

Northumberland Primary Care Commissioning Committee

This meeting will be held at 10.00am on Wednesday 12 December 2018
Ballroom, Morpeth Town Hall, Morpeth

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1000	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest (agenda items) 1.4 Quoracy*		J Guy
2	1005	2.1 Minutes from the previous meeting and Matters Arising 2.2 Action Log	✓ ✓	J Guy J Guy
3	1015	Operational 3.1 Finance Update 3.2 Village Surgery 3.3 Contract Baseline Report	✓ ✓ ✓	I Cameron W Thompson W Thompson
4	1040	Strategic 4.1 Primary Care Workplan	✓	S Brown
5	1055	Any other business		J Guy
6	1100	Date and time of next meeting: Wednesday 13 February 2018 - 10.00am Committee Room 2, County Hall, Morpeth		

* 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

10 October 2018, Ballroom, Morpeth Town Hall

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 Richard Glennie	Local Medical Committee

In attendance:

Pamela Phelps	Senior Head of Commissioning, Northumberland CCG
Wendy Thompson	NHS England
Scott Dickinson	Northumberland County Council
David Thompson	Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Annie Topping	Director of Nursing, Quality and Patient Safety (Agenda item 4.1)
Melody Price	Executive Assistant, Northumberland CCG (Minutes)

NPCCC/18/42 Agenda item 1.1 Welcome and questions on agenda items from the public

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

NPCCC/18/43 Agenda item 1.2 Apologies for absence

Apologies were received from Siobhan Brown.

NPCCC/18/44 Agenda item 1.3 Declarations of conflicts of interest

NPCCC/18/49 Agenda item 3.2 Finance Update: Dr Richard Glennie declared he was a partner and GP at Greystoke Medical Group, Morpeth, Northumberland. Following a discussion, the Primary Care Commissioning Committee (PCCC) agreed he should remain in the meeting as he did not have direct conflict of interest and was present in his capacity as Chair of the Local Medical Committee (LMC). The PCCC agreed that this approach would apply to all subsequent PCCC meetings and that Richard would not have to raise this particular conflict at each meeting.

NPCCC/18/45 Agenda item 1.4 Quoracy

The meeting was quorate.

NPCCC/18/46 Agenda item 2.1 Minutes of the previous meeting and matters arising

The minutes of the previous meeting (8 August 2018) were agreed as a true and accurate record, subject to the following amendment:

- Page 1 Members present: Add Karen Bower, Lay Member - Corporate Finance and Patient and Public Involvement, Northumberland CCG.

No matters arising.

NPCCC/18/47 Agenda item 2.2 Action Log

Action NPCCC/17/79/01: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability. Meeting held with Derry Nugent, Healthwatch Northumberland regarding patient engagement. Action ongoing.

NPCCC/18/48 Agenda Item 3.1 PCCC Terms of Reference Review

Janet Guy informed committee members that PricewaterhouseCoopers (PwC) were undertaking a review of NHS Northumberland Clinical Commissioning Group's (CCG) governance arrangements in November 2018. Following the review, the Terms of Reference (ToR) will be considered at a future PCCC meeting.

Karen Bower said under the CCG's revised governance structure, the PCCC is not a committee of the CCG's Governing Body (GB) but reports to GB. Point 9 states 'The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the 'NHS Act'.

Karen said point 21 needed to be amended as there is no Lay Vice Chair in the CCG's revised governance structure.

Karen said point 36 needed to be amended as the minutes of the Primary Care Commissioning Operational Group (PCCOG) sub-committee are not presented to the Cumbria and North East area team of NHS England (NHSE) and GB.

Stephen Young said Karen's comments would be considered when the ToR are reviewed after the PwC governance review.

Action NPCCC/18/48/01: Stephen Young to consider Karen Bower's comments when the PCCC ToR are reviewed after the PwC governance review.

NPCCC/18/49 Agenda item 3.2 Finance Update

Ian Cameron outlined the CCG's primary care services financial position for the period ending 30 September 2018.

The PCCC should note the year to date actual and forecast outturn figures are draft as the report is produced prior to the finalisation of the CCG's monthly financial position.

Month 6 reflects the cumulative impact of national GP contract changes within General Medical Services (GMS) and Personal Medical Services (PMS). Recently announced increases to the 2018/19 national GP contract uplift generate an additional cost that is

greater than the annual growth applied to the ring fenced primary care commissioning allocation.

The costs for new registration payments to practices receiving additional patients are estimated to be £130k.

Quality and Outcomes Framework (QOF) is showing a pressure of £243k based upon current aspiration payments.

Locum cost pressures total £168k; these relate to a risk share contribution for sickness, maternity and suspended GPs across Cumbria and the North East.

Pressures are partially offset by last year and current year underspends on Enhanced Services of £308k, Premises Cost budgets of £199k and Dispensing/Prescribing of £85k.

The Month 6 overall forecast outturn shows an overspend of £315k against the delegated budget that will need to be funded from the CCG's core allocation.

Janet Guy said the national changes to the GP contract in 2018/19 have caused additional pressures of 3% and highlighted the CCG's 2018/19 delegated primary care allocation growth was only 1.75%. The committee discussed the impact of the national GP contract on the delegated primary care allocation. Ian said there are differences between the Carr-Hill formula that drives practice payments and the national allocations formula that is used to determine CCG allocations. The issue has been escalated to the regional network and discussions are ongoing with the local NHSE Team.

David Thompson asked about the variation in Enhanced Services costs. Ian said the CCG has a number of Enhanced Services schemes available that GP practices can choose to deliver. The Enhanced Services budgets have been set to reflect full take up of all these services by practices but not all practices have signed up to deliver all services.

David asked for an update regarding extended access to GP services. Pamela Phelps said some practices were offering the full extended access coverage and provision for patients has been enhanced. David said clarification was needed regarding what services should be provided and what is actually being delivered. Following further discussion regarding extended access and Out of Hours (OOH) provision, the committee agreed an update report should be presented to PCCC in February 2019.

Action NPCCC/18/49/01: Pamela Phelps to present an extended access/OOH update report to PCCC in February 2019.

