

Primary Care Commissioning Committee (PCCC)

Date: Wednesday 11 July 2018 at 9.30am

Venue: Boardroom, Pierre Simonet Building, SN25 4DL

Meeting papers

Primary Care Commissioning Committee (PCCC)

Meeting held in public

AGENDA: PART 1

Meeting to be held on Wednesday 11 July 2018 at 9.30am

Venue: Boardroom, Pierre Simonet Building, SN25 4DL

Standing Items	PCCC Actions
1. Chairman's welcome and apologies for absence (Paul Byrnes)	Verbal to note
2. Declarations of interests (Paul Byrnes)	Verbal to note
<i>Chair reminded Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Clinical Commissioning Group NHS Swindon.</i>	
<i>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:</i>	
<i>http://www.swindonccg.nhs.uk/index.php/about-us/governance-and-compliance</i>	
3. Public Question Time (Paul Byrnes)	Verbal to note
<i>Please refer to the explanatory notes below</i>	
4. Minutes of the previous meeting <i>To receive the minutes of the meeting held on: 11 April 2018 – Part 1</i>	Paper To approve
5. Actions arising as per Action Log (Paul Byrnes)	Paper To approve
Commissioning Updates	
6. Commissioning Report (Kate Liddington)	Paper To note
7. Practice Boundary Review (Alison Westmacott)	Paper To note

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|----|--|-------|---------|
| 8. | Detailed Primary Care Budgets for 2018/19
(Matthew Hawkins) | Paper | To note |
| 9. | Finance Report
(Matthew Hawkins) | Paper | To note |

Primary Care Developments

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|-----|---|-------|-----------|
| 10. | Engagement with Primary Care (GP Practices)
(Nicki Millin) | Paper | To debate |
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Corporate Items

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| 11. | Risk register
(Paul Vater) | Paper | To note |
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Items for Information

- | | | | |
|-----|--|-------|---------|
| 12. | Delegated Commissioning Transition Plan
(Kate Liddington) | Paper | To note |
| 13. | GP Forward View Delivery Plan
(Kate Liddington) | Paper | To note |
| 14. | Any other business
(Paul Byrnes) | | To note |

As notified to the Chairman in advance of the meeting

- | | | | |
|-----|--|--|---------|
| 15. | Date and venue of next meeting
(Paul Byrnes) | | To note |
|-----|--|--|---------|

Wednesday 10 October 2018 at 9.30am, CCG HQ, Pierre Simonet Building

Opportunity for The Primary Care Commissioning Committee (PCCC) to consider and respond to questions received from the Public: Swindon Clinical Commissioning Group remains committed to increasing its accountability to the public and to promoting active citizenship. Up to fifteen minutes will be allocated at the start of the PCCC meetings for the Committee to consider and respond to questions received from the Public. In order to be considered, questions received from the public must be submitted three working days before the date of the meeting to communications@swindonccg.nhs.uk. In order to be considered by the PCCC, questions must be relevant to the operational scope and remit of the CCG and be presented in a clear and concise format as questions and not as an opportunity to make speeches or statements. Questions not meeting these criteria will, at the discretion of the Chair, be either, not considered or referred to a more appropriate body and the reason for non-consideration or onward referral will be communicated to the originator of the question (if known).

The representatives of the press and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admissions to Meetings) Act 1960.

Part 2: private session:

The PCCC may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Membership of the Primary Care Commissioning Committee

<u>Name</u>	<u>Position</u>	<u>Status</u>
Voting Members		
Paul Byrnes	Lay Member, NHS Swindon CCG Governing Body (Chair)	Attending
Nicki Millin	Accountable Officer, Swindon CCG	Attending
Sarah Bruen	Locality GP representative, NHS Swindon CCG	Attending
Ian James	Lay Member, NHS Swindon CCG Governing Body	Attending
Gill May	Executive Nurse, NHS Swindon CCG	Attending
Paul Vater	Chief Operating Officer, NHS Swindon CCG	Attending
Non-Voting Members		
Kate Liddington	Associate Director for Primary Care, NHS Swindon CCG	Attending
Dr Gareth Bryant	Wiltshire & Swindon LMC Executive Representative	Attending
Cherry Jones	Director of Public Health, Swindon Borough Council & Health and Well Being Representative	Attending
Jo Osorio	on behalf of Team Manager Healthwatch	Attending
In Attendance		
Ruth Atkins	Head of Corporate Communications, NHS Swindon CCG	Attending
Jason Lindsey	Company Secretary (Minute Taker), NHS Swindon CCG	Attending
Alison Westmacott	Associate Director of Primary Care, NHS South, Central and West Commissioning Support Unit	Attending
Matthew Hawkins	Deputy Financial Officer	Attending
Apologies		
Caroline Gregory	Chief Finance Officer, NHS Swindon CCG	Apologies
Sarah Francome	Practice Manager representative, NHS Swindon CCG	Apologies
Peter Mack	Clinical Chair, NHS Swindon CCG	Apologies
To receive papers for information		
Debra Elliott	Director of Commissioning, NHS England	
Nikki Holmes	Head of Primary Care, NHS England	

Primary Care Commissioning Committee (PCCC) Minutes of Meeting

Date: Wednesday 11 April 2018
Time: 9.30 am
Location: Boardroom, Pierre Simonet Building

Attendees:

Name: Initials: Role:

Voting Members

Paul Byrnes	PB	Lay Member (Public & Patient Involvement), NHS Swindon CCG Governing Body - (Chair)
Dr Sarah Bruen	SB	Locality GP Representative, NHS Swindon CCG
Caroline Gregory	CG	Chief Financial Officer, NHS Swindon CCG
Ian James	IJ	Lay Member, NHS Swindon CCG
Dr Peter Mack	PM	Clinical Chair, NHS Swindon CCG
Gill May	GM	Executive Nurse, NHS Swindon CCG (part of meeting)
Nicki Millin	NM	Accountable Officer, NHS Swindon CCG
Paul Vater	PV	Chief Operating Officer, NHS Swindon CCG

Non-Voting Members

Debra Elliott	DE	Director of Commissioning, NHS England
Nikki Holmes	NH	Head of Primary Care, NHS England
Jo Osorio	JO	Healthwatch Swindon

In Attendance

Alison Westmacott	AW	Associate Director of Primary Care, NHS South, Central and West Commissioning Support Unit
Louise Tapper	LT	Transformation Lead, NHS Swindon CCG
Ruth Atkins	RA	Head of Corporate Communications, NHS Swindon CCG
Jason Lindsey	JL	Company Secretary, NHS Swindon CCG (Minute Taker)

Our Mission: To Optimise the Health and Wellbeing of the People of Swindon and Shrivenham

Apologies:

Sarah Francome	Practice Manager Representative, NHS Swindon CCG
Kate Liddington	Associate Director Primary Care, NHS Swindon CCG
Cherry Jones	Director of Public Health, Swindon BC
Dr Gareth Bryant	Wiltshire & Swindon LMC Executive Representative

Item No	Agenda Item	Actions
1/18.	<u>Chairs Welcome</u>	
	PB opened the meeting and welcomed all to the meeting. Two members of the public were in attendance. Committee members were reminded to use the microphone system when speaking.	
2/18.	<u>Apologies for Absence</u>	
	PB confirmed the apologies for absence as reported above.	
3/18.	<u>Declarations of Interest</u>	
	<i>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Swindon Clinical Commissioning Group.</i>	
	<i>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the CCG's Governance team or the CCG's website at the following link: http://www.swindonccg.nhs.uk/index.php/about-us</i>	
	PM declared an interest in item 9/18 – Practice Boundary Review, in so far as he was the Senior Partner at Moredon Medical Centre, which had a practice boundary change request pending the completion of the review work. Both PM and SB (Senior Partner - Westrop Surgery) declared a general interest, in so far as their respective practices were referenced in a number of papers before the Committee. The Committee noted the declarations made and agreed that no further action be taken.	
4/18.	<u>Public Question Time</u>	
	The Chair confirmed that no public questions had been received.	

5/18. Minutes of the last meeting 3 January 2018 (Part 1)

The Minutes of the last meeting of the Committee held on 3 January 2018 were adopted and signed as a correct record.

6/18. Actions arising as per Action Log

The Action Log was reviewed, noting that all actions from the last meeting had been closed.

Commissioning Updates

7/18. Commissioning Report

PV presented the Commissioning Report which provided an update on the commissioning of primary medical services across all practices noting the following areas:-

Carfax Medical Practice

Following a successful procurement the APMS contract became effective on 1 April 2017, with some contractual issues still needing to be resolved with NHS England (NHSE). DE confirmed that there was a contract in place.

Eldene Health Centre

The merger with Victoria Cross Surgery (VCS) took place on 31 March 2018, with contractual documentation to be completed. PV advised that there had been positive feedback from the two practices, together with positive anecdotal evidence from patients. This would continue to be closely monitored.

Moredon Medical Centre/Taw Hill Medical Practice

PM reported that both the Taw Hill Medical Practice and Moredon Medical Centre clinical system changes from EMIS to TPP would be taking place in May. To mitigate the impact on patients, both practices were liaising closely with the Prescription Ordering Direct (POD) service to prescribe two months of medication to patients during the period of the system change. IJ enquired as to whether TPP was becoming the clinical system of choice for Swindon GP practices. PM confirmed that TPP was the majority provider for Swindon practices and work would continue to promote the business case for encouraging practices to move to TPP. JO sought a view on the potential implications for the on-line appointment booking system at both practices during the change over. PM advised that there would be a short period of time when the on-line system would be unavailable, to allow for the configuration of the new system, which should last no longer than a week.

Violent Patient Services/Special Allocation Scheme

NM reported that both Carfax Medical Practice and Kingswood Surgery had advised that they wished to withdraw from the Violent Patient Services/Special Allocation Scheme, which raised a potential risk. NH confirmed that a meeting was being arranged with both practices to discuss the implications of withdrawing the services. JO reiterated that Healthwatch had not been consulted on the VPS. NH undertook to address this outside of the meeting.

NH

The Committee **noted** the paper.

8/18. Delegated Decision Making

PV presented a paper which detailed a procedure for making urgent extraordinary primary care payments up to the value of £20,000, The proposal was that any two of the Executive Directors could approve the payments. The benefit of this proposal would be the avoidance of having to hold an extraordinary Primary Care Committee for an urgent decision for a sum less than £20,000. All decisions made for less than £20,000 under the proposed procedure would be presented to the Primary Care Commissioning Committee at the first opportunity. He confirmed that the proposal would include Section 96 applications/payments and agreed to add this to the delegation.

PV

SB asked whether allocations would be made against the Resilience Fund and sought a definition for “urgent”.payments. PV confirmed that allocations would be against the whole Resilience budget and not just the NHSE element. Urgent was defined as those funding requests received between meetings of the PCCC that needed an immediate response.

PB asked why the delegation limit had been set at £20,000. PV explained that this figure was consistent with the CCGs financial limits contained in its own Scheme of Delegation.

The Committee **approved** the delegation of authority for making urgent extraordinary primary care payments up to the value of £20,000, The proposal is that any two of the Executive Directors is authorised to approve the payments.

9/18. Practice Boundary Review

The Committee received a paper which provided an update on the process to be undertaken for reviewing GP practice boundaries in order to inform commissioning intentions and associated decisions, together with the proposed next steps.

AW advised that following an initial visual review of practice boundaries there appeared to be some minimal discrepancies but at this stage she was unable to quantify the impact on population coverage. A statistical analysis and impact on patients/population would form part of the second stage of the review. JO asked that any analysis undertaken had regard to Wanborough Surgery, which was not part of Swindon CCG but served a number of patients in the Swindon catchment area. AW agreed to discuss this with KL.

