

Primary Care Commissioning Committee

Wednesday 14 December 2016, 13:00 – 15:00
 The Boardroom, Leaffield House, King Lane, Leeds LS17 5BP

In Public

AGENDA

Item No.	Item	Presented By	Paper Y/N	Time
047/2016 PCCC	Welcome and Apologies	Graham Prestwich	N	13:00
048/2016 PCCC	Declarations of Interest <i>(Financial, non-financial professional, non-financial personal, indirect)</i>	Graham Prestwich	N	
049/2016 PCCC	Open forum <i>Opportunity for members of the public to make representations or to ask questions on items on today's agenda. Members of the public may speak for a maximum of 2 minutes.</i> <i>If time permits, and at the discretion of the Chair, there may be an opportunity for further questions after each section of the meeting.</i>	Graham Prestwich	N	13.05
050/2016 PCCC	Approval of PCCC minutes – 19 October 2016	Graham Prestwich	Y	13.15
051/2016 PCCC	Actions from PCCC – 19 October 2016	Graham Prestwich	Y	13.20
Commissioning and strategy				
052/2016 PCCC	General Practice Forward View Delivery Plan	Gina Davy	Y	13.25
053/2016 PCCC	Primary Care Estates Strategy - update	Lindsey Bell	Y	13.45
Quality, performance and risk				
055/2016 PCCC	Primary Care Quality & Risk Report	Gina Davy	Y	13.55

Finance				
056/2016 PCCC	Primary Care Finance update	Martin Wright	Y	14.05
Governance				
057/2016 PCCC	PCCC scheme of delegation	Stephen Gregg	Y	14.15
Standing items				
058/2016 PCCC	Any other business	All	N	14.20
059/2016 PCCC	Review of the meeting	All	N	14.25
Confidential items				
	Public Bodies (Admissions to Meetings) Act 1960 That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.			
060/2016 PCCC	General Practice Quality Update	Gina Davy	N	14.30
061/2016 PCCC	Impact Assessment – Practice A	Lindsey Bell	Y	14.35
062/2016 PCCC	Impact Assessment – Practice B	Lindsey Bell	To follow	14.45
063/2016 PCCC	Contract change tracker	Gina Davy	Y	14.55

Date of next meeting:
Wednesday 22 February 2017
13:00 – 15:00, Leafield House

Papers for information only	
	Summary - Patient Assurance Group, 8 November 2016
	Summary - Governance, Performance and Risk Committee, 17 November 2016
	Summary - Joint LN/LSE Quality and Safety Committee, 24 November 2016
	PCCC Work Plan 2016/17

Primary Care Commissioning Committee
DRAFT MINUTES

Minutes of the meeting held on Wednesday 19 October 2016

Leaffield House, 107-109 King Lane, LS17 5BP

Chair: Graham Prestwich

Minutes: Joanne France

Members	Initials	Role	Present	Apologies
Graham Prestwich	GPr	Lay Member – PPI	✓	
Peter Myers	PMY	Lay Member – Governance	✓	
Nigel Gray	NG	Chief Officer	✓	
Lucy Jackson	LJ	Consultant in Public Health	✓	
Martin Wright	MW	Chief Financial Officer		✓
Clare Linley	CL	Director of Nursing and Quality	✓	
Gina Davy	GD	Interim Director of Commissioning, NMoC	✓	
Dr Mark Freeman	MF	Secondary Care Consultant	✓	
Diane Hampshire	DH	Non-Executive Board Nurse	✓	
In Attendance	Initials	Role	Present	Apologies
Anna Ladd	AL	NHS England	✓	
Lesley Sterling-Baxter	LSB	Healthwatch Leeds	✓	
Councillor Rebecca Charlwood	RC	Leeds City Council, Health and Wellbeing Board Member		✓
Stephen Gregg	SG	Head of Governance and Corporate Services	✓	
Joanne France	JF	Office Manager / PA (Secretariat)	✓	
Stuart Barnes	SB	Communications and Engagement Lead	✓	
Lindsey Bell	LB	Primary Care Commissioning & Contracts Manager	✓	
Jenny Davies	JD	Deputy Chief Financial Officer	✓	
Hill-Kwan Tsang	HKT	Finance Manager	✓	

9 members of the public were also present.

Item No.	Agenda Item	Action
028/2016 PCCC	Welcome and Apologies	
	The Chair welcomed everyone to the meeting. Members and those in attendance introduced themselves to members of the public present.	
029/2016 PCCC	Declarations of Interest	
	There were no additional declarations.	
030/2016 PCCC	Questions from members of the public	
	<p>GPr advised that PCCC had received written questions in advance of the meeting on:</p> <ul style="list-style-type: none"> • The ability of GP practices to carry out a variety of functions and hospital referrals, for example mammography • Locating multi-disciplinary health professionals in general practices, and how this would be funded • Restrictions on patients registering with general practices outside of their immediate locality <p>Further verbal questions were asked on:</p> <ul style="list-style-type: none"> • References that a member of the public had heard to a 'Primary Care Mental Health Trust' and what this meant. • The process for dealing with complaints about general practice • The likelihood of mental health services being provided from general practices <p>Brief verbal responses to each question were given. Full responses would be published on the CCG website.</p> <p>DH highlighted that a common theme from all of the questions was the need for better communication between the CCG, general practices and the public, specifically around the planning and development of primary care services. GPr felt that the CCG had made significant progress, but acknowledged that further improvement was needed.</p> <p>GPr thanked members of the public for attending, and for submitting questions.</p> <p>ACTION: Publish Q&As on the CCG's website.</p>	SB
031/2016 PCCC	Approval of PCCC Minutes – 22 June 2016	
	Resolved: PCCC approved the minutes of 22 June 2016 as an accurate record.	
032/2016 PCCC	Action from PCCC – 22 June 2016	
	All actions had been completed, or were on today's agenda.	
	Resolved: The PCCC agreed the action log of 22 June 2016.	

Item No.	Agenda Item	Action
033/2016 PCCC	GP Forward View – Planning and Delivery	
	<p>GD presented on the GP Forward View, outlining the process being undertaken, in partnership with NHS Leeds West CCG and NHS Leeds South and East CCG, to develop a joint GPFV Delivery Plan. This plan will incorporate all aspects of the approach agreed by PCCC in June 2016. A draft will be presented to PCCC in December 2016 for approval in advance of the final submission on the 23rd of December.</p> <p>GD highlighted the six city wide ambitions for general practice, aligning and cross referencing with the WY STP and Leeds Plan</p> <p>LJ felt that huge progress had been made in ensuring strong links with the HWB Strategy and the 'Leeds pound'. LSB agreed that the city is working better together and was being driven by supporting individuals most in need. In answer to a question from CL, GD confirmed that there would be a single plan for Leeds.</p>	
	<p>Resolved: The PCCC noted :</p> <ul style="list-style-type: none"> • the planning requirements and responsibilities for CCGs in the local implementation and investment in the GPFV. • the requirement to submit, by the 21st October, plans and supporting financial trajectories, outlining how the CCG will deliver the requirements of the GPFV within the context of the STP with the ability to refresh and refine in preparation for the final submission by 23rd December 2016. • the collaborative approach being undertaken with NHS Leeds South and East CCG (LSECCG) and NHS Leeds West CCG (LWCCG) to develop a citywide GPFV Delivery Plan by the 23rd of December, with an initial draft being prepared for the 21st of October. • that the GPFV Delivery Plan will incorporate the aspects of the previously proposed LNCCG Primary Care Sustainability and Transformation Plan. • that the draft GPFV Delivery Plan will be presented to the PCCC in December 2016 for approval. 	
034/2016 PCCC	Investment of PMS Monies	
	<p>LB updated the PCCC on the process undertaken to develop and implement the investment scheme, and assured the Committee that the scheme meets the required investment criteria for PMS funding.</p> <p>At the PCCC meeting in June, the PCCC had delegated responsibility to the Interim Director of Commissioning of Primary Care and New Models of Care to develop a process to progress appropriate allocation of funding. Allocation of funding was aligned to existing priorities and objectives of the CCG, addressing health inequalities by being weighted based on the Index of Multiple Deprivation. In response to a question from PMy, NG and JD confirmed that the approach taken was robust. NG added that the approach was an important step forward in moving towards differential funding.</p>	

Item No.	Agenda Item	Action
	<p>GD also outlined the proposed city-wide approach to setting PMS objectives for 2016/17.</p> <p>PCCC noted that the redistribution of PMS is within the CCG boundary and not city wide.</p>	
	<p>Resolved: The PCCC:</p> <p>Part 1 - PMS Premium Investment Scheme 2016-17</p> <ul style="list-style-type: none"> • Noted the investment scheme and the process undertaken to develop this. • Are assured that the scheme meets the requirements outlined for PMS Premium investment. <p>Part 2 - PMS Objectives 2016-17</p> <ul style="list-style-type: none"> • Noted the approach agreed between the three Leeds CCGs. • Recommend that the approach outlined be adopted for PMS Objectives in 2016/17. 	
035/2016 PCCC	Estates Summary Report	
	<p>GD and LD presented the report giving an update on key estates programmes currently being undertaken in relation to primary care. These include the development of a comprehensive Leeds CCGs Primary Care Estates Strategy, the city-wide strategic estates workshops and the latest update on the Estates and Technology Transformation Fund (ETTF) bids.</p> <p>At present NHS England are focusing on schemes which are able to complete by 31 March 2017. The CCG will now work with NHS England and Scheme Leads to review those proposals that could be completed by March 2017 and prioritise gathering the relevant information required.</p> <p>There has been engagement with local stakeholders, LCH, LYPFT and Local Authority who are working to identify opportunities.</p> <p>GD advised that of the eight scheme bids all have passed the initial review stage by NHSE.</p> <p>Feedback received from NHSE particularly around the level of funding allocated has presented challenges. NHSE will provide approximately 66% of the grant funding with the remaining 34% expected to be funded by the practice. PCCC can be assured that this has been made clear to each practice from the start.</p> <p>Of all the schemes only two are expected to be in place by March 2017, this has been identified with the early implementer.</p> <p>GD confirmed that all eight schemes are consistent with the STP.</p>	
	Resolved: PCCC noted the Estates update.	