NPCCC/18/50 Agenda item 4.1 Quality Assurance Report

Annie Topping, Director of Nursing, Quality and Patient Safety, CCG joined the meeting and gave a presentation on the Quality Assurance of Primary Medical Care outlining the following:

- NHSE published the Primary Medical Care Assurance Framework in 2016. A process for assessing the quality of primary medical care and identifying practices that may require support
 - Stage 1 NHSE Intelligence gathering and assurance meeting

- Stage 2: CCG Local Quality Group reviews the quarterly NHSE Summary Outlier Report (dataset with 16 indicators). Care Quality Commission (CQC) inspector attends. If intervention required, letter or assurance visit to the practice
- Stage 3: Formal contract management – formal sanctions against a practice for non-compliance
- Cumbria and North East Quality Surveillance Group - Exception reporting and thematic review on Primary Care
- Assurance Activities 2016-18: 4 practices approaching review. Approaching review meetings held and action plans produced supported by the CCG
- Quality of Primary Medical Services: Northumberland comparison of practices against regional and national performance as at 1 October 2018 (CQC database)
 - 12% Outstanding (5 practices)
 - 86% Good (37 practices)
 - 2% Inadequate (1 practice)
- Future development
 - Importance of up-to-date national and local data
 - CCG Local Quality Group to merge with PCCOG
 - Primary Care Dashboard in development to provide proactive support to practices
 - Work ongoing to explore a consistent approach to Primary Care assurance across the North East
 - Continue to strengthen the working relationship with CQC.

Janet Guy said the presentation had given assurance to the PCCC.

David Thompson asked about GP access performance listed in the NHSE Summary Outlier Report. He said access was the most reported issue by patients to Healthwatch Northumberland. Annie said the access indicator covered the ability to make an appointment, satisfaction to speak with someone on the phone, overall satisfaction and recommend a friend. Pamela Phelps said further engagement work was being undertaken by the CCG and Derry Nugent, Healthwatch Northumberland with a small number of practices highlighted in the Healthwatch Northumberland Annual Survey.

David asked if the Cumbria and North East Quality Surveillance Group (CNE QSG) reviewed the NHSE Summary Outlier Report. Annie said the CNE QSG received exception reports and had undertaken a thematic review of Primary Care. Pamela said the merging of the CCG's Local Quality Group and PCCOG will strengthen the quality and operational approach to primary care and provide early indicators to possible quality issues.

Annie left the meeting.

NPCCC/18/51 Agenda Item 5 Any other business

The Healthwatch Northumberland Annual General Meeting is being held on 16 October 2018 at Newbiggin Sports and Community Centre. The guest speaker is Stephen Blackman, Chief Officer of North of Tyne Local Pharmaceutical Committee.

NPCCC/18/52 Agenda item 6 Date and time of next meeting

12 December 2018 - 10.00am, Morpeth Town Hall.

NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: December 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	Report at PCCC February 2019 meeting.
NPCCC/18/48/01	10/10/2018	12/12/2018	Stephen Young to consider Karen Bower's comments when the PCCC ToR are reviewed after the PwC governance review.	Stephen Young	Ongoing	Governance Review ongoing.
NPCCC/18/49/01	10/10/2018	12/12/2018	Pamela Phelps to present an extended access/OOH update report to PCCC in February 2019.	Pamela Phelps	Ongoing	Report at PCCC February 2019 meeting.

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	12 December 2018	
Agenda item	3.1	
Report title	Finance Update Month 8	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	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	
Consultation/engagement	N/A	
Quality and Equality impact assessment	Completed	

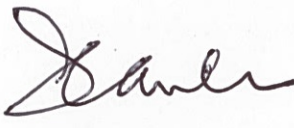


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Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	CCG statutory financial duties
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Finance Update – Month 8					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Finance Officer	Chief Finance Officer			Clinical Director	
3. Project Overview & Objective	Primary Care Finance Update.					
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 and can be used</i>	Impact Descriptors	Baseline Metrics			Target	
	N/A					

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for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Chief Finance Officer		Ian Cameron	03/12/2018
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
12 December 2018
Agenda Item: 3.1
Finance Update - Month 8
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 November 2018 and provide comment.**

This report outlines NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial position for the period ending 30 November 2018.

Background

The table below sets out the annual budget, year to date position and the forecast outturn position as at 30 November 2018. This shows a forecast outturn pressure of £315k.

FMR Heading	Annual Budget 2018-19	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance
General Practice - GMS	8,648	5,774	5,862	88	8,792	144
General Practice - PMS	22,044	14,696	15,032	336	22,427	383
QOF	4,984	3,322	3,484	162	5,227	243
Enhanced Services	1,999	1,332	1,069	-263	1,634	-365
Premises Cost Reimbursement	4,323	2,882	2,781	-100	4,185	-138
Dispensing/Prescribing Drs	1,651	1,100	1,038	-62	1,566	-85
Other GP Services	910	606	645	39	1,040	130
CCG Prescribing	-191	-127	-125	2	-189	2
Grand Total	44,368	29,585	29,786	201	44,683	315

The Primary Care Commissioning Committee (PCCC) should note that the year to date actual and forecast outturn values are draft values at Month 8. The report is produced prior to the finalisation of the CCG's monthly financial position.

Issues and Actions

Month 8 is in line with the position reported at Month 7.

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The Month 8 report reflects the cumulative impact of national GP contract changes in the General Medical Services (GMS) and Personal Medical Services (PMS) lines. Recently announced increases to the 2018/19 contract uplift equate to additional pressure of £360k, based upon current list size data.

The reporting lines also include new registration payments to those practices receiving additional patients. The costs are estimated to be £130k. This, along with the full year effect of list size changes, contribute to an overall pressure of £527k in this area.

Quality and Outcomes Framework (QOF) is showing a pressure of £243k based upon current aspiration payments.

Pressures in relation to locum costs total £168k relating to sickness, maternity and a risk share contribution for suspended GP's.

Pressures are partially offset by prior year and current year underspends on Enhanced Services for Minor Surgery and Extended Hours of £365k, Premises Cost Reimbursement of £138k and Dispensing/Prescribing of £85k.