KL/AW

PM provided some background to his own practice's boundaries and the driver behind his pending boundary change application. He referred to the Practice Boundary Principles, attached as an Appendix to the paper, and asked how these would be applied for the Swindon review. AW explained that the principles represented the national NHSE approach to boundary reviews but she would revise them to reflect the Swindon dimension, having spoken with each practice in the Swindon CCG footprint. NM reported that she was aware of pockets of potential new housing build across the Swindon which would need to be mapped against existing practice boundaries to identify any gaps in future service provision.

IJ stated that he was not clear on the outcome and impact on patients of the review. AW explained that the patient benefits would include clarity of commissioning decisions, provide a baseline to support future requests for boundary changes and ensuring that each patient had a choice of at least two practices to register with by improving patient access. NM advised that member practices had also requested a review of boundaries to provide a clear baseline and ensure that all practices were on an equal footing. PB asked how this work would be future proofed and sought an understanding of the timeline for completion of the review. AW explained that the baseline position would assist with future requests for practice mergers and boundary change requests. In terms of a timeline, subject to the request for additional support being agreed, she expected to report back to the Committee in July 2018. PB also enquired as to how the additional support requested would be funded. NM confirmed that these costs had been included as part of the original cost plan for the review.

The Committee:

- (a) **Noted** the content of the report;
- (b) **Understood** the implications/scale of practice boundary discrepancies; and
- (c) **Approved** the appointment of additional support to commence a review of practice boundaries and associated

commissioning intentions as outlined in paragraph 3.5 in the paper.

10/18. Finance Report

CG presented the Finance Report, which provided an update on the financial position for Primary Care services as at 28 February 2018. The CCG had spent £23.75m on its Primary Care services. There were some variances across GP Contracts, Premises and Prescribing Fees which were due to contractual changes, ongoing rent reviews and accrual estimates. Indemnity fee funding for GP practices had been agreed nationally and would be funded by NHS England. An accrual of £100k would be released into the M12 financial position. At this point in the year, the CCG was forecasting a breakeven outturn position.

In response to a question, CG confirmed that any underspend on the CCG Directly Commissioned Primary Care budget would be used for primary care services.

The Committee **noted** the update.

11/18. Extended Access Primary Care (SUCCESS) & GP Out of Hours Services

The Committee received a paper which advised that engagement had commenced with practices to review configuration of 'extended access primary care services' in Swindon, ahead of the need to procure the service with effect from 1 April 2019. There was also a need to procure the Swindon GP Out of Hours Service (OOH), which had been transferred from GWH to Medvivo on a care-taking basis from 1 February 2018 for 12 months. Opportunities to include the GP OOH service in the STP-wide Integrated Urgent Care (IUC) contract had been explored but had not been possible. The Governing Body at its meeting in February had agreed that a procurement process for both SUCCESS/Primary Care Access Hub and GP OOH service was put in place as soon as possible, with a comprehensive Communications Plan, Project Team and with oversight of clinical model from Clinical Leadership Group (CLG).

PB asked why the GP OOH service had not been included in the STP-wide IUC contract. PV explained that because the IUC contract was being commissioned from May 2018, it did not align with the Swindon GP OOH service in terms of the timeline and services provided. NM confirmed that as part of the procurement exercise, it would be important that this service was consistent with that provided by both BaNES and Wiltshire. In this regard, representatives from both CCGs would assist with the review of bids received.

JO referred to the Primary Care Access Hub and stressed the importance of the public understanding what services this facility would provide and that the name reflected that provision. NM advised that this was national terminology which needed to be used in planning phases. JO asked that the glossary of terms and abbreviations, appended to the rear of the agenda pack, be updated.

RA

The Committee **noted** approval given by Governing Body for:

- Plans for the future configuration of SUCCESS/Primary Care Access Hub and further engagement with practices and system stakeholders; and
- To proceed with procurement for SUCCESS/Primary Care Access Hub and GP OOH services

12/18. Primary Care Audit Review

CG presented a paper which presented the results of an internal audit review of primary care commissioning, which had concluded that processes were satisfactory with a couple of areas for improvement rated as one medium and two low risk:

- Medium risk: lack of discussion at PCCC of primary care commissioning risks and recommendation that in future the agenda should include an item on risk
- Low risk: suitability of papers with a suggestion that all papers have a clear executive summary
- Low risk: PCCC decision making and ensuring that in future the executive summary clearly articulates what it requires from members and the decision is noted in the minutes

DE congratulated the CCG on the outcome of the review and advised that she would be recommending that Swindon received national recognition for the governance around its Primary Care Commissioning Committee. PB thanked DE for the recognition and confirmed the continued commitment of the Committee to be an effective decision-making body.

The Committee **noted** the findings of the report and **approved** the changes to the structure of the Committee, as detailed in the findings.

Primary Care Developments

13/18. Primary Care Provider Forum

PV presented a paper which advised that a Primary Care Provider Forum was being put in place recognising the changing landscape of the primary care and commissioning relationship needed with the CCG. The aim of the Forum would be to enable GP Practices to engage with the CCG to discuss provider market concerns and

pressures in a formal setting. Membership of the Forum, would comprise two representatives from each of the following emerging primary care provider groups:

- IMH Practices
- Federation
- Super Partnership Group.

The LMC would also attend to represent wider GP provider views.

The Committee **noted** the development of the Primary Care Provider Forum.

Corporate Items

14/18. PCCC Terms of Reference

PV presented the annual review of the Committee's Terms of Reference. There were no changes proposed.

DE advised that in line with the CCG taking on fully delegated commissioning from 1 April 2017, NHSE would no longer be attending the Committee. However, NHSE would still provide an assurance/advisory role and it was agreed that the NHSE representatives detailed in the ToR be square bracketed to reflect this.

The Committee reviewed and **recommended** approval to the Governing Body of the Terms of Reference as presented, subject to the names of the NHSE representatives being square bracketed in the membership section.

15/18. Risk Register

The Committee received an excerpt from the CCGs Corporate Risk Register relating to those risks relating to primary medical services, as follows:-

- GP / Primary Care Clinical Capacity, score 12.
- GP Forward View, score 9.

PB asked where else in the CCGs governance structure were primary care risks discussed. PV advised that risks were discussed at the Risk Management Panel, Information Governance Committee, Audit Committee and the Governing Body. IJ noted that the Committee was well sighted on the GP Forward View Delivery Plan but sought an update on primary care workforce recruitment. NM reported that the latest position was expected to be reported to the next meeting of the Primary Care Operational Group. She also commented that practices needed to fully understand the importance of accurately completing the

KL

workforce returns to ensure that an accurate assessment of the current position could be made. She suggested that an update on workforce be presented to the next meeting.

The Committee **noted** the risks relating to primary medical services.

Items for Information

16/18. Delegated Commissioning Transition Plan

LT presented a paper which provided an update on progress made by Swindon CCG to take on fully delegated commissioning of primary medical services with effect from 1 April 2017. At the last meeting, it was agreed to adapt the plan for Quarter 4 2017/18 in order to review all the work undertaken to date to ensure that processes were fully embedded and working within each CCG. This has meant that the Transition Plan had been amended to show total delivery of tasks by June 2018, which included a review and audit of both commissioning and financial processes. NHSE teams would remain available in an advisory capacity from June until the end of September 2018 as previously agreed.

The Committee **noted** the paper.

17/18. GP Forward View Delivery Plan

LT presented an update on each element within the Swindon General Practice Forward View (GPFV) Delivery Plan.

The Committee **noted** the update.

18/18. Any Other Business

(a) NHSE Representation on the PCCC

As reported earlier this would be the last meeting to be attended by NHSE. PB, on behalf of the Committee, thanked both DE and NH for their support over a number of years.

19/18. Date of Next Meeting

Wednesday 11 July 2018 at 9.30am, Pierre Simonet Building

The Meeting closed at 10.25am.

Signed as a true record and as approved by the Primary Care Commissioning Committee at its meeting on Wednesday 11 July 2018.

Name	Mr Paul Byrnes
Role	Chair



Signature

Date: 11 July 2018

Primary Care Commissioning Committee: Action Log
Updated for 11 July 2018 meeting

Status Open Items:						
Item No.	Date Raised	Item	Lead	Action	Action Response	Status
7/18	April 2018	Commissioning Report - Violent Patient Services/Special Allocation Scheme	NH	NM reported that both Carfax Medical Practice and Kingswood Surgery had advised that they wished to withdraw from the Violent Patient Services/Special Allocation Scheme, which raised a potential risk. NH confirmed that a meeting was being arranged with both practices to discuss the implications of withdrawing the services. JO reiterated that Healthwatch had not been consulted on the VPS. NH undertook to address this outside of the meeting.	NHSE leading on commissioning of this service.	Closed.
8/18	April 2018	Delegated Decision Making	PV	PV confirmed that the proposal would include Section 96 applications/payments and agreed to add this to the delegation.	Confirmed.	Closed.
9/18	April 2018	Practice Boundary Review	KL/AW	JO asked that any analysis undertaken had regard to Wanborough Surgery, which was not part of Swindon CCG but served a number of patients in the Swindon catchment area. AW agreed to discuss this with KL.	Final report will include assessment of the Wanborough area.	Closed.

Primary Care Commissioning Committee: Action Log
Updated for 11 July 2018 meeting

11/18	April 2018	Extended Access Primary Care (SUCCESS) & GP Out of Hours Services	RA	JO asked that the glossary of terms and abbreviations, appended to the rear of the agenda pack, be updated.	Glossary updated.	Closed.
15/18	April 2018	Risk Register	KL	IJ noted that the Committee was well sighted on the GP Forward View Delivery Plan but sought an update on primary care workforce recruitment. NM reported that the latest position was expected to be reported to the next meeting of the Primary Care Operational Group. She also commented that practices needed to fully understand the importance of accurately completing the workforce returns to ensure that an accurate assessment of the current position could be made. She suggested that an update on workforce be presented to the next meeting.	Workforce report to be discussed at July 2018 PCOG, with update to be provided at future PCCC.	Closed.

Commissioning Report

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author: Kate Liddington, Associate Director for Primary Care
 Sponsoring Director and/or Clinician: Paul Vater, Chief Operating Officer
 Locality Affected: All
 Practices Affected: All

1. Executive Summary

- 1.1 This paper provides an update to the Primary Care Commissioning Committee (PCCC) on the commissioning of primary medical services, giving an update on the following areas;
- Practice Commissioning
 - CQC
 - Working at Scale
 - Decisions made under delegated authority
 - Developments
- 1.2 Decision required: None.

2. Recommendation(s)

- 2.1 **The Primary Care Commissioning Committee is recommended:**
 To note the content of the report.

3. Governance

- 3.1 The Primary Care Operational Group (PCOG) receive monthly updates on all practice contractual issues.

4. Conflicts of Interest

- 4.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding or commissioning decisions related to their practices or localities.

5. Alternative Options

- 5.1 None.

6. Implications, Equality & Diversity Assessment and Risk Management:

- 6.1 Patient Benefits
 Provide oversight and intelligence on primary medical services in Swindon.

Commissioning Report

Primary Care Commissioning Committee Date: 11th July 2018

6.2 Safety and Quality Impact

The CCG Quality team attend GP Locality meeting to pick up safety and quality issues and feedback on concerns raised. There is clear reporting between practices and the CCG via the GP Reporting Log.

6.3 Financial and Procurement Implications

The CCG has delegated responsibility for primary care budgets. Procurement advice will be sought when required.

6.4 Legal and Human Rights Implications

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

6.6 Equality & Diversity Impact Assessment

Specific issues highlighted through reporting or practice contact will be subject to E & D impact assessments which will be shared with the appropriate CCG Committees

6.7 Risk Management

Risks will be identified through the CCG risk register and are part of the Board Assurance Framework.

7. Appendices

Commissioning Report.

