

## Northumberland Primary Care Commissioning Committee

This meeting will be held at 10.00am on Wednesday 11 April 2018  
Ballroom, 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	✓	I Cameron
6	1030	Strategic 6.1 Quality Update (Quarterly) 6.2 Primary Care Workplan - presentation	✓	P Leveny P Leveny
7	1055	Any other business		J Guy
8	1100	Date and time of next meeting: Wednesday 13 June 2018 – 10.00am Morpeth Town Hall		

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



**Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee**  
**21 February 2018, Morpeth Town Hall, Morpeth**

**Members Present:**

Janet Guy	Lay Chair, Northumberland CCG
Karen Bower	Deputy Lay Chair, Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Jane Lothian	Local Medical Committee

**In attendance:**

Wendy Stephens	NHS England
Pamela Leveny	Head of Commissioning, Northumberland CCG
Derry Nugent	Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Business Support Team, Northumberland CCG (Minutes)

**NPCCC/18/01 Agenda item 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.

Chris Wharton and John Hampton from the Wylam Surgeries Users' Group asked if they could hand out a printed statement to the Primary Care Commissioning Committee (PCCC) regarding the PCCC December 2017 minutes and the proposed closure of Riversdale Surgery in Wylam. Janet agreed that the following printed statement could be distributed to the committee:

**Proposed closure of Wylam Riversdale Surgery**

The Wylam Surgeries Users' Group welcome the review of Northumberland branch surgeries at risk of closure, to be undertaken by Pamela Leveny, Head of Commissioning, Northumberland CCG starting Summer 2018 according to the minutes of December 2017 published in the week prior to the PCCC meeting of 21 February 2018. We trust that no further surgery closures, including that of Wylam Riversdale, will be considered until the review is complete and that Wylam Surgeries Users' Group is invited to contribute. We are concerned for the 44% of patients using Wylam Riversdale Surgery, which amounts to 1372 patients, who are either too young to drive or are in the later age categories where driving is less likely. 505 Wylam Riversdale patients are over 65 and a further 394 over 75. These profiles do not account for carers or people with disabilities or mental health issues who will also have difficulty travelling to Prudhoe. We await further information from the practice and NHS England on surgery users' place of residence.



Janet stated that NHS Northumberland Clinical Commissioning Group (CCG) and the PCCC had no plans to close branch surgeries and that the decision to make an application to do so was entirely within individual practice's remit. Stephen Young explained that the review being undertaken in Summer 2018 was designed to assess the sustainability issues of Northumberland branch surgeries and highlight potential mitigating issues, stated in the December 2017 PCCC minutes (page 5). It was noted that Action NPCCC/17/79/01 in the PCCC Action Log did not accurately reflect the purpose of the review and would be amended.

**Action NPCCC/18/01/01: Melody Price to amend Action NPCCC/17/79/01 in the Action Log to the following: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability.**

Jane Lothian explained that branch surgery sustainability was a country wide issue and the Local Medical Committee (LMC) welcomed the planned review. Janet explained that the review would not include Riversdale Surgery in Wylam as it was not a branch surgery.

Stephen stated that the formal application for the proposed closure of Riversdale Surgery in Wylam was currently being reviewed by NHS England (NHSE). NHSE will prepare a detailed report including all options 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. He said that Healthwatch Northumberland was currently carrying out engagement activities regarding Riversdale Surgery. The PCCC encouraged the Wylam Surgeries Users' Group to get involved in the current engagement process.

Stephen said that he was due to meet with Karen Quinn, County Councillor for Bywell Ward and Wylam Parish Council members at their request.

Wendy Stephen stated that NHSE would only review the application and that it was the practice's responsibility to consult and engage with patients, not NHSE or the CCG. The application will be returned to the practice by NHSE if further information is required.

Derry Nugent stated that a clear pathway and timescale for the Riversdale Surgery application review progress was needed. She said that the practice was aware of Healthwatch Northumberland's current engagement activities and that the engagement findings would be submitted to NHSE.

