NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee meeting

Date and time: 3-4.30pm Wednesday 12 May 2021

Venue: Microsoft Teams

Agenda

No.	Time	Item	Page	Action required	Owner
1	3pm	Welcome, introductions, apologies • Declarations of interest	Verbal 2	Monitor	Chair
2	3.10pm	Terms of Reference	9	Approve	Chair
3	3.15pm	Substructures • BHR • TNW • C&H	19 Verbal	Approve Discussion	Alison Goodlad Sarah See William Cunningham- Davis Richard Bull
4	3.25pm	Risk Register	24	Note	Alison Goodlad
5	3.35pm	Finance update	28	Note	Steve Collins
6	3.50pm	Equalisation of LISs	36	Note	Ceri Jacob/ Rob Neave
7	4pm	2021-22 PCCC meeting planner	53	Discussion	Alison Goodlad
8	4.10pm	Questions from the public	Verbal	Discussion	Chair
9	4.25pm	AOB and close	Verbal	Discussion	Chair

North East London Clinical Commissioning Group PCCC Register of Interests - May 2021

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
Khalil Ali	Lay Member for PPI	Chase Cross Medical Centre, Havering	Registered patient	✓			2019 to date	11 March 2021	Governing Body - member Primary Care Commissioning Committee - Deputy Chair Audit Committee - member
		St Francis Hospice, Havering	Spouse is a regular donor			✓	2017 to date		
		Cancer Research UK	Spouse is a regular donor			✓	2017 to date		
Dianne Barham	Healthwatch, Tower Hamlets	Healthwatch Tower Hamlets is commissioned to undertake community insights gathering and analysis by various partners across the NEL partnership.			✓		Current	30 April 2021	Primary Care Commissioning Committee - attendee
Richard Bull									Primary Care Commissioning Committee - attendee
Greg Cairns	Londonwide LMCs, Director of Primary Care Strategy	Nil	Nil	Nil	Nil	Nil	-	6 May 2021	Primary Care Commissioning Committee - attendee
Gohar Choudhury	Assistant Head of Primary Care	Nil	Nil	Nil	Nil	Nil	-	4 May 2021	Primary Care Commissioning Committee - attendee
Steve Collins	Acting Chief Finance Officer	Trisett Limited	Director		✓		2003 to date	22 March 2021	Governing Body - member Senior Management Team
		Sevenoaks Primary School	Chair of Governors		✓		2002 to 2020		

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
		Hope Church Sevenoaks	Chair of Trustees		✓		2020 to date		Primary Care Commissioning Committee - member Audit Committee - attendee
		Fegans	Wife is Chair of Trustees			✓	2017 to date		
		PwC	Daughter is Senior Associate			✓	2019 to date		
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Nil	Nil	Nil	Nil	Nil	-	26 April 2021	Primary Care Commissioning Committee - attendee
Selina Douglas	Managing Director - TNW	Humankind	Board Member		✓		Sep 2020 to date	17 March 2021	Senior Management Team Primary Care Commissioning Committee - member
Sue Evans	Lay Member Primary Care	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'		✓		2014 to date	19 March 2021	Governing Body - Deputy Chair Primary Care Commissioning Committee - Chair Remuneration Committee - member
		North East London NHS	Self and family users of healthcare services in NEL			✓	2017 to date		
		St Aubyn's School Charitable Trust	Trustee and Director of Company Ltd by Guarantee	✓			2013 to date		
Angela Ezimora-West									Primary Care Commissioning Committee - attendee
Mike Fitchett	Independent GP		QI coach for NEL, as well as delivering some total triage training sessions	✓			June 2018 to date		Primary Care Commissioning Committee - attendee

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
Alison Goodlad	Deputy Director of Primary Care	St Andrews Health Care Northampton	Sister is Clinical Nurse Leader			✓	2003 to date	26 April 2021	Primary Care Commissioning Committee - attendee
Leonardo Greco	Healthwatch Newham Manager	Nil	Nil	Nil	Nil	Nil	-	26 April 2021	Primary Care Commissioning Committee - attendee
Siobhan Harper	Director of Transition City and Hackney ICP, NEL CCG	Health and Justice at NHSE	Sister is Head of HJ			✓	Current	18 March 2021	Senior Management Team Primary Care Commissioning Committee - member
Charlotte Harrison	Independent Secondary Care Specialist	South West London and St Georges Mental Health NHS Trust	Deputy Medical Director and Consultant Psychiatrist		✓		April 2021 to date	15 March 2021	Governing Body - member Primary Care Commissioning Committee - member Audit Committee - member
		CYP Covid-19 Recovery Steering Group	Co-Chair		✓		2020 to date		
Lorna Hutchinson									Primary Care Commissioning Committee - attendee
Ceri Jacob	Managing Director BHR ICP	Nil	Nil	Nil	Nil	Nil	-	8 March 2021	Senior Management Team Primary Care Commissioning Committee - member

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
Natalie Keefe	Head of Primary Care Transformation, BHR ICP	BHRUT Queens Hospital	Sister works in the PALS department			✓	Current	27 April 2021	Primary Care Commissioning Committee - attendee
Jane Lindo									Primary Care Commissioning Committee - attendee
Jenny Mazarelo									Primary Care Commissioning Committee - attendee
Anil Mehta	Redbridge Clinical Chair	Fullwell Cross Medical Centre	GP Partner	✓			2013 to date	15 March 2021	Governing Body - member Primary Care Commissioning Committee - attendee
		Metropolitan Police	Forensic Medical Examiner	✓			2015 to date		
		The Cleaning Company	Sister-in-law is owner			✓	2013 to date		
		NHSE	GP Appraiser	✓			2015 to date		
		Healthbridge Direct	Shareholder	✓			2014 to date		
		Fouress Enterprise Ltd	Director	✓			2015 to date		
		Prescon	Ad-hoc screening work	✓			2018 to date		
		London Healthwise Ltd (non-trading)	Director		✓		2009 to date		
		GMC	Associate		✓		2019 to date		
		Ilford Lane Surgery (BHR Practice)	Registered patient (family)		✓		2000 to date		

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
		Redbridge Health and Wellbeing Board	Vice Chair		✓		2013 to date		
		Anglia Ruskin University Medical School	Lecturer		✓		2019 to date		
		QMUL	GP Tutor		✓		2021 to date		
Muhammad Naqvi	Clinical Chair Newham	Woodgrange Medical practice	GP partner	✓			2015 to date	10 March 2019	Governing Body - member Primary Care Commissioning Committee - attendee
		Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee			✓	2012 to date		
		NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	✓			2015 to date		
		Novartis	Clinical Mentor		✓		2018to date		
		Primary care APMS contract for GP caretaking – Dr Abiola's practice		✓			March 2019 to date		
Azeem Nizamuddin									Primary Care Commissioning Committee - attendee
Mark Rickets	City and Hackney Clinical Chair	GP Confederation	Nightingale Practice is a Member	✓				8 Nov 2019	Governing Body - member Primary Care Commissioning Committee – attendee
		HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	✓					
		Health Systems Innovation Lab, School	Wife is a Visiting Fellow		✓				

