

Northumberland Primary Care Commissioning Committee

This meeting will be held at 10.00am on Wednesday 13 June 2018
Morpeth Town Hall, Morpeth

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1000	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	1005	4.1 Minutes from the previous meeting and Matters Arising 4.2 Action Log	✓ ✓	J Guy J Guy
5	1015	Operational 5.1 Finance Update 5.2 Contract Baseline Report	✓ ✓	I Cameron W Stephens
6	1040	Any other business		J Guy
7	1045	Date and time of next meeting: Wednesday 8 August 2018 – 10.00am Committee Room 1, County Hall		

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



Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee
11 April 2018, Morpeth Town Hall, Morpeth

Members Present:

Janet Guy	Lay Chair, Northumberland CCG
Karen Bower	Lay Member - Corporate Finance and Patient and Public Involvement Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Dr David Brown	Local Medical Committee

In attendance:

Denise Jones	NHS England
Pamela Leveny	Head of Commissioning, Northumberland CCG
Carole Pitkeathley	Healthwatch Northumberland
Scott Dickinson	Northumberland County Council
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Business Support Team, Northumberland CCG (Minutes)

NPCCC/18/12 Agenda item 1 Welcome and questions on agenda items from the public

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

NPCCC/18/13 Agenda item 2 Apologies for absence

Apologies were received for David Thompson, Jane Lothian and Wendy Stephens.

NPCCC/18/14 Agenda item 3.1 Declarations of conflicts of interest

There were no conflicts of interest declared.

NPCCC/18/15 Agenda item 3.2 Quoracy

The meeting was quorate.

NPCCC/18/16 Agenda item 4.1 Minutes of the previous meeting and matters arising

The minutes were accepted as a true and accurate record, pending the following amendments:

- Page 4, sentence 3: To be replaced with 'Wendy Stephens said that boundary change applications are increasing but often involve reducing, rather than increasing, a boundary'
- Page 5, Care redesign bullet point, sentence 3: To be replaced with 'Northumberland practices have the highest utilisation rate of direct booked appointments by 111 in the region.'

Carole Pitkeathley asked for an update regarding the proposed closure of Riversdale Surgery in Wylam and relocation to Oaklands Medical Centre in Prudhoe. Stephen Young said that a meeting was being arranged with NHS England (NHSE), NHS Northumberland Clinical Commissioning Group (CCG) and Riversdale Survey regarding Riversdale Surgery's formal application as further information was required. Stephen confirmed that Healthwatch Northumberland's interim report has been submitted to NHSE. The Wylam Parish Council's household survey has received 140 responses. Key themes include public transport issues and the lack of updated information regarding the proposed closure and relocation on the surgery's website. Carole said the feedback regarding bus services would be shared with Riversdale Survey.

Janet Guy stated that it was the practice's responsibility to undertake engagement with their patient list. Stephen said that the practice had completed this engagement and that a wider public consultation was not required. If it has any concerns Healthwatch Northumberland should initially engage with the practice and if an appropriate response is not received, the CCG should be informed. Carole said that Healthwatch Northumberland's interim report had been based on the patient list only.

Stephen said that the Wylam Service Users Group had asked for their submission to be circulated to the Primary Care Commissioning Committee (PCCC). The submission has not been circulated and sent directly to NHSE. The submission will be included in the report from NHSE which will then be formally submitted to PCCC for consideration. No further action will be taken by the CCG until a report regarding Riversdale Surgery is received from NHSE. Janet said that the PCCC welcomed input but a balanced approach was needed and processes and protocols must be followed. Carole asked if the Wylam Patient Participation Group (PPG) has been consulted. Stephen confirmed that the PPG had been consulted as part of Riversdale Surgery's submission to NHSE.

NPCCC/18/17 Agenda item 4.2 Action Log

Action NPCCC/17/79/01: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability. Carole Pitkeathley asked if Healthwatch Northumberland would be involved in the planned branch survey sustainability review. Pamela Leveny confirmed they would.

Action NPCCC/18/01/02: Wendy Stephens to email Derry Nugent the process and timeline for the Riversdale Surgery application review progress. Completed. To be removed from the action log.

NPCCC/18/18 Agenda item 5.1 Finance Update

Ian Cameron outlined the CCG's primary care services interim financial position for the period ending 31 March 2018. Due to the financial ledger being open at the time of the

report, the figures represent the interim financial position subject to audit. Key variances and risks:

- **General Practice GMS / PMS:** Net underspend of £34k due to release of transition fund reserve. Following the financial trend as more practices move to GMS contracts
- **Enhanced Services:** The underspend position of £97k is largely in line with the reported figures at Month 11 and is due to the release of prior year balances in relation to the minor surgery, learning disabilities and extended hours enhanced services. Underspend being reviewed and is anticipated to reduce
- **Premises Cost Reimbursement:** An outturn pressure of £56k. Increased costs due to changes to the charging policies in respect of NHS Property Services (NHSPS)
- **Other GP Services:** Shows an overall overspend of £284k. Pressure on GP Locum of £326k and pressure of £47k in relation to GP Retainers are offset by underspends on seniority of £94k. There has been an increase in the number of claims for Locum reimbursement under the Statement of Financial Entitlements (SFEs) for Parental Leave and Sickness. This coupled with the change in the SFEs from April 2017 which removed the pro rata rules around reimbursements has resulted in significant cost to the CCG. Further costs anticipated due to late claims.

