St Helens Clinical Commissioning Group

St Helens CCG Primary Care Committee Meeting

Date: **Wednesday, 15th November 2017**

Time: 9**.00 am – 11.00 am**

Venue: Conference Room A, St Helens Chamber

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

St Helens Clinical Commissioning Group

NHS ST HELENS CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMITTEE

WEDNESDAY, 15TH NOVEMBER 2017 AT 9.00 AM

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

Apologies for absence:
Declarations of Interest:

Item	Time	Agenda Item	Purpose	Presented by
PC171101		**Welcome and Apologies**		**Chair**
PC171102		**Conflicts of Interest**		**Chair**
PC171103		**Minutes of the last meeting held on 20th September 2017 and Action log**		**Chair**
PC171104		**Matters Arising**		**Chair**
PC171105		**Update on GP Federation** (verbal)	**For Information**	**Interim Clinical Chief Executive**
PC171106		**Finance Report**	**To Approve**	**Chief Finance Officer**
PC171107		**PCQOG Key Issues from the last meeting held on 26th October 2017** (to follow)	**To note**	**Chair**
PC171108		**Any other business**		**Chair**
PC171109		**Key Issues for the Governing Body**		**Chair**

Date and time of next meeting: Wednesday, 17th January 2018 at 9.30 am venue to be confirmed

St Helens Clinical Commissioning Group

Meeting of the St Helens CCG Primary Care Committee held on Wednesday, 20th September 2017 in Conference Room A, St Helens Chamber Salisbury Street, St Helens WA10 1FY

Part I - Minutes

Members:			
	Geoffrey Appleton	GA	Chair, Governing Body/Committee Chair
	Prof Sarah O'Brien	SOB	Clinical Chief Executive
	Julie Abbott	JA	Deputy Chief Executive
	Iain Stoddart	IS	Chief Finance Officer
	Julie Ashurst	JA	Deputy Chief Finance Officer
	Tony Foy	TF	Lay Member, Audit, Governance and Finance
	James Catania	JC	Secondary Care Consultant
	Dr Joe Banat	JB	GP Governing Body Member
	Dr Mike Ejuoneatse	ME	GP Governing Body Member
	Sue Forster	SF	Director of Public Health
	Dr Hilary Flett	HF	GP Governing Body Member
	Nicola Cartwright	NC	Head of Medicine's Management
In Attendance:	Tom Hughes	TH	Chair, Healthwatch
	Rose Goreman	RG	NHSE Representative
	Karen Leverett	KL	Primary Care Management Lead
	Clare O'Toole	CO	Primary Care Commissioning Contract Manager
	Sue Humphrey	SH	Primary Care Commissioning & Contracts Manager
	Kirk Benyon	KB	Senior Primary Care Contract Manager
	Cheryl Whittaker	CW	GP Federation
Minute Taker	Cathy Edge		PA - St Helens CCG
Members of the Public	0		

		Action
PC17/09/01	**Apologies**	
1.1	Apologies were noted from: Angela Delea, Associate Director; Corporate Governance Lisa Ellis, Chief Nurse Elaine Inglesby, Executive Nurse Mike Wyatt, Interim Recovery Director/Strategic Director; People's Services	
1.2	The Chair welcomed the attendees to the Committee meeting and in particular Nicola Cartwright in her new role as Head of Medicines Management and a voting member of the Committee.	
PC17/09/02	**Declarations of Interest**	
2.1	The Chair reminded Committee members of their obligation to declare any interest.	
2.1.1	Declarations declared by members of the Primary Care Decision Making Committee are listed in the CCG's Register of Interests. The Register is available either via the Associate Director, Corporate Governance or the CCG website at the following link http://www.sthelensccg.nhs.uk/Library/public_info/Register_of_Inteests/Register%20of%20Interest%20Returns%20St%20Helens%20CCG%20updated%20January%202017.pdf	
2.2	A declarations of interest was received in relation to agenda item PC170905 GP Federation and GPFV funding from:-	
2.2.1	Dr Joe Banat, GP Governing Body Member as a senior partner at Park House Surgery which is part of the St Helens GP Federation.	
2.2.2	Dr Hilary Flett, GP Governing Body Member, as a member of the federation with a direct percuniary interest.	
2.2.3	Dr Mike Ejuoneatse, GP Governing Body Member, as a member of the federation.	
2.2.4	The Chair declared that the GP Governing Body Members could remain and take part in the agenda item discussion.	
2.3	**Nil returns were received from:**	

	Sarah O'Brien, Clinical Chief Executive Geoffrey Appleton, Lay Chair Tony Foy, Lay Governing Body Member Julie Abbott, Deputy Chief Executive Rose Goreman, NHSE James Catania, Secondary Care Consultant	
2.4	**The meeting was declared quorate by the Chair.**	
PC17/09/03	**Minutes of Previous Meeting**	
3.1	The minutes of the previous meeting held on 19th July 2017 were agreed as a true and accurate record of proceedings with the following amendments:-	
3.2	PC170702 Declarations of Interest - spelling of Iain Stoddart's name under 2.3 Nil returns.	
PC17/09/04	**Matters Arising**	
4.1	**Action Points from the previous meeting**	
4.2	PC170704 Action Points from 28.06.17 An interim report was requested on the management of the risk of A & E over-performance linked to primary care with goals for the federation - this had been discussed with the Chair and the action was closed.	
4.3	PC170705 GP Forward View The GP Federation were invited to present their constitution and governance arrangements to the next Primary Care Committee meeting and discuss how funding bids should be directed. This was listed as an agenda item and the action was, therefore, closed.	
4.4	PC170707 PCQOG Minutes from 29th June 2017 A PCSE representative be invited to attend the Primary Care Committee to address the concerns associated with payments to practices and pensions. This was listed as an agenda item and the action was, therefore, closed.	

