NHS
Northumberland
Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee

This meeting will be held at 1200 on 18 October 2017
Town Hall, Morpeth

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1200	Welcome and questions on agenda items from the public		J Guy
2		Apologies for absence		J Guy
3		3.1 Declarations of conflicts of interest (agenda items) 3.2 Quoracy*		J Guy
4	1205	4.1 Minutes from the previous meeting and Matters Arising 4.2 Action Log	✓ ✓	J Guy J Guy
5	1215	Operational 5.1 Finance Update 5.2 Terms of Reference	 ✓ ✓	 I Cameron S Young
6	1245	Any other business		J Guy
7		Date and time of next meeting: 1200 Wednesday 20 December 2017		

* 3 members, including at least the Lay Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.

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Minutes of the Public Meeting of the NHS Northumberland Primary Care Commissioning Committee

6 September 2017

Members Present:

Janet Guy	Lay Chair, Northumberland CCG
Karen Bower	Lay Governor, Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Mike Robson	Chief Finance Officer, Northumberland CCG
Jane Lothian	Local Medical Committee

In attendance:

Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Pamela Leveny	Head of Commissioning, Northumberland CCG
David Thompson	Chair, Healthwatch Northumberland
Ian Cameron	Chief Finance Officer (Designate), Northumberland CCG
Fleur Carney	NHS England
Diane Drysdale	Business Support Team

NPCCC/17/40 Agenda item 1 - Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting. There were no members of the public present.

NPCCC/17/41 Agenda item 2 – Apologies for absence

Apologies were received from Scott Dickinson.

NPCCC/17/42 Agenda item 3.1 – Declarations of conflicts of interest

A discussion took place relating to Jane Lothian (a practicing GP in Rothbury) and potential conflicts of interest in agenda items 5.3 and 5.4. It was agreed that, as a salaried GP, she had no direct conflict of interest in these items. The PCCC decided that, as the interest was indirect, it would be beneficial if she was able to contribute to the debate. She remained in the meeting throughout. No further declarations arose.

NPCCC/17/43 Agenda item 3.2 – Quoracy

The meeting was quorate.

NPCCC/17/44 Agenda item 4.1 – Minutes of the previous meeting and matters arising

The minutes were accepted as a true record.

Matters Arising

Extended Access models update**:** The PCCC had previously delegated the approval of seed funding applications to Siobhan Brown and Mike Robson. The initial seed funding allocations had been made with conditions. All conditions had now been met.

A & E Assessment and Navigation**:** Pamela Leveny said that plans for primary care services to be closer aligned to A&E to ensure patients are directed to the most appropriate service for their needs, are due to commence at the end of October 2017. This service will be located in Northumbria Specialist Emergency Care Hospital. The assessment and navigation service will link closely with extended access delivery in practices. Pamela said that a patient communication programme is also being developed. The CCG will continue to work with GPs in this respect. The clinical operational model continues to develop before the scheme is rolled out to Wansbeck and Hexham General Hospitals.

Practice Activity Scheme (PAS): Jane Lothian stated that the 2017/18 target figures could be misleading and questioned if the scheme was detrimental to practices that were already performing well in this area of operations. Siobhan Brown said that the overall intent of the scheme is to reduce variation between practices

NPCCC/17/44.2 Agenda item 4.2 Action Log

Actions **NPCC/17/22/02, NPCC/17/34/01, NPCC/17/35/091, NPCC/17/36/01** and **NPCC/17/37/01** were agreed as complete and will be removed from the log.

NPCCC/17/45 Agenda item 5 Operational

NPCCC/17/45 Agenda item 5.1 Chief Operating Officer Update

Siobhan Brown presented the report and highlighted the following:

Primary Care Federation – 76% of the population votes cast were in favour of the ACO in principle. 34 of the 42 practices also took the opportunity to sign up to the Primary Care Federation. Pamela Leveny and Stephen Young will be working with the Federation to develop governance and operational arrangements.

Riverdale Surgery - has applied to close Wylam Surgery and relocate the services to newly converted premises at Oaklands Medical Centre in Prudhoe. The practice is currently undertaking a 12 week period of engagement. This has attracted press, local and political interest. Patients have called a public meeting on 13 September and the CCG and NHS England will attend to support the practice.

