



**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**

**Minutes of the Primary Care Commissioning Committee (PCCC), held on Tuesday 05 March 2019 at 12.00pm in Boardroom 2, Woodgate, Loughborough**

**PRESENT:**

|                   |                                             |
|-------------------|---------------------------------------------|
| Ms Gillian Adams  | Chair, Lay Member                           |
| Mr Ket Chudasama  | Director of Performance & Corporate Affairs |
| Mr Spencer Gay    | Chief Finance Officer                       |
| Dr Geoff Hanlon   | Locality Lead, North Charnwood              |
| Ms Wendy Kerr     | Lay Member                                  |
| Dr Ash Kothari    | Locality Lead, Hinckley & Bosworth          |
| Dr Mike McHugh    | Public Health Representative                |
| Mr Ian Potter     | Director of Primary Care                    |
| Ms Carole Ribbons | Interim Chief Nurse                         |
| Dr Nil Sanganeer  | Locality Lead, North West Leicestershire    |
| Dr Sumit Virmani  | LMC Representative                          |

**IN ATTENDANCE:**

|                     |                                                   |
|---------------------|---------------------------------------------------|
| Dr Umar Abdulmajid  | Locality Lead, South Charnwood (to observe)       |
| Mr Matt Curtis      | Principal Anti-Crime Specialist                   |
| Mr Stuart Fletcher  | Head of Corporate Governance                      |
| Ms Manjeet Garcha   | Interim Deputy Chief Nurse                        |
| Mr David Muir       | Head of Primary Care                              |
| Mrs Stephanie Neal  | Committee & Corporate Affairs Assistant (minutes) |
| Ms Rita Patel       | Healthwatch Representative                        |
| Mr Andrew Roberts   | Head of Management Accounts                       |
| Ms Melanie Whittall | CQC Inspector                                     |

| Item        | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Action |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| PCCC/19/014 | <p><b>Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received from Mr Stuart Houlihan and Mr Tom Bailey.</p> <p>The Chair confirmed that the meeting was quorate.</p>                                                                                                                                                                                                                                                                                      |        |
| PCCC/19/015 | <p><b>Report for the Conflict of Interest Panel and Declaration of Interest</b></p> <p>The following declarations were noted;</p> <ul style="list-style-type: none"> <li>• PCCC/19/018 – Deep Dive: Primary Care Fraud – All GPs declaration only</li> <li>• PCCC/19/019 – Primary Care Financial Plan Report – All GPs declaration only</li> <li>• PCCC/19/020 – Committee Risk Register – All GPs declaration only</li> <li>• PCCC/19/021 – PID: Training &amp; Development – All GPs declaration only</li> </ul> |        |
| PCCC/19/016 | <p><b>Minutes of the meeting held on Tuesday 22 January 2019</b></p> <p>The minutes of the meeting held on Tuesday 22 January 2019 were agreed as an accurate record subject to an amendment on page 4, paragraph 4 – ‘discuss’ should be corrected to ‘discuss’.</p>                                                                                                                                                                                                                                               |        |
| PCCC/19/017 | <p><b>Matters Arising from Tuesday 22 January 2019 &amp; Action Log</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |

### Groby Surgery

Mr Potter stated that the CCG had worked with the surgery following their previous CQC inspection and the practice had since been re-inspected and had received a positive report.

### Five Year Framework for GP Contract Reform to implement NHS Long Term Plan

Mr Potter advised that the five year framework had been launched and the CCG was currently reviewing the content and would develop a plan and response. Upcoming locality meetings would also discuss the opportunities described in the framework.

### GPFV (GP Forward View) Extended Access Timeline

Mr Muir said that the original plan was for three years which included a test, pilot and procure phase. The CCG was currently at the procure stage however recent guidance issued such as the development of PCNs (Primary Care Networks) had influenced the timescales. For example, DES (Directly Enhanced Services) would be moving into PCNs in addition to the £6 per head funding for the GPFV. An options appraisal was therefore required to go to the CCG's Governing Body in April 2019 to consider the ways that extended access could be moved forward.

### Action Log

The action log was received and updated and would be appended to the June 2019 meeting minutes.

The Primary Care Commissioning Committee

- **NOTED** the action log and updates.

Mr Muir left the meeting. Ms Ribbins entered.

PCCC/19/018

### **Deep Dive: Primary Care Fraud**

It was noted that all GPs had declared a conflict of interest in PCCC/19/018.