8. Link to CCG Strategic Objectives

To increase the life expectancy of people living in Swindon and Shrivenham
 To increase self-reliance and support self-care
 To increase the support we offer to those with long terms conditions
 To reduce emergency admissions and make the shift from unplanned to planned care
 To promote the use of new technology
 To improve the efficiency and productivity of local health services
 To improve the patient's experience of local health services
 To work with NHS England to improve the quality of primary care
 To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Commissioning Report

Primary Care Commissioning Committee
11 July 2018

Contents

- Practice Commissioning
- CQC
- Working at Scale
- Decisions made under delegated authority
- Developments

Practice Commissioning

- List Closure: Lawn Medical Practice is closed to new patient referrals for 6 months from 01/06/18.
- Other Closure: Ridge Green Medical Centre, branch site at Freshbrook is operating reduced opening hours (3 days per week), currently seeking patient engagement to inform application due August 2018.
- Merger: Victoria Cross merger with Eldene Health Centre took place from 01/04/18, clinical systems have also merged and patient feedback from the closure of Nythe branch site is being monitored.
- Contract Documents: Review of APMS contracts for Carfax Medical Practice and Great Western Surgery is in progress.
- Enhanced Services: 17 services have been offered to practices for 2018/19, 2 further services are in development and are expected to be offered out within the next quarter, these are intended to provide additional support for services for patients with Learning Disabilities and to enhance cancer screening.

CQC

CQC inspections that have taken place in the last quarter are;

Practice	Overall Rating	Published Date
Victoria Cross Surgery	Good	18/05/2018
North Swindon Practice	Good	16/05/2018
Hawthorn Medical Practice	Good	30/04/2018
Eldene Surgery	Good	24/04/2018

Working at Scale

Practices continue to come together to work at scale in provider groups, the current position is;

Provider Group	Practices	Population
Federation	10	98,319
Wyvern HP	7	74,753
IMH	5	54,081
None	1	10,800
Total	23	237,953

- The changes in the last quarter are the Moredon Medical Centre and Taw Hill Medical Practice have joined the IMH group.
- The reason for 1 practice not being affiliated with a group are understood and being discussed with the practice involved.

Decisions made under delegated authority

There is a procedure in place for making urgent extraordinary primary care payments up to the value of £20,000, without holding an Exceptional PCCC.

Delegated authority is given to two of the following officers to approve these payments: Accountable Officer, Chief Financial Officer, Executive Nurse or Chief Operating Officer.

The decisions made in the last quarter are;

- Additional Section 96 funding to support Victoria Cross Surgery merger with Eldene Health Centre (EHC) and closure of Nythe branch site, for exceptional locum, clerical and management support.
- Section 96 funding for Park Lane Practice to participate with the LMC GP Supporters Programme from May to August 2018 to support improvement in CQC rating.
- Revenue reimbursement for Hermitage Surgery (a branch site of Westrop Medical Practice) for an additional 12 car parking spaces, pending relevant planning permission and building works.

Developments

- All 3 Provider Groups have nominated representatives for the 'Swindon Primary Care Provider Forum', the first meeting is being arranged and will also have representation from Wessex LMC.
- There is a working group in place to develop primary care reporting for both PCCC and PCOG, this will include workforce analysis.
- The transition of responsibilities and records from NHS England to Swindon CCG for delegated commissioning continues, it is expected that the full plan will be completed by end of July 2018 and NHS England will continue to provide advice and support until October 2018.
- A review of accessibility of GP services during core hours is being undertaken and will report to PCOG.

Primary Medical Care Practice Boundary Review

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author: Alison Westmacott, Associate Director of Primary Care,
NHS South, Central and West Commissioning
Support Unit

Sponsoring Director and/or Clinician: Paul Vater, Chief Operating Officer

Locality Affected: All

Practices Affected: All

1. Executive Summary

- 1.1 Further to the report submitted to the Primary Care Commissioning Committee (PCCC) meeting on the 11th April 2018, this paper details progress made to date, identifies the next steps and the benefits to both commissioners and practices.
- 1.2 It was agreed at January 2018 PCCC to undertake a detailed review of GP practice boundaries in order to inform commissioning intentions and associated decisions. This paper provides an update on this process and proposed next steps for approval.
- 1.3 Decision required: None – For information.

2. Recommendation(s)

- 2.1 **The Primary Care Commissioning Committee is recommended:**
- To note the content of the report.

3. Detail

- 3.1 Swindon CCG has commissioned South Central and West Commissioning Support Unit (SCW CSU) to undertake a review of General Practice Boundaries. Practices are entitled to change the boundaries of the area covered by them but this must be done as part of formal contractual process with practices being required to make an application to Swindon CCG so that the revised boundary can be approved and a revised contract agreed. Some local intelligence indicated that practices had made changes to their boundaries by the annual E-declaration (eDec) process, understanding this to be formal contractual approval, which it is not. The aim was to scope the discrepancies between contract and eDec documents.
- 3.2 Phase two of this work has involved the commissioning of the SCW Geographic Intelligence team (GIS), to undertake spatial analysis and mapping, in addition to building the GIS web tool (GP Map). This tool is now available to the CCG commissioners and data from it will support the discussions with practices.

Primary Medical Care Practice Boundary Review

Primary Care Commissioning Committee Date: 11th July 2018

3.3 GP Map

- 3.3.1 GP Map is an operational GP practice level interactive map tool for use in practices and by commissioners to understand the GP practice area, providing: boundaries (Contractual / eDec / Outer Boundary if available) , travel time access to surgeries, deprivation indicator, registered patient spread by postcode. Recent development includes the addition of dispensing list patients at postcode level.
- 3.3.2 Practices can support patient registration by searching for a patient's address and plot this on the map and determine proximity to the surgery by a range of transport options, including driving public transport, cycling and walking. Furthermore, the practice can easily identify patient postcodes who currently reside out of the practice boundary areas, and the statistics on these practice population numbers.
- 3.3.3 Commissioners can also combine two or more practices to view merged boundaries and populations when considering practice mergers/closures.
- 3.3.4 Through individual practice level passwords, practices will be able access their own practice map.
- 3.3.5 Maps can be printed from the tool or saved as PDF or JPEG documents. In addition, there is the option for GP practices to embed a public version of this map on another website, e.g. a public facing GP Practice website. On a site such as this, the tool will allow the public to see the location of the surgery (and branches) and estimate travel times for different travel modes.
- 3.3.6 In the context of this piece of work the GP Map tool can:
- Quantify what the degree of variation equates to in terms of the number and percentage of patients within the altered boundaries.
 - Calculate the accessibility of patients (calculated in terms of number/percentage of patients with access to surgeries by travel times; car, public transport, walking)
- 3.3.7 The SCW GIS team has also undertaken spatial analysis to:
- Establish the degree of overlap between practices boundaries across the entire CCG area and identify any areas with no GP services coverage.
 - Undertake an evaluation of risk relating to equality of access of the population to primary care GP services. This will identify areas and numbers/percentage of patients with access to zero or one practice only.
 - This information will be verified with the practices as part of the practice visits – where amendments are required these will be made to the eDec system (PCWT) during the next round of updates.
- 3.3.8 Screen shots from the tool are available to committee members to illustrate the functionality of the tool.

Primary Medical Care Practice Boundary Review

Primary Care Commissioning Committee Date: 11th July 2018

3.4 Information Governance

3.4.1 The GP practice registered patient data is provided from NHS Digital NHAIS. This data has gone through the relevant Information Governance procedures to be used for this web tool and has been approved by NHS England. The specific data within the web tool is non patient identifiable and has been aggregated at postcode level, along with the suppression of small numbers under six.

3.5 GP Practice Engagement

3.5.1 A schedule of visits to all practices is being developed following a prioritisation exercise. These visits will be undertaken by SCW.

3.5.2 The purpose of the visits is to:

- Discuss any discrepancies identified between the eDec and contractual boundaries to explore the reasons behind them. These conversations will be supported by the analysis undertaken and available through the GP Map tool.
- Provide practices with support to enable them to amend and correct eDec boundaries where the discrepancy is due to issues using the eDec mapping tool.
- Explore any impact that patients registered outside of the practice boundary may be having on the practice with the provision of advice and guidance to support the practice
- Discuss principles that practices feel would add value to a Swindon CCG approach to the assessment of requests for practice boundary changes which would have an impact on the people living within the area

3.5.3 The intended impact of these meetings will be that the commissioners will have an accurate picture of all practice boundaries across Swindon and population coverage. Once this level of detail is available further discussions will commence with those practices wishing to apply for boundary changes.

3.6 Reporting

3.6.1 A report on the progress of this project will be submitted to the PCOG meeting in September 2018 and a final report will be presented to the next meeting of the PCCC in October 2019.

3.6.2 It is intended that the final report will also include a draft set of principles, informed by the practices visited, for the assessment of requests for practice boundary changes which would have an impact on the people living within the area.

Primary Medical Care Practice Boundary Review

Primary Care Commissioning Committee Date: 11th July 2018

4. Governance

- 4.1 PCCC to maintain oversight and receive a formal report of work carried out. A report will also be made to September 2018 PCOG.

5. Conflicts of Interest

- 5.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding or commissioning decisions related to their practices or localities.

6. Alternative Options

- 6.1 None.

7. Implications, Equality & Diversity Assessment and Risk Management:

7.1 Patient Benefits

Provide consistent contractual decision making for primary medical services provision in Swindon.

7.2 Safety and Quality Impact

There is clear reporting between practices and the CCG via the GP Reporting Log.

7.3 Financial and Procurement Implications

The CCG has delegated responsibility for primary care budgets. Procurement advice will be sought should it be required.
Funding for resource to complete work to date and next steps of the GP practice boundary reviews are to be allocated from primary care budget.

7.4 Legal and Human Rights Implications

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

7.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

7.6 Equality & Diversity Impact Assessment

Specific issues highlighted through reporting or practice contact will be subject to E & D impact assessments which will be shared with the appropriate CCG Committees.

7.7 Risk Management

Risks will be identified through the CCG risk register and are part of the Board Assurance Framework for 2017/18.

Primary Medical Care Practice Boundary Review

Primary Care Commissioning Committee Date: 11th July 2018

8. Appendices

None.

9. Link to CCG Strategic Objectives

To increase the life expectancy of people living in Swindon and Shrivenham

To increase self-reliance and support self-care

To increase the support we offer to those with long terms conditions

To reduce emergency admissions and make the shift from unplanned to planned care

To promote the use of new technology

To improve the efficiency and productivity of local health services

To improve the patient's experience of local health services

To work with NHS England to improve the quality of primary care

To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Detailed Primary Care Budgets for 2018/19

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author:	Michael Walker, Financial Accountant
Sponsoring Director and/or Clinician:	Caroline Gregory, Chief Financial Officer
Locality Affected:	All
Practices Affected:	All

1. Executive Summary

- 1.1 This report provides a summary of the Delegated and Programme Primary care budgets for 2018-19.
- 1.2 The CCG has been notified that the 2018-19 allocation for Delegated Primary care is £27.9m. From this allocation, it is anticipated that £26.9m will flow directly to GP practices with the balance being allocated to non GP services or held in reserve.
- 1.3 Reserves totalling £649k have been identified and set aside to cover known commitments including the 0.5% Contingency and PMS Premium transfer.
- 1.4 Programme budgets for Primary care total £10.2m, of which £690k has been set aside to cover GPFV commitments brought forward from 2017-18 and planned expenditure in 2018-19.
- 1.5 For the financial year 2018-19, the anticipated forecast outturn is a breakeven position.

