St Helens Clinical Commissioning Group

St Helens CCG Primary Care Committee Meeting

Date: **Wednesday, 17th May 2017**

Time: 9**.30 am – 11.30 am**

Venue: **Conference Room A, St Helens Chamber, Chalon Way, Off Salisbury Street, St Helens, WA10 1FY**

Part 1 of this meeting will be held in public

Mission Statement:

'Making a difference – right care, right place, right time'

St Helens Clinical Commissioning Group fully support and abide by the pledges set out within the NHS Constitution and we work to ensure we portray the values and behaviours expected of all NHS organisations

PRIMARY CARE COMMITTEE – PART 1

WEDNESDAY 17TH MAY 2017 9.30am – 11.30am

CONFERENCE ROOM A, ST HELENS CHAMBER, OFF CHALON WAY, SALISBURY STREET, ST HELENS, WA10 1FY

Apologies for absence:
Declarations of Interest:

Item	Time	Agenda Item	Purpose	Presented by
17.05.17 01	9.30am	**Declarations of Interest**	**To Note**	**Chair**
17.05.17 02	9.35am	Minutes from the Previous Meeting held on 15th March 2017 and Action Log	**To Ratify**	**Chair**
17.05.17 03	9.40am	Matters Arising	**To Note**	**Chair**
17.05.17 04	9.50am	Review of Local Enhanced Services	**To Approve**	**S Humphrey**
17.05.17 05	10.05am	Finance Update 2017/2018	**To Note**	**Paul Brennan**
17.05.17 06	10.20am	Primary Care Quality & Operations Group Minutes February 2017 or March 2017?	**To Note**	**Chair**
17.05.17 07	10.25am	Key Issues for Governing Body	**To Note**	**Chair**
17.05.17 08	10.30am	Any Other Business	**To Note**	**All**

Date and time of next meeting: 21st June 2017 9.30am-11.30am in Promotions Meeting Room 8, Lowe House Health Resource Centre

NHS
St Helens
Clinical Commissioning Group

Primary Care Committee

Meeting held on Wednesday, 15th March 2017
Meeting Room 10, Town Hall, Victoria Square, St Helens

Part I – Minutes

Members in Attendance:

Name	Role	Organisation
Geoffrey Appleton (GA)	Chair, Governing Body/ Committee Chair	NHS St Helens CCG
Prof Sarah O'Brien (SOB)	Clinical Chief Executive	NHS St Helens CCG
Julie Abbott (JA)	Deputy Chief Executive	NHS St Helens CCG
Tony Foy (TF)	Lay Member, Audit, Governance and Finance	NHS St Helens CCG
Rachel Jones (RJ)	Lay Member, PPI	NHS St Helens CCG
Dr Hilary Flett (HF)	GP Governing Body Member	NHS St Helens CCG
Dr Joe Banat (JB)	GP Governing Body Member	NHS St Helens CCG
Dr Mike Ejuoneatse (ME)	GP Governing Body Member	NHS St Helens CCG
David McBride (DMcB)	Associate Director – Primary Care	NHS St Helens CCG
Iain Stoddart (IS)	Chief Finance Officer	NHS St Helens CCG
Paul Brickwood (PB)	Chief Finance Officer	NHS St Helens CCG/ Knowsley CCG
Margaret Geoghegan (MG)	Associate Director – Medicines Management	NHS St Helens CCG
Kirk Benyon (KB)		NHSE
Sue Forster (SF)	Interim Director of Public Health	St Helens Public Health

In Attendance by invitation of the Chair:

Name	Role	Organisation
Tom Hughes (TH)	Chair	Healthwatch
Karen Leverett (KL)	Primary Care Management Lead	NHS St Helens CCG
Kerry Ingham (KI)	Senior Performance Manager and Commissioning for Value Program Lead	NHS St Helens CCG
Adam Delaney (AD)	Information Analyst	NHS St Helens CCG
Sarah Lawrenson (SLL)	Executive PA/Minute Taker	NHS St Helens CCG

Apologies:

Name	Role	Organisation
Rose Gorman (RG)		NHSE
Lisa Ellis (LE)	Chief Nurse	NHS St Helens CCG
Julie Ashurst (JAshurst)	Deputy Chief Finance Officer	NHS St Helens CCG
Elaine Inglesby-Burke (EIB)	Governing Body Member	NHS St Helens CCG
Mike Wyatt (MW)	Strategic Director; People's Services	St Helens MBC

Not In Attendance:

Name	Role	Organisation
Nil		

Agenda Item	
1)	**Welcome, Introductions and Apologies for Absence**

GA welcomed everyone to the meeting and apologies were noted.

2)	Declarations of Interest

Declarations of Interest relating to items on today's agenda:
HF declared a pecuniary conflict of interest in respect of agenda Item:
PC170308 - Post Verification Claims, in being a GP partner at Mill Street Surgery.

JB declared a direct pecuniary conflict of interest in respect of agenda item:
PC170308 – Post Verification Claims, in being a GP Partner at Park House, Fingerpost.

Other than those previously declared, there were no further Declarations of Interest reported.

3)	Minutes of Previous Meeting (15.02.17 – Extra Ordinary)

Amendments:
4.1.2 – to read "to complete the review of *Constitution"*
5.3 – Second bullet point sentence should read "change to enable *locality* not locally"
5.11 – to read "JA noted *£300k is not a vast amount of money and the risk is it may be fragmented" and JA met a young GP who is still in training"*
5.12 – Minutes should reflect how funding is spent and that the CCG should have clarity on the role of Rota; that the bid should reflect the need to support the training of Clinical Pharmacists in the borough and not regarding the Federation.
5.15 – Social acute to be amended to "Social Services".
6.7 – to read "SOB therefore suggested that these priorities are included within the Prescribing Incentive Scheme" and not the Quality Contract.

The minutes from 15.02.17 were ***agreed*** as an accurate record.

4)	Matters Arising and Action Log

The Action log from 15.02.17 was reviewed and updated as follows:

Ref PC/17/01/07 (6.4) GP Quality Contract – the contract will be submitted to Finance Governance and Risk Committee next week. TF noted it would be helpful to receive a summary of any other items which require approval prior to that Committee. SOB noted that the Committee had not yet had sight of the final proposed Quality Contract and therefore needs approval.

The Chair suggested that the PCC are emailed following the Finance Governance and Risk Committee following its decision. KL: noted that the Quality Contract had been previously considered at GP Forum. HF noted that there was a positive view, clinically based and in line with the CCG's Commissioning Intentions and areas identified by the LDS where the CCG is an outlier..

Action: The PCC approved the GP Quality Contract in principle then a virtual agenda item.

PC17/01/08 (7.8) GP Forward View Final Report –SOB noted that the PCC had not yet received formal feedback from the NHSE. SOB noted that the meeting scheduled had been cancelled and a further date is yet to be rearranged. SOB noted that the PCC had not yet agreed the top 3 priority areas for the focus. It was noted that the paper would be submitted to Finance Risk and Governance Committee regarding transformational money and this would also be discussion item for the Governing Body Timeout-

SOB noted she had attended an LDS meeting for Accountable Care – Locality Care on 14th March 2017 which Price Waterhouse Cooper leads attended. SOB noted that this was key work and therefore it is important to engage with the Primary Care Provider within the locality. The CCG's vision is for strong locality working going forward.

PC17/01/10 (9.4) PCDMC Risk Register – Item Closed.

PC17/01/11 (10.3) Terms of Reference – AD was currently working on the Constitution and has delegated the task to TF, Item Closed.

PC17/02/05 (7.9) GMS Contract Changes – on agenda for discussion.

5)	**Finance Report**

The Chief Finance Officer presented the 2016/17 Finance Report to the Primary Care Committee which informs the full year forecast position based on information at February 2017. The report included locum costs which Practices will be reimbursed for the purposes of Maternity Leave plus discussion for notional rents which are not to be confused with property services.