PC17/09/05	GP Federation Constitution and Governance Arrangements presentation	
5.1	The GP Federation representative and Project Manager, Cheryl Whittaker, presented the GP Federation Constitution and Governance arrangements. She reported that Dr David Reade, Chair of the GP Federation, sent his apologies. The Project Manager circulated paper copies of the constitution to the Committee members and agreed to forward an electronic version. She reported that all GP member practices had signed the constitution and returned copies to the Project Manager. The document outlined the members of the Federation and Federation Committee and the Project Manager proposed that the Federation Committee were now in a position to move forward with their plans as outlined within their constitution. The Project Manager confirmed that two practices had chosen not to join the Federation which were Berrymead Family Medical Centre and Lime Grove Surgery. She noted that Dr Rahil's Surgery had opted into ROTA.	
5.2	The Interim Clinical Chief Executive noted that the Federation were named the GP Federation and not the Primary Care Federation. She highlighted a recent meeting with practice nurses who reported that they felt they had not been given the opportunity to influence the nurse representation on the Federation Committee. The Interim Clinical Chief Executive raised the importance of wide Primary Care representation on the Committee and the confidence that the CCG required that the Federation were representative of the whole Primary Care voice. She expressed the requirement for strong leadership of the nursing workforce who will play a strong role going forward in the delivery of large scale shared services. The Project Manager confirmed that all practices had been invited to vote and were asked to make their vote representative of their workforce, however, agreed to feed this back to the Committee. The Interim Clinical Chief Executive expressed the need for strong leadership in order to attract and recruit other professionals.	
5.3	The Lay Member, Audit, Governance and Finance, expressed his concern at the lack of clarity in separating ROTA from the GP Federation Committee. He noted that the CCG contracts with ROTA as a provider and are engaged in procurement arrangements, and was concerned to find that ROTA is subsumed within the Federation. He expressed his concern about the conflicts of interest and the need to resolve these issues. He felt that the constitution proposed that the Federation is to be managed by ROTA.	

	The Project Manager confirmed that legal advice had been sought on the constitution and that the Federation Committee feeds into the ROTA Board.	
5.4	The GP Governing Body Member, HF expressed her view that ROTA should not be able to veto a decision made by the Federation Committee if it is agreed to be good for the Borough. She proposed that the Federation Committee should drive the agenda for change for the Borough and that ROTA should be a 'side arm' to help facilitate that. She also proposed that GP Governing Body Members should be allowed a voice on the Committee as, at present, GP Governing Body Members are excluded from Federation Committee membership. The Project Manager confirmed that this was voted for by the GP Member Practices.	
5.5	The Deputy Chief Executive confirmed, accepting the comments made, that the CCG do welcome the creation of the Federation and praised the Project Manager for getting the Member Practices to sign up. She noted that there were synergies within the Federation's vision and values with the CCG's Forward View. She recognised the time and commitment it had taken to reach this position and questioned whether the Federation had started developing any business plans. The Project Manager confirmed that initial business plans were being considered and the Committee would now look at what to prioritise. She noted that work was being undertaken on the set up of the extended hours service.	
5.6	The Chair of Healthwatch requested information on any public involvement in the process so far and the Project Manager confirmed that a half page advert was being placed in the St Helens Star providing information on the current developments and requesting involvement in a Federation patient group. She confirmed that a member of this patient group will be invited to sit on the Federation Committee. The Chair of Healthwatch expressed his disappointment that the public had not been involved in the process earlier.	
5.7	The Interim Clinical Chief Executive confirmed that Lay Membership of the Federation would need to be included before the CCG could commission the Federation as a provider of services. She noted that the Federation was still in its early developmental stages but that the CCG would need a sustainable model with the appropriate governance and probity in order to meet the criteria for commissioning.	
5.8	The GP Governing Body Member, HF, agreed that the	

	Federation was the right path to follow and reminded the Project Manager of the wealth of experience within the Primary Care Team and governance expertise within the CCG who are willing to support them through the process.	
5.9	The NHSE representative, RG, reported from a recent NHSE Cheshire and Merseyside Strategic Board meeting when a piece of work was commissioned to review the 14-16 Federations that are now in place within the Cheshire and Merseyside area to highlight good practice and share learning. She reported that this work would be carried out by PCC starting within the next few weeks.	
5.10	The GP Governing Body Member, ME, thanked the Project Manager for her achievements in bringing the Federation to this point and reiterated the importance of the correct governance to sustain the Federation. He noted that the next steps were to draw up the Federation's strategic objectives, however, proposed that the Federation needs to stabilise the practices and decide how they provide that support before endeavouring into any major transformational changes. He gave an example of a practice who had recently withdrawn from the out of hours service and the need to examine the reasons behind this.	
5.11	The Federation Project Manager confirmed that the hours of usage of the out of hours service had been presented at the recent ROTA AGM and that this could be broken down to list size to calculate the higher users and help to identify practices that are struggling.	
5.12	The Secondary Care Consultant confirmed his support for the formation of the Federation and the CCG's commitment to support and nurture the Federation. He queried the Federation's appetite for transformational change for which assurance would be required by the CCG and, under the current structure, how this transformation could be influenced by the ROTA Board.	
5.13	The Project Manager reiterated the difficult journey of the Federation to reach its current position and the advice and learning taken from other Federations, in particular South Doc based in Birmingham who have a similar set up to that with ROTA looking after federated business.	
5.14	The Chair confirmed that the Primary Care Committee recognised the difficult journey by the Federation and confirmed that the CCG remain supportive, however, he supported a move towards the Federation being the 'lead	