Variances have been offset against the 0.5% contingency reserve (£181k). The 1% contingency reserve of £440k, set as part of the planning national business rules, has been released along with the £157k for indemnity fees which has been confirmed as being funded centrally. At Month 12 the net benefit/position is £596k underspend. Final position to be confirmed regarding late claims provisions and premises costs.

Karen Bower asked for an explanation of the Quality and Outcomes Framework (QOF) prevalence weighting. Ian said the budget was set and adjusted for population/disease prevalence.

Karen asked for an update regarding GP Out of hours (OOH) procurement. Pamela Leveny said that the GP OOH service was currently being reviewed. A strategy and discussion document for urgent care and system design is being developed. Urgent treatment centres are to be established by December 2019 in line with national requirements for urgent care.

Karen asked if there was any analysis available of the local enhanced services schemes especially regarding value for money. Pamela said that a full revision of enhanced services had been undertaken. Quarterly monitoring for quality and effectiveness was in place. Siobhan Brown said that previous monitoring had not been robust. Janet Guy said that a continual focus was needed on outcomes.

Siobhan asked how the CCG was supporting practices with the ongoing issue of historical subsidies on premises owned by NHSPS. Ian said that the CCG had met with Local Medical Committee (LMC) to discuss the issue. There has been confusion and concern across all NHSPS tenants in respect of invoice values and increases in charges, and the subsidy payments have mostly not been paid. Funding held by NHSE for historic NHSPS subsidies has been released to CCGs. Under Level 3 delegated co-commissioning arrangements the CCG should reimburse practices for agreed subsidies. The CCG will work with NHSE to reimburse practices in line with historic agreements (initially for the periods 2015/16 to 2017/18). The subsidy values are still to be confirmed and the CCG will

be working with the NHSE finance team and individual practices to reach agreements in this respect.

NHSE currently hold the funding for 2018/19 and further work is required. Janet asked what the timescale was for this work to be completed. Ian said he expected it should be weeks rather than months.

Action NPCCC/18/18/01: Denise Jones to check NHSPS historic subsidies progress and timescale and advise Ian Cameron.

Ian said that the 2018/19 Primary Care allocation growth is 1.8% and the national contract cost growth is 2%. There is not expected to be an underspend in the 2018/19 delegated allocation, and there is a risk of overspend going forward. There are differences between the Carr-Hill formula that drives practice payments and the national allocations formula that is used to determine CCG allocations.

Stephen Young said that due to the change of PCCC meeting schedule, the finance update will reflect the previous month rather than the current month.

NPCCC/18/19 Agenda item 6.1 Quality Update

Pamela Leveny said that she was presenting the Quality report on behalf of Annie Topping, Director of Nursing, Quality and Patient Safety and Dr Robin Hudson, Primary Care Quality Lead who were unable to attend the meeting.

Pamela outlined the current assurance process for primary care in Northumberland and provided an update on Q1 and Q2 performance. Quality updates will be presented to PCCC quarterly going forward.

Pamela Leveny and Susan Turner, Medicines Optimisation Pharmacist, have joined the CCG's Quality Assurance Group. The group proactively undertakes quality assurance work as well as reviewing and identifying appropriate actions through the GP practice assurance process.

In February 2018, the CCG Quality Assurance Group wrote to the four practices 'Approaching Review' asking them to consider the information on the Primary Care Webtool and develop action plans to address the areas of concern.

Meetings took place in 2017, with one practice that was rated as 'Review Identified' to agree their action plan. A further meeting is planned before summer 2018 to check progress. Support has been offered to the practice from CCG management and Medicines Optimisation team.

Pamela said the Primary Care Webtool data was not current and did not reflect a number of changes that had occurred.

The Care Quality Commission (CQC) had rated four practices 'Outstanding' and the remaining practices in Northumberland that have been inspected have been rated as 'Good'. No practices were rated 'Inadequate' during this period. Many will be undergoing re-inspection over the next twelve months and tailored visits are planned going forward. One practice was inspected in 2017 and rated as 'requires improvement'. The practice was

also reviewed by the CCG and has received proactive support. An action plan has been developed and implemented by the practice. CQC re-inspection will take place in April 2018.

Primary Care uses the Safeguard Incidents and Risk Management System (SIRMS) system to report incidents in the community across all organisations. A SIRMS User Group has been established to improve the usage of the system in Northumberland and address the feedback loop issue.

Janet Guy said that a considerable amount of good proactive work was being undertaken. Siobhan Brown noted that the CCG was 5th out of 209 CCGs rated by CQC. She said that she would work with Annie Topping and Dr Robin Hudson to ensure more rigor and sustainability in quality assurance reporting.