St Helens CCG has now set the budget and there is an implication regarding growth. IS raised at the last Committee meeting regarding an increase in GMS Contract values and increase in allocations. This has been mitigated and the budget set on a solid basis going forward.

SOB questioned whether there was enough money for transformation. It was noted in respect of the Quality Contract a financial envelope had been set aside therefore for this. In respect of the other elements regarding contingency, there is a historical issue to be picked up with NHSE.

Practices should have a Policy for Managing Sickness Absence. GPs take out insurance policies to cover GP sickness. A query was raised regarding whether there was suitable contingency in the budget.

HF raised a question in respect of minor surgery and the target regarding PLCPs of £19,000 and asked for clarity re whether some of this figure related to joint injections IS noted that a paper can be brought to the next Committee to clarify this. It was noted to some degree the CCG are off-setting referrals elsewhere. Claims are monitored closely by S Humphrey and skin tags are not funded. KP noted that Practices have extended the service.

TH queried how the CCG are addressing budget setting for the next financial year? SOB assured the Committee that budget setting for 17/18 would be carried out by the CCG.

Finance Report ***noted*** by the Committee.

6)	Primary Care Dashboard

KI presented the Primary Care Dashboard to the Committee for comment and approval. The Dashboard had been refined following submission to PCQOG in January and February 2017; it now incorporates safety, experience and effectiveness The Committee were therefore asked to review the metrics. DMcB commended KI and AD for creating and updating the Dashboard.

JA had met with S Rimmer, Head of PMO and noted the Dashboard would be included within the NHS Improvement Plan (Primary Care Metrics). Therefore JA queried whether everything had been captured in the Operational Plan, the credibility around the data and would like to embed this within Aristotle and queried whether there will be a cost incurred? KI noted that there may be a cost incurred. MG queried in relation to Prescribing the CCG linked to Quality Premiums RAG rating Practices on Incentive Scheme or on national target? MG noted that the view is nationally it needs to be national target.

Further comments for additional columns to be added were: column for the number of complaints, safeguarding training and policies being refreshed.

Action: KI to discuss with Carmel Farmer and Sam Atkinson, Designated Nurses in relation to KPIs, Contracts and Policies.

SOB noted all parameters should stay and does not agree, when using levels 1, 2, 3, that only certain measures need to be included for discussion at Committees as this will only show certain indicators, the Committee needs to see the whole picture and a decision needs to be made as to how often the Committee Receives the Dashboard. The Dashboard should be looked at in its entirety with a view to what the CCG can do to help Practices who are highlighted as causing concern. The PCQOG should analyse the Dashboard which then highlights risks to the Primary Care Committee.

JA noted the positive developments and the buy in from Practices at the Forum for them to sign up in principle and therefore to take the Dashboard and look at the variation. Key headings should be removed but not the data This should be used every day by the Primary Care Team to understand areas to support Practices and, via the Operational Group, the Dashboard would then come back to the Committee twice yearly in a report that summarises key points. The Dashboard data can be used for the Annual Report. GA congratulated Kerry Ingham and her Performance Team in the work they have undertaken.

The Primary Care Dashboard ***noted*** and ***endorsed*** by the Committee.

7)	GP Forward View Update

DMcB provided an update on the GP Forward View and noted that the report links to the Finance, Governance and Risk Committee report. There was a Provider Forum held on 9th March 2017 and a useful debate had taken place with GPs following the discussion regarding Federations on 8th March 2017 regarding the proposed options.

The report provides a comprehensive view and Page 35 highlights an Executive Summary noting the following bullet points:

- Limited progress on workforce collaboration to date;

- Allocation of Primary Care Transformation Fund to be approved in March;
- New premises have been approved for Haydock, Lime Grove and Eccleston;
- New data sharing agreements are needed for interoperability of systems.

SOB commented that the Committee would like to see delivery not process and queried what the top priorities for the Forward View are. SOB suggested at the next meeting the Committee should consider the priorities and outcomes. In SOB's view, the four areas of priority should be:

- Federation;
- Locality working – our vision – way forward;
- Workforce;
- Access – target by March 2018 regarding Primary Care access therefore the CCG needs to be working towards national targets.

St Helens Cares there are areas where GPs should be tied in early on, SF noted that these key areas could be linked in. The People's Board was taking place later that day and would be discussing those areas essential for patients to have access to the GPs and Clinicians at the right time and in the right quality of premises. GA noted that it is important to have a Federation that is borough-wide.

JA queried, in respect of recruiting infrastructure and locality fixed term positions, whether there is a skill set already and whether NHSE are recruiting. KB noted that all vacancy posts at NHSE had been filled and that there was an on-going recruitment process.

Action: KB will determine the position with NHSE regarding the work in relation to the Forward View.

HF noted they are one of the first Practices clinically training staff and will be able to share any key information.

ME noted from previous discussions the Federation would be a single voice. ME felt that they are missing an opportunity to employ Clinical Pharmacists and Nurse Practitioners. ME noted that there needs to be clarity on locality and the work the CCG wants the Federation to achieve. HF suggested that correspondence is issued via the Chair to provide clarity to the Membership.

GP Forward View Update ***noted*** by the Committee.
Agreed correspondence would be drafted by SOB for the Chair to authorise in relation to clear messages to GPs regarding focussing on delivery and not process. The Correspondence will be shared with JB, HF, ME for their views regarding the structure prior to it being issued.

8)	**Post Payment Verification**

The Chair noted the earlier direct pecuniary declaration of interest submitted in relation to this item by HF, she was asked to leave the meeting for the agenda item. ***HF left the meeting for this agenda item.***

DMcB presented a report update following a review by MIAA to conduct Post Payment Verification Checks on invoices paid to GP Practices. The report was considered by the PCQOG and it was felt that the Committee did not have sufficient authority to make a decision. SOB therefore suggested that the CCG should draw a line on what has occurred in the past, prior to the review,

noting that the process had not been as robust as the CCG would have liked and for the Committee to support the recommendation highlighted within the report.

Post Payment Verification ***noted*** by the Committee
Agreed with the recommendations outlined in the report.

9)	**Minutes for Noting**

Minutes from the Primary Care Quality & Operations Group meeting on 26th January 2017 were discussed. A further issue discussed in relation to Transformation and at February's PCQOG Hollybank's application for a boundary change had been included. It was agreed it should be reduced and the list will also be closed for 6 months.

JA noted the discussion regarding the Minor Surgery DES and the CCG will need to have sight of an IVA which S Humphrey should action.

PCQOG Minutes ***noted*** by the Committee.

10)	**Key Issues for the Governing Body**

Main issues to be shared with the Governing Body:

- Overspend Primary Care budget.
- Primary Care Dashboard.
- GP Forward View Update and Recommendations.

11)	**Any Other Business**

No other items were raised.

12)	**Date and Time of Next Meeting**

The Chair closed the meeting by acknowledging that Paul Brickwood would be retiring at the end of the month and therefore this would be his last attendance at Primary Care Committee. The Chair wished PB well with his retirement.

The next meeting of the St Helens CCG Primary Care (Decision Making) Committee will take place on Wednesday 17th May 2017 in Conference Room A, St Helens Chamber.