Mr Curtis introduced the presentation regarding fraud in primary care settings. It was estimated that the amount lost through NHS fraud accounted to £1.29billion in 2016-17. There was significant under-reporting in all areas but it was considered that under-reporting was more prevalent in relation to pharmaceutical contractors, GP contractors and procurement and commissioning. It was estimated that between £100-300m in pharmaceutical contractor fraud and £80-240m in GP practice contractor fraud should be reported due to the high level of expenditure in those areas however the reported figures were a lot less. It was important for staff to be proactive in identifying and reporting fraud and for organisations to have plans in place to mitigate potential risks before they came to fruition.

Ms Adams asked the Committee if they felt assured following the presentation.

Ms Kerr stated that benchmarking and being proactive was essential when looking at fraud in primary care and would raise important questions. For example, if a practice claimed significantly more funds for a particular area of care than other practices, then that should be looked into. However, from her experience, practices and other providers did not always commit 'fraud' but rather service specifications had been poorly written and allowed for too much flexibility. Ms Kerr wondered what checks were carried out at Loughborough University

Medical Centre to ensure that the surgery were not claiming funds for 'ghost patients' that had moved away or left university.

Mr Potter confirmed that the Primary Care Team worked closely with the Practice as they faced a number of different challenges compared to the majority of other practices in West Leicestershire. He agreed to look into the oversight arrangements in place to ensure that that the practice list was regularly verified. Mr Potter also mentioned that all staff at the CCG and in practices were required to complete fraud and bribery training.

Ms Ribbins felt that training was important as it kept the topic of fraud in the forefront of people's mind and meant that staff were more likely to spot potential fraud than they might have been previously.

Ms Patel referred to the risk assessment diagram depicted in the presentation and noted that cyber crime clearly stood out when compared to other areas.

Mr Curtis explained that organisations would always be at high risk of cyber crime as it was an area that could only ever be momentarily protected as it was continually growing and changing.

Ms Whittall commented that if the CQC had any concerns regarding potential fraud then these would be raised with the CCG. She wondered if the CQC should contact the Counter Fraud Team in the first instance. It was agreed that Mr Potter, Ms Whittall and Mr Curtis would discuss the process for raising concerns outside of the Committee.

Ms Whittall questioned if the Counter Fraud Team could feedback to the CQC regarding any concerns that were raised.

Mr Curtis advised that some feedback could be given but it would be limited. However, if the allegation had resulted in a criminal investigation then they would not be able to share any information at all.

The Primary Care Commissioning Committee

- **RECEIVED** the presentation
- **NOTED** the contents of the presentation

Mr Curtis left the meeting.

PCCC/19/019

### **Primary Care Financial Plan Report**

It was noted that all GPs had declared a conflict of interest in PCCC/19/019.

Mr Roberts reported that the 2019/20 financial plan for primary care reflected recent guidance and was submitted to NHS England (NHSE) on 12<sup>th</sup> February 2019. The projected budget for primary care in 19/20 was £112.548m. MPIG (Minimum Practice Income Guarantee) had been reduced by £431k in line with previous years and the budget for APMS contracts was set at £1.6m to cover Thurmaston Health Centre, Centre Surgery and The Surgery in Ashby. The total value for global sum had been recalculated at £31.685m using the new price per patient. The key risks to the financial position were the GP Indemnity Cover budget (£404k) and the potential pressure of the APMS contract for Thurmaston Health Centre (£467k).

Ms Kerr asked if primary care QIPP had been identified.

IP

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MC

Mr Roberts confirmed that QIPP had not yet been addressed. Mr Gay added that the CCG was required to have a reserve in place of £251k and therefore needed to underspend in other areas but there were not many opportunities for that. It was expected that the QIPP would be approximately £654k and a plan would need to be set and monitored to ensure achievement of that target.

Mr Potter thanked Mr Roberts for the report and acknowledged that some of the national guidance was a moving feat and particularly the work on the new GMS contracts would lead to further changes. He queried what the Committee were being asked to do.

Mr Gay stated that the Committee were not being asked to approve the financial plan for primary care as it would be presented to the Governing Body at the end of March for approval. Instead, the Committee were asked to provide their comments so that adjustments could be made to the plan prior to the Governing Body meeting.

