

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 25 May 2017	Paper No: 17/40c
-------------------------------------	-------------------------

Title of Paper: Annual Report of the Oxfordshire Primary Care Commissioning Committee (OPCCC)
--

Paper is for: (please delete tick as appropriate)	Discussion		Decision		Information	✓
---	-------------------	--	-----------------	--	--------------------	---

<p>Purpose and Executive Summary: OPCCC reviewed the draft annual report for 2016/17 at its May meeting. The updated report presented here summarises the key activities undertaken by the Committee as part of the delegated responsibility for the commissioning of primary care from NHS England in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) during 2016/17, in order to discharge its duties under its approved terms of reference.</p>

<p>Financial Implications of Paper: The Committee has responsibility for oversight of the delegated budget for: Primary care delegated co-commissioning budget = £89,012k</p> <p>The Committee has responsibility for: CCG Primary care = £13,966k Primary Care Prescribing = £86,500k</p>

<p>Action Required: The Committee has reviewed its terms of reference and does not recommend any changes to its duties.</p>
--

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

N/A

Link to Risk:

The OPCCC has oversight of the following primary care risks

AF 26 – Delivery of primary care

767 – GP Primary care – Finance

769 – Primary Care capacity

789 – Primary Care estate

Author: Duncan Smith, Chair, Oxfordshire Primary Care Clinical Commissioning Committee

Clinical / Executive Lead: Joe McManners, Clinical Chair

Date of Paper: May 2017

Annual Report from the Oxfordshire Primary Care Commissioning Committee (OPCCC) 2016/17

As a formal committee of the Oxfordshire Clinical Commissioning Group Board (Board) and in accordance with best practice, Oxfordshire Primary Care Commissioning Committee (Committee) presents an Annual Report to the Board.

This report was considered at the May 2017 meeting of the Committee and is now submitted to the Board to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

Introduction

On 1 April 2016 and in accordance with the guidance, the Oxfordshire Clinical Commissioning Group (CCG) received delegated powers from NHSE and created the Committee to oversee these duties. Delegated commissioning offered the opportunity for the CCG to assume full responsibility for the commissioning of general practice services, bringing together funding streams from NHS England (NHSE) and the CCG.

The Committee was set up as part of the Board to ensure that the duties under delegated primary care commissioning were met. The meetings are held in public.

Overview

The Committee is a formal committee of the Board, with a defined Terms of Reference. The Terms of Reference were produced in April 2016 and ratified by the Board at its meeting on 26 May 2016, subject to minor amendments. These were produced in line with guidance issued by NHS England. They are attached as Appendix A

Membership and Meetings

This Committee held 5 meetings from April 2016 in the period covered by this report, of which all were quorate.

The membership of the Committee has been as follows:

Voting Members	Title	Attendance (out of 5)
Duncan Smith	Lay Member, OCCG Chair	5
Roger Dickinson	Lay Vice Chair, OCCG	5
David Smith	Chief Executive, OCCG	4
Diane Hedges	Chief Operating Officer	5
Catherine Mountford	Director of Governance, OCCG	5
Joe McManners	Clinical Chair OCCG	4
Dr Meenu Paul	Assistant Clinical Director Quality, OCCG	4

In attendance	Title	Attendance (out of 5)
Julie Dandridge	Deputy Director of Delivery and Localities, Head of Primary Care & Localities	5
Rosalind Pearce	Executive Director Healthwatch Oxfordshire	3
Chris Wardley	Patient Advisory Group for Primary Care Chair	5
Dr Paul Roblin	Chief Executive Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee	1
Ginny Hope	Head of Primary Care, NHS England South (South Central)	5
Richard Chapman (or deputy)	Head of Finance, NHS England South (South Central)	5

There has been no representative attend from Health and Wellbeing Board.

Duties within the Terms of Reference

The Committee was established in April 2016 in accordance with the statutory provisions to enable collective decisions on the review, planning and procurement of Primary Care services in Oxfordshire, under delegated authority from NHSE, in the context of a desire to increase quality, efficiency, productivity and value for money and to remove administrative barriers. The Committee takes its commissioning decisions on services in primary care as part of an overall integrated pathway of care for patients. The Committee brings the NHSE and CCG Primary Care commissioning funding streams together and also integrates Primary Care performance.

The work of the Committee in discharging its duties was as follows:

Duty 1 – Agreeing the primary care aspects of the overall CCG commissioning strategy

The Committee has overseen the development of the Primary Care Framework which was agreed by the Board at its meeting on 30 March 2017. The aim of the Framework is to set the strategic direction of Primary Care over next 5-10 years and to provide a General Practice that is fit for the future and at the heart of the NHS and Oxfordshire transformation of services. It provides a framework for further development by locality GPs to best meet the needs of local populations with the intention to create place based plans during 2017/18. Following feedback from the Primary Care Patient Advisory Group, a patient friendly summary of the document was produced and this was presented to the Health Overview and Scrutiny (HOSC) Group.