**Action NPCCC/18/01/02: Wendy Stephens to email Derry Nugent the process and timeline for the Riversdale Surgery application review progress.**

**NPCCC/18/02 Agenda item 2 – Apologies for absence**

Apologies were received for Scott Dickinson and David Thompson.

**NPCCC/18/03 Agenda item 3.1 – Declarations of conflicts of interest**

There were no conflicts of interest declared.

**NPCCC/18/04 Agenda item 3.2 – Quoracy**

The meeting was quorate.

#### **NPCCC/18/05 Agenda item 4.1 – Minutes of the previous meeting and matters arising**

The minutes were accepted as a true and accurate record. There were no matters arising.

#### **NPCCC/18/06 Agenda item 4.2 Action Log**

**Action NPCCC/17/78/01: Ian Cameron to amend GPFV Access funding narrative to reflect actual national funding received.** Ian Cameron explained that the GPFV Access national funding received was £6 per head and that the GPFV Access funding narrative would not be amended. The perceived difference in funding was due to differences between the Carr-Hill formula and the national allocations formula. It is the national allocations formula that is used to determine CCG allocations.

**Action NPCCC/17/79/01: Pamela Leveny to undertake a review of branch surgeries at risk of closure.** To be amended to: 'Pamela Leveny to undertake a review of Northumberland branch surgery sustainability'. Pamela Leveny said that the work plan was ongoing.

**Action NPCCC/17/80/02: Stephen Young to ask Annie Topping to include quarterly assurance framework data in a PCCC Quality Update Report.** Stephen Young said the PCCC Quality Update Report would be presented at the April 2018 meeting.

#### **NPCCC/18/07 Agenda item 5.1 Finance Update**

Ian Cameron outlined the CCG's primary care services financial position for the period ending 31 January 2018. He said that the overall financial position was stable and highlighted the following key variances and risks:

- **General Practice GMS / PMS:** Movement in forecast outturn due to Q4 list size changes. The pressure in this area is £22k
- **Premises Cost Reimbursement:** The premises cost reimbursement shows a forecast outturn pressure of £28k. There is a movement of £15k in month. Changes to the charging policies in respect of NHS Property Services (NHSPS) and Community Health Partnerships (CHP) represent a significant financial risk to the CCG. Discussions are ongoing at national, regional and CCG level to clarify the extent of the risk involved and to resolve the current impasse in cashflow
- **Other GP Services:** The £36k movement in month relates to increased costs relating to locum and suspended GPs. This results in a forecast pressure of £127k. This is largely made up of a pressure on GP Locum of £244k, which is offset by the release of 2016-17 slippage against seniority of £114k
- **Locum Parental Leave / Sickness:** There has been an increase in the number of claims for Locum reimbursement under the 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 will represent a financial risk to the CCG.

Jane Lothian asked for an update regarding the issue of reimbursement of historical subsidies on premises by NHSPS. Ian explained that following a review carried out by

NHSPS, charges had increased. He said that rent costs would be reimbursed in accordance with Premises Directions and that historic subsidies would be honoured.

Karen Bower asked for an explanation of the Month 10 Quality and Outcomes Framework (QOF) Aspiration figure. Ian explained that the difference in the year to date (YTD) position versus forecast was due to profiling and it would catch up towards the end of the year. The marginal YTD variation was not a concern.

### **NPCCC/18/08 Agenda item 5.2 Marine Medical Group Boundary**

Stephen Young outlined the application from Marine Medical Group in Blyth to reduce its current practice boundary by amending the western edge of its boundary to align with the spine road (A189) excluding Bebside, a small part of the current boundary area. The practice has requested to reduce its boundary due to the proposed housing developments in the area and concern about the possible impact on the standard of service currently delivered.

Stephen explained that four other local practices covered the Bebside area and were all open to new registrations in the affected area. Marine Medical Group has confirmed that the 55 patients currently registered in the excluded area will remain with the practice until they move out of the area. The application was reviewed by the Northumberland County Council's (NCC) Primary Care Applications Working Party (PCAWP) who raised no issues and were assured by the considerable amount of choice available to patients in the Beside area. The application was supported by the PCAWP and not referred to the Health and Wellbeing Overview and Scrutiny Committee.