Item No.	Agenda Item	Action
036/2016 PCCC	Primary Care Quality Report	
	<p>GD described the key quality themes and concerns, relating to the delivery of primary care medical services, at CCG and General Practice level..</p> <p>The themes, specific quality concerns and mitigating actions contained within the report were reviewed and discussed by the Primary Care Quality Improvement Group (PCQIG) on 5 August 2016, who were assured regarding the mitigating actions already in place or those planned, to address the specific quality concerns and themes identified.</p> <p>The report was reviewed by the Joint Quality and Safety Committee on 29th September, who were assured with actions taken to address key quality and safety concerns.</p> <p>GPr felt that good progress was being made in addressing quality concerns, although more detail would be helpful on some themes, such as prescribing.</p> <p>ACTION: Quality themes section to be expanded in future reports.</p>	GD
	Resolved: The PCCC noted the primary care quality report	
037/2016 PCCC	Primary Care Risk Report	
	<p>GD presented the report providing a summary of risks in relation to General Practices and the delivery of primary medical care services as at October 2016.</p> <p>A summary of risks with a risk score of 12 and above will be incorporated in future in the Quality Report presented to the Primary Care Quality Improvement Group and the Joint Quality and Safety Committee to provide assurance.</p> <p>Leeds North CCG is working collectively with our colleagues in Leeds South and East and Leeds West CCGs to mitigate potential risks. NG added that work is progressing to be more joined up with our risks and as Chief Officer he is assured that this is progressing positively and in the right direction.</p> <p>PMy commented that as a new area of responsibility for the CCG, primary care risks needed to be captured in the annual internal audit plan and agreed at Audit Committee. SG confirmed that primary care risks were covered in the current annual audit plan and that new risks would be captured in the 2017/18 plan and brought to Audit Committee in early 2017.</p> <p>ACTION: Ensure that primary care risks are reflected in the 2017/18 internal audit plan.</p>	SG
	Resolved: The PCCC noted the current risks identified in General Practice providers and that going forward, risks will be incorporated into the Quality report.	
038/2016 PCCC	Finance Update	

Item No.	Agenda Item	Action
	<p>JD presented the update on the financial position at month five for Primary Care.</p> <p>At the end of August 2016, the forecast for primary care is expected to remain within the budget allocated, with the exception of GP Special Interest (GPSI) and Any Qualified Provider (AQP).</p> <p>All risks are currently managed and mitigated within the co-commissioning delegated budgets for 2016-17, through strict financial controls. There were significant challenges ahead in 2017/18.</p> <p>PCCC were asked to note that within the planning guidance there is £3 per head to be invested in the next two years, this is within the CCGs baseline and therefore within current funding.</p> <p>The devolved budget pilot is now up and running, involving the use of advice and guidance from clinical experts. MF said that the quality of referral information in choose and book was very inconsistent and asked if there was any evidence yet of the effectiveness of the service.</p> <p>JD said that practices involved in the devolved budget scheme are currently logging the effectiveness of each service and that this evidence is being collected. GD added that the first review meeting is planned within the next couple of weeks to review feedback and gather soft intelligence.</p> <p>NG and GPr commented that it is important to try different things, working with practices to understand and improve the current flow of patients through the system.</p>	
	<p>Resolved: The PCCC noted the financial position of Primary Care and current developments for 2016/17 and future years.</p>	

Item No.	Agenda Item	Action
039/2016 PCCC	PCCC Terms of Reference and Scheme of Delegation	
	<p>SG highlighted the need for a mechanism for making decisions on urgent matters arising between meetings of the Committee. He recommended to PCCC that the following be added to the Committee's Terms of Reference:</p> <p>"A sub-group consisting of the Lay Member – Patient and Public Involvement, one additional Lay Member, the Chief Officer and Chief Financial Officer is authorised to make decisions on urgent matters arising between meetings of the Committee. Such decisions will be ratified at the next meeting of the Committee."</p> <p>To ensure appropriate Executive representation, it was also recommended that the Director of Nursing and Quality be added to the membership of the Committee.</p> <p>To address the need for the Committee to formally delegate some of its functions within the CCG, a proposed outline scheme of delegation was shared. The detail of this would be developed alongside a review of the CCG's wider scheme of delegation and within the context of ongoing work as part of 'One Voice' to join up approaches to commissioning across the city.</p> <p>CL referred to the outline scheme of delegation and highlighted the need for clarity on responsibility for all functions, particularly quality.</p> <p>ACTION: Ensure that accountability and responsibility are clear for all PCCC functions.</p>	SG/CL
	Resolved: The PCCC recommended that the Board approve the amendments to the PCCC's terms of reference, and approved the principles in the outline PCCC scheme of delegation.	
040/2016 PCCC	Conflicts of Interest	
	<p>SG presented the report. Following the receipt of new guidance from NHSE, the CCG has reviewed its policy on managing conflicts of interest, and widened its policy on gifts, hospitality and sponsorship into a Standards of Business Conduct policy. SG advised that the delegation of primary care commissioning to CCGs was one of the main drivers behind the new guidance.</p> <p>The recommendation that CCGs have a minimum of three lay members on their governing body, and that 'ideally' the Chair of the Audit Committee should not be Deputy Chair of the PCCC, is being considered through a recruitment process.</p> <p>The new policies apply to all CCG staff, Board and Committee members and member practices.</p>	
	Resolved: The PCCC noted the revised policies.	
041/2016 PCCC	Patient Assurance Group 20 September 2016	
	GPr presented the summary report. He thanked members of PAG for their support and contributions to Leeds North CCG.	

Item No.	Agenda Item	Action
	PAG member added that from attending PCCC he feels very confident and satisfied with the progress being made by the CCG and of the plans for general practice.	
042/2016 PCCC	Governance, Performance and Risk Committee 15 September 2016	
	SG presented the summary report. No further comments.	
043/2016 PCCC	Joint Quality and Safety Committee 29 September 2016	
	GPr tabled a summary of the joint meeting with Leeds South and East CCG. CL in her new role with Leeds North will focus on the quality aspects as the joint committee progresses.	
044/2016 PCCC	Any Other Business	
	None.	
045/2016 PCCC	Review of the Meeting	
	<p>PCCC felt that there had been good robust discussion, based on clear reports. It was important to ensure a consistent approach to public meetings and in particular, how questions were dealt with. CL felt that whilst quality issues had been adequately covered, there was a need to ensure appropriate focus on performance.</p> <p>ACTION: Leeds North CCG Chair and PCCC Chair to discuss a consistent approach for holding public meetings.</p> <p>ACTION: Review the coverage of performance in reports to Committee.</p>	<p>GPr</p> <p>CL/GD</p>
046/2016 PCCC	Public Bodies (Admissions to Meetings) Act 1960	
	PCCC Resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
046a/2016 PCCC	Confidential Item: General Practice Potential Contract Change Tracker	
	<p>GD presented the report outlining potential contract changes. Key decisions in relation to the management of contracts, such as approval of mergers or removal of contracts will be presented to the PCCC for decision as appropriate.</p> <p>The rationale for holding this section of the PCCC in private was that the CCG frequently receives informal change requests from practices which do not materialise into formal change requests.</p> <p>All decisions on contract changes would be presented to the Committee in a decision tracker.</p>	
	Resolved: The PCCC noted the potential contract change tracker	

Date of next meeting: 14 December 2016, 1:00pm

Primary Care Commissioning Committee

Actions of the meeting held on Wednesday 19 October 2016

Item No.	Action Required	By Whom	Completion Date	Progress
030/2016 PCCC	Questions from members of the public Publish Q&As on the CCG's website.	SB	14 December 2016	Complete: responses to questions published.
036/2016 PCCC	Primary Care Quality Report GPr felt that good progress was being made in addressing quality concerns, although more detail would be helpful on some themes, such as prescribing. Quality themes section to be expanded in future reports	GD	14 December 2016	Complete: Quality theme section expanded and greater detail provided on patient experience. Greater detail on prescribing to be reflected in integrated primary care quality dashboard to be reported to Q&S from Jan 17.
037/2016 PCCC	Primary Care Risk Report Ensure that primary care risks are reflected in the 2017/18 internal audit plan.	SG	14 December 2016	Complete: primary care risks are covered in the 2016/17 plan and will be incorporated into the 17/18 plan.
039/2016 PCCC	PCCC Terms of Reference and Scheme of Delegation Ensure that accountability and responsibility are clear for all PCCC functions.	SG / CL	14 December 2016	Complete: on today's agenda
045/2016 PCCC	Review of the Meeting Leeds North CCG Chair and PCCC Chair to discuss a consistent approach for holding public meetings.	GPr	14 December 2016	Complete: 'Open Forum' item introduced on Board and PCCC agenda.
	Review the coverage of performance in reports to Committee.	CL / GD	January 2017	In Progress: Quality dashboard now complete and includes performance metrics and will be reported to PCCC through Q&S and GPR from Jan 17. Updates will also incorporate the outcomes of quality and performance practice visits to commence from January 2017.