Cambois Branch Surgery – Gables Medical Group from Bedlington Station suspended services in Cambois on 30 June 2017 following Northumberland County Council (who own the building the practice operates from) surveyors declaring the building unsafe. Work is expected to take between 6-8 months to complete and alternative dispensing and GP services have been made available at the main site in Bedlington Station. The Primary Care Applications Working Group is aware and content with the interim arrangements.

Vanguard Evaluation –The CCG has launched a wide ranging period of engagement designed to assess the effectiveness of Vanguard new models of care and how they have impacted on staff, patients and carers. A market research company has been commissioned and the survey will be open until 30 September. The resultant report will be received in mid-October and will be considered by PCCC at a meeting thereafter.

NPCCC/17/46 Agenda item 5.2 Finance Update

Mike Robson presented the report and explained the variances. £180k is due to the impact of list size changes on the global sum payments. Most of the other figures are similar to those reported previously.

Jane Lothian highlighted primary care's concern regarding the rent and service charge changes introduced by NHS Property Services. Janet Guy said that this had been a common theme over an extended period that was causing a great deal of concern in primary care. Ian Cameron said that the NHS England (NHS E) regional and national teams continue to play close attention to this issue. Janet asked that Ian highlights the Northumberland PCCC's continued concerns.

Action NPCCC/17/46/01: Ian Cameron to report Northumberland PCCC's concerns about the impact of rent and service charge changes to regional NHS E

NPCC/17/47 Agenda Item 5.3 Blood Glucose Test Strips

Siobhan Brown stated that the report outlined the potential implementation of recently updated guidance from the North of Tyne and Gateshead Area Prescribing Committee (APC) concerning the introduction of more cost effective testing strips. If introduced in Northumberland, while patient care would not be compromised, there was the potential to realise in year savings. An early implementation programme would result in greater savings. The PCCC were asked to consider the following options:

- Option 1 – GPs to follow standard care planning review process and switch in normal course – potential savings of approximately £25k.
- Option 2 – CCG would fund additional resource required to enable more care planning reviews over the rest of the financial year. Starting this process in September 2017 could result in savings of approximately £125k. There is a maximum total claim per practice of 1.25% of list size.

Ian Cameron confirmed that the CCG will not pay for patients who are already due an annual review, only additional reviews. Siobhan said that she would confirm if retrospective or upfront payments are applicable. Pamela Leveny said that payments would be retrospective but will confirm this.

Action NPCCC/17/47/01: Pamela Leveny to check if Blood Glucose Test Strip payments are retrospective.

Jane Lothian stated that the CCG needed to ensure that the supply chain could deliver the required amount of testing machines and asked if the new procedure was deemed clinically safe. Stephen Young said that the revised guidance had been approved by the APC and that this level of approval should provide the requisite assurance

Pamela Leveny stated that it was also the 'flu season' and practices had planned additional resources to manage this. This would need to be acknowledged if test strip reviews are to be commissioned by practices.

David Thompson said that a review period should be established at the outset and suggested that this is undertaken at the 14 month point. Mike Robson said that the scheme will be closely monitored on a continuing basis under the QIPP scheme.

Decision: The committee approved the implementation of option 2.

NPCCC/17/48 Agenda Item 5.4 Flu incentive scheme

The report presented by Pamela Leveny outlined the Flu Incentive Scheme and asked for approval to implement.

The World Health Organisation sets a recommended target of 75% uptake in those over 65 years. While the uptake in Northumberland is above national averages there remains a marked variation between practices. Jane Lothian commented that last year's vaccine was widely considered to be ineffective for those over 65 with the resulting outcome that more people were admitted for flu related issues. She also said that if the incentive was not introduced this year the percentage of take up would drop.

Janet Guy asked if there was a system in place to address the low level of uptake in some practices. Pamela Leveny said that practice performance in this area was monitored and Janet said that it was important to continue to work with practices with low uptake levels.

Decision: It is agreed that the CCG continue its flu incentive scheme for 2017/18.

Action NPCCC/17/48/01: Agenda item 6 Strategic

NPCCC/17/49 Agenda item 6.1 Primary Care Action Plan (including GPFV)

The report presented by Pamela Leveny outlined the Primary Care Development Plan. She explained that the CCG has to work very closely with practices as the plan is implemented. There is a risk that practices will disengage unless a proactive, cohesive and collaborative approach is undertaken. She also said that although there is a great deal of work that can be done to further improve primary care services and performance from a quality perspective Northumberland primary care is a high performing economy. Jane Lothian said that the plans development and implementation needs to be appropriately communicated to general practices to ensure that they understand the action plan is firmly designed to best support GPs.