Ian Cameron said that he felt there was not a strong case for the change as only a small number of patients would be affected and that future patients in the Bebside area could have less choice.

Derry Nugent explained that Healthwatch Northumberland were aware of the application. No negative feedback had been received and the practice patient group had been involved. She stated that housing development was a very big issue for general practice in Northumberland and asked how it would link into future primary care planning.

Pamela Leveny said that Health Education England (HEE) was undertaking a strategic stocktake covering demographic growth, housing and public health to inform strategy for primary care. The CCG will also be carrying out the Northumberland branch surgery sustainability review in Summer 2018. Derry asked how this would be communicated. Pamela explained that a communication and engagement programme was planned and would include Healthwatch Northumberland. Jane Lothian said that there had been a shift in population demographics and an increase in retired people with greater health needs.

Janet Guy asked if the PCCC needed to approve the application due to the low level need for change and that the other four practices in the local area had not expressed any concerns. Stephen explained that if the application was rejected, the PCCC would have to provide the reasons for rejecting the application; which may be difficult given the minimal impact associated with the application. Wendy Stephens said that boundary change applications were usually made where there was very little provision although there had been an overall increase in applications. Ian stated that there was no evidence of an adverse effect on the surrounding area or the practice if not approved. Jane explained that

it was physically difficult to get to from the Bebside area to the practice due to the spine road (A189). Wendy said that it could impact on the practice's ability to provide home visits.

Karen Bower questioned why there were restrictions on new patients in the Bebside area apart from only new babies born to existing patients. She asked about returning students and elderly parents who might come to live with their family. The PCCC discussed the issue of legal responsibilities and safeguarding. The PCCC agreed that the practice must register new babies and dependent children of existing patients living in the outer boundary area.

The PCCC unanimously agreed to approve the application by Marine Medical Group to change the practice boundary to exclude the area of Bebside, subject to the following conditions:

- Outer Boundary: Practice agreement that the affected area is to be included as part of an outer boundary and retains those patients who are already registered and residing in the revised outer boundary area
- New Babies / Dependent Children: The practice must register dependent children and new babies born to existing patients living in the outer boundary area.

**Action NPCCC/18/08/01: Stephen Young to draft a letter to Marine Medical Group informing them of the approval of the boundary change and the conditions of the approval.**

Wendy explained that the PCCC did not need to consider the length of time before it would consider a further application from Marine Medical Group to amend its practice area as this would have only applied if the application had been rejected.

### **NPCCC/18/09 Agenda item 6 GP Forward View Workplan**

Pamela Leveny gave a presentation regarding the GP Forward View Workplan outlining the following key areas:

- Investment
  - Care Navigation Training
- Workforce
  - International recruitment – regional programme
  - Demographic growth – Stocktake event (February 2018)
- Managing workload
  - Practice variation GVIS – programme to analyse variation in activity and spend per head of population. Resulting in revised clinical pathways of care to improve quality and reduce unnecessary spend
- Care redesign
  - Direct GP Booking: All but 5 GP practices offering direct appointments to NHS 111 Northumberland. The other 5 practices have expressed an interest. First in the county to offer region wide
- Infrastructure
  - Estates strategy review
  - Online consultation - national requirement. Scoping at present
- 10 High Impact Areas

- National resource support available from April 2018
- Quality improvement in general practice
- National Planning Guidance 2018/19

Derry Nugent asked if online consultations would consider the access needs of elderly, disadvantaged and disabled people. Pamela explained that online consultations would be an additional access point into primary care. Communication and engagement will be needed which would involve Healthwatch Northumberland.

Siobhan Brown explained that the workplan was about embedding expertise in primary care. She encouraged members of the PCCC to support primary care work and welcomed Jane Lothian's support for the primary care strategic planning work.

Janet Guy stated that the presentation had been a useful update and thanked Pamela.

**NPCCC/18/10 Agenda Item 7 Any other business**

No any other business.

**NPCCC/18/11 Agenda item 7 Date and time of next meeting**

To be confirmed.