ACTION POINTS FROM ST HELENS CCG Primary Care Decision Making Committee 15.3.17

Ref	Who	Item	By When	Closed
PC17/01/07 (6.4)	**DM**	**GP Quality Contract** – The Associate Director – Primary care advised they were working to integrate performance and quality information relating to GP Forward View indicators. A paper was being presented at the Primary Care Operations Group to link the GP Quality Contract to those measures and feedback would come back to an extraordinary Committee in February 2017.	**February 17 On March Agenda**	**OPEN**
(6.5)	**PBr**	**GP Quality Contract** - A dashboard has not yet been formulated but it would be useful to have 10 – 12 KPI's to begin with and build on this. The Chief Finance Officer offered to share the dashboard that Knowsley CCG were currently using.	**February 17 On March Agenda**	**OPEN**
(6.9)	**DM**	**GP Quality Contract -** The Deputy Chief Executive advised that the PMO office had mapped out some performance indicators which included the IAF and the Primary Care Improvement plan and suggested this could link with the forward view in the GP Quality Contract. The Associate Director – Primary Care confirmed he would liaise with the PMO to review in more detail. A draft version of the dashboard will be formulated with narrative of how the data will be used.	**February 17**	**OPEN**
PC17/01/08 (7.4)	**SOB**	**GP Forward View Final Report** – The Clinical Chief Executive will submit a report to this Committee with a proposal on how this will be delivered. She confirmed that the money is available as this is a national agenda and the funding will be allocated over 2 years. This Committee will need to decide where to allocate spend. Members agreed that transparency was important with a clear process in place. Members will need to agree which Federation to support and how it will be allocated with a clear process of how practices can apply.	**February 17**	**OPEN**

PC17/01/08 (7.6) **PC17/02/05 (5.19)** **(5.23)** **PC17/03/05 (7.14)**	**AD** **AD** **DMcB** **SOB/GA**	**GP Forward View Final Report** - Members agreed that a time out session would be useful to discuss this further and gain clarity around federation choices. The Associate Director – Corporate Governance will organise a time out session. Update 15/2/17 - TF will liaise with the Associate Director of Governance with a view to seeking an earlier date in March to accommodate this session. The Vision should be outlined on A4 highlighting clear views from Membership, staff and wider partners and following the Timeout Session the Vision should be articulated with partners. SOB to draft correspondence for the Chair to authorised in relation to clear messages to GPs regarding focussing on delivery and not process. The correspondence will be shared with JB, HF, ME for their views regarding the structure prior to it being issued.	**March 17** **End of March 17**	**OPEN – Agenda item 15.3.17** **OPEN**
PC17/02/05 (7.9)	**AD**	**GMS Contract Changes** – A detailed discussions at PCQOG and a large se of data shared with that Group. The Primary Care Committee has yet to receive the Dashboard which still requires the key measures, quality and sustainability. TF noted a meeting was being held with the Head of Performance on 20th February 2017 and following this meeting a copy of the Dashboard will be shared with the Committee.	**March 17**	**OPEN – Agenda item 15.3.17**
PC17/03/09 (9.1)	**SH**	**Primary Care Quality & Operationsl Group** – Minutes from 26th January 2017 - JA noted the discussion regarding the Minor Surgery DES and the CCG will need to have sight of an IVA which S Humphrey should action.		**OPEN**

Report to: Primary Care Committee	
Date of meeting:	17th May 2017
Governing Body Member Lead:	GP Michael Ejuoneatse
Accountable Director:	David McBride
Report title:	Primary Care Enhanced Services review 2016/17

Item for:	**Decision →**	☐	**Assurance →**	☑	**Information →**	☑	*(Please insert X as appropriate)*

Strategic Objectives	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate. 1. To deliver financial sustainability ☑ 2. To deliver improvements through system redesign and in priority areas. ☐ 3. To deliver improved outcomes for patients ☑ 4. To develop primary care capacity and capability as system leaders ☐

Governance and Risk	Does this report provide assurance against any of the risks identified in the Assurance Framework? No ☐ Yes ☑ (please specify) B1, C1, C2 (Full GBAF can be viewed via link below: J:\St Helens CCG\CORPORATE\CORPORATE FUNCTIONS\GBAF\GBAF Full doc) What level of assurance does it provide? (List levels i.e. Limited/Reasonable/Significant) Reasonable
	Is this report required under NHS guidance or for statutory purpose? No ☑ Yes ☐ (please specify)

Purpose of this paper

To update members of the Committee findings of the year end Enhanced Services Review conducted by the Primary Care Team.

Further explanatory information required:

Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.	Yes. • Review of main provider contracts • Out of Hospital Care • Primary Care
How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?	Safe and effective services being provided close to the patients home
Please describe any possible Conflicts of Interest associated with this paper.	Conflicts of interest will arise for GB GPs who provide enhanced services. This can be mitigated by following the CCG's conflicts of interest policy.
Please identify any current services or roles that may be affected by issues within this paper.	If services are not provided within Practices there will be increased demand in Secondary care
What risks may arise as a result of this paper? How can they be mitigated?	The GBAF is part of the CCG's Risk Monitoring Assurance in line with the Risk management strategy and details the current strategic risks to the organisation. Failure to monitor and Practices continuing to refer to secondary care, risks mitigated by introducing non listed patients via RMS, all referrals will be intercepted by RMS and directed to another GP provider.

1. Executive Summary

A number of Enhanced Services are commissioned by the CCG and NHSE to be provided by Practices, these include:

- Carers
- Near Patient Testing
- Anticoagulation Prescribing and Monitoring Services
- 12 lead ECG
- 24hr ABPM
- Minor Surgery DES

Primary Care has undertaken an extensive review on the above services and has determined that the services will be offered out again to Practices for year 17/18. By retaining the services in Primary Care it reduces costs in secondary care and enables closer to home care for the patient

2. Background and Update

Carers Local Enhanced service

This Enhanced Service is to encourage those carers who are known to Practices to be referred to a Carers Centre for additional support.

The CCG has previously paid a one off payment of £270 for Practices who make a referral for the first time and £18 per *new patient who is referred to the Carers Trust. (Please note a new patient is a carer who is not previously known to the local PRTC Carers Centre). For year 17/18 there will be no one off payment and the fee for referring a new patient to the Carers Centre has been reduced to £15.00.

Aims and Objectives of Service

To encourage and enable Practices to:-

- Identify carers.
- Identify carers' health and support needs.
- Take account of Carers' responsibilities when they access services in the Practice.
- Identify, with carers, if they require a Social Services Assessment, and making the referral.
- Refer carers to local Carers' Centres and other Services as appropriate.
- Provide appropriate information to help carers make informed choices about their own health and wellbeing, as well as that of the person they care for.

By continuing with the existing enhanced scheme, the CCG will ensure that new carers health and support needs are identified. Appropriate information will be provided to help carers make informed choices about their own health and wellbeing, as well as the person they care for.

St Helens CCG has agreed with the Princes Royal Trust Cares Centre in St Helens that they will validate the annual claims received from Practices to ensure accuracy of the claim. A referral form has been uploaded onto the Practice clinical system. This should be completed and sent electronically to the Carers Centre for it to count as a referral. The CCG will be retaining the facility for new Carers to be given additional care and support and reducing financial cost and risk of incorrect claims being paid. Carers having additional support from the Carers Centre may reduce

the volume of GP Practice attendance by Carers and reduce medical time and workload.

Additional Note

The above was discussed further at Aprils PCQOG, one GP GB member present was not aware that this had been discussed to some length at a previous PCQOG. The GB member was concerned that the proposed £3 reduction may de-incentivise Practices and not viewed favourably by member Practices. The chair recommended a decision to be made by this committee.

Near Patient Testing

Aims and Objectives of Service

The Near Patient Testing service is designed to be one in which:

- Therapy should only be started for recognised indications.
- Maintenance of patients first established in the Secondary Care setting should be properly controlled.
- The service to the patient is convenient
- The need for continuation of therapy is reviewed regularly
- The therapy is discontinued when appropriate
- The use of resources by the National Health service is efficient

Evaluation

In evaluating this service, Activity and Costing's have been reviewed for Primary Care and Secondary Care.

The Annual CCG Budget for this service in Primary Care is £48,708

For year end 2016 £34,585.80 was spent on this service in Primary Care.