This results in an overall forecast overspend of £315k against the delegated budget that will need to be funded from the CCG's core allocation.

Still held in the position is £165k for GP indemnity funding which was set in line with national planning guidance.

Further risks remain relating to locum reimbursement for sickness and maternity.

Other CCG Primary Care Payments

The CCG has a number of other areas which it makes payments into primary care.

Out of Hours: The CCG has a contract with Northern Doctors Urgent Care (NDUC/Vocare) for the provision of GP access out of hours.

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)

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- Immune Modifying Drugs blood monitoring service (IMD) (formally DMARDs (disease-modifying anti-rheumatic drugs))

GPIT: The North of England Commissioning Support Unit (NECS) manages spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

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.

Appendix 1: Draft Month 8 - Primary Care Overview

Northumberland CCG Draft Month 8 - 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	40,396	40,416	20	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	8,587,363	5,733,353	5,805,266	71,913	8,707,900	120,537	
	Transition Fund	0	0	15,898	15,898	23,847	23,847	
	Total	8,647,987	5,773,749	5,861,580	87,831	8,792,370	144,383	
General Practice - PMS	PMS Contract	21,979,884	14,653,179	15,005,363	352,184	22,386,664	406,780	
	Transition Fund	64,364	42,843	27,011	-15,832	40,517	-23,847	
	Total	22,044,248	14,696,022	15,032,374	336,352	22,427,181	382,933	
QOF	QOF - Achievement	1,364,026	909,233	959,940	50,707	1,440,506	76,480	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	2,413,071	2,524,398	111,327	3,786,596	166,791	
	Total	4,983,831	3,322,304	3,484,338	162,034	5,227,102	243,271	
Enhanced Services	DES - Extended Hours	582,116	387,939	233,938	-154,001	393,844	-188,272	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	114,788	117,942	3,154	176,510	4,194	
	DES - Minor Surgery	614,178	409,326	296,681	-112,645	433,430	-180,748	
	Northumberland Premium	630,439	420,178	420,293	115	630,439	0	
	Total	1,999,049	1,332,231	1,068,854	-263,377	1,634,223	-364,826	
Premises Cost Reimbursement	Rates	386,736	257,662	359,794	102,132	511,004	124,268	Reimbursements made to practices in respect of their premises costs.
	Rent	3,869,210	2,579,281	2,626,828	47,547	3,860,210	-9,000	
	Water Rates	67,238	44,687	34,547	-10,140	53,472	-13,766	
	Other	0	0	-240,000	-240,000	-240,000	-240,000	
	Total	4,323,184	2,881,630	2,781,170	-100,460	4,184,685	-138,499	
Dispensing/Prescribing Drs	Dispensing	1,338,053	891,978	834,138	-57,840	1,280,156	-57,897	Costs of GP prescribing reimbursed on a cost per script basis.
	LES - Dispensing Quality Sch	87,215	58,081	53,141	-4,940	82,213	-5,002	
	Prescribing	225,528	150,264	150,683	419	203,859	-21,669	
	Total	1,650,796	1,100,323	1,037,962	-62,361	1,566,227	-84,569	
Other GP Services	CQC Fees	206,597	137,600	124,540	-13,060	194,123	-12,474	Reimbursement to practices for their Care Quality Commission annual charges.
	GP Retainer	62,000	41,329	56,075	14,746	85,151	23,151	Support scheme for GPs and practices who may be considering leaving the profession.
	Locum Maternity	210,564	140,376	194,083	53,707	328,400	117,836	Reimbursement to practices for the costs of locum cover for both maternity and sickness. This is in line with national guidance.
	Seniority	430,612	286,955	238,945	-48,010	382,502	-48,110	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	31,551	31,551	49,805	49,805	Cumbria and the North East wide risk share agreement to contribute to the costs of suspended GPs.
	Total	909,773	606,260	645,194	38,934	1,039,981	130,208	
CCG Prescribing	Prescribing	-190,868	-127,183	-125,081	2,102	-188,704	2,164	Patient charges recovered against prescribing costs.
	Total	-190,868	-127,183	-125,081	2,102	-188,704	2,164	
Primary Care commissioning Total		44,368,000	29,585,336	29,786,391	201,055	44,683,067	315,067	
Other CCG funded services								
Out of Hours		2,364,523	1,724,944	1,655,327	69,617	2,482,990	118,467	Main out of hours contract with Northern Doctors, QIPP under delivery of 118k
Enhanced Services		2,175,452	1,450,304	1,450,304	0	2,175,452	0	Local Enhanced services, including; Practice Engagement Scheme (PES), Practice Variation GVIS, Practice Activity Scheme (PAS), Practice medicine's 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		853,000	568,664	568,664	0	853,000	0	GPIT contract with North of England Commissioning Support Unit. Also includes GP Wi-Fi non recurrent allocation.
Practice transformation funding		485,879	323,984	323,984	0	485,879	0	Additional funding for Local Enhanced Services.
GP Forward View Allocations								
GPFV Access funding (REC)		1,928,500	1,285,341	1,285,341	0	1,928,500	0	£6 per head access funding
GP Clerical training (NR)		55,110	36,737	36,737	0	55,110	0	GP admin and receptionist training delivered through Productive Primary Care
GPFV Online Consult software systems		107,895	71,928	71,928	0	107,895	0	Online Consultant software
Total CCG Primary Care		52,338,359	35,047,238	35,178,675	270,672	52,771,893	433,534	

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	12 December 2018	
Agenda item	3.2	
Report title	Village Surgery	
Report author	Primary Care Business Manager, NHS England	
Sponsor	Chief Operating Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	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:	This report is an update on the one previously presented to the PCCC in June 2018.	
QIPP	N/A	
Risks	Strategic Risk 1503 – Primary Care Resilience	
Resource implications	N/A	
Consultation/engagement	N/A	
Quality and Equality impact assessment	Completed.	




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Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Village Surgery					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer					
3. Project Overview & Objective	Village Surgery					
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					

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and can be used for ongoing monitoring.	N/A		
8. Completed By	Signature	Printed Name	Date
Strategic Head of Corporate Affairs		S Young	04.12.2018
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

12 December 2018

Agenda Item: 3.2

Village Surgery - Application for Additional Rent Reimbursement

Sponsor: Strategic Head of Corporate Affairs

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

1. Consider Village Surgery's application for additional rent reimbursement and provide comment.
2. Approve or reject the application.