Decision required: To note the report

2. Recommendation(s)

The Primary Care Commissioning Committee is recommended to;

- 2.1 Note the contents of the report

3. Governance

- 3.1 None

4. Conflicts of Interest

- 4.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding or commissioning decisions related to their practices or localities

Detailed Primary Care Budgets for 2018/19

Primary Care Commissioning Committee Date: 11th July 2018

5. Alternative Options

5.1 None

6. Implications, Equality & Diversity Assessment and Risk Management

6.1 Patient Benefits

None

6.2 Safety and Quality Impact

None

6.3 Financial and Procurement Implications

Inherent within the subject matter

6.4 Legal and Human Rights Implications

None

6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None

6.6 Equality & Diversity Impact Assessment

None

6.7 Risk Management

Inherent within the subject matter

7. Appendices

Primary Care Budget report

Detailed Primary Care Budgets for 2018/19

Primary Care Commissioning Committee Date: 11th July 2018

8. **Link to CCG Strategic Objectives**
- To increase the life expectancy of people living in Swindon and Shrivenham
 - To increase self-reliance and support self-care
 - To increase the support we offer to those with long terms conditions
 - To reduce emergency admissions and make the shift from unplanned to planned care
 - To promote the use of new technology
 - To improve the efficiency and productivity of local health services
 - To improve the patient's experience of local health services
 - To work with NHS England to improve the quality of primary care
 - To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

SWINDON CLINICAL COMMISSIONING GROUP
Primary Care Finance Report
Financial Plan 2018-19



Delegated Primary Care

Delegated Primary Care:

	18-19 Plan £'000's
GMS Contracts	11,636
PMS Contracts	5,511
APMS Contracts	2,626
Premises Costs	2,399
Prescribing Fees	499
DES Extended Hours	390
DES Learning Disabilities	54
DES Minor Surgery	299
DES Violent Patients	27
QOF	3,000
Locum Costs	334
Other Costs	366
Transport Service	127
Reserves	649
Delegated Primary Care Total	27,917

- The total allocation for Delegated primary care is £27.9m.
- £26.9m of funds will flow to GP Practices (96% of total budget) with the remaining balance being allocated to non GP services or held in reserve.
- The forecast is a breakeven position for 2018/19.
- Assumptions:
 - GP Contract changes are to be implemented through a 3% change in the Global Sum rate per weighted patient from £85.35 to £87.92.
 - Out of Hour deduction reduced to 4.87% from 4.92%
 - Demographic Growth included at 1.2%
 - QOF Assumed 100% achievement for 2018/19 plus 4.7% increase due to increased QOF points.
 - Premises includes Rent £1.97m, Business Rates £360k, Clinical Waste £39k, Water £23k and DV Charges £10k
 - Locum reimbursement has been increased by 1%. From 1 April 2018, if a contractor chooses to employ a salaried GP on a fixed term basis this will be reimburseable to the same level as cover provided by a locum.
 - MPIG and Seniority phased reduction as per national guidance.
- Other Adjustments
 - The CCG administers the following items that are pass-through costs:
 - Deduction and payment of GP levies
 - Deduction and payment of GP pensions

Delegated Primary Care Reserves

Delegated Primary Care Reserves:

Reserves	2018/19 £'000's
Opening Reserve	649

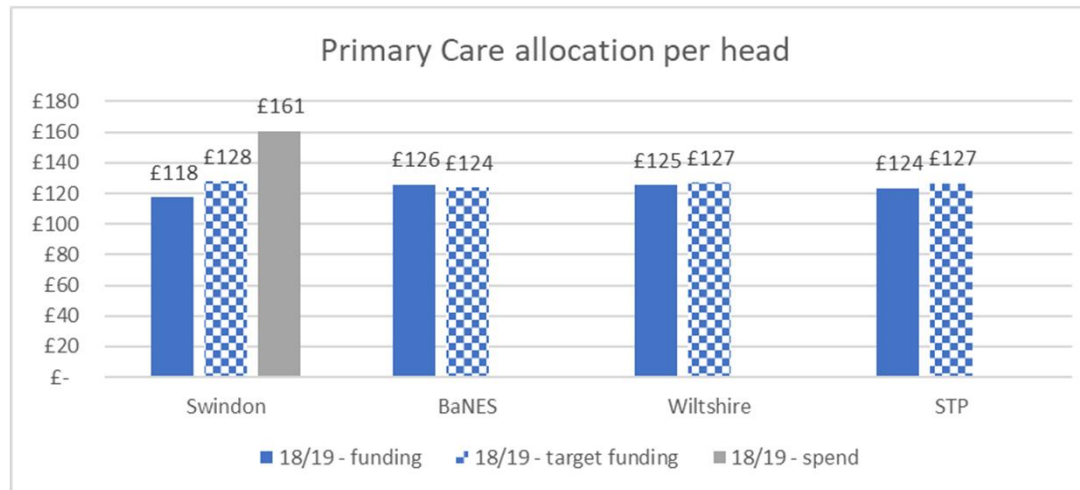
Commitments against reserves	2018/19 £'000's
PMS Premium	(86)
0.5% Contingency	(140)
Indemnity	(241)
Property Costs	(129)
Section 96 Resilience	(20)
General Reserve	(33)
Total Commitments	(649)

- We have been instructed by NHS England to hold a 0.5% contingency reserve (£140k).
- Indemnity Reserve of £1.01 per patient (£241k) to offset the inflationary cost associated with GP Indemnity.
- PMS Premium £86k to be transferred to Local Enhanced Services budget.
- Property reserve relates to the Swindon Health Centre premises reimbursement subject to finalisation by the District Valuer and NHS Property Services.
- Section 96 - £20k of commitments have been made in 18-19 so far.
- General Reserve of £33k.

Risks

- Resilience spend in 17/18 totalled £318k and there is therefore the potential for similar spend in 2018/19.
- Locum budget has been set at £80k per quarter which is the equivalent of 3.7 doctors on Maternity / Paternity / Sickness allowance at any one time.
- Premises budgets have been increased in line with a forecast 5% uplift over three years. Any upward pressure on rents may have an adverse affect on the forecast outturn.
- List size changes could have an adverse impact on spend as actual population growth is changeable year-on-year.
- Several GP practice premises are provided by NHS Property services. 2017/18 reconciliations are not completed until the summer each year and this may have an impact on the financial position. There are also outstanding disputes with Property services which are subject to finalisation.
- Premises directions are likely to be published during the year and this may have an impact on practice reimbursements.

Funding Allocations



The CCG is planning to spend £161 per head across its delegated and directly commissioned budgets.

Primary Care allocations for Swindon are £10 per patient below the target that was published in the 2016/17 allocation refresh. Distance from targets have not been published for 18/19 following the revised allocations. The main reason for the difference for Swindon is that the primary care allocation was overstated by the inclusion of funding for the walk-in centre and extended access which were not delegated primary care services.

Until 17/18, NHS England managed this contract along with the associated primary care contracts and so for convenience they were managed within primary care. This funding (and the associated spend) has been transferred to the CCG's core service allocation reflecting the fact that they are not delegated functions. The transfer of funding from the delegated allocation has been at no gain/nor loss as the associated spend has also transferred.

The difference in funding for Swindon equates to a shortfall ~£2.3m. Target funding levels across the STP are similar, but Swindon currently receives a lower allocation than its neighbours. An exercise was completed in 17/18 by the CCG to compare how the three CCGs spent their delegated allocations. The only variation between the three CCGs, apart from the walk-in centre anomaly above, was connected with the level of premises spend. Both Wiltshire and BaNES spend more on premises per patient which may be a reflection of the different geographies and related rental values.

Directly Commissioned Primary Care

	Budget £'000's
LES ADHD	1
LES Care Home	177
LES Care of Homeless	12
LES Diabetes	29
LES Ear Syringing	33
LES Hormone Implant/Injection	46
LES IUCD	14
LES LD Review	13
LES Leg Ulcer/Wound Care	227
LES MRSA Pre-Op Clearance	1
LES Near Patient Testing	14
LES Phlebotomy	117
LES Post Op Wound Care	43
LES Practice Commissioning	106
LES Pre-Diabetic Enhanced Service	17
LES Prescribing Incentive Scheme	121
LES Safeguarding	30
LES Scheduled Unregistered Service	104
LES Tuberculosis Service	58
Community Navigator	350
GPFV	690
GWH Walk-in Centre	772
Prescribing & Dispensing	1,835
Extended Access & Success	1,325
Out of Hours Service	2,331
GPIT	1,105
Other	666
Directly Commissioned Total	10,237

- Local Enhanced Services
 - Two new services were agreed for 2018/19 Safeguarding and LD Review. Both schemes will be funded by the reinvestment of the PMS Premium.
 - Budgets have been based on the outturn position of the 17/18 schemes plus adjustments for new component spend.
- Community Navigator spend is via the Section 75 agreement with Swindon Borough Council.
- GPFV:
 - Due to the timing of GPFV bid submission and approval it was not possible for the full GPFV budget to be spent in 2017/18. The brought forward budget has been added to the 18/19 allocation.
 - Subject to in-year analysis additional bid submissions may be requested depending upon project spend.
- Out of Hours Service
 - The service transferred to Medvivo on the 1st February. The budget has been set in line with the indicative contract value.
- Other
 - Includes spend on Referral Management Centre (RMC) and Prescription Ordering Direct (POD) services.

GPFV

GPFV Transformation Budget	Budget	Phasing of Bids		
	£'000's	2018-19	2019-20	2020-21
Super Partnership - Strategic	54	54	0	0
Super Partnership - Operational GP Backfill	44	44	0	0
Super Partnership - Operational Project Manager	92	55	37	0
Telephone Consultations	12	12	0	0
Document Management	15	15	0	0
IT Software - Ardens	141	68	63	10
IT Software - Qmasters	40	24	14	2
Clinical Coding	30	30	0	0
Call hub at scale development	80	80	0	0
Infrastructure to support Home Visiting service	10	10	0	0
GP online trial	16	16	0	0
Strategic and operational set-up - Federation	80	80	0	0
Budget available for additional bids	76	76	0	0
CCG £3 per head funding	690	564	114	12

The projects above were approved by Governing Body as part of the GPFV scheme.

The total amount budgeted for GPFV in 2017/18 & 2018/19 is £718k. £28k was spent on projects in 2017/18 resulting in a brought forward budget for 2018/19 of £690k. The table details the proposed spend of monies in line with the bid submissions. Where submissions cover more than one year the expenditure has been phased over the whole of the bid period.

The CCG received non-recurrent funding for Clerical Training and GP Online Consultations in 2017-18. The CCG will recognise similar budgets as and when additional funding is made available.

Primary Care Finance Report

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author:	Michael Walker, Financial Accountant
Sponsoring Director and/or Clinician:	Caroline Gregory, Chief Financial Officer
Locality Affected:	All
Practices Affected:	All

1. Executive Summary

- 1.1 This report is an update on the financial position for Primary Care services for the financial year 2017-18.
- 1.2 As at the end of 2017-18, the CCG had spent £27.01m of the £27.16m Delegated Primary Care budget, resulting in a £147k underspend for the financial year. There were several variances across GP Contracts, Premises and Prescribing Fees which are due to contractual changes, ongoing rent reviews and accrual estimates.
- 1.3 Indemnity fee funding for GP practices has been agreed nationally and will be funded by NHS England. An accrual of £107k was released into the M12 financial position.
- 1.4 Programme expenditure on primary care underspent by £331k against the budget of £7.99m. The underspend was driven by the change in model used by the SUCCESS service and the deferral of spend on GPFV projects to 2018-19.