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
		Health and Social Care, London South Bank University							
		Nightingale Practice (CCG Member Practice)	Salaried GP	✓					
Sarah See	Director, Primary Care Transformation, BHR ICP	NELFT; CAMHS Redbridge	Husband is an employee			✓	1998 to date	26 April 2021	Primary Care Commissioning Committee - attendee
		GP - WF	Registered with a GP practice in Waltham Forest; member of the practice team work with the CCG, LW LMC and NHSE/I			✓	2001 to date		
Fiona Smith	Independent Board Registered Nurse	Honesta Partners Ltd (a healthcare management consultancy)	Director and co-owner	✓			2015 to date	24 March 2021	Governing Body - member Primary Care Commissioning Committee - member
		Honesta Partners Ltd	Spouse is a shareholder		✓		2015 to date		
		First Community Health and Care, Surrey	Non-Executive Director				2019 to date		
Sarita Symon									Primary Care Commissioning Committee - attendee
Jon Williams	Executive Director, Healthwatch Hackney	Healthwatch Hackney	Contracts with NEL CCG: • Engagement and Coproduction Grant (Sept '19 - Sept 2021) • NHS Community Voice contract (April 2020 - Sept 2021)	✓			Sept 2019 to current		Primary Care Commissioning Committee - attendee

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
			• Neighbourhood Involvement Contract (April 2021 - Mar 2022) • NEL CCG Disabled People's Research (Jan - July 2021)						

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee
12 May 2021

Title	NEL CCG Primary Care Commissioning Committee Terms of Reference	
Item Number	2	
This paper is for: approval		
Borough/System:	NEL	
Director:	Marie Price, Director of Corporate Affairs	
Author:	Alison Goodlad, Deputy Director Primary Care	
Presented by:	Sue Evans, PCCC Chair	
Recommended Action for the Committee	To approve and adopt the Terms of Reference.	
Practice Details (where applicable)	Practice name:	N/A
	Contract Type:	
	Site address:	
	List Size:	
	No of partners:	
	Current CQC Rating:	
	PCN Details:	
Summary	In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of expanded primary medical care commissioning functions to NHS North East London Clinical Commissioning Group The CCG has established the NHS North East London CCG Primary Care Commissioning Committee ("the PCC Committee") as a Committee of the CCG Governing Body ("the Governing Body") in accordance with Schedule 1A of the "NHS Act" The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers as outlined in these Terms of Reference.	
Potential conflicts of interests and mitigations:	N/A	
Impacts of this proposal:	Equalities legislation Impact	
	Financial Impact	
	Impact on Patients/ Service Users	
	Impact on other practices, including PCNs	
	Estates Impact	
	Workforce Impact	

	Improve quality/safety	
	Improve integration	
	Strategic fit	Meeting constitutional standards.
Wider support for this proposal	Patient Engagement	N/A
	Other Committee Discussion/ Borough Engagement	NEL CCG Governing Body
	Public Engagement	N/A
List of appendices/supporting documentation	NEL CCG Primary Care Commissioning Committee Terms of Reference	

Primary Care Commissioning Committee

NHS North East London CCG

Primary Care Commissioning Committee

Terms of Reference

1. Introduction

1.1. It was announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

1.2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Annex 1 to these Terms of Reference to NHS North East London Clinical Commissioning Group ("the CCG"). The delegation is set out in Annex 1.

1.3. The CCG has established the NHS North East London CCG Primary Care Commissioning Committee ("the PCC Committee") as a Committee of the CCG Governing Body ("the Governing Body") in accordance with Schedule 1A of the "NHS Act".

1.4. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers as outlined in these Terms of Reference.

2. Statutory Framework for the CCG

2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreement in accordance with section 13Z of the NHS Act.

2.2. Arrangements made under section 13Z may be on such Terms and Conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

2.3.1 Management of conflicts of interest (section 14O);

2.3.2 Duty to promote the NHS Constitution (section 14P);

2.3.3 Duty to exercise its functions effectively, efficiently and economically (section 14Q);

2.3.4 Duty as to improvement in quality of services (section 14R);

2.3.5 Duty in relation to quality of primary medical services (section 14S);

2.3.6 Duties as to reducing inequalities (section 14T);

2.3.7 Duty to promote the involvement of each patient (section 14U);

2.3.8 Duty as to patient choice (section 14V);

2.3.9 Duty as to promoting integration (section 14Z1);

2.3.10 Public involvement and consultation (section 14Z2).

2.4. In addition, when exercising the delegated functions, the CCG, through the PCC Committee, will also need to ensure that it complies with the following statutory duties:

2.4.1 Duty to have regard to impact on services in certain areas (section 13O);

2.4.2 Duty as respects variation in provision of health services (section 13P).

3. Role of the Committee

3.1. The PCC Committee has been established in accordance with the above statutory provisions to enable the membership of the committee to make collective decisions related to primary care services in North East London, under delegated authority from NHS England.

3.2. The PCC Committee will work closely with each ICP/Borough Based Committee and Sub-committee, where established by the Governing Body (or, in the case of sub-committees, by the relevant committee acting in accordance with its terms of reference). The PCC Committee may ask such committees and/or sub-committees to support it in the exercise of its delegated functions.

3.3. Where such arrangements have been made, the terms of reference for each ICP/Borough Based Committee and Sub-committee will specify what their role is in relation to primary care and ensure appropriate reporting and accountability arrangements from the committee and/or sub-

committee, to the PCC Committee. This will include, in particular, requiring assurance around how conflicts of interest have been managed at the ICP/Borough level, consistent with the obligations that the PCC Committee is subject to, under the terms of its Delegation and the Delegation Agreement, as well as the general statutory duties the CCG operates under.

3.4. Except where otherwise provided for in these terms of reference, the operating model adopted by the PCC Committee will be to receive recommendations on functions that it has asked the ICP/Borough Based Committees and Sub-committees to support it on. The PCC Committee will then consider these recommendations and make a formal decision on the matter in question.

3.5. In performing its role the PCC Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

3.6. The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.7. The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.8. This includes taking decisions related to:

3.8.1 GMS, PMS and APMS contracts (including the procurement of APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract;

3.8.2 Enhanced Services and newly designed enhanced services (Local Incentive Schemes (LISs) or Local Commissioned Services (LCS) and Directed Enhanced Services (DES));

3.8.3 Design of Local Incentive Schemes as an alternative to the Quality Outcomes Framework (QOF);

3.8.4 Decision making on whether to establish new GP practices in an area;

3.8.5 Approving practice mergers; and

3.8.6 Making decisions on ‘discretionary’ payments.

4. **Geographical Coverage**

4.1. The PCC Committee's responsibilities will cover the same geographical area as for the CCG, as defined in the CCG's Constitution.

5. **Membership**

5.1. The Committee shall consist of:

5.1.1 **Members (with voting rights)**

5.1.1.1 The Deputy Chair of the CCG (who shall chair the PCC Committee)

5.1.1.2 Lay Member for Performance (who shall perform the role of deputy chair of the PCC Committee)

5.1.1.3 Lay Member for Governance

5.1.1.4 Independent Registered Nurse

5.1.1.5 Independent Secondary Care Specialist

5.1.1.6 Chief Finance Officer

5.1.1.7 System Managing Director (x3)

5.1.2 **Attendees:**

5.1.2.1 Healthwatch representative

5.1.2.2 Borough Clinical Chairs (x3)

5.1.2.3 Londonwide Local Medical Committee representative

5.1.2.4 Local Medical Committee (Barking, Dagenham and Havering) representatives

5.1.2.5 Local Authority Rep of the Health and Wellbeing Board or Public Health Representative (x 3)

5.1.2.6 System Primary Care Director (x3)

5.1.2.7 NEL Deputy Director Primary Care

5.1.2.8 GP Lead for Primary Care

5.1.2.9 Independent GP (who shall be a retired GP or an out-of-area GP).

5.1.2.10 SRO for Primary Care in NEL

5.1.2.11 Officers a required to undertake the business of the committee.

5.2. The Chair of the PCC Committee shall be the Deputy Chair of the Governing Body (who may also operate under the title “Lay Member for Primary Care”). The role of deputy chair of the PCC Committee will be another Lay Member. The Chair of the Audit and Risk Committee may not chair the PCC Committee.