Purpose

This report outlines Village Surgery's application for reimbursement of rent for additional parking spaces.

Background

Village Surgery has a list of 9306 patients as at 1 July 2018 and occupies premises which are owned by the practice partners; the notional rent reimbursement already includes 24 car parking spaces.

In 2013, the practice acquired additional car park spaces as a result of the re-alignment of land at the time the new cinema was built at Manor Walk. They did not seek approval from commissioners for the reimbursement of the additional spaces before acquiring them.

Village Surgery has now requested for the spaces to be included in their notional rent reimbursement as they have stated that they have more staff and patients attending the surgery, as a result of the practice now providing the Cramlington extended hours' hub service from 17:00 onwards. The practice claims that this has placed additional pressure on the 'already busy' car park. The practice provides this service for a combined list of 50,000 patients during holiday periods for the whole of Northumberland area.

Village Surgery also states that there is a need to develop motorbike parking facilities and install some cycle stands for increased pedal bike use by both patients and staff. There is no provision in the NHS (General Medical Services Premises Costs) Directions 2013 (PCDs) to reimburse a practice for the use of motorbike bays and this is therefore excluded from the costs shown below.

According to the District Valuer's initial assessment as part of the 2018 rent review, the staff car park was over utilised with tandem spacing at the time of the inspection. Patient car parking, other than disabled spaces, are not provided but the proximity to the cinema and

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Manor Walks Shopping Centre car park means this is not an issue. The parking at Manor Walks Shopping Centre is free for 4 hours and is only a short walk from the practice.

An exercise was previously undertaken to determine a recommended average number of spaces per practice based on list size; the outcome was that 3 spaces per 1000 patients would be reasonable. Based on this principle, and the practice list size of 9306 patients, this would equate to a recommendation of approximately 28 spaces. However, the PCDs are clear that commissioners must not agree to fund any proposal where a contract has been entered into or work has commenced without prior approval.

The additional cost for the four additional car parking spaces is £300 per space i.e. £1,200 per annum.

Recommendation

The reimbursement of rent application was considered at NHS England's Premises Pipeline Group in October 2018. The group recommend that the additional spaces are NOT approved, based on the following:

- According to part 5 (31) of the PCDs, commissioners must not agree to fund any proposal where a contract has been entered into and that contract has not been subject to prior agreement. Whilst there is no contract as such, nevertheless the practice acquired the spaces before seeking prior approval.
- The practice did not purchase the spaces and they only incurred a minimal cost to mark out the bays.
- There appears to be ample free parking adjacent to the practice for patient use.

The Primary Care Commissioning Committee is asked to consider the application and decide to approve or reject.

Appendix 1: Village Surgery - Application for Premises Reimbursement Changes.

GP Premises – Application Form for Premises Reimbursement Changes

Practice Code	A84030	CCG Area	Northumberland
Practice Name and Address			
<p>The Village Surgery Dudley Lane Cramlington Northumberland NE23 6US</p>			
Practice Current Rent Arrangements			
Does the Practice Receive Notional Rent or Actual Rent?	Notional Rent		
Current Rent Reimbursement Figure Per Annum?	£94,525		
What is the current Net Internal Area of the practice (in Sqm)	672.09		
What is the practice applying for?			
<p>We have added 4 additional car parking and 2 motorbike parking bays to the surgery. All of the car parking bays are disabled parking bay size 3.6 meters in width. This accommodates any disabled staff and patients. The other two are standard size 2.1m. We have also developed a cycle parking area to accommodate 6 pedal bikes.</p>			
What is the justification for making this application?			
<p>The practice has recruited extra GP staff recently to cope with the extra patient demand for appointments. In terms of WTE we have increase this by 2 WTE. The Practice has now extended its training services to provide for 3 GP Trainees/ 3rd and 5th year Medical Students/ Nursing Students and 1st and 2nd year Physician Associates.</p> <p>Furthermore there are more staff and patients attending the surgery as we now provide the Cramlington Extended Hours Hub from 5pm onwards which put added pressure onto our already very busy car park. We provide this service for a combined patient list of 50,000 patients and during holiday period for the whole Northumberland area. There was also a need to develop Motorbike</p>			

parking facilities and install some cycle stands for increased pedal bike use by both patients and staff.

What is your current list size?	9350
How many Whole Time Equivalent GPs do you have?	9.38
How many Whole Time Equivalent Nurses do you have? (inc ANP, Practice Nurses, HCAs)	4.3
What other health care professionals are housed within the practice?	Physios/ Counsellors/ Pharmacist
How many clinical rooms do you have?	24
How many administration rooms do you have?	4

What are the costs associated with your application and what are the costs for?

The costs have already been incurred in that we have acquired extra land from our landlords and created extra parking for both Cars and Motorbikes. The pedal bike facility has been created to the front entrance to the surgery. The costs incurred were minimal and involved contracting with a white line company to mark out the bays and utilising our own internal maintenance department to install the bike stands. The overall cost of this was in the region of £2500.

Additional comments

For office use only

Date of receipt from practice	
GP Premises Specialist overseeing the application	
Name of personnel application has been sent to	
Response requested from reviewer by	
Premises Pipeline Group meeting that application will be considered	

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	12 December 2018	
Agenda item	3.3	
Report title	Contract Baseline Report	
Report author	Primary Care Business Manager, NHS England	
Sponsor	Chief Operating Officer	
Private or Public agenda	Public	
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 June 2018.	
QIPP	N/A	
Risks	Strategic Risk 1503m – Primary Care Resilience	
Resource implications	N/A	
Consultation/engagement	N/A	
Quality and Equality impact assessment	Completed.	