Decision required: To note

2. Recommendation(s)

The Primary Care Commissioning Committee is recommended to;

- 2.1 Note the contents of the report

3. Governance

- 3.1 None

4. Conflicts of Interest

- 4.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding or commissioning decisions related to their practices or localities

Primary Care Finance Report

Primary Care Commissioning Committee Date: 11th July 2018

5. Alternative Options

5.1 None

6. Implications, Equality & Diversity Assessment and Risk Management

6.1 Patient Benefits

None

6.2 Safety and Quality Impact

None

6.3 Financial and Procurement Implications

Inherent within the subject matter

6.4 Legal and Human Rights Implications

None

6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None

6.6 Equality & Diversity Impact Assessment

None

6.7 Risk Management

Inherent within the subject matter

7. Appendices

Finance Report

Primary Care Finance Report

Primary Care Commissioning Committee Date: 11th July 2018

8. **Link to CCG Strategic Objectives**
- To increase the life expectancy of people living in Swindon and Shrivenham
 - To increase self-reliance and support self-care
 - To increase the support we offer to those with long terms conditions
 - To reduce emergency admissions and make the shift from unplanned to planned care
 - To promote the use of new technology
 - To improve the efficiency and productivity of local health services
 - To improve the patient's experience of local health services
 - To work with NHS England to improve the quality of primary care
 - To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Primary Care Spend 2017 - 18

	Budget	Actual	Variance
	£'000's	£'000's	£'000's
Delegated Primary Care			
GMS Contracts	9,840	10,001	161
PMS Contracts	7,354	7,186	-168
APMS Contracts	2,218	2,193	-25
Premises Costs	2,500	2,590	90
Prescribing Fees	501	473	-29
DES Extended Hours	351	374	23
DES Learning Disabilities	54	62	8
DES Minor Surgery	289	281	-8
DES Violent Patients	19	33	14
QOF	2,902	2,856	-46
Locum Costs	272	360	88
Other Costs	411	480	69
Transport Service	127	127	0
Reserves	323	0	-323
Delegated Primary Care Total	27,161	27,014	-147
Directly Commissioned			
LES Care Home	300	177	-123
LES Prescribing Incentive Scheme	313	439	126
LES Leg Ulcer/Wound Care	208	227	18
Other LES	337	446	109
Walk-in Centre & Extended Access	3,040	2,613	-427
GPIT	731	793	62
Community Navigator	300	300	0
Prescribing & Dispensing Fees	1,829	2,091	262
Other	932	578	-354
Directly Commissioned Total	7,990	7,664	-326
Primary Care Total	35,151	34,678	-473

Month 12 Position Delegated Primary Care:

- The final position was an underspend of £147k due to:
- Swindon Health Centre property costs were lower than the £200k reserve set aside at the start of 17/18 - £180k
- NHS England advised CCG's in March that there was no requirement to accrue for the Indemnity Scheme in 2017/18 - £107k was therefore released.
- Additional Locum Sickness claims were less than anticipated at £11k vs Reserve £30k
- An additional £9k allocation was received in March to cover the cost of the DES TPP service.

Directly Commissioned Primary Care

- £331k of the GPFV budget will be deferred to 18/19 to be spent in line with the bid submissions.
- LES Overspend due to Prescribing Incentive scheme and Practice Commissioning services.
- Walk-in & Extended Access, FY variance due to cheaper salary model being used in SUCCESS whereas the budget was based on agency.
- Other includes GPFV, POD & RMC costs.

Local Enhanced Services (LES)

Expenditure	Year to Date		
	Budget	Actual	Variance
	£'000's	£'000's	£'000's
ADHD	1	1	0
Care Home	300	177	-123
Care of Homeless	14	12	-2
Diabetes	23	29	6
Ear Syringing	17	37	20
Hormone Implant/Injection	42	46	4
IUCD	16	14	-2
Leg Ulcer/Wound Care	208	227	19
MRSA Pre-Op Clearance	1	1	0
Near Patient Testing	1	14	13
Phlebotomy	135	117	-18
Practice Commissioning	63	106	43
Pre-Diabetic Enhanced Service	13	26	13
Prescribing Incentive Scheme	313	439	126
Post Op Wound Care	11	43	32
Total	1,158	1,289	131

Year-to date figures are based on the amounts paid up to March 2018 plus accruals for expenditure not yet invoiced.

GPFV

	2017-18 Year to Date			2017 -18 Forecast			2018 - 19		Total £'000's
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	
2017 - 18 Projects									
Super Partnership - Strategic	0	0	0	0	0	0	54	54	54
Super Partnership - Operational GP Backfill	0	0	0	0	0	0	44	44	44
Super Partnership - Operational Project Manager	19	19	0	19	19	0	92	92	111
Quality Improvement	9	9	0	9	9	0	0	0	9
Telephone Consultations	0	0	0	0	0	0	12	12	12
Document Management	0	0	0	0	0	0	15	15	15
IT Software - Doc Management	0	0	0	0	0	0	85	85	85
Clinical Coding	0	0	0	0	0	0	30	30	29
2018 - 19 Budget*							359	359	359
	28	28	0	28	28	0	690	690	718

The projects above were approved by Governing Body as part of the GPFV scheme.

The total amount budgeted for GPFV in 2017/18 and 2018/19 is £718k. The table details the proposed spend of the first tranche of monies in line with the bid submissions.

The CCG originally planned to spend half of the monies in 2017-18 but due to the timing of bids this has been delayed until 2018-19.

The CCG is planning for the full £3 per head to be spent across the two years.

* Budget to be allocated against additional GPFV bids.

Engagement with Primary Care (GP practices)

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author: Kate Liddington, Associate Director for Primary Care
 Sponsoring Director and/or Clinician: Nicki Millin, Accountable Officer
 Locality Affected: All
 Practices Affected: All

1. Executive Summary

- 1.1 This paper sets out the current methods used to engage with primary care (GP practices) recognising both the membership and commissioner relationship that the CCG needs to have with GP practices.
- 1.2 This is an opportunity to discuss a shared understanding of the role of PCCC in order to influence the commissioner relationship with providers of primary medical care services.
- 1.3 Decision required: None.

2. Recommendation(s)

- 2.1 **The Primary Care Commissioning Committee is recommended:**
To discuss the content of the report.

3. Governance

- 3.1 None.

4. Conflicts of Interest

- 4.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding or commissioning decisions related to their practices or localities.

5. Alternative Options

- 5.1 None.

6. Implications, Equality & Diversity Assessment and Risk Management:

- 6.1 Patient Benefits
Provide oversight and intelligence on primary medical services in Swindon.
- 6.2 Safety and Quality Impact

Engagement with Primary Care (GP practices)

Primary Care Commissioning Committee Date: 11th July 2018

The CCG Quality team attend GP Locality meeting to pick up safety and quality issues and feedback on concerns raised. There is clear reporting between practices and the CCG via the GP Reporting Log.

6.3 Financial and Procurement Implications

The CCG has delegated responsibility for primary care budgets. Procurement advice will be sought when required.

6.4 Legal and Human Rights Implications

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

6.6 Equality & Diversity Impact Assessment

None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.

6.7 Risk Management

Risks will be identified through the CCG risk register and are part of the Board Assurance Framework.

7. Appendices

Presentation – Engagement with Primary Care (GP Practices)

8. Link to CCG Strategic Objectives

To increase the life expectancy of people living in Swindon and Shrivenham
 To increase self-reliance and support self-care
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 To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Engagement with Primary Care (GP Practices)

Primary Care Commissioning Committee
11 July 2018

Background

- The CCG was established as a membership organisation, to make sure that there was clinical representation and input in commissioning plans for the local population.
- Initially the CCG had a limited commissioning role for GP practices.
- Now we are the responsible commissioner for primary medical services delivered by GP practices (under delegated authority).
- PCCC was formed, supported by PCOG, as part of primary care commissioning governance.
- The Commissioner:Provider relationship is different to a membership/engagement relationship.

Current Landscape

- The number of primary care contracts has reduced from 27 to 23 in recent years.
- As GP practices come together to work at scale they may do this in a way that does not reference directly to the number of contracts that exist.
- At present there are 3 provider groups representing 22 of the primary care contracts.
- We have a mixture of membership and commissioner forum/meetings.

Forums in place (1)

- Governing Body with elected representatives
 - x6 GPs (clinical chair, GP, x3 locality leads, salaried)
 - x1 Practice Manager
- Clinical Leadership Group
 - GB representatives involved in clinical prioritisation
 - Formal two-way feedback to Locality meetings
- Locality meetings x3 (*practice attendance funded*)
 - Bi-monthly forum attended by lead GP & practice manager (groups of practices)
- Commissioning/Membership Forum (*practice attendance funded*)
 - Quarterly forum attended by lead GP & practice manager (all practices)

Forums in place (2)

- GP Reporting Log
 - Email feedback from practices to the Quality Team about patient-level issues to identify key themes and trends to be discussed in commissioning forums
- CCG Newsletter
 - Fortnightly email to lead GPs, Practice Managers & Practice Nurses
- Practice Managers meeting
 - Practice attendance not funded, CCG representatives attends part of meeting when requested to do so
- Ad hoc forums
 - CCG reps attend practice meeting when requested
 - GPFV events (practice attendance funded)
 - Other events (some funded and other not)

Planned Developments

- Primary Care Provider Forum in 2018/19
 - Quarterly meeting with 2 representatives from 3 provider groups plus LMC
 - Attendance not funded, as per usual commissioner:provider expectation
- Protected Learning Time (PLT) Events from 2019/20
 - 4 afternoons per year to fund all practice staff to attend
 - CCG to commission telephone cover for all practices

Discussion

The CCG needs to maintain both a membership and commissioner relationship with GP Practices.

- In terms of the CCG as the commissioner of primary medical services, what are the benefits and/or challenges of both locality and provider group forums?
- What are key topics to discuss with GP practices in 2018/19? (Sustainability, Quality, Workforce, Estates etc)

Risk Register

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author:	Kate Liddington, Associate Director for Primary Care
Sponsoring Director and/or Clinician:	Nicki Millin, Accountable Officer
Locality Affected:	All
Practices Affected:	All

1. Executive Summary

- 1.1 An excerpt from NHS Swindon Clinical Commissioning Group's Corporate Risk Register of risk relating to primary medical services is presented to PCCC for review.
- 1.2 There are three risks;
 - No change: GP / Primary Care Clinical Capacity, score 12.
 - New risk: Referral Support Centre (RSC) Operational Performance, score 9.
 - Reduced risk score: GP Forward View, score 6 (previously 9).
- 1.3 Each risk is reviewed on a monthly basis, with controls and assurance, as well as proposed actions being taken to management and mitigate the risks presented.
- 1.4 Decision required: No

2. Recommendation(s)

- 2.1 **The Primary Care Commissioning Committee is recommended:**
To review primary care risk from the corporate register on a quarterly basis.

3. Governance

- 3.1 Risks are updated monthly by risk owner, and reviewed at Risk Management Panel.

4. Conflicts of Interest

- 4.1 GP Practice partners and staff, including committee members, may have conflict of interest relating to their practices and localities.

5. Alternative Options

- 5.1 None.