5.3. At all times a lay and executive majority must be retained in terms of the PCC Committee’s membership. This requirement also applies to quorum, as set out below.

5.4. The PCC Committee may request the ad-hoc attendance of others to advise it on specific matters within its terms of reference from time to time as appropriate. Where such assistance is sought, any such individual will participate in discussion as an attendee and not a member.

6. Quorum

6.1. The PCC Committee will be quorate with five of the voting members of the PCC Committee present and consisting of the following:

- The chair or lay deputy chair of the PCC Committee (who are lay members);
- One Independent Clinical Member of the PCC Committee;
- One executive member of the PCC Committee;
- One other lay or executive member of the PCC Committee.

6.2. A lay and executive majority must be maintained for all decision-making by the PCC Committee.

6.3. Virtual meeting mechanisms may be utilised in order to facilitate these quoracy requirements, consistent with the CCG’s Standing Orders, under which the PCC Committee operates.

6.4. Where a member(s) has a conflict of interest, appropriate measures will be adopted by the PCC Committee, consistent with the CCG’s policies and procedures. Subject always to ensuring compliance with the CCG’s policies and procedures, the chair of the PCC Committee may enable a member with a conflict of interest to be part of the discussion before the decision is made.

6.5. The minutes of PCC Committee meetings must clearly record any interests declared by members and the steps taken to manage such interests. The same requirements shall apply to the ICP/Borough Based Committees and Sub-committees, when supporting the PCC Committee in the exercise of its functions.

6.6. The PCC Committee will ensure that it complies with the general obligations regarding procurement, as set out in Schedule 2, Part 2 of the

Delegation Agreement. It will also ensure that it complies at all times with procurement law and other relevant statutory provisions and that it has regard to any relevant guidance/protocols issued by NHS England and as updated from time to time. This includes ensuring that the PCC Committee operates in accordance with the CCG's Standing Financial Instructions.

7. Decision-making and Voting

7.1. As a committee of the Governing Body, the committee will operate in accordance with the CCG's Standing Orders. This includes the capacity to manage urgent matters outside the normal arrangements.

7.2. The aim of the PCC Committee will be to achieve consensus decision-making wherever possible. In the event that a vote is required, each member of the PCC Committee shall have one vote.

7.3. The PCC Committee shall reach decisions by a simple majority of members present, ensuring that the above requirements regarding a lay and executive majority are met. The Chair will have a second and deciding vote, if necessary.

8. Frequency of meetings

8.1. The PCC Committee will meet bi-monthly.

8.2. The Chair can request additional meetings where required.

8.3. The requirements in terms of notice, agenda and papers shall be as per the CCG's Standing Orders.

8.4. Where the Chair determines there is insufficient business to be conducted at the PCC Committee, a meeting may be cancelled providing five working days' notice is given.

9. Procedure

9.1. Meetings of the committee shall be held in public, except where the PCC Committee resolves to exclude the public from a meeting, in accordance with the CCG's Standing Orders.

9.2. Where the PCC Committee resolves into private session, a Part 1 (public) and Part 2 (confidential) structure will be adopted. Part 2 of the meeting shall have a separate, confidential agenda, papers and minutes. All members of the PCC Committee are required to ensure that confidential papers are managed appropriately, in accordance with the CCG's information governance policies and procedures.

9.3. Members of the PCC Committee have a collective responsibility for the operation of the PCC Committee. They will participate in discussion,

review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

9.4. The PCC Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the CCG's governance arrangements, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. This includes the ability for the PCC Committee to ask the ICP/Borough Based Committees and Sub-Committees to support it in the exercise of its functions and to receive recommendations from such committees and sub-committees, on which the PCC Committee will make a formal decision.

9.5. The PCC Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

9.6. Members of the PCC Committee shall respect confidentiality in attending and undertaking the business of the committee.

10. Accountability and Reporting

10.1. The PCC Committee is accountable to both NHS England and the Governing Body in relation to the exercise of its functions.

10.2. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation (and associated Delegation Agreement), Terms of Reference for the PCC Committee and the CCG's Standing Orders or Standing Financial Instructions, the Delegation (and the associated Delegation Agreement) will prevail.

10.3. The PCC Committee will present its agreed minutes and an executive summary report to the Governing Body and to NHS England (London Region), following each meeting, for information, including the minutes of any Committee or Sub-Committee to which responsibilities are delegated.

10.4. There is a statutory requirement that the PCC Committee publishes a register of its decisions, outlining the management of any Conflicts of Interest. The PCC Committee will ensure that any committee or sub-committee that it has established or to which it has otherwise delegated functions complies with this requirement.

10.5. The PCC Committee will ensure that it retains overall responsibility for managing the budget allocated to it, including in terms of any budget delegated to committees and sub-committees that the PCC Committee has asked to support it in the exercise of its functions. The PCC Committee will comply with all financial reporting requirements that apply to it.

11. Scope of decision-making authority

11.1. The PCC Committee will make decisions within the bounds of its remit.

11.2. The decisions of the PCC Committee shall be binding on both the CCG and NHS England.

12. Monitoring Effectiveness and Compliance with Terms of Reference

12.1. The PCC Committee will carry out an annual review of its functioning and provide an annual report to the Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this annual review, the PCC Committee will ensure that any committee and sub-committee supporting it in the exercise of its functions will contribute to the review.

13. Review of Terms of Reference

13.1. The terms of reference for the PCC Committee shall be reviewed by the Governing Body at least annually.

Version Control:

Version: 1.1
Review frequency: Annual
Document Owner: Director of Corporate Affairs

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee
12 May 2021

Title	NEL Primary Care Commissioning Committee Sub structures	
Item Number	3	
This paper is for: approval		
Borough/System:	NEL	
Director:	Ceri Jacob SRO for Primary Care	
Author:	Alison Goodlad, Deputy Director Primary Care - NEL Sarah See, Director of Primary Care Transformation - BHR William Cunningham-Davies, Director of Primary Care Transformation – TNW Richard Bull – Director of Primary Care – City and Hackney	
Presented by:	Alison Goodlad, Deputy Director Primary Care - NEL Sarah See, Director of Primary Care Transformation - BHR William Cunningham-Davies, Director of Primary Care Transformation – TNW Richard Bull – Director of Primary Care – City and Hackney	
Recommended Action for the Committee	To approve where decisions related to the management of primary care delegated functions will be made To discuss ICS substructures	
Practice Details (where applicable)	Practice name:	N/A
	Contract Type:	
	Site address:	
	List Size:	
	No of partners:	
	Current CQC Rating:	
	PCN Details:	
Summary	North East London Primary Care Commissioning Committee (NEL PCCC) will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers as outlined in the Terms of Reference. Only decisions formally needing PCCC approval will be taken to NEL PCCC. Each ICP will establish local fora where management of delegated functions will be discussed and recommendations made to the NEL PCCC. This papers sets out proposal for decisions that could be made a local level and taken to NEL PCCC for information and those where recommendations would be made at a level and then taken to NEL PCCC for decision. As a general rule, those decisions that could be taken locally, would be minor decisions and those that are governed by Standard Operating Procedures (nationally defined or locally agreed).	