	Board' with ROTA as the 'trading arm' of the organisation. The Chair also reiterated the CCGs offer of support with governance to the Federation.	
5.15	The Federation Project Manager confirmed that the set up had been a difficult time in obtaining consensus on a wide range of issues and that the constitution was that agreed by the initial committee in order to get up and running and that they can build on and improve as necessary.	
5.16	The Chief Finance Officer confirmed that he had a few questions about the model to be considered outside of the meeting and expected more detail on the vision and business plans when available. He raised a query under section 1, Member Consent, regarding 'general meetings' of the Federation and the structure of how that sits under the Federation Committee and the proposed Chair of those meetings. The Chief Finance Officer echoed the previous comments about the need for assurance against the governance of the Federation and welcomed the work to be undertaken by PCC commissioned by NHSE. The NHSE representative, RG, confirmed that NHSE are expecting more commonality across Cheshire and Merseyside.	
5.17	The Director of Public Health queried whether NHSE were undertaking any analysis of gender on the Federation Boards given that all the GPs on St Helens GP Federation were males. The NHSE Representative, RG, agreed to feed this back to the NHSE Strategic Board.	
5.18	The GP Governing Body Member, HF, reiterated that the Federation needed to be the driving force for sustainability with transformation being at the forefront of those plans.	
5.19	The Interim Clinical Chief Executive proposed that there may be other professional groups willing to join the Federation Committee, if no further GPs were forthcoming, in order the fill the gaps on the Committee, who may be able to provide a valuable contribution, and the Federation Project Manager agreed to feed that back to the Chair. The Primary Care Committee proposed that the Federation Committee would need their full capacity to move forward.	
5.20	The Primary Care Management Lead informed the Primary Care Committee of the informal meetings that have taken place with the Primary Care Team since the start of the Federation process and added her congratulations on the progress made. She expressed the CCGs commitment to continue to share the work that has already been	

	undertaken on variation. The Federation Project Manager confirmed that communication could have been better between the CCG and the Federation, highlighting the recent work being undertaken by the Primary Care Team on workforce that the Federation was unaware of, and the Primary Care Management Lead agreed to work with the Project Manager on improving that communication.	
5.21	The Chair of Healthwatch reiterated that the information needed to be shared with the public, even if only to outline the objectives, and the Interim Clinical Chief Executive agreed that a communications plan now needed to be developed.	
5.22	The Interim Clinical Chief Executive also confirmed that the CCG would now work with the Federation and other partners in the borough to set the top priorities to sustain primary care within St Helens. She noted that some of the priorities had been set nationally by the GP Forward View and that the main priority for the whole system now is Winter pressure and Winter care. She reported on a recent national meeting with NHSE in London where the CCGs were called to account on how they are going to meet the Winter targets. She confirmed that the Primary Care Committee need to be more assertive on what is required to sustain the safety of primary care as a priority with transformation running underneath those plans.	
5.23	The Chair thanked the Federation Project Manager for presenting the constitution and endorsed the support being offered by the CCG to the Federation in their future development.	
5.24	**NHS St Helens Primary Care Committee:-** • **Noted** the presentation	
PC17/09/06	**GP Federation proforma - access to GPFV funding**	
6.1	The Senior Primary Care Contract Manager, KB, presented the GP Business case/project plan proforma and federation bid. The purpose of the report was to:- • gain approval from the Primary Care Committee for the use of a Business Case/Project Plan for practices/federation applications for funding linked to the GP Forward View • gain approval to fund federation costs as per funding request	
6.2	The Senior Primary Care Contract Manager, KB, informed	

	the Primary Care Committee that a request had been received by the CCG from the Federation for reimbursement of monies spent during their set up. He confirmed that little detail of the spend had been provided with the request and that the CCG and requested a breakdown of the costs. He noted that the request also included some projected costs amounting to a total of £74,220.00.	
6.2	The Interim Clinical Chief Executive confirmed that the CCG was aware that the Federation had incurred some costs but that some elements could not be approved without a more formal business case. She noted the GP Lead and Project Manager's costs were accountable but noted that the Management Consultants fee was outside the amount payable by the NHS and was, therefore, not an acceptable level of support.	
6.4	The Senior Primary Care Contract Manager, KB, proposed that the amount payable be capped at £60K with a business case required for any funding above the £36K spent on set up costs. He confirmed that the business cases would be presented to PCQOG for sign off and then Primary Care Committee for approval.	
6.5	The Interim Clinical Chief Executive confirmed that this was one of the tensions within the Federation and the need to support them. However, she confirmed that there is no guidance at present on setting up costs and further funding should not be for running costs given that the Federation is expected to be cost neutral. She highlighted the need for sustainable transformation to attract a workforce to support the access challenges.	
6.6	The Interim Clinical Chief Executive gave her support to the revised proforma. She noted that the two practices sitting outside of the Federation were still in a position to bid for the transformation monies or other groups of practices with credible cases for transformation. She Interim Clinical Chief Executive confirmed that the CCG would be responsible for ensuring that any successful bidders were held accountable to deliver their projects. The Chair of Healthwatch concluded that the lack of clarity in the Federations constitution gave grave concerns about the transfer of any public money until the additional safeguards and assurances were in place.	
6.7	The Deputy Chief Executive enquired whether the CCG could ring fence the money given to the Federation to ensure that it was spent for set up purposes only. The GP	