6. Implications, Equality & Diversity Assessment and Risk Management:

- 6.1 Patient Benefits
To ensure that operational and strategic risks relating to primary medical services are actively managed.
-

Our Mission: To Optimise the Health and Wellbeing of the People of Swindon and Shrivenham

Risk Register

Primary Care Commissioning Committee Date: 11th July 2018

- 6.2 Safety and Quality Impact
All members of Primary Care Operational Group and can highlight issues to the corporate register as required.
- 6.3 Financial and Procurement Implications
The CCG has delegated responsibility for primary care budgets. Procurement advice will be sought when required.
- 6.4 Legal and Human Rights Implications
None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.
- 6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)
None highlighted at present, if they arise they will be shared with the appropriate CCG Committees.
- 6.6 Equality & Diversity Impact Assessment
Specific issues highlighted will be subject to E & D impact assessments which will be shared with the appropriate CCG Committees
- 6.7 Risk Management
Risks will be identified through the CCG risk register and are part of the Board Assurance Framework.
7. **Appendices**
Excerpt from corporate risk register.
8. **Link to CCG Strategic Objectives**
- | |
|---|
| <ul style="list-style-type: none"> To increase the life expectancy of people living in Swindon and Shrivenham To increase self-reliance and support self-care To increase the support we offer to those with long terms conditions To reduce emergency admissions and make the shift from unplanned to planned care To promote the use of new technology To improve the efficiency and productivity of local health services To improve the patient's experience of local health services To work with NHS England to improve the quality of primary care To reduce inequalities in health and healthcare for people in Swindon and Shrivenham |
|---|

Risk No. (CRR)	Risk Title	Date Originally Added	Risk Owner	Responsible Director	Latest Review	Service / Department	Risk Sub Category	Description Of Risk Event and Cause	Previous Cons. Previous Like.	Original Risk Score	Previous Cons. Previous Like.	Previous Risk Score	Current Controls and Assurance	Current Cons. Current Like.	Current Risk Score	Proposed Action	Target Score	Person Responsible	Action Target Date	
44	GP / Primary Care Clinical Capacity	11/01/2016	Kate Liddington	Nicki Millin	04/06/2018	Commissioning Quality	Service Delivery	The General Practice medical workforce faces pressures of recruitment and retention which may lead to an insufficient number of GPs for the growing population of Swindon.	3	3	3	4	12	3	4	12	1. Blended job plan (education + primary care) for 2 GPs being mobilised. 2. To mobilise Wave 4 clinical pharmacist bid which will enable 12 more practices to have the equivalent of 3.5 WTE clinical pharmacists by Summer 2018. 3. Care navigation and clinical coding training to be rolled out for practices. 4. 2018/19 £3 per head transformational funding has process for practices to bid for funds to support projects within scope of GPFV to include supporting practices working at scale.	9	1. Di Walsh 2. Louise Tapper 3. Kate Liddington 4. Kate Liddington	1. end of July 2018 2. end of September 2018 3. end of December 2018 4. end of March 2019
57	Referral Support Centre Operational Performance	11/05/2018	Kate Liddington	Paul Vater	04/06/2018	Commissioning	Service Delivery CCG Operational	High proportion of patients are unable to contact Referral Support Centre (RSC) in a timely manner, resulting in poor patient experience of service, reputational impact for service and delay in obtaining referral outcome.	3	3	3	3	9	3	3	9	1. Ongoing recruitment to clerical team. 2. Deputy Manager to commence in post mid-June. 3. RSC Working Group being put in place to review a number of workstreams including: a. Recruitment b. Evaluation of impact of clinical roles and triage c. Review of all operational process (clinical and clerical) d. IT infrastructure, to include DocMan, telephony etc e. Review of remote triage functions f. Performance monitoring, to include development of Dashboard g. Team development h. Business continuity and service resilience	2	1. June Banks 2. June Banks 3. Kate Liddington	1. end of December 2018 2. end of June 2018 3. end of December 2018
54	GP Forward View	06/11/2017	Kate Liddington	Nicki Millin	04/06/2018	Commissioning	CCG Operational	Swindon CCG is facilitating delivery of GP Forward View with all membership practices. The scope of projects are intended to support primary care working at scale, operational efficiencies and new ways of working. If projects are not delivered which may result in under developed and vulnerable primary care providers.	3	3	3	2	6	3	2	6	1. Auto-population of GP Referral Forms and clinical management system to be rolled out (GPFV funding). 2. Second sharing and learning event to be held in Autumn 2018 (planned for 18/10/18). 3. Care navigation and clinical coding training being rolled out for practices. 4. Quality Improvement clinical audit project for primary care to be rolled out to enable sharing of best practice (through GPFV funding). 5. Strategic development of Wyvern Health Partnership and Swindon Voice Federation through GPFV funding.	4	1. Louise Tapper 2. Kate Liddington 3. Kate Liddington 4. Louise Tapper 5. Louise Tapper	1. end of October 2018 2. end of October 2018 3. end of December 2018. 4. end of March 2019 5. end of March 2019

Risk Matrix

Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
		Likelihood				

Delegated Commissioning Transition Plan

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author:	Sue Carvell, Primary Care Manager
Sponsoring Director and/or Clinician:	Paul Vater, Chief Operating Officer
Locality Affected:	All
Practices Affected:	All

1. Executive Summary

- 1.1 This paper provides an update on progress made by Swindon CCG to take on fully delegated commissioning of primary medical services with effect from 1 April 2017.
- 1.2 2017/18 was a transition year, during which the CCG and NHS England (NHSE) have committed to working closely together to transfer resource and capability with the CCG leading actions where possible. This work is being progressed by a Transition project group.
- 1.3 At the January 2018 meeting, it was agreed to adapt the plan for quarter 4 2017/18 in order to review all the work undertaken to date to ensure that process are fully embedded and working within each CCG. This has meant that the Transition Plan has been amended to show total delivery of tasks by June 2018, it will also include review and audit of both commissioning and financial processes. NHSE teams will remain available in an advisory capacity from June until the end of September 2018 as previously agreed.

2. Recommendations

The Primary Care Commissioning Committee is recommended to:

- Note the report.

3. Overview

- 3.1 Swindon CCG has been jointly commissioning Primary Medical Services with NHS England under co-commissioning arrangements since April 2015.
- 3.2 Effective 1 April 2017 Swindon CCG became fully delegated, responsible for the commissioning of general practice services across Swindon and Shrivenham. Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services. Legally, NHS England retains the liability for the performance of primary medical care commissioning so will expect assurance that its statutory functions are being discharged effectively.
- 3.3 In April 2017 the Transition project group meetings commenced with Swindon CCG working collaboratively with BaNES CCG, Wiltshire CCG and NHS England to ensure the

Delegated Commissioning Transition Plan

Primary Care Commissioning Committee Date: 11th July 2018

plan is realistic, adequately resourced and to plan the practical actions that need to be completed.

- 3.4 The Transition plan set out allocated tasks to each of the four quarters of 2017/18 with a commitment from NHS England primary care teams to continue to be available and to support transition for an 18-month period, until the end of September 2018.
- 3.5 At the January 2018 meeting, it was agreed to adapt the plan for quarter 4 2017/18 in order to review all the work undertaken to date to ensure that processes are fully embedded and working within each CCG. This has meant that the Transition Plan was amended to show total delivery of tasks by June 2018, and includes a review and audit of both commissioning and financial processes. This will also allow a further 3 month period until end of September 2018 for NHS England to be available to advise and support business as usual.
- 3.6 Meetings have been scheduled for January to June 2018 (inclusive) to undertake training and handover sessions, these will be attended by the local CCG transition project team members. A final mop-up session has been scheduled to take place in July to ensure any outstanding discussions and handover can take place.
- 3.7 The Swindon project group is undertaking an assessment of all information transferred by NHSE, reviewing it and adapting for local use. Where possible all three CCGs are sharing information, particularly in the development of Standard Operating Procedures (SOP).
- 3.8 Swindon CCG teams are now the main point of contact for all practice queries and have transitioned the majority of items from an operational perspective, further work to embed systems and processes locally will continue to take place.
- 3.9 Progress on delivery of the Transition Plan is reported monthly to the Primary Care Operational Group.

4. Governance

- 4.1 Governing Body, March 2017: Delegated Commissioning of Primary Medical Services briefing paper.
Primary Care Operational Group, monthly.
Primary Care Commissioning Committee, April 2018.

5. Conflicts of Interest

- 5.1 GP Practice partners and staff, including committee members, may have conflict of interest in primary medical service commissioning decisions if they have an impact on their practice.

Delegated Commissioning Transition Plan

Primary Care Commissioning Committee Date: 11th July 2018

6. Alternative Options

6.1 None.

7. Implications, Equality & Diversity Assessment and Risk Management

7.1 Patient Benefits

To ensure that primary care commissioning outcomes are aligned with the needs for the local population in Swindon and Shrivenham.

7.2 Safety and Quality Impact

The CCG quality, informatics and commissioning teams are working with NHS England to develop robust reporting and collection of data to highlight and address any concerns as early as possible.

Where quality issues have been highlighted direct contact has been made with the Practices to offer support and ensure a collaborative approach to a resolution.

7.3 Financial and Procurement Implications

Primary care budgets have transferred from NHS England to the CCG. As a result, where cost pressures are identified moving forward they are shared with the CCG Finance Team.

All financial claims from GP practices are now managed by CCG finance team using, where possible, an electronic workbook to standardise information and comply with Information Governance requirements.

Ongoing investment linked to GP Forward View, as well as resilience funding will need to be considered and investment linked to delivery plans.

Future procurement of primary medical service may be required in areas of strategic growth in Swindon and the surrounding areas.

7.4 Legal and Human Rights Implications

Full commissioning responsibility for primary care services.

7.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

The CCG will need to absorb the work associated with primary care commissioning within existing resources.

7.6 Equality & Diversity Impact Assessment

Individual aspects of the transition plan will be subject to E & D impact assessments, including Data Protection Impact Assessment (DPIA), which will be shared with appropriate CCG Committees.

7.7 Risk Management

Delegated Commissioning Transition Plan

Primary Care Commissioning Committee Date: 11th July 2018

Risks will be identified through the CCG risk register and are part of Board Assurance Framework.

8. Appendices

Delegated Transition Plan, updated 24/06/18.

9. Link to CCG Strategic Objectives

To increase the life expectancy of people living in Swindon and Shrivenham
 To increase self-reliance and support self-care
 To increase the support we offer to those with long terms conditions
 To reduce emergency admissions and make the shift from unplanned to planned care
 To promote the use of new technology
 To improve the efficiency and productivity of local health services
 To improve the patient's experience of local health services
 To work with NHS England to improve the quality of primary care
 To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Delegated Commissioning Transition Plan (updated 24.06.18)

This plan sets out the status of the operational transition of primary care commissioning functions from NHSE to Swindon CCG.

Commissioning Processes	Status	Notes
Communication with Practices		
Outgoing communication	Green	
Responding to queries received from Practices	Green	
Contractual Issues		
Creation of GMS Contract	Green	
Creation of PMS Contract	Green	
Development of Service Specification for APMS Contract	Red	To be completed 13.7.18
APMS Contract Procurement Process	Yellow	To be completed 13.7.18
Creation of APMS Contract	Yellow	To be completed 13.7.18
APMS Contract Review	Green	
Contract Monitoring - APMS Contracts against KPI's	Green	
GMS Contract Review	Green	
PMS Contract Review	Green	
Practice Mergers	Green	
Practice Federations	Red	To be completed 13.7.18
Move from PMS to GMS Contract	Green	
Contract Variation - Addition of a Partner to Contract	Green	
Contract Variation - Removal of a Partner from a Contract	Green	
Application to close list to patient registrations	Green	
Boundary Change Request	Green	
Reduction in Opening Hours Request (Branch Surgery)	Green	
Practice Closure/Termination of Contract	Green	
Contract Breaches	Yellow	To be completed 13.7.18
Contract Remedial Notices	Yellow	To be completed 13.7.18
Contract Termination Notices	Yellow	To be completed 13.7.18
Quality Outcomes Framework (QOF):		
QOF Process	Yellow	These processes can only be completed at financial year-end. Planned to work with NHS England during March/April 2019
QOF Review	Yellow	
QOF Achievement	Yellow	
QOF Activity	Yellow	
QOF Prevalence Rates	Yellow	
QOF Exception Rates	Yellow	
Calculating Quality Reporting Service (CQRS)		
Achievement Management	Green	
Data Submission	Green	
Manual Adjustments	Green	
Participation Management	Green	
Payments	Green	
Reports	Green	
Primary Care Web tool		
e-Dec Returns	Green	
GP Minimum Workforce Dataset	Green	
Funding Applications		
Section 96 Funding Applications	Green	
Locum Reimbursements - Sickness/Maternity/Paternity Absence	Green	
Retainers	Red	To be completed 13.7.18
Management of Direct Enhances Services		
Sign-up and Process		
Extended Hours	Green	
Minor Surgery	Green	
Out of Area Agreement	Green	
Special Allocation Scheme - SAS (Violent Patients)	Green	
Agree opt-out from DES - GMS Contract	Red	To be completed 13.7.18
Contracts Held by NHS England		
Clinical Waste - Data Review/Action	Green	
Interpretation & Translation	Yellow	To be completed 13.7.18
Special Allocation Scheme (SAS) formerly Violent Patient Scheme	Red	Legacy Issue NHS England continue to lead
Estates		
Rent Reviews - 3 yearly	Green	
Rent Review Challenges	Green	
Rates	Green	
GMS Space Changes	Green	
Agreement of Revenue Funding for Premises Development	Green	
Move to New Premises	Green	
Primary Care Support England (PCSE) - an understanding of:		
Payments	Green	
Registrations	Green	
Pensions	Green	
Allocations	Green	
Movement of Medical Records	Green	
Performers List Administration	Green	
Local Medical Council (LMC) liaison		
Dispensing Services Quality Scheme (DSQS)		
	Red	To be completed 13.7.18
Practice List Size Reviews		
	Green	
Public Health - an understanding of		
Immunisations and Vaccinations	Green	
Screening Programmes	Green	
Bank Holiday/Emergency Planning		
Liasing with Practices	Green	
Open Exeter - an understanding of Statement:		
List Size Calculations	Green	
Payments	Green	
Deductions	Green	
Transfer of Files:		
Electronically	Red	IG & IT Teams discussing, update expected 13.7.18
Hard Copies	Yellow	Cupboards being ordered planned transfer from Sanger House