	Each ICP is working through their governance processes and arrangements for local fora, in line with their own local circumstances.	
Potential conflicts of interests and mitigations:	N/A	
Impacts of this proposal:	Equalities legislation Impact	
	Financial Impact	
	Impact on Patients/ Service Users	
	Impact on other practices, including PCNs	
	Estates Impact	
	Workforce Impact	
	Improve quality/safety	
	Improve integration	
	Strategic fit	
Wider support for this proposal	Patient Engagement	
	Other Committee Discussion/ Borough Engagement	
	Public Engagement	
List of appendices/ supporting documentation	NEL Primary Care Commissioning Committee – Decisions	

North East London
Clinical Commissioning Group

Sub-structures and decision making – NEL PCCC

NEL CCG PCCC
Alison Goodlad
12 May 2021

Decisions to go to local fora and then recommendation made to PCCC for final decision

- Final approval of new Local Incentive Schemes
- Mergers
- Relocations/major premises renovations
- APMS contract award/commissioning intentions at contract end date
- Incorporation/change of control
- Significant PCN membership changes (i.e. major geographic change, impact on minimum list size, formation of new PCN, PCNs merging)
- Decision following a practice closure to disperse or reprocure
- Breaches, remedial notices, contract terminations
- Section 96 – Discretionary funding applications

Decisions made by local fora and then shared at PCCC for information

- List closure
- Boundary change
- Applications for additional space/rent reimbursement in existing premises
- Minor PCN membership changes (i.e a single practice moves PCN, no impact on geography, minimum list size)

Decisions to by made by officer decision and shared at PCCC for information

- Practice name change
- PMS Partnership changes
- PMS GP 24 hour retirement

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee
12 May 2021

Title	PCCC Risk management update	
Item Number	4	
This paper is for: information.		
Borough/System:	NEL	
Director:	Ceri Jacob, SRO for Primary Care in NEL	
Author:	Alison Goodlad, Deputy Director of Primary Care	
Presented by:	Alison Goodlad, Deputy Director of Primary Care	
Recommended action for the Committee	To note.	
Practice details (where applicable)	Practice name:	N/A
	Contract Type:	
	Site address:	
	List Size:	
	No of partners:	
	Current CQC Rating:	
	PCN Details:	
Summary	The draft risk management process, strategy and policy are being discussed and agreed by the NEL CCG Governing Body. Attached are the closing risk registers from City and Hackney TNW, and BHR CCGs. These will be transferred into the NEL CCG risk register and reported at the next meeting.	
Potential conflicts of interests and mitigations:	N/A	
Impacts of this proposal:	Equalities legislation Impact	Ensure risks to equalities are monitored and mitigated
	Financial Impact	Ensure risks to meeting financial targets are monitored and mitigated
	Impact on Patients/ Service Users	Ensure any risks are mitigated
	Impact on other practices, including PCNs	Ensure any risks are mitigated
	Estates Impact	Ensure any risks to estate are mitigated
	Workforce Impact	Ensure workforce risks are monitored and mitigated
	Improve quality/safety	Ensure risks to quality and safety are monitored and mitigated
	Improve integration	N/A
	Strategic fit	Meeting constitutional standards

Wider support for this proposal	Patient Engagement	N/A
	Other Committee Discussion/ Borough Engagement	NEL CCG Governing Body - OD session
	Public Engagement	N/A
List of appendices/ supporting documentation	2020/21 final C&H and BHR PCCC risk registers	

BHR Risk Log	Primary Care Commissioning
Last updated:	16-Mar-21

URN	Impact on	Risk and impact	Date Opened	Part	Owner	Mitigating Action	Prob	Imp	Severity	Category	Status	Next review	Next action / comments
RSK21	All	**CQC Visits** High numbers of GP practice are being rated as 'requires improvement' or 'inadequate'. There is a risk that practices may have their registration withdrawn, increased variation in the quality and safety of services provided by practices, and a reputational risk to the CCGs	01-Sep-16	1	Sarah See	The primary care team regularly review the practice profile which includes CQC ratings/inspection reports and offers support where needed. A schedule of practice routine visits will shortly be restarting. Regular meetings teking place with the Quality & Nursing and Primary Care Transformation team on proactive management of increasing number of practice's coming in to difficulties.	3	3	**9**	Patient care	Open	On-going	Director of Primary Care has agreed with NHS England medical directorate are going to hold a Round Table discussion to look how we might manage under-performance going forward, early warning via the triangulation of information between regulators and commissioners and the impact on local primary care - ith the aim of agreeing an approach for new NEL CCG.
RSK22	B&D	**Barking Riverside** Long term - new contract and premises to be commissioned from 2021/2022 as part of an integrated model. The risk is that this could cause a cost pressure for the CCG & that the CCG doesn't have the capacity to undertake a procurement with appropriate level of patient and public co-design to develop the model	01-Sep-16	1	Sarah See	1) Work closely with the Local Authority (LA) and other partners to shape the new service model within an agreed financial envelope. 2) Work with LA to access any CILs monies. 3) The cost of an additional practice has been built in to the latest PMS calculations 4) Task & Finish Group to design hub model established. 5) Options for Commissioning Model considered by PCCC and tested with the BMA, NHSE/I. Agreement to commission an APMS contract for the new GP practice. 6) Working group established to map out the steps and roadmap for commissioning the new service	3	3	**9**	Financial / Reputational	Open	On-going	Outline model of care for Barking Riverside developed. CCG and NELCA group convened, supported by the CSU procurement team, to map out the roadmap to commission the new APMS contract
RSK24	All	**Viability of Practices** - risk that practices could close and we lose clinical staff to the area.	01.08.17	1	Sarah See	1) Work with practices that have expressed concern about viability around different options (merging with other practices, joint working (economies of scale) and network/federation solutions) 2) Number of workforce initiatives underway including working with PCN CDs around network solutions 3) Developing capacity plans at network level to support practices and to address sustainability issues via Network solutions	3	3	**9**	Patient Care	Open	01-May-21	The primary care team has been working at collating data on a range of variables for practices and the aim is that this data can be used as a tool for commissioners and networks to assist in identifying practices that could be described as vulnerable. This could then be used further to inform and facilitate assessment of the type of support packages that could be provided to help practices become more sustainable, resilient and better placed to tackle the challenges faced now and in the future. Further discussion is needed at an NEL PCCC, with regards to an NEL policy on the management of practices that are not viable. NELFT and BHRUT interested in pulling together a support package for general practice - discussions to commence shortly.
RSK 26	All	**Immunisation & screening rates across Barking & Dagenham, Havering and Redbridge** Low vaccination and immunisation rate mean that the boroughs do not achieve 'herd' immunity for the range of imms and vaccs targets - exposing residents to preventable disease / illness	03.10.18	1	Sarah See	1) CCG Primary care and quality teams to work with public health colleagues to develop action plans, which should cover all opportunities to improve vaccs and imms rates 2) CCG Primary Care team to work with Comms to develop a comprehensive comms and engagement plan 3) CCG Primary Care team to share coverage rates with Federations and Networks to enable peer discussions	3	3	**9**	Patient Care	Open	Ongoing	NHS England and Improvement (NHSE/I) London region is funding 0.5 WTE immunisation coordinators to work with CCGs to improve uptake. The CCG is currently working on a plan for this role and how it will be used effectively to improve uptake.
RSK 29	All	**Shared Care Enhanced Service:** Concerns raised with the delay in agreeing a shared care service model for primary care means that practices won't support shared care.	20.02.19	2a	Julia Cory	1) Havering and Redbridge PCNs are now undertaking an options appraisal for commissioner consideration; work being supported by Deputy Director, Primary Care Transfomation - outcomes will be presented to PCCC inJune 2020. 2) Develop Business case / specification (July 2020) 3) Implement model - provider lead TBC (Autumn 2020)	3	3	9	Financial / patient care	Open		This work has been paused, but is anticipated to start again from April 21. Consideration is being given to including all shared care services and this is currently being discussed via the planned care transformation board.
RSK 30	All	**Workforce:** Significant gaps in workforce across all providers in the ICS, and in particular, Primary Care means that there is a risk to the likelihood of delivering an effective local system and will continue to strain primary care in terms of workload and delivery of services.	21.08.19	1	Jane Lindo/Sarah See/PCN CDs	1) Working with PCN leadership, NEL team to develop a primary care workforce strategy: Strategy to cover new roles as per contract reforms in addition to further skill mix and education & training programme 2) Continue with current programmes to support recruitment and retention for GPs/PNs/Clinical Pharmacists/ Social Prescribers and other new roles until agreed action plan is generated as an outcome the Strategy 3) Establish a BHR Academy	4	3	12	patient care / reputational / finance	Open	on-going	