Draft

# NHS Northumberland Clinical Commissioning Group

## Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: April 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
NPCCC/17/80/02	20/12/2017	21/02/2018	Stephen Young to ask Annie Topping to include quarterly assurance framework data in a PCCC Quality Update Report.	Stephen Young	Complete	To be presented at the April 2018 PCCC meeting.
NPCCC/18/01/01	21/02/2018	11/04/2018	Melody Price to amend Action NPCCC/17/79/01 in the Action Log to the following: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability.	Melody Price	Complete	
NPCCC/18/01/02	21/02/2018	11/04/2018	Wendy Stephens to email Derry Nugent the process and timeline for the Riversdale Surgery application review progress.	Wendy Stephens	Ongoing	
NPCCC/18/08/01	21/02/2018	11/04/2018	Stephen Young to draft a letter to Marine Medical Group informing them of the approval of the boundary change and the conditions of the approval.	Stephen Young	Complete	

**Northumberland Primary Care  
Commissioning Committee**  
11 April 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 March 2018 (interim).**

### **Purpose**

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

### **Summary Position**

Due to the financial ledger still being open at the time of this report the figures below represent the interim financial position subject to audit.

The table below sets out the draft year end position as at 31 March 2018.

<b>FMR Heading</b>	<b>Annual Budget 2017-18</b>	<b>EOY Outturn</b>	<b>EOY Variance</b>
General Practice - GMS	6,962,243	7,310,723	348,480
General Practice - PMS	22,501,314	22,119,083	-382,231
QOF	4,983,561	5,027,895	44,334
Enhanced Services	1,937,994	1,840,885	-97,109
Premises Cost Reimbursement	4,875,796	4,931,599	55,803
Dispensing/Prescribing Drs	1,644,678	1,567,742	-76,936
Other GP Services	881,539	1,165,180	283,641
CCG Prescribing	-190,597	-184,914	5,683
Reserves - 1% Headroom	440,000	0	-440,000
Reserves - 0.5% Contingency	181,325	0	-181,325
Reserves - Indemnity Fees	157,147	0	-157,147
<b>Grand Total</b>	<b>44,375,000</b>	<b>43,778,194</b>	<b>-596,806</b>

### **Explanation of Variances**

- General Practice GMS / PMS:** Net underspend of £34k due to release of transition fund reserve.

- **Quality and Outcomes Framework (QOF):** The overall QOF outturn is £44k pressure in relation to prevalence weighting.
- **Enhanced Services:** The underspend position of £97k is largely in line with the reported figures at M11 and is due to the release of prior year balances in relation to the minor surgery, learning disabilities and extended hours enhanced services.
- **Premises Cost Reimbursement:** The premises cost reimbursement shows an outturn pressure of £56k.
- **Dispensing / Prescribing Drs:** The £77k underspend on prescribing is in relation to the release of 2016/17 accrual balances and the release of 2017/18 balances where no claims have been received for the first part of the financial year.
- **Other GP Services:** Shows an overall overspend of £284k. This is largely made up of a pressure on GP Locum of £326k, a pressure of £47k in relation to GP Retainers, these are offset by underspends on seniority of £94k. There has been an increase in the number of claims for Locum reimbursement under the 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.
- **Reserves:**

The revised breakdown is shown below:

1% Contingency	£440k
0.5% Headroom	£181k
Indemnity	£157k
Total	£778k

The variances highlighted throughout the body of the report of £181k have been offset against the 0.5% contingency reserve.

At M12 the 1% contingency reserve of £440k, set as part of the planning business rules, has been released along with the £157k for indemnity fees which has been confirmed as being funded centrally.

### Other CCG Primary Care

Along with the Delegated budgets the CCG has a number of other areas in which it makes payments into primary care.

- **Out of Hours:** The CCG has a contract with Northern Doctors Urgent Care (NDUC) 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 Activity Scheme (PAS)
  - Practice Engagement scheme (PES)
  - Practice Wide Quality Scheme (PWQS)
  - Practice Medicines Management (PMM)
  - 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.
- **Extended Access Seed Funding:** Payments made to GP Hubs for the mobilisation of GP Extended Access.
- **GP Forward View:** The CCG has received two allocations in year for GP Forward View funding. These are access funding and GP Clerical training.