Primary Care currently pays:

Level 1 £8.00 – Laboratory outreach sampling test and dose and Practice prescribing

Level 2 £85.82 – Trust or other externally funded Phlebotomist or Pharmacist

Level 3 £92.68 – Practice – funded Phlebotomist or Pharmacist etc Practice sample, Laboratory test, Practice dosing.

Secondary care are monitoring 80% of patients on DMARDS which confirms low activity in Primary Care, however @ £62.00 per visit the service is more expensive in Secondary Care. New BSR Guidelines have now been released which highlights a significant reduction in frequency of long term monitoring/testing. The impact this will have on Practices and activity is not yet known. Shared Care guidelines are currently being written but could take some time to be finalised.

Recommendation is to continue to commission the service from 17/18 bur review as soon as Shared Guidelines are finalised and once any changes to Practice (post new guidelines) have been agreed/are established.

Anticoagulation Prescribing and Monitoring Services

The main aim of this enhanced service is to ensure these services are delivered in the most efficient and effective way to utilise staff skills and resources to deliver improved services to the population.

The overall aim is to provide an integrated anticoagulation service delivered through GP Practices with an agreed tariff and service specification. In particular this:

- Provides increased capacity in the community to meet the rising demand for anticoagulation monitoring;
- Shift some of the burden of anticoagulation monitoring from St &K into the community allowing the Haematology Department to focus on new and problematic patients;
- Provide more services that are near to patients and are easily accessible.
- Provide choice to patients
- Ensure the same high quality of service to patients through an agreed service specification
- Ensure a consistent approach to testing, sampling and dosing across Practices
- Ensure that maintenance of patients is properly controlled and the need for continuation of therapy is reviewed regularly and therapy is discontinued where appropriate.
- Enhance the confidence and develop the skills of GPs and Practice staff who have an interest in anticoagulation monitoring
- Improve the primary/secondary care interface resulting in a streamlined service that benefits patients

Evaluation

This specification has been delivered for many years the trust has become reliant on primary care absorbing the shift of patients. Practices have also benefited from the financial incentives; the removal of the service within primary care would not only have financial implications but also may have implications to staff employed within the Practice.

The current tariff awarded to Practices is as below:

Level 1 Prescribing, per patient per annum £8.00

Level 2 Prescribing & Monitor per patient per annum £ 275.00

Level 3 Initiation (one off fee per patient) £ 150.00

This evaluation has established that neighbouring CCG's offer higher tariffs, it's difficult to understand what the financial implications may be if the CCG chose to move patients back into secondary care due to the frequency of monitoring attendances. Secondary care tariff is charged per attendance not per annum; further evaluation with clinical support would be needed if the CCG wish to consider shifting patients back into secondary care. It should be noted however that its

highly unlikely financial saving would be made and the aims and objectives listed above would be lost.

12 lead ECG

During 2016-17 the CCG has been operating two telemedicine ECG systems with Broomwell and at the piloted St Helens Knowsley Trust.

An evaluation was undertaken to evaluate both systems, the team has consulted with most of the service users along with service providers, colleagues from the CCG within Finance and Performance, Quality and Commissioning have also been consulted and actively participated in this evaluation**.** The evaluation has identified that the current service provision is costing £670,636.pa. By continuing with this enhanced service and expanding the piloted ST&K trust will bring a £47kpa saving and a cost avoidance £127K based on same activity of previous years with all schemes. Broomwell has now been decommissioned and additional machines purchased for Practices wishing to participate in this enhanced service for 2017-18. 2016-17 savings after offsetting the costs of the machines will be in the region of £15k. Practices have been invited to participate and are paid £10 for every ECG undertaken within the Practice. St Helens has three Practices that do not wish to participate therefore to ensure patients registered at these Practices can undergo an ECG within the primary care setting 7 Practices are now accepting none listed patients. For every ECG undertaken within the primary care setting a saving of £23.50 will be made, for 2015-16 a total of 5429 where undertaken , it is anticipated more than 7000 ECGs will be undertaken in 2017-18

Aims and Objectives

Early detection of CHD should lead to early treatment and reduce mortality, and moving diagnosis away from acute hospitals into primary care settings provides much quicker diagnosis and treatment. The most common method of diagnosing cardiac conditions is the electrocardiograph (ECG**).** Traditionally, patients are referred to a hospital to undertake an ECG test which is read by a qualified physiologist or cardiologist. This will result in the patient after seeing their GP, booking an appointment to the hospital, which takes time to book and treat. Additionally, there is also the added inconvenience and expense of travelling to hospital and possibly incurring car parking charges. This in itself creates anxiety and worry in waiting for the appointment together with the test results which is likely to adversely affect clinical outcomes. By continuing with this enhanced service not only does it bring financial benefits to the CCG but also improves right care at the right place for patients.

- Increase ECGS to be undertaken within the primary care setting
- Reduce ECG's in secondary care referrals significantly.

24hr ABPM

Currently, St Helens CCG provides both a primary led service as well as a secondary care service. The combined total is around 2,450 ABPM tests carried out of which 237 is undertaken within secondary care. Each GP Practice has been issued with ABPM and been provided with adequate training and incentives, there is still some activity being undertaken within secondary care. The enhanced service will continue for 2017-18 and now includes Practice to Practice referrals to avoid secondary care attendances.

By implementing Practice to Practice referrals, secondary care referrals will reduce to achieve the stated objectives. This represents around 237 ABPM tests, of which 12 Practices have agreed to sign up to ABPM for patients not on their own list.

St Helens CCG are therefore looking to significantly reduce ABPM in secondary care and enhance the service within primary care to ensure that it is more accessible, therefore we wish to continue with the service

2015-16 The activity is summarised as:

	Activity	Cost per Test
Primary	2,213	£40.00 (own Practice) / £43.00 (Another Practice
Secondary	237	£47.02
Total	**2,450**	

The agreed fee for undertaking an ABPM in primary care is £40 to each GP Practice and £43 for those Practices undertaking a test for another patient from another Practice. Should all the 237 ABPM currently being undertaken in secondary care be undertaken in primary care, this would save the CCG £961 (237 *£4.02). By continuing with this enhanced service within primary care brought a cost avoidance saving of £8,869 (2,213 * £4.02 difference) for 2015-16.

2016-17 The activity is summarised as:

	Activity	Cost per Test
Primary	2,487	£40.00 (own Practice) / £43.00 (Another Practice
Secondary	129*	£47.02
Total	**2,616**	

* Estimated for Q4

Whilst the overall demand and activity for 2016-17 has increased the enhanced service has seen a reduced number of secondary care attendances which brings a cost avoidance of £9,997 to the CCG.

Aims and Objectives

- Encourage increased usage of ABPM in primary care.
- Reduce ABPM in secondary care referrals significantly.
- Hypertension (high blood pressure) is one of the most important preventable causes of early morbidity and mortality. It is a major risk factor for stroke, heart attack /failure & chronic kidney disease. NICE guidance recommends that ABPM is used to confirm a diagnosis of hypertension and to monitor response to treatment. Accurate diagnosis is essential to ensure people with hypertension are offered the most appropriate diagnosis. A misdiagnosed can result in antihypertensive medication being described unnecessarily leading to high drug costs.

Minor Surgery DES

A review of the current Minor Surgery Direct Enhanced Service for non listed patients has found this is restrictive in what it is able to deliver, whilst we cannot stop Practices wishing to sign up for this if the CCG were to develop an improved enhanced service that delivers better outcomes for patients and better incentives for GP Practices its likely they would choose this over the DES.

St Helens CCG intends to develop a new service specification with improved pathways, remove PLCP procedures and extend procedures. The improved enhanced service would be offered out to all Practices in hope that more than the current eight Practices would be interested in participating. Secondary Care referrals will reduce if more procedures are included and more Practices are able to see patients not registered with them.