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Data Protection Impact Assessment	N/A
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					

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<i>and can be used for ongoing monitoring.</i>	N/A		
8. Completed By		Signature	Printed Name
Primary Care Business Manager		Paul Irvine	Paul Irvine
Additional Relevant Information:			
8. Clinical Lead Approval by		Signature	Printed Name
Additional Relevant Information:			
9. Reviewed By		Signature	Printed Name
Comments			

Northumberland Primary Care Commissioning Committee

12 December 2018

Agenda Item: 3.3

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 provides an update of the number and type of primary medical care contracts; the directed enhanced services provided and a summary of on-going contractual issues/changes.

Background

This report outlines the current contracting status of primary medical care and updates the June 2018 position presented to Primary Care Commissioning Committee (PCCC).

Contractual issue or change proposals (eg practice mergers and list closure applications), will continue to be considered separately.

Recommendation

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

Appendix 1: NCCG Contract Baseline Report April 2018 to September 2018.

Northumberland Clinical Commissioning Group Contract Baseline Report April 2018 – September 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 41 practices in Northumberland CCG area; 19 are GMS contracts, 22 are PMS agreements and there are no APMS contracts. It should be noted that:

- As from 30 November Collingwood Medical Group (Y00151) closed;
- Elsdon Avenue Surgery have submitted an application to sub contract their GMS contract to NPC;

The practices, contract type and corresponding list size as at 01 October 2018 are shown below:

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84002	The Rothbury Practice	GMS	5766	7562.71	No
A84003	Lintonville Medical Group	PMS	13507	15485.72	No
A84005	Bedlingtonshire Medical Group	PMS	11709	12876.81	No
A84006	Alnwick Medical Group	GMS	18446	20158.75	No
A84007	Ponteland Medical Group	GMS	10004	10099.09	No
A84008	Belford Medical Practice	PMS	4472	5941.18	No
A84009	Railway Medical Group	PMS	24601	27389.5	No

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Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84011	White Medical Group	GMS	7542	7752.15	No
A84013	The Gables Medical Group	PMS	6094	7163.42	No
A84014	Marine Medical Group	PMS	11969	13800.7	No
A84015	Laburnum Surgery	PMS	2457	2826.55	No
A84016	Prudhoe Medical Group	PMS	6825	6489.74	No
A84018	Corbridge Medical Group	GMS	7016	8260.87	No
A84020	Guidepost Medical Group	PMS	8149	9683.94	No
A84022	Coquet Medical Group	GMS	11759	13942.95	No
A84024	Burn Brae Medical Group	GMS	9556	10545.89	No
A84025	Cramlington Medical Group	PMS	4904	5156.22	No
A84026	Well Close Medical Group	PMS	9102	10014.46	No
A84027	Bellingham Medical Group	PMS	3362	4446.61	No
A84028	Seaton Park Medical Group	GMS	18101	20420.96	No
A84029	Widdrington Surgery	GMS	2634	3043.08	No
A84030	The Village Surgery	GMS	9298	9944.1	No
A84031	Greystoke Surgery	GMS	9425	10389.46	No
A84032	Cheviot Medical Group	PMS	2457	3086.41	No
A84033	The Sele Medical Practice	GMS	6101	6692.96	No

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Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84034	Haltwhistle Medical Group	PMS	5617	6656.7	No
A84035	Riversdale Surgery	GMS	6048	6463.17	No
A84036	Wellway Medical Group	PMS	18885	22080.74	No
A84037	Netherfield House Surgery	PMS	5929	6580.98	No
A84038	Forum Family Practice	PMS	6295	6704.48	No
A84039	Gas House Lane Surgery	GMS	5530	6089.21	No
A84040	Humshaugh & Wark Medical Group	GMS	3645	4198.28	No
A84042	Scots Gap Surgery	GMS	2063	2507.33	No
A84043	Brockwell Medical Group	PMS	17188	16697.14	No
A84044	Union Brae & Norham Surgeries	PMS	7056	7782.27	No
A84045	Haydon Bridge & Allendale Medical Practice	PMS	5395	6233.86	No
A84047	Branch End Surgery	PMS	5405	5373.61	No
A84604	Glendale Surgery	PMS	2153	2656.43	No
A84609	Felton Surgery	GMS	1580	1799.88	Yes
A84614	The Adderlane Surgery	GMS	1975	2033.88	No
A84619	The Surgery (Elsdon Avenue)	GMS	3785	4122.79	Yes
		Total	323805	361155	

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3. Directed Enhanced Services Sign-up

The Directed Enhanced Services which Practices have agreed to provide are shown in appendix A.

In terms of the Violent Patient Scheme, there are 19 patients currently on the register. Since 1 April 2018, 8 patients have been added to the register and 4 have been removed following annual review of their status on the register.

4. Business Cases and Performance

a) List Closures

There is one practice that is operating an informal list closure (Marine Medical Group) but there are no practices with formal 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 April 2018.

c) Branch Sites and Closure Applications

There are currently 16 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	Longframlington Surgery, Morpeth, NE65 8AD
A84006	Alnwick Medical Group	Infirmary Close, Alnwick, NE66 2NL	Embleton Practice, West View, Embleton, NE66 3XZ Longhoughton Practice, 4-6 Portal Place, Longhoughton, NE66 3JN Seahouses Practice, James Street, Seahouses, NE68 7XZ

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Practice Code	Practice Name	Main Site Address	Branch Site Address
A84007	Ponteland Medical Group	Ponteland Primary Care Centre Meadowfield Ponteland NE20 9SD	Dinnington Surgery The Clinic Main Road Dinnington NE13 7JW Daras Hall Clinic Broadway Ponteland NE20 9PW
A84008	Belford Medical Group	Croft Field, Belford, NE70 7ER	Seahouses Practice, The Health Centre, James Street, Seahouses, NE68 7XZ
A84009	Railway Medical Group	Gatacre Street Blyth NE24 1HD	Blyth Health Centre Thoroton Street Blyth NE24 1DX Newsham Surgery 61 Newsham Road Blyth NE24 4AW
A84011	White Medical Group	Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD	The Surgery, Jackson Road, Wylam, NE41 8EL
A84013	The Gables Medical Group	Gables Health Centre 26 St Johns Road Bedlington NE22 7DU	Miners Institute Ridley Terrace Cambois NE24 1QS
A84022	Coquet Medical Group	Amble Health Centre, Percy Drive, Amble, NE65 0HD	Broomhill Health Centre, Hadston Road, South Broomhill, NE65 9SF
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