#### Appendix 1: Northumberland CCG DRAFT Month 12 - Primary Care Overview

## Northumberland CCG Month 12 (interim) - Primary Care Overview

FMR Heading	Detail	Annual Budget 2017-18	EOY Actual	EOY Variance	Description of budget area
General Practice - GMS	Correction Factor	90,936	90,936	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	6,841,412	7,189,893	348,481	
	Transition Fund	29,895	29,895	0	
	<b>Total</b>	<b>6,962,243</b>	<b>7,310,723</b>	<b>348,480</b>	
General Practice - PMS	PMS Contract	22,434,666	22,084,450	-350,216	
	Transition Fund	66,648	34,633	-32,015	
	<b>Total</b>	<b>22,501,314</b>	<b>22,119,083</b>	<b>-382,231</b>	
QOF	QOF - Achievement	1,363,756	1,401,924	38,168	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	3,625,971	6,166	
	<b>Total</b>	<b>4,983,561</b>	<b>5,027,895</b>	<b>44,334</b>	
Enhanced Services	DES - Extended Hours	582,116	533,693	-48,423	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	125,020	156,532	31,512	
	DES - Minor Surgery	598,806	518,631	-80,175	
	Northumberland Premium	622,052	622,052	0	
	DES - QRISK	10,000	9,978	-23	
	<b>Total</b>	<b>1,937,994</b>	<b>1,840,885</b>	<b>-97,109</b>	
Premises Cost Reimbursement	Rates	463,962	510,819	46,857	Reimbursements made to practices in respect of the their premises costs.
	Rent	4,344,596	4,352,241	7,645	
	Water Rates	67,238	68,539	1,301	
	<b>Total</b>	<b>4,875,796</b>	<b>4,931,599</b>	<b>55,803</b>	
Dispensing/Prescribing Drs	Dispensing	1,333,194	1,292,296	-40,898	Costs of GP prescribing reimbursed on a cost per script basis.
	LES - Dispensing Quality Sch	88,668	75,023	-13,645	
	Prescribing	222,816	200,423	-22,393	
	<b>Total</b>	<b>1,644,678</b>	<b>1,567,742</b>	<b>-76,936</b>	
Other GP Services	CQC Fees	199,414	203,940	4,526	Reimbursement to practices for their Care Quality Commission annual charges.
	GP Retainer	16,546	63,813	47,267	Support scheme for GPs and practices who may be considering leaving the profession.
	Locum Maternity	71,614	432,119	360,505	Reimbursement to practices for the costs of locum cover for both maternity and sickness. This is in line with national guidance.
	Seniority	506,600	412,707	-93,893	The seniority payment that is awarded to an individual GP is dependent on their years of reckonable service in the NHS.
	Suspended GP	87,365	52,601	-34,764	Cumbria and the North East wide risk share agreement to contribute to the costs of suspended GPs.
	<b>Total</b>	<b>881,539</b>	<b>1,165,180</b>	<b>283,641</b>	
CCG Prescribing	Prescribing	-190,597	-184,914	5,683	Patient charges recovered against prescribing costs.
	<b>Total</b>	<b>-190,597</b>	<b>-184,914</b>	<b>5,683</b>	
Reserves	Reserves - 1% Headroom	440,000	0	-440,000	Reserves set as part of the national planning guidance
	Reserves - 0.5% Contingency	181,325	0	-181,325	Reserves set as part of the national planning guidance
	Reserves - Indemnity Fees	157,147	0	-157,147	Reserve set to cover potential costs for GP indemnity costs
	<b>Total</b>	<b>778,472</b>	<b>0</b>	<b>-778,472</b>	
<b>Primary Care Co Commissioning Total</b>					
		<b>44,375,000</b>	<b>43,778,194</b>	<b>-596,806</b>	
<b>Other CCG funded services</b>					
Out of Hours		2,800,868	2,776,449	-24,419	Main out of hours contract with Northern Doctors.
Enhanced Services		2,440,553	2,221,216	-219,337	Local Enhanced services, including; Practice Activity Scheme (PAS), Practice Engagement Scheme (PES), Practice Wide Quality Scheme (PWQS), Practice medicines Management (PMM). Smaller schemes through Claim IT; DVT, Prostrate and IMD. Also includes Pharmacy first and shape end payments and optical contract.
GPIT		975,259	976,000	741	GPIT contract with North of England Commissioning Support Unit. Overspend offset with Vanguard funding retention
Extended Access Seed Funding		484,000	483,058	-942	Mobilisation funding for GP Extended Access.
<b>GP Forward View Allocations</b>					
GPV Access funding (REC)		1,925,000	1,925,000	0	£6 per head.
GP Clerical training (NR)		55,000	55,000	0	GP admin and receptionist training delivered through Productive Primary Care.
<b>Total CCG Primary care</b>		<b>53,055,680</b>	<b>52,214,917</b>	<b>-840,763</b>	

