CCP financial position also reports breakeven both YTD and forecast full year. The full year position requires £26 million reserves and other mitigations to achieve the combined control total. This level of mitigations requires investment slippage and other non recurrent solutions – there are not the level of recurrent reserves available.
- 1.3 Acute spend accounts for the majority of the YTD over spend at £0.8 million over plan (NNE) and £7.1 million (G Notts).
- 1.4 As a result of the recurrent nature of the acute pressures and the mainly non recurrent mitigations, the underlying financial position is significantly adrift of plan, with a forecast exit position of £2.6 million deficit against a planned surplus of £0.7 million for NNE.
- 1.5 The table below shows the summary level YTD Operating Cost statement for the CCG.

£m. Favourable Variance +ve, Adverse Variance -ve				
Budget area	Annual Budget	YTD Budget	YTD spend	YTD Variance
Acute Services	99.8	24.9	25.7	-0.8
Community	15.7	3.9	3.9	0.0
Mental health	19.3	4.7	4.8	0.0
CHC	17.0	4.2	4.1	0.1
PC Co-commissioning	19.4	4.5	4.5	0.0
Prescribing	21.9	5.4	5.3	0.0
Other Primary Care	5.7	1.4	1.5	0.0
Running Costs	3.2	0.8	0.7	0.1
Other	6.2	0.9	0.9	0.0
Reserves				
Contingency/Risk/Investments	2.1	0.6	0.0	0.6
Committed	4.2	0.0	0.0	0.0
Total	214.3	51.3	51.3	0.0

2.0 Primary care Co-commissioning Financial Position

2.1 The opening budget of £19.46 million for co-commissioning has been approved by the Governing Body in the March meeting as part of approving the overall CCG opening budget plan. Since the opening budgets, the co-commissioning allocation has been reduced due to reduced indemnity charges for the CCG to incur (these costs have been incurred nationally). However, the CCG has effectively retained the funding and it has been moved to other Primary Care funding (for reception training, online consultations and GP access). The allocation now stands at £19.396 million.

2.2 The table below shows the co-commissioning financial position

£m. Favourable Variance +ve, Adverse Variance -ve				
Budget area	Annual Budget	YTD Budget	YTD spend	YTD Variance
Enhanced Services	0.36	0.09	0.09	0.00
GMS/PMS Payments	14.04	3.51	3.60	-0.09
Other	0.98	0.02	0.00	0.02
Property Costs	1.92	0.48	0.51	-0.03
QOF	2.10	0.37	0.27	0.10
Total	19.40	4.47	4.47	0.00

2.3 Contract payments are broadly on plan, and reserves are available to cover list size changes for the remainder of the year.

2.4 All other areas are broadly on plan with a favourable variance currently assumed on QoF due to prior year fall out.

2.5 Contingency and other reserves are reflected in 'Other' and, as with previous years, any uncommitted resource here will form part of the overall CCG financial mitigations.

2.6 The overall co-commissioning financial position is forecast to remain within budget for the year.

3.0 Recommendation

3.1 The Primary Care Co-commissioning Committee is asked to **note** the overall CCG and specific Primary Care Co-Commissioning year to date financial position and the forecast outturn financial position.

Ian Livsey
Deputy Chief Finance Officer
26 July 2018

PRIMARY CARE COMMISSIONING COMMITTEE PAPER

Meeting Date:	2 August 2018		
Title of Paper:	Primary Care Commissioning Finance Paper		
Sponsor:	Jonathan Bemrose		
Agenda Item No:	NNE PCCC 18 042	Allocated Time:	mins

(Please tick relevance)

Acknowledge	<input checked="" type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Consider	<input type="checkbox"/>	Review	<input type="checkbox"/>	Support	<input type="checkbox"/>
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Purpose of the report/document

To present the finance position of the GP commissioning budget for the period ended m3 June 2018/19

Key Points *(Provide full context of agenda item)*

- The year to date position shows a breakeven position
- The forecast for the year end is that co-commissioning expenditure will remain in budget

Document links

Implications: *(please tick where relevant)*

Commissioning (Inc. Integration & Reducing inequality)	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>
Constitution	<input type="checkbox"/>	Quality of Services	<input type="checkbox"/>
Governance	<input type="checkbox"/>	QIPP	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Patient Choice	<input type="checkbox"/>		<input type="checkbox"/>

Finance checked by:

IL