	Governing Body Member, ME, confirmed that the funding being used within the Federation for set up at present was that being provided by ROTA. He reiterated that the Federation is expected to be cost neutral to the Membership going forward. The Interim Clinical Chief Executive queried the Federation's sustainability going forward as a provider on a cost neutral basis.	
6.8	The Chief Finance Officer recapped that the Federation had been asked to provide a breakdown of thespend for clarification. He confirmed that should the Committee agreed the £60K there was a strong possibility that this would be the only transformation money spent this year, given the requirement for business cases, leaving £294K to be carried forward to 17/18. He confirmed that this would need to be spent in the second year. He noted that the concerns raised over the Federation constitution governance would preclude their business cases until this was resolved.	
6.9	The GP Governing Body Member, HF, proposed that the CCG set out their requirements for the Federation to meet the standard and offer support to help them reach that position which was supported by the Committee.	**KL/IS/ AD**
6.10	The Primary Care Management Lead raised her concerns following discussions with ROTA when they confirmed that the Out of Hours service is not running at a profit which raises further concerns about their ability to financially support the Federation. The Chair of Healthwatch reiterated the need for the Federation to hold ROTA as an 'arms length' organisation if they wish to bid for NHS contracts.	
6.11	The Interim Clinical Chief Executive confirmed that the Federation needed to be developed in line with the GP Forward View with the need to move practices that are struggling together for sustainability. She expressed her shared concern regarding the current governance of the Federation but that the CCG needed to support the Practices through these difficult times to a point where they are sustainable. She proposed that the Primary Care Committee agreed to support the Federation with the £36K and then assign an officer from the Primary Care and Finance Teams to support them to develop a sustainable business model. She noted that the Federation needed to accept the CCGs support in order to access any further funding.	
6.12	The GP Governing Body Member, JB, confirmed that other Federation Boards are self sustaining and that this had been	

	a large part of the Federation discussion when they chose to use the expertise of the ROTA Board. He noted that the governance issues had not been fully considered and that the CCG now needed to consider how to sustain the Federation Committee. He proposed a Board to Board meeting be held with the Federation in the future which was agreed.	**KL**
6.13	The Primary Care Committee agreed to support the £36K but no other set up costs or funding without a business case. The Interim Clinical Chief Executive reiterated the need for the Federation to be self sustainable and the offer of support from the CCG with the governance issues.	
6.14	The NHSE Representative, RG, confirmed that the PCC work with Federations is expected to be concluded within 8 weeks.	
6.15	The Primary Care Committee approved the recommendations as outlined within the report with the caveats as outlined above.	
6.16	**NHS St Helens Primary Care Committee:-** • **Approved** the recommendations with the caveats as outlined above	
PC17/09/07	**Standard Operating Procedure Dashboard Escalation Plan for Primary Care**	
7.1	The Primary Care Commissioning & Contracts Manager presented the Standard Operating Procedure Dashboard Escalation Plan. The purpose of the report was to inform the Committee of the standard operation procedure in place for the dashboard escalation plan.	
7.2	The Primary Care Commissioning & Contracts Manager confirmed that the Primary Care Quality Operational Group had agreed to review the dashboard every month with escalation of any high level of concerns. She drew the Primary Care Committee's attention to the Primary Care Dashboard Escalation Plan structure that had been circulated as a hard copy, and via e-mail following omission from the pack, and schedule 1 detailing the relevant CCG officers for each domain. She noted that those practices with numerous indicators would require a multidisciplinary review. She referred to the resources available to the team which had also been circulated via e-mail. She reported that any significant concerns would be escalated to ELT.	
7.3	The Interim Clinical Chief Executive confirmed that she felt	

	assured by the introduction of the procedure. The Chief Finance Officer confirmed that the Director for Nursing for Cheshire and Merseyside had raised the importance of quality in primary care	
7.4	The Head of Medicines Management reported that she could not confirm the number of prescribing clinicians.	
7.5	The Lay Member, Audit, Governance and Finance, welcomed the procedure with the expectation that it will develop over time should gaps be identified and become more complex with alerts to provide assurance that practices are safe.	
7.6	The Deputy Chief Executive welcomed the procedure and requested information on the plans to engage with individual practices around these issues. The Primary Care Commissioning & Contracts Manager confirmed that a multidisciplinary team will consider the data and agree the next steps depending on the severity of the issues.	
7.7	The GP Governing Body Member, HF, confirmed that the process will highlight practices that are struggling and questioned how the process will be shared with practices. The Primary Care Management Lead confirmed that the dashboard would be shared in the first instance and then the SOP alongside this. She noted that some practices will be in breach of contract which will need to be addressed. The GP Governing Body Member, ME, proposed some informal discussions in the first instance with the practice managers to get some views on the expectations.	**KL/SH**
7.8	The GP Governing Body Member, JB, confirmed his support for the procedure and how practices could use the data for discussion with their PPGs.	
7.9	**NHS St Helens Primary Care Committee:-** • **Approved** the process	
PC17/09/08	**Primary Care Dashboard - Experience**	
8.1	The Senior Primary Care Contract Manager, KB, presented the GP Quality Dashboard. The purpose of the report was to inform the Committee of the Primary Care Dashboard relating to patient experience.	
8.2	The Senior Primary Care Contract Manager highlighted the red rating being mainly in the smaller and larger practices with the medium sized practices appearing to be scoring the best for quality. He reported on a good session with the	