NPCCC/17/50 Agenda Item 6.2 GP Patient Survey

Stephen Young presented the results of the 2017 GP Patient Survey undertaken in July 2017. The Survey was administered by MORI on behalf of NHS England. 800,000 patients were surveyed nationally and over 5,000 Northumberland patients participated. The survey concentrated on access to appointments, satisfaction with opening hours and quality of care from their GP and practice staff. The figures were encouraging at 87% of people surveyed rated their primary care as good which is higher than the national average of 85%.

NPCCC/17/51 Agenda Item 7 Any other business

There was no other business.

NPCCC/17/52 Agenda item 8 Date and time of next meeting

1200 on 18 October 2017, Room TBC

NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: October 2017		**Resources and Performance Committee**				
Number	**Date Identified**	**Target Completion Date**	**Description and Comments**	**Owner**	**Status**	**Comment**
NPCCC/17/46/01	06/09/2017	18/10/2017	Ian Cameron to report Northumberland PCCC's concerns about the impact of rent and service charge changes to regional NHS E	Ian Cameron	Ongoing	
NPCCC/17/47/01	06/09/2017	18/10/2017	Pamela Leveny to check if Blood Glucose Test Strip payments are retrospective	Pamela Leveny	Completed	

Northumberland Primary Care Commissioning Committee
18 October 2017
Agenda Item: 5.1
Finance Update
Sponsor: Chief Finance Officer

Members of the Northumberland Primary Care Commissioning Committee are asked to:

1. Consider the financial summary for the period ended 30 September 2017.

Purpose

This report outlines the CCG's primary care services financial position for the period ending 30 September 2017.

Summary Position

The table below sets out the year to date position and the forecast outturn position as at 30 September 2017.

FMR Heading	Annual Budget 2017-18	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Forecast Movement
General Practice - GMS	6,962,243	3,481,082	3,482,060	978	6,958,709	-3,534	0
General Practice - PMS	22,501,314	11,250,516	11,240,766	-9,750	22,501,314	0	-195,169
QOF	5,041,473	2,520,528	2,504,242	-16,286	5,022,064	-19,409	0
Enhanced Services	1,930,684	964,967	948,551	-16,416	1,886,135	-44,549	-34,165
Premises Cost Reimbursement	4,280,796	2,140,085	2,107,915	-32,170	4,249,926	-30,870	278,312
Dispensing/Prescribing Drs	1,644,678	822,185	778,559	-43,626	1,586,920	-57,758	-96
Other GP Services	970,262	485,002	536,966	51,964	1,039,602	69,340	154,755
CCG Prescribing	-190,597	-95,251	-91,816	3,435	-187,115	3,482	0
Reserves	627,147	0	0	0	710,446	83,299	-203,638
Grand Total	**43,768,000**	**21,569,114**	**21,507,243**	**-61,871**	**43,768,000**	**0**	**0**

Explanation of Variances

- **General Practice GMS / PMS**

  Forecast variance remains in line with the reported position at M5. Forecast movement of £195k relates to transfer back to reserves of unallocated budgets.

- **Quality and Outcomes Framework (QOF)**

  The overall QOF forecast outturn is £19k underspent against the original plan due to the 2016-17 slippage. This remains in line with the reported figures at M5.

- **Enhanced Services**

  The opening budgets for Enhanced Services are based on an assumption that all practices will sign up to all services. The forecast slippage of £45k is largely based upon release of 2016-17 over accruals in relation to minor surgery. This remains in line with the M5 reported position.

  Forecast movement of £34k due to transfer to reserves for practices which have declined the extended hours DES.

- **Premises Cost Reimbursement**

  The premises cost reimbursement shows a FOT saving of £31k. This is due to in year movements across various practices for both rent and rates.

  Additional resource has been allocated from reserves to cover pressures highlighted in month relating to rent budgets.

- **Dispensing / Prescribing Drs**

  The £58k underspend on prescribing is in relation to the release of 2016-17 accrual balances and some release of 2017-18 balances where no claims have been received for the first part of the financial year.

- **Other GP Services**

  The 'Other GP Services' currently shows a forecast pressure of £69k. The forecast saving is largely due to the release of 2016-17 slippage against seniority of £114k offset against 2016-17 pressures regarding locum costs of £187k.