Ref#:	PCC02
Date Added:	04/04/2018
Date Updated:	08/03/2021
Review Committee:	PCCC
Senior Responsible Owner:	Mark Rickets
Senior Management Owner:	Richard Bull

Objective	**Improve the health of our patients**	x
	Commissioning System Development	x
	Integrated Commissioning	
	CCG Governance	
	Primary Care	x
	Productive Health Economy	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
New "digital first" practices have the potential to financially destabilise local primary care by attracting a healthier cohort of patients	4	4	16	4	4	16

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact			
Likelihood			

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Understand local patients/residents need for and the barriers to uptake of digital first primary care - further engagement work is being planned with CCG PPI team	Evidence

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Provide local patients with a local digital first (video consultation offer). The intention is to start piloting this in Q4 2019/20 with C&H GP Confederation as part of the extended access service. Three pilot practices identified but realistically the pilot won't start until Q1 2020/21. Programme in place to support GP IT infrastructure to support video consultations.	21/02/2020	Q1 2020/21	R Bull
Covid 19 has accelerated implementation of the above action in line with the imperative of making access to primary care digital first. Now all C&H practices are offering patients video consultations and online consultations. In addition there has been a national comms campaign on how patients can access primary care digitally. Practices are now being supported to optimise the use of video and online consult drawing on additional help to do so through a contract with the GPC and through the Tower Hamlets Digital Accelerator pilot/EQUIP team	08/03/2021	Ongoing	R Bull

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

1. Total Triage Champion Training underway; introduction, facilitation, demand & capacity sessions took place, Nightingale, Elsdale, Lower Clapton and Allerton participating
2. Digital clinical lead role on hold (as per discussion at CCG IT meeting) due to covid
4. Knowledge Exchange session on improving online consultation and adopting Total Triage Model being planned & set-up for some PCNs. Dr Nisha Patel sharing her experience of transitioning Nightingale practice to a Total Triage Model, with the hope to then recruiting other practices to scale up Total Triage Model. Well Street Common Knowledge exchange session for March set-up. Hackney Marches PCN knowledge Exchange session dates confirmed for April. Would like to hold 'Data, capacity & demand' sessions looking at online consultation & modelling skill mix etc once covid eases a little and considering these being delivered by Dr Nisha Patel as part of wider workforce etc
5. PCN level digital proposal; beginning to scope out these based on expression of interest from PCNs to possibly help with spending PCN Development Funds. Hackney Downs PCN, Well Street & Hackney Marshes PCN, Clissold PCN and Springfield PCN to date
6. Practice level digital plans continue; the following been completed through Jan-Feb; Clapton, Healey, Rosewood, draft Well Street
7. Patient Partner telephone booking system evaluation field work continues;
8. Patient Digital Champion Volunteer pilot proposal written, circulated with few practices that expressed interest in testing as part of their digital plans, BT volunteer support been obtained via Good Things Foundation to help pull this together. Allerton & Nightingale identified x2 potential PPG members, they are now being followed up

NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - 12 May 2021

Title	Primary Care budgets	
Item Number	5	
This paper is for: information		
Borough/System:	North East London CCG	
Director:	Steve Collins - Acting Chief Finance Officer NEL CCG	
Author:	Rob Dickenson – Senior Finance Manager (Primary Care) BHR ICP	
Presented by:	Steve Collins - Acting Chief Finance Officer NEL CCG	
Recommended Action for the Committee	Note the content of the slides.	
Practice Details (where applicable)	Practice name:	N/A
	Contract Type:	N/A
	Site address:	N/A
	List Size:	N/A
	No of partners:	N/A
	Current CQC Rating:	N/A
	PCN Details:	N/A
Summary	• Slides reflecting the latest view of the Primary Care budgets across NEL • Acknowledgement of planning and budget setting process not yet completed. • Full budget paper will be presented to the next committee meeting	
Potential conflicts of interests and mitigations:	N/A	
Impacts of this proposal:	Equalities legislation Impact	N/A
	Financial Impact	Ongoing review of financial commitments against available resources.
	Impact on Patients/ Service Users	Continual assessment of Value for Money (VfM) of current and future investments.
	Impact on other practices, including PCNs	Ongoing review of investments across NEL to promote equalisation for practices and PCNs where possible.
	Estates Impact	N/A
	Workforce Impact	N/A
	Improve quality/safety	N/A
	Improve integration	N/A

	Strategic fit	Establishment of available funds and investment opportunities, supporting Primary Care to combat health inequalities and reduce pressures in other parts of the health system.
Wider Support for this proposal	Patient Engagement	N/A
	Other Committee Discussion/ Borough Engagement	N/A
	Public Engagement	N/A
List of appendices/ supporting documentation	Name of document: Primary Care Budget slides – May PCCC - Final	

NHS
North East London
Clinical Commissioning Group

Primary Care Budgets 2021/22

Meeting name: NEL CCG Primary Care Commissioning Committee
Presenter: Steve Collins
Date: 12 May 2021

Budget setting process

- The planning and budget setting stages are currently ongoing.
- Initial plans for the single NEL CCG were submitted to NHS England and Improvement on 6 May 2021.
- Further iterations are anticipated. Once the final plan has been submitted on 3 June 2021, a full budget paper will be presented to the Committee.
- This slide pack presents some high-level information.

Delegated Allocation

- Similar to the 20/21 financial year, allocations for 21/22 have been split into two halves, known as H1 and H2.
- Only H1 has so far been confirmed, which is presented below. H2 will be confirmed later in the year, and most likely will take into account the impact of Covid in the first 6 months.
- As we don’t have a full 12 month budget, we can only draw comparisons to H2 of 20/21. The growth in 6 month allocation represents 7.4% across NEL. This may not be reflective of the overall 12 month growth.

Delegated Allocation Cont'd

	Barking & Dagenham	Havering	Redbridge	Tower Hamlets	Newham	Waltham Forest	City & Hackney	NEL Total
	£m	£m	£m	£m	£m	£m	£m	**£m**
Confirmed allocation H2 (2020/21)	17.0	18.9	20.9	24.8	28.8	21.7	25.0	**157.2**
Confirmed growth H1 (2021/22)	1.3	1.4	1.5	1.8	2.1	1.6	1.8	**11.6**
Confirmed allocation H1 (2021/22)	18.3	20.3	22.4	26.6	30.9	23.3	26.9	**168.7**

- Against this growth in allocation a number of key costs have been uplifted:
  - QOF value per point has increased from £194.38 to £201.16 (up 3.3%)
  - Global Sum increased from £93.46 to £96.78 (up 3.5%)
  - ARRS investment increased from £7.13 to £12.31 per weighted patient (up 73%)

- The last two items contribute to approx. £9.1m of increased investment for the 6 month period.