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Practice Code	Practice Name	Main Site Address	Branch Site Address
A84036	Wellway Medical Group	The Surgery Wellway Morpeth NE61	The Surgery Albion Terrace Lynemouth NE61 6TB The Surgery West View Pegswood NE61 6TB The Health Centre Buteland Terrace Newbiggin by the Sea NE64 6NS
A84040	Humshaugh & Wark Medical Group	Humshaugh Surgery, East Lea, Humshaugh, NE46 4BU	Wark Surgery, Wark, Hexham, NE48 3LS
A84042	Scots Gap Medical Group	The Surgery, Scots Gap, Morpeth, NE61 4EG	16 Grange Road, Stamfordham, NE18 0PF
A84043	Brockwell Medical Group	Northumbrian Road Cramlington NE23 1XZ	Seaton Terrace Surgery Westbourne Terrace Seaton Delaval Whitley Bay NE25 0BE Seaton Sluice Surgery Collywell Bay Road Whitley Bay NE26 4QZ
A84044	Union Brae & Norham Practice	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

d) Surgery Closure

Collingwood Medical Group submitted a contract termination notice in April 2018 to end their contract as from 30 November 2018.

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e) Boundary Changes

There are no other outstanding boundary change applications.

f) 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	1387	Yes
A84008	Belford Medical Practice	2125	Yes
A84011	White Medical Group	2269	No
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	Yes
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	1491	Yes
A84047	Branch End Surgery	1094	No
A84604	Glendale Surgery	1126	No
A84609	Felton Surgery	1475	Yes

**Dispensing list size is as at 1 April 2018*

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f) Premises

Proposed premises changes in respect of three 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	Awaiting PID from Practice
A84609	Felton Surgery	Relocation of practice	Revenue funding (Capital costs to be incurred by developer / Section 106 monies)	Business case received but requires updating
A84002	The Rothbury Practice	Move to Rothbury Community Hospital	N/A	Relocation approved at Committee subject to conditions. All conditions not met as yet.

g) Contractual investigation/breaches

There is one practice who has had a breach notice issued, A84015 Laburnum Surgery; this is as a result of their status with the CQC.

h) CQC visit outcome

Nine practices have been visited by the CQC since the last report as follows:

Practice Code	Practice Name	Date of Visit	Practice Rating
A84007	Ponteland Medical Group	3 July 2018	Good
A84008	Belford Medical Practice	23 August 2018	Good
A84015	Laburnum Surgery	5 & 8 June 2018	Inadequate
A84016	Prudhoe Medical Group	6 Sept 2018	Outstanding
A84026	Well Close Medical Group	12 April 2018	Good
A84028	Seaton Park Medical Group	19 June 2018	Good
A84029	Widdrington Surgery	24 April 2018	Good
A84031	Greystoke Surgery	8 June 2018	Good
A84614	The Adderlane Surgery	30 August 2018	Good *

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*Inspection was an announced focussed inspection to ensure action had been taken to remedy a breach of regulation identified at the previous inspection carried out in October 2107

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 October 2018 report, are as follows:

Practice Code	Practice Name	Number of Outlier Points
A84015	Laburnum Surgery	5
A84025	Cramlington Medical Group	5
A84026	Well Close Medical Group	4
A84028	Seaton Park Medical Group	5
A84030	Village Surgery	4
A84043	Brockwell Medical Group	4
Y00151	Collingwood Medical Group	4

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Appendix 1 – DES sign-up 2018/19

Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration
A84002	Rothbury Practice	Yes	No	Yes	No
A84003	Lintonville Medical Group	Yes	Yes	Yes	Yes
A84005	Bedlingtonshire Medical Group	Yes	No	Yes	No
A84006	The Bondgate Surgery	Yes	Yes	Yes	Yes
A84007	Ponteland Medical Group	Yes	Yes	Yes	Yes
A84008	Belford Medical Group	Yes	No	Yes	No
A84009	Waterloo Medical Group	Yes	No	Yes	No
A84011	White Medical Group	Yes	Yes	Yes	No
A84013	The Gables Medical Group	Yes	No	Yes	No
A84014	Marine Medical Group	Yes	Yes	Yes	No
A84015	Laburnum Surgery	Yes	Yes	Yes	No
A84016	Prudhoe Medical Group	Yes	Yes	Yes	No
A84018	Corbridge Medical Group	Yes	Yes	Yes	Yes
A84020	Guidepost Medical Group	Yes	No	Yes	Yes
A84022	Coquet Medical Group	Yes	Yes	Yes	No
A84024	Burn Brae Medical Group	Yes	Yes	Yes	Yes
A84025	Cramlington Medical Group	Yes	No	Yes	Yes
A84026	Well Close Medical Group	Yes	No	Yes	Yes
A84027	The Bellingham Practice	Yes	Yes	Yes	Yes
A84028	Seaton Park Medical Group	Yes	Yes	Yes	Yes
A84029	Widdrington Surgery	Yes	Yes	Yes	No
A84030	Village Surgery	Yes	Yes	Yes	Yes
A84031	Greystoke Surgery	Yes	No	Yes	Yes
A84032	Cheviot Medical Group	Yes	Yes	Yes	No
A84033	The Sele Medical Practice	Yes	Yes	Yes	Yes

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Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration
A84034	Haltwhistle Medical Group	Yes	Yes	Yes	No
A84035	Riversdale Surgery	Yes	No	Yes	No
A84036	Wellway Medical Group	Yes	Yes	Yes	Yes
A84037	Netherfield House Surgery	Yes	Yes	Yes	Yes
A84038	Forum Family Practice	Yes	Yes	Yes	No
A84039	Gas House Lane	Yes	No	Yes	No
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	Yes	Yes	Yes	Yes
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	No
A84614	The Adderlane Surgery	Yes	No	Yes	No
A84619	The Surgery, Elsdon Avenue	Yes	Yes	No	No