	NHSE GP Forward View Team using a model of the 10 high impact areas that can be used to support practices and the benefits associated with this. He proposed that the Federation could provide some support for practices in these areas.	
8.3	The Primary Care Management Lead provided information on a meeting with a national improvement NHSE team who are proposing to work with the 20% most vulnerable practices and how the CCG had already identified those needing that support. She noted that Crossroads Surgery had been identified for this programme.	
8.4	The GP Governing Body Member, JB, queried the scoring which was confirmed as correct with percentages being rounded up or down accounting for the apparent inconsistency of scoring.	
8.5	The Deputy Chief Executive requested relative performance overall for St Helens against the national position and neighbours/Right Care comparators. She proposed the links with practices that have patients being continually admitted with conditions that could be managed out of hospital and how to manage the whole 'out of hospital' offer. The GP Governing Body Member, HF, commented on the work to be done with Healthwatch and PPGs and signposting patients to the most appropriate services.	**KB**
8.6	The GP Governing Body Member, JB, commented on the difference in respondents between the practices that could influence the outcomes, however, it was confirmed that all other CCGs were being judged using the same criteria.	
8.7	The GP Governing Body Member, HF, invited a representative from Healthwatch to attend the GP Forward View Group to discuss patient engagement which was agreed.	**HF**
8.8	**NHS St Helens Primary Care Decision Making Committee:-** • **Noted** the report	
PC17/09/09	**Clinical Pharmacy Scheme**	
9.1	The Primary Care Management Lead presented the Clinical Pharmacists in General Practice Programme. The purpose of the report was to inform the Committee of the funding available, via the GP Forward View, to enable recruitment of Clinical Pharmacists.	

9.2	The Primary Care Management Lead confirmed that originally these pharmacists could not be employed by a third party but this had now changed. The Interim Clinical Chief Executive confirmed the benefits that Clinical Pharmacists bring to General Practice but highlighted the need for supervision and the risks associated with funding for the future. She noted the ratio of one senior clinical pharmacist to 5 clinical pharmacists.	
9.3	The Interim Clinical Chief Executive reported on the need to ensure that this resource was secured for the Borough. She noted that a robust Federation would be in a position to bid for the clinical pharmacists but that, given the current position, the CCG should bid or encourage the Trust or North West Boroughs to do so. The Head of Medicines Management agreed with the Interim Clinical Chief Executive that the best option would be for the CCG to submit a bid on behalf of the federation and this was agreed by the Committee. The Head of Medicines Management confirmed that the criteria for these pharmacists was largely patient focused and the need to ensure that these roles were maintained with this focus. She highlighted the induction given to Primary Care Clinical Pharmacists.	
9.4	The GP Governing Body Member, JB, confirmed his support for this option with the opportunity in the future to transfer the contracts to the federation.	
9.5	The Deputy Chief Executive proposed that the CCG bid for the funding in partnership with the Federation. The GP Governing Body Member, ME, supported this approach and suggested that this would be welcomed by the Membership. The Interim Clinical Chief Executive confirmed that the CCG funding to support these posts over the 3 years as the NHSE funding decreases would be transformation monies.	
9.6	The Chief Finance Officer drew the Primary Care Committee's attention to the deadline for the bid of 28th September and the Committee agreed to focus on the next round which would be available in January 2018 to ensure that the bid was robust. The Chair of Healthwatch proposed that the CCG seek advice from CCGs who have already secured this funding.	
9.7	The Interim Clinical Chief Executive informed the Committee of a report to be presented to the next People's Board with a view to firming up the borough localities. She proposed that one clinical pharmacist could support each hub.	

9.8	**NHS St Helens Primary Care Committee:-** • **Agreed** to support a bid for the employment of additional clinical pharmacists	
PC17/09/10	**Finance Report**	
10.1	The Deputy Chief Finance Officer presented the Finance Update for August 2017. The purpose of the report was to inform the Committee of the full year forecast outturn based on information at August 2017. This included the devolved budgets set based on the delegated primary care allocation received from NHSE plus additional investment. The report also highlighted those budges that contain the greatest degree of risk.	
10.2	The Deputy Chief Finance Officer confirmed that the CCG were reporting a £240K overspend on Primary Care with a number of risks now starting to be included in the outturn figure. She outlined the main reasons behind the overspend:- • the CCG have approached NHSE in relation to the QOF overspend that is a result of actual QOF achievements being greater than had been anticipated for 2016/17 • the caretaking arrangements for Marshalls Cross Medical Centre • the list sizes have grown more than expected which is impacting on the GMS payments (which may yet be rectified) • CQC registration is more than expected • CHP management fees for premises have been charged to CCGs rather than directly to GP Practices	
10.3	The Deputy Chief Finance Officer reported that the Primary Care Accountant was undertaking a piece of work to mitigate against these with some rates refunded into practices. She noted that there were no issues with Local Enhances Services and the WIFI allocations and Training Care Navigators expected to be spent in year.	
10.4	She noted that the biggest risk was the QIPP target of £300K which is unidentified at present. She noted that locum costs were also a risk with premises always a risk should their valuation increase. She noted that should the transformation monies not be spent that would mitigate some of the pressure for this year but would be a pressure for next year. She drew the Committee's attention to the appendices which provided the detail of the expenditure.	