Action NPCCC/18/19/01: Siobhan Brown to discuss the development quality assurance reporting with Annie Topping and Dr Robin Hudson.

Denise Jones said that the Primary Care Webtool used a number of sources of information including complaints, CQC and QOF data. She said that Dr Robin Hudson had been very engaged, supportive and proactive when working with the NHSE Primary Care team.

Carole Pitkeathley said that the update was very positive. She explained that she was a member of the North East & Cumbria Quality Surveillance Group (QSG). The group's main focus is secondary/acute care and more primary care input is needed. A primary care thematic event was held in January 2018 and the QSG is meeting again in May 2018.

NPCCC/18/20 Agenda item 6.2 Primary Care Workplan 2018/19

Pamela Leveny gave a presentation regarding the Primary Care Workplan outlining the following key aims:

Sustainable Primary Care – Primary Care Development

- Resources – work force and infrastructure: Northumberland County Council's Health and Wellbeing Board focusing on work force. CCG leading the work with input from Healthwatch Northumberland
 - Demography in Northumberland now and in the future
 - Proactive branch surgery review to understand the landscape Summer 2018
 - Profile for Northumberland by December 2018 - scope to include Public Health, Housing, LMC and GP practices
- Clinical Leadership focusing on provider opportunity and development:
 - New clinical leadership with primary care focus
- Proactive commissioning
- Prioritising: National incentives
- Managing demand: Sustainability needed
- Efficient ways of working:
 - Technology - regional procurement
 - GP Forward View 'Time to Care' programme. 10 high impact areas. Local event to be held in May 2018. National support available

An engaged system

- Clinical leadership and Locality Support:
 - April 2018: New clinical leadership in CCG
 - June 2018: CCG/ practice interface redesigned
- Managing variation: April 2018 to March 2019 target spend per head – support teams working in primary care
- Primary Care Commissioned Services - Monitoring & Review:
 - Quarterly panel review of primary care enhanced services

Developing out of hospital care

- GP Out of Hours (OOH) Service review:
 - Contract variation - April 2018
 - Service specification and system alignment to tender – June to Sept 2018
 - Align to new 111/CAS service - December 2018
 - New service implementation - September 2019
- CATCH & Community based models of care:
 - North locality pilot - June 2018
 - Roll out plan and alternative models scoped – December 2018

Pamela said that the CCG was refocused on primary care and aligning work plans and skill sets across the wider system.

Denise Jones said that there was a long timeline on the workplan and asked how it would link in with the integrated system. Siobhan Brown said that the workplan was reviewed at the recent NHSE assurance meeting. She said that financial balance and sustainability **was were** required but that the CCG remained open to opportunities.

David Brown asked what the current GP vacancy figure was.

Action NPCCC/18/20/01: Pamela Leveny to confirm current GP vacancy figure to LMC.

Janet Guy said that GP work force was a challenge facing every CCG and the planned demographic work was very important. She said that the 'Managing variation' plans were good. Janet highlighted 'Developing out of hospital care' and said that the whole system needs to work together.

Carole Pitkeathley asked how information about primary care patient experience would be shared. Pamela explained that monthly locality meetings were currently held and the CCG was committed to getting more CCG staff into practices. Stephen Young said that more capacity was required to support the CCG's engagement work in order to conduct meaningful and ongoing discussions with both practice participation groups, community groups, the third sector and the population of Northumberland.

NPCCC/18/21 Agenda Item 7 Any other business

No any other business.

NPCCC/18/22 Agenda item 8 Date and time of next meeting

13 June 2018 – 10.00am, Morpeth Town Hall.

DRAFT

NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: June 2018		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/17/79/01	20/12/2017	21/02/2018	Pamela Leveny to undertake a review of Northumberland branch surgery sustainability.	Pamela Leveny	Ongoing	Starting Summer 2018 - part of the work plan.
NPCCC/18/18/01	11/04/2018	13/06/2018	Denise Jones to check NHSPS historic subsidies progress and timescale and advise Ian Cameron.	Denise Jones	Complete	
NPCCC/18/19/01	11/04/2018	13/06/2018	Siobhan Brown to discuss the development practice quality assurance reporting with Annie Topping and Dr Robin Hudson.	Siobhan Brown	Complete	Agreed quarterly reporting. Invitation to attend PCCC to present quarterly report.
NPCCC/18/20/01	11/04/2018	13/06/2018	Pamela Leveny to confirm current GP vacancy figure and advise LMC.	Pamela Leveny	Complete	

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	13 June 2018	
Agenda item	5.1	
Report title	Finance Update	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose	Information only	✓
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
Resource implications	N/A	




OFFICIAL

Consultation/engagement	N/A
Quality and Equality impact assessment	Completed
Research	N/A
Legal implications	CCG statutory financial duties
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Finance Update					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Finance Officer	Chief Finance Officer				
3. Project Overview & Objective	Primary Care finance update M2.					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or</i>	Impact Descriptors	Baseline Metrics			Target	
	N/A					

OFFICIAL

risks on quality and equality and can be used for ongoing monitoring.	N/A		
	N/A		
8. Completed By	Signature	Printed Name	Date
Chief Finance Officer		Ian Cameron	06.06.2018
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Northumberland Primary Care Commissioning Committee
13 June 2018
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 31 May 2018 and provide comment.