Due to the time constraints of the meeting, Ms Adams asked Mr Potter to review the plan in detail with Mr Roberts outside of the Committee. Ms Adams also asked that Committee members share their comments on the plan by email to Mr Roberts by 10<sup>th</sup> March 2019. A reminder would be sent by email.

SN

The Primary Care Commissioning Committee

- **RECEIVED** the report
- **AGREED** to feedback any comments to Mr Roberts by 10<sup>th</sup> March 2019

Mr Roberts left the meeting.

PCCC/19/020

### **Committee Risk Register**

It was noted that all GPs had declared a conflict of interest in PCCC/19/020.

The report was taken as read and Mr Potter highlighted that following feedback from the last Committee, work had taken place to ensure clearer timescales and actions on the register. In relation to the risk (PCCC2) regarding the threat to the sustainability of GP workforce, a range of local and national initiatives were underway to address the issue. It was noted that both the Long Term Plan and new GMS contract placed significant emphasis on workforce. The risk score of 12 was considered to be appropriate. With regard to the risk (PCCC10) regarding extended access, new national guidance needed to be taken into account and it was also considered that the risk score of 12 should remain.

Ms Patel commented that in relation to workforce, it was stated at the last Committee meeting that there was a shortage of nurses in primary care and she wondered how that was being resolved.

Mr Potter advised that the Workforce Group was looking at the entire workforce in primary care, not just GP workforce, and had initiatives to recruit pharmacists, nurses and other staff members. However, the international GP recruitment programme only focused on GPs.

In relation to the risk (PCCC13) regarding delays by PCSE (Primary Care Support England) in making changes to records, Ms Kerr wondered if that presented a patient safety issue if letters were being sent to the wrong place due to their details not being updated. She also noted that the risk (PCCC4) regarding a potential lack of interest to secure urgent caretaking arrangements did not reflect that more practices in West Leicestershire were entering into caretaking

processes.

Mr Potter agreed to update the risks to reflect Ms Kerr's comments.

IP

Dr McHugh felt that the last risk (PCCC14) regarding reduced influenza vaccination rates in patients aged over 65 should be removed from the risk register. That was agreed by the Committee.

IP

Ms Kerr queried if the Corporate Risk Register contained a risk regarding the capacity of staff to manage primary care and if not, if that could be added to the primary care risk register.

Mr Chudasama responded that there was generic workforce capacity risks on the Corporate Risk Register but he would need to review the register to see if anything was referenced specifically in relation to primary care.

KC

The Primary Care Commissioning Committee

- **RECEIVED** the Committee Risk Register
- **NOTED** the contents of the Committee Risk Register

PCCC/19/021

#### **PID – Training & Development**

It was noted that all GPs had declared a conflict of interest in PCCC/19/021.

Mr Potter presented the PID (Programme Initiation Document) and explained that the Task & Finish Group had been tasked with ensuring the continued provision of the General Practice Training Department (GPTD) across LLR (Leicester, Leicestershire and Rutland) in a cost effective and efficient way. The business case outlined that a detailed options appraisal would need to be carried out in 2019/20 to determine how the functions of the GPTD could be continued from 2020/21 onwards. The 20% reduction in CCG administration costs requested by NHSE would also be applied to the GPTD model. As it was an LLR wide project, it was noted that the Committee could not approve the project but could make a recommendation to the Commissioning Collaborative Board (CCB) who would make the final decision.

Ms Patel asked when the options appraisal would take place.

Mr Potter said that it was proposed that 19/20 remained business as usual but during that year the options appraisal would be completed to look at how the service should run from 20/21.

Mr Gay wondered if the service could change sooner than planned if a more cost effective method was developed.

Mr Potter agreed to consider the comments made regarding the timescale of the options appraisal.

The Primary Care Commissioning Committee

- **REVIEWED** the detail of the scheme as described
- **SUPPORTED** the planned project and **RECOMMENDED** that CCB gave their approval

PCCC/19/022

#### **Any Other Business**

Mr Potter provided an update in relation to Old School Surgery and advised the

Committee that negotiations had been held with Persimmon Homes and they had agreed to an extension therefore the S106 funds were no longer at risk of expiring.

**PCCC/19/023**

**Date of Next Meeting**

The next meeting of the Primary Care Commissioning Committee would be held on Tuesday 25<sup>th</sup> June 2019, 2-4.30pm at 55 Woodgate, Loughborough, LE11 2TZ.