10.5	The GP Governing Body Member, HF, queried the 24 Hour Blood Pressure expenditure and it was confirmed that this had been taken out of the Trust budget. The Chief Finance Officer confirmed that, at present, this was showing as adverse probably due to the assumptions made at the beginning of the year but could be corrected for next year.	
10.6	The Deputy Chief Executive highlighted that if the QIPP savings could not be found the deficit would be £724K. She queried the position of the Quality Improvements and the Primary Care Management Lead confirmed that there would be some slippage in that area which was being closely monitored. She also confirmed that there was a cap on locum payments.	
10.7	The Lay Member, Audit, Governance and Finance, proposed that the CCG seek local knowledge from the practices on their list sizes to obtain a better sense of the variance in this area. The Primary Care Management Lead highlighted the expected pressure next year for extended access with £3.34 per patient allocation. The Primary Care Management requested that ELT reconsider the minor surgery IVA to mitigate some of the risk.	
10.8	The Deputy Chief Executive reported from the recent IAF meeting held with NHSE when it was confirmed that the Leadership domain relies on a CCG hitting the financial target to be awarded good. She reiterated the need to be able to document mitigation confirming that all actions have taken in order to achieve the target.	
10.9	The Chief Finance Officer confirmed that there were still areas to address and that each item would be considered. He noted that the current outturn was based on the information available at present and any other business cases to get a return on investment would be considered.	
10.10	**NHS St Helens Primary Care Committee:-** • **Noted** the report	
PC17/09/11	**PCSE Response**	
11.1	The Interim Clinical Chief Executive presented the primary care response from NHSE. The purpose of the report was to provide the Committee with the response letter following the concerns raised about Primary Care Support to the Primary Care Team. The Committee noted that the response failed to provide complete assurance but was a thorough response. The Primary Care Management Lead agreed to share the information with the practice managers.	**KL**

11.2	**NHS St Helens Primary Care Committee:-** • **Noted** the response.	
PC17/09/12	**PCQOG Key Issues from the last meeting held on 30th August 2017**	
12.1	The Chair of the PCQOG presented the key issues from the last meeting held on 30th August 2017.	
12.2	The Lay Member Audit, Governance and Finance, reported on the concerns raised regarding extended access in primary care.	
12.3	He also noted a list of QIPP schemes to be presented to ELT on areas that could genuinely improve the quality and activity. He highlighted nurse practitioners, clinical pharmacists, A and E diversion and supporting practices looking at boundaries and home visits and, in palliative care, the provision of dressings and catheters. He reported that PCQOG would work up these proposals. **NHS St Helens Primary Care Committee:-** • **Noted** the Key Issues	
PC17/09/13	**Key Issues for the Governing Body**	
13.1	PC17/09/05 GP Federation - The Primary Care Committee welcomed the GP Federation and received a presentation on their evolving constitution.	
13.2	PC17/09/07 - Standard Operating Procedure Dashboard Escalation Plan for Primary Care - The Primary Care Committee approved the Primary Care Dashboard Escalation Plan and proposed that this be shared with the Practice Managers in the first instance.	
13.3	PC17/09/09 - Clinical Pharmacy Scheme - The Primary Care Committee agreed to prepare a bid for the January 2018 allocation of funding.	
13.4	PC17/09/10 Finance Update for August 2017 - The Primary Care Committee noted the high level of risk associated with the Primary Care budget and requested that the Team seek mitigation for those risks.	
PC17/09/14	**Any Other Business**	
14.1	There was no other business.	
	Date and Time of Next Meeting	
The next meeting of the St Helens CCG Primary Care Committee will take place on		

Wednesday, 15th November 2017 at 9.30 am in Conference Room A, St Helens Chamber

ACTION POINTS FROM ST HELENS CCG Primary Care Committee 20.09.17

Ref	Who	Item	By When	Closed
PC170704	**KL/CL**	**Action Points from 28.06.17** An interim report was requested on the management of the risk of A & E over-performance linked to primary care with goals for the federation.	**20.09.17**	**Closed**
PC170705	**KL**	**GP Forward View** Invite the GP Federation to present their constitution and governance arrangements to the next Primary Care Committee meeting and discuss how funding bids should be directed.	**20.09.17**	**Closed**
PC170707	**KL/PB**	**PCQOG Minutes from 29th June 2017** A PCSE representative be invited to attend the Primary Care Committee to address the concerns associated with payments to practices and pensions.	**20.09.17**	**Closed**
PC17/09/06	**KL/IS/AD** **KL**	**GP Federation proforma - access to GPFV funding** To set out the CCG requirements for the Federation to meet the commissioning standard and offer support to help them reach that position Board to Board meeting to be held with the Federation in the future.	**15.11.17** **When appropriate**	
PC17/09/07	**KL/SH**	**Standard Operating Procedure Dashboard Escalation Plan for Primary Care** Informal discussions in the first instance with the practice managers to get some views on the expectations.	**15.11.17**	
PC17/09/08	**KB** **HF**	**Primary Care Dashboard - Experience** The Deputy Chief Executive requested relative performance overall for St Helens against the national position and neighbours/Right Care comparators A representative from Healthwatch to be invited to attend the GP Forward View Group to discuss patient engagement	**15.11.17** **15.11.17**	
PC17/09/09	**KL**	**PCSE Response** The Primary Care Management Lead agreed to share the information with the practice managers	**15.11.17**	

Report to Primary Care Committee	
Date of meeting:	Wednesday 15th November 2017
Governing Body Member Lead:	Iain Stoddart, Chief Finance Officer
Accountable Director:	Iain Stoddart, Chief Finance Officer
Report title:	Finance Update – September 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	x

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 report informs the Committee of the full year forecast outturn based on information at September 2017. This includes devolved budgets set based on the delegated primary care allocation received from NHSE plus additional local investment.

At the time of writing the month 7 position was still being developed, but the report gives early indication of any expected movements that are likely to be reported in month 7.

The report also highlights those budgets that contain the greatest degree of risk.