  The movement in forecast outturn takes account of the pressure re locum costs of £150k which is now included in the ledger position.

  Budgets have been allocated from reserves to cover CQC fee reimbursement and are currently forecast to breakeven.

  Potentially savings in relation to 2017-18 seniority payments may materialise, although further work is required to quantify.

- **Reserves**

  The revised breakdown is shown below:

1% Contingency	£440k
0.5% Headroom	£30k
Indemnity	£157k
Total	£627k

The forecast variance on reserves offsets the pressures highlighted through the report to deliver an overall breakeven position.

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Terms of reference for the Northumberland CCG Primary Care Commissioning Committee

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Northumberland CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Northumberland CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations:

- NHS Northumberland CCG
- Northumberland Local Medical Committee
- Northumberland County Council
- Healthwatch Northumberland
- NHS England

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);

- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Northumberland, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Northumberland CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote delegated commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes, but is not limited, to the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

- Making decisions on ‘discretionary’ payment (eg returner/retainer schemes).

In addition the Committee shall ensure that the CCG:

- Plans, including needs assessment, primary medical care services in Northumberland.
- Undertakes reviews of primary medical services in Northumberland.
- Co-ordinates a common approach to the commissioning of primary medical care services generally.
- Manages the budget for commissioning of primary medical care services in Northumberland.

Geographical Coverage

17. The geographical area covered by NHS Northumberland Clinical Commissioning Group is the area covered by Northumberland County Council.

Membership

18. The Committee shall consist of:

- CCG Lay Chair (or a Lay Governor nominated by him/her) (Chair of the committee).
- One other Lay Governor (vice chair of the committee).
- The CCG Chief Operating Officer or a nominated director.
- The CCG Chief Finance Officer.
- The Chair of the Local Medical Committee.

19. A standing invitation will be made to specific partners in a non-voting capacity, namely:

- Northumberland Health and Wellbeing Board.
- Healthwatch Northumberland.
- NHS England.

20. The Chair of the Committee shall be the CCG’s Lay Chair who is appointed in accordance with the CCG’s Standing Orders.

21. The Vice Chair of the Committee shall be the CCG’s Lay Vice Chair who is appointed in accordance with the CCG’s Standing Orders.

22. The Chief Clinical Officer or a GP Director nominated by him/her will be invited to attend all meetings. To ensure effective management of actual or potential conflicts of interest he or she will withdraw from the meeting as requested to do so by the Chair of the committee. Other CCG Governing Body members, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussions.

23. Those invited to attend will not be entitled to vote.

24. The Chief Operating Officer will be the lead officer for the committee, or will nominate a Director to undertake this role.

Meetings and Voting

25. The Committee will operate in accordance with the CCG's Standing Orders insofar as they relate to the:

- Notice of meetings.
- Handling of meetings.
- Agendas.
- Circulation of papers.
- Conflicts of interest.

26. The Strategic Head of Corporate Affairs, as secretary to the committee, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the committee deems it necessary in light of urgent circumstances to call a meeting at short notice, the notice period shall be such as he/she will specify

27. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

28. The quoracy for the committee is 3 members including:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

29. Where a conflict of interest arises which prevents committee members from being involved in the discussion and/or voting on any matters, and/or the quoracy of the meeting or for individual agenda items cannot be maintained, the quoracy of the meeting will be:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

Frequency of meetings

30. The committee will meet at regular intervals and not less than 5 times per year.

31. Meetings of the Committee shall:

a) Be held in public, subject to the application of 23(b);
b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be

transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

32. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

33. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

34. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

35. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

36. The Committee will present its minutes to the Cumbria and North East area team of NHS England and the governing body of NHS Northumberland CCG, at least four times a year at regular intervals, for information including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

37. The CCG will also comply with any reporting requirements set out in its constitution.

38. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

39. The committee will be a committee of the governing body and therefore be accountable to the governing body and subject to the CCG's scheme of reservation and delegation.

Procurement of Agreed Services

40. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement as set out in the delegated agreement.

Decisions

41. The Committee will make decisions within the bounds of its remit.

42. The decisions of the Committee shall be binding on NHS England and NHS Northumberland

CCG.

Schedule 1 – Delegated commissioning arrangements.
Schedule 2 – Delegated functions
Schedule 3 - List of members