Mission: “Our successful and effective partnerships with our communities, patients and partners will reduce health inequalities and deliver improvements in health for local people within the resources available”

Summary Report			
Meeting:	Primary Care Commissioning Committee	Date: 14 December 2016	
Report Title:	General Practice Forward View Delivery Plan		
Agenda Item:	052/2016		
Prepared by:	Gina Davy - Interim Director of Commissioning Primary Care and New Models of Care		
Executive Lead:	Gina Davy - Interim Director of Commissioning Primary Care and New Models of Care		
Presented by:	Gina Davy - Interim Director of Commissioning Primary Care and New Models of Care		
Other meetings presented to:			
Purpose of Report			
Approval		Decision	
Assurance	✓	Information and Comment	✓
Strategic Objectives (indicate those that this report contributes to):			
1. The people of North Leeds will live independent and healthier lives			✓
2. The people of North Leeds will receive accessible, quality and supportive services			✓
3. The CCG will deliver a well-led and sustainable health and social care system			✓
Executive Summary			
<p>At the Primary Care Commissioning Committee (PCCC) on 19 October 2016, the PCCC noted and supported the approach to the development of a citywide General Practice Forward View (GPFV) delivery plan including the proposed approach to seek and gain feedback from key stakeholders.</p> <p>Feedback on the draft GPFV delivery plan has now been received from a range of stakeholders. The feedback has been reviewed and, where appropriate, incorporated into the final draft version of the GPFV delivery plan, which will be presented to the PCCC for endorsement and approval.</p> <p>Any minor changes made to the GPFV delivery plan prior to submission on the 23rd of December will be presented to the PCCC Urgent matters sub-group for approval as outlined in the PCCC Terms of Reference.</p>			
Key Recommendations			
<p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Approve the draft Leeds General Practice Forward View Delivery Plan to be presented to the PCCC on the 14th of December. • Agree that any minor changes made to the GPVDP prior to submission will be presented to the PCCC urgent matters sub-group for approval. 			

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Assurance Framework	
<p>Risk 3 - Ineffective engagement with patients and the public, leading to commissioning decisions which do not meet the needs of our population.</p> <p>Risk 4: Providers fail to meet quality standards leading to poor quality and unsafe care.</p> <p>Risk 6: Failure to achieve financial stability and sustainability leading to an inability to fund the CCG’s strategic objectives.</p> <p>Risk 9: Inability to develop sustainable new models of care leading to a failure to shift care to out of hospital settings.</p> <p>Risk 10: Failure to work successfully with partners to integrate services leading to duplication, waste and inefficiency.</p>	
Next Steps	
<p>Primary care commissioning leads from the three Leeds CCGs to work together to lead the implementation and monitoring of the GPFV Delivery Plan.</p>	
Corporate Impact Assessment	
Regulatory implications	
Financial implications	
Legal implications	
Workforce implications	
Equality impact assessment	

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Approval of the Leeds General Practice Forward View Delivery Plan

1. Background

The General Practice Forward View (GPFV) was published in May 2016. The GPFV sets out a national blueprint and a series of directives relating to the transformation and sustainability of General Practice between 2016 and 2020. Nationally, all CCGs are required to submit a GPFV delivery plan by the 23rd of December 2016 describing how the GPFV will be delivered locally.

NHS Leeds North CCG (LNCCG) is working in partnership with NHS Leeds South and East CCG and NHS Leeds West CCG to develop a single GPFV delivery plan for Leeds. The GPFV delivery plan supports the delivery of the Leeds Plan and West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

Within LNCCG, Central Delivery Unit (CDU) has retained oversight of the operational development of the GPFV delivery plan.

2. Engagement and feedback on the GPFV Delivery Plan

At the LNCCG Primary Care Commissioning Committee (PCCC) on October 2016, the PCCC noted and supported the approach to the development of a citywide GPFV delivery plan including the proposed approach to seek and gain feedback on the draft GPFV delivery plan from key stakeholders.

The draft GPFV delivery plan has been shared with a broad range of stakeholders for comment and feedback including:

- LNCCG Member Practices
- LNCCG Patient Assurance Group
- LNCCG Central Delivery Unit (CDU)
- Members of LNCCG PCCC
- The Leeds Local Medical Committee (LMC)
- Adult and Children’s Social Care Commissioners
- Public Health
- Local Councillors and Local Councillor Health Champions.
- NHS England

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The content of the draft GPFV delivery plan has also been presented and discussed at the November 2016 LNCCG Council of Members, the LMC STP Conference in November 2016 and as part of the Healthwatch Primary Care workshop held in early December 2016.

Key themes that have emerged through the engagement phase include:

- strong support for developing the GPFVDP as a citywide plan,
- recognition that the way the ambitions are delivered may need to vary in relation to different population needs,
- Recognition of the work already underway across the city to sustain and transform general practice in the context of increased integration and collaboration,
- the need to place greater emphasis on the 'Leeds Conversation', more explicit recognition that the way in which patients will use general practice services in the future will change and the need to engage with patient about these changes e.g. the fact that in future patients may increasingly see health and care professionals who are not GPs to meet their needs,
- more explicit reference to parity of esteem and reference to mental as well as physical health,
- more explicit reference to children and young people,
- the need to provide an explicit resourcing trajectory to demonstrate investment and input to support delivery of the plan based on local plus nationally available funding.

An earlier draft version of the GPFVDP delivery plan was submitted to NHSE. Specific feedback was given alongside generic feedback at a workshop with NHSE in December 2016. Primary care commissioning leads from the three Leeds CCGs have worked together to review comments and feedback received and incorporate these into the final draft version of the GPFV delivery plan being presented to PCCC.

3. Endorsement and Approval

LNCCG is required to submit the GPFVDP, along with the CCG's Operational Plan and STP, on the 23rd of December 2016.

The GPFV delivery plan is being presented to the PCCCs of the three Leeds CCGs for approval and sign-off in advance of submission. The interrelationship between the GPFVDP, Operational Plan and Leeds Plan means that the GPFVDP may be subject to some minor changes in advance of submission.

Members of the PCCC will be sent the draft version of the GPFV delivery plan in advance of the meeting. Paper copies of the GPFV delivery plan will be made available at the meeting for members of the public and those in attendance.

Following endorsement and approval of the GPFV delivery plan from all three Leeds CCG PCCCs, the final plan will be made available on the CCG websites. Highlight reports on progress and delivery will be reported to the PCCCs on a quarterly basis.

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It is recommended that the PCCC endorse and approve the version of the GPFV delivery plan presented to PCCC on the 14th of December 16. Any minor changes made to the GPFV delivery plan prior to submission will be presented to the PCCC Urgent Matters sub-group for approval as per the process outlined in the PCCC Terms of Reference.

4. Recommendations

Members of the PCCC are asked to:

- **Approve** the draft Leeds General Practice Forward View Delivery Plan.
- **Agree** that any minor changes made to the GPVDP prior to submission will be presented to the PCCC sub-group for approval as per the process outlined in the PCCC Terms of Reference.

5. Next Steps

Primary care commissioning leads from the three Leeds CCGs to work together to lead the implementation and monitoring of the Leeds GPFV delivery plan.

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Summary Report			
Meeting:	Primary Care Commissioning Committee	Date:14 December 2016	
Report Title:	Primary Care Estates update		
Agenda Item:	053/2016		
Prepared by:	Lindsey Bell, Primary Care Commissioning & Contracts Manager		
Executive Lead:	Gina Davy – Interim Director of Commissioning Primary Care and New Models of Care		
Presented by:	Lindsey Bell, Primary Care Commissioning & Contracts Manager		
Other meetings presented to:	None		
Purpose of Report			
Approval		Decision	
Assurance	✓	Information and Comment	✓
Strategic Objectives (indicate those that this report contributes to):			
1. The people of North Leeds will live independent and healthier lives			✓
2. The people of North Leeds will receive accessible, quality and supportive services			✓
3. The CCG will deliver a well-led and sustainable health and social care system			✓
Executive Summary			
<p>This report updates Primary Care Commissioning Committee on the development of the Leeds Primary Care Estates Strategy, the city-wide estates reviews that have been taking place and the progress of the Estates and Technology Transformation Fund.</p> <p>Primary Care Estates Strategy Development of the strategy is still ongoing. A number of meetings have been held with the three Leeds CCGs to gather feedback. Through the Leeds primary care estates strategy pro-active estates and infrastructure plans will be drawn up, linked to the whole health and social care system. This approach will include greater partnership working with strategic landlords and others to ensure the totality of estate is considered. Consistent policies will be developed in relation to rent reviews and decisions around premises reimbursements as well as ensuring strategic decisions are made relating to ownership, leases, agreeing any future disposal options for estate. The final draft will now be brought back to Primary Care Commissioning Committee in February 2017 for sign off. Any future collaborative estates policies will be brought to all three Primary Care Commissioning Committees for sign off.</p> <p>City-wide Estates Development Remaining first round of neighbourhood reviews are due to complete by January 2017. As estates development is an iterative process the need for the future workshops will be reviewed in January 2017.</p> <p>Further recommendations will be made to the Strategic Estates Group which review the list of priorities/opportunities identified through the Primary Care Estates strategy and a comprehensive plan to address the issues identified. Representation at the Strategic Estates Group is through</p>			

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the Directors of Finance.

Estates and Technology Transformation Fund 2016-19

In October Primary Care Commissioning Committee was provided and update that all eight schemes recommended by Leeds North CCG had passed the initial review. The next stage in the process was identified as Stage 3 Due Diligence. Schemes were separated into three groups:

- **Cohort 1** – schemes which could be completed by 31 March 2017.
- **Cohort 2+** - schemes which could be completed by 31 March 2019 but required some funding in 2016-17.
- **Cohort 2** – schemes which could be completed by 31 March 2019 but were not fully dependent on funding in 2016-17.