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 finance report provides the CCG with an update on the forecast outturn for both the delegated primary care allocation and also the CCGs local investment within primary (medical) care. The report also details those areas of expenditure which contain the greatest degree of risk.
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?	Those budgets that contain the greatest risk are identified in section 4 of the report.

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 forecast outturn position based on the devolved budgets that have previously been noted by the Primary Care Committee following receipt of the allocation. The estimates included in this report are based on the financial position at September 2017 but also provides early indication of any expected movements as at month 7.

The report also contains details of the financial position against the local investment in primary medical care.

The report outlines those budgets which contain the greatest risk and provides a summary of the key issues which may impact on the current forecast.

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.

A monthly finance update is presented to the Primary Care Quality and Operational Group which provides a detailed analysis of expenditure against devolved budgets. A summary finance report is then prepared for the Primary Care Committee which highlights those budgets that contain the greatest degree of risk.

3. Next Steps (as appropriate)

Primary care budgets will continue to be reviewed and risk assessed in the context of the overall financial position. The Primary Care Committee will be kept informed of any changes to the financial position.

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)			N/A		

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

This report provides a forecast outturn based on the devolved budgets which have previously been noted by the Primary Care Committee. It also provides details of additional GP Forward View (GPFV) allocations received and local investment in primary care medical services. The estimates included in this report are based on the financial position at September 2017. At the time of writing, the month 7 position was still in draft from, however, the report gives indication of any expected changes that will be reported for October 2017.

The report outlines those budgets which contain the greatest degree of risk and provides a summary of the key issues which may impact on the current forecast.

2. 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 has received for 2017/18 is £28,018k. This is equivalent to £142.20 per patient.

This includes growth funding of £506k which is an uplift of 1.8% above the allocation received in 2016/17.

NHSE published two new Gateways in March and April 2017. These detail the outcome of the national negotiations between NHSE and the General Practitioners Committees (GPC) of the British Medical Association.

Each of the Gateways set out the changes that CCGs, working under delegated agreement, must apply to GMS, PMS and APMS contracts.

The primary care allocation has been devolved across a range of subjectives which will enable the accurate reporting of expenditure – these were noted by the Primary Care Committee in May. The budgets that have been set for 2017/18 reflect the national changes that have been announced by NHSE.

3. Forecast Outturn

3.1 Primary Care allocation (see Appendix 1)

As at month 6 it is projected that the delegated primary care allocation will overspend by £424k full year. This is based on expenditure at September 2017 and full details can be seen in Appendix 1.

The CCG has approached NHSE in relation to the QOF overspend that is a result of actual QOF achievements being greater than had been anticipated for 2016/17. Due to the national problems with the CQRS system, and the delay this caused in practice declarations being approved, the CCG is seeking financial support from NHSE. Initially this had been highlighted as a risk but has been included within the outturn position since July due to the probability that this will be funded being low. However, the CCG will continue to pursue this as it puts the delivery of the financial position at risk due to circumstances beyond our control.

A caretaking agreement has been reached so that primary care medical services can continue to be provided at Marshalls Cross Medical Centre. It is projected that the interim arrangement, which commenced in September 2017 for a minimum of five months and a maximum of seven months, will cause an additional pressure of approximately £91k. This is due to the service being funded at an equivalent rate to the previous APMS contract. Budgets had been set based on the contract being procured at a GMS rate from August 2017. The earlier that the new provider takes on the contract will lead to savings against this pressure of up to £40k per month.

As reported previously, a pressure has also been identified following receipt of the GMS/PMS practice weighted list sizes which were published in July 2017. Growth in practice list sizes between January and July 2017 has resulted in an increase to the global sum payments that are projected to be paid in future months (611 actual patients and 1,145 weighted patients). The Patient Services Department at Primary Care Support England (PCSE) has been approached so that the list sizes can be validated. The CCG has also begun to compare this data to the list sizes reported on a sample of practice clinical systems. Since the completion of the finance reports at September 2017, PCSE has published the quarter 3 list sizes. Based on these figures the total CCG population has grown by a further 364 patients (622 weighted patients). This growth and the impact on contract payments will be reflected in future reports.

National guidance received for 2017/18 requires CCGs to reimburse GP practices for the cost of CQC registration. It is anticipated that the total cost to the CCG will be £136k. This is £38k above the original plan.

Premises costs are expected to overspend in total by £15k. Within this projection are reimbursable and subsidy costs associated with GP practices that occupy space in Community Health Partnership (CHP) buildings. Since April 2017 CHP management fees have been charged to the CCG rather than direct to GP practices. There is currently no funding set aside to support these additional costs. The CCG

has made NHSE aware of this and are seeking clarification to whether a further allocation will be received to support these costs.

Since September 2017, the CCG has learnt of additional mitigations which will be taken in to account in month 7 reporting and will favourably improve the current forecast outturn:

i. Business rates – The CCG reimburses GP practices for the cost of business rates which are incurred. Having been notified by St Helens Council of a review of all business rates, the CCG is currently undertaking an exercise to reconcile the amounts reimbursed to each GP practice for 2016/17 and 2017/18. The impact of this review is yet to be finalised but since the rateable value of some properties has reduced it is anticipated that the CCG will need to recover a proportion of the business rates previously reimbursed. It is estimated that the total amount to be refunded to the CCG will be £100k.

ii. Clinical Waste – under the NHSE Framework agreement SRCL has been appointed as the single provider of clinical waste services for the majority of GP practices in Cheshire and Merseyside. The new contract commenced in May 2017. Early indications from NHSE are that within St Helens there is a potential saving of £25k that will be achieved in the first year of the contract.