Additional Primary Care funding

- Service Development Funding (SDF) has been confirmed for H1, at a NEL CCG level, as follows:

	NEL Total
Initiative	£m
Workforce: Training Hubs	0.4
Primary Care Networks - development and support systems	1.1
Practice resilience programme - local	0.3
Online consultation software systems (local)	0.6
GP IT Infrastructure and Resilience (revenue) - central and systems	0.5
Primary Care - Covid Support	4.4
Total	**7.3**

- Extended Access funds, previously received as an additional allocation, now form part of the CCG baseline allocations. The exact value is yet to be confirmed by NHSE/I

Summary of Primary Care budgets

	NEL Total
Combined H1 2021/22 Primary Care Budgets	£m
Delegated	168.7
SDF	7.3
CCG funded budgets	21.7
Total	**197.8**

- CCG funded budgets include LIS/LES, PCN Core Support, to name a few. It's worth noting that the former is currently under review with a view to equalisation where and when possible.

- It is possible that we will receive further funding throughout the year for schemes such as:
  - GP IT
  - Excess costs associated with the PCN Vaccination Programme
  - Various digital programmes, to name a few.

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee
12 May 2021

Title	LIS Equalisation Programme	
Item Number	6	
This paper is for: information		
Borough/System:	NEL-wide	
Director:	Jane Lindo, Director of Primary Care	
Author:	Rob Neave, Principal Healthcare Consultant, NEL CSU	
Presented by:	Rob Neave	
Recommended Action for the Committee	No action is required from the committee for this agenda item. The LIS Equalisation Programme, now being up and running, will form a key agenda item and will regularly report to and update the PCCC on progress.	
Practice Details (where applicable)	Practice name:	
	Contract Type:	
	Site address:	
	List Size:	
	No of partners:	
	Current CQC Rating:	
	PCN Details:	
Summary	• Since the vote to become a single-CCG and an ICS in NEL, and the commitment to work to reduce clinical and financial variation, the NEL Primary Care Steering Group has overseen the development of an approach to delivering this programme. • The programme remains in 'pre-programme' phase until the first LIS Equalisation Programme Group meets in late May. The first programme group will be tasked with setting out and agreeing the methodology or framework for the programme when it first meets in April 2021. • The attached slides show the progress to date.	
Potential conflicts of interests and mitigations:	GPs will be conflicted with this programme due to it concerning LISs and LESs. However, at this stage of progress, without any service reviews having commenced, the conflict of interest is minimal/non-existence and as such requires no mitigation.	
Impacts of this proposal:	Equalities legislation Impact	Yes, but not yet
	Financial Impact	As above
	Impact on Patients/ Service Users	As above
	Impact on other practices, including PCNs	As above

	Estates Impact	Potentially
	Workforce Impact	Yes, but not yet
	Improve quality/safety	Yes, but not yet
	Improve integration	Yes, but not yet
	Strategic fit	This programme is being delivered to equalise the LIS portfolio across NEL, ensuring strategic alignment across Practices.
Wider Support for this proposal	Patient Engagement	The programme continues to engage with HealthWatch to secure their involvement in the programme group. Once the LIS review task and finish groups commence, patients will be engaged as part of the review and design of the LISs.
	Other Committee Discussion/ Borough Engagement	As part of the ongoing engagement, this programme has been discussed in the following forum: • LMC chairs meeting • Local LMC meetings in Newham, Waltham Forest and Tower Hamlets • The BHR clinical leads meeting • The City and Hackney Primary Care Enabler Group Board Plans are also in place for this to be discussed at forthcoming BHR local LMC meetings, and with the London-wide LMC directly.
	Public Engagement	Please see the above response to the patient engagement box. The same approach will be taken with the wider public.
List of appendices/supporting documentation	Slide pack, titled “NEL Primary Care – Funding Review & LIS Equalisation Programme v7 (2)”.	

East London Health & Care Partnership

Funding Review and the LIS Equalisation Programme

Introduction

East London Health & Care Partnership

- In October 2020 North East London (NEL) GPs voted in favour of creating a single-CCG, in a key step to become the NEL Integrated Care System (ICS)
- NEL became a single-CCG and ICS from April 2021
- One objective of these changes is to seek to improve all aspects of clinical care through closer working and collaboration and reducing the current variation in how care is commissioned and delivered across NEL
- From a general practice perspective, we know there has been differential investment in primary care over many years, particularly in the number, and type, of locally incentivised services (LISs) across the patch
- A review and ‘equalisation’ of LISs is required across NEL to ensure there is equity and reduced variation, with practices receiving the same remuneration.
- A commitment to undertake this work was made prior to the vote to become a single-CCG
- As a precursor to this work, we have undertaken a detailed financial analysis of funding flows to general practice to better understand any discrepancies
- The following slides are the summary of the financial analysis, and an introduction to the LIS Equalisation Programme, which we intend to start from April 2021

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1. Funding Review

Funding Review Intro

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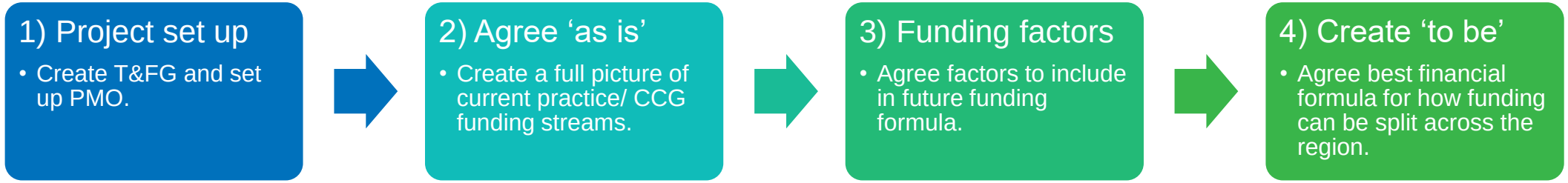
Purpose of the Funding review:

The project aimed to:

1. Review current CCG and GP funding streams, both national and local to answer the following questions:
   a) *What funding does each practice and CCG receive through which streams?*
   b) *Where are the key areas of discrepancy across NEL STP?*
2. Provide recommendations of how local funding streams can be re-allocated to ensure they are more equitable

Approach taken

- To carry out the funding review a Task and Finish Group (T&FG) was set up with responsibility for delivery. The T&FG included a financial representative from each ICP
- The funding review was then broken down into the following steps:



Financial Snapshot of 2020/21

East London Health & Care Partnership

Summary / Main Findings:

- There are two main areas of discrepancy in funding to NEL general practices: 1) the global sum income (relative weighting), and 2) income via the CCG
- NEL ICS has no control over the global sum as this is applied nationally, however, the NEL primary care team will continue to lobby for a national review of this
- The income via CCG (mainly investment in LISs and LESs – in the red box below) differs because each CCG has different levels of funding available and have also chosen to use their funding in different ways
- As per the commitment made prior to the single-CCG vote, the NEL ICS primary care team will review LISs and LESs to reduce clinical and financial variation. This will be carried out through the LIS Equalisation Programme, which is due to start in April 2021.