Of the eight schemes submitted two were identified in Cohort 1 and the remaining 6 were initially allocated to Cohort 2. During the due diligence process two schemes were moved to Cohort 2+. The remaining schemes are now still in Cohort 2.

The CCG will continue to support practices in completing PIDs and in liaising with NHS England throughout the ETTF process. Further updates will be brought back to the Primary Care Commissioning Committee.

Key Recommendations

Primary Care Commissioning Committee is asked to:

- **REVIEW** and **NOTE** the Estates Update included with this paper.

Board Assurance Framework (indicate the strategic risks that the report relates to):

1. Resources are not targeted effectively to areas of most need, leading to failure to improve health in the poorest areas
4. Failure to drive quality improvement, leading to commissioned services not reflecting best practice and improving care
5. Providers fail to meet quality standards, leading to poor quality and unsafe care
6. System-wide or provider capacity shortfalls, leading to a failure to meet patient needs
12. Failure to work successfully with partners to integrate services, leading to duplication, waste and inefficiency

Next Steps

- Final version of the Leeds CCGs Primary Care Estates Strategy to be brought back to Primary Care Commissioning in February 2017 for approval.
- Further update on progress of Estates and Technology Transformation Fund schemes to be presented to Primary Care Commissioning Committee in February 2017 for information.

Corporate Impact Assessment

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Regulatory implications	
Financial implications	
Legal implications	
Workforce implications	
Equality impact assessment	
Information quality assured	

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Primary Care Estates Update December 2016

1. Background

In October 2016, Primary Care Commissioning Committee was updated on the progress of the estates development work currently underway across the city. This included a report on the development of the Leeds Primary Care Estates Strategy, the city-wide estates reviews that have been taking place and the progress of the Estates and Technology Transformation Fund.

2. Primary Care Estates Strategy

Over recent months the priority focus for Primary Care Teams working across the Leeds CCGs has been the development of the General Practice Forward View (GPFV) delivery plan for Leeds. This sets the overall direction for the development of general practice in Leeds over the next five years and includes actions to achieve a specific ambition to “Fully utilise and prioritise our collective **estates and technology** resources we have available to improve the quality of Primary Medical Care and New Models of Care experienced and delivered by patients and professionals”. The achievement of this ambition will be delivered through the underpinning Primary Care Estates strategy for the city.

The first draft of the Leeds Primary Care Estates Strategy has now been circulated to the CCG’s Primary Care Teams for comment. All three CCG teams have met to discuss the key objectives of the strategy to ensure a consistent approach. The strategy has identified a number of premises which are considered a priority for further development. This could be because of the condition of the building, space utilisation or opportunity to rationalise estate by co-location one or more services together in a new or existing building.

The emerging vision for the primary care estate is that it should move towards even more purpose-built, flexible, multi-use, premises which are adaptable to changes in services, capacity or demand. Estates are one of the biggest financial risks both from an investment, funding and ongoing maintenance perspective. Consolidation of estates and ‘sweating the assets’ creates opportunities through developing integrated, multi-occupancy premises which should include a range of providers and services, but with sufficient room for future growth/expansion. The current strategic view is that premises development should be planned on a hub and spoke model to allow for additional services to be accessible across a whole neighbourhood.

Through the Leeds Primary Care Estates Strategy pro-active estates and infrastructure plans will be drawn up, linked to the whole health and social care system. This approach will include greater partnership working with strategic landlords and others to ensure the totality of estate across health and social care is considered. Consistent policies will be developed in relation to rent reviews and decisions around premises reimbursements as well as ensuring strategic decisions are made relating to ownership, leases, agreeing any future disposal options for estate.

Infrastructure and technology should support patients to be involved in managing their own health and wellbeing and decisions about their care through information, advice and engagement. Investment in GP estate and technology is needed, not just to improve existing facilities and the quality of primary medical care received by patients, but to increase the sustainability and transformation of general practice.

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The investment and development of flexible primary care estates and technology solutions underpin the delivery of the GP Forward View delivery plan for Leeds, New Models of Care and the aspiration of the city to establish a Population Health Management approach.

The final draft will now be brought back to Primary Care Commissioning Committee in February 2017 for sign off within the context of the wider GPFV delivery plan.

3. City-wide Estates Development

As reported previously, a series of workshops are being undertaken across the city to review the totality of health and social care estate at neighbourhood level. The CCG has participated in reviews relating to neighbourhoods within or bordering LNCCG with the remaining first round of neighbourhood reviews due to complete by January 2017. As estates development is an iterative process the need for the future workshops will be reviewed in January 2017. A number of recommendations emerging from the review process have already been made as part of the Leeds Plan deliverables these include:

- undertaking a review of all PFI / LIFT contracts
- increasing the utilisation of LIFT building space
- submission of plans for primary care estate through the One Public Estate programme.

Further recommendations will be made to the Strategic Estates Group which review the list of priorities/opportunities identified through the Primary Care Estates strategy and a comprehensive plan to address the issues identified. Representation at the Strategic Estates Group is through the Directors of Finance.

4. Estates and Technology Transformation Fund 2016-19

In December 2014, NHS England announced the launch of a new fund – a £1bn investment over four years to improve access and the range of services available in primary care, through investment in premises, technology and support for working at scale across practices.

In June 2016, Leeds North CCG approved a number of recommendations and priorities for investment for formal assessment by NHS England. This section will provide an update on the current status of those bids and an indication of the anticipated next steps.

In October Primary Care Commissioning Committee was updated that all eight schemes recommended by Leeds North CCG had passed the initial review. The next stage in the process was identified as Stage 3 Due Diligence. Schemes were separated into three groups:

- **Cohort 1** – schemes which could be completed by 31 March 2017.
- **Cohort 2+** - schemes which could be completed by 31 March 2019 but required some funding in 2016-17.
- **Cohort 2** – schemes which could be completed by 31 March 2019 but were not fully dependent on funding in 2016-17.

Of the eight schemes submitted two were identified in Cohort 1 and the remaining 6 were initially allocated to Cohort 2. During the due diligence process two schemes were moved to Cohort 2+. The remaining schemes are now still in Cohort 2.

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Scheme ID	Description	Cohort	Status	Next Stage
10454	General Practice at Scale - Technology	1	Clarification questions from NHSE re: PID	Resubmission for approval 12/12/2016
10464	Westgate Surgery – refurbishment/expansion	1	PID submitted to NHSE	Awaiting approval
10460	Street Lane Medical Practice – refurbishment/extension	2+	PID submitted to NHSE	Awaiting approval
10112	St Martins Medical Practice – new premises development	2+	PID submitted to NHSE	Awaiting approval
10458	Meanwood Group Practice – refurbishment/extension	2	PID received by CCG	Awaiting submission to NHSE
10466	Woodhouse Medical Practice – branch refurbishment/extension	2	No PID received yet	Practice to submit PID for consideration
10463	Bramham Surgery – refurbishment/extension	2	No PID received yet	Practice to submit PID for consideration
10457	Spa Surgery – refurbishment/extension	2	No PID received yet	Practice to submit PID for consideration

The ETTF process has presented a number of challenges to the CCG including very short timescales within which to submit Project Initiation Documents (PIDs). This has meant that a number of schemes have been unable to submit their PIDs within the timescale required.

In addition to the short timescales there has been a number of clarification questions raised and limited support available from professional advisors such as Sweett and NHS Digital. The impact of the due diligence process on both the CCG and practices have been fed back to NHS England.

The CCG will continue to support practices in completing PIDs and in liaising with NHS England throughout the ETTF process.

5. Recommendations

Primary Care Commissioning Committee is asked to:

- **REVIEW** and **NOTE** the Estates Update included with this paper.

6. Next Steps

- Final version of the Leeds CCGs Primary Care Estates Strategy to be brought back to Primary Care Commissioning in February 2017 for approval.
- Further update on progress of Estates and Technology Transformation Fund schemes to be presented to Primary Care Commissioning Committee in February 2017 for information.

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Summary Report			
Meeting:	Primary Care Commissioning Committee	Date: 14 December 2016	
Report Title:	Report on LNCCG General Practice Quality Themes and Concerns		
Agenda Item:	055/2016		
Prepared by:	Helen Wilkinson - Primary Care Locality Manager Gina Davy - Interim Director of Commissioning Primary Care and New Models of Care		
Executive Lead:	Gina Davy – Interim Director of Commissioning Primary Care and New Models of Care		
Presented by:	Gina Davy – Interim Director of Commissioning Primary Care and New Models of Care		
Other meetings presented to:	Quality and Safety Committee		
Purpose of Report			
Approval		Decision	
Assurance	✓	Information and Comment	
Strategic Objectives (indicate those that this report contributes to):			
1. The people of North Leeds will live independent and healthier lives			
2. The people of North Leeds will receive accessible, quality and supportive services			✓
3. The CCG will deliver a well-led and sustainable health and social care system			
Executive Summary			
<p>The report describes quality issues, themes and risks relating to General Practices at CCG-level and at specific practice level. The report was presented to the Quality and Safety Committee who noted the content of the report and confirmed their assurance regarding the mitigating actions planned or in place.</p> <p>Due to the current meeting cycle, the issues, themes, risks mitigating actions outlined in this report have not been reviewed at the Primary Care Quality Improvement Group (PCQIG). They were however reviewed by the Chair of the PCQIG who is assured by the mitigating actions in place.</p> <p>The narrative relating to risk 4.600 – Primary Care Dashboard - has been updated (in italics) since discussion at Quality and Safety Committee. The other risks have also been reviewed however the narrative and risk rating of the other risks in the risk matrix remain unchanged from those presented to Quality and Safety Committee.</p> <p>A key action agreed at the November 16 Quality and Safety Committee was that the committee should no longer receive a separate Primary Care Quality report and that quality and safety themes relating to general practice should be incorporated into the overarching joint quality report on an exception basis.</p>			

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Key Recommendations	
Members of the Primary Care Commissioning Committee are asked to:	
<ul style="list-style-type: none"> • Note the content of the report relating to quality of General Practices within NHS Leeds North CCG. • Confirm their assurance regarding the mitigating actions in place or planned to take place 	
Board Assurance Framework (indicate the strategic risks that the report relates to):	
Risk 4: Providers fail to meet quality standards leading to poor quality and unsafe care	
Next Steps	
Members of the LNCCG Primary Care Team and Medicines Optimisation Teams to continue progress agreed actions as described within the report.	
Corporate Impact Assessment	
Regulatory implications	
Financial implications	
Legal implications	
Workforce implications	
Equality impact assessment	
Information quality assured	

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Report from the Primary Care Quality Improvement Group on General Practice Quality Themes and Concerns

1. Background

1.1 The Chair of the PCQIG has approved this report as an accurate summary of existing quality themes, issues risks and mitigating actions relating to quality within General Practice. Unlike previous reports, the content and issues described in this paper have not been discussed at the LNCCG Primary Care Quality Improvement Group (PCQIG) due to the timing of meetings.