Aims and Objectives

- More Practices carrying out joint injections, excisions and incision on non-listed patients
- Reduction in secondary care referrals, improved pathways, care closer to home for patients and financial savings.
- Number of decreased referrals to secondary care 'v' increased referrals in primary care. Procedures to be at a lower tariff than that of a secondary care referral but slightly higher than the current DES to incentivize Practices to choose this over the DES.

	Joint Injections	Incision/Excisions
DES cost	43.36	86.72
Secondary Care Cost	133.50	134.50
Proposed Enhanced cost	60.00	100.00
Savings per procedure v SC	73.50	34.50

St Helens CCG are currently undertaking a review of PLCP's, this may include adding more procedures to the PLCP list, until this review is complete and approved the revised minor surgery specification cannot progress, the CCG need to ensure the new specification does not include PLCPs. The detailed specification will be developed with clinicians and shared with the Group for approval upon understanding the revised PLCP list.

3. Next Steps (as appropriate)

All enhanced services included in this paper will be offered to Practices and included in the 2017-18 standard contracts. On-going relevant monitoring will continue for all specifications. NPT will be reviewed again upon notification of revised Shared Guidelines. A new minor surgery specification will be developed upon receiving notification on final PLCP's.

4. Recommendations

It is asked that the Committee note all enhanced services included within this document will continue and that the Committee note the decision made by PCQOG to reinstate the original payment mechanism offered for the carers enhanced service.

DOCUMENT DEVELOPMENT

Process	Yes	No	N/A	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)	☐	☐	☑		
Clinical Engagement (please detail the method i.e. survey, event, consultation)	☑	☐	☐		
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)	☐	☐	☑		
Legal Advice Sought	☐	☐	☑		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)	☐	☑	☐		

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Report to Primary Care Committee	
Date of meeting:	Wednesday 17th May 2017
Governing Body Member Lead:	Iain Stoddart, Chief Finance Officer
Accountable Director:	Iain Stoddart, Chief Finance Officer
Report title:	Finance Update – May 2017

Item for:	**Decision →**		**Assurance →**		**Information →**	X	*(Please insert X as appropriate)*

Strategic Objectives	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.	
	1. To deliver financial sustainability	X
	2. To deliver improvements through system redesign and in priority areas.	
	3. To deliver improved outcomes for patients	X
	4. To develop primary care capacity and capability as system leaders	

Governance and Risk	Does this report provide assurance against any of the risks identified in the Assurance Framework? (please specify) **C2 – Failure to achieve financial target** What level of assurance does it provide? (List levels i.e. Limited/Reasonable/Significant)
	Is this report required under NHS guidance or for statutory purpose? No

Purpose of this paper

The finance paper contains two sections which the Primary Care Committee is asked to note:

Part A

This section informs the Committee of the full year expenditure incurred against both the devolved primary care allocation received for 2016/17 and the additional local CCG investment in primary medical care.

Part B

This section provides the Committee with detailed information on the budget setting process which enables the primary care allocation received for 2017/18 to be devolved across a range of expenditure (subjective) headings. This will enable the accurate reporting and forecasting of performance against budgets during 2017/18.

Further explanatory information required:

Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.	
How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?	The report details the actual expenditure incurred during 2016/17 in providing primary care medical services to the residents of St Helens. Part B of the paper identifies the key areas of expenditure anticipated in 2017/18. The devolved budgets have been set in accordance with national guidance and also local recurring commitments.
Please describe any possible Conflicts of Interest associated with this paper.	
Please identify any current services or roles that may be affected by issues within this paper.	
What risks may arise as a result of this paper? How can they be mitigated?	The primary care allocation received for 2017/18 has been devolved across a range of expenditure budgets. This will enable the CCG to monitor expenditure throughout the year, and will highlight any key variances from budget. Those budgets that contain the greatest degree of risk will be identified and reported to the Primary Care Committee.

1. Executive Summary

Nationally NHS England (NHSE) notified CCG's of their total planned allocations for 2016/17 to 2020/21 in January 2016. Contained in the document was the Primary Care Medical allocation for each year. This represents the level of funding that has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

This report provides a full year outturn position for 2016/17 based on the devolved budgets that have previously been noted by the Primary Care Committee. A breakdown of local investment in 2016/17 is also contained in Part A of this report.

The report also contains details of the 2017/18 primary care allocation the CCG has received. This includes an explanation of how the total allocation has been devolved across a range of expenditure budgets.

2. Background and Update

The CCG receives an annual primary care allocation which enables the CCG to commission primary medical services on behalf of the local registered population. Additionally, the CCG commits to the funding of Local Enhanced Services and the continuation of a GP Quality Contract.

3. Next Steps (as appropriate)

The primary care outturn for 2016/17 will be incorporated into the CCGs overall financial position and will form part of the annual accounts.

Those devolved budgets set for 2017/18 will be reviewed on a monthly basis and a full year forecast outturn will be produced. Monthly updates will be provided to the Primary Care Quality and Operational Group. Any significant financial issues will be brought to the attention of the Primary Care Committee.

4. Recommendations

It is recommended that the Committee note the content of the report.

DOCUMENT DEVELOPMENT

Process	Yes	No	Not applicable	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Clinical Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			N/A		
Legal Advice Sought			N/A		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)	Y		N/A	A detailed report was presented to the Primary Care Quality and Operations Group on 27th April 2017	The Group noted the content of the report which included a detailed breakdown of actual expenditure against budget for 2016/17.

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Finance Report – Primary Care Committee

1. Introduction

The May Finance Report contains two sections. This enables the Primary Care Committee to consider the following:

A. i. Full year financial position against the primary care allocation received in 2016/17;

ii. Full year financial position against the CCGs local investment in primary care medical services.

B. Detailed devolved budgets set for 2017/18 based on the primary care allocation received. This takes account of uplifting GP contracts in accordance with national guidance and apportioning the total allocation to reflect changes announced following the publication of the 2017/18 General Medical Services Contract Negotiations.

2. Part A – 2016/17 Financial Position

2.1 Background

Nationally NHS England (NHSE) notified CCGs of their total planned allocations for 2016/17 to 2020/21 in January 2016. Contained in the document was the Primary Care Medical allocation for each year. This represents the level of funding which has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

The total allocation the CCG received in 2016/17 was £27,512k.

Above the primary care allocation received, the CCG also made additional funds available which enabled the commissioning of Local Enhanced Services plus the continuation of the GP Quality Contract.

The total local investment in 2016/17 was £1,885k.

2.2 2016/17 Full Year Outturn

Primary Care Allocation – The primary care allocation received in 2016/17 was £27,512k. It was agreed that £868k of this would be made available to support the CCG QIPP plan therefore leaving £26,644k to be apportioned across a range of expenditure (subjective) categories.

The annual accounts that have been prepared at 31st March 2017 include expenditure of £26,840k against the devolved primary care allocation. This results in an overspend of £196k.

Appendix 1 provides a summary of the actual expenditure against the devolved budgets. More detailed information has been presented to the Primary Care Quality and Operations Group that met on 27th April 2017.

2.3 Other Primary Care Budgets – Appendix 2

Appendix 2 contains details of the actual primary care expenditure against those budgets set through local investment.

The GP Quality Contract overspent by £56k which is made up of a combination of both an under provision on the previous year's achievement partially offset through a saving in year due to five practices not taking part in the 2016/17 contract.

2.4 Conclusion

The Primary Care Committee is asked to note the final outturn position for 2016/17. The primary care expenditure has been incorporated into the CCGs annual accounts.