Purpose

This report outlines the NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial position for the period ending 31 May 2018.

Background

The table below sets out the year to date position and the forecast outturn position as at 31 May 2018. This currently shows a forecast outturn position of breakeven.

The Committee should note these figures are still draft for the reporting month as at time of reporting the financial ledger was still open.

FMR Heading	Annual Budget	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance
General Practice - GMS	8,813,987	1,470,885	1,475,366	4,481	8,848,277	34,290
General Practice - PMS	22,044,248	3,674,022	3,668,326	-5,696	22,009,958	-34,290
QOF	4,983,831	830,606	820,625	-9,981	4,983,831	0
Enhanced Services	1,999,049	333,111	328,259	-4,852	1,999,049	0
Premises Cost Reimbursement	4,323,184	720,472	744,432	23,960	4,323,184	0
Dispensing/Prescribing Drs	1,650,796	275,107	266,870	-8,237	1,648,631	-2,165
Other GP Services	909,773	151,598	150,357	-1,241	909,773	0
CCG Prescribing	-190,868	-31,801	-29,647	2,154	-188,704	2,164
Grand Total	44,534,000	7,424,000	7,424,588	588	44,534,000	0

Issues and Actions

The CCG's delegated primary care allocation for 2018/19 is £44,534k. This has increased from a recurrent £43,768k in 2017-18, representing growth of 1.75%.

OFFICIAL

National changes to the GP contract in 2018-19 have caused additional pressures to the CCG. The net global sum payment has increased from £81.15 to £83.64; this growth of 3.07% represents a significant pressure to the CCG. Based upon the weighted lists size data issued on 1 January 2018 this totals c. £897k. There is also a risk that this may increase further as the Doctors and Dentist Review Body (DDRB) settlement has not been finalised.

Indemnity fees have also increased from £0.516 to £1.017 per patient. This 97% growth represents an additional pressure of c. £163k. The total budget set for Indemnity of £330k is to be top sliced by the NHS England national team, so will not be available to the CCG.

To deliver a balanced financial plan reserves from 2017-18 have not been set in 2018-19. This includes the 1% headroom and 0.5% contingency.

There are some risks which may affect the CCG in 2018-19. These are not quantifiable currently, but relate to locum reimbursement for sickness and maternity, potential increases to the Quality Outcomes Framework (QOF) and the uncertainty regard the DDRB rates.

Other CCG Primary Care

In addition to the delegated budgets, the CCG also makes primary care payments in the following areas:

- **Out of Hours:** The CCG has a contract with Northern Doctors Urgent Care (NDUC/Vocare) for the provision of GP access out of hours. This contract is to be re-procured from the 1 October 2018.
- **Local Enhanced Services:** The CCG has a number of local enhanced service schemes available for GP practices to sign up to, these include;
 - Practice Engagement scheme (PES)
 - Practice Variation - GVIS
 - Practice Activity Scheme (PAS)
 - Practice Medicines Management (PMM)
 - Dementia Diagnosis
 - Flu Immunisation
 - Proactive management of High risk & end of life patients
 - Diabetes prevention programme
 - Deep Vein Thrombosis treatment and prophylaxis service (DVT)
 - Prostate Specific Antigen blood monitoring service (PSA)
 - Immune Modifying Drugs blood monitoring service (IMD) (formally DMARDs (disease-modifying anti-rheumatic drugs)
- **GPIT:** The North of England Commissioning Support Unit (NECS) manage this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

OFFICIAL

- **Practice Transformation support:** Payments made to GP Hubs for the mobilisation of GP Extended Access (SEED funding).
- **GP Forward View:** The CCG now has in its baseline the GP Forward View funding for GP extended Access £6 per head. There will be other allocations to follow in year for GP Clerical training.

Recommendation

The Committee is asked to consider the CCG's primary care services financial position and provide comment.