2. Key Quality and Safety Concerns

2.1 The key quality and safety concern identified in the last (October 16) report were quality and safety concerns relating to Practice A. This position remains and the summary below provides a description of the current quality assurance concerns, levels of assurance and mitigating actions underway and planned in relation to Practice A as at 18th November 2016.

Provider	General Practice A
Summary of concerns	<ul style="list-style-type: none"> • CCG identified number of quality concerns through internal quality tracker. These include: <ul style="list-style-type: none"> ○ Practice classified as under review on the Primary Care Web Tool (Highest number of Level 1 and Level 2 PCWT triggers in CCG) ○ Prescribing concerns ○ High staff turnover ○ Lowest recorded levels of patient experience within the CCG and national outlier • Review and discussion of concerns at PCQIG, agreement to develop Quality Risk Profile. • Quality Risk Profile developed and reviewed with CQC and Area Team - significant concerns and Key Line of Inquiry where assurance sought were identified.

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<p>Mitigating actions</p>	<ul style="list-style-type: none"> • Practice Quality Visit planned and undertaken by CCG to seek assurance in relation to Key Lines of Inquiry identified through Risk Profiling exercise – Visiting team made up from CCG and NHS England GP, Nursing, Practice Manager, Medicines Optimisation and Management leads. • Information triangulated and presented back to Practice within a report including a number of recommendations requiring actions within 14, 30 and 60 days • Contractual breach notice issued by CCG in relation to some of the quality issues identified as part of the visit. • Agreement with Practice to suspend Practice’s participation in CCG schemes to enable focus on rectifying quality and safety issues. • Ongoing feedback and discussions with Practice regarding actions required to provide assurance. • Internal, multidisciplinary reviews of information provided back to CCG as per 14 day, 30 day and 60 day actions timescales for action. Feedback provided to practice in relation to outstanding assurances required in relation to information submitted. • Formal meetings between CCG and Practice to feedback on progress and information provided in relations to agreed actions.
<p>Current Position</p>	<ul style="list-style-type: none"> • Information submitted by Practice for 14, 30 and 60 day actions – and reviewed by multidisciplinary team • Practice receptive to undertake follow-up visit in January 17 to provide full assurance that policies, procedures and systems are fully embedded across the practice • Delay in provision of 60 day actions has resulted in delay in multidisciplinary review of information. • Members of CCG team have reviewed information provided and provided detailed feedback and support in relation to areas where assurance still not provided • Practice contacted 10/11/16 to state key areas where assurance still not provided and meeting arranged for early December with Practice to review implications. • Following discussion with NHS England, plan to refresh the Quality Risk Profile for Practice A.
<p>Overall Assurance</p>	<p>Some assurance provided in a number of areas with a view to undertake a follow-up visit in January 17 to ensure process, policies and systems are embedded across the Practice.</p> <p>Assurance has yet to be provided in a number of areas where risk is high.</p> <p>Quality Risk Profile to be refreshed in light of current levels of assurance to measure current levels of risk across all areas.</p> <p>Following the review and discussion of information submitted in relation to 60 day actions and outstanding 30 day actions, the multidisciplinary reviewing group (including CCG and AT representatives) concluded that the Practices should continue to be under Enhanced Surveillance.</p>

3. Quality Themes at CCG level

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Table 2 provides an overview of quality themes and issues, at CCG level, relating to General Practices within LNCCG. The review of these themes and actions is a standing item on the agenda and is discussed at each PCQIG meeting. Information relating to themes is based on a number of information sources, the majority of which are extracted from the National Primary Care Web Tool.

The data in the National Primary Care Web Tool was last updated 23rd of May 2016 and is not due to be refreshed until late December 2016.

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Table 2 – Quality Themes across General Practices at CCG level (November 2016)

		Quality Theme	Actions
1	Care Quality Commission Visits	<ul style="list-style-type: none"> • All 25 LNCCG Practices have now been inspected by CQC. 24 Practices have an overall rating of ‘good’ and one Practice has been described as ‘Requires Improvement’. • Three practices have been highlighted as having ‘outstanding practice’ in one of the domains. 	<ul style="list-style-type: none"> • Update: The CCG is currently undertaking a detailed analysis of all the CQC reports to identify common areas of good practice and improvement. This will be shared at the next PCQIG meeting.
2	Primary Care Web Tool (PCWT)	<ul style="list-style-type: none"> • The Primary Care Web Tool provides an assessment of where practices are ‘triggering’ in relation to quality indicators. The current status of LNCCG Practices is as follows: <ul style="list-style-type: none"> ○ 2 practices are noted as ‘Higher Achieving’. ○ 13 practices are noted as ‘Achieving’ ○ 8 practices are noted as ‘Approaching Review’ ○ 2 practices are noted as ‘Review Identified’. <p>(This is based on information from May 2016 and data within the PCWT will not be refreshed until December 2016)</p>	<ul style="list-style-type: none"> • Update: LNCCG has produced and shared individual quality profiles for all Practices identifying existing trigger areas and proposed areas of improvement. The profiles also include a JSNA summary for their Practice identifying local population needs. As part of the CCG’s quarterly support visits, quality profiles have been discussed with all Practices on an individual basis and support offered in relation to specific areas of quality improvement as follows: <ul style="list-style-type: none"> • <u>‘Achieving Practice’.</u> These practices have had a discussion with the primary care team as part of routine meetings to understand the reasons for triggers. • <u>‘Approaching review’</u> The primary care team has contacted practices to discuss specific areas and mitigating actions where the Practice is ‘triggering’. • <u>‘Review identified’.</u> An improvement plan is in place within the Practice; these are currently being updated following the recent update of the

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			PCWT.
3	Prescribing	<ul style="list-style-type: none"> The Medicines Optimisation Team has a systematic process in place to ensure that quality issues in prescribing are identified and addressed. This quarter there are three member practices where quality issues have been identified. 	<ul style="list-style-type: none"> Update: The Medicines Optimisation Team are continuing to work closely with Practices that have been identified as having quality issues. This involves working at Practice level ensuring that mechanisms are in place to ensure that the practice is safe and good quality care is being provided. The Medicines Optimisation team and the Primary Care Locality Managers have been working closely together with the practices that have quality issues identified.
4	Patient Experience	<ul style="list-style-type: none"> National Patient Survey (July 16): 88% of patients reported satisfaction with their overall experience of GP surgery, (national figure 85%); 88% of patients reported satisfaction success in getting appointment (85% national figure). Friends and Family Test FFT (July 16): 89% of people completing FFT would recommend a LNCCG GP Practice to friends and family. <p>There appears to be discrepancies at Practice level between FFT scores and GP Patient survey results. It is thought that this reflects the different methods and timescales for collection of this information.</p> <ul style="list-style-type: none"> Leeds North CCG Three Things: LNCCG has worked with Leeds Involving People, Voluntary Action Leeds and Leeds Rhinos on the 	<ul style="list-style-type: none"> The CCG is supporting practices to use MJOG a patient text messaging service, to implement the FFT. It is hoped that implementation of MJOG will gain better uptake of FFT this year resulting in more reliable results. The CCG has funded a project manager to provide practical, hands-on support to all practices to enable utilisation of MJOG in this respect. Update - Responses received gone up from 1655 to 2835 – increase of 70% since MJOG has been implemented.