Meeting title	Primary Care Commissioning Committee	
Date	12 December 2018	
Agenda item	4.1	
Report title	Primary Care Workplan	
Report author	Chief Operating Officer	
Sponsor	Chief Operating Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	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:	The content of the paper has been generated from a system wide workshop 3 October 2018, regular meetings with clinical leads and in localities	
QIPP	GP Variation in Spend	
Risks	Strategic Risk 403 Member Engagement Strategic Risk 1503 Primary Care Resilience	
Resource implications	As the work programmes cover a wide range of schemes, each scheme has its own resource implications which are a mixture of dedicated staff time and funding,	
Consultation/engagement	Patient, public, stakeholder, clinical	




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Quality and Equality impact assessment	Complete.
Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Primary Care Workplan					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer	Senior Head of Commissioning			Clinical Director of Primary Care	
3. Project Overview & Objective	<p>Outline of progress on Primary Care Workplan delivery for 2018/19 and the proposed headlines for 2019/20 and beyond.</p> <p>This is a wide programme of work and individual QEIAs will be completed for each section of the workplan.</p>					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>						
<i>Clinical Effectiveness</i>	Improvements to clinical effectiveness	Pos				
<i>Patient Experience</i>	Improvements to patient experience	Pos				
<i>Others including reputation, information governance and etc.</i>	Improvements to reputation with primary care providers	Pos				
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>	No direct impact expected					
<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</i>	Reductions in health inequalities	Pos				

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<i>circumstances?</i>						
6. Research <i>Reference to relevant local and national research as appropriate.</i>	Not applicable					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>	Impact Descriptors	Baseline Metrics		Target		
	To be developed for each item in the work programme	-		-		
8. Completed By	Signature			Printed Name	Date	
Chief Operating Officer				S Brown	05.12.2018	
Additional Relevant Information:						
8. Clinical Lead Approval by	Signature			Printed Name	Date	
Additional Relevant Information:						
9. Reviewed By	Signature			Printed Name	Date	
Comments						

Primary Care Commissioning Committee

12 December 2018

Agenda Item: 4.1

Primary Care Workplan

Sponsor: Chief Operating Officer

Members of the Primary Care Commissioning Committee are asked to:

- 1. Consider Primary Care Workplan progress for 2018/19 and the proposed 2019/20 headlines and provide comment.**

Purpose

This report outlines 2018/19 Primary Care Workplan delivery progress and the planning headlines for 2019/20 and beyond.

Background

The sustainability and development of primary care is one of NHS Northumberland Clinical Commissioning Group's (CCG) highest priorities. With over one million patient contacts each year (more than any other part of the health economy), it forms the bedrock of system-wide care delivery.

The CCG's Assurance Framework highlights Primary Care Resilience as a significant strategic risk that requires robust action to mitigate. National and local primary care workforce and sustainability issues are well documented. To ensure that primary care remains fully fit for future purpose the local system, supported by the CCG, will develop and deliver a two year intensive sustainability and development programme.

2018/19 Delivery Update

Dispersal of Collingwood Medical Group

There is no doubt that 2018/19 has been a challenging and sometimes volatile year; perhaps best demonstrated by the closure on 30 November 2018 of Collingwood Medical Group, the dispersal of 5,000 patients and absorption into neighbouring practice lists. The CCG, with input from all key stakeholders, will produce a 'lessons learned' paper to share across the system in an effort to mitigate the possibility of further closures or effectively manage closures to absolutely minimise the effect on patients and practice staff.

Lessons learned to date in 2018/19 include:

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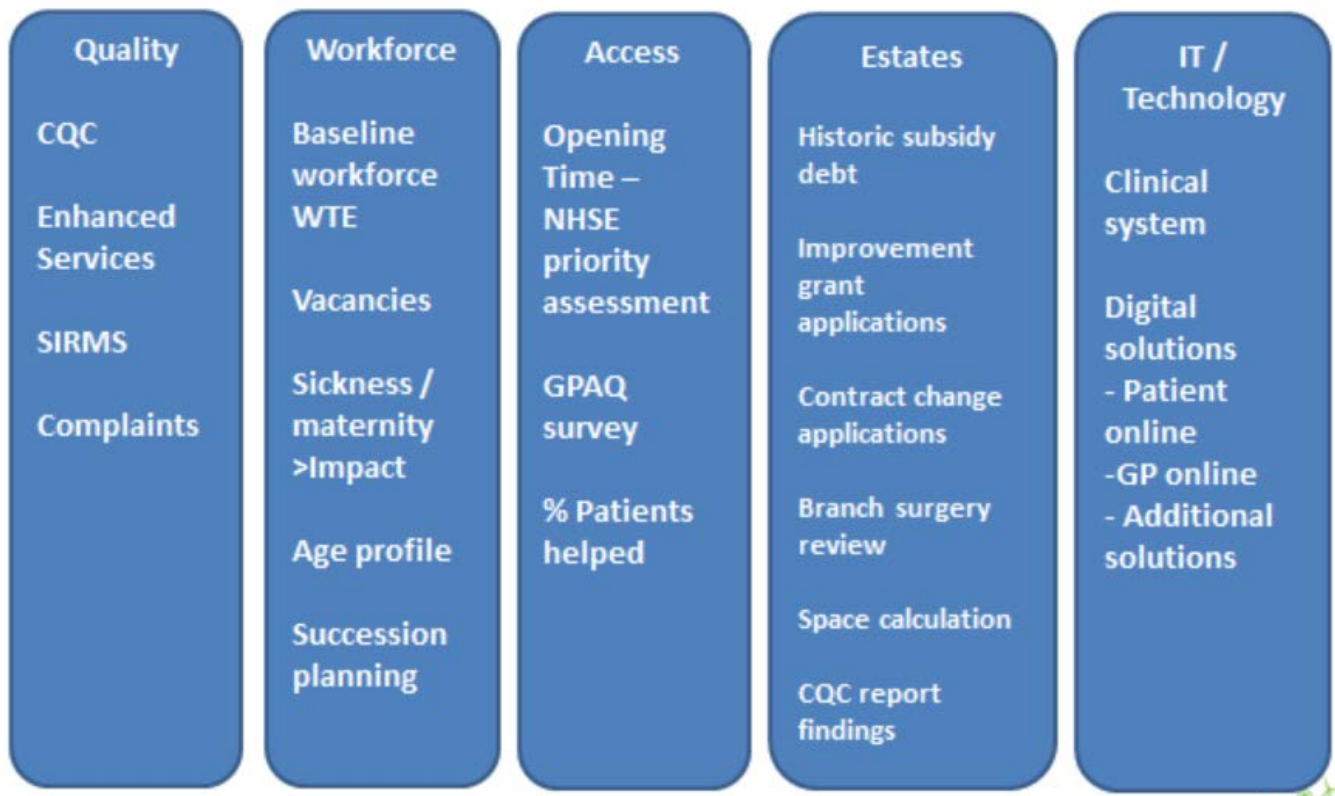
- Early identification of pressures experienced is vital
- Open communication and opportunity provided to discuss issues honestly and transparently
- Joint planning of mitigations between the practice and the CCG
- Solution focused approach.