Financial Processes	Status	Notes
Payments - Set Up/One Off's		
Set up initial Contract Payments	Green	
In Year Contract Payment changes	Green	
MPIG	Green	
PMS Baseline Set Up	Green	
APMS Baseline Set Up	Green	
Locum Reimbursements - Sickness/Maternity/Paternity Absence	Green	
PMS to GMS Contract Change financial implications	Green	
Section 96 Funding payments	Green	
Review New Year Payments	Green	
Merger Financial Implications	Green	
QOF Year End Adjustments	Green	
Practice Closure/Termination of Contract	Green	
Dispensing and Prescribing Fees Set Up	Green	
Payments - Ongoing		
Contractual Payments (GMS, PMS, APMS) - Manual	Green	
Contractual Payments (GMS, PMS, APMS) - Automatic	Green	
Local Enhanced Services	Green	
Direct Enhanced Services	Green	
One-off Payments	Green	
Rates incl Water, Sewage	Green	
QOF Aspirations set up	Green	
Indemnity Insurance	Green	
CQC Registration reimbursement	Green	
Accruals	Green	
Year End Processes	Green	
Seniority Payments (Phasing out)	Green	
Retainers	Red	To be completed 13.7.18
Dispensing and Prescribing Fees	Green	
Month End Reporting	Green	
Manual Payments	Green	
Cash Flow Forecasts		
	Green	
Contracts Held by NHS England		
Clinical Waste	Green	
Interpretation & Translation	Yellow	To be completed 13.7.18
Practice Changes		
Bank Account change	Green	
GMS Space changes	Green	
Payment Queries		
	Green	
List Size Adjustments (PMS Practices)		
	Green	

General Practice Forward View (GPFV) Delivery Plan

Primary Care Commissioning Committee Date: 11th July 2018

Name of Author: Louise Tapper, Transformation Lead
 Sponsoring Director and/or Clinician: Nicki Millin, Accountable Officer
 Locality Affected: All
 Practices Affected: All

1. Executive Summary

- 1.1 This paper provides an update to the Primary Care Commissioning Committee (PCCC) on each element within the Swindon General Practice Forward View (GPFV) Delivery Plan.
- 1.2 The GPFV Delivery Plan has been developed in collaboration with practices and sets out an ambitious plan for the transformation of general practice services for 2017/18 and 2018/19.
- 1.3 The format for the report has been adapted to ensure that it provides assurance that plans are being developed as well as the detail of how plans are being delivered.
- 1.4 Summary Highlights from the report are as follows:
- GPFV Transformation Programme: 1st and 2nd round of successful bids are currently being implemented.
 - Extended Primary Care Access and OOH procurement: commenced 4.6.18., currently on schedule to award contract in November 2018 with service commencement 1st April 2019.
 - Implementation of 10 High Impact Actions – Every practice in Swindon CCG is implementing at least two High Impact Time for Care Actions within 2018/19. Workflow optimisation is being rolled out with each practice having 1 days training by Insight Solutions between July and the end of the year. Also, each practice now has access to Ardens Pro or Qmasters for support of referral management as well as the other benefits which the software provides to support optimal patient consultations. Care navigation courses have commenced through the Practice Manager Association with 52 care navigators trained so far, further courses being held in July and September 2018.
 - Clinical Pharmacist's – Swindon CCG has 4 practices within Wave 1 and 10 further practices within a successful Wave 4 bid (was originally a 12-practice bid, but 2 practices have merged with existing Wave 1 practices). Swindon CCG has received written confirmation that it's roll-out plan for Wave 4 has been approved 25.6.18 and roll-out will now commence. Including self-funding practices there will be 80.1% coverage of clinical pharmacists across the Swindon practices. The remaining practices have been invited to apply for subsequent Waves, but all currently do not feel the need to have a clinical pharmacist.

General Practice Forward View (GPFV) Delivery Plan

Primary Care Commissioning Committee Date: 11th July 2018

- International GP Recruitment – Swindon CCG has been fully involved in the regional bid submitted across the STP and has offered to host a NHSE regional meeting in September where Devon and Cornwall will be invited to share best practice. The CCG recognises that this project is likely to mobilise in 2019-20.
- Practice Manager Development Fund - Swindon Practice Managers requested support from LMC courses, the 2016-17 funding has been utilised in this way across the STP through 'face to face networking opportunities and to support training Practice Manager appraisers' (approx. £8k for Swindon across 2016-17 and 2018-19). 2018-19 NHSE funding 'to support practice manager coaching and mentoring' (£2,102 for Swindon) has also been allocated to the LMC by the STP (Wiltshire CEPN). Swindon CCG is planning its usage of the fund to support local initiatives in hard to reach areas (£6,028 for Swindon).
- Practice Infrastructure – On-line consultations: on-going discussions being held to develop a plan across the STP.
- Patient on-line: Working with national team to encourage all practices to meet the 10% target. To note that there have been some practice system changes recently, when this occurs all patient on-line registrations are lost and patients need to re-register.
- Working at-scale: 5 practices now part of the IMH group.

1.5 Decision required: None, to note the content of the report.

2. Recommendation(s)

2.1 **The Primary Care Commissioning Committee is recommended:**
To note the content of the report.

3. Governance

3.1 The Primary Care Operational Group (PCOG) receive monthly updates on local and national delivery of GPFV plans. PCOG also maintain oversight of local delivery and have been involved in the development of the new format for the report. GPFV plans are also discussed at Clinical Leadership Group (CLG) and updates and discussion about projects takes place at Locality meetings.

4. Conflicts of Interest

4.1 GP Practice partners and staff, including committee members, may have conflict of interest in funding decisions related to the delivery of GPFV projects.

5. Alternative Options

5.1 None.

General Practice Forward View (GPFV) Delivery Plan

Primary Care Commissioning Committee Date: 11th July 2018

6. Implications, Equality & Diversity Assessment and Risk Management:

6.1 Patient Benefits

To be monitored on ongoing basis by GPFV report and considered in any change to commissioned primary care services. GPFV aims to improve access of primary care services, develop new operating models and the skill mix of the primary care workforce.

6.2 Safety and Quality Impact

None at present, there is clear reporting process between GP practices and CCG quality team.

6.3 Financial and Procurement Implications

There is a transformation fund of £359k for 2017/18 and 2018/19 to support practice transformation, £40k for new clerical functions and £60k for online GP consultations. Spend against these budgets will be supported by business cases and project plans. Estates and Transformation Fund bids have been successfully awarded at stage 1 to schemes in Swindon, these will progress under a national process.

The CCG will receive GP Access Funds for the ongoing delivery of the SUCCESS service. This service transferred to Medvivo from April 2017, whilst a longer-term procurement plan is developed and implemented. Medvivo are also currently providing the Swindon Out of Hours GP service in a caretaking role since 1st February 2018. Swindon CCG Governing Body February 2018 approved the commencement of the procurement process for both the Extended Access and Out of Hours services.

The budget for Locally Enhanced Services will continue to be spent on enhanced services plus an additional £86k which relates to the re-investment of PMS funding.

As part of delegated commissioning, the CCG will receive delegated authority to manage a range of primary care budgets, this will be reviewed as part of the transition plan in 2018/19.

6.4 Legal and Human Rights Implications

Individual schemes within this plan will assessed for legal and human rights implications, these will be shared with the appropriate CCG Committees.

6.5 All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

The primary care team working with other colleagues in CCG, NHSE and GP Practices will have responsibility for delivering this plan.

Transformation Funding may be used to secure additional Project manager time to support the development of Primary Care at Scale Pilots.

6.6 Equality & Diversity Impact Assessment

General Practice Forward View (GPFV) Delivery Plan

Primary Care Commissioning Committee Date: 11th July 2018

Individual schemes within this plan will be subject to E & D Impact Assessments which will be shared with the appropriate CCG Committees.

6.7 Risk Management

Risks will be identified through the CCG risk register and are part of the Board Assurance Framework.

7. **Appendices**

7.1 Swindon CCG GPFV Delivery Plans on a Page July 2018.

8. **Link to CCG Strategic Objectives**

To increase the life expectancy of people living in Swindon and Shrivenham
 To increase self-reliance and support self-care
 To increase the support we offer to those with long terms conditions
 To reduce emergency admissions and make the shift from unplanned to planned care
 To promote the use of new technology
 To improve the efficiency and productivity of local health services
 To improve the patient's experience of local health services
 To work with NHS England to improve the quality of primary care
 To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

Swindon CCG GP Forward View Delivery Plans on a Page Update July 2018

All aspects of Transformation			NHSE RAG Rating – N/A		
Vision:			Dependencies, Challenges, Risks:		
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
General Practice Dev Programme / Transformation Funding	Working at scale	Review opportunities	Practices mapped to identify those working towards working at scale and vulnerable practices to inform development plans.		Mapping taken place and information used to inform CCG Primary Care plans.
GPFV Transformation Programme Bid Governance	PMQ, PCOG, PCCC and Governing Body to receive updated report on monthly / quarterly basis. Report to Quality & Performance Assurance Committee on 6 monthly basis. Any risks to be added to CCG Risk Register.	24 bids received in first round, all projects underway (see Care Redesign page). 10 bids received in the second round, currently going through authorisation process.	CCG Finance Committee to review bids with recommendations made to Governing Body for decision.	Successful transformation programme within primary care.	Second GP forum took place on 8.2.18. to share learning. 2 nd round of bids reviewed by Governing Body 22.3.18 and bidders notified of outcomes. All projects underway. No current risks.
Practice Mergers	Support Practice Mergers.	CCG support given to both mergers.	Support from CCG where appropriate, decisions made at PCCC.	Timely support from CCG to enable smooth transition.	Mergers in April 2017, Dec 2017, April 2018.
Procurement to appoint long term providers of primary medical services	Support Improving Access	Stabilisation of Great Western Surgery Transfer of Hermitage Tadpole Farm 3 Witchelstowe New Eastern Villages	Market testing 2016-17. Process to support transition Working with planners and developers.	Achieve stability of practices when required.	IMH currently managing five Swindon practices.
ACS	Support 'Releasing time to care'. Development of integrated care pathways and specialist outreach in primary care hubs, priority areas COPD, diabetes, frail elderly.	Clinical pathways and processes under review. High level system developed with primary care input.	Support STP workforce workstream and priorities.	Primary Care engaged and supported by ACS.	ACS Primary Care engagement at Nov GP Commissioning Forum.