3 Part B – 2017/18 Devolved Primary Care Allocation

3.1 Background

The Primary Care Allocation the CCG will receive in 2017/18 is £28,018k. This represents an increase of £506k (1.8%) on the previous year and equates to funding of £142.20 per registered patient. This forms part of a five year plan announced by NHSE England (NHSE) in January 2016

	2015-16	2016-17	**2017-18**	2018-19	2019-20	2020-21
Primary Medical Allocation	£000	£000	**£000**	£000	£000	£000
Allocation £k	26,565	27,512	**28,018**	28,559	29,295	30,431
Growth £k		947	**506**	541	736	1,136
Growth %		3.6%	**1.8%**	1.9%	2.6%	3.9%
Population projection		196,205	**197,028**	197,838	198,656	199,476
£ per patient		140.22	**142.20**	144.36	147.47	152.55

3.2 National negotiations

In February 2017 Rosamond Roughton, NHSE Director of NHS Commissioning, wrote to all CCGs and Local Area Teams to confirm the outcome of the 2017/18 GMS Contract Negotiations – ***Gateway Ref: 06446.***

The contract negotiations took place between NHS Employers and the BMA's General Practitioners Committee (GPC). The result being a number of changes to GMS contractual arrangements in England from 1st April 2017.

Subsequently the CCG received further guidance from NHSE which outlined the implications the negotiations would have to PMS and APMS contracts – ***Gateway 05111 'Implementing the 2017/18 GP Contract: Changes to Personal Medical Services and Alternative Provider Medical Services contracts'***.

3.3 Key Changes

Announced as part of the 2017/18 GP Contract negotiations were the following increases to core funding, which included new investment nationally of £239 million:

- a pay uplift of 1%
- an increase in the value of QOF points to £172.10 from £165.18
- increase in the payment for Learning Disabilities Health Checks
- changes and increased payments to the GP Retention Scheme
- reimbursement to cover expenses relating to additional Care Quality Commission (CQC) and Business Improvement District (BID) levies

Following the outcome of the core contract negotiations the following uplifts will be applied:

		GMS	PMS	APMS
		£/weighted patient	£/weighted patient	£/weighted patient
MPIG reinvestment	A	£0.49	£0.00	£0.00
Seniority reinvestment	B	£0.31	£0.31	£0.00
Elements of the deal	C	£0.21	£0.21	£0.21
ES reinvestment	D	£2.69	£2.69	£2.69
Inflation uplift	E	£1.06	£1.06	£1.06
Total uplift	**A+B+C+D+E**	**£4.76**	**£4.27**	**£3.96**

A - MPIG	redistribution of existing GMS funds
B - Seniority	redistribution of existing GMS and PMS funds
C - Elements of the deal	cover expenses relating to additional pensions administration levy costs, workforce survey administration, overseas visitors cost recovery, non-recurrent additional patient records workload and other increased business expenses
D - ES reinvestment	redistribution of funding from the Avoiding Unplanned Admissions direct enhanced service that ceased on 31st March 2017
E - Inflation uplift	pay uplift

The net effect is that:

- Global sum payments per weighted patient increase from £80.59 to £85.35
- PMS practices will receive an uplift of £4.27 and will continue to receive funding in accordance with the conditions of their personal contract.
- APMS practices will receive an uplift of £3.96 and will continue to receive funding in accordance with the conditions of their locally agreed contract.

To support the five year plan to ensure equity across all types of contracts the following will continue in 2017/18:

- phasing out of the Minimum Income Guarantee (MPIG) which began in 2014/15 and will continue until 2020/21. Funding released through the gradual phasing out will be reinvested into the GMS global sum
- phasing out of seniority payments which began in October 2015 and will continue through to March 2020. There will be a simultaneous reinvestment into core GMS and PMS contract values
- no additional Out of Hour (OOH) contributions will be deducted from the increased investment in primary medical care
- PMS practices will continue to have the 'PMS Premium' phased out in accordance with local agreement – for St Helens practices 2017/18 will represent year 2 of a 4 year plan.

3.4 Budget Setting

To enable the CCG to accurately report primary care expenditure against the allocation received, it is necessary to set budgets at a devolved level across a range of categories (subjective). This will ensure the CCG acknowledges the recurring costs associated with GMS, PMS and APMS contracts. The budgets for 2017/18 will also be realigned to take account of the contractual changes that NHSE has announced.

The budgets that have been devolved take into account of the following:

- recurring commitments
- uplift to contract values including the reinvestment of Seniority, MPIG and Avoiding Unplanned Admissions funds
- identifying key areas of risk and making additional funds available were possible
- changes to individual contracts e.g. merging of contracts or the movement from one contract type to another

3.5 Primary Care Allocation - budgets set by expenditure type

The Primary Care Allocation of £28,018k will be devolved and budgets will be set based on the expenditure categories identified in the table below.

2017/18 Primary Care Allocation	
	2017/18 Budget
Contract Value	19,551,653
APMS	605,878
GMS	14,009,840
GMS MPIG	39,765
PMS	4,737,156
PMS Premium	159,014
Enhanced Services	**505,307**
Extended Hours	247,846
Learning Disabilities	76,272
Minor Surgery	178,976
Violent Patients	2,212
Other	**668,716**
Locum - Maternity/Paternity/Adoption	150,000
Prescribing fees	161,030
Professional fees	46,090
Seniority	311,596
Premises	**3,739,611**
CHP/NHSPS Rent reimbursment	2,273,000
Actual Rent	257,166
Clinical Waste	59,727
Cost Rent	45,718
Notional Rent	812,354
Rates	254,898
Water Rates	36,750
QOF	**2,928,713**
Achievement	888,498
Aspiration	2,040,215
Sub Total	**27,394,000**
Other Investment	
Haydock relocation	230,000
£3 per head per GPFV	296,000
CQC and BID reimbursement	98,000
TOTAL	**28,018,000**

The PMS premium budget is net of £160k which is to be topsliced from contracts as part of the 4 year gradual phasing out of the premium.

The primary care budgets will be uploaded to the CCGs finance ledger and actual expenditure will be recorded against each budget.

Regular detailed reports will then be produced for the Primary Care Quality and Operational Group to review. This will include an analysis of expenditure against budgets plus a forecast outturn for the full year.

Those areas of expenditure that contain the greatest degree of risk will be identified and regular meetings will take place with key members of the Primary Care Commissioning team so that any risk can be mitigated. These risks will be highlighted in future reports to the Primary Care Committee.

3.6 Summary

The Primary Care Committee is asked to note the budgets contained in this report. These have been set based on the primary care allocation received for 2017/18 and which take account of the national contractual negotiations announced by NHSE.

NHS St Helens CCG **Appendix 1**

Primary Care Committee - Finance Report

Delegated Primary Care Commissioning

	Annual Budget	Forecast Outturn	Variance
Contract Value	18,117,730	18,781,194	663,464
Enhanced Services	925,884	1,098,341	172,457
Other	655,935	702,647	46,712
Premises	3,755,382	3,687,932	(67,450)
QOF	2,887,689	2,569,515	(318,174)
Sub Total	**26,342,620**	**26,839,629**	**497,009**
General Reserve	301,539	0	(301,539)
Grand Total	**26,644,159**	**26,839,629**	**195,470**

NHS St Helens CCG **Appendix 2**

Primary Care Committee - Finance Report

Other Primary Medical Care Budgets

	Annual Budget	Forecast Outturn	Variance
Local Enhanced Services	590,828	606,300	15,472
Out of Hours	643,819	639,801	(4,018)
GP Quality Contract	650,000	706,076	56,076
Grand Total	**1,884,647**	**1,952,177**	**67,530**

NHS
St Helens
Clinical Commissioning Group

Primary Care Quality and Operational Group

Meeting held on Thursday 27th April 2017
Meeting Room 10, St Helens Town Hall

Members in Attendance:

Name	Role	Organisation
Tony Foy (TF)	Lay Member – Audit, Governance & Finance (Chair)	NHS St Helens CCG
Dr Joseph Banat (JB)	GP Quality Clinical Lead/ GB Member	NHS St Helens CCG
Kirk Benyon (KB)	Contract Manager	NHSE
Paul Brennan	Primary Care Accountant	NHS St Helens CCG
Karen Edwardson	Lead Nurse, Quality & Safety	NHS St Helens CCG
Dr Mike Ejuoneatse	GB Member	NHS St Helens CCG
Sue Humphrey	Primary Care Commissioning & Contract Manager	NHS St Helens CCG
Clare O'Toole (COT)	Primary Care Commissioning & Contract Manager	NHS St Helens CCG

In Attendance by invitation of the Chair:

Name	Role	Organisation
Kerry Ingham (KI)	Senior Performance Manager	NHS St Helens CCG

Apologies:

Name	Role	Organisation
Dr Ivan Camphor	LMC Representative	LMC
Karen Leverett	Primary Care Management Lead	NHS St Helens CCG
David McBride	Associate Director, Primary Care	NHS St Helens CCG

Not In Attendance:

Name	Role	Organisation
Colette Walsh	Public Health Representative	St Helens MBC

Agenda Item	
1)	**Welcome, Introductions and Apologies for Absence**

TF welcomed everyone to the meeting and apologies were noted.