		Barking and Dagenham	Havering	Redbridge	City and Hackney	Newham	Tower Hamlets	Waltham Forest	Total
Income via National Contract (Global Sum) – Delegated CCG Budget	Number of GP Practices	34	41	42	40	47	35	39	278
	Raw Patient List Size	232,876	282,208	336,009	328,518	420,750	343,382	319,157	2,246,048
	Weighted patient list size	217,117	273,953	294,373	328,936	401,382	328,384	296,587	2,142,946
	Relative weighting	93.23%	97.07%	87.59%	100.13%	95.40%	95.63%	92.93%	95%
	Remaining headroom budget[1]	£3,226,444	£1,659,535	£3,945,066	£4,754,173	£1,027,000	£3,898,378	£2,051,298	£20,561,894
	Transition payments[2]	£1,021,140	£576,866	£2,026,933	£521,095	£5,006,550	£456,802	£3,336,039	£12,945,425
	Sub-total	**£25,355,483**	**£28,855,951**	**£34,396,850**	**£37,391,284**	**£45,775,178**	**£38,545,057**	**£33,940,240**	**£244,260,044**
Income via NEL STP (ICS from Apr 2021)	**Sub-total**	**£1,700,000**	**£2,101,000**	**£2,167,000**	**£2,364,000**	**£2,853,000**	**£2,298,000**	**£2,257,000**	**£15,740,000**
Income via CCG, e.g. Core CCG Budget	PCN £1.50ph Support	£349,314	£423,312	£504,149	£492,777	£631,125	£515,073	£478,736	£3,394,485
	LIS/LES	£1,013,809	£1,335,005	£1,401,037	£11,249,948	£2,301,775	£7,778,273	£1,922,000	£27,001,847
	Sub-total	**£1,363,123**	**£1,758,317**	**£1,905,186**	**£11,742,725**	**£2,932,900**	**£8,293,346**	**£2,400,736**	**£30,396,332**
Grand Totals	**Total (of Subs)**	**£28,418,606**	**£32,715,267**	**£38,469,036**	**£51,498,009**	**£51,561,078**	**£49,136,404**	**£38,597,976**	**£290,396,376**
	Total per practice	£835,841	£797,933	£915,929	£1,287,450	£1,097,044	£1,403,897	£989,692	£1,044,591
	Total per raw patient	£122	£116	£114	£157	£123	£143	£121	£129
	Total per weighted patient	£131	£119	£130	£157	£128	£150	£130	£136

[1] Every CCG has a different name for this, e.g. headroom, growth or other. These have been agreed for 5 years and 2021/22 is the 3rd of the 5 years and they cannot be amended

[2] Transition payments, also called outcomes payments or commissioning intentions by some CCGs, refer to the transition monies following the PMS reviews

2. LIS Equalisation Programme

NEL LIS Equalisation Programme Intro

East London Health & Care Partnership

- Since the vote to become a single-CCG and an ICS in North East London, and the commitment to work to reduce clinical and financial variation across the patch, the NEL Primary Care Steering Group has overseen the development of an approach to delivering this programme
- This has included discussions with stakeholders across NEL regarding:
  - The principles to guide the programme
  - The membership of a programme group
  - Clinical leadership
  - Initial approaches to conducting the LIS reviews
  - Interdependencies
  - Timelines
- The governance and LIS review proposals need to be clinically reviewed and finalised before they commence. The LIS Equalisation Programme Group will be tasked with setting out and agreeing the methodology or framework for the programme when it first meets in April 2021
- The following slides show the progress that has been made, with the intention to commence the programme from April 2021 in line with the commitment given as part of moving to a single NEL CCG

Proposed Principles

The LIS Equalisation Programme will operate in line with the following six core principles:

1. Learn from, and build on, previous LIS review work, e.g. in 2019, and in 2021, with the Care Homes service
2. Levelling up, not levelling down:
    1. I.e. if a local system has invested significantly in its services, it will not be required to decrease its budget to enable investment in another local system.
    2. However, levelling up is not possible without a total increase in the NEL LIS budget. Any increases will be for local systems to determine and it will inevitably take 2 to 3 years to complete the levelling up process
3. Maintain the 80/20 principle, with the programme, approach and principles set at a NEL-wide level, but the commissioning and management of LIS' happening locally
4. Ensure that the LIS Equalisation Programme delivers parity of funding and remuneration for services delivered that are the same
5. Move toward a population health needs-based approach to LIS commissioning and delivery, with minimum 3-year contract terms
6. The programme will be clinically-led, with services changes happening in a safe way

Proposed Approach

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- The LIS Equalisation Programme will be split into 5 key phases, shown in the diagram below
- The first three phases will be setting up the programme and agreeing a methodology to review the LISs
- Task and finish groups will be created in phase 3, for the detailed LIS review to commence in phase 4
- Phases 4 and 5 will be **repeated** until all LISs have been reviewed and actioned appropriately
- More detail on each phase is shown in the slides below.

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- Phase 1 will be the set up of the programme, this phase will start from March and run until the middle or end of April
- The phase will involve:

COMMUNICATION

- Communicating or socialising the programme to key stakeholders across NEL
- Key stakeholders include ICP teams, general practices, the LMC and HealthWatch as an organisation that represent and provide a patient voice

PROGRAMME GROUP

- Setting up a LIS Equalisation programme group, which will be responsible for leading and delivering the work
- See the next slide for more detail on proposed membership

CLINICAL CHAIR

- Secure the support of a independent clinical chair for the programme for the next 2-3 years
- On-board clinician and seek input into methodology and framework, as well as comms

GOVERNANCE

- Scrutinise and confirming the proposed governance structure for the programme
- Seek agreement on the LIS sign off process and how and when local areas will action the proposed changes or recommendations

PMO

- Putting in place robust PMO practices and documentation to ensure the programme runs smoothly

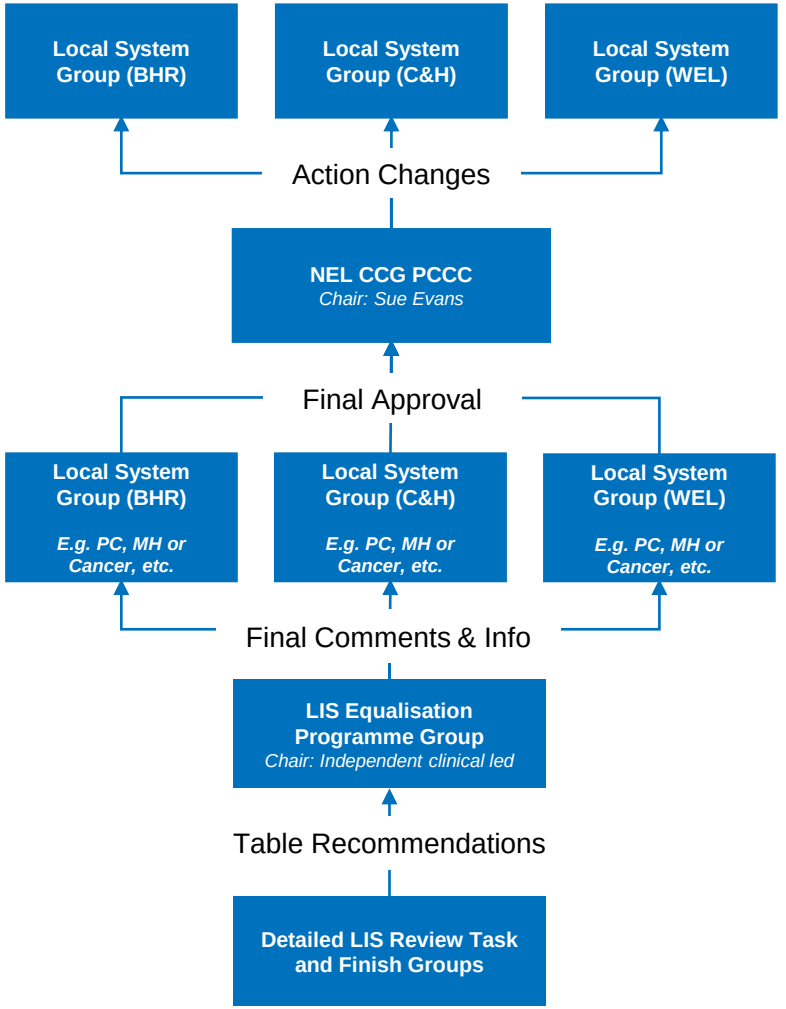
DATA GATHERING

- Gathering information and data on each of the LISs in place across NEL
- This includes, LIS area, price, clinical outcomes, delivery, commissioner, provider, etc.