Swindon CCG GP Forward View Delivery Plans on a Page Update July 2018

Investment	NHSE RAG Rating – Green
Vision:	Dependencies, Challenges, Risks:

GPFV – Investment	
<i>Increase in core funding</i>	Contract changes will be funded in line with national guidance and %.
<i>£3 per head (non-recurrent) transformation support</i>	The allocation of £359k per year will be split equally between 2017/18 and 2018/19. To support working at scale, implementing 10 high impact changes and sustainability.
<i>Online GP consultation</i>	£60k to purchase software in line with national specifications.
<i>Training for new clerical functions</i>	£40k to support development of clerical care navigators and medical assistants.
<i>GPAF investment</i>	£1.3k to support the ongoing delivery of the SUCCESS scheme.
Swindon CCG – Investment	
<i>CCG Resilience programme</i>	£618k spent in 16/17, £318k spent in 17/18. Awaiting budget confirmation from NHSE for 18/19, currently spent £18k on Park Lane Practice.
<i>Community Navigators</i>	£350k funding for 18/19 confirmed.
<i>Local Enhanced Services & PMS reinvestment</i>	Circa £750k LES budget plus £86k PMS reinvestment.
<i>Care Home Support & SUCCESS</i>	£300k to commission additional activity.
<i>POD</i>	£500k for additional capacity.
<i>RMC</i>	£110k to increase scope of responsibility and include clinical capacity.
<i>N3 to HSCN</i>	£110k for replacement programme.
<i>Primary Care Single Domain (NHSE Capital Bid)</i>	£270k
Other – Investment	
<i>ETTF - Bids prioritised in 16/17;</i>	<ul style="list-style-type: none"> - Tadpole Farm Village £693k. - North Swindon – Improvement works to the surgery £296k. - ERA Black Pear – Technology £404k.

Swindon CCG GP Forward View Delivery Plans on a Page Update July 2018

Care Redesign				NHSE RAG Rating – Green	
Vision:				Dependencies, Challenges, Risks:	
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
Improving Access	Integrating extended access with out-of-hours & urgent care services, including 111 and local clinical hubs. Access Trajectories reported via GPFV Strategic Data Collection GP monitoring survey	93 mins per 1000 of population Additional capacity from ceased home visiting service 1.11.17 included within winter plan.	Redesign of SUCCESS New service model in April 2018 meeting the 7 core requirements. To enable booking via NHS 111 and self-referral. Offer pre-bookable and same day appointments. Communication Strategy.	45 mins per 1000 of population. Good utilisation rates.	Consultation process commenced with primary care 14.9.17. Governing Body Approval to commence procurement of both Extended Access and Out of Hours. Commended 4.6.18.
10 High Impact Actions	Bids received through round one of GPFV transformation programme.	Addressed through GPFV July Forum with practices and in subsequent submitted bids. Follow-up meeting 8 th February 2018.	Available to all practices: -Clinical Coding training -GP led QIPP programme -Central referral form and policy repository for practices, with IT to support auto population of forms from practice clinical systems.	All practices to have clinical coders by Summer 2018.	All GPFV projects commenced. Training agreed with practices. Practice system form repository in place.
Care Navigation	All practices to have care navigators. Identified through GPFV bid process all practices to have training in this during 2018.	0 Care Navigators Nov 2017.	Information from companies sought. Mix of Practices training in groups organised by themselves (i.e. Super Partnership and Federation) to help develop their 'organisation culture' with some practices training through CCG organised programme.	All practices to have trained Care Navigators by summer 2018.	2 courses took place during May 2018, 51 people trained. Courses to be reviewed prior to further courses being purchased.
Social Prescribing	Current Community Navigator Service in place for 5 years, available to all GP practices.	8 Community Navigators + 1 Community Navigator funded by Adult Social Care.	Community Navigators employed by Swindon Borough Council Community Health and Wellbeing Team.	To extend programme to meet the needs of mental health users, including infrastructure of groups, organisations post navigation support.	Bid for VSCE funding for 2 mental health community navigators + calming café. Unsuccessful in national procurement but funded by CCG.

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Workforce				NHSE RAG Rating – Amber	
Vision:				Dependencies, Challenges, Risks:	
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
Workforce Strategy	Plans developed outlining approach to recruitment, retention and training, including mitigating risks.	Local plans developed, to convert to a workforce strategy. Identify no of GP's, nurses and other practice and extended practice staff needed.	Use of national schemes, e.g. GP Induction and refresher, GP retainer scheme. Joint BSW/G STP application for International GP recruitment programme through NHSE.	Develop a workforce strategy as requested by NHSE	Strategy development work commenced. Anticipating NHSE strategy template update in August 2018
GP Recruitment + Retention	To encourage GPs to move to Swindon GP practices & work to retain GPs by creation of flexible work patterns and portfolio careers	Ageing Workforce: 55yrs and over = 23.89% 60 years and over = 9.73% 19.6% Vacancy rate (21.3 wte)	Work with HEE to encourage uptake of retention initiatives Increase number of GP training practices	XX GPs recruited within 6 months	In Process
Retainers + Returners	To encourage GPs to move to Swindon GP practices & work to retain GPs by creation of flexible work patterns and portfolio careers	Less than approx. 60% trainees intending to become a GP in Swindon. 19.6% Vacancy rate (21.3 wte)	Work with HEE to encourage uptake of retention initiatives Increase number of GP training practices	XX GPs remaining in post in 6 months XX GPs returning to practice within 6 months	In Process
International Recruitment	Increase GP numbers by recruitment and retention of GPs from other countries, including scheme in place through Deanery	Increase no of GP's recruited and retained in Swindon through recruiting from other countries.	Develop bid with BSW and G STPs Recruit GPs and place in GP practices Retain GPs within practices in long term	XX GPs in post / settled via the International GP recruitment scheme by XXXX	Bid submitted Nov '17. Swindon in Wave 4. September meeting planned by NHSE.
Practice Nurses	Career development, training, networking & support available to PNs.	Ageing workforce. Recruitment and mentorship issues.	Continue to develop PN forum and website for networking Commission skills development training Increase PN placements in GP practices	XX PNs accessing career development training PN website in place	Funding to support GP nursing 10-point plan made available via HEE / NHSE.
CEPN	CEPN under development led by clinicians.	Undertaking workforce mapping project to underpin recruitment and training decisions.	Swindon Workforce Steering Board. CEPN developed workforce platform. Clinically led CEPN by Mar 18.	CEPN structure. TORs and Board in place CEPN delivering and meeting national KPIs	Funding available for nurse mentorship 18-19. From NHSE via HEE via CEPN.
Clinical Pharmacists in General Practice	Clinical Pharmacist for 1:30,000 population, in primary care.	Successful wave 1 application. Unsuccessful wave 2 application. Wave 4 application submitted Jan 2018.	Currently 4 Swindon practices in Wave 1 pilot. Wave 4 bid submitted for 12 additional practices. All other practices (apart from 2) have alternative access to pharmacist / are a prescribing practice.	Develop a clinical pharmacist workforce to support primary care in Swindon.	Wave 1 working well. Wave 4 bid completed with successful outcome. Recruitment plans in place. Final implementation plan signed off by NHSE.
Practice Manager Development	£3,921 allocated to Swindon 2016/17. £2,102 and £6,028 allocated for 2018-19.	Potential additional funding for practice managers assessors / coaching and mentoring tbc.	BSW/G CCG's working with local NHSE teams to decide whether to work together or use funding for separate training.	Swindon practice Managers utilise training resource.	Agreement by practice managers to access LMC appraisal process in 2017-2019. £6,028 to be used

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					by Swindon for 'initiatives in hard to reach areas'.
Training Needs Analysis	To inform strategic use of training budget for 2018-19 with education providers.	New workforce lead at Swindon CCG.	Training Needs Analysis distributed to Practice Managers Nov'17.	Complete by Jan 2018.	All training needs received and all practice requests have been met.
New Workforce Models	Traditional GP practices coming together in informal locality structure. Further piloting of Federation and Super Partnership models.	New models of care delivered by specialist clinicians as key part of the team to include Paramedics, Physios, Mental Health, Physicians Associates.	CEPN developed and working in partnership with HEE and training providers Increased placements in GP practices Share learning from physician's assistant posts		Physio and Paramedic employed by some practices. Physician assistant in post full time in one practice - January 2018. HEE Education Facilitator post recruited to support student placements.

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Workload			NHSE RAG Rating – N/A		
Vision:			Dependencies, Challenges, Risks:		
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
Resilience Programme	Agreed plans with NHSE re allocation of funding.	100% of NHSE resilience funding to be used by SCCG by March 2018.	Resilience funds used, plus additional resilience funding given to 2 practices.		Appropriate reporting undertaken to NHSE. CCG completed case study Jan 2018. Awaiting confirmation of 2018 – 19 resilience budget from NHSE.
POD	Prescribing Ordering Direct to support 'Releasing Time to Care'		-Support patient re-prescriptions -Manage dosages in care homes -Basic safety checks around warfarin prescribing - pilot pharmacist discharge medicines reconciliation service.	Roll out to remaining practices 2018.	Currently supporting 2/3 of practices.
Working at Scale	Develop Primary Care working at Scale.	GPFV Transformation funding has supported and continues to support working at scale.	Federated Model and Super Partnership Model development in process. Develop provider market for primary care services and support development of at scale model for back office functions	Enable sustainability of Working at Scale.	Federated model (10 practices) and Super Partnership model (7 practices) currently being developed. IMH group now has 5 practices. Currently only 1 Swindon practice is not affiliated with at 'at-scale' group. Successful GPFV forum February 2018 with 23 out of 24 practices attending and sharing progress.

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Practice Infrastructure			NHSE RAG Rating –	Estates (amber)	Digital (green)
Vision:			Dependencies, Challenges, Risks:		
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
Primary Care Estates Strategy	Review primary care estates strategy against DH guidance framework for commissioners and Gloucestershire CCG strategy particularly making use of whole system assets, including rationale, source of funding and VFM.	CCG is currently undertaking work to support its estates strategy across Primary Care including; Key outcomes from 6 Facet survey report for each practice; Demographic growth including housing developments; Capacity within existing estate to absorb list growth identified by above; ETTf schemes; Prioritisation of future primary care premises development based on wider strategic approach practice boundary assessments.			All elements of this work are progressing.
ETTF	The funding application for Tadpole Farm is still being worked through with Pick Everard and GVA to assess for VFM and bring within an appropriate funding bracket.	NHSE and CCG working through due diligence processes for premises projects. STP secured additional funding from ETTf fund. Tadpole Farm decision at October Governing Body			All elements of this work are progressing.
GPIT (Transformation Funding)			Developments to be implemented in accordance with National GPIT Operating Framework.		Two practices have recently moved from Emis to TPP with a third moving in August.
Patients Online	NHSE Patient Online team co-ordinating / advising / assuring. CCG staff engaged in communication with this team.	13% patients enabled. 16% of practices at 20% or more.	Promotional work being undertaken by practices, e.g. receptionist conversations, advertising on electronic banners, practice websites, bunting, posters, leaflets.	10% patients per practice enabled by end 2018/19, as per GMS guidance.	Visit from the national team to the May 2018 Practice Manager meeting went well. Note, if a practice moves clinical system all on-line registrations are lost.
On-line Consultations	National guidance out October 2017, linked now with NHS111 Online.		STP wide approach being discussed. Likely to join up with NHS111 Online.		On-going STP wide discussions taking place with NHSE.

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	December and March date set to request national funding. National procurement requirements.				
Practice WiFi				All practices to have by Dec 2017.	Completed December 2018.

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Other			NHSE RAG Rating – N/A		
Vision:			Dependencies, Challenges, Risks:		
Schemes	Key Deliverables / Direction of Travel	Baseline	Delivery Model	Aspiration / Goal	Update
Pharmacy Transformation Integration Fund Projects	NUMSAS (NHS Urgent Medicines Supply Advanced Service)	Discussions with NHSE.	Swindon CCG already has an emergency supply of medicines service in place.		Swindon participating in pilot, pilot now extending until summer 2018.
Mental Health Forward View	Support offer from NHSE.	Swindon CCG currently considering this offer of support.			Swindon CCG currently considering this offer of support.