**Northumberland Primary Care  
Commissioning Committee  
11 April 2018**

**Agenda Item: 6.1**

**GP Quality Update**

**Sponsor: Director of Nursing, Quality & Patient Safety**

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

- 1. Consider the GP Quality Assurance Update.**
- 2. Agree to receive quarterly Quality Assurance Group updates.**

**Purpose**

This report outlines the current assurance process for primary care in Northumberland and provides an update on current performance.

**Background**

Within Northumberland, the GP practice assurance process has been developed since 2013 with the support of NHS England (NHSE). NHSE provides a quarterly assurance report to NHS Northumberland Clinical Commissioning Group (CCG) which gathers data from the Primary Care Webtool, Care Quality Commission (CQC) and contract performance.

The report is received by the CCG's Quality Assurance Group to review and identify appropriate actions. The membership of this group is currently Annie Topping, Director of Nursing, Quality and Patient Safety, Dr Robin Hudson, Primary Care Quality Lead, Pamela Leveny, Head of Primary Care Development, and Susan Turner, Medicines Optimisation Pharmacist. The CQC lead for Northumberland and CCG Clinical Leads are invited to attend all meetings.

**Current Performance Levels**

Practices are ranked according to the number of quality areas that are judged to identify 'outliers'. Practices are rated across four categories as follows:

<b>Rating</b>	<b>Number of Practices</b>
Higher achieving	9
Achieving	30
Approaching review	4
Review identified	1



## Response Actions

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 on 2 May 2017 and 13 December 2017 with the practice that was rated as 'Review Identified' to agree upon their action plan. A further meeting is planned before summer 2018 to check progress. Support has been offered to the practice from the CCG management and Medicines Optimisation team.

## Quality reporting using SIRMS

Primary Care uses the SIRMS system to report incidents in the community across all organisations. Reports are generated by the North East Commissioning Support Unit (NECS).

It has been highlighted that use of the SIRMS system could be improved in Northumberland and the first SIRMS User Group met on 17 January 2018 to develop plans to review quality improvement.

## Care Quality Commission

### Background

The CQC's current inspection regime for GP practices enables ratings as follows:

<b>Outstanding</b> – the service is performing exceptionally well.
<b>Good</b> - the service is performing well and meeting expectations.
<b>Requires improvement</b> – the service isn't performing as well as it should and the CQC have told the service how it must improve.
<b>Inadequate</b> – the service is performing badly and the CQC have taken enforcement action.

1 practice was inspected in 2017 and rated as 'requires improvement'. An action plan has been developed and implemented by the practice for which a re-inspection will take place in April 2018.

### Outstanding and Good

4 practices were rated outstanding and the remaining practices in Northumberland that have been inspected have been rated as 'Good'. Many will be undergoing re-inspection over the next twelve months.

There were no practices classed as 'Inadequate' during this period.

## **Recommendation**

The Northumberland Primary Care Commissioning Committee is asked to consider the assurance update and provide comment, it is further asked to agree to consider quarterly assurance updates.