Appendix 1: Northumberland CCG Draft Month 2 - Primary Care Overview

Northumberland CCG DRAFT Month 2 - Primary Care Overview

FMR Heading	Detail	Annual Budget 2018-19	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Description of budget area
General Practice - GMS	Correction Factor	60,624	10,102	10,104	2	60,624	0	Payment to practices, both GMS and PMS, for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
	Global Sum	8,422,879	1,405,703	1,405,201	-502	8,433,322	10,443	
	Transition Fund	0	0	4,627	4,627	23,847	23,847	
	Indemnity Fees	330,484	55,080	55,433	353	330,484	0	
	Total	8,813,987	1,470,885	1,475,366	4,481	8,848,277	34,290	The budget set for Indemnity fees of £330k is to be topsliced by the NHS England national team, so will not be available to the delegated budget.
General Practice - PMS	PMS Contract	21,979,884	3,663,303	3,661,574	-1,729	21,969,441	-10,443	
	Transition Fund	64,364	10,719	6,753	-3,966	40,517	-23,847	
	Total	22,044,248	3,674,022	3,668,326	-5,696	22,009,958	-34,290	
QOF	QOF - Achievement	1,364,026	227,321	189,526	-37,795	1,364,026	0	Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for practices based upon achievement against set indicators.
	QOF - Aspiration	3,619,805	603,285	631,099	27,814	3,619,805	0	
	Total	4,983,831	830,606	820,625	-9,981	4,983,831	0	
Enhanced Services	DES - Extended Hours	582,116	96,999	97,706	707	582,116	0	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	DES - Learning Disabilities	172,316	28,706	43,369	14,663	172,316	0	
	DES - Minor Surgery	614,178	102,348	80,377	-21,971	614,178	0	
	Northumberland Premium	630,439	105,058	106,807	1,749	630,439	0	
	Total	1,999,049	333,111	328,259	-4,852	1,999,049	0	
Premises Cost Reimbursement	Rates	386,736	64,438	91,499	27,061	386,736	0	Reimbursements made to practices in respect of their premises costs.
	Rent	3,869,210	644,845	643,791	-1,054	3,869,210	0	
	Water Rates	67,238	11,189	9,142	-2,047	67,238	0	
	Total	4,323,184	720,472	744,432	23,960	4,323,184	0	
Dispensing/Prescribing Drs	Dispensing	1,338,053	223,002	165,111	-57,891	1,280,156	-57,897	Costs of GP prescribing reimbursed on a cost per script basis.
	LES - Dispensing Quality Sch	87,215	14,527	12,621	-1,906	85,300	-1,915	
	Prescribing	225,528	37,578	89,138	51,560	283,176	57,648	
	Total	1,650,796	275,107	266,870	-8,237	1,648,631	-2,165	
Other GP Services	CQC Fees	206,597	34,418	33,721	-697	206,597	0	Reimbursement to practices for their Care Quality Commission annual charges.
	GP Retainer	62,000	10,333	10,333	0	62,000	0	Support scheme for GPs and practices who may be considering leaving the profession.
	Locum Maternity	210,564	35,094	35,094	0	210,564	0	Reimbursement to practices for the costs of locum cover for both maternity and sickness. This is in line with national guidance.
	Seniority	430,612	71,753	71,209	-544	430,612	0	The seniority payment that is awarded to an individual GP is dependent on their years of reckonable service in the NHS.
	Suspended GP	0	0	0	0	0	0	Cumbria and the North East wide risk share agreement to contribute to the costs of suspended GPs.
	Total	909,773	151,598	150,357	-1,241	909,773	0	
CCG Prescribing	Prescribing	-190,868	-31,801	-29,647	2,154	-188,704	2,164	Patient charges recovered against prescribing costs.
	Total	-190,868	-31,801	-29,647	2,154	-188,704	2,164	
Primary Care Co Commissioning Total		44,534,000	7,424,000	7,424,588	588	44,534,000	0	
Other CCG funded services								
Out of Hours		2,364,423	468,236	468,236	0	2,364,423	0	Main out of hours contract with Northern Doctors, and expected QIPP impact of Re-Procurement later in the financial year.
Enhanced Services		2,175,452	362,576	362,576	0	2,175,452	0	Local Enhanced services, including; Practice Engagement Scheme (PES), Practice Variation GVIS, Practice Activity Scheme (PAS), Practice medicines Management (PMM), Dementia Diagnosis, Flu Immunisation, Proactive management of high risk and end of life patients, Diabetes prevention programme. Smaller schemes through Claim IT; DVT, Prostrate and IMD. Also includes Pharmacy first and shape end payments and optical contract.
GPIT		826,000	137,666	137,666	0	826,000	0	GPIT contract with North of England Commissioning Support Unit. Overspend offset with Vanguard funding retention
Practice transformation funding		483,579	80,596	80,596	0	483,579	0	Mobilisation funding for GP Extended Access, SEED Funding
GP Forward View Allocations								
GPV Access funding (REC)		1,925,000	320,834	320,834	0	1,925,000	0	£6 per head access funding
Total CCG Primary care		52,308,454	8,793,908	8,794,496	588	52,308,454	0	

* NOTE: The figures in the above table are still in draft. This is due to at the time of issuing this report the Month 2 position is not finalised, as the financial ledger is still open so can still change.