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		<p>‘Three Things’ campaign designed to collect the views of patients and the public. The campaign asked people to tell us ‘three things’ about their experience of local NHS services’. A total of 2356 patients completed the survey. The LNCCG Primary Care Team have reviewed the key themes relating to Primary Care these key themes include:</p> <ul style="list-style-type: none"> • Reception staff – overall the feedback was largely positive. However, some feedback made reference to a lack of interpersonal skills, a lack of care and perceived ‘gate keeping behavior’. • Same day appointments – variable with some respondents satisfied and others frustration for those patients struggling to get through on the telephone lines. • Longer appointments – patients with long term conditions/multiple/complex needs would like longer appointments so they do not feel rushed. • Access of information – was considered to be important for all groups <p>This list is not exhaustive – but it gives an overview of some the themes identified by patients and the public in Leeds North CCG.</p> <p><u>LNCCG Patient Participation Survey</u> The CCG acknowledges the important role of Patient Participation Groups (PPGs) in understanding patient experience and insight in relation to the quality of care received and experienced in General Practices. Some Practices within LNCCG are struggling to establish effective PPGs. To address this the CCG has asked HealthWatch to</p>	<ul style="list-style-type: none"> • Leeds North Three Things Action - LNCCG is incorporating the insight from this learning the three things campaign to shape the development and implementation of the Leeds CCGs GP Forward View Delivery Plan.
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		<p>undertake a piece of work that will involve interviews and questionnaires with practice staff, patients and members of the public to find out what works well and where more support might be helpful. The CCG will use this insight to support Practices in establishing more effective PPGs.</p>	<p>Action: LNCCG to share the learning from this and work together with to ensure more effective PPGs.</p>
<p>5</p>	<p>Incidents</p>	<ul style="list-style-type: none"> • Leeds North CCG practices have reported a total 417 incidents since April 2016. Of those incidents 56% have completed the learning from these incidents (this compares to a citywide average of 38%). • Incident reporting across LNCCG Practices is now increasing and the quality of the lessons learned is improving. • There is a standing item on the agenda of the LNCCCG Practice Managers meeting to discuss learning from incidents. This approach enables practices to discuss incidents that have occurred and allows other Practices to ask questions to ascertain whether or not mechanisms are in place to try to mitigate it happening in their own practice. This also allows conversations to take place between practice managers as to solutions that would address the issues in future. 	<ul style="list-style-type: none"> • Update: The LNCCG Primary Care Team has recently provided training for newly appointed LNCCG GPs and Nurses on incident reporting, use of Datix and work on the quality of the lesson learned. • Work is also being progressed citywide to identify any learning that can be shared and to review any themes. This will improve learning and provide a rich source of information for the CCG that may influence work streams, hone in on areas of need and improve patient safety.

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7	Primary Care Dashboard	<p>There is a risk that the CCG is unable to be fully assured regarding the quality of contracted general practice services; due to delays in the establishment of a General Practice Quality Dashboard.</p>	<ul style="list-style-type: none"> • The Primary care Team have been maintaining an interim dashboard to provide assurance the quality of care. • Update : <i>A citywide integrated performance and quality dashboard is now complete and will be used internally to support quality surveillance, quality improvement, quality assurance and practice level quality and general practice performance visits. Highlights from the report will be reported to PCCC via Quality & Safety and Governance Performance and Risk groups.</i>
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4. Risks relating to General Practices within LNCCG

There are currently ten operational risks on Datix regarding General Practices. 9 are medium risks and these vary between risk scores of 9 and 12 in the amber scoring matrix. Three of these risks are of a higher risk classification and these relate to workforce, estates and specific quality concerns around Practice B. Table 2 provides a summary of all ten operational risks.

The LNCCG Primary Care Team review all risks on a bi-monthly basis and Executive Management Team (EMT) review the full risk register twice a year and risks of 12 and above are reviewed as a standing item at Governance Performance and Risk committee.

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Table 2 – Risks Relating to General Practices in LNCCG (Dec 16)

Risk ID	Risk Description	Risk History						<u>Controls and Measures in place</u>			Current Risk	Manager of risk	Risk Handler
			Initial Risk rating	06/16	07/16	08/16	10/16	11/16					
1.599 Workforce	There is a risk that LNCCG General Practices are unable to provide high quality core primary care services and deliver new models of care; due to the inability to recruit and retain workforce.	First logged: 04/04/2016 Last reviewed: 06/12/2016	16	12	12	12	12	12	LNCCG working with members to support a wide variety of workforce development initiatives aimed at improving the recruitment, retention and resilience of the general practice workforce. These include: Practice Manager and Practice Nurse development programme and action learning sets; Health Care Assistant recruitment programme and a new Community pharmacy role. Innovative schemes such as trial new physiotherapy role; Social Prescribing established in all practices; locality initiatives and relationship building initiatives between primary care and community nursing teams. Citywide GPFV Delivery Plan provides citywide approach to workforce planning.	12	Gina Davy	Gina Davy	
2.593 Practice level quality and safety	There is a risk that patients registered with Practice B do not receive quality care due to underlying quality and safety issues.	First logged: 04/04/2016 Last reviewed: 06/12/2016	16	12	12	12	12	12	Risk profile developed for Practice B. Practice Quality visit undertaken. Immediate safety concerns remedied within 7 days. Quality report produced with a number of recommendations to be actioned within specific timescales. Review meetings undertaken with the practice in August and September and scheduled for Dec. Actions and progress being closely monitored. Practice under Enhanced Surveillance.	12	Gina Davy	Helen Wilkins on	
3.596 Estates	There is a risk that LNCCG will be unable to transform primary care and new models of care due to the significant limitations of current primary care estate; resulting in patients experiencing poor quality primary care services and practices being unable to deliver improved models of care for registered patients.	First logged: 04/04/2016 Last reviewed: 06/12/2016	15	12	12	12	12	12	8 bids from LNCCG Practices submitted for ETTF funding; primary care estate is being considered as part of the city wide strategic estate review. Primary Care estates strategy close to completion; Close work with the Area Team and work closely with Leeds City Council to understand the totality of locality estates. Citywide GPFV Delivery Plan provides citywide approach to estates and technology planning.	12	Gina Davy	Lindsey Bell	

4.600 Dashboard	There is a risk that the CCG is unable to be fully assured regarding the quality of contracted general practice services; due to delays in the establishment of a General Practice Quality Dashboard; resulting in the inability of the CCG to respond to quality issues and concerns at CCG level and at individual.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	9	9	9	9	9	LNCCG locality team continuing to use internal 'Practice Tracker' to capture information relating to quality issues across all member practices. A citywide integrated performance and quality dashboard is now complete and will be used internally to support quality surveillance, quality improvement, quality assurance and practice level quality and general practice performance visits. Highlights from the report will be reported to PCCC via Quality & Safety and Governance Performance and Risk groups.	9	Gina Davy	Simon Harris
5.597 Relationship and Engagement	There is a risk that engagement and relationships between the CCG and member practices will deteriorate; due to unpopular decisions that may need to be made in relation to the commissioning and contracting of General practice services. This may affect the ability of the CCG and member practices to work effectively to design and plan the delivery of the transformation of Primary Care and new models of care.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	9	9	9	6	6	Open and transparent discussions with members utilising locality meetings. Discussions with the Council of members and through the interactions between the locality team and member practices. Ensuring clinical engagement in development of all proposals relating to primary care.	6	Gina Davy	Gina Davy
6.595 Equitable funding	There is a risk to the future sustainability of some PMS practices due to the reduction in income through the national equitable review process, resulting in the inability of practices to deliver services for local populations.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	6	6	6	6	6	PMS Premium reinvested in a universal offer to all Practices; Contract review meetings scheduled in Q3/4 will incorporate finance review to support intelligence.	6	Gina Davy	Gina Davy
7.594 Capacity for delivery	There is a risk that the CCG is unable to fully deliver the new responsibilities associated with primary care commissioning, due to lack of capacity and capability within the primary care locality team.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	9	9	9	6	4	Review of functions have taken place across the city to look at opportunities to deliver additional functions at scale. Agreement with NHSE that the majority of transactional functions will remain with NHS. Additional contracting and commissioning post within LNCCG locality team Aug 2016. Citywide GPFV Delivery Plan describes citywide approach to future development of Primary Care across Leeds. Citywide One Voice work identifies opportunities to increase streamlining of CCG functions and reduced duplication.	4	Gina Davy	Lindsey bell

8.475 Inequalities	There is a risk that practices with the largest number of patients living in deprived Leeds are less able to respond to the health needs of registered patients due to the fact that the current national 'Carr-Hill' funding formula does not provide additional resources to practices on the basis of levels of deprivation within the registered list. This could result in poorer health outcomes for patients and increase in health inequalities between patients living in the most and least deprived areas on North Leeds.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	6	6	9	9	8	Systematic way to share the practice profiles to identify key areas of inequalities and actions required . Public health improvement specialist working within the locality . The CCG has made monies available on a recurrent basis to improve the ability of general practices with the highest numbers of patients living in 'deprived Leeds' to provide quality primary care services for their registered patients. Investment of PMS Premium monies to reduce preamture mortality within the CCG's most deprived populations. Positive internal audit review of effectiveness of CCG commissioning in relation to health and inequalities.	8	Gina Davy	Louise Cresswell
9.472 Incidents	There is a risk of the CCG being unable to fully discharge its statutory responsibilities around quality improvement in primary care; due to lack of intelligence regarding trends and themes relating to primary care incidents resulting in the CCG being unable to direct the quality improvement work programme of the CCG towards the most critical quality improvement issues.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	6	6	9	9	9	Training delivered to all practices in use of DATIX to record incidents. Reporting of non-medicines incidents part of the core scheme for 16/17. Key themes and learning from reported incidents are analysed and fed back to practices. Lessons learned are shared at the practice manager meeting. Substantial decrease in incident reporting across the CCG - there is going to be a piece of work undertaken at practice level between October and Dec 2016 to encourage uptake and improvements in the lesson learned. A focus upon increasing the rate of incidents	8	Gina Davy	Helen Wilkinson
10. 471 Integrated Neighbourhood team	There is a risk that GPs are unable to provide proactive support to complex, vulnerable and housebound patients ; due to inability to recruit to key nursing roles within LCH resulting in patients not receiving an integrated care package and the practice being unable to deliver the requirements of the Proactive Care Enhanced Service.	First logged: 04/04/2016 Last reviewed: 06/12/2016	12	9	9	9	9	9	The CCG has briefed LSE CCG as commissioner regarding the contractual importance of appointing to community matron vacancies. Some community matrons are already in post. Through the 16/17 Core Engagement Scheme, LNCCG is commissioning General Practices and Neighbourhood Teams to deliver outcomes aimed at improving the quality of care for vulnerable and complex populations and to support populations close to home.	9	Gina Davy	Vicky Womack