2)	**Declarations of Interest**

Declarations of interest relating to items on today's agenda:
Other than those previously disclosed, there were no further declarations of Interest reported.

3)	**Minutes of Previous Meeting (23.02.17)**

Amendments: Page 1 – Paul Brennan NHS Knowsley CCG – should be 'NHS St Helens CCG'
Page 3 – a PMS practice – should read 'APMS' practice

These amendments were made following email feedback and prior to circulation of the meeting pack

The minutes from 23.03.17 were ***agreed*** as an accurate record.

4)	Matters Arising and Action Log

The Chair requested that where members have an action, they provide a brief email to Sue Mc prior to the meeting to close the action to reduce time spent on reviewing the action log.

The Action Log from 23.03.17 was reviewed and updated as follows:

27.10.16 Financial Update: This was covered by the financial update/ brief given at the meeting today. CLOSED

26.01.17 Finance Update: Post Payment Verification Checks - Update to be brought to May meeting. COT/KL.

23.02.17 GP Forward View: **Improvement Grants** – a document has been sent to Karen Leverett from Hilary Grant. Update due next meeting.

23.02.17 Finance Update: PB to approach Halton & Knowsley CCGs to request access to local investment information. PB to update when information is available.

30.03.17 5(b) Primary Care Risk Register: On agenda today, was presented at FGR on 26th April. CLOSED

30.03.17 6 Eldercare Proposed List Closure: Steering group meeting weekly. Comms was issues to GPs and Nursing Homes. A leaflet was sent to housebound patients detailing CO'T as contact, she has received a lot of calls.

30.03.17 7a) IT Update: There is no additional investment/ pathfinder funding available, HF is taking this to Governing Body as a Risk. TF to speak to Julie Ashurst re: sending a communication to practices explaining the status of investment and the process of replacing kit. .

30.03.17 7b) Vaccs and Imms: JK has undertaken some further work and has looked at an issue re: data quality, a high level report is to be presented at PCQOG in May which will then be reported to Governing Body if required.

30.03.17 7c) GP Forward View: This was discussed at Members Council and there appears to be some misunderstanding regarding £3 a head allocation. Feedback from Members Council was that this belonged to the merging federation when in fact it is part of growth monies given to Primary Care, the CCG holds the funding and will distribute in appropriate business cases.
A clear message needs to be sent; ME agreed to put a communication together.

5)	Governance

5a) Primary Care Risk Register
The Group reviewed the Primary Care risks and respective positions as presented in the paper. To improve the effectiveness of the Risk Register it was acknowledged that escalating to another committee was not a good contingency plan, this needed to be more specific. The group agreed to include business continuity on the RR. TF to discuss with Angela Delea whether, as risks are identified from the Steering Group, Eldercare should be included as a primary care risk or whether mitigations/ controls should sit with other committees.

Action: Update the RR to improve its effectiveness. **CO'T**
Action: Devise a work plan and bring ideas re: business continuity to the next meeting. **CO'T/ KL**

Risk Register ***approved*** by Group.

6)	Contracts

6a) Contract Variation Log
CO'T provided an update of all Contractual Variations including resignations, retirements and new partners. One practice is using short term locums and some are trialing ANPs. Another is using a clinical pharmacy agency to test out the benefits before employing a full time pharmacist. The group agreed that this type of information, including how practices are managing to recruit, should be shared with the membership at least until the federation is set up.
CO'T will create an intelligence model and bring to the next meeting, and provide a report to be presented at PCC. This can then be shared with the membership at Members Council.

Action: Develop the information into an intelligence source for practices, bring to PCQOG. **CO'T**
Action: Produce a report for PCC. **CO'T**

Contract Variation Log ***noted*** by Group.

6b) Enhanced Services Update
SH presented the findings of the year end Enhanced Services Review conducted by the Primary Care Team. The services reviewed were:-
Carers, Near Patient Testing, Anti-coag prescribing and monitoring, ECG, ABPM and Minor Surgery.
It was noted that the fee for referring a new Patient to the Carers Centre has been reduced to £15; JB asked for the rationale behind that decision, SH stated that the PCQOG had approved this as the best way to keep the service. The Chair noted that there was no valid reason to reduce and suggested the fee be kept at £18. The group agreed.

Action: Produce a list of Enhanced Services decisions to go to PCC.**SH**

Enhanced Services Update ***noted*** by Group

6c) International GP recruitment

CO'T presented a paper produced by KL informing the group of funding available, via the GPFV, to enable recruitment of International GPs. Phase 2 commenced from April 2017; CCGs are invited to make detailed plans to NHSE.
The next application deadline is 30th June; it is recommended that a Task & Finish Group be formed to develop a detailed proposal. The idea is to work with other CCGs to put something substantial together. This group should also work with the federation and any other practices interested in international recruitment to ensure the proposal is finalised.

Action: Link in with Halton CCG to produce a substantial bid. **CO'T/ KL**.

The Group ***noted*** the report.

7)	Quality

7a) Primary Care Dashboard
KI presented a revised Primary Care Performance dashboard to the group, the second version of which had been accepted by PCC on 15th March 2017 with minor changes. KI informed the group that a SOP is to be developed by KI/KE/KL; this will be presented at PCC for approval.
The group asked for some minor column name changes and for WTE information to be divided by GP/PN, SH has this information and will provide it to KE. Discussion took place regarding complaints and inclusion of patient safety incidents. The Primary Care Web tool could provide some details dependent upon the level

of access/ permissions. SH to query what level of detail the CCG has.
KI/KE stated that the data should be up to date in June and agreed to bring the dashboard back to the group when it is complete.

Action: Develop a SOP and bring to May meeting. **KI/KE/KL**
Action: Update dashboard with recommendations, liaise with SMc to put on agenda when complete. **KI/KE**

The Group ***approved*** the revised dashboard with minor amendments.

7b) Patterdale Update
KB presented a paper to update the PCQOG with progress on assurance for services provided by Patterdale Lodge Surgery. He stated that a lot of work has taken place to bring their policies and procedures up to date and the practice has been utilising another practice manager.
An assurance document has been developed and assurance visits to the practice are due to take place to gain assurance and review policies and procedures to ensure change is occurring within Patterdale Lodge Surgery to guarantee that remedial action has taken place.

Once this has been completed a further assurance paper formal update will be produced to be presented to PCC. The group agreed that SO'B and GA should be fully briefed before any recommendations are made

The Group ***noted*** the report

7c) Process for reporting non-urgent concerns
KE apologised to the group for the lack of a cover report. She informed the group that the document presented had been produced following requests from a number of GPs and CQPG discussions that highlighted the lack of a formal process for managing and responding to concerns. Halton and Knowsley CCGs are also going to follow the same process.
The group agreed that from a GP point of view it is a very good idea and it's better to capture things at an early stage. It was decided that this was a really good channel of communication and was an excellent opportunity to work in collaboration with Members Council to shape and agree this process. This document would be useful internally as well as in liaison with StHK NHS Trust.