The Committee also noted the 2017/18 commissioning intentions for Primary Care issued in September 2016.

Duty 2 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)

It has not been necessary for the Committee to consider removal of any such contract during 2016/17.

However, during the period, two practices closed (North Bicester Surgery - September 2016 and Deer Park Medical Centre – March 2017). Patients of these practices were encouraged to register with surrounding practices. A further practice,

Kennington Health Centre gave notice to terminate its contract from 31 March 2017 but Botley Medical Centre agreed to provide services from the Kennington site; so securing primary medical services to the population previously serviced by Kennington Health Centre.

The Committee was notified of 4 breach notices issued to Banbury Health Centre (2 breaches) and Deer Park Medical centre (2 breaches) for failure to provide a GP during contracted hours. An action plan was requested in each case.

Three new APMS contracts were put in place to commission a sustainable Primary Care from the CCGs £4M new investment into Primary Care. These new APMS contracts were with the Federations (Abingdon, OxFED and PML). These contracts were also used to commission the GP Access Fund additional appointments.

Duty 3 – Providing assurance to the Board and NHSE on quality, performance and finance of all services commissioned from primary care which incorporate the delegated funding and funding from the core CCG allocation (for example prescribing, incentive schemes and local primary care contracts).

The Committee maintained oversight on the quality and performance of GP practices through a regular report received from the quality team. The committee recognises the need to develop a more comprehensive suite of quality and performance metrics to monitor primary care and this will be undertaken in co-production with key stakeholders.

The Committee received regular finance reports on the spend against budget for both the delegated funding and other funding such as that allocated for GP access, Primary Care development and local contracts.

Duty 4 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”).

There were a number of new locally commissioned services developed during 2016/17 that were overseen by the Committee. This included a new Community Dermatology Service for the South West locality, which started in October 2016. A domiciliary home phlebotomy service was commissioned in the North locality from October 2016 to March 2017, as an interim arrangement to relieve practice pressures in the north

As part of the CCG £4M new investment for sustainability and transformation of primary care, two locality specific enhanced services have been developed. For the South East locality a guaranteed access service was commissioned and for the South West locality an improving GP access service was commissioned. Both these services were commissioned from October 2016.

The Committee also received more detailed feedback on the proactive medical support to care homes service especially around the impact it had had on A&E attendances and non elective admissions.

Duty 5 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF).

Due to the timing of the February 2017 meeting, the Committee has not been able to ratify/approve the Local Investment Scheme or the Prescribing Incentive Scheme for 2017/18. However, this has been done through a ‘virtual’ meeting, with formal ratification expected at the 2nd May 2017 Committee meeting.

Duty 6 - Decision making on whether to establish new GP practices in an area.

The Committee has maintained an overview of the large population growth due in Oxfordshire especially that expected in Didcot and Bicester. It has recognised the large amount of work done by the Primary Care Team to establish links with District Councils to ensure that any housing developments over 200 consider the implications for 'health' especially Primary Care services.

The Committee oversaw the prioritisation of the CCG bids to the national Estate and Transformation Fund (ETTF) in June 2016. Funding was approved (subject to due diligence) for one new practice premises, five schemes to improve and extend existing premises, three minor improvement schemes and one technology initiative. Pre-project costs only were awarded to a major scheme in Oxford City. Funding of approximately £2.0m has been allocated in total

Practices/schemes approved to go forward for due diligence includes:

- Malthouse Surgery
- Deddington Health centre
- Hightown surgery
- Cogges Surgery
- Marcham Road Surgery
- Mill Stream Surgery
- Beaumont Street practices (pre-project costs)
- Oxfordshire GP Single Domain – Enhancing Mobility, Access and Sharing

Duty 7 - Approving practice mergers.

Between 1 April 2016 and 31 March 2017, two practice mergers were approved and are listed below:

- | | |
|--|----------------|
| • Bury Knowle and Marston Medical Centre | 1 July 2016 |
| • Victoria House Surgery and Langford Medical Centre | 1 October 2016 |

As of 31 March 2017, Oxfordshire has seventy-two GP practices.

Duty 8 - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The Committee received no applications for discretionary payments.

The Committee received regular budget reports for both the elements commissioned by NHS England and those commissioned by the CCG.