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	13 June 2018	
Agenda item	5.2	
Report title	Contract Baseline Report	
Report author	Primary Care Business Manager, NHS England	
Sponsor	Chief Operating Officer	
Private or Public agenda	Private	
NHS classification	Official	
Purpose (tick one only)	Information only	<input checked="" type="checkbox"/>
	Development/Discussion	<input type="checkbox"/>
	Decision/Action	<input type="checkbox"/>
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	<input checked="" type="checkbox"/>
	Ensure the delivery of safe, high quality services that deliver the best outcomes	<input type="checkbox"/>
	Create joined up pathways within and across organisations to deliver seamless care	<input type="checkbox"/>
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	<input type="checkbox"/>
Northumberland CCG/external meetings this paper has been discussed at:	This report is an update on the one previously presented to the PCCC in October 2017.	
QIPP	N/A	
Risks	N/A	
Resource implications	N/A	
Consultation/engagement	N/A	
Quality and Equality impact assessment	Completed.	



OFFICIAL

Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Contract Baseline Report					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer					
3. Project Overview & Objective	Contract Baseline Update Report					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality</i>	Impact Descriptors	Baseline Metrics			Target	
	N/A					
	N/A					

OFFICIAL

and can be used for ongoing monitoring.	N/A			
8. Completed By		Signature	Printed Name	Date
Primary Care Business Manager		Kay Wilson	Kay Wilson	06.06.2018
Additional Relevant Information:				
8. Clinical Lead Approval by		Signature	Printed Name	Date
Additional Relevant Information:				
9. Reviewed By		Signature	Printed Name	Date
Comments				

Northumberland Primary Care Commissioning Committee

13 June 2018

Agenda Item: 5.2

Contract Baseline Report

Sponsor: Chief Operating Officer

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

- 1. Consider the Contract Baseline Report and provide comment.**

Purpose

This report outlines the current contracting status of primary medical care and updates the December 2017 position presented to the Primary Care Commissioning Committee (PCCC)..

Background

Appendices 1 and 2 detail the number and type of primary medical care contracts, the Directed Enhanced Services provided and summarise ongoing contractual issues/changes.

Reports regarding contractual issues or changes (practice merger and list closure applications) will continue to be presented on an individual basis.

Recommendation

The PCCC is asked to consider the report and provide comment.

Appendix 1: Contract Baseline Report November 2017 - May 2018

Appendix 2: Directed Enhanced Services Sign up

Appendix 1



**Northumberland Clinical Commissioning Group Contract Baseline Report
November 2017 – May 2018**

1. Introduction

The purpose of this report is to provide information to the CCG regarding the current status of primary medical care contracts in the CCG area.

2. Contract number, type and list size

There are currently 42 practices in Northumberland CCG area; 19 are GMS contracts, 23 are PMS agreements and there are no APMS contracts. Since the last report Gas House Surgery has reverted to a GMS contract from a PMS agreement. The practices, contract type and corresponding list size as at 01 April 2018 are shown below:

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84002	The Rothbury Practice	GMS	5771	7521.23	No
A84003	Lintonville Medical Group	PMS	13328	15252.73	No
A84005	Bedlingtonshire Medical Group	PMS	11514	12678.67	No
A84006	Alnwick Medical Group	GMS	18540	20204.34	No
A84007	Ponteland Medical Group	GMS	10077	10158.78	No
A84008	Belford Medical Practice	PMS	4481	6007.33	No
A84009	Railway Medical Group	PMS	23325	25314.40	No
A84011	White Medical Group	GMS	7538	7809.44	No

OFFICIAL

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84013	The Gables Medical Group	PMS	6047	7092.57	No
A84014	Marine Medical Group	PMS	10941	12095.18	No
A84015	Laburnum Medical Group	PMS	2429	2823.36	No
A84016	Prudhoe Medical Group	PMS	6800	6458.04	No
A84018	Corbridge Medical Group	GMS	7018	8243.81	No
A84020	Guidepost Medical Group	PMS	8175	9714.84	No
A84022	Coquet Medical Group	GMS	11626	13767.91	No
A84024	Burn Brae Medical Group	GMS	9412	10305.21	No
A84025	Cramlington Medical Group	PMS	4933	5156.79	No
A84026	Well Close Medical Group	PMS	9087	9979.51	No
A84027	Bellingham Medical Group	PMS	3351	4399.50	No
A84028	Seaton Park Medical Group	GMS	18216	20537.48	No
A84029	Widdrington Surgery	GMS	2667	3066.39	No
A84030	The Village Surgery	GMS	9287	9955.64	No
A84031	Greystoke Surgery	GMS	9358	10327.43	No
A84032	Cheviot Medical Group	PMS	2457	3101.96	No
A84033	The Sele Medical Practice	GMS	6105	6721.46	No
A84034	Haltwhistle Medical Group	PMS	5617	6668.90	No