Action: Present to GP Members Council. **KE**

The Group ***agreed*** to the proposal to formulate a process for managing and responding to non-urgent issues raised by primary care.

8)	**Finance**

8a) Finance Update
PB presented the Financial Report to the group; he stated that the report was in two parts.

Part A details the preliminary final financial position; this will be incorporated into the CCGs annual accounts and is subject to sign off by External Auditors. The outturn position contains an estimate for practice QOF achievements. Those practices that had declared their achievement had been due to be paid in April. However, the CCG has been notified by NHSE that payments will be delayed nationally whilst the CQRS system is reviewed. The CCG are currently awaiting more information from NHSE.

Part B provides detailed information on the budget setting process for 17/18, this budget has been set based upon the primary care allocation received for 2017/18 and takes into account the national contractual negotiations announced by NHSE. No QIPP savings have been offered at the beginning of the year, unlike last year, but the delegated allocation will be reviewed on a monthly basis. Any potential savings will be

highlighted at the earliest opportunity. KL and PB have agreed to meet on a monthly basis to review the budgets in detail. He informed the group that the 17/18 budget will be presented at FGR for formal approval and that identified risks and pressures will be reported to PCC.

Action: Discuss identified financial issues. **PB/KL**

The Group ***noted*** the update.

9)	**Key Issues Log**

Main issues to be shared with PCC:

1) Eldercare update report to be presented
2) SOP for dashboard to be presented
3) Present Intelligence source/ model developed from Contract variation information
4) Patterdale assurance report to be presented when appropriate
5) Risk Register reviewed/updated
6) Identified Financial risks/ pressures to be presented

10)	**Any Other Business**

The current Zero Tolerance provider has given a verbal indication of their intention to issue formal notice on their contract which is due for renewal in June/ July.

Action: Add to agenda for May meeting. **SMc**

11)	**DATE OF NEXT MEETING**
	The next Primary Care Quality and Operational Group meeting will be held on **Thursday 25th May 2017**, **1.00- 3.00pm** in Meeting Room 8, St Helens Town Hall.

Action Log Primary Care Operational Committee Meetings – Outstanding Actions

Reference Meeting	Action	Responsible Person	Due Date
27/10/16	**Financial Update** PB to provide a briefing session to explain budgets to members of PCDMC and PCQOG. *Update 24th Nov: PB to update January 2017 meeting and explain the budget/funding etc. CW would like to share Public Health services with practices to give a clearer insight into what is going on at practice level – CW will share this with PB.* *Update 26th Jan: Deferred to February meeting* *Update 23rd Feb: Due to a full agenda this has been deferred to March* Update 30th March: Deferred to April meeting Update 27th April: On agenda today CLOSED	N/A	CLOSED
26/01/17	**Post Payment Verification Checks** Identified problem to be highlighted to PCDMC for action. *Update 23rd Feb: CO'T has met with Angela Delea to provide a detailed response from the MIAA report. An action plan including system changes will be drafted and presented at the next PCC on 15* Update 30th March: Went to PCC. System changes to be made, and checked to ensure working during April/May. Update to be brought to May meeting.	Clare O'Toole Karen Leverett	May 2017
23/02/17	**GP Forward View – Improvement Grants** KB to obtain details of previously awarded improvement grants and share with KL. Update 30th March: list of things improved, and decision process – awaiting from estates. KB to chase. Update due next meeting. Update 27th April: Hilary Grant has sent a document through to KL who will update at the next meeting.	Kirk Benyon Karen Leverett	April 2017 May 2017
23/02/17	**Finance Update** PB to obtain local investment information, for 2016/17, from other CCGs to enable benchmarking. Update 30th March: Deferred – need PB to be in attendance. Update 27th April: PB to approach Halton and Knowsley CCGs to request access to this information. To be rescheduled when this is available	Paul Brennan	April 2017 TBC
30/03/17 5b)	**Primary Care Risk Register** Updates/amendments to be made to the register. Bring to next meeting – standing agenda item. Provide a summary for PCC – exception report. Update 27th April: On agenda CLOSED	N/A	CLOSED

30/03/17 6)	**Eldercare Proposal for List Closure** Steering Group to prepare communications. **COT** Update 27th April: Communication sent to GP Practices and Care Homes.	N/A	CLOSED
30/03/17 7a)	**IT Update** • Investigate how much allocation is transferred to HIS for Practice/GP IT infrastructure refresh. Update 27th April: No additional investment, pathfinder funding. HF to highlight risk to Governing Body. TF to send communication to practices on the status of investment and the process of replacing kit. • GP IT Infrastructure to be added as an agenda item – also to discuss recommendations. Update 27th April: Deferred to May meeting • JK to pick up with Julie Ashurst re: Appointing CCIO – feedback to PCQOG. Update 27th April: Deferred to May meeting	Paul Brennan Tony Foy Jean Keenan/ Karen Leverett Jean Keenan	April 2017 May 2017 April 2017 May 2017 April 2017 May 2017
30/03/17 7b)	**Vaccinations & Immunisations** Updated figures to be got from Public Health. Paper to be taken to PCC explaining difference in figures and actions to be taken. Update 27th April: JK has undertaken some further work; she has identified a data quality issue. High level report to be prepared for May meeting and escalated to Governing Body if required.	Jean Keenan/ Karen Leverett	April 2017 May 2017
30/03/17 7c)	**GP Forward View** Update Members Council on decisions made by FGR Committee and PCC. Develop outline proposals for GPFV. Update 27th April: Discussed at Members Council, clarity requested on £3 per head allocation. ME to draft a response to the membership to address any misunderstanding.	Karen Leverett Dr Mike Ejuoneatse	March/April 2017 May 2017
27/04/17 5a)	**Primary Care Risk Register** Update current Risk Register to be presented to PCC. Devise a work plan re: business continuity and bring to May PCQOG.	Clare O'Toole	May 2017
27/04/17 6a)	**Contract Variation Log** Develop an intelligence source for practices using the information available and bring to May meeting. Produce a report for PCC	Clare O'Toole	May 2017
27/04/17 6b)	**Enhanced Services Update** Produce a list of Enhanced Services decisions to go to PCC.	Sue Humphrey	May 2017
27/04/17 6c)	**International GP recruitment** Link in with Halton CCG to produce a substantial bid	Clare O'Toole/ Karen Leverett	May/ June 2017

27/04/17 7a)	**Primary Care Dashboard** Develop a SOP to be presented to PCC for approval. Update dashboard with recommendations and present to PCQOG when complete	Kerry Ingham/ Karen Edwardson/ Karen Leverett	May/ June 2017
27/04/17 7b)	**Patterdale Update** Prepare a formal update to be presented at PCC. Fully brief SO'B and GA before any recommendations are made.	Kirk Benyon	June 2017
27/04/17 7c)	**Process for reporting non-urgent concerns** Paper to be presented at Members Council	Karen Edwardson	June 2017
27/04/17 8a)	**Finance Update** Discuss identified financial risks	Paul Brennan/ Karen Leverett	May 2017
27/04/17 10)	**AOB** Add Zero Tolerance provider to May agenda	Sue McCarthy	May 2017

NHS
St Helens Clinical Commissioning Group

KEY ISSUES REPORT

Primary Care Decision Making Committee – Part 1

Meeting Date: 17th May 2017

Agenda Item Ref:	CCG Improvement Plan Theme	Key Issue:	Decision / Action:	Corporate Risk / GBAF Reference: - Mitigation

Key Issues Report	**Date**
Prepared by:	
Verified by:	

NOTE:
A copy of any papers referenced in this Key Issues Report will be made available on request to the Committee Chair.
Formal Minutes, once approved, will be provided to the Audit Committee and Governing Body.