Proposed LIS Equalisation Governance

East London Health & Care Partnership

- To ensure the LIS programme operates transparently and in the interests of patient care, a **LIS Equalisation Programme Group** (LEPG) will be created to oversee the work of the programme.
- The LEPG will be independently clinically led.
- The detailed work of reviewing the clinical and financial aspects of LISs will be conducted in **Task and Finish Groups.**
- The LIS Equalisation Programme Group (LEPG) will provide its reviews and recommendations to the three Local System Group meetings for information and for final comments.
- Following this, approved reviews and recommendations will be provided to the NEL CCG PCCC for final ratification.
- The reviews and recommendations will then go back to the Local System Group's to agree the actions, if required, to fulfil the review and recommendations based on local configuration, e.g. funding and local service mobilisation.



East London Health & Care Partnership

- Phase 2 will be to agree the methodology or framework the programme will take to reviewing individual LISs.
- The phase will involve:

AGREE METHODOLOGY

- Once the LEPG has been set up one of the first tasks the group will have will be to agree the methodology for the LIS review.
- This phase will only be able to start once the LEPG has been set up, however it should be completed by mid May.

PRIORITY ORDER

- There are over 55 different LISs in operation across 7 boroughs within NEL.
- Not all the LISs can be reviewed at the same time, therefore the LEPG will need to agree which LISs will be reviewed first and which at a later point, possibly in the second year of the programme.

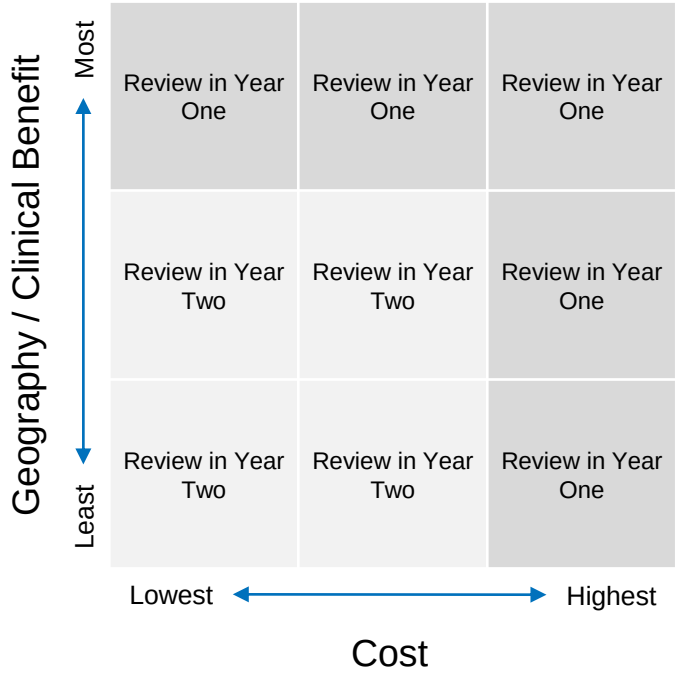
LIS REVIEW APPROACH

- The LEPG will also need to agree the criteria and weighting which each LIS will be reviewed against.
- The review criteria must be consistent across the LISs to ensure comparisons are possible and that the LEPG will be able to determine which should be stopped, amended, continued and expanded.

Proposed LIS Review Methodology (1)

East London Health & Care Partnership

- Due to number of LISs currently being commissioned, it is not possible to review them all simultaneously from April 2021.
- An approach is therefore needed in order to prioritise the available resources the programme has.
- Following some desktop research, the programme may decide to adopt the technique used by NHSE/I for specialist commissioning of new drugs and technologies. This is referred to as a Boston Matrix, which is used to measure clinical benefit and cost (as shown to the right) to determine the prioritisation.
- In the instance of LISs, this may work as follows:
  - Cost – all services placed in linear, ascending order from smallest to highest
  - Geography or clinical outcomes – reviewing LISs being delivered in all ICPs, or a series of 'test' questions applied to understand clinical benefit, ranging from benefit to the system, support to vulnerable patients, etc.
- Following this, the LISs identified in year one can be reviewed in more detail in the task and finish groups.



Proposed LIS Review Methodology (2)

East London Health & Care Partnership

- In years 1 and 2, each service will then be individually clinically and financially reviewed in more detail to determine if the service:
    1. Could and should be rolled out more widely
    2. Should be stopped
    3. Should continue, but be amended
- The process for determining the above needs to be defined and agreed, and this will be a priority for the first LIS Equalisation Programme Group meeting in April.
- Based on the findings of the detailed LIS reviews, changes will then need to be actioned at a local level. For this, the following may be considered:
    - Where the service is currently delivered and whether it should be introduced to other local systems? And if so, what is the value for money of this, e.g. the cost vs the return
    - Changes to services to bring about alignment across NEL e.g. if two differently named/commissioned services are, in fact, very similar, these will need to be aligned for equity
    - As above, but for similar services with different funding arrangements. In this instance, bottom-up costing reviews should take place of both services to determine an agreed price moving forward

Interdependencies

The LIS equalisation programme must be cognisant of the following non-exhaustive list of interdependencies:

- **The Network DES contract –** ensuring any additions/amendments to this are taken in to consideration for LIS changes to ensure no overlap
- **Workforce –** the Additional Roles Reimbursement Scheme (ARRS) and the general availability of primary care workforce to deliver LIS' in the future
- **Digital First technologies –** and how this enabler can be utilised to deliver innovative models of care
- **Local out of hospital transformation programmes –** ensuring LIS changes complement local service provision
- **Estates –** consideration for where services will be delivered, as primary care estate capacity will continue to be stretched with increase out of hospital/PCN service delivery
- **Finances –** any changes to future financial allocations and provision
- **Governance –** following the move to a single-CCG, changes to local system governance structures that may change the process for local system approval of findings or recommendations

NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee Outline meeting plan – 2021/22

Date	Items
14 April	OD session
12 May	Adopt the Terms of Reference
14 July	Commissioning Decision – Upminster and Rainham (Havering) Discretionary Funding for Supporting Practices in List Dispersals (NEL-wide) Londonwide Primary Care Operating Model (NEL-wide) NEL Local Incentive Scheme (Safeguarding) Finance update
8 September	Commissioning decision – Victoria Medical (Barking and Dagenham) Barking Riverside Section 96 Funding Review (Barking and Dagenham) Ilford Exchange premises relocation (Redbridge)
13 October	OD session
10 November	
12 January	Trowbridge APMS Contract Award (Hackney) (Part 2)
9 February	OD session
9 March	Committee effectiveness review (annual) ToR review (annual/ dependent on ICS plans)