3.2 Local Enhanced Services (see Appendix 2)

The total additional local investment in primary care is £1,733k. This includes the commissioning of local enhanced services, a GP Quality Contract and also an Out of Hours service provided by St Helens Rota.

Based on current expenditure it is anticipated that local enhanced services will underspend by £1k as at month 6.

The GP Quality Contract has been reviewed since month 6 and taking account of the practices that did not sign up, the Marshalls Cross Medical Centre not being entitled to it due to the mid-year transition and potential non achievement, this budget is expected to underspend by £107k, which will be included within the month 7 reported position.

The CCG has now received two additional allocations to support plans outlined in the GP Forward View. These allocations are for the delivery of WiFi in GP practices (£107k) and Training Care Navigators (£34k). It is anticipated that the allocations will be fully utilised in 2017/18 and St Helens and Knowsley HIS are developing a project plan for the delivery of the WiFi in 2017.

4. Risks

The primary care allocation received for 2017/18 has been fully devolved to support the recurring cost of commissioning primary care medical services. This takes account of the national negotiations that have been announced by NHSE. As a result no contingency reserve is available.

The financial risk to the CCG is difficult to quantify but the Primary Care Committee need to be aware, based on previous years and local knowledge, of the potential risks which may impact on the current budgets.

The key risks currently are:

i. QIPP target – to ensure financial balance, QIPP savings of £300k need to be identified or alternative mitigations found;

ii. Locum costs – although the budget was increased to £150k from £37k last year it is highly likely that this will be insufficient to support the total cost of reimbursing locum fees to support sickness, adoption, maternity and paternity leave. Based on known applications received so far, it is anticipated that existing locum costs will be £104k. This means that the budget would not remain in balance if any future applications are received to fund either long-term sickness or maternity leave.

iii. Premises – Current Market Rents (CMR) are reviewed every 3 years by the District Valuation Office. Any increase to the valuation, and in particular any challenge to the valuation, is a known risk to the CCG.

iv. Out of Hours – the majority of St Helens GP practices currently opt in to providing an Out of Hours service and therefore the GMS and PMS global sum payments each receives reflects this. If a GMS practice was to opt-out of providing an Out of Hours service the global sum payments received would be reduced by 4.92% per weighted patient (PMS practices would have their contract value reduced by £4.20 per actual patient). Although the reduction in contract payments would release funds to enable the commissioning of an alternative Out of Hours service, it is extremely likely that this will be at an additional cost to the CCG.

5. Resilience Funding

The CCG has been successful in securing resilience funding of £8.7k from NHSE. This will support the transfer of Eldercare patients to the new provider and will enable long term plans to be created for each patient.

6. Conclusion

The Committee are asked to note the financial position and the key risks identified based on information at September 2017.

NHS St Helens CCG **Appendix 1**

Primary Care Committee

Delegated Primary Care Commissioning

	Annual Budget	Outturn	Variance
Contract Value	**19,532,898**	**19,717,340**	**184,442**
APMS	605,878	605,878	0
PMS	4,373,156	4,386,414	13,258
PMS Premium	159,506	159,506	0
GMS MPIG	39,766	39,766	0
GMS	14,354,592	14,525,776	171,184
Enhanced Services	**480,300**	**467,482**	**(12,818)**
Extended Hours	232,846	232,846	0
Learning Disabilities	66,269	66,269	0
Minor Surgery	178,973	178,973	0
Unplanned Admissions	0	(14,037)	(14,037)
Violent Patients	2,212	3,431	1,219
Other	**734,430**	**772,753**	**38,323**
CQC Reimbursement	98,000	136,323	38,323
Locum - Maternity/Paternity/Adoption	150,000	150,000	0
Prescribing fees	153,747	153,747	0
Seniority	306,594	306,594	0
Professional fees	26,089	26,089	0
Premises	**3,967,232**	**3,982,547**	**15,315**
Clinical Waste	59,725	56,206	(3,519)
Cost Rent	45,718	21,984	(23,734)
Notional Rent	1,042,585	1,019,822	(22,763)
Premises Other	2,270,385	2,336,012	65,627
Rates	254,901	254,605	(296)
Water Rates	36,752	36,752	0
Actual Rent	257,166	257,166	0
QOF	**3,009,140**	**3,207,867**	**198,727**
Achievement	935,968	1,135,968	200,000
Aspiration	2,073,172	2,071,899	(1,273)
Sub Total	**27,724,000**	**28,147,989**	**423,989**
Contribution to Quality Contract	294,000	294,000	0
Grand Total	**28,018,000**	**28,441,989**	**423,989**

NHS St Helens CCG **Appendix 2**

Primary Care Committee

Other Primary Medical Care Budgets

	Annual Budget	Forecast Outturn	Variance
Local Enhanced Services	611,742	610,698	(1,044)
24 Hour Blood Pressure	107,500	102,500	(5,000)
Care of Older People	0	4,800	4,800
Near Patient Testing	48,708	31,708	(17,000)
ECG Incentive	26,534	42,690	16,156
Anti-Coag	429,000	429,000	0
Out of Hours	462,697	462,697	0
St Helens Rota - Core	100,000	100,000	0
St Helens Rota - Visiting Service	200,000	200,000	0
St Helens Rota - GP Out of Hours	162,697	162,697	0
Other	659,000	659,000	0
GP Quality Contract	365,000	365,000	0
£3 per head - GPFV	294,000	294,000	0
Total Local Investment	1,733,439	1,732,395	(1,044)

	Allocation	Forecast Outturn	Variance
WiFi allocation	107,000	107,000	0
GP Receptionist training	34,000	34,000	0
Total Allocations	141,000	141,000	0