OFFICIAL

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84035	Riversdale Surgery	GMS	6025	6446.65	No
A84036	Wellway Medical Group	PMS	18619	21838.50	No
A84037	Netherfield House Surgery	PMS	5854	6496.24	No
A84038	Forum Family Practice	PMS	6209	6570.03	No
A84039	Gas House Lane Surgery	GMS	5440	5977.34	No
A84040	Humshaugh & Wark Medical Group	GMS	3596	4149.72	No
A84042	Scots Gap Surgery	GMS	2050	2492.89	No
A84043	Brockwell Medical Group	PMS	17248	16769.37	No
A84044	Union Brae & Norham Surgeries	PMS	7070	7816.19	No
A84045	Haydon Bridge & Allendale Medical Practice	PMS	5396	6239.88	No
A84047	Branch End Surgery	PMS	5430	5358.76	No
A84604	Glendale Surgery	PMS	2142	2650.23	No
A84609	Felton Surgery	GMS	1562	1766.55	Yes
A84614	The Adderlane Surgery	GMS	1989	2054.29	No
A84619	The Surgery (Elsdon Avenue)	GMS	3729	4055.36	Yes
Y00151	Collingwood Medical Group	PMS	4804	5008.53	No
		Total	325173	361053.40	

OFFICIAL

3. Directed Enhanced Services Sign-up

The Directed Enhanced Services which Practices have agreed to provide are shown in Appendix 2. It should be note however, that the process of sign-up to DESs is still being completed and, therefore, this is not the final position for 2018/19.

In terms of the Violent Patient Scheme, there are 15 patients currently on the register. Since 01 November 2017, 8 patients have been added to the register and 3 have been removed following annual review of their status on the register.

4. Business Cases and Performance

a) List Closures

There are no practices with closed lists in the CCG area and there are no pending applications from practices to close the patient list.

b) Mergers

There has been no change since the last report in so far as there are no outstanding applications for mergers and no practice mergers have taken place since October 2017.

c) Branch Sites and Closure Applications

There are currently 12 practices with branch sites as follows:

Practice Code	Practice Name	Main Site Address	Branch Site Address
A84002	The Rothbury Practice	Whitton Bank Road, Rothbury, NE65 7RW (see Section 4f – premises)	Longframlington Surgery, Morpeth, NE65 8AD Harbottle Surgery, Harbottle, NE65 7DG
A84006	Alnwick Medical Group	Infirmery Close, Alnwick, NE66 2NL	Embleton Practice, West View, Embleton, Northumberland, NE66 3XZ Longhoughton Practice, 4-6 Portal Place, Longhoughton, NE66 3JN Seahouses Practice, James Street, Seahouses, NE68 7XZ
A84008	Belford Medical Practice	Croft Field, Belford, NE70 7ER	Seahouses Practice, The Health Centre, James Street, Seahouses, NE68

OFFICIAL

Practice Code	Practice Name	Main Site Address	Branch Site Address
			7XZ
A84011	White Medical Group	Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD	The Surgery, Jackson Road, Wylam, NE41 8EL
A84022	Coquet Medical Group	Amble Health Centre, Percy Drive, Amble, NE65 0HD	Broomhill Health Centre, Hadston Road, South Broomhill, NE65 9SF
A84026	Well Close Medical Group	Well Close Square, Berwick upon Tweed, TD15 1LL	Tweedmouth Clinic, Tweedmouth, Berwick upon Tweed
A84028	Seaton Park Medical Group	Norham Road, Ashington, NE63 0NG	Buteland Terrace, Newbiggin by the Sea, NE64 6NS
A84035	Riversdale Surgery	51 Woodcroft Road, Wylam, NE41 8DH	Oaklands Medical Centre, Front Street, Prudhoe, NE42 5DQ
A84040	Humshaugh & Wark Medical Group	Humshaugh Surgery, East Lea, Humshaugh, NE46 4BU	Wark Surgery, Wark, Hexham, NE48 3LS
A84042	Scots Gap Surgery	The Surgery, Scots Gap, Morpeth, NE61 4EG	16 Grange Road, Stamfordham, NE18 0PF
A84044	Union Brae & Norham Surgeries	Union Brae Surgery, Tweedmouth, Berwick upon Tweed, TD15 2HB	Pedwell Way Surgery, Norham, Berwick upon Tweed, TD15 2LD
A84045	Haydon Bridge & Allendale Medical Practice	Haydon Bridge Health Centre, North Bank, Haydon Bridge, NE47 6LA	Allendale Health Centre, Shilburn Road, Allendale, Hexham, NE47 9LG

OFFICIAL

There has been one practice branch closure since the last report as follows:

White Medical Group (A84011) closed the Stamfordham branch surgery on 31 March 2018.

d) Boundary Changes

Marine Medical Group amended the practice boundary with effect from April 2018. There are no other outstanding boundary change applications.

e) Dispensing Practices

There are 17 dispensing practices in the CCG area. The following table shows dispensing practices, the number of dispensing patients and if the practice has signed up to deliver the Dispensing Services Quality Scheme in this financial year.