Mission: “Our successful and effective partnerships with our communities, patients and partners will reduce health inequalities and deliver improvements in health for local people within the resources available”

Summary Report			
Meeting:	Primary Care Commissioning Committee	Date: 14 December 2016	
Report Title:	Primary care finance update		
Agenda Item:	056/2016		
Prepared by:	Hill-Kwan Tsang – Finance Manager		
Executive Lead:	Martin Wright - Chief Financial Officer		
Presented by:	Martin Wright - Chief Financial Officer		
Other meetings presented to:	N/A		
Purpose of Report			
Approval		Decision	
Assurance	✓	Information and Comment	✓
Strategic Objectives (indicate those that this report contributes to):			
1. The people of North Leeds will live independent and healthier lives			✓
2. The people of North Leeds will receive accessible, quality and supportive services			✓
3. The CCG will deliver a well-led and sustainable health and social care system			✓
Executive Summary			
<p>This paper updates the Primary Care Commissioning Committee of the financial position of Primary Care, including delegated Co-Commissioning for the CCG as at 31st October 2016. It also informs of the current developments under co-commissioning arrangements from 1 April 2016.</p>			
Key Recommendations			
<p>Members of the PCCC are asked to:</p> <ul style="list-style-type: none"> • Note the financial position of Primary Care and current developments for 2016/17 and future years • Note the requirements and timetable for submission of financial plans for 2017/18 and 2018/19 			
Board Assurance Framework (indicate the strategic risks that the report relates to):			
Next Steps			
Continuation of monitoring and update of primary care financial performance for 2016/17 and reported to PCCC.			
Corporate Impact Assessment			
Regulatory implications			
Financial implications	✓		

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Legal implications	
Workforce implications	
Equality impact assessment	
Information quality assured	

Overview of Primary Care Co-commissioning Finance

This paper provides an update of the primary care financial position, including delegated co-commissioning for the CCG. It also informs of the current and future developments taking place within primary care including co-commissioning.

CCG Primary Care Financial Position

A summary of the CCG primary care position as at October 2016 is shown below:

Primary Care – Month 07	Year to date			Full year forecast		
	Budget £'000	Expend. £'000	Variance £'000	Budget £'000	Expend. £'000	Variance £'000
Primary Care Co-Commissioning	15,186	15,186	0	26,036	26,036	0
Local Enhanced Services	168	158	(-9)	288	265	(-23)
Clinical Engagement	975	975	0	1,671	1,671	0
Clinical Leads	95	95	0	163	163	0
GP IT	313	313	0	536	536	0
GP Prescribing	18,029	18,001	(-28)	30,906	30,906	0
Central Drugs	407	452	45	697	777	80
Out of Hours	92	88	(-3)	157	157	0
Oxygen	131	131	(-0)	225	225	0
Medicines Management	255	251	(-4)	437	437	0
GPSIs & AQPs	823	854	32	1,410	1,462	52
Total – Primary Care	36,472	36,504	32	62,526	62,635	109

At the end of October 2016, the forecast for Primary Care is showing an overspend, mainly due to the cost of central drugs and services provided by GP Special Interest (GPSI) and Any Qualified Provider (AQP). GPSIs and AQPs are demand led services and subject to fluctuation.

Financial Risks

All risks are currently managed within the Co-Commissioning delegated budgets for 2016-17. Looking forward, 2017/18 and beyond will be challenging with the following financial risks identified as follows:

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- Delivery of Core GP services within available Resources, whilst continuing to meet business rules, changes agreed nationally, growth in demand of services and increasing Estates costs
- Potentially insufficient resources to deliver GP Five Year Forward View within Allocation. Further details below and in the GP Forward View update.

Primary Care Co-Commissioning Forecast 2016/17

Work continues in collaboration with NHS England, to understand details of costs at Practice Level and to produce forecasts, to monitor against revised budgets.

A summary of the current position of forecasted expenditure against budget is summarised below. The forecast for Co-Commissioning remains on target to spend within the allocation received, with all risks currently managed within the forecast. The CCG will continue to monitor spend against the budgets for the remainder of the 2016/17 financial year, with regular updates presented at PCCC meetings.

Primary Care Co-Commissioning Month 7	Budget	Forecast	Variance
	£'000	£'000	£'000
GMS	7,553	7,608	55
PMS	8,389	8,425	36
APMS	1,416	1,475	59
Premises Costs	3,532	3,534	2
Enhanced Services	1,286	1,225	(61)
QOF	2,541	2,508	(33)
Other GP Services	978	897	(81)
PMS Premium	128	128	0
Shortfall	(47)	(24)	23
Contingency	0	0	0
TOTAL PRIMARY CARE BUDGETS	25,776	25,776	(0)
1% Uncommitted Reserve	260	260	0
GRAND TOTAL	26,036	26,036	(0)

Estates and Technology Transformation Fund (ETTF)

LNCCG submitted eight ETTF bids in priority order to NHS England on the 30th June 2016. All eight bids have passed the initial review stage and Project Initiation Documents (PIDs) were submitted for each bid.

NHS England have separated the bids into three groups:

Mission: “Our successful and effective partnerships with our communities, patients and partners will reduce health inequalities and deliver improvements in health for local people within the resources available”

- Cohort 1 (schemes which would be completed by 31st March 2017)
- Cohort 2+ (schemes which could be completed by 31st March 2019, but had an element of funding required in 2016-17)
- Cohort 2 (schemes which were not fully dependent on funding in 2016-17, but could be completed by 31st March 2019).

Of the eight schemes, two were identified as Cohort 1, two were identified as Cohort 2+ and four were grouped into Cohort 2. The PID for technology required some changes and clarifications responding to, and will be resubmitted by 12th December 2016.

Further updates will be provided after NHS England’s next ETTF meeting in January 2017.

Devolved Budgets

The pilot of the devolved budget scheme is now in operation and activity data has been provided up until the end of September 2016. The scheme had a 6 month review in November 2016, and initial indications show it is still too early to suggest if the scheme is a success. Early insights include useful learning which can be shared across all Practices.

Work continues to identify areas of focus for Practices’ influence, new ways of working and implementing quality improvement initiatives. Further updates will continue to be provided.

Financial Plans 2017/18 and 2018/19

NHS Operational Planning and Contracting Guidance 2017-19 was published jointly by NHS England and NHS Improvement in September 2016. Within this guidance, further information has been released around the General Practice Forward View (GPFV). It outlines the requirements of CCGs to support its implementation to deliver the sustainability and transformation of general practice. To support the Sustainability and Transformation Plans (TCP) process, the annual planning and contracting round has been streamlined significantly.

To ensure that organisational boundaries and perverse financial incentives do not get in the way of transformation, from April 2017 each STP (or agreed population/geographical area) will have a financial control total that is the sum of the individual organisational control totals. All organisations will be held accountable for delivering both their individual control total and the overall system control total. It will be possible to flex individual organisational control totals within the system control total, by application to NHS England and NHS Improvement.

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Primary Medical Care Allocations

Primary Care Allocations	2017/18 £'000	2018/19 £'000
Allocation	26,522	27,203
Growth	1.9%	2.6%

The CCGs primary medical care allocation confirms the total budget the CCG will receive for GP services, as part of co-commissioning for 2017/18 and 2018/19. Allocation growth has been confirmed at 1.9% and 2.6% for the next 2 years.

Business Rules

Draft 2 year financial plans are being developed as part of the commissioning cycle and in accordance with the planning guidance. Alongside this, the CCG is required to submit 2 year plans and supporting financial trajectories, outlining how the CCG will deliver the requirements of the GPFV. A collaborative approach will be adopted with NHS Leeds West CCG and NHS Leeds South & East CCG to develop a citywide GPFV Delivery Plan. An initial draft was submitted in October 2016, and the final submission is required by the 23rd December 2016 to NHS England.

The prime financial business rules that the CCG must adhere to are:

- **1% Non Recurrent** - The CCG is required to set aside a 1% non-recurrent fund for 2017/18, which includes Primary Care Co-Commissioning budgets. 0.5% will be available for CCGs to spend non recurrently to support transformation and change. 0.5% must remain uncommitted and held as a risk reserve, to be released only if approved by NHS England.
- **0.5% Contingency** - The CCG is required to have a 0.5% contingency (including the primary care allocation) to manage in-year pressures and financial risks. This equates to £0.13m for primary care.

The CCG will be required to provide NHSE with assurance regarding the ability to meet these requirements in ensuring it has robust deliverable Quality, Improvement, Productivity and Prevention (QIPP) plans in place to deliver the required savings. The GP five year forward view must also be incorporated and delivered. Commissioning intentions and QIPP plans are being developed and will be prioritised in order of greatest potential impact.

Further details of the GPFV plan can be found in the GP Forward View update.