This issue is not unique to Northumberland and the learning will encompass lessons from the wider North East and North Cumbria footprint.

There is no doubt, from national evidence so far, that maintaining a large amount of small practices is unlikely to be sustainable over the longer term and finding solutions that preserve local identity and continuity of care, while delivering economies of scale, will be challenging.

Primary Care Dashboard Development

The CCG is aware that other practices are also facing a myriad of different challenges. The development of the system dashboard (covering the five major delivery areas), will enable practices, supported by the CCG, to better identify current and future problems and highlight possible solutions at a far earlier stage. Moving forward the priority will be to liaise with member practices to confirm that the dashboard accurately reflects the situation on the ground and assist in the development of long term sustainability plans.



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The Local Medical Committee, operating under its own remit, plays a pivotal support role to practices and is offering early conversations and advice about challenges and potential solutions.

GP Five Year Forward View and Productive Primary Care

There are a significant number of work streams related to the GP Five Year Forward View and a range of practices are involved to varying degrees. The work areas include online consultation development, care navigation, and opportunities for the development of primary care networks among others. Many practices are also involved in the Productive Primary Care Programme and the Top Ten High Impact Areas Programme which both focus on creating efficient systems and ways of working that release capacity to provide more frontline patient care. In future, the aim is to consolidate the investment and service development opportunities where possible into a more coherent body and proactively plan for the investment opportunities; wherever possible matched directly to practice needs.

Proposals and options for 2019/20

Delivering the vision

In 2017 primary care developed the strategic vision outlined below:

“We have a vision for the future of healthcare in our county, and the choices that we make will allow a number of different models of delivery to flourish. The status quo is no longer an option, if general practice is to survive it will have to adapt and innovate. The challenge to all of us is what role we can play and what voice can we use to shape the future.”

During 2019 and 2020 the main focus will be the vision’s operational pillars outlined below:

Clinicians are working in practices they are proud of, delivering care to patients in a wider truly integrated team.

Networks of practices are working together; integrated with care teams from community, secondary care, social care and the voluntary sector.

New structures and workforce models are in place to allow clinicians to spend more time with their patients, with greater continuity of care and higher quality care for their patients.

The system allows easy access to the right clinician at the right time, whilst patients with complex needs are managed proactively in the community by a wider multidisciplinary team headed up by their GP and appropriate specialist.

Everything is underpinned by a shared clinical record.

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Sustainability of Primary Care

The successful event on 3 October 2018, attended by all CCG member practices, was the first step of the journey for primary care to identify its own priorities and actions. The headlines are below:

Strategy refresh required							
Provider leadership going forward	Workforce – Planning and opportunities	Education Proposal by December 2018	Investment Enhanced services Primary Care networks Exit planning	Infrastructure Estates IT Local area plan	Transfer of work to primary care	Comms and engagement	Quality Improvement Variation Performance
Provider leadership	Alternative workforce	Developing links with Sunderland university	Simplify commissioning into primary care with a focus on quality and investment and development	Scope ICP opportunities to manage IT	Out Patient pathways	Practice level - make every contact count	Dashboards - trigger Enhanced services
Testing of ideas and models of care	GPs - increase Pharmacist Other professional groups	Mentorship Registrars		Strategic plan	CATCH	Locality discussions and input to programme	Productive primary care - High impact actions
Forum for planning and decision	Social prescribing Workforce agency	Career Start Creating opportunities and expanding the workforce	1. National planning 2. Strategic local 3. Quality and variation Elective, Non elective and prescribing	Estates strategy refresh – LA housing plans	Unplanned care – integration / alignment of services	Service improvements	Quality Assurance in General Practice – proactive identification and offer
Coaching and development for primary care leaders -Investment from CCG	Recruitment – links to education Retaining and attracting workforce in Northumberland ICP - CEPN progress		4. Items of service 5. Sustainability of general practice options		New models in community services	Patient engagement and <u>comms</u> 2 nd countywide workshop	

The next steps include the development of a tangible work programme, supported by investment through enhanced services led and tested by primary care itself. A follow up event in early 2019 is planned which will consider a range of alternative workforce options and ways of working. Practices will be encouraged thereafter, either individually or as groups, to consider and assess potential developments.

In order to deliver this major programme of work, the CCG has secured the support of Dr Robert Varnam, a working GP in a large practice in inner city Manchester. Dr Varnam also provides input on system transformation, commissioning and primary care development to NHS England. He is responsible for mobilising programmes of development to promote, support and sustain primary care innovation and improvement.

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Quality and Variation

The CCG has various initiatives in place to fund primary care to deliver services over and above contracted services. The CCG wishes to improve this process by simplifying it and ensuring the extra work carried out improves the quality of care for patients as well as transforming primary care in line with the national vision. The areas of potential coverage will include managing quality and variation, alternative workforce options to release capacity in primary care as well as a range of defined quality improvement areas such as safeguarding and long term condition management.

It is fundamental that the CCG adopt an holistic approach with practices and maintains an open dialogue about what really matters, and delivers a visit and engagement schedule that respects everybody's time and role.

Recommendation

The Primary Care Commissioning Committee is asked to consider the Primary Care Workplan progress for 2018/19 and the 2019/20 headlines and provide comment.