Duty 9 - Agreeing and monitoring a financial plan and budget; risk assessment, performance framework and annual workplan

The Committee approved the Primary Care Budget for 2016/17 at its April 2016 meeting, together with priority areas for investment during 2016/17. This included the review and agreement in August 2016 of a business case for the investment of £4.0M into the sustainability and transformation of Primary Care based on locality priorities.

The Committee has reviewed the Primary Care risk register at its meeting which included the addition of a new strategic risk created in November 2016, concerning the impact that the sustainability of Primary Care might adversely impact on the delivery of the wider health system and the care patients receive.

Priority areas, milestones and timeframes were agreed for 2017/18 at the February meeting.

Conclusion

The Committee has provided a forum to oversee the commissioning of Primary Care. From 1 April 2016, in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHSE delegated the exercise of the functions specified in Schedule 2 to Oxfordshire CCG.

The Committee has reviewed its terms of reference and does not recommend any changes to its duties.



**Oxfordshire
Clinical Commissioning Group**

Oxfordshire Primary Care Commissioning Committee Terms of Reference

1 Purpose and statutory framework

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 Schedule 2 to these Terms of Reference to Oxfordshire CCG.

The CCG has established the Oxfordshire CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

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.

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:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

The Committee is established as a committee of the Governing Body ("OCCG Board") of Oxfordshire CCG in accordance with Schedule 1A of the "NHS Act".

The Committee members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

2. Secretariat

The OCCG Business Manager will provide secretarial support to the Committee including preparation and distribution of papers, the taking of minutes and facilitating agendas. The Business Manager will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

A record of actions and decisions will be circulated by the Business Manager to the Committee within seven working days. The minutes/notes as agreed by the Committee Chair, will be circulated to attendees of the Committee at the latest within 15 working days of each Committee meeting.

3. Frequency and Notice of Meetings

The Committee will meet bi-monthly in public.

Papers will be issued five working days before each meeting. The dates of the meetings and papers will be available on the website.

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

4. Authority and reporting

The Committee is established under Oxfordshire Clinical Commissioning Group's constitution as a committee of the OCCG Board and will make decisions within the bounds of its remit.

The Committee will present its minutes and an executive summary report to NHS England South Central and the OCCG Board for information.

The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and Oxfordshire CCG.

The 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 agreement entered into between NHS England and Oxfordshire CCG, are recorded in a scheme of delegation, are governed by appropriate terms of reference and reflect appropriate arrangements for the management of conflicts of interest.

5. Membership

Voting Members (Lay and Executive majority)

- Lay Member, OCCG (Chair)
- Lay Vice Chair, OCCG (Vice Chair)
- Chief Executive, OCCG
- Director of Delivery and Localities, OCCG
- Director of Governance, OCCG
- Two GPs (Clinical Chair OR Deputy Chair and one other), OCCG
- Medical Specialist Advisor (or another GP), OCCG

In attendance

- Deputy Director, Head of Primary Care and Medicines Optimisation
- County Councillor from Health and Well Being Board
- HealthWatch representative
- Patient/Public representative from the Primary Care Patient Advisory Group
- LMC representative
- NHS England representative (one Director and Head of Primary Care)

6. Quoracy and Voting

The Committee shall have a Lay/Executive majority at all times. The quorum shall be a minimum of 4 members to include one Lay member, one CCG officer and one clinician.

Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Members of the committee, with agreement from the Chair, may send a designated deputy with full authority if they cannot attend in person.

7. Remit and Responsibilities

The Committee has been established in accordance with the above statutory provisions to enable collective decisions on the review, planning and procurement of primary care services in Oxfordshire, under delegated authority from NHS England, in the context of a desire through co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers. The Committee will take its commissioning decisions on services in primary care as part of an overall integrated pathway of care for patients. The Committee brings the NHSE and OCCG primary care commissioning funding streams together and also integrates primary care performance.

In performing its role the Committee will exercise its management of the functions in accordance with its terms of reference, delegation of authority and the agreement entered into between NHS England and Oxfordshire CCG.

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. This includes the following:

- Agreeing the primary care aspects of the overall CCG commissioning strategy.
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract).

- Providing assurance to the Board and NHS England on quality, performance and finance of all services commissioned from primary care which incorporate the delegated funding and funding from the core CCG allocation (for example prescribing, incentive schemes and local primary care contracts).
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers.
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
- Agreeing and monitoring a financial plan and budget; risk assessment, performance framework and annual workplan.

9. Linkages

The Committee will bring commissioning, performance, quality and finance together to effectively monitor primary care performance. This will require clear linkages with both the Quality and Finance Committees of the Clinical Commissioning Group to avoid duplication.

10. Sub-structure

The joint committee may establish task and finish groups as required; these will be properly constituted with terms of reference signed off by the Committee.

V1.0 April 2016

Terms of Reference to be reviewed April 2017