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Summary Report			
Meeting:	Primary Care Commissioning Committee	Date: 14 December 2016	
Agenda Item:	057/2016 PCCC		
Report Title:	PCCC scheme of delegation		
Prepared by:	Stephen Gregg – Head of Governance and Corporate Services		
Executive Lead:	Nigel Gray – Chief Officer		
Presented by:	Stephen Gregg		
Other meetings presented to:			
Purpose of Report			
Approval		Decision	✓
Assurance		Information and Comment	✓
Strategic Objectives (indicate those that this report contributes to)			
1. The people of North Leeds will live independent and healthier lives			
2. The people of North Leeds will receive accessible, quality and supportive services			
3. The CCG will deliver a well-led and sustainable health and social care system			✓
Executive Summary			
<p>The Primary Care Commissioning Committee (PCCC) was established to make collective decisions on the review, planning and procurement of primary care services in Leeds North, following delegation from NHS England. The PCCC has delegated authority from the CCG Board to make decisions on:</p> <ul style="list-style-type: none"> • Financial Plans in respect of primary medical services • Procurement of primary medical services • Practice payments and reimbursement • Investment in practice development • Contractual compliance and sanctions <p>Outline scheme of delegation</p> <p>Implementing delegated commissioning has highlighted the need for the Committee to formally delegate some elements of its functions to other groups or individuals within the CCG.</p> <p>To address this, the PCCC at its last meeting considered an outline scheme of delegation. The detail of this would be developed alongside a review of the CCG’s wider scheme of delegation and within the context of ongoing work as part of ‘One Voice’ to join up approaches to commissioning across the city.</p> <p>The PCCC approved the outline scheme, subject to some clarifications of Director level responsibilities, which have been incorporated into the revised scheme attached.</p>			

Mission: “Our successful and effective partnerships with our communities, patients and partners will reduce health inequalities and deliver improvements in health for local people within the resources available”

<p>The PCCC will remain accountable for, and will receive regular reports on all of its functions, including those that it delegates to other groups or individuals within the CCG.</p>	
<p>Key Recommendations</p>	
<p>The Committee is recommended to approve the outline PCCC scheme of delegation.</p>	
<p>Assurance Framework</p>	
<p>Risk 7 Governance and risk management arrangements are not clear, robust and transparent, leading to poorly informed decisions and reputational harm to the CCG</p>	
<p>Next Steps</p>	
<p>The principles in the outline PCCC scheme of delegation will be developed into a detailed scheme of delegation which will be submitted to the PCCC for approval.</p>	
<p>Corporate Impact Assessment</p>	
Regulatory implications	✓
Financial implications	✓
Legal implications	✓
Workforce implications	✓
Equality impact assessment	
Information quality assured	✓

Primary Care Commissioning Committee – Outline scheme of delegation

	PCCC	Joint Quality and Safety Committee	Governance, Performance and Risk Committee	Primary Care Quality Improvement Group	Director (e.g. Chief Officer, Chief Financial Officer, Director of Commissioning (New Models of Care), Director of Nursing and Quality)	Primary Care Team	Central Delivery Unit
Financial Plans in respect of primary medical services, practice payments and reimbursement							
Primary care budget	Approve				Prepare, Monitor		
Management of delegated funds	Approve				Monitor		
Premises development schemes	Approve					Review	
Discretionary payments (<i>in line with scheme of financial delegation</i>)	Approve				Approve		
Premises costs directions	Plans being developed for a city-wide group to support decision making and ensure city-wide parity.						
Procurement of primary medical services (including commissioning and contracting)							
Reviewing primary medical care services	Approve outcomes					Review	Review
New GP practices	Approve						
Enhanced services	Approve						Develop
Local incentive schemes	Approve					Monitor	Develop
Practice mergers	Approve						
PMS contracts	Approve					Review	
APMS procurement	Approve						
Primary care business cases	Approve						Develop
Practice list size reviews	Approve					Review	
Practice closures	Approve						
Local contract variations					Authorise		
Commissioning urgent care for out of area patients	Approve					Develop	

	PCCC	Joint Quality and Safety Committee	Governance, Performance and Risk Committee	Primary Care Quality Improvement Group	Director (e.g. Chief Officer, Chief Financial Officer, Director of Commissioning (New Models of Care), Director of Nursing and Quality)	Primary Care Team	Central Delivery Unit
Investment in practice development, contractual compliance and sanctions (including quality and performance management)							
Primary care quality	Review	Assure		Review	Monitor	Monitor	
Feedback from complaints, incidents, patient and public engagement				Review	Monitor	Monitor	
Contractual and practice performance	Review		Assure		Monitor	Monitor	
Breach notices	Approve (retrospective)				Issue		
Remedial notices					Issue	Monitor	
Improvement plans				Monitor		Develop	
Formal contractual disputes	Approve						

Leeds North Patient Assurance Group – 8 November 2016

Chairman's Summary report

Purpose

- The Leeds North Patient Assurance Group (LNPAG) is an independent public and patient group of volunteers who review and provide feedback and recommendations on the plans for, and implementation of, effective and meaningful patient and public involvement in the understanding, design, and delivery of local health and wellbeing services and their continual improvement.
- This report highlights key points for the Board's attention from the meeting of the LNPAG on 8 November 2016 when 92 % of members attended the meeting.

For the Board to note

- Members were invited to comment on the approach and pace being adopted by the city for the development and delivery of the GP forward view. Feedback has included concerns about the availability of staff to do the work that is expected and the degree to which patients and the public have authentically contributed to the strategy.
- The 'Caring Hands' project, a patient led piece of work at the North Leeds Medical Practice, was shared as an example of PPGs shaping service development in primary care. The experiences and challenges of recruiting volunteers, integration with other services and securing the future funding were discussed. Members felt that there were lessons to share with other PPGs to encourage greater patient involvement.
- Members continue to enquire about CCG resources available to support the development of Patient Participation Groups.
- The PAG members are keen to meet with commissioning leads to better understand how patient experience and insight is incorporated into the commissioning processes.
- Medicines Optimisation and the forward plan for patient involvement continues to be a priority for the group.
- Members were updated with a brief summary on progress with the STP

Governance, Performance & Risk Committee – 17 November 2016 Summary report

Performance report – CCG Improvement and Assessment Framework

- **Noted** the CCG's baseline performance assessment in the six clinical priority areas of: cancer, dementia, diabetes, learning disabilities, maternity and mental health.
- **Noted** that the CCG had been assessed as 'Top performing' on cancer, 'Performing well' on dementia and maternity and 'Needs improvement' on mental health, learning disabilities and diabetes.
- **Received** an update on work in progress on mental health, including improvements in crisis care and a reduction in out of area placements. **Noted** that NHSE are aware that for 16/17, CCGs are unlikely to have high scores, and that the aim is to see improvement over the next five years in line with the Five Year Forward View.
- **Noted** the indicators which were used to assess learning disabilities and diabetes, and the service development work taking place in North Leeds. **Requested** that updates on learning disabilities and diabetes be brought to the next meeting.

Risk management

- **Noted** the Board Assurance Framework and the corporate risk register, and that the current risks that have been aligned with the CCG's revised objectives. **Requested** some minor amendments to format and content.
- **Requested** a report back on delivery of the Better Care Fund.

Policy approval

- **Approved** revised policies relating to Individual Funding Requests, which had been approved by the 3 Leeds CCG clinical directors.
- **Approved** revised policies on Confidentiality and Data Protection and Freedom of Information.

Joint Quality and Safety Committee – 24th November 2016 Summary report

Care homes

- **Noted** that there are a number of pending home suspensions and closures and that CQC rated had rated 22 homes as 'requires improvement' and 4 as 'inadequate'. **Highlighted** care homes as the most significant quality risk in Leeds.
- Was **not assured** about the quality of care being provided at Donisthorpe Hall, which CQC had rated as inadequate since November 2015. Requested reports on the actions being taken to address areas of weakness and assurance about whether they were likely to deliver the improvements needed, and the contingency plans that were in place.

Primary care

- **Noted** the actions being taken to address quality issues at Practice A in Leeds North. The CCG have received some assurance, but further assurance was needed in some areas. The CCG was working with NHSE to refresh the quality risk profile and a second breach notice will be served.
- **Noted** that in LSE there were 3 practices assessed by CQC as 'requires improvement', and the actions being taken in response.
- **Noted** wider risks in relation to primary care and that the 3 CCGs are working on a citywide plan for general practice and primary care workforce. **Noted** that a primary care quality dashboard would be in place by January 2017.

Wound management

- **Noted** that the Walk-in centre was being inundated with dressings and wound management issues due to lack of capacity in primary care and LCH during the week and at weekends. Patients are being shunted around the system and are not receiving standardised care. Noted actions being taken to address this and asked for a report to the next meeting.

Commissioning support services

- **Noted** a number of concerns in relation to services being provided by eMBED and requested the Chair to investigate and escalate where appropriate.

Primary Care Commissioning Committee – Forward work plan 2016-2017

Agenda Item / Issue	PCCC Dates 2016 – 2017						Comments
	27 April 2016	22 Jun 2016	7 Sept 2016	19 Oct 2016	14 Dec 2016	22 Feb 2017	
Declarations of interest	✓	✓		✓	✓	✓	
Questions from Members of Public	✓	✓		✓	✓	✓	
Patient story	✓	✓		✓	✓	✓	
Governance							
Committee Terms of Reference	✓			✓			
Delegation agreement	✓			✓			
PCCC review of effectiveness/ Annual report						✓	
CCG Assurance Self-certification				✓		✓	
NHS England policies	✓						
Committee Forward work plan	✓	✓		✓	✓	✓	
Commissioning and strategy							
General practice in Leeds North – overview	✓						
Primary Care Transformation Fund	✓	✓				✓	
Primary Care Estates Strategy				✓	✓		
Primary Care sustainability and transformation plan/GPFV		✓		✓	✓		
Quality, Performance and Risk							
Primary Care Dashboard – Quality, risk	✓	✓		✓	✓	✓	

Last updated on 06/12/2016

Finance							
Finance update	✓	✓	✓	✓	✓	✓	
Summary reports							
Primary Care Quality Improvement Group	✓	✓		✓	✓	✓	
City-wide primary care forum		✓		✓	✓	✓	
Quality & Safety Committee		✓		✓	✓	✓	
Governance, Performance and Risk		✓		✓	✓	✓	
Patient Assurance Group		✓		✓	✓	✓	