Practice Code	Practice Name	Dispensing Patient List Size*	DSQS Sign-up**
A84006	Alnwick Medical Group	3102	Yes
A84007	Ponteland Medical Group	2296	Yes
A84008	Belford Medical Practice	2123	
A84011	White Medical Group	2450	
A84013	Gables Medical Group	486	Yes
A84018	Corbridge Medical Group	3015	Yes
A84029	Widdrington Surgery	1970	Yes
A84032	Cheviot Medical Group	1400	Yes
A84035	Riversdale Surgery	1070	
A84039	Gas House Lane Surgery	1521	Yes
A84040	Humshaugh & Wark Medical Group	3194	Yes
A84042	Scots Gap Surgery	1944	Yes
A84044	Union Brae & Norham Practice	1410	Yes
A84045	Haydon Bridge & Allendale Medical Practice	1490	Yes
A84047	Branch End Surgery	1100	
A84604	Glendale Surgery	1126	

OFFICIAL

Practice Code	Practice Name	Dispensing Patient List Size*	DSQS Sign-up**
A84609	Felton Surgery	1475	Yes

*Dispensing list size is as at January 2018

** The figures indicate practices who have signed-up to provide the service in 2018/19; this process is still being completed with a deadline to sign up by 20th June, therefore this table will be updated in future reports. All practices signed-up to provide the service in 2017/18.

f) Premises

Proposed premises changes in respect of two practices are on-going as follows:

Practice Code	Practice Name	Details of Request	Funding Stream	Current Status
A84035	Riversdale Surgery	Move main site from Wylam to branch location in Prudhoe and close Wylam site	NHS Property Services capital scheme	Report in progress
A84609	Felton Surgery	Relocation of practice	Revenue funding (Capital costs to be incurred by developer / Section 106 monies)	Discussions on-going regarding development of business case
A84002	The Rothbury Practice	Move to Rothbury Community Hospital	ETTF	Relocation approved at Committee subject to conditions. Discussions on-going with practice regarding move prior to conditions being met. ETTF outcome still to be determined

g) Contractual investigation/breaches

There are currently no practices under investigation.

h) CQC visit outcome

One practice has been visited by the CQC since the last report as follows:

OFFICIAL

Practice Code	Practice Name	Date of Visit	Practice Rating
A84034	Haltwhistle Medical Group	11/12/2017	Good

i) Assurance Status

The assurance framework data is supplied to CCGs on a quarterly basis (please refer to data provided for further details). Practices currently identified with four or more outlier points within the framework, in relation to data collated for the April 2018 report, are as follows:

Practice Code	Practice Name	Number of Outlier Points
A84006	The Bondgate Surgery	4
A84007	Ponteland Medical Group	4
A84015	Laburnum Surgery	5
A84022	Coquet Medical Group	4
A84025	Cramlington Medical Group	4
A84043	Brockwell Medical Group	5

OFFICIAL

Appendix 2: DES sign-up 2018/19

Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration
A84002	Rothbury Practice				
A84003	Lintonville Medical Group	yes	yes	yes	yes
A84005	Bedlingtonshire Medical Group	yes		yes	
A84006	The Bondgate Surgery	yes	yes	yes	yes
A84007	Ponteland Medical Group	yes	yes	yes	yes
A84008	Belford Medical Group	yes	declined	yes	declined
A84009	Waterloo Medical Group	yes		yes	
A84011	White Medical Group	yes	yes	yes	
A84013	The Gables Medical Group	yes		yes	
A84014	Marine Medical Group	yes	yes	yes	declined
A84015	Laburnum Medical Group				
A84016	Prudhoe Medical Group				
A84018	Corbridge Medical Group	yes	yes	yes	yes
A84020	Guidepost Medical Group	yes		yes	yes
A84022	Coquet Medical Group	yes	yes	yes	
A84024	Burn Brae Medical Group	yes	yes	yes	yes
A84025	Cramlington Medical Group	yes		yes	yes
A84026	Well Close Medical Group				
A84027	The Bellingham Practice		yes	yes	yes
A84028	Seaton Park Medical Group	yes		yes	yes
A84029	Widdrington Surgery	yes	yes	yes	
A84030	Village Surgery	yes	yes	yes	yes
A84031	Greystoke Surgery	yes		yes	yes
A84032	Cheviot Medical Group	yes	yes	yes	declined
A84033	The Sele Medical Practice	yes	yes	yes	yes

OFFICIAL

Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration
A84034	Haltwhistle Medical Group	yes	yes	yes	
A84035	Riversdale Surgery	yes		yes	
A84036	Wellway Medical Group	yes	yes	yes	yes
A84037	Netherfield House Surgery	yes	yes	yes	yes
A84038	Forum Family Practice	yes		yes	
A84039	Gas House Lane	yes	declined	yes	declined
A84040	Humshaugh & Wark Medical Group	yes	yes	yes	yes
A84042	Scots Gap Medical Group	yes	yes	yes	yes
A84043	Brockwell Medical Group	yes	yes	yes	yes
A84044	Union Brae & Norham Practice				
A84045	Haydon Bridge & Allendale Medical Practice	yes	yes	yes	yes
A84047	Branch End Surgery	yes	yes	yes	yes
A84604	Glendale Surgery	yes	yes	yes	yes
A84609	Felton Surgery	yes	yes	yes	
A84614	The Adderlane Surgery				
A84619	The Surgery, Elsdon Avenue	yes	yes		
Y00151	Collingwood Medical Group				